cumberland heights

Ethics in the Information Age

Integrating the NAADAC Code of Ethics and Ethical Decision-Making Model with Principle Based Critical Thinking

1

Learning Objectives

1. The participant will list four modes of technology that are affecting or will affect the addiction counseling field.

2. The participant will describe two potential benefits and two potential pitfalls of current and emerging technology.

3. The participant will apply relevant portions of the NAADAC Code of Ethics to practical scenarios, selecting ethical courses of action for dilemmas that may occur with the increased use of technology in the substance use disorder counseling profession.

cumberland heights

Is this action ethical?

- An individual in a small village has been publicly intoxicated many times. There have been occasions in which the person has passed out in public, created disturbances with other people, and done property damage.
- The person is being required to confess publicly, accept moral correction by a community approved spiritual leader, accept monitored abstinence, or leave the community altogether.
- Is this ethical?

cumberland heights

Is this action ethical?

- A person is coming to work under the influence of some kind of substance. It makes them work much faster than normal; however, they have made several mistakes and have caused some near misses that could have resulted in serious injury to themselves or someone else.
- After moving around to several positions with their employer, they are fired. This happens with several employers.
- Finally, the family has them involuntarily committed to an institution for an extended period. Decisions about their treatment and discharge are made by physicians and administrators.
- Is this ethical?

cumberland heights

Is this action ethical?

- With the person's written consent, the treatment program uses smartphone applications, electronic medical records, location data, drug testing results, and algorithms to monitor relapse risk and coordinate care while the person is engaging in treatment.
- Is this ethical?

cumberland heights

How Ethics Change

Societal Eras and Ethics

- In the Agricultural Age, ethical expectations were often informal, rooted in religious teachings, community customs, and family traditions. Ethical conduct was mostly enforced through social relationships.
- During the Industrial Age, urbanization, specialized occupations, and large organizations created a greater need for formal, written codes of ethics. These were used to standardize conduct, protect the public, define professional responsibilities, and strengthen public trust.
- In the Information Age, the rapid advance of technology has created the need for ethical guidance in the use of personal data, digital privacy, cybersecurity, and artificial intelligence

The Impact of Social Change on Ethics

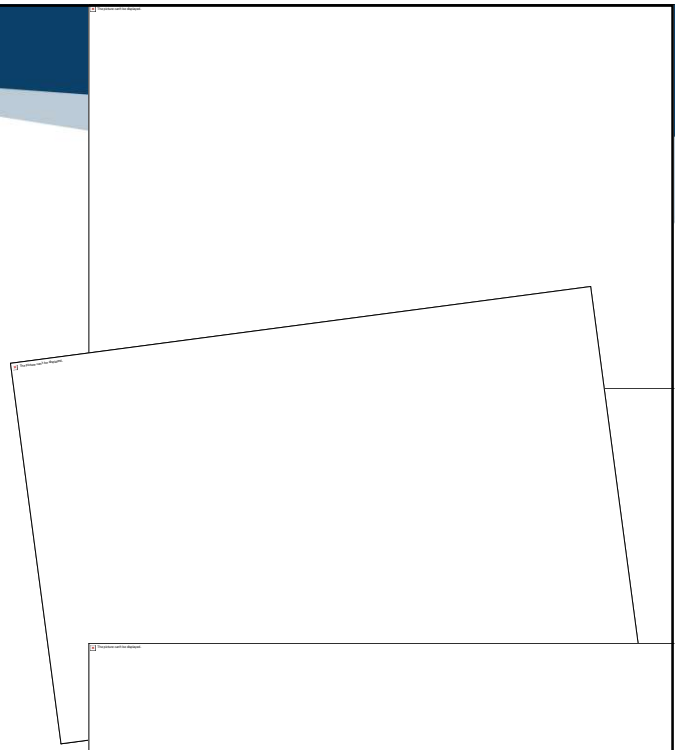
- Information Age people questioned the public shaming and the belief that these were simply moral failures, focusing on how these practices offered little privacy, autonomy, or scientific care.
- Information Age ethics placed greater importance on patient rights, informed consent, protection from coercion, least-restrictive care, and evidence-based treatment.
- Future ethical standards may determine that today's consent processes, data collection, algorithmic bias, privacy protections were insufficient—especially because people with substance use disorders can still face serious stigma and legal or employment consequences.

cumberland heights

What holds true?

- Across all ages, ethical expectations reflect the
  - major risks,
  - relationships,
  - technologies, and
  - social values

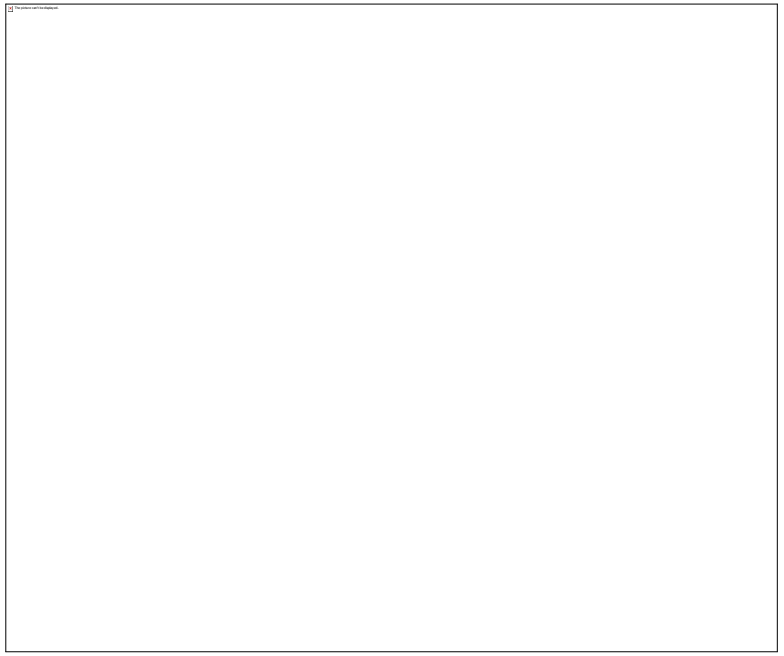
  of people learning how to help each other heal.



cumberland heights

What values continue even when the actions to achieve them change?

