



The Academy for
Addiction Professionals

6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

PROFESSIONAL READINESS

Introduction

Instructor Note: What does it mean to be an addiction professional? What does it mean to you? It is important you, the student, are able to answer these two questions. Why? Because each individual's idea of professionalism, working in addictions, working with clients who may or may not be interested in recovery and recovery work will challenge you both professionally and personally. Counselors are human beings that means what you bring to the table as a counselor is the sum of all of your personal experiences, education and clinical practices. This mix of past and present, personal and professional can make for a wonderful foundation from which to work. It can, however, also be a potential land mine of inappropriate counselor behaviors, decision making, and boundary crossings and thereby breaches of professional ethics. It is your obligation to know yourself, work on yourself, attend trainings, utilize clinical supervision, monitor your thoughts and feelings while working with clients and very importantly seek your own private counseling/therapy before beginning to work clients. I know, many of you will read this and say "I don't need therapy", or "I had counseling when I was in treatment" or "I have already worked on my issues". Well, all I can say to that is this, when we begin to work with others that have emotional and psychological difficulties it is to be EXPECTED that counselors may be affected by what they see and hear and if that counselor is not SELF-AWARE, the counselor will not realize they are being effected and consequently their clinical assessments, interventions, judgments and practices may become driven by the counselors own feelings stemming from reaction to the client. All of this points to one of the most important, if not THE most important practice that a professional addiction counselor can do and this is SELF-AWARENESS. As an addiction professional you must constantly be self-assessing, monitoring your thoughts and feelings about clients and about your work. This is the key to being a good clinician, to preventing burn out and of course, to protecting your clients. This course will address all of these things and more.

Addiction Professionals Today

There is a growing emphasis in the professional fields working with clients with SUDs (substance use disorders) on using short-term, limited interventions. However, many clients



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

who are dependent on substances require longer term interventions that recognize that substance use can be a chronic disorder—one that includes relapse and may not resolve for months or even years.

Substance use disorders are often exhibited with co-occurring disorders—the use of more than one substance and/or one or more psychiatric disorders simultaneously. A co-occurring disorder may also be a medical condition. Clients with SUDs may also display poly-substance patterns, in which they experience physical or psychological effects from more than one substance. In the field of addiction treatment, there is recognition that addictive behaviors may be linked and that treatment for substance use disorders and other addictive behaviors (for example, gambling, overeating) may overlap.

The field of Addiction Professionals is in a unique position to influence the delivery of services by addressing the acute and chronic needs of clients with SUDs, including co-occurring disorders and multiple-substance patterns. By applying evidence-informed approaches that incorporate established interventions and evolving techniques based on emerging research findings, addiction professionals can markedly improve treatment services for clients and their families.

This approach to service delivery requires that addiction professionals be knowledgeable about the processes and dynamics of substance use, including abuse, dependency, and recovery. Addiction professionals also need to have the knowledge and ability to work with clients to develop effective treatment plans using existing and emerging resources, including evidence-informed practices.

Professional Expectation to Stay Informed

To meet the needs of clients with substance use disorders, addiction professionals must remain current regarding the frequent changes in legislation, regulations, and third-party payer requirements (including the Patient Protection and Affordable Care Act [P.L. 111-148], more commonly known as the “Affordable Care Act,” and the Health Insurance Portability and Accountability Act of 1996 [P.L. 110-199]), known as HIPAA

Consistent with a change in conceptualization in the Diagnostic and Statistical Manual of Mental Disorders (5th edition) (DSM–5) (see American Psychiatric Association, 2013), addiction is no longer viewed as an “either/or” phenomenon. That is, substance use is no longer



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

dichotomized into separate categories of dependence and abuse; rather, is viewed as existing along a continuum. This paradigm shift opens up the possibility for larger numbers of clients meeting the criteria of having substance use disorders and being eligible for treatment. For assessment purposes, social workers shall be familiar with the criteria for assessment of substance use disorders in the DSM–5.

Professional Expectation of Treatment Application, Assessment and Intervention

Related to Addiction Counseling Core Competencies practices should be evidence informed. The use of evidence-informed practices for treatment is required by many third-party payers. When working with clients with substance use disorders, it is important to explore all relevant methods of treatment and clients' levels of motivation in developing appropriate treatment interventions.

Addiction counselors working with clients with substance use disorders must possess specialized knowledge and understanding of psychological and emotional factors, physiological issues, diagnostic criteria, legal considerations, cultural issues and their relevance to treatment and treatment outcomes and co-occurrence of mental health disorders and substance use.

Addiction counselors must be skilled in systematic assessment, data gathering, and interpretation at multiple levels and use a variety of methods (for example, interviews, direct observations, standardized instruments, surveys) to assess the needs, characteristics, and interactions of clients with substance use disorders. Addiction counselors must be skilled in conducting reliable and valid assessments of clients to inform the design of interventions for treatment. Assessments will use bio-psychosocial perspectives and functional approaches to enhance an understanding of the complexity of aspects related to substance use.

Interventions need to be based on assessments relevant to the presenting concerns and include goals, objectives, methods of evaluation, and outcome criteria. Interventions are expected to address the aspects most relevant to the problem being addressed. Addiction counselors are expected to conduct ongoing evaluations to determine the level of effectiveness of all interventions. Methods, such as, client/counselor meetings and clinical supervision will be used to ensure that objectives, activities, and measured outcomes are aligned with the client, service agency goals, and ethical addiction professional practice.



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Professional Practice Expectations

Addiction Professionals shall access ongoing supervision and consultation to increase their professional proficiency and competence. Addiction Professionals shall participate in professional development activities that enhance their knowledge and skills relevant to the population they serve. Addiction professionals will practice and maintain self-care in accordance with ethical codes and best practices for addiction counselors.

Culturally Competent Practice

Addiction Professionals must demonstrate self-awareness, knowledge, and practice skills consistent with the FCB – Florida Certification Board. Addiction Professionals are expected to continue to develop specialized knowledge and understanding about clients they serve and culturally appropriate resources. This understanding shall be applied in a manner resulting in a positive treatment environment that respects and values differences. Addiction counselors must use evidence-informed practices, skills, and techniques that reflect their understanding of the role of culture in the helping process. Addiction Professionals are expected to recognize influences of cultural issues relating to substance use within the client's life.

Professional Counselor Characteristics, Training and Expectations

Chapter 1

Addiction Specialists and Drug Counselors





Historically chemical dependency treatment programs would hire persons with bachelor's degrees or less formal education to serve as addiction specialists. Many had no training in a specific discipline but had an interest in treating addicted individuals. Many learned drug-counseling techniques through their work experience in drug treatment programs or through their own recovery experiences.

As addiction treatment knowledge has progressed so has the expectation for treatment programs to offer services provided by trained, clinically educated staff. The standards of practice for addiction treatment facilities have heightened, gone are the days where all that is required of addiction professionals are their own recovery process and story to work with clients/patients etc. With the focus of addiction treatment expanding to include mental health knowledge, trauma informed care and medication assisted treatment it is more important than ever that addiction professionals become clinical aware and knowledgeable, understanding the Disease Concept will no longer suffice as the only tool in your counseling work box.

Addiction Professionals must see themselves as a professional who follows ethical standards of practice and behavior and be competent in various evidence based practices of treatment.

Which means striving to learn, seeking out clinical supervision, setting professional goals for yourself and becoming a clinical thinker.

Some of the areas you will need to be competent in are:

-  Assessments
-  Address addiction issues and concrete problems via individual and group counseling
-  Drug and alcohol counseling including relapse prevention education and planning
-  Psycho-educational groups on addiction and related topics



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

- ✚ Case management and referrals.
- ✚ Training in vocational and general life skills
- ✚ Crisis intervention

Professional Responsibility

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

Ideal Personal Characteristics of a Professional Counselor

Ideally, the counselor should be warm, empathetic, engaging, tolerant, nonjudgmental, and flexible in interacting with clients. The counselor should have a well-developed observing ego and be able to receive and use constructive feedback, particularly with regard to the types of countertransference and control problems likely to arise with highly ambivalent clients. The counselor must have excellent verbal communication skills and be capable of defining and implementing appropriate behavioral limits with clients in a consistently therapeutic (non-punitive) manner.

The counselor's role is to motivate, engage, guide, educate, and retain clients during their treatment episode in the program. Using an array of, client-centered, problem solving and motivational techniques, counselors are expected to:

- ✚ Emphasize the client's strengths rather than weaknesses.
- ✚ Join rather than assault resistance.



The Academy for Addiction Professionals

6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

- ✚ Avoid aggressive confrontation and power struggles.
- ✚ Negotiate rather than dictate treatment goals.
- ✚ Emphasize the client's personal responsibility for change.

The counselor is cautioned against being dogmatic and controlling, especially in response to reluctant and resistant clients. It is easy for the counselor to lose sight of the fact that the first and foremost goal of treatment is to engage the client in a friendly, cooperative, positive interaction that increases the client's willingness to examine and change his or her drug-using behavior. Counselors are taught how to avoid the most common therapeutic blunders and negative counter-transferential responses with drug-abusing clients.

These blunders include:

- ✚ Predicting abject failure and misery if the client does not follow the counselor's advice.
- ✚ Telling the client that what he or she really needs is more drug-related negative consequences to acquire the motivation for change.
- ✚ Ignoring the client's goals in favor of the counselor's or the program's goals
- ✚ Feeling frustrated and angry with clients who do not meet the counselor's expectations.
- ✚ Wanting to impose negative consequences on noncompliant clients (e.g., depriving them of further help by "throwing them out of treatment") rather than negotiating a change in a treatment plan based on clarification of the client's ambivalence about change.

