PRESENTATION: HANDLING COUNTRY COUNSELING CONUNDRUMS

Journey Together Conference

Middle Tennessee Association for Addiction Professionals

September 9, 2026, 2-3:30 pm CST

Presenter:
Jerry A Jenkins, M.Ed., LADAC, MAC
Innovative Services of Alaska
NAADAC Ethics Committee (1/21-12/25)

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AGENDA

- Presenter introduction
- Presentation introduction
- Brief Background: Ethics Committee

- “Handling Country Counseling Conundrums”

- Why this topic?
- Summary of addressing challenges
- Q&A

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- **Presenter introduction**

  Jerry A. Jenkins, M.Ed., LADAC, MAC
  Past Secretary, VP and President of TAADAC
  Past Chair, National Certification Commission for Addiction Professionals (NCC AP)
  Past Treasurer, NAADAC – The Association for Addiction Professionals
  Association of Addiction Professionals of Alaska (AAPA) Board of Directors, 2014-Present
  NAADAC/NCC AP Ethics Committee – 2021-2025

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NAADAC/NCC AP: ETHICS COMMITTEE AUTHORITY

Per NAADAC/NCC AP's Bylaws:

- The Ethics Committee shall be responsible for fostering compliance with the letter and spirit of the Ethical Standards of NAADAC, the Association for Addictions Professionals.
- The Ethics Committee shall be responsible to review and resolve any allegations, charges, or complaints of violations of the Ethical Standards.

NAADAC/NCC AP: ETHICS COMMITTEE
JURISDICTION

- NAADAC Members:
  - Individuals
  - Peer Mentors/Recovery Coaches
  - Businesses/Organizations

- NCC AP Credentialed Professionals:
  - NCAC I
  - NCAC II
  - MAC
  - NCPRSS

NAADAC/NCC AP: ETHICS COMMITTEE MEMBERS

- ✓ *Rose Maire, MA, LCADC, CSS, MAC (NJ) - Chair*
- ✓ *Mita Johnson, Ed.D., NCC, LPC, LMFT, LAC, MAC, SAP, ACS, LMFT-S, BCTHP, CATP (CO)*
- ✓ *Jerry Jenkins, M.Ed., LADAC, MAC (AK)*
- ✓ *Lynette Daniels, CAC I, NCAC I, NCPRSS (DC)*
- ✓ *Chuck Wilcox, JD, CSAC (VA)*

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NAADAC/NCC AP: ETHICS COMMITTEE
LINKS

- ✓ NAADAC: https://www.naadac.org/
- ✓ Code of Ethics: https://www.naadac.org/code-of-ethics
- ✓ Filing a Complaint: https://www.naadac.org/how-to-file-complaint
- ✓ Ask Committee a question: ethics@naadac.org

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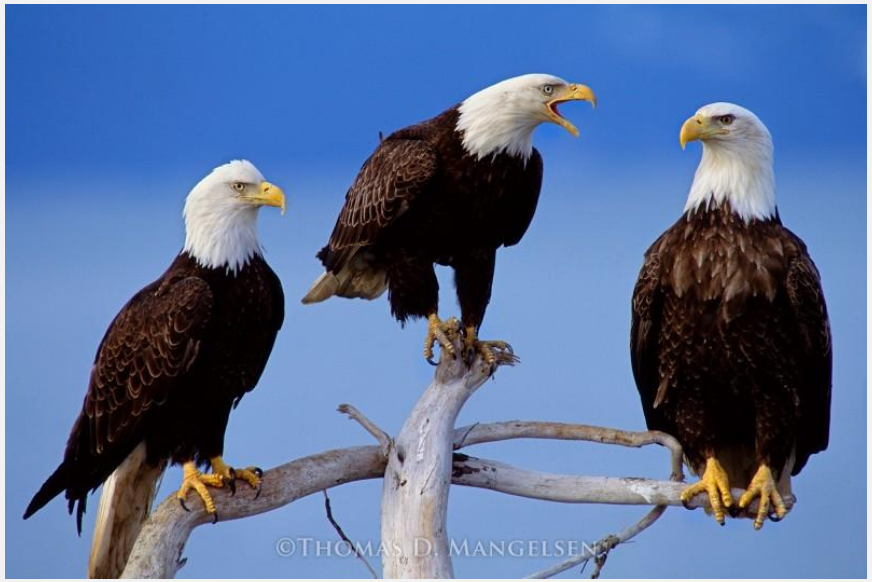
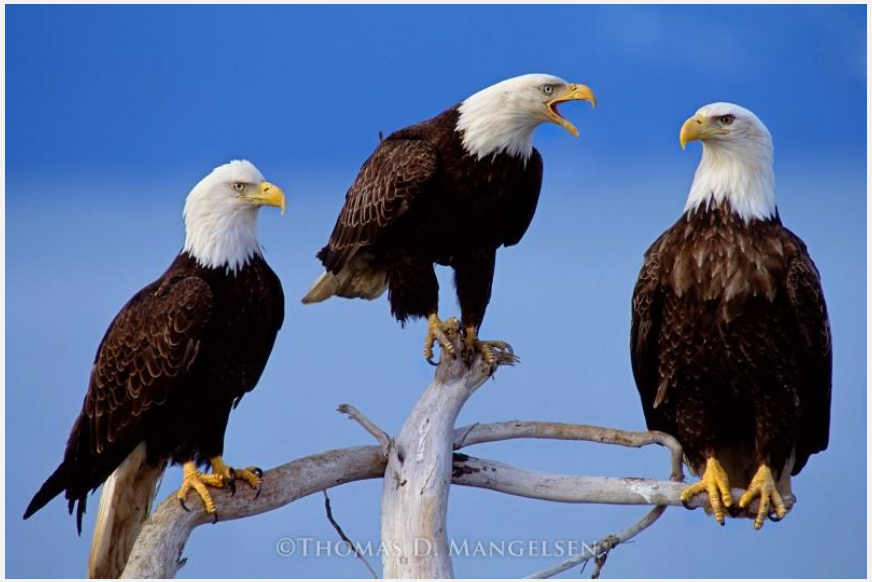


CODE OF ETHICS INTRODUCTION

https://www.naadac.org/code-of-ethics

- Ethics are generally regarded as the standards that govern the conduct of a person.
- NAADAC recognizes that its members and certified counselors live and work in many diverse communities. NAADAC has established a set of ethical best-practices that apply to universal ethical deliberation. . .
- Addiction professionals must act in such a way that they would have no embarrassment if their behavior became a matter of public knowledge and would have no difficulty defending their actions before any competent authority.
- The NAADAC/NCC AP Code of Ethics was written [and updated] to govern the conduct of NAADAC'S members, and it is the accepted standard of conduct for addiction professionals certified by the National Certification Commission for Addiction Professionals (NCC AP). The code of ethics reflects ideals of NAADAC and its members and is designed as a statement of the values of the profession and as a guide for making clinical decisions.