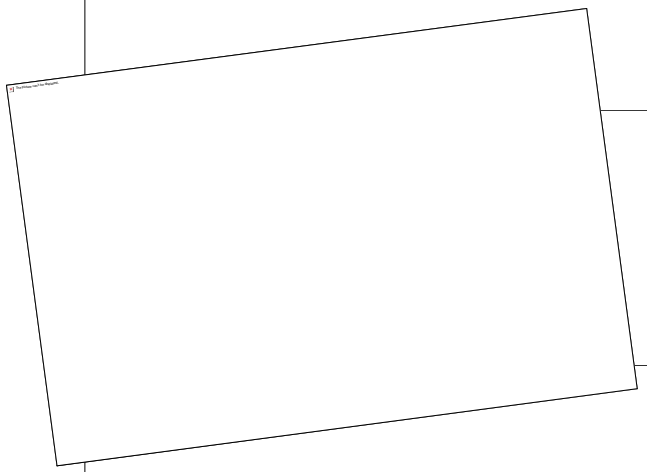
- Do good.
- Avoid harm.
- Respect human dignity.
- Act competently.
- Maintain trust.
- Protect privacy.
- Respect patient choice.
- Treat people fairly.
- Put patient welfare above self-interest.
- Accept accountability.
- Serve the wider community.



cumberland heights

Emerging Technologies

- The Internet
- The Smart Phone
- Video Games
- Zoom and Live Video Conferencing
- Asynchronous Platforms
- Technology Assisted Biofeedback
- Virtual Reality
- AI Generative Chatbots



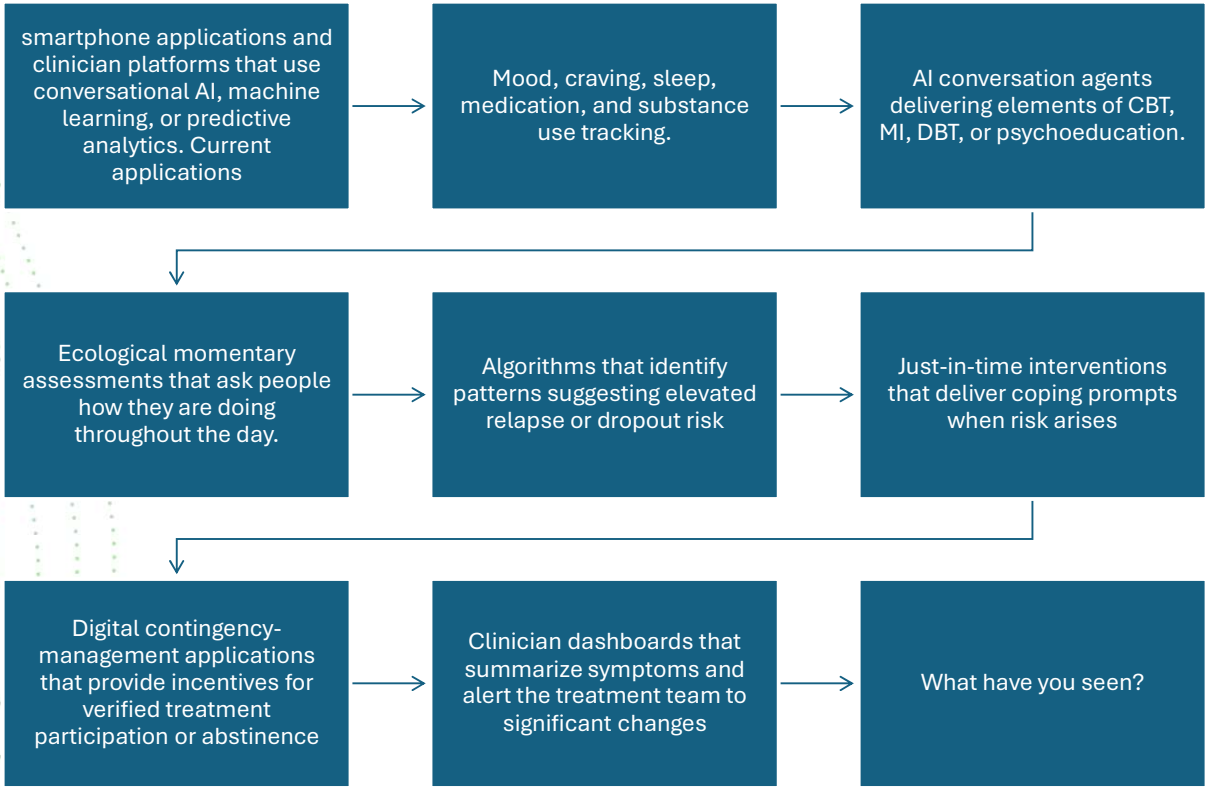
cumberland heights

What's the Latest In Our Field?