What Is the Role of a Professional Counselor

The counselor serves a multidimensional role as collaborator, teacher, adviser, and change-facilitator. Counseling staff is not expected to function outside the scope of their training. Referring clients for additional therapy or to someone who is trained to deal with certain situations is essential. The counselor must become knowledgeable with the resources available in the community.

Definitions of Professional Counselor's Characteristics

- ✚ **Empathy** - the ability to identify with and understand another person's feelings or difficulties
- ✚ **Genuineness** - honest and open in relationships with others

- + **Respect** - a feeling or attitude of admiration and deference toward somebody or something
- + **Warmth** - affection and kindness, fond or tender feeling toward somebody or something
- + **Immediacy** - moving away from the contents of the sharer's problems and placing the emphasis on the process going on in the moment between the helper and the one seeking help.
- + **Concreteness** - certain and specific rather than vague or general
- + **Potency** - successful, especially in producing a strong or favorable impression on people
- + **Self-actualization** - the successful development and use of personal talents and abilities
- + **Understanding** - a sympathetic, empathetic, or tolerant recognition of somebody else's nature or situation
- + **Transparent** - completely open and frank about things
- + **Tolerant** - accepting the differing views of others
- + **Patient** - able to endure waiting or delay without becoming annoyed or upset or to persevere calmly when faced with difficulties
- + **Validating** - to provide somebody with moral support, or inspire somebody with confidence
- + **Flexible** - able to change or be changed according to circumstances
- + **Curious** - eager to know about something or to get information
- + **Open-minded** - free from prejudice and receptive to new ideas
- + **Clarification** - to make something clearer by explaining it in greater detail
- + **Paraphrasing** - to restate something using other words, especially in order to make it simpler or shorter
- + **Reflection** - careful thought, especially the process of reconsidering previous actions, events, or decisions
- + **Neutral** - not possessing any particular quality or revealing a particular attitude or feeling

Try to Avoid:

- + **Assumptions** - something that is believed to be true without proof, the tendency to expect too much
- + **Preconceived Ideas** - formed in the mind in advance, especially if based on little or no information or experience and reflecting personal prejudices
- + **Biases** - an unfair preference for or dislike of something

Counselors Work from a Positive-service Delivery Model:



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

- ✚ Strengths-based approach: collaborate, identify and exemplify strengths as a way to empower. Convey authentic interest (mindfulness)
- ✚ Acknowledge and provide support for positive steps already made! Ex. scheduling an intake appointment (support)
- ✚ Advocacy (front-line prospective)

Another quality important for a counselor is the ability to read a client - to be able to notice verbal and non-verbal cues that do not match what the client is saying and to respond appropriately. When a client says one thing but their body language or voice tone seems to be saying another that is the time to comment on it and get clarification.

Remember, as a general rule, to regularly check in with your own feelings. If you are feeling uninvolved, bored, or not connected with the client, the chances are the client isn't feeling connected either. We know that the treatment alliance (measured by the client's perception of the treatment relationship) is the best predictor of positive outcomes. The effective counselor checks in with the client's feelings, and with their own feelings, regularly. Not only does this communicate to the client that you are interested in their experience, it also helps you make adjustments to their perception of the relationship and stay aligned with them.

Interprofessional Relationships

The addiction professionals have an ethical and professional responsibility to treat colleagues with respect, courtesy, fairness and good faith and shall afford the same to other professionals. Professional boundaries prohibit an addiction professional from offering professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional. The addiction professional shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Instructor Note: Maintaining ethical clinical and counseling practices is an obligation of professional addiction counselors whether or not they are certified. Most facilities require new employees to sign several affidavits of moral character and conduct and code of professional conduct.

Addiction Professional Continued Education



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Instructor Note: Continued professional and self-growth involves self-awareness, self-assessment, training and education. The field of addiction counseling has grown by leaps and bounds over the past 30 years. This growth has happened as a result of addiction professionals researching new theories of practice and their application, studying new ideas with open minds that leave room for improvement and different ways of seeing and doing things and then sharing this knowledge with colleagues who interpret all this information and apply it to practice.

Of course once you have obtained your CAP you will have renewal requirement of a certain amount of CE's but beyond that, true addiction professionals need to possess a drive, a desire to know more, improve, and be better for the well-being of their clients.

Is this you? Think about it!

Addiction Professionals: The Roles of Stress, Burnout and Self-Care

Chapter 2

Instructor Introduction: Most addiction counselors' focus on helping their clients break their habits of addiction, giving very little or no thought to the potential impact on themselves. People in the helping professions very often experience burnout. Burnout can occur on different levels for different reasons presenting in a variety of ways. There are quite a few consequences related to counselor burn out, consequence that impact the counselor, the clients they treat and the facilities they work in. It is part of becoming a professional addiction counselor to recognize the signs and symptoms of potential burn out and burn out itself. The impact of burn out is pervasive I have heard many clinical supervisors reframe counselor self-care as "Career Sustaining Behaviors". I love this! Because that is exactly what counselor self-care amounts to, a system to keep yourself energized, revitalized and interested. After completing this chapter try self-assessing and see how you are doing and create a potential self-care plan, you will appreciate it in the end.

Nobody said learning to become a counselor is easy. It is a rare profession indeed that requires academic preparation and training and also demands that you expand and examine yourself personally. Who you are as a person will largely determine how effective you will be in working with others as a counselor. You are, in your individual person, your own single best tool for helping others. Your values, beliefs, and personal background— simply how you live your daily life—will influence the lives of your clients. All of your history, your personal conduct, and your attitudes about people and the world around you are at play in the counseling relationship. The degree to which you understand yourself will have a lot to do with how effective you will be with your clients (Kottler, 1993).

Addiction counseling involves heavy caseloads and clients prone to relapse, which can create high stress levels. The effects of stress on helping professionals can range from depression and emotional exhaustion to loneliness and decreased self-esteem. Moreover, stress can diminish



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

counselors' effectiveness by disrupting decision-making skills, attention and concentration, as well as the ability to generate strong relationships with clients.

Unattended stress can lead to burnout, a syndrome involving depersonalization, emotional exhaustion and a sense of low personal accomplishment. Counselors risk significant physical, emotional, spiritual and psychological harm if they force themselves to continue their work and ignore the stressors leading toward burnout. Furthermore, their effectiveness is significantly diminished.

The addiction counseling profession requires special attention to burnout. Alcoholics and addicts are noted for being “difficult clients,” often presenting with chronic difficulties, demonstrating slow progress, and regularly relapsing. Many times, addiction professionals are children of alcoholics or are in recovery themselves. While shared experience can initially assist counselors in empathizing and building rapport with clients, it also can increase burnout risk. “Empathy fatigue” occurs when counselors' own past problems resurface as they explore client issues. By continually revisiting their own suffering during counseling sessions, counselors often endure additional emotional turmoil and struggle to work effectively.

Of course, counselor stress is not limited to the office. Stress at home also may be related to burnout at work. When counselors do not set adequate boundaries between home and work, personal struggles can affect their work. Value attainment also might play an important role in job satisfaction and stress reduction. Counselors who are able to achieve their personal goals are more likely also to accomplish their professional goals. Yet when counselors feel hindered from achieving their personal ideals, they are likely to experience greater work conflict and frustration.

Important Statistics for Addiction Counselors

In a study of substance abuse workers:

- + 82% reported high psychological stress
- + 33% were experiencing emotional exhaustion
- + 36% reported diminished feelings of personal accomplishment (Oyefeso et al.,2008)



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Self-awareness is Important

If we want to become competent substance abuse counselors, we must be open to evaluation, supervision, and change. In order to grow both personally and professionally, we need to:

- ✚ Be aware of our personal and professional strengths and limitations.
- ✚ Be aware of cultural, ethnic, and gender biases.
- ✚ Look for resources available for continuing education.
- ✚ Make a commitment to continuing professional education.
- ✚ Know the benefits of self-assessment, clinical supervision, and consultation with other professionals.
- ✚ Find ways to enhance our personal and professional growth.

“We counselors have a lot of power! As authorities on this terrible disease of addiction, let us be careful to never use power for petty or vindictive ends. To never thoughtlessly reject a client. We can affirm our client’s sense of value, or we can damage them with a casual joke or comment at their expense. We can help them to respect themselves, or we can tear down their self-esteem by treating them disrespectfully and unimportant. We have the power to do great good or great harm. Today, let me remember my power and take care to use it wisely.” – Anonymous

Taken from May 24, Help for the Helpers, Hazelden Foundation Publishers, 1989

Recognizing Vulnerability

Even amongst the stress it’s important to understand and be aware of one’s vulnerability, and be able to recognize if a person is in life crisis, going through a life transition, or is lonely. Another important aspect to assess is a person’s relationship patterns because relationships are usually the tool used in meeting needs, he explains.

Additionally, recognizing that there are certain patients who increase the probability of having boundaries problems is crucial. These patients are more dependent, rely more on advancement in the relationships, and have a history of trauma, shame and self-blame. Professionals are expected to have an increased awareness of these specific indicators.

The main thing to remember is that there’s no expectation that the patient has to set the boundaries; it’s expected and clear that the professional has to set them.



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Setting boundaries

Although many boundaries are black and white a good portion of them are gray and context-dependent. Providing care is now under scrutiny, being rated, and tied into reimbursement, the stress level of professionals has increased and this creates an additional obstacle for them to be mindful of their boundaries.

