"A PRIMER ON THE REVISED NAADAC/NCC AP CODE OF ETHICS" FOR THE JOURNEY TOGETHER CONFERENCE 2025

MIDDLE TENNESSEE ASSOCIATION FOR ADDICTION PROFESSIONALS

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FRANKLIN, TN

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Member, NAADAC/NCC AP Ethics Committee
Principal, Innovative Services of Alaska

1 September 2025 – 5:35 pm – 6:55 pm

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"A Primer on the Revised NAADAC/NCC AP Code of Ethics"
Welcome and Happy Labor Day

Presentation Overview – 1 September 2025 – 5:35 pm – 6:55 pm

- Presentation introduction and learning objectives
- Brief Background and introduction to the NAADAC/NCC AP Ethics Committee and revising the Code.
- Introduction to the 2025 NAADAC/NCC AP Code of Conduct Revision
- Highlights by Principle
- Summary, Q&A

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"A Primer on the Revised NAADAC/NCC AP Code of Ethics"
Welcome and Happy Labor Day
Introduction

This workshop is an introduction to and high-level overview of the 2025 NAADAC/NCC AP Code of Ethics. Participants will get an update on the major changes resulting from the ever-evolving challenges of practicing in a rapidly developing environment. Changes address scientific and technological advancements and their impact across the spectrum of care for all individuals and organizations involved as well as lessons learned from experience.

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"A Primer on the Revised NAADAC/NCC AP Code of Ethics"
Welcome and Happy Labor Day
Objectives

- *Objective 1: The participant will be able to describe the primary principles addressed by the code.*
- *Objective 2: The participant will be able to assess the impact of technology on their practice and safeguards provided within the updated code.*
- *Objective 3: The participant will be able to explain supervision in the modern working environment*

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"A Primer on the Revised NAADAC/NCC AP Code of Ethics"
Welcome and Happy Labor Day
Process

- *Some high level background and overview of the NAADAC/NCC AP Ethics Committee*
- *An introduction to the revised NAADAC/NCC AP Code of Ethics*
- *A summary review of the revised NAADAC/NCC AP Code of Ethics (as time permits)*
- *Ask questions or submit post presentation*
- *Wrap up with Q&A*

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NAADAC/NCC AP Ethics Committee Background

- Per the by-laws:
- 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 . . .

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NAADAC/NCC AP Ethics Committee

- ✓ *Rose Maire, MA, LCADC, CSS, MAC (NJ) - Chair*
- ✓ *Mita Johnson, Ed.D., NCC, LPC, LMFT, LAC, MAC, SAP, ACS, LMFT-S, BCTHP (CO)*
- ✓ *Jerry Jenkins, M.Ed., LADAC, MAC (AK)*
- ✓ *Margalita Hooper-Vinson, D.Min, MSW, ACSW, LCAS, CSS, MAC, LCSW (NC) (NCC AP representative)*
- ✓ *Lynette Daniels, CAC I, NCAC I, NCPRSS (DC)*
- ✓ *Chuck Wilcox, JD, CSAC (VA)*

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NAADAC/NCC AP Ethics Revision Committee

- ✓ *Rose Maire, MA, LCADC, CSS, MAC (NJ) - Chair*
- ✓ *Mita Johnson, Ed.D., NCC, LPC, LMFT, LAC, MAC, SAP, ACS, LMFT-S, BCTHP (CO)*
- ✓ *Jerry Jenkins, M.Ed., LADAC, MAC (AK)*

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NAADAC/NCC AP Code of Ethics – Introduction

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

"Ethics are generally regarded as the standards that govern the conduct of a person. Smith and Hodges define ethics as a "human reflecting self-consciously on the act of being a moral being." This implies a process of self-reflection and awareness of how to behave as a moral being. Some definitions are dictated by law, individual belief systems, religion or a mixture of all three."

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NAADAC/NCC AP Code of Ethics – Introduction

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

"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."

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NAADAC/NCC AP Code of Ethics – Introduction

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

"Further, NAADAC recognizes and encourages the notion that personal and professional ethics cannot be dealt with as separate domains. NAADAC members, addiction professionals and/or licensed/certified treatment providers (subsequently referred to as addiction professionals) recognize that the ability to do well is based on an underlying concern for the well-being of others.."