- Heart-rate variability biofeedback (HRVB)
  - The goal of HRVB is to strengthen autonomic regulation through real-time visual or auditory feedback about the changes in the time between heartbeats while the person practices paced breathing.
  - Studies in 2025 and 2026 found a statistically significant reduction in craving with the 2025 study also showing a decrease in negative affect and substance use.
- Immersive Virtual Reality Treatment (IVRT)
  - IVRT places a person in a 3D simulated environment where they can encounter high-risk situations without being exposed to actual substances, while the counselor provides clinical interventions to strengthen pro-recovery behaviors.
  - A 2025 systematic review identified 20 randomized trials of VR interventions for substance use. 17 reported improvement in at least one outcome, although many focused on short term craving. Seven of 10 studies that measured substance use or abstinence showed improvement.

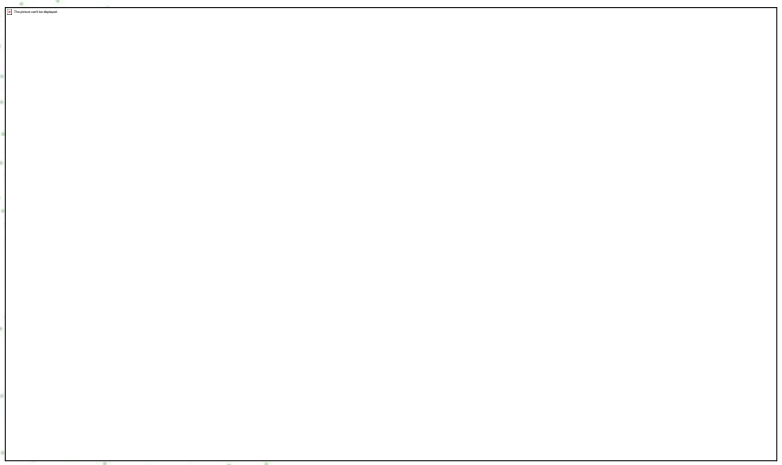
cumberland heights

What's the Latest? AI-Enabled Treatment Applications



cumberland heights

What does the research say?



A 2025 review of 10 studies of Woebot, Wysa, and Youper, conducted from 2017-2022, found a significant improvement in anxiety and depression symptoms, but did not look specifically at SUD.

In 2021, Prochaska et al tailed Woebot for SUD (W-SUD) and looked at whether it could help people (70% AUD) on a wait list for treatment. The group that had access to W-SUD had a greater reduction in past-month substance use than those who did not (9.1 control v. 3.3 study group over 8 weeks)

A-I Risk Prevention studies in 2023-2024 demonstrated the ability to predict relapse and dropping out of treatment, including one study on buprenorphine treatment retention.

2025 randomized trial evaluating Therabot showed significant reduction in depression, anxiety, and ED risk for people on a wait list versus the control group. SUD was included

cumberland heights

What's the bottom line?

- HRVB currently has the clearest role as a low-cost adjunct to treatment, especially when craving is connected to emotional dysregulation.
- VR is most defensible as a therapist guided rehearsal and exposure tool, not as a stand-alone treatment. Thorough screening (dissociation, psychosis, severe trauma activation, seizure risk, motion sickness, & other contraindications) is needed.
- AI-enabled apps have the greatest reach and the most variable quality. They are best used within a clinician-governed system.
- AI algorithms for risk prediction are promising, but remain investigational, not yet demonstrating any consistent improvement in recovery outcomes.
- *The ethical connecting all of these is that technology should extend the clinician's capacity and the patient's ability to self-regulate—not replace therapeutic relationships, professional judgement, or individualized care.*