The treatment profession requires vast amounts of self-discipline and self-reflection, and ultimately, being able to deal with some problems on one's own. Because many people go down this path, they are less likely to consult with other people.

Philip Hemphill, PhD, LCSW, program director of the professional enhancement program at Pine Grove Behavioral Health in Mississippi notes, "A strong message I want to really convey is the importance of taking care of yourself and reaching out to others if there's any possibility that there's problems going on."

Maintaining Boundaries

It is essential to maintain boundaries in interactions with clients. These boundaries must apply to the level of emotional engagement, professional ethics, and interactions with clients outside the workplace. Failure to observe these boundaries can create significant job-related stress, severely impact professional performance, and compromise the quality of care provided to clients.

The patients we work with almost always lack boundaries, usually specific to histories of abuse, family of origin and life experiences in their addiction. To maintain a healthy but therapeutic (helpful) relationship with clients, professionals in the field of addiction need to maintain their own boundaries as well.

We have always heard: "that person will push your buttons." When this happens it is due to a lack of boundaries or unresolved issues on the part of the professional. Clients cannot push buttons that are healed and not obvious to them. Most human beings' unresolved issues stem from life experiences and clients may pick up on these. Many individuals working in the field of addiction are recovering themselves. Being in recovery can help professionals empathize with the client; however, it can also cause problems in the therapeutic relationship if the professionals have unresolved issues related to their own addiction.



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Addiction professionals are more effective maintaining boundaries when they have resolved or are working on their own issues. Picture us with a shield all around us. The shield has “holes” which are our issues. The more they are resolved, the smaller the holes in which clients can get through and push our buttons. More importantly, the smaller these holes the healthier the employee will be maintaining boundaries with the client. When these holes are not resolved or maintained at a healthy level, we will almost always invade the clients’ boundaries.

The most important point to all of this is the fact that we are all human beings on a life road of growing and learning. Take notice of specific areas where you feel that you have invaded a client’s boundaries and the areas in which clients continue “push our buttons” and there you will find the areas in which you need a little more growth.

Professional Counselor Self-Care

Addiction professionals experience many stressors in the workplace. In addition to job-related stress, stress can also be generated from circumstances in our personal lives.

Stress can be brief and highly situational or it can be more persistent. Stress can become a serious problem if it begins to interfere with normal activities and lasts for an extended period. High levels of stress can result in fatigue, inability to concentrate, and irritability.

Stress

- ✚ Stress begins with a life situation that knocks you out of balance.
- ✚ When life situations are perceived and cognitively appraised as distressing emotional reactions distressing, emotional reactions (fear, anger, insecurity) develop leading to physiological arousal (illness, disease).

Stress Symptoms

- ✚ Diminished or over-stimulated sense of humor.
- ✚ Skipping rest and food breaks
- ✚ Binge eating
- ✚ Increased overtime and no vacation
- ✚ Increased physical complaints
- ✚ Social withdrawal: church, family, friends
- ✚ Changed job performance

- + Increase in time away from work (illness, family, environment)
- + Self-medication
- + Sleep: too much or lack of
- + Emotional Changes (low self-esteem, depression, anxiety, irritation, anger)
- + Physiological Changes (Hypertension--high blood pressure, ulcers, migraine or chronic tension headaches, ulcers, acid reflux, skin irritations, menstruation cycle)

Steps to Monitor and Reduce Level of Stress

1. Identify the Cause
2. Monitor Moods
3. Give yourself time
4. Manage Anger
5. Consider your priorities
6. Cut yourself some slack

Stress  **Burnout:**

Recognize that you can take action in managing your stress and prevent burn-out.

- + Is your efficiency at work declining?
- + Do you have frequently changing or depressing moods?
- + Have you lost some of your initiative at work?
- + Are you easy to anger?
- + Have you lost interest in your work?
- + Do you get frustrated easily?
- + Does work stress get to you more than it used to?
- + Are you more suspicious than you used to be?
- + Do you feel fatigued or run-down? Do you feel more helpless than you used to?
- + Do you get headaches, stomach aches or back aches?
- + Are you using too many mood altering drugs (sleep aids, alcohol...)
- + Have you lost or gained weight recently?
- + Are you becoming more inflexible?
- + Do you find yourself eating to replace emotion?
- + Are you becoming more critical of your own and others' competencies?
- + Do you have trouble sleeping?



The Academy for Addiction Professionals

6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

- ✚ Are you working more but feeling that you are getting less done?
- ✚ Do you experience shortness of breath?
- ✚ Have you lost some of your sense of humor?

Suggested career-sustaining behaviors

Practicing some of these habits in your daily life might help you be more effective in your work:

- Celebrate small victories.
- Keep groups interesting for you and your clients.
- Shut your door for a few minutes of quiet time.
- Get out of the office whenever you get a chance.
- Know your limits and say "no."
- Get physical: walk, stretch, do yoga, bicycle.
- Stay organized with paperwork.
- Do something you love: scrapbooking, fishing, watching movies.
- Take a weekend trip with family or friends.
- Meditate and/or pray.
- Take a nap.
- Schedule breaks between clients.
- Set good boundaries with clients and employer.
- Seek supervision and/or counseling.
- Listen to music you enjoy while doing mental tasks in the office.

Recovery Management for Recovering Professionals

Research indicates that approximately 60% of addiction professionals are in recovery (CSAT, 2006). This translates into a significant workplace issue: how to keep people in recovery when they work in an environment where they are constantly coming into contact with current and former addicts. Addiction professionals may also adopt the attitude that because of their professional background, they are better prepared to avoid relapse than other people in recovery. These factors, coupled with the already stressful environment in which addiction professionals work, make recovery management a crucial issue for both agencies and employees.



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Agencies have adopted different approaches to addressing recovery. Some choose to have specific activities for people in recovery, such as onsite support groups or providing flex-time to attend meetings. Other agencies incorporate recovery management into their overall wellness activities and do not provide specific services for employees in recovery.

If you feel at risk for relapse the following site offers peer to peer help:

Recovery Community Services Program

This is a SAMHSA-supported program in which peer-to-peer recovery support services are provided to help people initiate and/or sustain recovery from alcohol and drug use disorders.

<http://rcsp.samhsa.gov/index.htm>

It has been noted that the main issue noticed is people having a hard time managing life stressors and not being prepared for the interpersonal skills that are required to have a professional career. While the newly recovered professionals are adjusting and adapting, some of them have an inability to manage their authority or have a difficult time with other people in the organization.

When this happens, they often turn to addictive processes that may include substances, eating, sexual acting out, or an overall unhealthy lifestyle. These actions can affect patient care if engaging in destructive actions in the workplace.

Some examples of a professional's disruptive behaviors include these:

- Inappropriately blames others
- Places other interests above safety and welcome of community members
- Fails to complete paperwork in a timely manner
- Responds to requests in an avoidant, unreliable, and/or uncooperative manner
- Arrives late
- Displays a sense of entitlement
- Expresses anger/hostility inappropriately
- Exhibits physically aggressive or assaultive behaviors
- Exhibits arrogant behaviors and/or has an arrogant attitude

If these disruptive behaviors are present, this can increase the organization's vulnerability to lawsuits, increase staff turnover, negatively affect patient care, and/or cause errors in the delivery of care.



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Working as an Addiction Professional Is Not a Plan of Personal Recovery

A fundamental principle of all 12-step and many faith-based addiction recovery programs is a belief that a person in “continuous-sustained recovery” must commit to working with others in “early recovery” in order to maintain their own individual sobriety or “clean time”. In order to maintain their own individual sobriety or “clean time”. This principle is referred to as “12-step or service work,” and is often characterized by the phrase “you can only keep what you have by giving it away. Mr. Wilson believed that in order for him to overcome his urge to drink and to remain sober, he would have to “work with others” who were struggling to find sobriety.

Addiction professionals who are also members of the addiction recovery community must be careful not to confuse their work as professional addiction counselors with their commitment to “service work.” So often, many among this group mistake their professional work with service work. Working as an addiction professional does not constitute a program of personal recovery. This error in judgment can be costly, resulting in a disconnect from their personal support system and possibly leading to relapse to substance use. A common sign suggesting the possible blurring of this fine line can be found in comments such as: “I don’t have to go to meetings anymore because I work with newcomers daily in my profession as a counselor,” or “I keep what I have through my work as an addiction counselor.” Being employed in treatment is not the same as, “working with newcomers.” One is a profession; the other a livelihood. For the protection of those who are in recovery and employed as treatment professionals, this understanding must be made clear. It may be the difference between a long and prosperous career and a return to active addiction, or worse, death, since relapse can also be fatal.

A Few Definitions:

Compassion Fatigue: state of exhaustion and dysfunction – biologically, psychologically and socially – as a result of prolonged exposure to compassion stress.

Burnout: generalized state of physical, emotional and mental exhaustion counselors experience by long-term involvement in emotionally demanding situations. Burnout is also characterized by a reduced feeling of personal accomplishment. This term is not used to describe the effects of indirect trauma exposure specifically.

Vicarious Trauma (also known as secondary trauma): is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

witnesses to the pain, fear, and terror that trauma survivors have endured. It is important not to confuse vicarious trauma with “burnout”.

Countertransference: originally referred to an unconscious emotional reaction to the client based on the clinician’s life experience, but more recently this term has been used to describe all emotionally charged reactions of clinicians to clients, whether or not those reactions are based on the clinician’s personal history.