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NAADAC/NCC AP Code of Ethics – Introduction

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

"This concern emerges from recognition that we are all stakeholders in each other's lives - the well-being of each is intimately bound to the well-being of all; that when the happiness of some is purchased by the unhappiness of others, the stage is set for the misery of all."

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NAADAC/NCC AP Code of Ethics – Introduction

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

"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."

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NAADAC/NCC AP Code of Ethics – Introduction

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

"The NAADAC/NCC AP Code of Ethics was written 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.."

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Ethics Committee- Code Oversight and Due Diligence – Back to the Beginning

Question: Revise the Code?? What would you think should have been changed knowing what you know since previous editions in 2016 and 2021??

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Ethics Committee- Code Oversight and Due Diligence – Back to the Beginning

Question: Revise the Code??

Questions:
Why?
What? and
How?

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Ethics Committee- Code Oversight and Due Diligence – Results

Results can be found at:

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

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Ethics Committee- Code Oversight and Due Diligence – Results

Results can be found at:

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

"The NAADAC/NCC AP Code of Ethics, the most recent version of which is 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."*

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Ethics Committee- Code Oversight and Due Diligence – Results

Results can be found at:

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

1. *Consolidated Original Code of Ethics with Code for the National Certified Peer Recovery Support Specialist (NCPRSS)*
2. *Added Ethics Pertaining to Member Organizations*

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Ethics Committee- Code Oversight and Due Diligence – Results

Results can be found at:

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

Major language change: "shall" has been replaced with "present indicative active" voice. What does that mean?

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Ethics Committee- Code Oversight and Due Diligence – Results

Results can be found at:

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

Major change: "shall" has been 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.

https://greekforall.com/learn-biblical-greek-grammar/present-active-indicative-verbs/

https://dcc.dickinson.edu/grammar/age/present-indicative-active

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NAADAC/NCC AP Code of Ethics – Introduction

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

"The NAADAC/NCC AP Code of Ethics was written 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.."

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NAADAC/NCC AP Code of Ethics – Introduction to the Update

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

"The NAADAC/NCC AP Code of Ethics, the most recent version of which is 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."

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NAADAC/NCC AP Code of Ethics – Introduction to the Update

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

"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.*

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NAADAC/NCC AP Code of Ethics – Introduction to the Update

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

Introduction to the updated Code.

"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."

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NAADAC/NCC AP Code of Ethics – Introduction to the Update

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

Introduction

i-1 – "NAADAC, the Association for Addiction Professionals and the National Certification Commission for Addiction Professionals (NCC AP) represent professionals who provide services to individuals, couples, partners, families, and communities struggling with substance use and addictive behavior disorders and co-occurring mental health disorders. NAADAC and NCC AP recognize that their members, certified counselors, and other service providers live and work in diverse communities. . . " (Continued)

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NAADAC/NCC AP Code of Ethics – Introduction to the Update

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

Introduction

i-1 – (Continued) “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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NAADAC/NCC AP Code of Ethics – Introduction to the Update

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

Introduction

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 e thical 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.”

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NAADAC/NCC AP Code of Ethics – Introduction to the Update

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

Introduction

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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NAADAC/NCC AP Code of Ethics – Introduction to the Update

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

Introduction

i-4 – "In addition to identifying specific ethical standards, NAADAC/NCC AP recommends consideration of the following when making ethical decisions:

1. Autonomy: To allow each person the freedom to choose their own destiny.
2. Obedience: The responsibility to observe and obey legal and ethical directives and precedents.
3. Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical.
4. Beneficence: To help others. (Continued)

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NAADAC/NCC AP Code of Ethics – Introduction to the Update

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

Introduction

i-4 – "In addition to identifying specific ethical standards, NAADAC/NCC AP recommends consideration of the following when making ethical decisions:

5. Gratitude: To pass along the good that we receive to others.
6. 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.
7. Justice: Fair and equal treatment; to treat others in a just and fair manner.
8. Stewardship: To use available resources in a judicious and conscientious manner; to give back.
9. Honesty and Candor: To tell the truth in all dealing with clients, colleagues, business associates and the community.