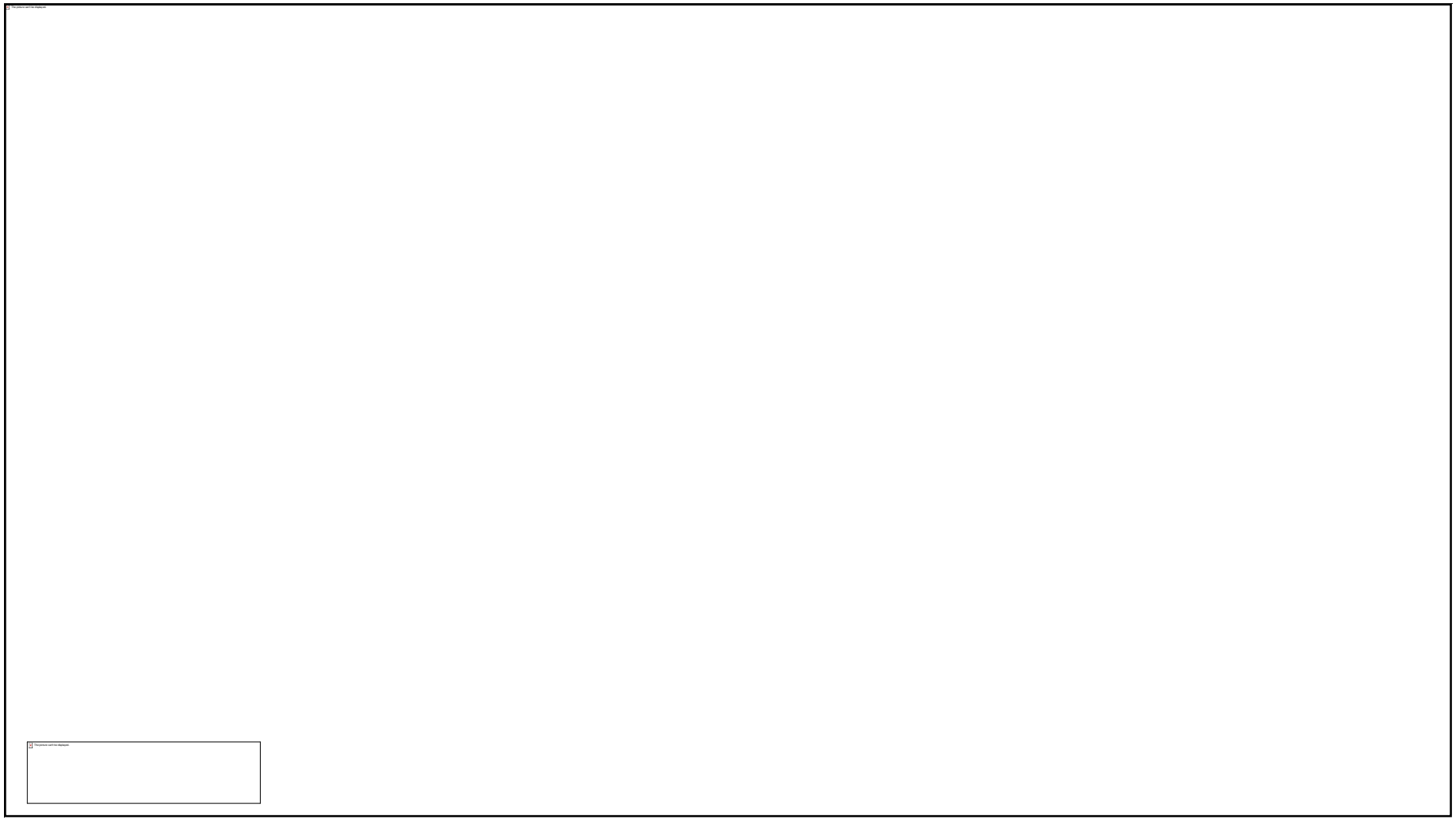
cumberland heights

What's the Impact on Counseling?

- Increased Access
- Increased Flexibility
- Increased Privacy
- Decreased Stigma
- Potential for Increased Effectiveness
  - Standardization of Service Delivery
  - Integration of Research

- Inconsistent Telecommunication Quality
- Inconsistent Quality of Information/Service
- Privacy and Confidentiality Concerns
- Therapeutic Alliance Challenges
  - Loss of Some Non-Verbal Communication
  - Potential Missed Crises
- Jurisdiction Challenges
- Insurance Challenges
- Technology Malfunctions, including Algorithmic Biases

cumberland heights



15

Group Exercise

- Brainstorm the ethical issues that a Code of Ethics should address regarding the use of technology in counselor. Choose a group member to report to the group.

Group 1: Cell Phone Use, including Apps

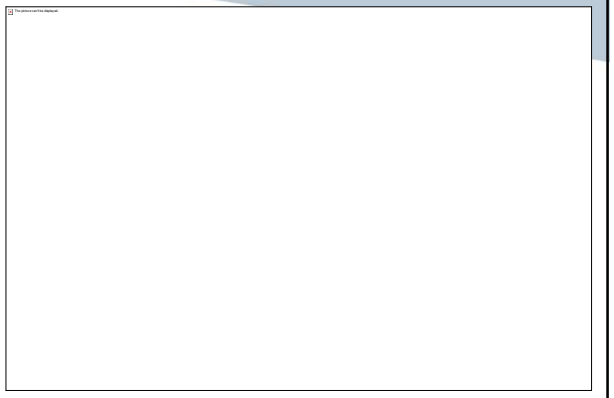
Group 2: Social Media (Facebook, Linked In, Instagram, Tik-Tok)

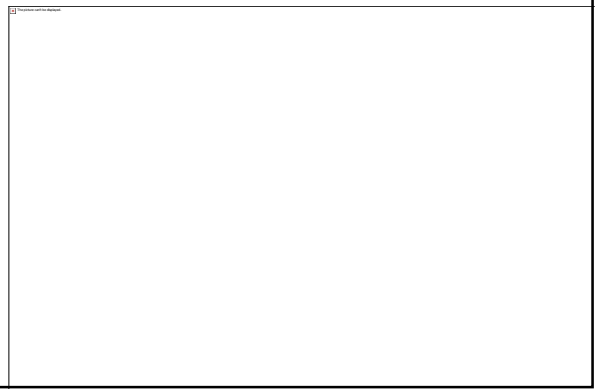
Group 3: Technology Assisted Biofeedback (including games)

Group 4: Virtual Reality

Group 5: Large Language Learning Models (Chat GPT, Gemini, Claude)

Group 6: Specialty Generative AI Chat Bots (Therabot, Woebot, Wysa, Youper)





cumberland heights

2025 NAADAC Code of Ethics

Introduction: Principles—autonomy, obedience, conscientious refusal, beneficence, gratitude, competence justice, stewardship, honesty and candor.

Principles I: The Counseling Relationship

Principle II: Confidentiality and Privileged Communication

Principle III: Professional Responsibilities and Workplace Standards

Principle IV: Working in a Culturally Diverse World

Principle V: Assessment, Evaluation, and Interpretation

Principle VI: Use of E-Therapy, E-Supervision, Artificial Intelligence (AI), and Social Media

