



Professional Ethics

2 CEUs

Course Description

The purpose of this training is to clarify professional ethical expectations for addiction professionals, assist in defining professional boundaries, and highlight potential boundary problems.

Course Objectives

Upon completion of this course the participant will:

1. Be able to understand and define ethics.
2. Understand and be able to demonstrate ethical and professional behavior.
3. Be able to define, implement and practice client informed consent.
4. Be able to define and recognize boundary issues between client and counselor.
5. Be able to define and interpret the roles of transference, counter-transference and other potential boundary issues in clinical practice.

Introduction

As a professional working in the field of addiction you will be called upon to help many people in deep distress during your career. These people will count on you to have some answers, show care, concern, and empathy, and have excellent clinical knowledge. Most importantly, these people will count on you to be professionally responsible at all times.

At a minimum, your professional responsibility (depending on the certification or license held) will include, but is not limited to:

- Understanding relevant professional code of ethics, scope of practice and legal standards,
 - Understanding client rights and confidentiality rules and regulations,
 - Providing Informed Consent, and
 - Maintaining appropriate professional boundaries.
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Code of Ethics, Scope of Practice and Legal Standards

Code of Ethics—a Code of Ethics has been developed by each behavioral health association for the purpose of setting professional standards for appropriate behavior, defining a professional scope of practice, and preventing harm to clients. Professional ethics are generally self-regulated by the industry. A Code of Ethics usually requires a professional to sign an agreement to uphold certain standards and may require continued education. All behavioral health workers have an obligation to be familiar with their relevant code of ethics and its application to professional services.

The Virginia Board of Counseling provides certification for substance abuse counselors, prevention specialists, and criminal justice professionals in the Commonwealth of Virginia. The regulations covering conduct in professional counseling can be found at https://www.dhp.virginia.gov/counseling/reg_history/LPC/LPC_20160824.pdf. Links to the Code of Ethics for the most common behavioral health professions are listed below:

- *American Association of Marriage and Family Therapy (AAMFT) Code of Ethics*
- *American Psychological Association (APA) Code of Ethics*
- *American Counseling Association (ACA) Code of Ethics*
- *National Association of Social Workers (NASW) Code of Ethics*

According to Webster's Dictionary, *ethics* is defined as "the discipline dealing with what is good and bad and with moral duty and obligations - ethics are the principles of conduct governing an individual or group."

Scope of Practice—every profession defines itself by establishing what is called a "scope of practice." The scope of practice defines the actions a member of the profession is trained and authorized to perform. A professional must practice only within the scope of his or her professional competence. Some typical indicators of competence include education, experience, training, and certification (Pope and Vasquez, 1998). Competence in one clinical area doesn't necessarily translate to another. Counselors with extensive experience treating general psychiatric disorders aren't necessarily competent to meet the specific needs of addicted clients, just as addiction counselors without advanced training do not always adequately recognize signs of psychiatric disorders. Cross-referral between such specialists is necessary in such situations.

Ethical and Legal Standards—addiction professionals will uphold the legal and ethical standards of their profession by being fully cognizant of all federal and state laws that govern practice of substance use disorder counseling in their respective state. Furthermore, addiction professionals will strive to uphold not just the letter of the law and the Code, but will espouse aspirational ethical standards such as autonomy, beneficence, non-maleficence, justice, fidelity and veracity.

Confidentiality

Most professionals currently working in the healthcare field are familiar with the word confidentiality and its application to privacy practices vis—à-vis HIPAA – The Health Insurance Portability and Accountability Act. HIPAA covers the protection of an individual’s Personal Health Information (PHI). For more detailed information on HIPAA visit:

www.hhs.gov

In the alcohol and drug addiction field, confidentiality is governed by federal law (42 U.S.C. § 290dd-2) and the Code of Regulations, Part 2 (CFR Part 2) that outline under what limited circumstances information about the client’s treatment may be disclosed with and without the client’s consent.

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

Adhering to client confidentiality is an Addiction Professional’s legal and moral obligation. Every effort **MUST BE** made to protect the confidentiality of client information, except in very specific cases or situations. There are serious ramifications for allowing or causing a breach in confidentiality including:

- Fines under federal law
- Losing your job
- Prison time
- Legal issues

While confidentiality practices have been established to protect the client’s privacy rights, personal medical and mental health information and much more; it is equally important to understand the Limits of Confidentiality. The CFR 42 Part 2 recommends that clients be apprised of the limits on client confidentiality before they begin to disclose. This is part of obtaining informed consent, and should occur at the beginning of treatment before any opportunity for disclosure occurs. For a detailed review of 42 CFR Part 2 visit: <http://www.ecfr.gov>.