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NAADAC/NCC AP Code of Ethics – Introduction to the Update

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

Introduction

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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NAADAC/NCC AP Code of Ethics – Organization of the Update

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

Introduction

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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NAADAC/NCC AP Code of Ethics – Organization of the Update

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

Introduction

Principle I: The Counseling Relationship

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle I: The Counseling Relationship

I-9 is now Collaborative Care replacing Multiple Therapist

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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NAADAC/NCC AP Code of Ethics – Updates

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

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."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle I: The Counseling Relationship

I-15 Financial Disclosure – " . . . Addiction professionals provide the client(s) with enough information prior to initiating the professional relationship so they can make an informed decision about the costs they may incur for services rendered."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle I: The Counseling Relationship

I-23 formerly Sexual Relationships is now "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."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle I: The Counseling Relationship

I-34 formerly Regardless of Compensation is now Equitable Services

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.

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle I: The Counseling Relationship

I-42 – formerly Virtual is now Conversion Therapy - "Addiction professionals do not engage in nor endorse conversion therapy."

Virtual was consolidated in I-23- Relationships

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle I: The Counseling Relationship

Principle II: Confidentiality and Privileged Communication

Least changes

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle II: Confidentiality and Privileged Communication

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."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle II: Confidentiality and Privileged Communication

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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NAADAC/NCC AP Code of Ethics – Updates

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

Principle II: Confidentiality and 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.

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle II: Confidentiality and Privileged Communication

II-18 – Video recording and Recording e-therapy revised to Recording Live sessions

'Addiction professionals obtain informed consent and a signed Release of Information prior to recording e-therapy, videotaping live sessions, audio recording, using Artificial Intelligence (AI) or permitting third party observation of any live client interaction or group therapy session. Prior to recording, clients are informed regarding the recordings, which includes, but is not limited to the purpose of the recording, who has access, how the recording will be stored, and the procedures and time frame for disposal of the recording/information."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle II: Confidentiality and Privileged Communication

II-19 – Federal Regulations update

'"Addiction professionals ensure that all written information released to others is accompanied by the federal regulations governing such disclosures, a statement prohibiting the re-release of the information provided, and to whom and for what purpose the releases were made. Additionally, addiction professionals maintain a listing of the same information which is available to the client/client representative upon written request."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle II: Confidentiality and Privileged Communication

II-20 – Transfer Records update

"Unless exceptions to confidentiality exist, addiction professionals obtain written permission from clients to disclose or transfer records to legitimate third parties. Providers ensure that receivers of counseling records are made aware of their confidential nature. Addiction professionals ensure that all information released meets the requirements of 42 CFR Part 2, HIPAA, and any other applicable rules or laws. All information released is appropriately marked as confidential. Addiction professionals do not transfer, or release records obtained from another provider or entity."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle II: Confidentiality and Privileged Communication

II-25 – Planned Succession for Records previously Termination

"Addiction professionals in private practice protect client confidentiality in the event of the counselor's unplanned absence, planned absence, termination of practice, incapacity, or death. Providers appoint a records custodian in their private practice policies, professional Will, or other document."

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle I: The Counseling Relationship

Principle II: Confidentiality and Privileged Communication

Principle III: Professional Responsibilities and Workplace Standards

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-1 Responsibility – "Addiction professionals seek to ensure that the highest quality of services is equitably available to all clients. Addiction professionals abide by and uphold the NAADAC/NCC AP Code of Ethics in the delivery of services anywhere along the continuum of care. Addiction professionals study, understand and adhere to the NAADAC/NCC AP Code of Ethics and also adhere to applicable federal, state and local laws and regulations."

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-3 Discrimination – Added "Addiction professionals actively combat stigma, prejudice, and moral judgment against the dignity and worth of our clients and others."

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-7 – Harassment – Added "harassment and bulling."

"Addiction professionals do not engage in or condone any form of harassment, intimidation, or bullying including sexual harassment."

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and 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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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-20 - Innovation – "Addiction professionals discuss with clients and document the potential risks, benefits and ethical concerns prior to using developing or innovative techniques, procedures, or modalities with a client. Providers minimize any potential risks or harm when using developing and/or innovative techniques, procedures, or modalities, and document the steps taken to minimize risks. Providers obtain and document supervision and/or consultation regarding potential risks to clients prior to presenting innovative treatment options. For example, the use of psychedelics, medical cannabis, and CBD (cannabidiol) are considered emerging innovative practices in need of further scientific research.