Principle VII: Supervision, Consultation, and Education

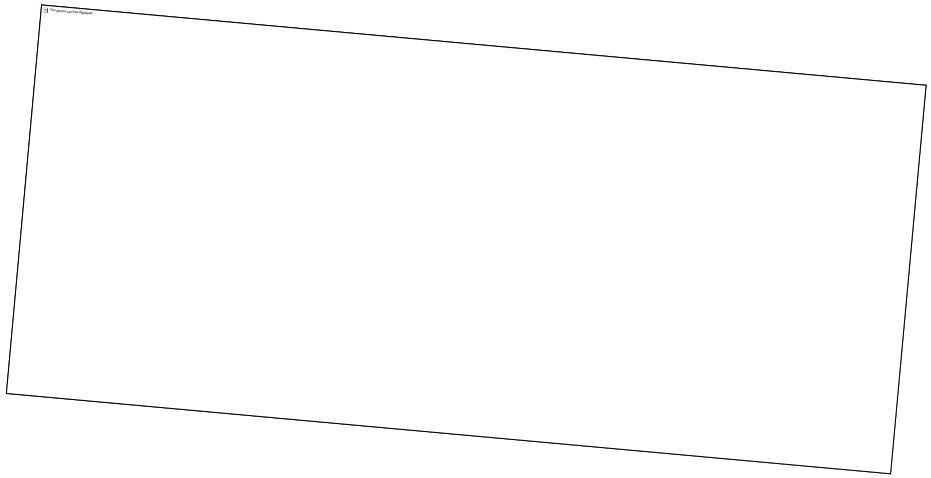
Principle VIII: Addressing Ethical Concerns

Principle IX: Research and Publication

Principle X: National Certified Peer Support Specialist (NCPRSS)

Principle XI: Ethics Pertaining to Member Organizations

Today we are focusing on Principle VI; however, the use of technology with clients involves all these principles.



cumberland heights

2016 NAADAC Code of Ethics: E-therapy, E-Supervision, & Social Media

VI-1 **Definition: "E-therapy" and "E-Supervision**: provision of services by an Addiction Professional using technology, electronic devices, and HIPAA-compliant resources. It also includes, but is not limited to tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage. "

Electronic platforms" include but are not limited to land-based and mobile communication devices, fax machines, webcams, computers, laptops, and tablets. Providers are aware of the unique challenges created by these technologies and take steps to ensure services are provided in as safe and confidential a way as possible.

VI-2 **Competency:** Addiction Professionals who engage in these types of services pursue specialized knowledge and competency re: technical, ethical, and legal considerations specific to technology/social media. Competency is demonstrated through specialized certification and addition coursework/trainings.

VI-8 **Non-Secured:** In addition to informing the client that e-communication cannot be entirely secured, the counselor must inform clients that e-exchanges may become part of clinical or professional records. Therapy is also specifically prohibited using text-based or e-mail delivery.

VI-10 **Access:** AP must inform client that other individuals (colleagues, supervisors, staff, consultants, information technologists) might have authorized or unauthorized access to these records or transmissions.

VI-II **Multidisciplinary Care:** AP must inform client that care may need multidisciplinary resources and that they may need to develop collaborative relationships with local professionals.

VI-19 and 20 **Social Media/Friends:** AP does not accept client "friend" requests on personal social media. If professional social media accounts are desired, a clear policy and procedure specific to the use of social media in a clinical relationship is reviewed/documented as part of Informed Consent. Providers respect client's rights to privacy on social media and do not investigate the client without prior consent.

cumberland heights

2025 NAADAC Code of Ethics

Definitions

- Services: tele-therapy, real-time video-based therapy/services, emails, texts, chats, instant messages
- AI: any technology capable of performing complex tasks that historically only a human could do (recording, reasoning, making decisions, solving problems, includes analyzing/proposing actions on client data, often with the goal of predicting a particular outcome.

cumberland heights

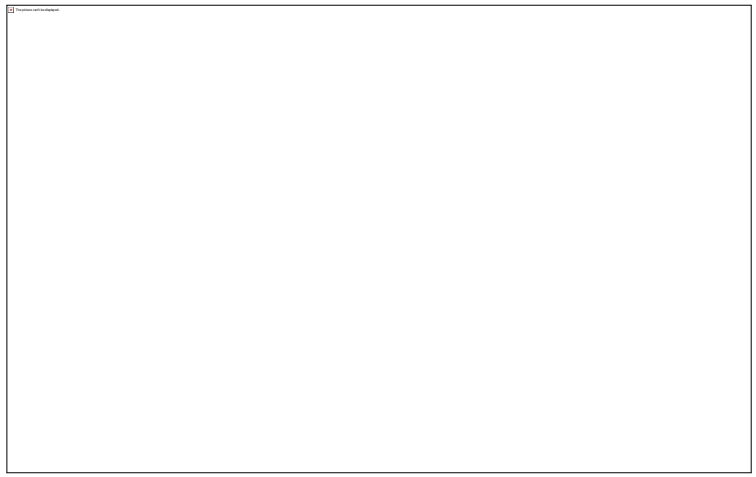
2025 Code-Competency

- Counselors must be informed, currently trained and able to use technologies in their practice settings.
- Counselors must only provide services where licensed, being aware that the counselor is responsible for the laws in both states when practice across state lines.
- Counselors must use a HIPAA compliant platform with encryption
- Counselors must verify the person's identity using a code word, numbers, graphics, or other non-descript methods.
- Counselors must know and be able to explain the benefits and risk of e-therapy
- Benefits: reducing geographic barriers, greater services access to those with physical or psychological disorders, services to individuals and families who would not use traditional services, etc.
- Risks: confidentiality concerns, therapeutic alliance challenges, inability to assess non-verbal communication, practice/license jurisdiction concerns, assessment/provision of emergency services, etc.
- Counselors must know the available counseling, medical, and psychiatric resources, including emergency services in the areas in which their clients live and work.