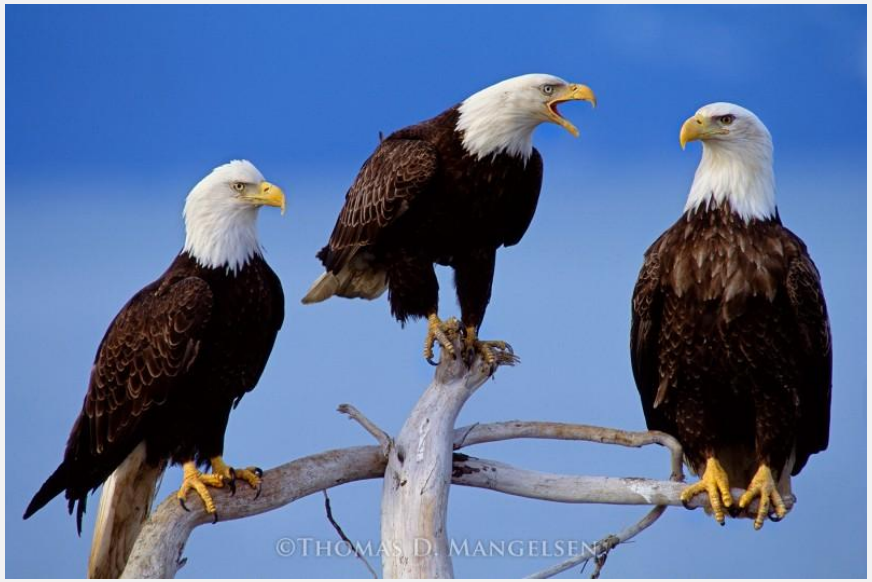
CODE OVERSIGHT & DUE DILIGENCE

BACK TO THE BEGINNING

1. *Question: Revise the Code?? What do you think should be changed, knowing what you know since previous editions were published in 2016 & 2021??*

2. *Questions: Why, How, Who, When, What ???*

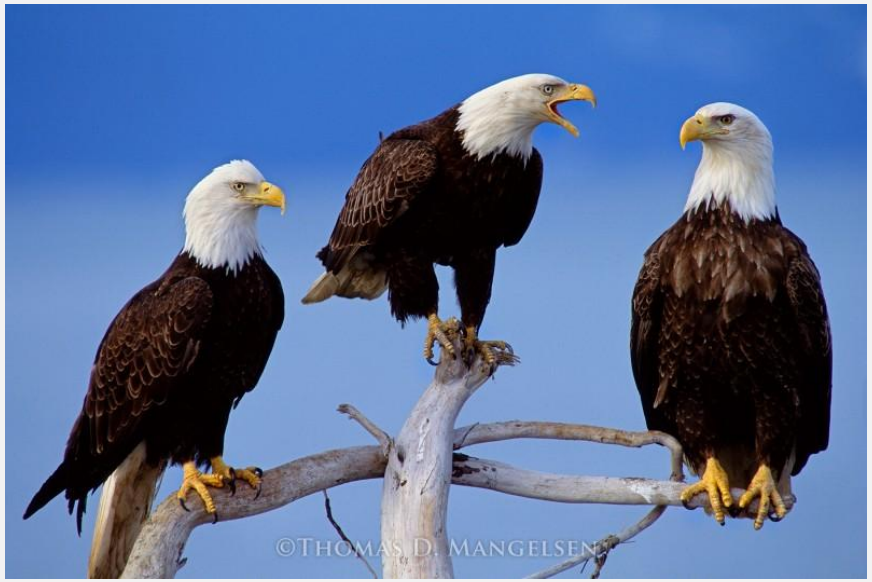
3. *Results: https://www.naadac.org/code-of-ethics*
   - *We consolidated the 2021 Revised Code of Ethics with the Code for the National Certified Peer Recovery Support Specialist (NCPRSS)*
   - *We added codes specific to organizational members.*
   - *Major language change: "shall" is replaced with "present indicative active" voice. What does that mean?*
     - *It describes an action being performed by the subject now, indicating it is real, and habitual/ongoing.*



CODE OVERSIGHT & DUE DILIGENCE

- *The NAADAC/NCC AP Code of Ethics, the most recent version effective June 1, 2025, was updated to meet the needs of current addictions practice. It is a completely new document; built from the ground up with major enhancements and additions to the previous version.*

- *Standards were replaced with Principles and each Principle considered clinician, supervisor, and relevant others. It provides in-depth, clear guidance and direction to individual providers, service organizations, regulatory boards, educators and trainers, legislators, and other related parties. The 2025 NAADAC/NCC AP Code of Ethics replaces the 2021 NAADAC/NCC AP Code of Ethics.*



CODE OVERSIGHT & DUE DILIGENCE

- *This NAADAC/NCC AP Code of Ethics sets forth the ethical standards and expectations for all individuals and organizations involved along the entire continuum of care (prevention, intervention, treatment, and recovery support) specific to addictions and co-occurring disorders. It is recognized that this code is US-centric; however, the tenets apply as a guide where the profession is practiced.*

- *i-1: NAADAC and NCC AP have the responsibility to create a Code of Ethics that is relevant for ethical deliberation and guidance. NAADAC and NCC AP strive to honor the public trust in addiction professionals by setting standards of ethical practice as delineated by this Code. The terms "addiction professionals" and "providers" include and refer to NAADAC members, certified or licensed counselors offering addiction-specific services, and all other service providers along the continuum of care from prevention through recovery. "Client" includes and refers to individuals, couples, partners, families, or groups, depending on the setting.*

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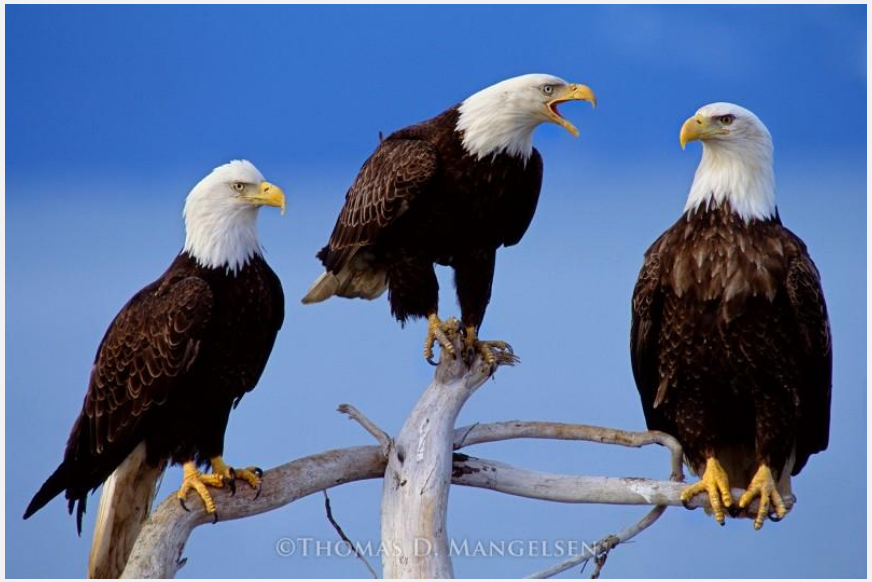
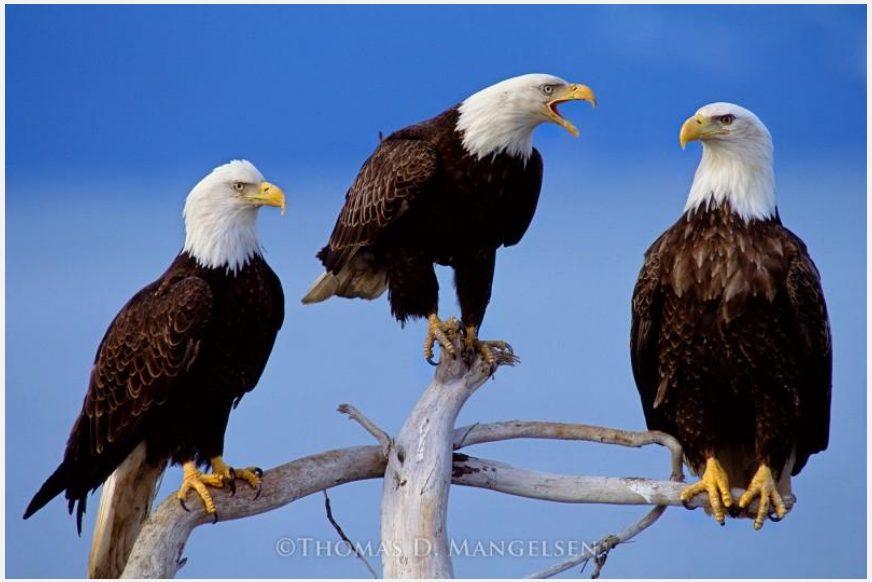