More on Compassion Fatigue

Addiction counselors are treating a very challenging patient population. These clients have complex medical issues, as well as legal, family, housing and employment problems. Workers, whose intention is to help, can get overly involved with (often very needy) patients. In addition, the job requires a huge amount of empathy, yet counselors must face client relapse and ambiguous success every day.

Other stressors occur because of an agency’s inability to implement measures to support staff in their long hours of work, couple with a lack of clear career paths.

In turn, counselors become completely drained (burned-out) and dissatisfied with their job. Eventually, they will seek other employment opportunities and unfortunately, end up leaving the remaining employees to carry even larger caseloads, which piles on more work-related stress!

No matter where you work, there is a certain amount of stress which cannot be avoided. However, if not properly managed, it can lead to many problems, including burnout (as discussed earlier in this chapter), low morale, health problems, turnover, low productivity and much more. Identifying stressors and learning ways to address these challenges can help reduce stress and promote the health and well-being of each employee. Ultimately, it is the responsibility of each supervisor, manager and worker to assume responsibility for their own self-care.

The Importance and Impact of Clinical Supervision on Professional Readiness and Professional Growth

Chapter 3

Ongoing supervision is a necessary and important part of counselor training and support. A problem sometimes seen in the addiction field is a lack of adequate supervision. Also, counselor stress and burnout are commonplace. This constellation of phenomena—lack of adequate supervision, stress, and burnout—are seen frequently.

The ultimate goal of supervision is to enhance the quality of patient care. Two primary foci help to achieve this goal.

First, it is centrally important to provide support and encouragement for the counselor and to promote the opportunity for counselors to expand their skills.

Second, it is important for the supervisor to have the opportunity to review the clinical status of the patients and to offer suggestions or corrections.

The format of supervision in this model is for each individual counselor to have a supervisor and to meet with that supervisor once a week to review counseling sessions. In addition, supervisors need to observe individual counselors in both group and individual sessions as well as to review the client's chart to monitor adherence to documentation guidelines and the counselor's clinical writing skills.

Consultation with your supervisor is a component of decision-making.

It is your ethical obligation to seek “clinical supervision” and not work under case evaluation only.



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Counseling Supervision and Training

The counselor's job is a demanding one, and clinical supervision is required to sharpen clinical skills, ensure consistency in treatment approach, and provide the counselor with emotional support and encouragement. Clinical supervisors use various reports to monitor each counselor's client caseload and work performance. These reports also include data on client treatment plans and updates, progress notes, attendance at sessions, urine test results, and treatment plan goal attainment levels.

There is a heightened need for supervision and consultation for counselors who are working on the outer limits of either personal competence or established theory (Corey, Corey and Callanan, 1998). For example, a counselor attempting to implement a new technique should utilize close supervision until it becomes fully integrated into his or her set of skills.

It's an unfortunate reality that not all clinical supervisors have adequate experience or knowledge in the treatment of addictive disorders. In such cases a counselor needs to seek out additional sources for case consultation. One solution is to set up and utilize informal telephone and e-mail networks which can be established fairly easily with colleagues and contacts made through professional affiliations. When consultation is not available for discussing a clinical or ethical dilemma, a counselor should document in the clinical record a summary of the relevant issues as well as any action taken in response to it.

Supervisor Responsibility

Measures of all counselors' work performance should include data on quantity of clinical services provided to clients (i.e., numbers of sessions), responses to positive urine test results and missed sessions, timeliness of follow-up on clients who fail to show up for sessions, and counselors' compliance with chart-noting requirements. Supervisors pay special attention to client treatment response, since progress and retention are key factors in determining treatment success. Supervisors may sit in on counselors' group sessions to directly observe their therapeutic skills in action. In addition to supervisory meetings, best practices recommends at least a twice monthly case conference attended by all counselors for discussing special problems. Clinical supervisors may also want to develop a series of in-service trainings for counselors to augment and/or refresh their skills as clinicians in areas related to the client population.

Types of Supervision:

Administrative – Evaluative – Clinical

- ✚ **Administrative:** an emphasis on conformity with administrative and procedural aspects of the agency's work.
- ✚ **Evaluative:** evaluation is a part of both clinical and administrative supervision, and is an on-going process that is central and essential to everything a supervisor does.
- ✚ **Clinical:** an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person.

Some Things to Remember

- ✚ Consultation with your supervisor can be a component of decision-making.
- ✚ May not always be available.
- ✚ Not always helpful
- ✚ It is your ethical obligation to seek clinical supervision and not work under case evaluation only.

Three Goals of an Effective Supervisor

1. Assure delivery of quality treatment and services
2. Creates a positive work environment
3. Develops staff skills

Effective Supervisors

- ✚ Set clear expectations that are understood
- ✚ Provide feedback with respect in a timely manner
- ✚ Teach needed skills
- ✚ Provide a supportive and respectful environment
- ✚ Lead by example

Counselors – Supervisors Decision Making



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

- ✚ It is your ethical responsibility to utilize your supervisor in decision-making—if you do not have a supervisor, get one, or if you do not have regular clinical supervision sessions, start them!
- ✚ As a counselor it is your responsibility to collaborate. This will assist you from harm and assist your clients from harm.

Decisions are NOT yours to make alone.

Are You Ready to For the Future?

- ✚ Preparing for integrated treatment of Co-Occurring Disorders
- ✚ Preparing for working with other special populations
- ✚ Expertise in Evidenced Based Program, Practices and Implementation
- ✚ Connecting to the systems that further WFD(Work Force Development)
- ✚ Have the leadership skills needed in a changing work world
- ✚ Have the clinical supervision skills to adequately supervise those in training and those with advanced skills

Ethical and Behavioral Practices for the Addiction Professional

Chapter 4

Professional addiction counselors are responsible health-care professionals that believe in the dignity and worth of human beings. In the practice of their profession they assert that the ethical principles of autonomy, beneficence and justice must guide their professional and societal expectations, obligations and conduct. As professionals dedicated to the treatment of chemical dependent clients and their families, they believe that they can effectively treat its individual and familial manifestations. Addiction counselors dedicate themselves to the promotion of the best interests of their society, their clients, their profession and their colleagues.

In Florida it is the obligation of all Certified Addiction Professionals to know, practice and adhere to the Code of Ethics put forth by the Florida Certification Board. The full listing of the FCB Code of Ethics can be found at: <http://flcertificationboard.org/ethics/> to download the Code of Ethical and Professional Conduct and Disciplinary Procedures.

Instructor Note: All Behavioral Health and Medical Disciplines have a governing body the sets the standards and regulations for professional practice within the given discipline. As stated above counselors holding a certification in addictions are mandated to practice within the standards of the FCB, however, in addition to the FCB standards and regulations I believe it is imperative in becoming a well-rounded clinician in becoming somewhat familiar with the standards of practice and ethics in other behavioral health practices. Many are very similar, some are specific and concrete and some branch out into other areas. Let's put it this way, there is no such thing as knowing too much or conducting yourself too professionally. Much of how we form our professional identity is based on the sum of personal history combined with what we have learned through education and practice. If you know and accept this then you will be excited to learn and utilize other professional clinical perspectives in your clinical practice and treatment services.



The Academy for Addiction Professionals

6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

The bullet pointed sections below are principles, attitudes and decision making standards that addiction professional are expected to follow, adhere to and understand their importance for the well-being of both the client and the counselor.

Ethical Principles

- + **Autonomy** acknowledging the right of another to choose and act in accordance with his or her wishes or beliefs
- + **Non-maleficence** obligation not to harm others intentionally
- + **Beneficence** taking positive steps to help others Justice equitable distribution of burdens and benefits
- + **Fidelity** fulfilling one's responsibilities of trust in a relationship Veracity truthfulness

Mandatory vs. Aspirational Ethics

- + **Mandatory Ethics** the most basic level of ethical functioning which is guided by a compliance with the law and principles which dictate professional codes which apply to their practice (i.e. FCB Code of Ethics).
- + **Aspirational Ethics** reflection of the situation on the welfare of the client and the effects of counselor actions.

Attitudes and Values

- + Alcohol and Drug counselors avoid bringing personal or professional issues into the counseling relationship.
- + Alcohol and drug counselors do not use their professional relationships with clients to further their own interests.
- + Alcohol and drug counselors respect the integrity and protect the welfare of the client. The counselor in the presence of professional conflict, is concerned primarily with the welfare of the client.
- + Alcohol and drug counselors are aware of their influential position with respect to clients, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, counselors take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual

relationships include, but are not limited to, business or close personal relationships with clients.

- ✚ Alcohol and drug counselors do not accept a private fee or any other gift or gratuity for professional work.

Decision Making

- ✚ Ethical responsibility to learn and adopt a decision-making model and utilize it.
- ✚ Supplement mandatory level with other sources

Examples of other sources:

- Scholarly literature
- Consult colleagues
- Consult supervisor
- Accreditation bodies (hold practice to highest standard)
- Consider nature and intent
- Self-awareness
- Balance
- Context of the situation
- COLLABORATION

Decision-Making Model (V. M. Tarvydas, 1998)

1. Interpreting the situation through awareness and fact finding
 - ✚ Enhance sensitivity and awareness
 - ✚ Reflection (self-awareness, balance between issues and parties, context)
 - ✚ Determine the major stakeholders
2. Formulating an ethical decision
 - ✚ Determine what ethical codes, laws, ethical principles, and institutional policies and procedures exist that apply
 - ✚ Generate possible and probable courses of action
 - ✚ Consider potential positive and negative consequences for each course of action
 - ✚ Consult
3. Select an action by weighing competing, Non-moral values
 - ✚ Engage in reflection recognition and analysis of personal competing values

- ✚ Consider contextual influences on values selection at the collegial, team, institutional, and societal levels
- ✚ Select the preferred course of action

The client/therapist relationship is of vital importance in therapy.