cumberland heights

2025 Code: E-therapy Consent

- Contact information for client and counselor
- Statement that e-therapy is not always an appropriate substitute or replacement for face-to-face counseling
- All the procedures that apply to delivery of in-person services apply to the e-delivery of services
- Duty to warn/mandatory reporting laws that apply to all counseling services, including e-services (governed by the state in which the client is located)
- Confidentiality/privacy rules and laws, including exceptions
- Issues related to information security/privacy, and potential for hacking or unauthorized use
- Access to counseling services and to technology assistance to use e-therapy
- Benefits/limitations of engaging in the use of distance counseling, technology and/or social media
- Potential misunderstandings due to limited visual and auditory cues
- Potential for confusion present in e-delivery of services
- Response time to asynchronous communication (emails, texts, chats)
- Possibility of technology failure and alternate methods of service delivery
- Emergency protocols to follow
- Procedures for when the counselor is not available
- Consideration of time zone differences
- Policy regarding recording of sessions by either party
- Cultural and/or language differences that may affect delivery of services
- Possible denial of insurance benefits
- Social media policy
- E-links to all credentials



cumberland heights

2025 Code Assessment

- Counselors must assess and document the client's ability to benefit from e-therapy and to use the medium.
- Counselors must assess and consider the client's cognitive capacity and maturity, past and current diagnoses, communication skills, level of competence using technology, and access to the necessary technology, including available technology.
- Counselors must also/assess and consider geographic distance to the nearest emergency medical facility, efficacy of client's support systems, client's current medical and behavioral health status, the client's current or past difficulties with substance abuse, and the client's history of violence or self-injurious behavior.

cumberland heights

2025 Code: Ethical Concerns When Using AI

- Informed Consent
- Client Autonomy
- Privacy and Confidentiality
- Transparency
- Client Misdiagnosis
- Client Abandonment
- Client Surveillance
- Algorithmic Bias and Unfairness

cumberland heights

Take a Break

Stand
Stretch
Walk Around
Get a Snack
Get Some Caffeine
Bio Pit Stop
Talk to a Friend

Don’t Forget to Come Back!

cumberland heights

NAADAC Code of Ethics: Ethical Decision-Making Model

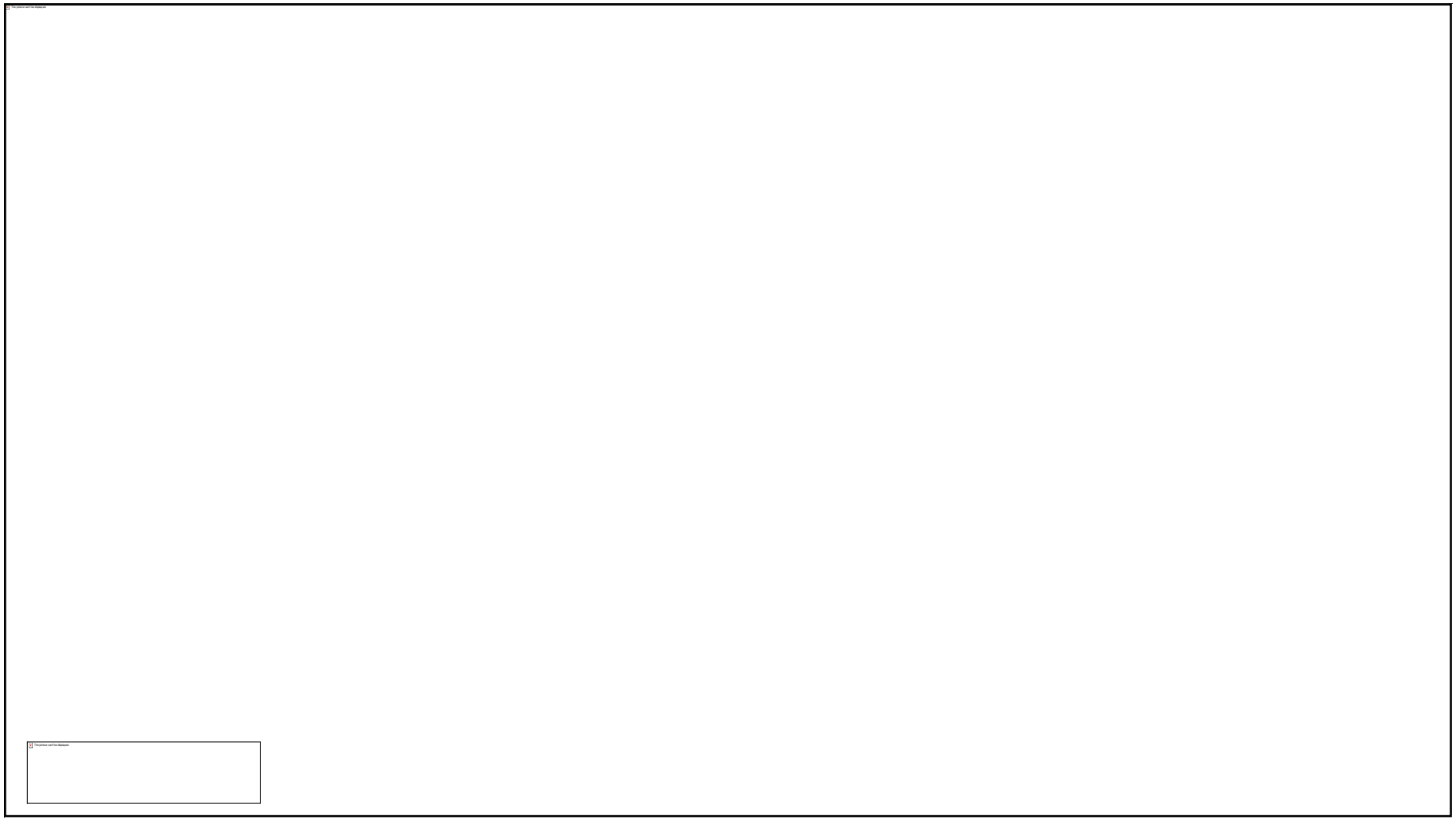
Principle VIII: Resolving Ethical Concerns; VIII-3 Decision-Making Model

"Addiction Professionals shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma."