Informed Consent

Informed consent usually refers to a process whereby an individual consents to a proposed treatment or procedure because they understand that it would benefit them to do so. It is most often used in relation to medical treatments. A more precise definition might say that informed consent is a legal procedure to ensure that a patient, client, and research participants are aware of all the potential risks and costs involved in a treatment or procedure. Informed consent is the fundamental bedrock of ethical practice because it helps to assure the client's autonomy in matters that affect the entire course and direction of counseling. Addiction professionals may not always fully appreciate the lengths they must go in order to insure that important decisions about treatment issues are truly made from a basis of informed choice. Rather than being a one-time event, informed consent is an on-going collaborative effort between client and a counselor for establishing and continuously monitoring the goals and strategies of counseling as well as the roles, rights and responsibilities of all parties. (Tjeltveit, 1999)

A client has a right to know which treatment modalities a provider typically recommends, such as group therapy, couples therapy, family therapy, medication, support group attendance, and so forth. Counselors often don't take the time to explicitly discuss the expected benefits and potential risks of their services, as well as any alternative treatment approaches that may be available to the client. Informed consent also includes information about the anticipated duration of treatment and any situations that could result in a counselor prematurely terminating services. In addition, clients should know the policy for resolving disputes as well as all pertinent financial aspects of the counseling relationship; counselors should also be open to discussing their background and theoretical orientation (Houston-Vega and Nuehring, 1997). A failure to obtain or document informed consent may be a source of malpractice liability, despite the quality of care delivered (Corey et al., 1998).

Informed consent is based on the following presumptions:

- Client is competent to make informed decision about self-interests.
 - Client comprehends information being presented for consent.
 - Consent is voluntary without coercion, undue influence, or duress (Parsons 2001)
 - Conflicts with presumptions when an alcohol use disorder is present:
 - Client with impaired cognitive capacity due to chronic alcohol abuse.
 - Clients who are young or from other cultures may have difficulty understanding consent form.
 - Mandated clients are not voluntarily consenting to service.
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Mandated Reporters

Although every person has a responsibility to report suspected abuse or neglect of children and vulnerable adults, some occupations are professionally mandated reporters in Virginia. Adult Protective services lists these reporters here: https://dss.virginia.gov/files/division/dfs/mandated_reporters/aps/resources_guidance/mandated_reporters.pdf. Some mandated reporters include, but are not limited to:

- Persons licensed to practice medicine or any of the healing arts
- Hospital residents or interns;
- Persons employed in the nursing profession;
- Eligibility workers in a local department of social services
- Social worker
- Probation officers
- Teachers or other persons employed in a public or private school, kindergarten, or nursery school
- Persons providing full or part-time child care for pay on a regular basis
- Mental health professionals
- Law enforcement officers
- Professional staff persons employed by a public or private hospital, institution, or facility in which children are placed
- Persons 18 years or older associated with or employed by any public or private organization responsible for the care, custody, and control of children
- Mediators certified to receive court referrals
- Volunteer Court Appointed Special Advocates (CASA)
- Persons employed by public or private institutions of higher education other than attorneys employed by institutions of higher education as it relates to information gained in the course of providing legal representation to a client
- Athletic coaches, directors or other persons 18 years of age or older, employed by or volunteering with a private sports organization or team
- Administrators or employees, 18 years of age or older, of public or private day camps, youth centers and youth recreation programs
- Any person 18 years of age or older, who has received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect. This reporting requirement shall not apply to any regular minister, priest, rabbi, imam, or duly accredited practitioner of any religious organization or denomination usually referred to as a church as it relates to (i) information required by the doctrine of the religious organization or denomination to be kept in a confidential manner or (ii) information that would be subject to § 8.01-400 or 19.2-271.3 if offered as evidence in court.

Professional Boundaries

A boundary is something that indicates a border or a limit. Professional boundaries are the framework that we operate within that makes our working relationships professional, and safe, and sets limits for the services we deliver. Professional boundaries are defined as the space between the professionals' power and the client's vulnerability.