Therapist self-disclosure in psychotherapy may precipitate transference and/or counter transference.

Boundaries

“Ethical issues related to professional boundaries are the most problematic and challenging” (Reamer, 2001, pg 1). It is vital to a successful clinical relationship that a clinician develop and maintain firmly therapeutic boundaries between him or herself and the client caseload (Manuel & Forcehimes, 2008; Martin et al., 200; Scott, 2000; St. Germaine, 1996). Boundaries are often damaged by substance abuse, thus it becomes even more critical for clinicians to model effective boundary setting. Boundaries can be small, such as starting sessions on time or establishing how to reach a clinician after-hours or large, such as inappropriate touching (Manuel & Forcehimes, 2008).

Boundaries can be vague and can have mixed messages, (Reamer, 2001). Clinicians bear the responsibility of setting appropriate boundaries and actively maintaining them. They are also responsible for communicating these boundaries to their clients (Taleff, 2010). Keep in mind that some of your clients may not have experience with healthy boundaries and you can’t assume they will intuitively understand and maintain them. You will have to communicate boundaries with some clients, and you may have to re-establish and reject boundaries more than once. Many times this can be exhausting and frustrating. Boundaries are impaired with substance abuse, and violations are common with alcohol and drug addicted families.

Experts have made a distinction between two types of boundary breaking: boundary crossing and boundary violations (Manuel & Forcehimes, 2008; Reamer, 2001, 2012). At times boundary crossing is not clear – boundaries are bent not broken. A clinician’s self-disclosure is often thought to be an example of boundary crossing. The problem with boundary crossings is that you cannot enter clients’ brains, and therefore cannot ensure that what you see as innocuous they do not see as harmful. Boundary violations are exploitive, deceptive, coercive, manipulative, and fraudulent (Reamer, 2012). Potential snags with boundaries include dual relationships, personal gain, transference and termination. Examples would be having sex with clients, fraudulent billing or coercing the client to name the clinician in their will (Reamer,



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

2001). To further confuse the issue, some boundaries appear improper to the observer but are quite acceptable the clinician and client involved.

While it may seem as if boundary setting should be a reasonable task, it can be quite a challenge for clinicians.

There are several possible reasons clinicians struggle with this task.

- ✚ First, boundary dilemmas can catch us off guard. When we are surprised, we may not act at our professional best.
- ✚ Second, boundary crossings can tap into our needs and desires, which can lead to unhealthy boundary management.
- ✚ Third, the need for boundary clarity can be taken as a need for inflexibility.
- ✚ Fourth, decisions about boundaries can evoke anxiety and fear.
- ✚ Finally, there is little guidance about boundary crossing in the education and training receives. If we don't set and maintain firm boundaries we can become confused and conflicted about our conduct with clients which can result in dual relationships.

Ethics and Boundaries Scenarios

The biggest challenge for professionals who are in recovery themselves is learning how much is appropriate to self-disclose. When professionals see a patient or client at a meeting, how much can they self-disclose? When is it destructive or unethical to self-disclose?

If a patient shared new information at a meeting at which the professional is present, what can/should the professional do with that information? These issues can arise in various roles outside of the treatment center including: attending the same AA meetings, living in the same community, being a fellow parent, being a fellow board member, or just simply seeing someone out in public.

The fact that there's a fiduciary relationship seems to help maintain professionalism and follow the expected ethical guidelines.

P. Hemphill explains, "There's a power imbalance and a knowledge imbalance — you get to know a lot about the person but they don't really get to know much about you. Issues regarding confidentiality and documentation cannot be compromised as this can destroy the therapeutic



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

relationship. Information obtained in public should be openly reviewed in a timely manner to reinforce an open, honest, and trustworthy relationship.”

Because individuals tend to get into a comfort zone and “professionals in general have a difficult time with feedback,” it’s important for people to challenge some of the things that they’ve done and the motivation and intent for those actions, as well as recognizing that everyone has some difficulties. He concludes by saying that it’s very challenging to make ethical decisions, especially if you’re trying to make them alone.

Negotiating Boundaries for Recovering Professionals

The most common cause for disciplinary action among practicing professionals and academics is the lack of professional behavior. According to experts in workplace dynamics, professionals must take care to recognize internal guides of character while external guides, such as laws, policies and ethical codes of the practice, must also be followed.

Dual Relationships

The addiction professional understands that the goal of treatment services is to nurture and support the development of a relationship of equals of individuals to ensure protection and fairness of all parties.

Addiction professionals will provide services to clients only in the context of a professional setting. In rural settings and in small communities, dual relationships are evaluated carefully and avoided as much as possible.

Because a relationship begins with a power differential, the addiction professional will not exploit relationships with current or former clients, current or former supervisees or colleagues for personal gain, including social or business relationships.

The addiction professional avoids situations that might appear to be or could be interpreted as a conflict of interest. Gifts from clients, other treatment organizations or the providers of materials or services used in the addiction professional's practice will not be accepted, except when refusal of such gift would cause irreparable harm to the client relationship. Gifts of value over \$25 will not be accepted under any circumstances.



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

The addiction professional will not engage in professional relationships or commitments that conflict with family members, friends, close associates or others whose welfare might be jeopardized by such a dual relationship.

The addiction professional will not, under any circumstances, engage in sexual behavior with current or former clients.

The addiction professional will not accept as clients anyone with whom they have engaged in romantic or sexual relationships.

The addiction professional makes no request of clients that does not directly pertain to treatment (giving testimonials about the program or participating in interviews with reporters or students).

The addiction professional recognizes that there are situations in which dual relationships are difficult to avoid. Rural areas, small communities and other situations necessitate discussion of the counseling relationship and take steps to distinguish the counseling relationship from other interactions.

When the addiction professional works for an agency such as department of corrections, military, an HMO or as an employee of the client's employer, the obligations to external individuals and organizations are disclosed prior to delivering any services.

The addiction professional recognizes the challenges resulting from increased role of the criminal justice system in making referrals for addiction treatment. Consequently he/she strives to remove coercive elements of such referrals as quickly as possible to encourage engagement in the treatment and recovery process.

The addiction professional encourages self-sufficiency among clients in making daily choices related to the recovery process and self-care.

The addiction professional shall avoid any action that might appear to impose on others' acceptance of their religious/spiritual, political or other personal beliefs while also encouraging and supporting participation in recovery support groups.

A dual relationship signifies two different types of relationships between counselor and client, and has been shown to be detrimental to client welfare (Reamer, 2012; St. Germaine, 1996).



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Dual relationships form when you counsel someone with whom another relationship is already established, or when you create another role with one whom you are already counseling. In addition to harming client welfare, dual relationships are harmful in that they ‘jeopardize a clinician’s judgment’ (St. Germaine, 1996, pg. 29). Dual relationships that exploit the client or affect the counselor’s judgment are proscribed as harmful (St. Germaine, 1996).

Dual relationships can divert a client’s focus and can lead a client into complacency or avoidance of the other tools the client should be using (Reamer, 2001). Clients may grow so attached that they abandon other vital aspects of their recovery program, and may subsequently rely too heavily on the dual relationship with their counselor as the main tool. If the relationship does not go well, there is a relapse risk; if the relationship goes well, there is a relapse risk. It is a no-win situation for the client.

Most addiction counselors are aware of dual relationships as unethical, yet most do report encountering clients outside of treatment on a regular basis (St. Germaine, 1996). At times, dual relationships cannot be avoided (Reamer, 2001, 2012). You may find yourself treating a client who is the only mechanic in town, for example. You may begin dating someone you meet in the community, only to later discover he or she is the parent of one of your clients (Reamer, 2001). The stickier situations involve those you may be able to avoid, but with a cost to either you or the client. In these situations, each of the four ethical pillars are called into question. For example, what is your best response to your agency hiring one of your former clients, thrusting you from a counselor-client dynamic to one of colleagues? This dual relationship often occurs in the addiction profession (Gallagher, 2010) and is a common topic in ethical trainings. You could take steps to avoid this dual relationship by either finding other employment for yourself, or by suggesting to the agency that they do not hire your former client, but you may not have the power to prevent the hire and thus must learn how to manage the dual relationship.

**ULTIMATELY “DO NO HARM” – MAINTAIN ETHICAL
PROFESSIONALISM**

Applying Cultural Competency, Values and More to Professional Practices

Chapter 5

In the broadest sense, cultural diversity includes race, ethnicity, gender, age, sexual orientation, religion, spirituality, language, disability, class, socio-economic status, and topics that continue to evolve as society changes. To increase awareness of the impact of cultural competency in addictions treatment, prevention, and recovery many/most state governing bodies/agencies have conducted trainings for all addiction treatment facilities and their staff.

As you embark on the process of learning more about yourself and your motivations to be a counselor, as well as about the skills necessary to do this work, you will want to simultaneously heighten your appreciation of the multicultural, diverse nature of the world in which you work. An awareness of issues related to dealing with people who might be different from you, and of the ethical principles that guide our profession, are as critical to doing solid counseling work as are self-understanding and a repertoire of skills. You want your clients to leave you feeling and doing better than when they started—or at the very least no worse. Your attention to the ethics of good practice, as well as to the worldview people bring to counseling, helps to ensure that no harm will be done.