CODE OVERSIGHT & DUE DILIGENCE

- *i-2: It is important to identify here that the NAADAC/NCC AP National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics outlines basic values and principles of peer recovery support practice. This Code serves as a guide for responsibility and ethical standards for NCC AP National Certified Peer Recovery Support Specialists. Peer Recovery Support Specialists perform services respecting boundaries and within the scope of their expertise. They are aware of the limits of their training and capabilities and collaborate with other professionals and Recovery Support Specialists to best meet the needs of the person(s) served. Please refer to Principle X: Peer Support for specific codes.*



CODE OVERSIGHT & DUE DILIGENCE

- *i-3: The NAADAC/NCC AP Code of Ethics is written to reflect the ideals that govern the conduct of NAADAC and its members, and is the accepted standard of practice for NAADAC members and addiction professionals certified by NCC AP. The NAADAC/NCC AP Code of Ethics serves as a statement of the values that guide the addiction profession. It is used for making* ***ethical*** *clinical, relationship and business decisions. When an ethics complaint is filed with NAADAC/NCC AP, the complaint is evaluated by consulting this Code of Ethics. This Code may be utilized by state certification and licensing boards, grievance boards, educational institutions, businesses and others to evaluate the behaviors of addiction professionals and to guide their process.*

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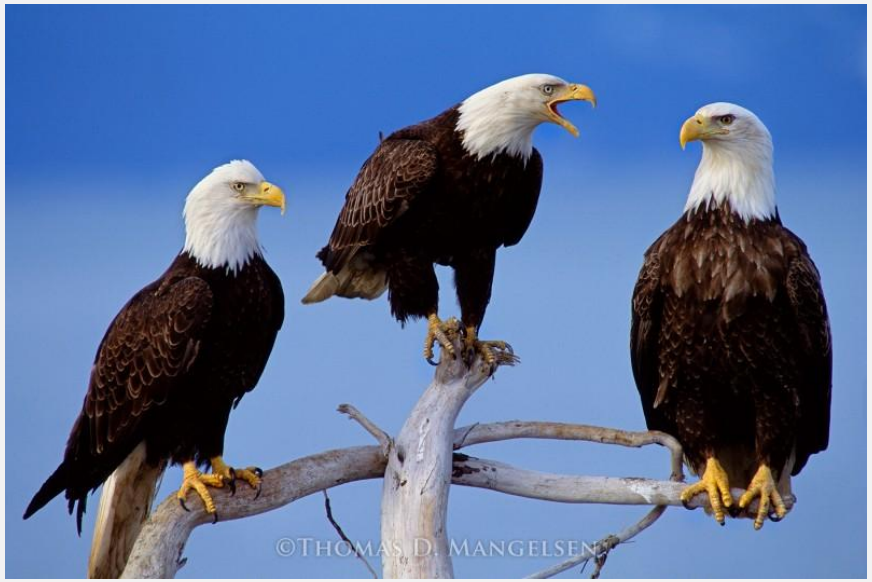

CODE OVERSIGHT & DUE DILIGENCE

- *i-4: In addition to identifying specific ethical standards, NAADAC/NCC AP recommends consideration of the following when making ethical decisions:*
  - *Autonomy: To allow each person the freedom to choose their own destiny.*
  - *Obedience: The responsibility to observe and obey legal and ethical directives and precedents.*
  - *Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical.*
  - *Beneficence: To help others. Gratitude: To pass along the good that we receive to others.*
  - *Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories, techniques, and ethics.*
  - *Justice: Fair and equal treatment; to treat others in a just and fair manner.*
  - *Stewardship: To use available resources in a judicious and conscientious manner; to give back.*
  - *Honesty and Candor: To tell the truth in all dealing with clients, colleagues, business associates and the community.*

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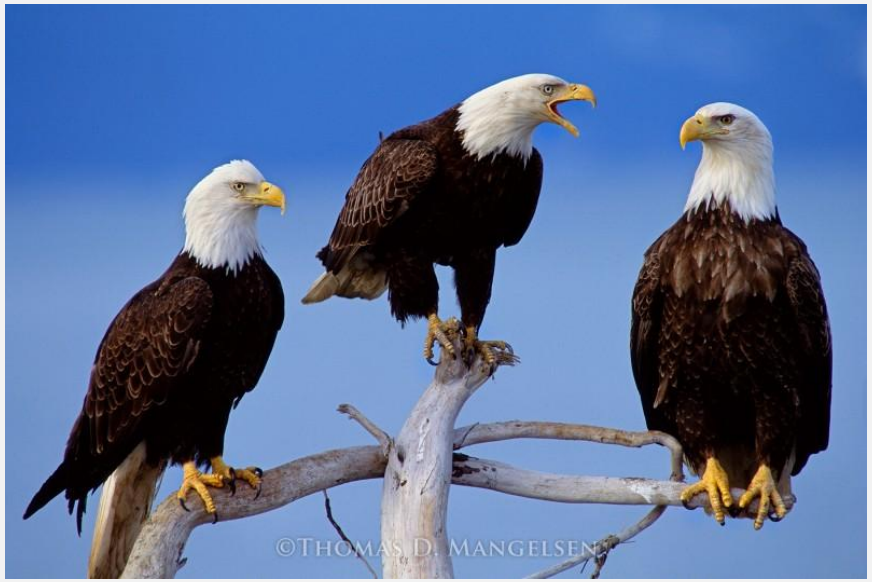

CODE OVERSIGHT & DUE DILIGENCE

- *i-5: Addiction professionals are responsible for being aware of applicable* federal, state and local laws, as well as administrative rules, regulations, and ethical codes, *influencing/governing their practice. In the course of their professional duties, addiction professionals may encounter conflicts between NAADAC/NCC AP's Code of Ethics and federal/state/local laws and/or rules. Addiction professionals seek to address these conflicts when they occur,* seeking supervision *and/or consultation when appropriate. When determining the best course of action when such conflicts arise, addiction professionals first consider what is in the client's best interest, including continuity of care.* When conflicts are unresolvable, addiction professionals adhere to the requirements of the law.