Boundaries define the expected and accepted psychological and social distance between practitioners and clients. Boundaries are derived from ethical treatise, cultural morality, and jurisprudence. Sometimes, it is difficult to clearly define the perimeter of these boundaries and the integrity of the relationship.

Clear professional boundaries create safety for both the client and the professional. If boundaries are ignored, professionals can find themselves acting in their own best interest instead of the client's best interest.

Boundary Issues—Boundary issues are disruptions of the expected and accepted social, physical, and psychological boundaries that separate professionals from patients\clients. As the therapeutic relationship is prolonged and more personal as many confidential matters are discussed, there is likelihood of developing strong emotional bonds. This may lead to non-therapeutic activity.

Two types of boundary issues are boundary crossings and boundary violations. A boundary crossing is a deviation from classical therapeutic activity that is harmless, non-exploitative, and possibly supportive of the therapy itself. In contrast, a boundary violation is harmful or potentially harmful, to the patient and the therapy. It constitutes exploitation of the patient. Similarly, boundary crossings and violation may arise from the therapist or from the patient.

Ethical principles in boundary issues—Respect for the dignity of the patient\client is the fundamental ethical principle in boundary problems. The patient's\client's authentic goals or choices must be respected. The concept of autonomy that is fostering the patient's\client's independence and separateness as a self-directing person, along with promoting the self-determination attitude of the patient\client form the central core in the perseverance of the boundary concepts.

To assist you in reflecting on whether or not you may have crossed a boundary line in the past ask yourself have you ever:

- Shared your personal problems with a client?
- Agreed to assist someone whose problem was out of your scope of practice?
- Given a client a gift?
- Complained to a client or a colleague about a co-worker?
- Socialized with a client outside of your professional capacity?
- Accepted a gift of more than minimal value from a grateful client/family member?
- Flirted with a client or engaged in sexual banter “all in good fun”?

Responsibility—the professional is ultimately responsible for managing boundary issues and therefore is accountable should violations occur. It is the professional's duty to refrain from initiating a boundary violation. Please remember:

- Clients may not be aware of the need for boundaries or able to defend themselves against boundary violations.
- There is an inherent power imbalance between a professional and a client, the professional is perceived as having power and control.

Here are some clear boundary area violations:

- Planning social activities with clients
- Having sex with clients
- Having family members or friends as clients

Many boundary issues are not clear-cut or clearly defined. Here are some gray areas:

- Self-disclosure
- Gift giving and receiving
- Dual relationships
- Physical contact
- Trust
- Attraction
- Humor
- Secrets

Some other areas that are danger zones that we need to be aware of include:

- Over-identification with a client's issues
- Strong attraction to a client's personality or strong physical attraction to a client
- Clients who can potentially reward you with their influence
- Transference and counter transference (to be discussed in more detail below)

Be sure your communication, both verbal and written, is clear if you are concerned there has been a boundary transgression. Questions to ask yourself when assessing your boundaries:

- Am I doing my job?
- How would my supervisor, co-worker or licensing agency view my actions?
- Am I doing what the clients need and what is in their best interest?
- Am I treating any client differently than the rest?
- Am I thinking of a particular client when I am away from work?
- Have I shared personal information with this client?
- Am I defensive of this client or my interaction with them?
- Do I advocate for this client more than my other clients?
- Could this client hurt my feelings?
- Am I flirtatious or overtly sexual in my interactions with this client?
- Do I believe I understand this client better than other staff?
- Do I touch this client more or differently than other clients?
- Does this client wait for me to be available rather than deal with other staff?
- Am I willing to accept secrets from this client?

Setting appropriate boundaries reduces the risk of client exploitation. Exploitation may stem from exerting influence on a client to promote or advance our emotional, financial, sexual, religious, or personal needs. Please note:

- A client may actually initiate and be gratified by exploitation—they may enjoy feeling 'special' or being 'helpful'.
- Exploitation can be subtle and vary from promoting excessive dependency to avoiding confrontation because we enjoy the adoration of our clients.
- Using information learned professionally from the client for personal gain can harm a client.

Prevention and Avoidance of Sexual Misconduct

Sexual misconduct is an extreme boundary violation that involves the use of power, influence and or knowledge inherent in one's profession to obtain sexual gratification, romantic partners, and or sexually deviant outlets. Any behavior by a professional that is seductive, sexually demeaning, or reasonably interpreted by a client as sexual is a violation of professional ethics.