It is important that counselors be aware of any of their own attitudes that might interfere with helping a client. By learning to put aside personal judgments and focus on client needs, staff members can build trust and rapport with the client. When a counselor can deal with a client in a sensitive, empathic manner, there is a much greater chance that both will have a positive and successful encounter.

Cultural competence, then, is a set of attitudes, skills, behaviors, and policies that enable organizations and staff to work effectively in cross-cultural situations. It reflects the ability to acquire and use knowledge of the health-related beliefs, attitudes, practices, and communication patterns of clients and their families to improve services, strengthen programs, increase community participation, and close the gap in health status among diverse population groups (NYS OASAS, Dick Van Dyke ATC).



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Cultural competence is critical to ensuring equitable access to and engagement in treatment and recovery.

Cultural Competence

- + Reduces treatment disparities which adversely affect racial, ethnic, linguistic and cultural minorities
- + Supports best and evidence-based practices
- + Improves outcomes

Clarification of Values

- + Commitment to Clients
 - Promote the well-being of clients In general clients being of clients. In general, clients' interests are primary.
- + Self-Determination
 - Respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.
- + Cultural Competence and Social Diversity
 - Seek to understand the nature of social diversity and oppression Seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

One Definition of Culture

The word 'culture' describes the integrated pattern of human behavior(s) that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. NASW (2011). Standards for cultural competence in social work practice: Washington D.C.

Cultural Humility

"Cultural humility incorporates a lifelong commitment to self-evaluation and critique evaluation and critique, to redressing the power imbalances in the physician/counselor/therapist - patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals." (Tervalon & Murray-Garcia, 1998)

Cultural Self-Awareness

Counselors who are aware of their own cultural backgrounds are more likely to acknowledge and explore how culture affects their client-counselor relationships. Without cultural awareness, counselors may provide counseling that ignores or does not address obvious issues that specifically relate to race, ethnic heritage and culture. Lack of awareness can discount the importance of how counselors' cultural backgrounds – including beliefs, values, and attitudes – influence their initial diagnostic impressions of the client. Without cultural awareness, counselors can unwittingly use their own cultural experiences as a template to prejudge and assess client experiences and clinical presentations. They may struggle to see the cultural uniqueness of each client, assuming that they understand the client's life experiences and backgrounds better than they really do. With cultural awareness, counselors examine how their own beliefs, experiences and biases affect their definitions of normal and abnormal behavior. By valuing this awareness, counselors are more likely to take the time to understand the client's cultural groups and their role in the therapeutic process, the client's relationships, and his or her substance related and other presenting problems. Cultural awareness is the first step towards becoming a culturally competent counselor.

Building Trust

- + Non-judgmental: No "right or wrong" – setting aside biases.
- + Strengths-based: Identifying behaviors that support healthy lifestyle (ex. scheduling an appointment).
- + Authenticity: Personal connection helps build the therapeutic relationship:
 - Important to take time to establish a connection before work can be done
- + Make no assumptions regarding sexual behavior (ageism).
- + Make no assumptions regarding sexual orientation (straight vs. gay identified).
- + Utilizing supportive family/connections.
- + Accessing cultural knowledge and spiritual practices.
- + Providing incentives:
 - Literature speaks to the client/provider relationship regarding incentives, is the client seeking services only for incentives? Or is the client personally motivated? As long as the client is returning for services - you have a golden opportunity to engage and build TRUST!

Trust and Power

Counselors need to understand the impact of their role and status within the client-counselor relationship. Client perceptions of counselors' influence, power, and control vary in diverse cultural contexts. In some contexts, counselors can be seen as all-knowing professionals, but in others, they can be viewed as representatives of an unjust system. Counselors need to explore how these dynamics affect the counseling process with clients from diverse backgrounds. Do client perceptions inhibit or facilitate the process? How do they affect the level of trust in the client-counselor relationship? These issues should be identified and addressed early in the counseling process. Clients should have opportunities to talk about and process their perceptions, past experiences and current needs.

Using the RESPECT mnemonic to reinforce culturally responsive attitudes and behaviors

- + **Respect** — Understand how respect is shown within given cultural groups. Counselors demonstrate this attitude through verbal and nonverbal communications.
- + **Explanatory Model**— Devote time in treatment to understanding how clients perceive their presenting problems. What are their views about their own substance abuse or mental symptoms? How do they explain the origin of current problems? How similar or different is the counselor's perspective?
- + **Sociocultural Context**— Recognize how class, race, ethnicity, gender, education, socioeconomic status, sexual and gender orientation, immigrant status, community, family, gender roles, and so forth affect care.
- + **Power**— Acknowledge the power differential between clients and counselors.
- + **Empathy** — Express, verbally and nonverbally, the significance of each client's concerns so that he or she feels understood by the counselor.
- + **Concerns and Fears** — Elicit clients' concerns and apprehensions regarding help-seeking behavior and initiation of treatment.
- + **Therapeutic Alliance/Trust** — Commit to behaviors that enhance the therapeutic relationship; recognize that trust is not inherent but must be earned by counselors.

Sources: [Bigby and American College of Physicians 2003](#); [Campinha-Bacote et al. 2005](#).

Culturally Sensitive Recovery Models

Considering that communication is an essential and often key cultural variable in the therapeutic process, a number of models regarding cross-cultural communication are available to improve providers' ability to elicit patients' understanding of their illnesses and preferences in treatment during the clinical encounter.

One model is **LEARN**, an acronym for **Listen, Explain, Acknowledge, Recommend, Negotiate**. Listen with sympathy and understanding to the patient's perception of the problem.

- ✚ Explain your perceptions of the problem.
- ✚ Acknowledge and discuss the differences and similarities in perceptions.
- ✚ Recommend treatment.
- ✚ Negotiate treatment.

This model reflects the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

Examining Attitudes and Skills

Counter-transference is a set of thoughts, feelings, and beliefs experienced by a service provider that occurs in response to the client. Although sometimes these beliefs and feelings are conscious, generally they are not. It is thus unrealistic to expect counselors, usually untrained in addressing unconscious mental processing, to be aware of counter-transference. Regular clinical supervision, which should be integrated into the staffing of the program, can help raise their awareness. If such resources exist, counselors may, with caution, address this issue.

Counter-transference can manifest itself in many different ways. The key to seeing Counter-transference issues is awareness and consciousness-raising. The commitment to "do no harm" to clients and their families, along with a desire to provide quality services, should be the driving forces for willingly examining these issues.

Negative Impact on Recovery and Treatment Outcomes

The lack of cultural competency has had negative impact on both client's recovery and treatment outcomes in these key areas:

- ✚ Program access and engagement strategies
- ✚ The experience of mental illness and symptom expression
- ✚ Receptivity to treatment through standard treatment media
- ✚ Problem conceptualization

- + Diagnosis and Problem resolution behaviors
- + Help-seeking behaviors
- + Culturally sanctioned coping styles
- + Treatment goals
- + Treatment interventions
- + Family responsibilities

Practicing Within Limits

A key element of ethical care is practicing within the limits of one's competence. Counselors must also engage in self-exploration, critical thinking, and clinical supervision to understand their clinical abilities and limitations regarding the services they are able to provide, the populations that they can serve, and the treatment issues that they have sufficient training to address. Cultural competence requires an ability to accurately assess one's clinical, and cultural limitations, skills and expertise. Counselors risk providing services beyond their expertise if they lack awareness and knowledge of the influence of cultural groups on client-counselor relationships, clinical presentation, and the treatment process or if they minimize, ignore or avoid viewing treatment in a cultural context.

Counseling Practice with Diverse Populations

As an addiction professional you will be working with many differing people from all walks of life, yes they will have addiction as a common thread but, as we have established throughout this chapter, each individual will bring specific values, beliefs and attitudes to the table. What is most important is that as a professional addiction counselor you bring knowledge, sensitivity and non-judgment to the treatment table. As always you will need to take a personal inventory about what you feel, think and believe about various special population groups before you counsel them.

A variety of substance abuse treatment programs have been developed to meet the particular needs of special populations, including women, pregnant and postpartum mothers, adolescents, elderly persons, members of various minority groups, public inebriates or homeless persons, drinking drivers, and children of alcoholics. These special programs are found in the public and private sectors and include both residential and ambulatory care settings using therapeutic community, Minnesota model, and outpatient drug-free, and methadone maintenance approaches.



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

In the section below you will be provided with a brief description of a few of the diverse population groups you will likely see in addiction treatment at all levels of care.

Take an honest look at yourself and imagine yourself working with each of these groups. What do you think? What do you think your comfort or discomfort level might be? What do you see as possible difficulties or issues for you as counselor with any of these groups?

The Americans with Disabilities Act - Definition

The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities in employment, transportation, public accommodation, communications, and governmental activities. The ADA also establishes requirements for telecommunications relay services.

Working with People with Disabilities

A significant number of the people currently seeking treatment for substance use disorders also have a physical, cognitive, sensory, or affective disability. Many others are or believe they are unable to access the treatment they desperately need, often because of the double stigma of having a substance use disorder and a coexisting disability. Many treatment providers have been reluctant to take on clients with disabilities because they assume difficulties that may not exist. The less one understands disabilities and their corresponding functional limitations, the more daunting accommodation appears.

The process of education will help treatment providers discover that people with disabilities are more like than unlike other clients, and that they have already been treating people with disabilities without knowing it. The presence of people with disabilities in a treatment group can benefit all clients. Appropriate accommodation of a person with a disability fosters cooperation at the same time it enriches group diversity. By better serving people with identified disabilities, the treatment provider will improve care for a great many other clients as well, as providers learn to tailor treatment to each client's individual needs.