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-23 – Medical Professionals changed to Mood Altering Chemicals

"Addiction professionals recognize the need for the use of mood-altering chemicals such as opioids, benzodiazepines, or medically based psychedelics in limited medical situations, and work to educate medical professionals to limit, monitor, and closely supervise the administration of such chemicals when their use is necessary."

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-28 – Added Promising Practices

"Addiction professionals who seek to use a promising new practice discuss this promising practice with a supervisor or consultant, and if deemed appropriate then obtain informed consent from the client prior to engaging the promising practice. The addiction professional documents the consultation and ongoing supervision of the use of the promising practice. Every safeguard is employed to protect the client."

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and 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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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-31 – Now Informative Advocacy instead of Advocacy –

III-32 – Active Advocacy instead of Advocacy –

III-33 – Professional Statements instead of Organizational vs. Private

III-36 – Support Policy instead of Policy

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-37 – Now Promote Parity instead of Parity–

III-38 – Addressing Impairment instead of Impairment–

III-39 – Assistance for Impairment instead of Impairment

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

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-45 – Reports – "Addaddiction professionals accurately and objectively report professional activities and judgments to appropriate third parties, which include, but is not limited to courts, probation/parole, insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies and boards, and ethics committees. Professionals only release necessary and required information."

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-46– Now Professional Comments instead of Advice

III-47 – Role Expectations instead of Dual Relationship

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle III: Professional Responsibilities and Workplace Standards

III-49– Now Seeking Ongoing Supervision/Consultation with parts 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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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

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

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle IV: Working in a Culturally Diverse World

Relatively few changes except addition of an Introduction.

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle IV: Working in a Culturally Diverse World

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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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

Principle IV: Working in a Culturally Diverse World

Added IV-12 – Consideration of Competency – "Addiction professionals who act on behalf of a client who has been judged legally incompetent or with a representative who ha s been legally authorized to act on behalf of a client, act with the client's best interests in mind, and inform the designated guardian or representative of any circumstances which may influence the relationship. Providers balance the ethical rights of clients to make choices about their treatment, with their capacity to give consent to receive treatment-related services, and the parental/familial/representative's legal rights and responsibilities to protect the client and make decisions on their behalf."

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NAADAC/NCC AP Code of Ethics – Updates

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Principle V: Assessment, Evaluation, and Interpretation

V-3 – Validity – "Addiction professionals consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments. Additionally, providers determine the literacy and appropriateness for self-administered tools, e.g., determining if the client can read and comprehend the material, and/or operate the computer. Providers use data from evidence-based resources including assessment tools and/or instruments to form conclusions, diagnoses, and recommendations."

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Principle V: Assessment, Evaluation, and Interpretation

V-10 – Normed Population – "In the event that the addiction professional is unable to locate an assessment tool that has been normed on the client's cultural identities, the provider may select and use, with caution, assessment tools and techniques normed on populations other than that of the client. Providers obtain supervision or consultation when using assessment tools that are not normed to the client's cultural identities and document the recommendations."

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

Added Artificial Intelligence (AI) including a definition – VI-1-

"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."

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

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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Introduction

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."

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Introduction

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

VI-9 – Now is Assess Benefit Potential instead of Assess

VI-10 – Transmission Safeguards instead of Transmission

VI-11 – Multidisciplinary Care Coordination instead of Multidisciplinary Care

VI-12 – Develop Local Resources instead of Local Resources

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Introduction

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

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 and Education

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Notes:

Education added to this Principle.

Several revisions including consolidations (internal and from other Principles), clarifications and additions.

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Introduction
Principle VII: Supervision, Consultation and Education

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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Introduction
Principle VII: Supervision, Consultation and Education

VII-2 – Training – "Addiction professionals complete clinical supervision training prior to providing clinical supervision to students or other professionals and continue to pursue continuing education in both counseling and supervision."

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Principle VII: Supervision, Consultation and Education

Added VII-3 – Resources & Competencies – "Addiction professionals who act in the role of supervisor or consultant, ensure that they have the appropriate resources and competencies prior to providing supervisory or consultation services. Supervisors or consultants provide appropriate referrals to resources when requested or needed."