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PRINCIPLES

- Principle 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 Recovery Support Specialist (NCPRSS)
- Principle XI: Ethics Pertaining to Member Organizations

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PRINCIPLES

- Thinking about the principles, where would you anticipate challenges practicing in rural areas and why is this important?

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PRINCIPLE I:
THE COUNSELING RELATIONSHIP

- I-9: Multiple Therapist changed to Collaborative Care

- I-11: Multiple/Dual Relationships: NAADAC and NCC AP recognize that it may be impossible to avoid engaging in a dual relationship with a client, based on community size and other factors. Dual relationships may breach confidentiality, privacy and other professional standards. Addiction professionals make every effort to avoid multiple relationships with a client. . .

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- Background: I work from the premise that clients get better and engage in meaningful activities. For adults in recovery that includes support groups and employment.
- Situation: Shopping with daughters in Dayton, TN Walmart when female employee encounters me and gives me a hug. What do I say to my daughters? What should I do?

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- Background: You are the Emergency On Call Clinician in a rural clinic.
- Situation: The 42 yo brother of a 35 yo female client walks into the clinic due to suicidal ideations. He recently had a TBI. According to his sister, it was an incestual relationship during pre-teen and teenage years. What should I do?

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- Other examples?

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PRINCIPLE I:
THE COUNSELING RELATIONSHIP

- I-13: Previous/Current Client Relationships: Addiction professionals who are considering initiating any type of professional relationship (e.g., going into business) with a previous or current client seek consultation and/or supervision prior to its initiation, and the recommendations are documented.
- Background: As an Ethics Committee Member, consultations are requested.
- Situation: Employer calls for consultation after learning Counselor plans on going into business with a client. How do you respond?

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- Background: As an Ethics Committee Member, consultations are requested.
- Situation: Employer calls for consultation. A Counselor has a client who is a licensed behavioral health therapist who owns a practice. They are offering a job to the counselor. What is your response?

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- Other Examples??

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PRINCIPLE I: THE COUNSELING RELATIONSHIP

- I-23: Sexual Relationships changed to Relationships:
  - Addiction professionals do not engage in any form of intimate (sexual or romantic) relationship with any current or former client, nor do they accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition includes in-person and electronic (e-relationship)/virtual/social media interactions and/or relationships with any/all current and former clients. Addiction professionals are prohibited from engaging in counseling relationships with friends or family members.
- Situation: You are Health Aid in a remote Alaskan village. Your ex shows up at the clinic with suicidal ideations. What do you do?

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- Background: You are on an Ethics Committee.
- Situation: A LCSW/MAC reportedly did a home visit and ended up having a sexual encounter with the client. What action do you take?

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- Background: You are at a family reunion.
- Situation: You are asked to help do an intervention for a family member with a 'drinking problem.' What is your response?

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- Background: You are on an Ethics Committee.
- Situation: You are asked if clients including former clients can be Facebook Friends or having other social media connections? How do you respond?

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- Other examples?

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PRINCIPLE 1:
THE COUNSELING RELATIONSHIP

- I-40 Gifts: Addiction professionals recognize that clients may wish to show appreciation for services by offering gifts. Providers consider the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift. The client's cultural understanding of gift giving is always taken into consideration. Providers obtain supervision and/or consultation prior to deciding whether to accept or decline a gift other than food and document the recommendations.

- Examples?

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PRINCIPLE II: CONFIDENTIALITY & PRIVILEGED COMMUNICATION

- This Principle had the least number of changes
- II-9: combined Courts with Essential Only:
  - Addiction professionals release only essential or "need to know" information when circumstances require the disclosure of confidential information.
- II-11: Locations revised:
  - Addiction professionals discuss confidential client information only in locations where they are reasonably certain they can protect client privacy and not be overheard. Addiction professionals protect the information visibility (i.e., on paper; screen monitors mobile phones, tablets, and computer/laptop screens).

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PRINCIPLE II: CONFIDENTIALITY & PRIVILEGED COMMUNICATION

- II-15: All Parties revised:
  - Addiction professionals providing group, family, or couples therapy, describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality will be maintained by all parties. Information regarding group, family, or couples therapy cannot be released without signed ROIs from all parties.
  - Why is this hard in rural areas?

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  - Other examples?

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PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES & WORKPLACE STANDARDS

- III-7: Harassment:
  - Added "harassment and bullying": Addiction professionals do not engage in or condone any form of harassment, intimidation, or bullying including sexual harassment.
  - Background: You are on an Ethics Committee.
  - Situation: A client reports a Certified Peer Support Professional demanded sex for transportation. What do you do?

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PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES & WORKPLACE STANDARDS

- III-13: Scope of Practice:
  - Addiction professionals provide services within their scope of practice and competency, and only offer services that are research-based, evidence-based, and outcome-driven. Providers maintain knowledge of and adhere to applicable professional standards of practice. In cases where the addiction professional wants to engage in the use of a promising practice, the professional will seek supervision and/or consultation, and informed consent from the client, prior to utilizing the promising practice. They clearly document such actions.

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- Background: You are the only clinician available in the county.

- Situation: 25 yo WF referred from PCP due to binge drinking. Recently moved to county from NYC. Articulate, well groomed but appeared over dressed for summer with long sleeves and pants. . . .

- What do you do after you learn what you do and SUD may not be primary concern?

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PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES & WORKPLACE STANDARDS

- III-29: Qualified:
  - Addiction professionals work to promote the practice of addiction counseling by qualified persons and employ individuals who have the appropriate and requisite education, training, skills, licensure and/or certification, and supervised experience. Addiction professionals only refer to qualified persons with the appropriate and requisite education, training, skills, licensure and/or certification, and supervised experience.

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PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES & WORKPLACE STANDARDS

- III-41: Termination changed to Closing Practice:
  - Added: "Providers notify their clients, when possible, that there has been or will be a change of practice."

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PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES & WORKPLACE STANDARDS

- III-49: Seeking Ongoing Supervision/Consultation with some verbiage relocated to Principle VII:
  - Addiction professionals, throughout their professional career, seek ongoing clinical supervision and/or consultation in order to ensure the professionalism of the services they deliver.

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PRINCIPLE IV: WORKING IN A CULTURALLY DIVERSE WORLD

- Relatively few changes except addition of an Introduction.

- Added an Introduction:
  - Cultural diversity extends to include and is not limited to race, ethnicity, age, gender identity, sexual orientation, educational attainment, employment status, visible disabilities, invisible disabilities (e.g., hard of hearing, deafness, mental illness) , military active duty or veteran status, marital status, and parenting status. Most clients identify with multiple cultural groups, which are taken into consideration throughout the counseling relationship.

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PRINCIPLE VI:
USE OF E-THERAPY, E-SUPERVISION, ARTIFICIAL INTELLIGENCE (AI) AND SOCIAL MEDIA

- VI-1: Added Artificial Intelligence (AI) including a definition
  - Defining artificial intelligence: Artificial intelligence (AI) refers to any technology capable of performing complex tasks that historically only a human could do, such as recording, reasoning, making decisions, or solving problems. AI technology includes analyzing and proposing actions on client data, often with the goal of predicting a particular outcome.

- VI-2: Competency:
  - Addiction professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Providers are trained and current in their knowledge of e-therapy technologies, techniques and security. Addiction professionals only provide e-services in those states or jurisdictions where they are registered, certificated and/or licensed.