Minority group members: may identify with particular cultural norms and institutions that increase feelings of social acceptance. While early phases of treatment that focus on achieving abstinence are not likely to be affected by minority group differences, the development of appropriate, drug-free social supports and new lifestyles during more extended treatment and



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

aftercare stages may be enhanced by support groups with similar ethnic identification and cultural patterns. For some African-American patients, involving the church and treatment that incorporates a spiritual element may improve outcomes. Treatment programs for Native American tribes often incorporate their traditions, and a family focus as well as bilingual staff and translated written materials are important ingredients of many treatment programs for Hispanics. However, the Consensus Panel believes that culturally sensitive treatment may not be as important to individuals who do not strongly identify with an ethnic or cultural group and of less concern than socioeconomic differences, for example, in treatment retention.

Women in Substance Abuse Treatment

Gender differences come into play when it comes to treatment for substance abuse. Just as each patient's needs are unique, and a treatment program must be tailored to address those particular needs, attention also must be paid to the special needs of women. What works for men in treatment doesn't always work the same way for women. Treatment experts agree that substance abuse treatment for women needs to be approached from the perspective that includes the context of the women's lives. These include her relationships with family, extended family, and support systems, social and economic environment, and the impact of gender and culture.

These are just a few of the diverse groups you should expect to encounter as an addiction counselor. Some other diverse groups include: HIV/AIDS, Criminal Justice, LGBT, Deaf and Hard of Hearing and many more.

Training, education and self-awareness are the keys to becoming a sensitive responsive addiction counselor.

The Professional Counselors Role in Crisis and Risk Assessment and Management

Chapter 6

Crisis Definition:

Crisis - An acute physical and/or emotional event. An event occurring during treatment that threatens to impact progress. For addicted clients, crisis often increases the risk of relapse.

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, rely on and describe a past experience with a client. Describe the overall picture--before, during and after the crisis. It is imperative that the counselor be able to identify the crises when they surface, attempt to mitigate or resolve the immediate problem and use negative events to enhance the treatment efforts, if possible.

What to do

- Intervene right away. A crisis often gets worse without immediate intervention.
- Instill hope
- Provide support
- Problem solve right away rather than striving for insight
- Provide positive feedback

Stages of crisis intervention

1. Assessment stage.

- ✚ Discover what led to the crisis.
- ✚ Look at precipitating events.

- ✚ Assess the client's present psychosocial state.
- ✚ Collaboratively define the problem with the client.

2. Implementation

- ✚ Gather more data from the client.
- ✚ Discuss how the client dealt with similar crises in the past.
- ✚ Identify client's strengths, resources, and supports that can possibly help with the crisis.

3. Termination

- ✚ This should be a mutual decision.

Suicide—What to assess

Plan - How clear is the client's plan? The more detailed the plan, the greater the concern.

- **Is it a suicidal attempt or an ideation (idea)?**
- **Method and means** - Discover how the client plans to commit suicide. Does he/she have a gun, pills, etc.?
- **Family history of suicide.** Suicide runs in families.
- **Previous attempts.** Previous suicide attempts increase the risk of suicide.
- **Recent use of chemicals.** Recent substance use increases the risk of suicide.
- **Determine sources of support.**
- Help the client **develop a suicide prevention plan.**
- Make sure you **consult with your supervisor** and a consulting psychiatrist when working with a suicidal client.

Understanding and Applying De-Escalation Techniques

Substance-abusing clients' behaviors may become escalated when they are presented with feelings, circumstances or situations with which they are unable to cope. While in treatment, they will learn healthy ways to deal with these; however, at times they may react in the manner in which they have coped in the past.

Identifying the Escalated Client

Some common signs that a client has become escalated:

Raised Voice **High-pitched Voice**

Rapid Speech **Pacing**

Excessive Sweating **Balled Fists**

Excessive Hand Gestures **Erratic Movements**

Fidgeting **Aggressive Posture**

Shaking

Effective de-escalation techniques feel abnormal. We are intuitively driven into “fight or flight” mode when scared. However, in de-escalation, we can do neither. We must appear centered and calm even when we are terrified. Therefore these techniques must be practiced before they are needed so that they can become “second nature”.

When under stress, people tend to hold their breath or breathe shallowly. Practice slow, deep diaphragmatic breathing when confronted by stressful situations to decrease your own level of arousal. Also use positive affirmations or self-talk. It is a fact that our thoughts trigger emotions and are triggered by our communication with ourselves. Stay positive when under attack by maintaining a win-win attitude.

Instructor Note: The following are general descriptions of de-escalation techniques. Within each category there are specific step by step instructions to follow in specific crisis situations. For the purposes of this course it is only necessary for the student grasp the definition of crisis situations and to have a basic understanding of the tools available to assist them in appropriately intervening in a potential crisis. Most treatment facilities offer De-escalation trainings to their staff in order to help them professionally recognize and manage these types of clients and situations.

De-Escalation Techniques

Non-Verbal De-Escalation: It is said that approximately 65 percent of communication consists of non-verbal behaviors. Of the remaining 35 percent, inflection, pitch, and loudness account



The Academy for Addiction Professionals

6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

for more than 25 percent, while less than seven percent of communication has to do with what is actually said.

Verbal De-Escalation: Once non-verbal tactics are in place, verbal de-escalation can be a logical next step in dealing with an agitated client. Remember, reasoning with an enraged person is not possible. The first and only objective in de-escalation is to reduce the level of client arousal so that discussion becomes possible.

There is nothing magical about talking someone down. You are simply transferring your own sense of calm and respectful, clear limit setting to the agitated person in the hope that he/she actually wishes to respond positively to your respectful attention. Do not be a hero and do not try de-escalation when a person has a weapon. In that case, simply cooperate.

Acute Crisis Interventions – Involuntary interventions

As part of a professional counselor's preparation to recognize, intervene and act when they are presented with a client in crisis or at risk of crisis, we will be covering the Florida Baker and the Marchman Act below.

Both of these legally based processes were established for people who are either in a mental health crisis with the potential to harm themselves or someone else, determined by an assessment conducted by an accepted practitioner (as determined by statute) and will not or are not able to voluntarily admit themselves to an inpatient psychiatric facility for a mental health assessment completed by a psychiatrist; or if a person is using alcohol or other drugs to such an extent that their family, physician, or friends believe they are at risk of self-harm or have potential to harm others and initiate an involuntary court mandated addiction evaluation.

What is listed below are abbreviated definitions, explanation and process of the Baker & Marchman Act. For full description of both go to the following websites:

<http://www.myflfamilies.com/service-programs/substance-abuse/marchman-act>

<http://www.myflfamilies.com/service-programs/mental-health/baker-act>

The Florida Mental Health Act – better known as The Florida Baker Act

Involuntary Examination Criteria, Processes and Timeframes

Intent

The Baker Act encourages the voluntary admission of persons for psychiatric care, but only when they are able to understand the decision and its consequences and are able to fully exercise their rights for themselves. When this is not possible due to the severity of the person's condition, the law requires that the person be extended the due process rights assured under the involuntary provisions of the Baker Act.


Criteria

A person may be taken to a receiving facility for involuntary examination if the following three criteria are met:

1. There is reason to believe that he or she is mentally ill. This means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with a person's ability to meet the ordinary demands of living, regardless of etiology. For the purposes of this part, the term does not include retardation or developmental disability as defined in Chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.
2. Because of his or her mental illness the person has refused voluntary examination or is unable to determine whether examination is necessary
3. Without care or treatment, the person is likely to suffer from neglect resulting in real and present threat of substantial harm that can't be avoided through the help of others; or there is substantial likelihood that without care or treatment the person will cause serious bodily harm to self or others in the near future, as evidenced by recent behavior.

Initiation

An involuntary examination may be initiated by any one of the three following means:

-  A circuit court may enter an ex parte order, based upon sworn testimony, directing a law enforcement officer to take the person to the nearest receiving facility. A law enforcement officer may serve and execute an ex parte order on any day of the week, at any time of the day or night and may use such reasonable physical force as is necessary to gain entry to take custody of the person.

- ✚ A law enforcement officer shall take a person who appears to meet the above criteria into custody and deliver the person to the nearest receiving facility.
- ✚ A physician, clinical psychologist, psychiatric nurse, or clinical social worker, each as defined in the statute, may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based. A law enforcement officer shall take the person into custody and deliver him or her to the nearest receiving.

Examination at Hospital after Emergency Medical Condition

A person for whom an involuntary examination has been initiated who is being evaluated or treated at a hospital for an emergency medical condition must be examined by a receiving facility within 72 hours. The 72-hour period begins when the person arrives at the hospital and ceases when the attending physician documents that the person has an emergency medical condition. One of the following must occur within 12 hours after the person's attending physician documents that the person's medical condition has stabilized or that an emergency medical condition does not exist:

- ✚ The person can be examined by a physician or clinical psychologist at the medical hospital, and if found not to meet the criteria for involuntary placement, released or transferred to voluntary status
- ✚ The person must be examined by a physician or clinical psychologist from a designated receiving facility and released
- ✚ The person must be transferred to a designated receiving facility in which appropriate medical treatment is available.

Reporting

Receiving facilities must send a copy of the court order, law enforcement officer's report, or professional's certificate initiating the involuntary examination (with the required cover sheet) to the Agency for Health Care Administration (AHCA) on the next working day after the person's arrival at the facility.