Sexual misconduct often begins with boundary violations, but not all boundary violations lead to such serious conduct. Research evidence demonstrates that practitioner sexual misconduct with clients often begins when clinicians/employees disclose personal information to clients about their own troubled marriages or intimate relationships. Once boundary violations have occurred there is a greater possibility of sexual misconduct occurring, i.e., "slippery slope" situations. To prevent and avoid sexual misconduct:

- Respect cultural differences.
- Do not use gestures, tone of voice, expressions, or any other behavior that a client could interpret as seductive, sexually demeaning, or sexually abusive.
- Refrain from treating a client that you have had a previous intimate relationship with.
- Do not make sexualized comment about a client's body or clothing.
- Do not make sexualized or sexually demeaning comments to a client.
- Do not criticize sexual orientation.
- Do not ask details of sexual history – unless it's your job.
- Do not engage in inappropriate 'affectionate' behavior with a client.
- Do not talk about your own sexual preference, fantasies, problems, etc.
- Learn to detect and deflect seductive clients.
- Do not request a date with a client.
- Do not engage in any sexual contact.
- Maintain good records that reflect any intimate questions of a sexual nature and document any and all comments or concerns made by a client relative to alleged sexual abuse, and any other unusual incident that may occur during the course of, or after an appointment.

Awareness is the key. Professionals who are clear about their own needs and the needs of their clients, and who can separate the personal from the professional, will find themselves acting in the best interest of their clients.

Transference and Counter-Transference

Transference refers to clients' placement of feelings originally directed towards significant others in their life onto the counselor (Wallin, 2007). For example, clients might project feelings related to their mother or father figure onto the counselor. In some cases this may lead to a belief that the counselor is nurturing and loving; in other situations feelings of anger and mistrust may arise. In the clients' mind the counselor may also come to represent their ideal partner or friend; this may lead to platonic, romantic, or sexual attraction. Depending upon the life history of the client, the counselor may also represent oppressive systems or an opposing cultural group (i.e. higher social class, an ethnic group the client may have had conflict with previously, etc.). Due to the clients' complicated thoughts, beliefs, and emotions entangled with the issue of transference developing ways to guide a counselor to work with these issues will be discussed so that clients may gain deeper insight and to preserve the therapeutic relationship.

Counter-transference occurs when counselors' emotions, beliefs, and biases are projected onto their client; as with transference this is typically related to the counselor's life history. Counter-transference involves an emotional connection with the client beyond what other counselors would deem as appropriate within the therapeutic relationship. The counselor's acceptance of the client's transference is another example of counter-transference (Gelso & Hayes, 2007). For example, when clients project feelings related to their parental figure onto their counselors, the counselors may find themselves wanting to protect the clients and reach beyond their boundaries to assist the clients. In such cases it is important to explore issues of both transference and counter-transference in order to rebalance the therapeutic relationship, re-establish boundaries, and promote client growth. Again, there are many ways to recognize and respond to counter-transference during individual and group supervision. When not addressed, counter-transference can lead to violations of boundaries and potential harm to clients.

Although these are issues which are present in every form of counseling and therapy, some areas are more influential regarding the level of transference and counter-transference experienced in particular by developing Alcohol and Drug Counselors. Two of these areas include a higher potentiality for the client to have similar life experiences as the counselor (i.e., history of alcohol and other drug (AOD) use, treatment history, legal issues, etc.) and the degree of confidence the counselor feels working with co-occurring issues (depending on education, training, and experience). As with all other developing counselors, it is imperative to acknowledge what stage the individual counselors are in regarding their professional development and base the intensity of supervision and oversight on their level of development.

Language—one of the simplest methods to explore whether counter-transference issues are present is through listening to the ways in which clients' cases are presented and discussed by the counselors whom are being supervised, as well as other staff. Some indicators of counter-transference issues may include nicknames given to the client by counselors or staff (typically the client is unaware of this nickname), negative labels placed on the client, difficulty with being empathetic about any aspect of the client's circumstances, and speaking about the client case in such a way that the counselor appears hopeless about the client's ability to change behaviors or progress in treatment. Signs of the counselor becoming over involved with the client may include talk of overstepping boundaries, having strong emotional reactions when discussing the client's case, and providing supplementary assistance to the client at the expense of the rest of the counselor's caseload. A general rule that can be followed when presenting client cases is to ask the counselors to speak about the client as they would if that client was in the supervision room. This format will provide the counselors with the opportunity to pay attention to the actual words they are using to describe the clients, their situations, and their recovery process. At times, the counselors may be able to pick up on their own counter-transference issues just by paying attention to the words they use when speaking about the client. Besides verbal cues, nonverbal indicators are also especially important to tune into. The counselor's body language, facial expressions, and tone of voice are all clues into potential counter-transference issues.