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PRINCIPLE VI:
USE OF E-THERAPY, E-SUPERVISION, ARTIFICIAL INTELLIGENCE (AI) AND SOCIAL MEDIA

- VI-7: State & Federal Laws:
  - Providers utilizing technology, social media, and distance counseling within their practice are subject to the federal and state laws and regulations in the state where the client/supervisee is located during the actual delivery of services. Providers seek consultation from the state where they are practicing and also the state(s) where the client(s) is located regarding the delivery of e-services across state lines.

- Added VI-20: Contemplating Use of AI:
  - Addiction professionals who use or are contemplating using AI (artificial intelligence) face numerous ethical considerations to be assessed and addressed related to informed consent and client autonomy; privacy and confidentiality; transparency; client misdiagnosis; client abandonment; client surveillance; and algorithmic bias and unfairness.

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PRINCIPLE VII: SUPERVISION, CONSULTATION & EDUCATION

- Education added to this Principle.

- VII-1: Responsibility:
  - Addiction professionals who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, constructive consultation, and monitor services by supervisees.

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PRINCIPLE VII: SUPERVISION, CONSULTATION & EDUCATION

- VII-11: Boundaries:
  - Clinical supervisors intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with supervisees in all venues. Supervisors are accurate and honest in their assessments of supervisees. Clinical supervisors clearly define and maintain ethical professional, personal, and social boundaries with their supervisees.

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PRINCIPLE VII: SUPERVISION, CONSULTATION & EDUCATION

- VII-28: Endorsement:
  - Clinical supervisors only recommend supervisees for completion of an academic or training program, employment, certification and/or licensure when the supervisees demonstrate qualification for such endorsement. Clinical supervisors do not endorse any supervisees who the supervisor believes to be impaired or who demonstrates they are unable to provide appropriate clinical services or the supervisor has not had direct observation/involvement.

  - Background: You are on an Ethics Committee.

  - Situation: A supervisee submits an Ethics Complaint stating a clinical supervisor has supervised her for 2-years. All reports describe the supervisee's progress as acceptable or better however the supervisor did not recommend the supervisee for licensure. What do you do?

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PRINCIPLE X:
NCPRSS: NATIONAL CERTIFIED PEER RECOVERY SUPPORT SPECIALIST

- Introduction: NCPRSS Ethics moved under overarching Code of Ethics:

  - Addiction professionals include National Certified Peer Recovery Support Specialists (NCPRSS). NCPRSSs are expected to follow the NAADAC/NCC AP Code of Ethics that corresponds to their activities. In addition, this section outlines the basic ethics, values, and principles of recovery support practices.
  - NCPRSSs have a responsibility to help persons pursuing recovery achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery. NCPRSSs maintain high standards of personal conduct; they conduct themselves in a manner that supports their own recovery and wellbeing. NCPRSSs serve as advocates for the people they serve. NCPRSSs actively protect the professional relationship and boundaries they establish with their client(s).

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PRINCIPLE X:
NCPRSS: NATIONAL CERTIFIED PEER RECOVERY SUPPORT SPECIALIST

- Introduction:
  - NCPRSSs do not perform services outside of the boundaries and scope of their expertise, are aware of the limits of their training and capabilities and collaborate with allied disciplines and those involved in the recovery process, to best meet the needs of the person(s) served. NCPRSSs shall preserve an objective and ethical relationship at all times.
  - This credential does not endorse, suggest or intend that an NCPRSS practice independently.
  - The NCPRSS works under supervision.
  - To uphold ethical scope of practice, if the NCPRSS is a family member of a person/loved one in recovery, the NCPRSS works with family members of a person/loved ones in recovery. If the NCPRSS is the person in recovery, they work with the persons in recovery.

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PRINCIPLE X:
NCPRSS: NATIONAL CERTIFIED PEER RECOVERY SUPPORT SPECIALIST

- X-II.2: Peer discloses to their supervisor any existing or pre-existing professional, personal, familial, social, or business relationships with person(s) served. They determine, in consultation with their supervisor, whether existing or pre-existing relationships interfere with their ability to provide professional services to the identified person(s).

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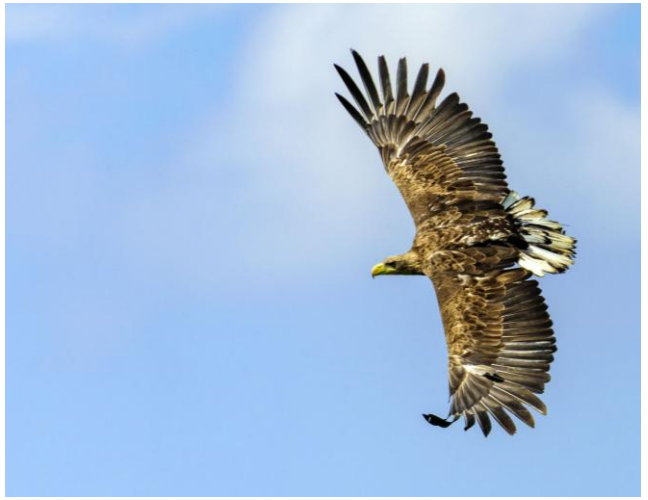
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- Principle XI: Ethics Pertaining to Member Organizations:
  - Organizations who are members of NAADAC and offer addiction and/or behavioral health services along the continuum of care agree to adhere to the NAADAC/NCC AP Code of Ethics. In addition, this Code delineates ethical practices and guidelines and may be used by federal, state, and local regulatory, licensing, and ethics boards to guide their decision making.

- Why add this section?



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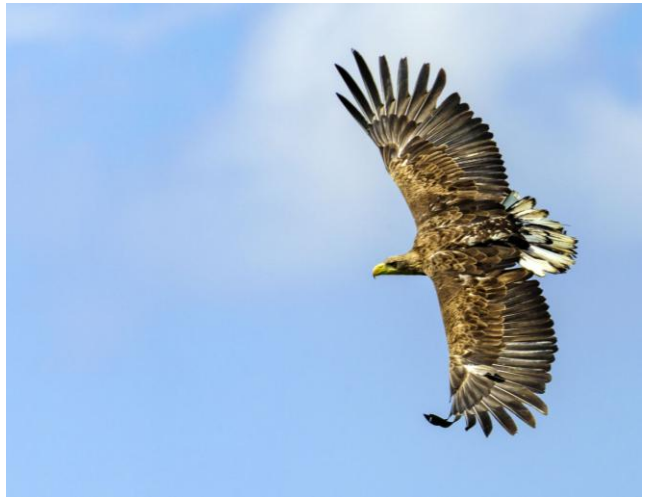
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- Ever heard of the Rehab Riviera?
  - https://www.ocregister.com/2019/09/06/orange-county-taking-steps-to-crack-down-on-addiction-treatment-fraud/
  - https://www.ocregister.com/2019/11/15/operator-of-defunct-orange-county-chain-of-drug-rehab-centers-indicted-for-fraud/
  - https://www.justice.gov/archives/opa/pr/addiction-treatment-facility-operators-sentenced-112-million-addiction-treatment-fraud-scheme
- Must have applicable code to have any jurisdiction.
- "Tinder" Example