Discharge or Release



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

A person may not be held for involuntary examination longer than 72 hours. Within the 72-hour examination period, one of the following must take place:

- + The person must be released unless charged with a crime; or
- + The person must be released for outpatient treatment; or
- + The person must be asked to give express and informed consent to voluntary placement; or
- + A petition for involuntary placement must be filed with the circuit court by the facility administrator.

The Marchman Act Florida

Florida's Substance Abuse Impairment Act governs the voluntary and involuntary commitment and treatment for substance abuse (Fl. Stat. Ann. § 397.301 to 397.998). The act is also known as the Hal S. Marchman Alcohol and Other Drug Services Act or Marchman Act.

Instructor Note: Just an FYI....The Marchman Act is NOT the substance abuse version of The Baker Act!!!

The Marchman Act enacted in 1993 by the Florida Legislature, provides for voluntary admissions and involuntary assessment, stabilization, and treatment of adults and youth who are severely impaired due to substance abuse.

While the Marchman Act encourages persons with substance abuse impairment to seek treatment voluntarily, it also permits a law enforcement officer, a physician, or a judge to put a person in a licensed substance abuse facility for assessment and stabilization on an involuntary basis. A guardian can also apply for a minor's involuntary admission.

Any adult or minor who seeks **voluntary** admission and meets a service provider's criteria for admission can apply for and receive care.

For **involuntary** admissions, there must be a good faith reason to believe the person is substance abuse impaired and because of the impairment, meets the following criteria:

Has lost the power of self-control with respect to substance use; **and either:**

Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another; **or**



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services.

Substance abuse impaired means a condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance (illegal drugs or misuse of medications or other substances) in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior.

Admission Types

1. Voluntary Admissions
2. Involuntary Admissions:
 - + Non-Court Involved:
 - Protective Custody
 - Emergency
 - Alternative Involuntary Assessment for minors
 - Court Involved:
 - Involuntary Assessment/Stabilization
 - Involuntary Treatment

Provider Responsibilities

Any person, including minors, may apply for **voluntary** admission. Person must be admitted when sufficient evidence exists that:

- + Person is SA impaired
- + Setting is the least restrictive and appropriate
- + Within licensed census
- + Medical & behavioral condition can be safely managed
- + Within financial means of person
- + Persons involuntarily placed only in licensed service providers in components authorized to accept involuntary clients.



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

- ✚ Providers accepting person on involuntary status must provide a description of the eligibility and diagnostic criteria and the placement process to be followed for each of the involuntary placement procedures
- ✚ Decision to refuse to admit or to discharge shall be made only by a qualified professional

Involuntary Admissions Criteria

- ✚ Good faith reason to believe person is substance abuse impaired and because of the impairment:
- ✚ Has lost power of self-control over substance use; **and either:**
- ✚ Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on self or others, **or**
- ✚ Is in need of substance abuse services and, by reason of substance abuse impairment, his/her judgment has been so impaired the person is incapable of appreciating the need for services and of making a rational decision in regard thereto. (Mere refusal to receive services not evidence of lack of judgment)

Involuntary Assessment Stabilization General Provisions

- ✚ Petitions filed with Clerk of Court in county where person is located.
- ✚ Circuit court has jurisdiction
- ✚ Chief Judge may appoint general or special master.
- ✚ Person has right to counsel at every stage of a petition for involuntary assessment or treatment.
- ✚ Court will appoint counsel if requested or if needed and person cannot afford to pay.
- ✚ Un-represented minor must have court-appointed guardian ad litem.

Court Involved Involuntary Assessment/Stabilization Petition Adult: petition maybe filed by:

- ✚ Spouse
- ✚ Guardian
- ✚ Any relative
- ✚ Private practitioner



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

- + Service provider director/designee, or
- + Any three adults having personal knowledge of person's condition.

Minor: petition maybe filed by:

- + Parent
- + Legal guardian
- + Legal custodian, or
- + Licensed service provider

Providers may initiate petitions for:

- + Involuntary assessment and stabilization
- + Involuntary treatment

When that provider has direct know ledge of the respondent's substance abuse impairment or when an extension of the involuntary admission period is needed.

Qualified Professional Defined

- + Physician licensed under 458 or 459
- + Professional licensed under chapter 490 or 491 (Psychologist, Clinical SW, Marriage & Family Therapist or Mental Health Counselor); or
- + Person who is certified through a DCF recognized certification process for substance abuse treatment services and who holds, at a minimum, a bachelor's degree.
- + Reciprocity with other states – meet Florida requirements within 1 year.
- + Grandfather – certified in Florida prior to 1/1/95.

Instructor Reminder: There is much more information, guidelines and processes involved with both the Baker and Marchman Acts then listed here. Please refer to the provided websites listed earlier in this chapter for free trainings provided by DCF on both.

I have written this before but I cannot stress it enough.....

SEEK SUPERVISION, ALWAYS!!! DO NOT GO IT ALONE!

Conclusion

Instructor Concluding Note: Well you made it to the end, maybe this is your final course, maybe it isn't. While all the courses in this process are important and necessary I believe this one is the hallmark, the foundation for all else. It asks you, the potential addiction counselor to self-examine your ideas, beliefs, values, ethics and more, all in an effort to begin to shape your thinking in a way that sets the stage for excellent clinical work. Hopefully with your honest self-assessments you will know if counseling is your passion, your calling, your heart. I say this because I believe that is how you need to feel. Addiction counseling is difficult in many many ways but so rewarding if your heart and mind are in the right place. So much learning and studying goes into being a good ethical clinician, however, just as important is what each individual counselor brings with them and how they learn to appropriately use their emotions from their own experiences in combination with what they have learned. Using all of this within the boundaries and ethical guidelines of professional practices produces wonderful outcomes and a fulfilling career you can be proud and passionate about.





6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

References

1. Fisher, Maurice S. Sr., PhD, LCSW, LSATP, BCD; Holton, Jessica, MSW, LCSW, LCAS; van Wormer, Katherine, PhD, MSSW. Standards for Social Work Practice with Clients with Substance Use Disorders. 2013.
2. Ignacio, M., MSSW and O’odham, T., MSSW. Professional Readiness: Attitudes and Values. 6/18/
3. Maurice S. Fisher Sr., PhD, LCSW, LSATP, BCD Jessica Holton, MSW, LCSW, LCAS Katherine van Wormer, PhD, MSSW. Standards for Social Work Practice with Clients with Substance Use Disorders. 2013.
4. Santa Clara Valley Health & Hospital System Department of Alcohol & Drug Services. Best Practices in the Treatment of Substance Abuse Disorders. 02/1998.
5. Washton, Arnold M., Ph.D., C.S.A.C. National Institute on Drug Abuse. A Psychotherapeutic and Skills-Training Approach to the Treatment of Drug Addiction.
6. Hutchinson, David. The Essential Counselor: Chapter 1 Invitation to Counseling Work. Third Edition. Sage Publications.
7. Association for Addiction Professionals; NAADAC.org. Code of Ethics. 2013
8. Texas Certification Board of Addiction Professionals. Ethical Standards for Advanced Alcohol and Drug Counselors.
9. Sobon, Michelle; Davison, Ashely; Bogear, Lauren; Steenbergh, Tim; and Sneed, Katti. Career-sustaining behaviors of addiction counselors. Addiction Professional. June 30, 2010.
10. Substance Abuse Treatment for Persons with Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series, No. 42. Center for Substance Abuse Treatment. Rockville (MD) 2005.
11. Clinical Supervision and Professional Development of the Substance Abuse Counselor. Treatment Improvement Protocol (TIP) Series, No. 52. Center for Substance Abuse Treatment. Rockville (MD) 2009.
12. Twelve Core Functions of the Alcohol and Other Drug Abuse Counselor. health.hawaii.gov. 05/2013
13. Bureau of Substance Abuse Services; mass.org. SAS Practice Guidance: Making Treatment Culturally Competent. 05/2014.



6555 NW 9th Avenue, Ste. 210 | Fort Lauderdale, FL 33309
(954) 771-2091 – Fax (954) 771-2098

14. Toolbox Training: A Substance Abuse Educational Series for Mental Health Professionals First Edition. Module 9 Professional Readiness, Attitudes and Values. 2007
15. Herring, Bill LCSW. A Basic Set of Core Ethical Guidelines for Addiction Treatment Professionals. Counselor: The Magazine for Addiction Professionals, March/April 2002.
16. Baker Act Involuntary Examination: Criteria, Processes and Timeframes State of Florida Department of Children and Families Mental Health Program Office Florida's Baker Act Website – May 2002
17. Florida Department of Children and Families. <http://www.myflfamilies.com/general-information/dcf-training>. 2014
18. Cultural Competency: Its Impact on Addiction Treatment and Recovery. Resource Link, Volume 7 Issue 2. Northeast ATTC. 2008
19. De-Escalation Training. Sojourner Recovery Sojournerrecovery.org
20. Burn Out & Compassion Fatigue. Addiction Technology Transfer Network. ATTC. 2006
21. Vicarious Trauma. American Counseling Association. October 2011.
22. Mercer, Delinda E., Ph.D. and Woody, George E., M.D. Individual Drug Counseling. University of Pennsylvania and Veterans Affairs Medical Center. September 1999.
23. SAMSHA TIP 57: Improving Cultural Competence. Treatment Improvement Protocol Center for Substance Abuse Treatment. Rockville (MD) 2014
24. Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities. Treatment Improvement Protocol (TIP) Series, No. 29. Center for Substance Abuse Treatment. Rockville (MD) 1998.