A viable decision-making model, according to the Code, must include at a minimum

a) Seeking supervision and/or consultation regarding the concern;
b) Considering relevant ethical standards, principles, and laws;
c) Generating potential courses of action;
d) Deliberating about risks and benefits of each potential course of action:
e) Selecting an objective decision based on the circumstances and welfare of all involved; and
f) Reflecting and redirecting, if necessary, after implementing the decision.

cumberland heights



26

Scenario 1:

You are a counselor for an intensive outpatient program who is responsible for conducting hybrid groups in which some people are in person and others are on Zoom. After attending three weeks of thrice weekly sessions, one of your group members rarely speaks in group sessions unless prompted, and even then, only briefly. In an individual session, with some skillful interactions on your part, they disclose that they feel as if they have nothing to give the group, acknowledging “terrible” anxiety at being “on camera.” The closest in-person site for outpatient services is 60 minutes away. At intake, the client said this wasn’t possible for them because of caretaking responsibilities and finances.

What is the ethical dilemma(s)posed, if any?

What portions of the Code may apply?

What are the ethical principles that may be involved?

What are possible solutions if needed?

cumberland heights

Scenario 2:

You've just started a new position as a counselor at a residential treatment center. As part of your orientation, you are shadowing an experienced counselor. When discussing documentation, the counselor shares an app that is unfamiliar to you to chart their progress notes. The app allows them to dictate their notes into their phone, rewrites them into a Microsoft document, and emails the notes to them. They are then able to cut/past them into the EMR, saving a large amount of time which they can then use to spend more time with clients. When you ask about the security of this, the more experienced counselor seems a bit defensive, but explains that the process is ok because a) her phone is a company phone and b) the email is within the company's firewall protection.

What is the ethical dilemma(s)posed, if any?

What portions of the Code may apply?

What are the ethical principles that may be involved?

What are possible solutions if needed?

cumberland heights

Scenario 3

You have just started working with a post-master's counselor who is under supervision for LADAC and LPC-MHSP license with an in-house supervisor. In a conversation over lunch, they remark on how technology has changed the field and how they think about counseling. Intrigued, you ask them to say more. They share about working with patients with SUD in an intensive outpatient setting utilizing VR glasses to simulate using situations. They are anticipating being able to use this adjunct as a key part of their new position and have their own set of VR glasses for clients to use. You are aware that your organization is discussing new technology and has introduced Chat GPT for research purposes.

What is the ethical dilemma(s) posed, if any?

What portions of the Code may apply?

What ethical principles may be involved?

What are possible solutions if needed?

cumberland heights

Scenario #4

You are supervising an intern who needs to record individual sessions for their academic advisor for their evaluation. These sessions would be recorded on their I-phone and then uploaded to the university's learning platform with which you are not familiar. After uploading, the academic advisor and the rest of the class would watch the session and provide feedback. The content would be destroyed off both devices afterwards. The clients involved have signed a consent allowing the recorded sessions to be used in this manner.

What is the ethical dilemma(s) posed, if any?

What portions of the Code may be involved?

What ethical principles may be involved?

What solutions may be needed, if any?

cumberland heights

Scenario 5

You are working for a large organization who is trying out different AI tools to assist counselors in being more efficient. A team of counselors is going to test AI software that uses the counselor's camera/speakers to observe and listen to the group. It will then create progress notes for the counselor to review, edit, and sign. You have bee selected for the team. Before the trial begins, you ask to see the informed consent document that is being signed by clients on admission. Your supervisor says that the general consent to treat has been modified to say, "person to person, tele-health, or AI assisted treatment." She states that the Information Technology Director and the organization's HIPAA Privacy Officer feel this is sufficient.

What ethical dilemma(s) are posed, if any?

What parts of the Code may be involved?

What ethical principles may be involved?

What solutions may be needed, if any?

cumberland heights

Scenario 6

Your company has purchased ChatGPT Enterprise for Heathcare which is a HIPAA compliant platform for use across the organization. A task-specific generative bot has been configured to analyze multi-disciplinary assessments to assess the ASAM Dimensions of Care and create a recommendation for the appropriate level of care and length of treatment for a client. A pilot project is starting with the initial review with expansion planned for use in determining ongoing length of stay and transition time to the next level of care.

What is the ethical dilemma(s) posed if any?

What parts of the Code may be involved?

What ethical principles may be involved?

What solutions may be needed, if any?

cumberland heights

Scenario 7

You work for a multi-site organization that offers high intensity outpatient, intensive outpatient, and traditional outpatient services. Your role is in the traditional outpatient services, meaning that you see most clients weekly in individual sessions, although you also facilitate groups twice weekly. You notice a major change in the documentation that you are receiving from the other levels of care when a client transitions to you. Specifically, the interpretative summary, case conceptualization, and discharge summary have a noticeably different vocabulary with a much more polished style. You also notice, however, that there is actually a decrease in individual information about the client. You've also noticed what you consider to be errors in clinical judgement in the case conceptualization. You suspect AI is being used for these documents.

What is the ethical dilemma(s) posed, if any?

What parts of the Code may apply?

What principles may be involved?