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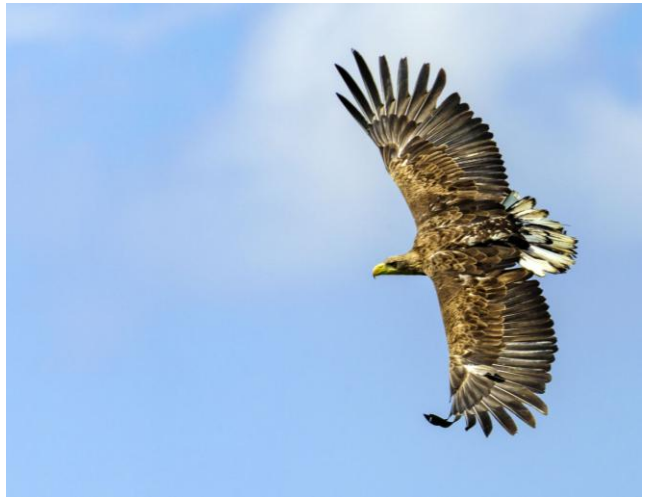
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- XI-1: Organizational Structure: Organizations offering services for substance use, mental health, and co-occurring disorders have a clearly articulated mission and vision statement, organizational structure, including values and guiding principles that can be shared on request with all stakeholders, including clients.

- XI-2: Credentialing & Licensing: Organizations are appropriately qualified, licensed, certified, accredited, and/or credentialed to provide services to their community or clientele by the appropriate state and federal licensing and regulatory bodies. Organizations actively comply with licensing requirements. Organizations employ addiction professionals (clinicians, peers, students, interns, technicians, volunteers, supervisors, administrators, etc.) who are appropriately supervised and credentialed for the services they provide, and who adhere to the relevant Code of Ethics for their credentials and related federal, state and local laws and rules.



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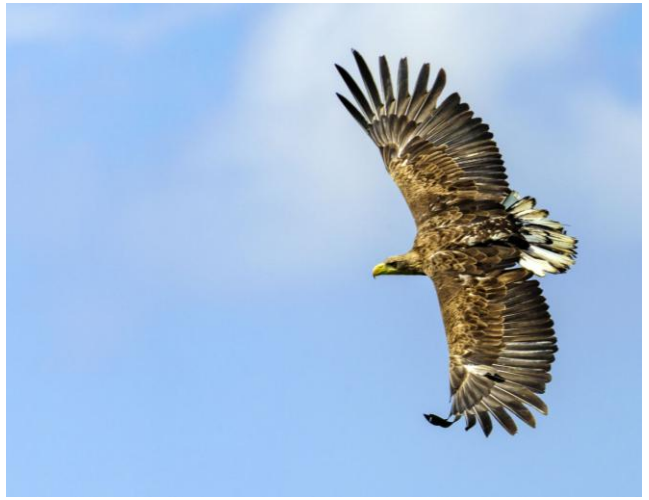
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- XI-3: Policies & Procedures:
  - Organizations create and routinely review, and update policies and procedures related to the services they provide to clients struggling with substance use disorders (SUD), addictive behavior disorders (ABD), and co-occurring mental health disorders (COD). Organizations study their staff, community, and client demographics in order to reduce health inequities and healthcare access disparities. Organizations commit resources to decreasing healthcare inequities and promoting diversity, equity, inclusion, and belonging in their clinical and work settings.



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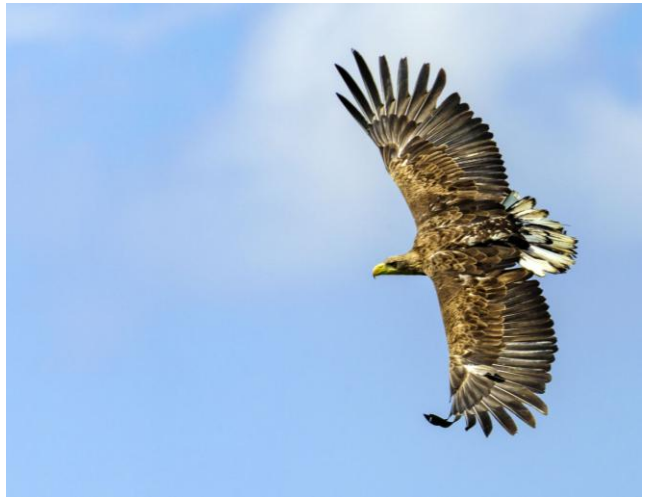
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- XI-4: Client Focused:
  - Services provided to clients enhance the dignity and worth of the client and protect their human and legal rights. Organizations provide services that are culturally sensitive and culturally responsive. Organizations actively strive to combat the presence of discrimination, prejudice, stigma, and judgment within their organization and advocate against discriminatory practices within all venues that they are actively engaged. Organizations provide services that are trauma sensitive, and trauma informed. Organizations strive to provide services in the primary/native language of the client. Organizations promote person first language.



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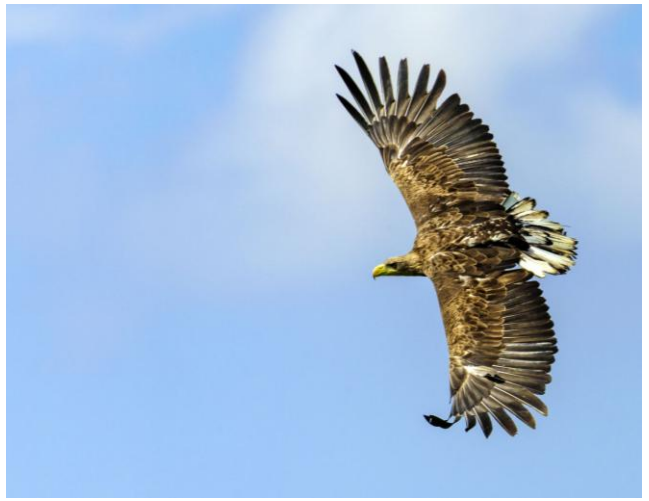
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- XI-5: Inclusive Services:
  - Organizations create, and routinely review and update, criteria for admission, treatment, continuing care, and referral for each level of service they provide. Organizations adopt, and routinely review and update, placement criteria (e.g., ASAM placement criteria) that are used indiscriminately with all clients.

- XI-6: Holistic Care:
  - Competent treatment services are offered that address the holistic needs of the client (biopsychosocial-spiritual-emotional). Information may be offered to the client's family members, with written consent (ROI) from the client.



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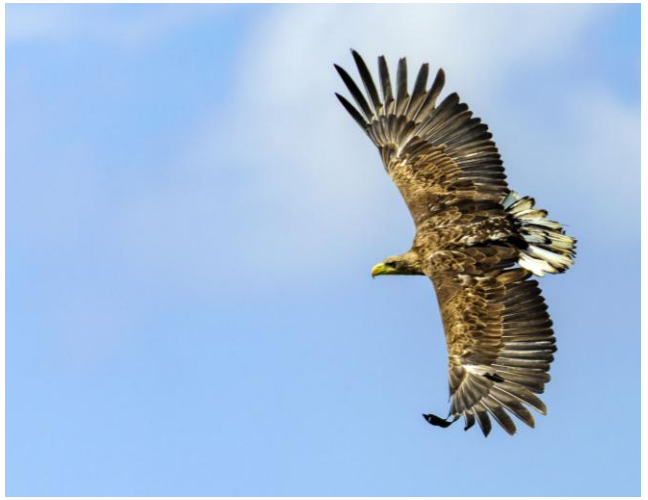
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- XI-12: Brokering, Poaching & Solicitations:
  - Financial or other rewards for client referrals is unethical. Organizations do not engage in client/patient brokering and do not accept money, gifts, or other remuneration for sending or receiving referrals. Clients are not paid or otherwise induced to participate in treatment or recovery support services (this does not include stipends paid for research participation). Organizations do not recruit clients who are actively participating in another program (aka poaching). Organizations do not solicit referrals to treatment nor items, gifts, money, or services from a client, potential client, or another organization.