Awareness and Reduction—one of the most significant ways to assist counselors in becoming more aware of transference and countertransference issues is to continuously expose them to these issues through making it a central theme during both group and individual supervision meetings. The role of the supervisor is important to normalize the experience of transference and countertransference, assist the counselors with appropriate boundary setting and maintenance, and provide a variety of tools to bring about awareness, understanding, and growth (Wallin, 2007). Also the supervisor should encourage the counselor's personal recovery and growth process through Twelve-Step or other sobriety and/or harm reduction support, individual/couple/family/group therapy, and continued education. Focusing on transference, countertransference, compassion fatigue, and personal wellness will contribute to the process of promoting counselors to develop strong ethical and clinical skills and helping to create the type of program environment where clients will receive quality alcohol and drug treatment

Self—Disclosure

Self-disclosure occurs when a professional divulges personal thoughts, information, feelings, values, or experiences to a client. Self-disclosure to clients raises numerous boundary issues involving potential or actual conflicts of interest in an employees' relationship with clients. Not all forms of self-disclosure are problematic and unethical, but some are.

It is recommended that the professional avoid too much self-disclosure. While occasional appropriate self-disclosure can help the client to open up or motivate the client by providing a role model, too much self-disclosure removes the focus from the client's recovery. A good guideline regarding self-disclosure, if the professional is so inclined, is to first identify and be clear on the purpose or goal of the self-disclosure.

All professionals must be aware of when his or her own issues are stimulated by a client's problems and therefore refrain from responding to the client out of his or her own dynamics. For example, if a counselor in recovery feels it extremely important to break ties with addicted peers, but a particular client with an addicted spouse or partner cannot break free of the relationship, it is imperative that the counselor respond flexibly and creatively to the client's perception of the situation and not rigidly adhere to the notion that breaking ties with all addicts is the only way to recovery.

Research summations have indicated cautions on counselor disclosure. The conclusions generally indicate that counselor self-disclosure is rarely associated with counseling outcomes, and when it was, the influence was often negative. However, a fine distinction has been made between disclosing (information that is associated with a counselor's past) versus self-involvement, which is associated with the current counseling situation (e.g. how you, the counselor, feel the counseling is proceeding; and your feelings about the client and process). The latter is associated more with positive outcomes, and rates higher with clients. In terms of strict counselor disclosure, it would appear that too much is not a good idea. If repeatedly used as a mainstay of counseling, the client may begin to think, "Who has the problems here?" Yet, utilizing self-involved statements may bring about benefits of rapport and warmth. Kottler (1991) outlined the following questions for the counselor to consider prior to any disclosure:

- What will this accomplish?
- Is there another way to make my point?
- Is the timing right?
- Am I trying to meet some of my own needs?
- How can the client personalize and use what I share?

Dual Relationships

Dual relationships occur when a person occupies two roles at the same time in relation to a client. For instance a dual relationship exists when the clinician has another relationship with the client other than therapeutic. The client may be a friend, family member, student, business partner, teacher, or fulfill some other role. Are dual relationships inherently unethical? Certainly some such relationships are morally unacceptable, but the mere existence of a dual relationship is not automatically unethical. In fact, in some areas, such as small towns or rural communities, strict avoidance of dual relationships may be virtually impossible. There are many risks when you become involved in a dual relationship including, but not limited to:

- Law suits or formal complaints, lose license
- Impaired judgment or impaired decision making
- Injury to self or others, including the reputation and other relationships
- Loss of employment (being fired)
- Giving preferential treatment
- Using emotional abuse or other exploitation
- Being exploited or otherwise harmed yourself

Not all client interactions are dual relationships. Accidental crossings with clients, particularly in small communities, are not inherently unethical but require skillful handling. Inadvertent situations—meeting a client in the grocery store or at the gym, attending a family gathering and realizing your cousin’s boyfriend is your client—are the ones in which we try to minimize risk to the client. Some dual relationships are unavoidable:

- You and a client belong to the same church
- A client lives in your neighborhood
- Your agency hires clients as staff or utilizes clients as volunteers

When deal with unavoidable dual relations it is recommended that you:

- Have an open and honest discussion with client on the nature of your relationships
 - Separate functions by locations- work, home, etc.
 - Be aware of threats to confidentiality
 - Understand your role as professional
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Ethical Dilemmas

An ethical dilemma is a situation in which a professional is faced with one or more ethical obligation that cannot be fulfilled equally or at the same time. The choices are good and valuable, such as wanting to honor the confidentiality of a suicidal patient while also wishing to protect him or her from self-harm.

The first step in resolving an ethical dilemma is to recognize it as a true moral conflict rather than a legal question, a clinical problem, or institutional matter, all of which have somewhat different approached and resources for their respective management. Clinicians can improve their understanding of ethical dilemmas by reading articles and books on ethics or taking continuing education in ethics, seeking supervision from clinicians with more experience and wisdom, and consulting with ethics consultants, ethics committees, attorneys, or professional associations.

The second step in dilemma resolution is to analyze the situation in a deliberate and a systematic fashion, just as would be done with a clinical case.

The qualities of good ethical decision making require that the process, justifications, and actual decisions are legally permissible, clinically appropriate, and ethically acceptable, and most important, represent patient-centered care.

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

1. When ethical responsibilities conflict with law, regulations or other governing legal authority, professionals should take steps to resolve the issue through consultation and supervision.
2. When professionals have knowledge that another professional might be acting in an unethical manner, they are obligated to take appropriate action based, as appropriate, on the standards of this code of ethics, their state ethics committee and the National Certification Commission.
3. When an ethical dilemma involving a person not following the ethical standards cannot be resolved informally, the matter shall be referred to the state ethics committee and the National Certification Commission.
4. Professionals are required to cooperate with investigations, proceedings and requirements of ethics committees.

Critical Points to Remember

- There is a difference between personal values, morals and religious convictions and our Professional Ethical Standards.
- Ethical dilemmas that arise in the course of our work must be resolved by following the guidelines of our professional ethical standards or principles rather than our own personal standards or religious convictions.
- Ethical dilemmas can be addressed in different ways.

Basics to Remember

- Ethics is a continuous, active process
- Standards are not a rote cookbook. They tell us what to do, not always how
- Each situation is unique
- Therapy is done by fallible beings
- Sometimes answers are elusive

The subject of ethics and ethical behavior is important to every professional group. The ethical considerations define the way in which a group or profession conduct themselves.

Ethical considerations can typically be viewed from three different perspectives:

- (1) Moral/professional judgments
- (2) Legal considerations
- (3) Ethical implications.

Moral/professional judgments refer to the individual counselor's own value system. Within the therapeutic relationship, counselors need to ask themselves "Do I feel comfortable doing _____?" If a particular situation is morally uncomfortable for the counselor, but still legal and ethical, then the responsibility of the counselor is to help the client obtain the desired service in the most expeditious manner. For example, it is not uncommon to have a client in the chemical dependency field that has been or is currently involved in dealing drugs to support their habit. While the counselor may have strong feelings about this activity, legally and ethically the counselor may not disclose this information to law enforcement authorities. The counselor is obligated to provide services to the client (though a referral to another counselor may be appropriate if the counselor feels they cannot provide adequate service to the client).

Legal considerations relate to whether or not there are laws governing a specific activity. For example, counselors must determine whether they are qualified to provide services within their scope of practice. Licensure laws, currently being developed by many states, specify the types of activities the chemical dependency professional may perform. In states that do not provide licensure, certification standards do much of the same thing. Chemical dependency counselors must not engage in activities beyond the scope of their training. For example, a counselor may feel that a client would benefit from marital counseling in their recovery program. While the skill and training of the counselor may allow him or her to provide basic services to the spouse, including educational, awareness building services and referral to such programs as Al-Anon, marital counseling should be performed by a qualified marriage and family therapist. It would be illegal as well as unethical for the chemical dependency counselor to do otherwise.