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Principle VII: Supervision, Consultation and Education

VII-5 – Supervision – moved from Principle IV and revised – "Addiction professionals who offer supervisory or consultation services review with the consultee/supervisee, both verbally and in writing, the rights and responsibilities of both the supervisor/consultant and supervisee/consultee. Providers inform all parties involved about the purpose, costs, risks and benefits, and the limits of confidentiality of the services to be provided."

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Principle VII: Supervision, Consultation and Education

VII-6 Now Supervision Contract instead of Informed Consent

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Introduction
Principle VII: Supervision, Consultation and Education

Added VII-7 - Consultation Contract –" Addiction professionals providing consultation services provide the service recipient/contractee (individual or organization) a written contract outlining services to be provided and financial arrangements. Consultants are subject matter experts or otherwise qualified by education, experience or both to perform the services proposed in the consulting contract. . . "

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Introduction
Principle VII: Supervision, Consultation and Education

Added VII-7 - Consultation Contract – Continued: ". . . The Contract includes, but is not be limited to the following items:

a. Definition/Explanation/Scope of services to be provided by the consultant.
b. Related timetable/schedule for services to be provided.
c. Confidentiality of proprietary information for consultant and contractor.
d. Methods of fulfilling the contract/deliverables.
e. Expectations and responsibilities of each party. . . "

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Introduction
Principle VII: Supervision, Consultation and Education

Added VII-7 - Consultation Contract – Continued: ". . .
f. Documentation and file ownership and retention, if applicable.
g. Fees and/or payment mechanism. h. Conflict resolution.
i. Duration and termination of the relationship.
j. Parties adhere to applicable regulatory and state and Federal regulations and laws including client privacy, if applicable.
k. Parties adhere to NAADAC Code of Ethics.
l. Expectations regarding liability or other insurance requirements.
m. Notifying immediately regarding of a grievance, sanction, or lawsuit being filed against the consultant or contractor."

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Principle VII: Supervision, Consultation and Education

VII-10 Now Multiculturalism and Diversity instead of Diversity –

"Clinical supervisors address the role of multiculturalism in the supervisory relationship between supervisor and supervisee. Supervisors offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs. Clinical supervisors recognize and value the diverse talents and abilities that supervisees bring to their training experience."

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Principle VII: Supervision, Consultation and 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 and Education

Now VII-12 is Intimate Relationships instead of Boundaries

VII-16 – Report Impairment instead of Impairment

VII-17 – Inform Clients instead of Clients

VII-18 – Self Disclosures instead of Disclosure

VII-19 – Observation Expectation instead of Observations

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Principle VII: Supervision, Consultation and Education

Now VII-20 – Profession Gatekeepers instead of Gatekeepers

VII-21 Education combined two sections from previous edition.

VII-23 – Dual Relationships combined two sections from previous edition.

VII-27 – Personal Counseling instead of Counseling

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Principle VII: Supervision, Consultation and 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."

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Principle VII: Supervision, Consultation and Education

Principle VIII: Addressing Ethical Concerns

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Principle VIII: Addressing Ethical Concerns

Previously Principle was "Resolving Ethical Concerns"

Emphasis on confidentiality throughout the investigative process on all complaints.

Added VIII-8 – "The Ethics Committee for NAADAC/NCC AP will maintain confidentiality of the ethical process. The Complainant and Respondent, and all other parties involved, maintain confidentiality. Information is shared only on a strict need-to-know basis."

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Introduction

Principle VIII: Addressing Ethical Concerns

Now VIII-9 is Organizational Conflict instead of Agency Conflict – "In the event that ethical responsibilities conflict with organizational policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority, addiction professionals seek and document supervision and/or consultation. Providers determine the nature of the conflict and discuss the conflict with their supervisor or other relevant person and express their commitment to the NAADAC/NCC AP Code of Ethics. Providers attempt to work through the appropriate organizational channels to address their concerns." (Note: Combined with Crossroads in previous edition.)

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Introduction

Principle VIII: Addressing Ethical Concerns

Now VIII-10 is Informal Resolution instead of Violations without Harm –

"Addiction professionals who have concerns that another provider has not met the appropriate standards of practice/ethical standards (and where no harm has occurred to a client) will attempt to address their concern informally with the other provider, if feasible, provided such action does not violate the confidentiality rights of any client. Informal resolution can also occur at the supervisory level by discussing the concerns with the clinical supervisor."