- XI-13: Marketing:
  - Deceptive and/or false advertising or marketing practices are prohibited.



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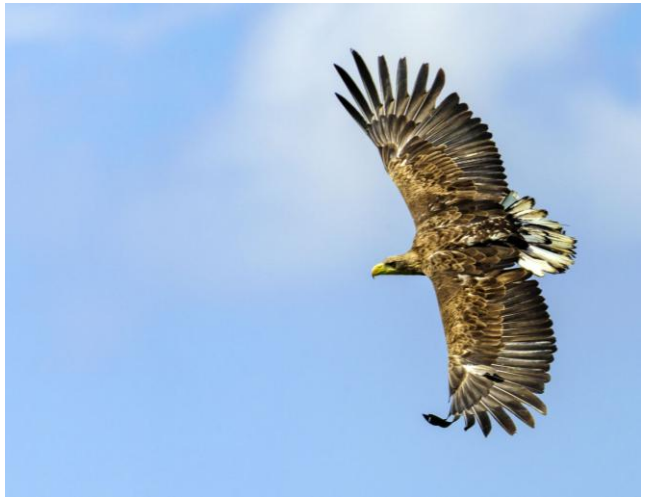
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- XI-14: Onboarding:
  - An onboarding process is clearly defined for new clinical staff. New clinical staff have the necessary credentials or are working on the necessary credentials for the services they will be providing. Clinical supervision is provided to all clinical staff.

- XI-15: Clinical Supervision:
  - Clinical supervisors within an organization adhere to the NAADAC/NCC AP Code of Ethics and are appropriately trained and supervised for the supervision they provide. Clinical supervisors do not have an intimate (sexual, sponsor/sponsee, etc.) or other dual relationship with any of their supervisees. When there is a dual relationship with a supervisee, the supervisor engages in documented consultation and/or supervision of supervision. Clinical supervisors engage in ongoing professional development to improve their supervisory skills and to ensure that their supervisees are engaging in evidence-based, outcome-driven practices with their clients.



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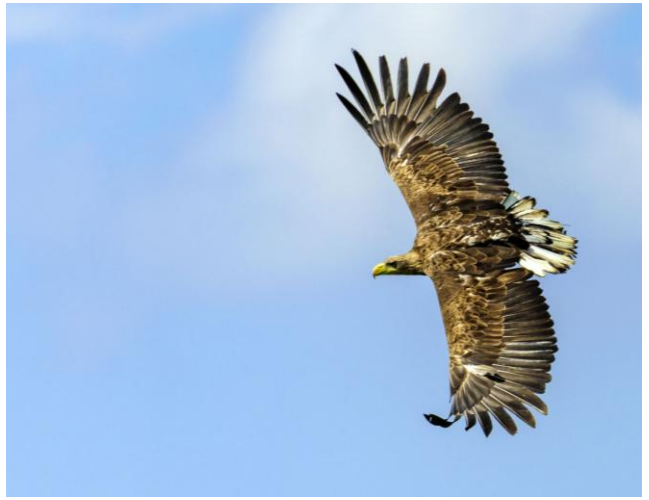
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- XI-16: Concerns & Complaints:
  - Organizations have policies and procedures for addressing employee and client concerns regarding direct care, clinical services, and/or compliance- related issues. A complaint process exists within the organization so clients and employees can inform the organization of their concerns and ethical issues as they are presenting themselves. There is no retaliation for filing a complaint.

- Background: You oversee a group home in a rural community.
- Situation: A 35 yo female resident reports men are entering her room at night. What do you do?



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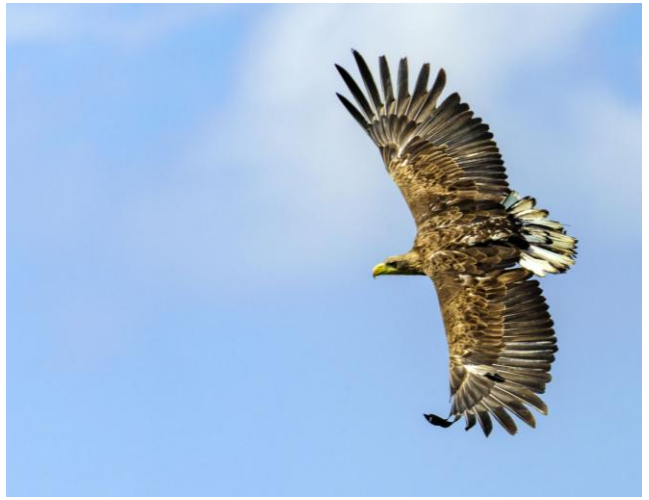
- Background: You oversee a group home in a rural community.
- Situation: An employee alleges another employee is having sex with female group home residents. What do you do?



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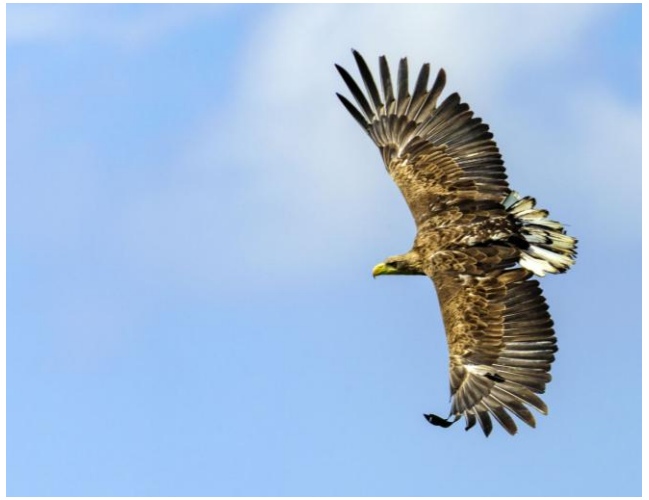
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- XI-17: Training:
  - Ongoing in-services, in house training, and consultations are available to supervisors and supervisees to maintain and develop their scope of practice.



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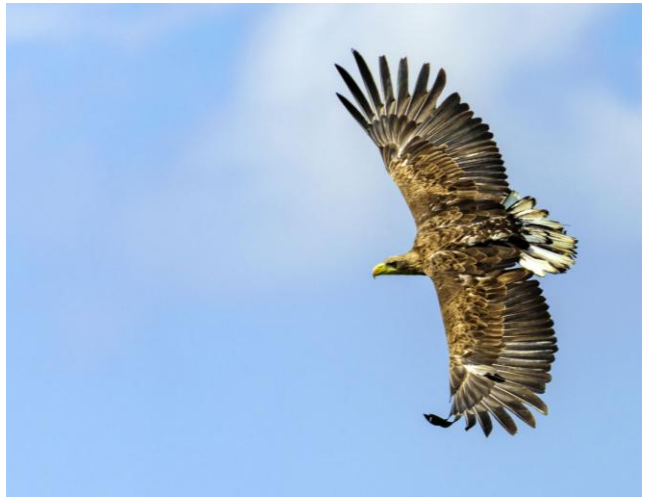
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

- XI-18: Standards of Practice:
  - Organizations ensure that their operations fall within the addictions and co-occurring standards of practice. Standards of practice are communicated to clinical staff through supervision and other opportunities for learning.