Ethical implications refer to the principles set forth by the ethical standards governing a particular profession. When considering ethical implications, the counselor should always remember the following:

- a. It is the counselor's responsibility to know and understand the ethical principles that guide them, whether they are state or national guidelines;
- b. It is necessary to consider all of these ethical principles to determine how they apply to each client the counselor serves;
- c. All variables, including legal responsibilities and medical considerations, must be reviewed for each case;
- d. Confidentiality is a critical area of concern and this ethical standard is frequently involved in clinical dilemmas - the primary justification for breaking confidentiality occurs when a person is a danger to self or others.
- e. Counselors need to be sensitive to the moral and social codes of the community;
- f. When making decisions involving ethics, counselors should usually be conservative in their judgment and frequently consult with other treatment professionals;
- g. Counselors should always have a keen awareness of their areas of competence and an appreciation of their limitations - regardless of personal belief, a counselor cannot provide every service that a client needs.

Guidelines for the Counselor

While it would be nice and easy if all ethical concerns and considerations were able to be listed in terms of absolute guidelines, reality is that this is impossible. Every situation brings with it special issues and needs that must be addressed as it relates to that issue, not how it should be in the real world. Counselors would be best served if they all understood and followed the dictum “Primum non nocere” (Latin for “do no harm”).

In an effort to provide some better guidelines for ethical practice, below are a set of guidelines for ethical practice adapted from the work of Gerald Corey in his book “Theory and Practice of Counseling and Psychotherapy, 4th edition, 1991. They are followed by some guidelines for ethical decision making.

Guidelines for Ethical Practice

- Counselors must at all times be aware of what their own needs are, what they are getting from the work they perform, and how their needs and behaviors influence their clients. It is essential and critical that the therapist’s own needs not be met at the expense of the client’s well-being.
- Counselors must have the training and experience necessary for the assessments they make and the therapeutic interventions they attempt. New skills and applications must be studied and perfected in educational settings, then under proper supervision prior to using such skills with a client.
- Counselors must always be aware of the boundaries of their professional competence and either seek qualified supervision or refer clients to other practitioners when they recognize that they have reached their limit. They are required to be familiar with community resources so that they can make appropriate referrals when necessary.
- Although practitioners know the ethical standards of their professional organizations, they must exercise their own judgment in applying these principles to each particular case they work with. The counselor needs to realize many problems which occur may not have clear-cut answers or solutions, and they accept the responsibility of finding appropriate answers.
- It is important for counselors to have some theoretical framework of behavioral change to guide them in their practice.
- Counselors must update their knowledge and skills through various forms of continuing education. Such updating should occur in an ongoing and timely fashion to insure that the best possible care is always offered to the client.
- Counselors must avoid any relationships with clients that are clearly a threat to the therapeutic relationship. If any potential harm can occur to the client due to a business or

personal relationship, it should be avoided. Under no circumstance is a sexual relationship with a client acceptable during the course of care, and such intimacy after the end of the therapeutic relationship is also ill advised.

- Counselors must inform clients of any circumstances that are likely to affect issues of confidentiality in the therapeutic relationship and of any other matters that are likely to negatively influence the relationship.
- Counselors must be aware of their own values and attitudes, recognizing the role that their personal belief system plays in the relationships with their clients. Counselors must avoid imposing personal beliefs on their clients, in either a subtle or a direct manner.
- Counselors must inform their clients about matters such as the goals of counseling, techniques and procedures that will be employed, possible risks associated with entering the therapeutic relationship, and any other factors that are likely to affect the client's decision to enter therapy. To make an informed decision for care, the client must be aware of all such considerations.
- Counselors need to realize that they are teaching their clients through a modeling process. Thus, they need to practice in their own life what they encourage in their clients. "Do as I say, not as I do" doesn't work in parenting and it doesn't work in therapeutic relationships. If a counselor is unwilling to recognize this, they create potential harm to the client.
- Counselors must realize that they are bringing their own cultural background to the counseling relationship. Likewise, their clients' cultural values are also operating in the counseling process. Awareness and understanding of such issues is vital to positive outcomes of the therapeutic relationship.
- Counselor must learn and apply a process for thinking about and dealing with ethical dilemmas, realizing most ethical issues are complex and defy simple, easy solutions. The willingness to seek consultation is a sign of professional maturity not inadequacy.

Conclusion

Ethics are something that the drug and alcohol professional must always be aware of and look at in each therapeutic relationship. By being proactive in knowing the professional responsibilities and applying them to each and every case handled, the counselor can be assured of performing their job in the highest ethical manner possible.

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