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Principle IX: Research and Publication

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Principle IX: Research and Publication

Now IX-7 is Participant Welfare instead of Welfare.

"Researchers are responsible for their participants' welfare. Researchers exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Researchers take reasonable measures to honor all commitments made to research participants. Researchers are trauma informed."

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Principle IX: Research and Publication

Now IX-13 is Explanation to Participants instead of Explanation

IX-14 is Reporting Outcomes instead of Outcomes

IX-19 is Correcting Errors instead of Errors

IX-24 is Credit for Contributions instead of Credit

IX-25 is Student Material Recognized instead of Student Material

IX-27 is Acknowledge Proprietary Rights instead of Proprietary

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Principle X: National Certified Peer Recovery Support Specialist (NCPRSS)

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Introduction

Consolidated so ALL codes are in one location.

Principle X: National Certified Peer Recovery Support Specialist (NCPRSS)

Introduction:

"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…" (Continued)

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Introduction

Principle X: National Certified Peer Recovery Support Specialist (NCPRSS)

Introduction: (Continued)

- "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)."

(Continued)

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Introduction

Principle X: National Certified Peer Recovery Support Specialist (NCPRSS)

Introduction: (Continued)

- "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."

(Continued)

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Introduction

Principle X: National Certified Peer Recovery Support Specialist (NCPRSS)

Introduction: (Continued)

- "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.
- Misconduct may result in the suspension of credentials."

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Principle X: National Certified Peer Recovery Support Specialist (NCPRSS)

Notes: In X-1, Conduct – combined two expectations, added a clarification and added one.

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Principle X: National Certified Peer Recovery Support Specialist (NCPRSS)

X-1.11 – "Agrees to operate an independent practice, only with concurrent supervision."

Added at X.1.12 – "Does not sponsor a person they are in a peer relationship with; nor do they develop a peer relationship with a sponsee."

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Principle X: National Certified Peer Recovery Support Specialist (NCPRSS)

X-II.2 – "Disclose 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 X: National Certified Peer Recovery Support Specialist (NCPRSS)

Principle XI: Ethics Pertaining to Member Organizations

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NAADAC/NCC AP Code of Ethics – Updates

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

Introduction

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."

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NAADAC/NCC AP Code of Ethics – Updates

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Principle XI: Ethics Pertaining to Member Organizations

Introduction

Why add this section?

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NAADAC/NCC AP Code of Ethics – Updates – Background to Principle XI

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

Principle XI: Ethics Pertaining to Member Organizations
Introduction

Why add this section?

Every heard of the Rehab Rivera?

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

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NAADAC/NCC AP Code of Ethics – Updates – Background to Principle XI

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

Principle XI: Ethics Pertaining to Member Organizations
Introduction

Why add this section?

Must have applicable code to have any jurisdiction.

"Tinder" Example

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NAADAC/NCC AP Code of Ethics – Updates

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

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."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle XI: Ethics Pertaining to Member Organizations

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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NAADAC/NCC AP Code of Ethics – Updates

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

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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NAADAC/NCC AP Code of Ethics – Updates

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

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."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle XI: Ethics Pertaining to Member Organizations

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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NAADAC/NCC AP Code of Ethics – Updates

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Principle XI: Ethics Pertaining to Member Organizations

XI-7 – Client-Centric Care – "Clients are actively engaged as collaborators in the treatment planning and decision-making process during the time they are receiving services from the organization."

XI-8 – Community Collaborations – "Organizations offering addiction services develop relationships with community resources and actively engage in and promote integrative collaborative healthcare."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle XI: Ethics Pertaining to Member Organizations

XI-9 – Fees – "Fees are equitable, consistent, and transparent. The fee schedule is available to anyone on request. Addiction professionals give timely written notice to clients with unpaid balances of their intent to seek collection by an agency or other legal recourse. When such action is taken, addiction professionals do not reveal clinical information to the debt collectors or legal professionals."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle XI: Ethics Pertaining to Member Organizations

XI-10 – Discriminatory Practices – "Discrimination, prejudice, and stigma towards employees, interns, students, clients, client families, volunteers and any other individuals associated with the organization is prohibited. The organization adheres to federal, state, and local anti-discrimination and non-harassment rules and laws."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle XI: Ethics Pertaining to Member Organizations

XI-11 – Disabilities – "Organizations comply with the provisions of the Americans with Disabilities Act (ADA) and federal, state, and local statues, rules, ordinances, and regulations specific to assisting persons with disabilities or who are differently abled. The organizational environment is trauma sensitive and culturally responsive and honors the human dignity and rights of clients."