What solutions may be needed, if any?

cumberland heights

Scenario 8

You are a counselor facilitating a tele-health group. A client who has been in your group for four weeks mentions how much their partner is getting out of the group. When you inquire about this, the client admits to recording the group sessions and letting their partner watch them after the fact. You are aware that this is a major confidentiality breach; however, the client begs you not to stop the practice, saying that the partner is now 14 days into recovery. The client says they cannot continue in therapy, knowing the partner cannot continue getting help too. The client states that they cannot both be in treatment at the same time because of childcare and the cost of the deductibles.

What are the ethical dilemma(s) posed, if any?

What parts of the Code may be involved?

What ethical principles may be involved?

What solutions may be needed, if any?

cumberland heights

Reflecting Time

1. What are your bias for and against technology?
2. Do they differ depending upon the technology? Why or why not?
3. What's the most important thing you learned?
4. What do you want to learn more about later?
5. What learning gaps did you notice and what will you do to fill them?
6. What topics do we need to continue to discuss as a field as we move forward?

Thank you so much for coming, participating, and actively engaging in shaping the future of our field!

Cinde Stewart Freeman, RN, LADAC II, QCS, MAC
Cinde_stewartfreeman@cumberlandheights.org
Phone 615-432-3003 Fax 615-432-3004

cumberland heights

Bibliography

Brown, E. M. (1985). “What shall we do with the inebriate?” Asylum treatment and the disease concept of alcoholism in the late nineteenth century. *Journal of the History of the Behavioral Sciences, 21*(1), 48–59. https://doi.org/10.1002/1520-6696(198501)21:1%3C48::AID-JHBS2300210105%3E3.0.CO;2-X

Capon, H., Hall, W., Fry, C., & Carter, A. (2016). Realizing the technological promise of smartphones in addiction research and treatment: An ethical review. *International Journal of Drug Policy, 36*, 47–57. https://doi.org/10.1016/j.drugpo.2016.05.013

Chavigny, K. A. (2014). “An army of reformed drunkards and clergymen”: The medicalization of habitual drunkenness, 1857–1910. *Journal of the History of Medicine and Allied Sciences, 69*(3), 383–425. https://doi.org/10.1093/jhmas/jrs082

Curtis, B., Giorgi, S., Ungar, L., Vu, H., Yaden, D., Liu, T., Yadeta, K., & Schwartz, H. A. (2023). AI-based analysis of social media language predicts addiction treatment dropout at 90 days. *Neuropsychopharmacology, 48*(11), 1579–1585. https://doi.org/10.1038/s41386-023-01585-5

Hassani, M., & Young, S. D. (2024). An evaluation of the user experience and privacy concerns of individuals misusing opioids using a location tracking mobile application. *Substance Use & Misuse, 59*(3), 336–342. https://doi.org/10.1080/10826084.2023.2270583

Heinz, M. V., Mackin, D. M., Trudeau, B. M., Bhattacharya, S., Wang, Y., Banta, H. A., Jewett, A. D., Salzhauer, A. J., Griffin, T. Z., & Jacobson, N. C. (2025). Randomized trial of a generative AI chatbot for mental health treatment. *NEJM AI, 2*(4), AIoa2400802. https://doi.org/10.1056/AIoa2400802

NAADAC, the Association for Addiction Professionals, & National Certification Commission for Addiction Professionals. (2025). *NAADAC/NCC AP code of ethics*. https://www.naadac.org/code-of-ethics NAADAC, the Association for Addiction Professionals. (2016). *NAADAC/NCC AP code of ethics*. https://www.naadac.org/assets/2416/naadac-code-of-ethics-033117.pdf

NAADAC, the Association for Addiction Professionals. (2016). *NAADAC/NCC AP code of ethics*. https://www.naadac.org/assets/2416/naadac-code-of-ethics-033117.pdf

Nateghi Haredasht, F., Fouladvand, S., Tate, S., Chan, M. M., Yeow, J. J. L., Griffiths, K., Lopez, I., Bertz, J. W., Miner, A. S., Hernandez-Boussard, T., Chen, C.-Y. A., Deng, H., Humphreys, K., Lembke, A., Vance, L. A., & Chen, J. H. (2024). Predictability of buprenorphine-naloxone treatment retention: A multi-site analysis combining electronic health records and machine learning. *Addiction, 119*(10), 1792–1802. https://doi.org/10.1111/add.16587

Prochaska, J. J., Vogel, E. A., Chieng, A., Baiocchi, M., Maglalang, D. D., Pajarito, S., Weingardt, K. R., Darcy, A., & Robinson, A. (2021). A randomized controlled trial of a therapeutic relational agent for reducing substance misuse during the COVID-19 pandemic. *Drug and Alcohol Dependence, 227*, 108986. https://doi.org/10.1016/j.drugalcdep.2021.108986

Substance Abuse and Mental Health Services Administration. (2026, May 19). *Substance use disorders: Statutes, regulations, and guidelines*. https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines

Tracy, S. W. (2005). *Alcoholism in America: From Reconstruction to Prohibition*. Johns Hopkins University Press.

U.S. Department of Health and Human Services, Office for Civil Rights. (2022, June 29). *Protecting the privacy and security of your health information when using your personal cell phone or tablet*. https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/cell-phone-hipaa/index.html

Wyant, K., Sant’Ana, S. J., Fronk, G. E., & Curtin, J. J. (2024). Machine learning models for temporally precise lapse prediction in alcohol use disorder. *Journal of Psychopathology and Clinical Science, 133*(7), 527–540. https://doi.org/10.1037/abn0000901

cumberland heights

36