- XI-19: Gift to Organization:
  - Organizations recognize that clients may wish to show appreciation for services by offering gifts. Organizations consider the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the organization's motivation for wanting to accept or decline the gift. The client's cultural understanding of gift giving is taken into consideration. Organizations obtain legal and/or other organizational consultation prior to deciding whether to accept or decline a gift other than food and document the recommendations.



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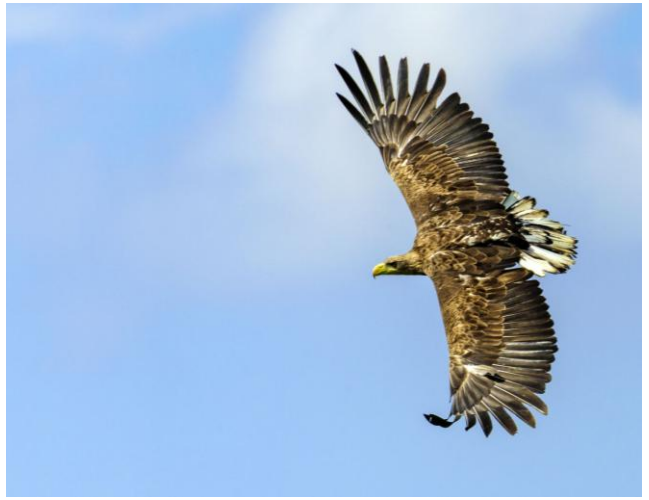
PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

XI-20: Termination, Abandonment & Closing Practice:

- Organizations do not abandon any client.
- Organizations who anticipate termination or interruption of services to clients notify each client promptly, and seek transfer, referral, or continuation of services in accordance with each client's needs and preferences.
- Organizations create a written plan and policy to address situations involving an employee's/clinician's incapacitation, termination of practice, retirement, or death."



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PRESENTATION: HANDLING COUNTRY COUNSELING CONUNDRUMS

- *Final Thoughts, Questions and Discussion*

NAADAC/NCC AP: ETHICS COMMITTEE LINKS

- ✓ NAADAC: https://www.naadac.org/
- ✓ Code of Ethics: https://www.naadac.org/code-of-ethics
- ✓ Filing a Complaint: https://www.naadac.org/how-to-file-complaint
- ✓ Ask Committee a question: ethics@naadac.org

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PRESENTATION: HANDLING COUNTRY COUNSELING CONUNDRUMS

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Promoting and Practicing Connectivity – Collaboration – Integration – Resource Sharing

Anchorage and surrounding area are Dena'ina Elnena (Dena'ina Country), the traditional homelands of the Dena'ina Athabascan people.

Thank You!

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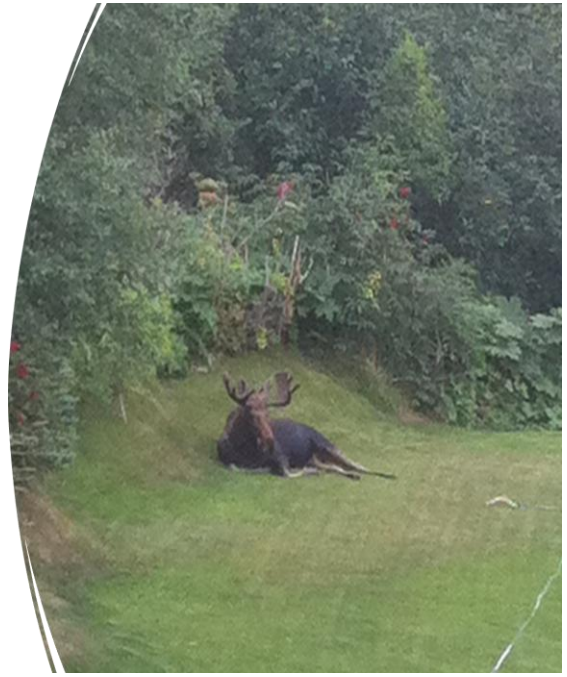

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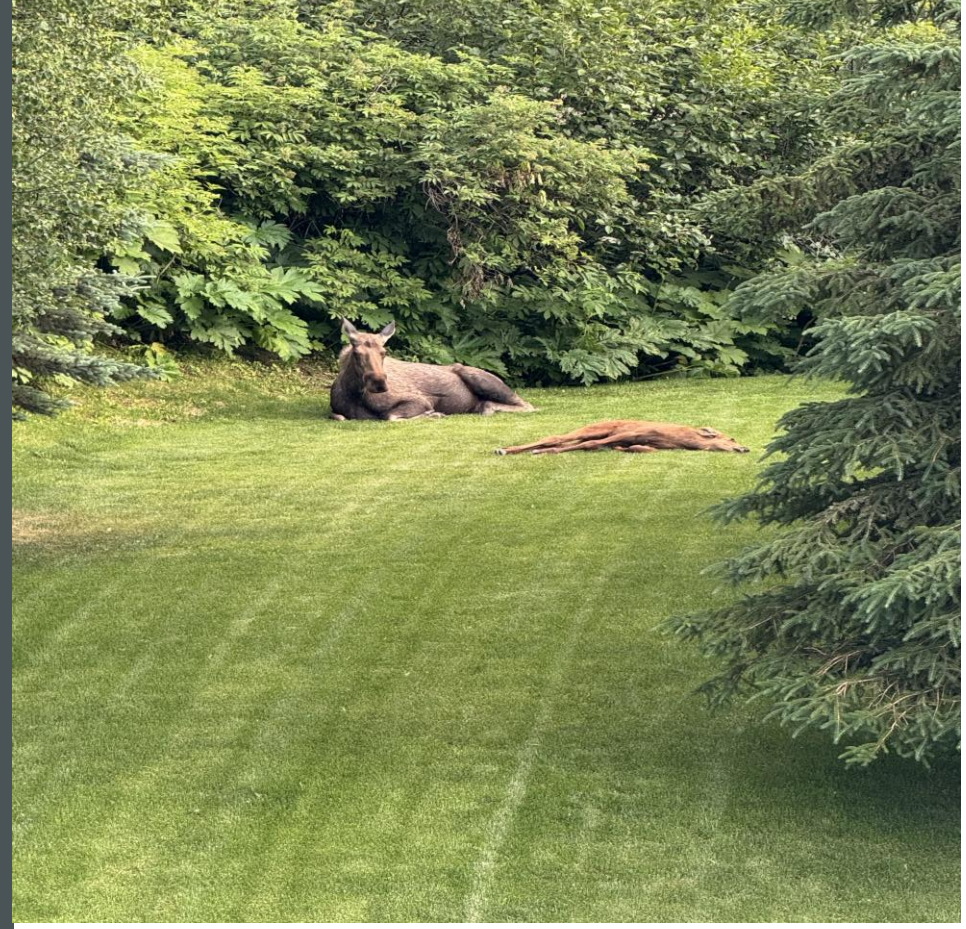

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