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NAADAC/NCC AP Code of Ethics – Updates

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

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."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle XI: Ethics Pertaining to Member Organizations

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

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."

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NAADAC/NCC AP Code of Ethics – Updates

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

Principle XI: Ethics Pertaining to Member Organizations

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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NAADAC/NCC AP Code of Ethics – Updates

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

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."

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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."

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."

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

Principle XI: Ethics Pertaining to Member Organizations

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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NAADAC/NCC AP Code of Ethics – Updates

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

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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NAADAC/NCC AP Code of Ethics – Organization of the Update

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

Introduction
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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Ethics Committee- Code Oversight and Due Diligence – Back to the Beginning

Does the Question make sense now?

Question: Revise the Code?? What would you think should have been changed knowing what you know since previous editions in 2016 and 2021??

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Ethics Committee- Code Oversight and Due Diligence

Question: Revise the Code??

Questions:

Why? Impetus? - Cases we have seen.

What? The whole code plus enhancements like consolidating into ONE document!

How? One line at time.

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Ethics Committee- Code Oversight, Due Diligence and Results

Results can be found at:

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

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"A Primer on the Revise NAADAC/NCC AP Code of Ethics"
Welcome and Happy Labor Day
Objectives

- *Objective 1: The participant will be able to describe the primary principles addressed by the code.*
- *Objective 2: The participant will be able to assess the impact of technology on their practice and safeguards provided within the updated code.*
- *Objective 3: The participant will be able to explain supervision in the modern working environment*

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Final Thoughts, Questions and Recommendations on "A Primer on the Revised NAADAC/NCC AP Code of Ethics"

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Did you get anything from - "A Primer on the Revised NAADAC/NCC AP Code of Ethics?"

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Thank You For Attending
"A Primer on the Revised NAADAC/NCC AP Code of Ethics"

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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.

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Keep NAADAC's Code of Conduct in view

...Any interest in being a NAADAC Ethics Committee Member? Contact me.

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We are a professional, membership organization – *we need your help to retain the members we have and to recruit and bring the next generation of members into our amazing association!*

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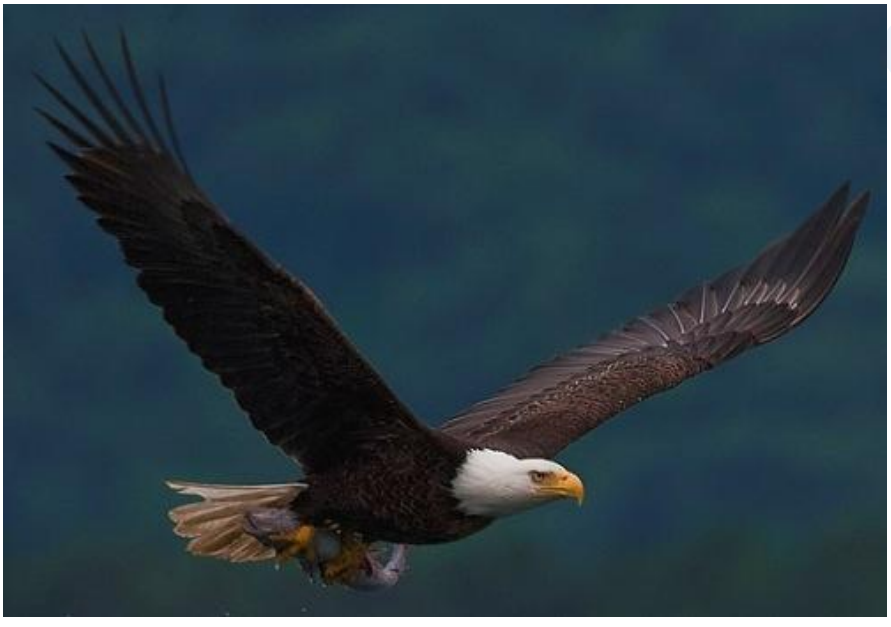
Final Thoughts, Questions & Thank You!



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