

Ethics and Boundaries for Substance Use Professionals


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Learning Objectives

- Identify unique ethical considerations for working within the substance use and recovery field.
 - List at least three warning signs that boundaries or ethical guidelines may be compromised.
 - Understand how to develop an action plan to help prevent ethical or boundary violations.
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Role Responsibilities For Substance Use Disorder Professionals

Sponsor (or equivalent)	Perform mutual-aid group service work Guide someone through the steps or principles of a particular recovery program
Therapist/ counselor	Diagnose Provide counseling and refer to support activities as “counseling” or “therapy” Focus on problems/“issues”/trauma and recovery solutions
Prescriber	Diagnose Offer medical advice Make statements and recommendations about prescribed medications
Priest/clergy	Promote a particular religion/church Interpret religious doctrine Offer absolution or forgiveness (other than forgiveness for harm done specifically to you) Provide pastoral counseling
Peer Supporter/Recovery Coach	Advocate Provide resources Facilitate development of an individual’s personal recovery plan Role model, recovery is possible

Ethical Guidelines by Profession

Like social workers and mental health counselors, most substance abuse counselors complete a specified number of training hours in ethics.

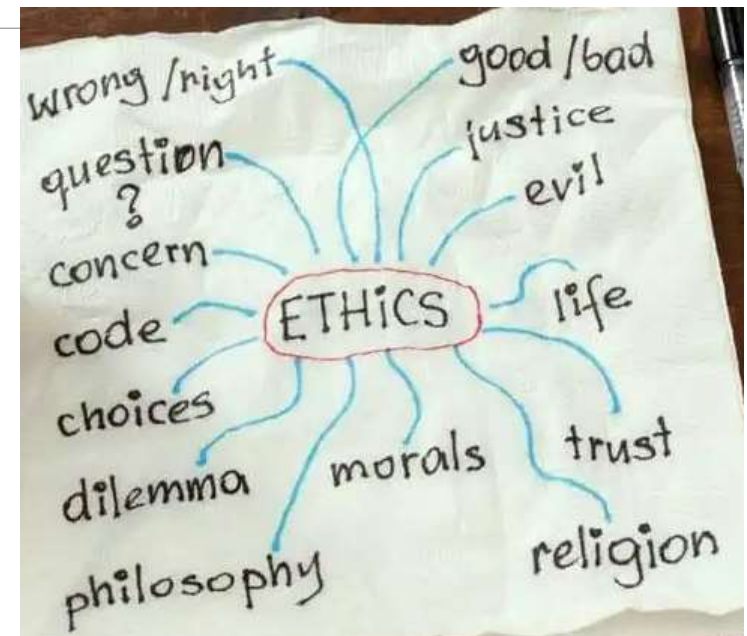
Unlike social workers and mental health counselors, they are certified, not licensed, and therefore not subject to the same sanctions stemming from ethical misconduct.

Why Ethics and Boundaries Matter

Protection of the therapeutic process

Protection from liability

Protection of patients/clients from exploitation



Who Sets the Ethical Standards?

Standards for ethical behavior in the field of substance use counseling are set by:

National Association for Addiction Professionals
(NAADAC)

And

National Certification Commission for Addiction Professionals
(NCCAP)



Most Recent Code of Ethics

NAADAC:

The Association for Addiction Professionals NCC AP: The National
Certification Commission for Addiction Professionals CODE OF
ETHICS: **Effective Date: 06.01.2025**

Agency Impacts



Experiences of ethical dilemmas are detrimental at the staff level



Associated with high levels of stress and burnout



Burnout is related to high staff turnover in substance use disorder treatment



Counselors face unique ethical dilemmas, given that many counselors in the field are also in recovery themselves.

Principles in the Code of Ethics

The Counseling Relationship

Confidentiality and Privileged Communication

Professional Responsibilities and Workplace Standards

Working in a Culturally Diverse World

Assessment, Evaluation, and Interpretation

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

Principles in the Code of Ethics

Supervision, Consultation, and Education

Addressing Ethical Concerns

Research and Publication

National Certified Peer Support Specialist (NCPRSS)

Ethics Pertaining to Member Organizations

Counseling Ethics

Counseling Ethics

Autonomy: To allow others the freedom to choose their own destiny

Obedience: The responsibility to observe and obey legal and ethical directives

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, and techniques

Justice: Fair and equal treatment, to treat others in a just manner

Honesty and Candor: Tell the truth in all dealing with clients, colleagues, business associates, and the community

Fidelity: To be true to your word, keeping promises and commitments

Loyalty: The responsibility to not abandon those with whom you work

Diligence: To work hard in the chosen profession, to be mindful, careful, and thorough in the services delivered

Discretion: Use of good judgment, honoring confidentiality and the privacy of others

Self-improvement: To work on professional and personal growth to be the best you can be

Non-maleficance: Do no harm to the interests of the client

Restitution: When necessary, make amends to those who have been harmed or injured

Self-interest: To protect yourself and your personal interests

Ethical Dilemmas

A situation when the ethics code for addiction professionals fails to provide clear guidance on an issue, requiring the addiction counselor to make a reasonable decision informed by the code.



Ethical Dilemmas

Ethical dilemmas occur usually because of a conflict between two “good” things or positive values, such as:

- Balancing the need to confront an individual directly about an emerging substance use problem while they are going through a difficult divorce.

Honesty, empathy, support, compassion, beneficence, and nonmaleficence



Ethical Dilemmas

Ethical dilemmas occur usually because of a conflict between two “good” things or positive values, such as:

- A provider in a court-mandated treatment intervention may be in the difficult position of influencing the decision of whether a patient returns to jail.

Honesty, empathy, support, compassion, beneficence, and nonmaleficence



Ethical Dilemmas

Ethical dilemmas occur usually because of a conflict between two “good” things or positive values, such as:

- A psychiatrist who performs pretransplant evaluations may be in the difficult position of influencing the decision of whether a patient is denied a life-saving liver transplant because of ongoing addiction issues and lack of treatment adherence.

Honesty, empathy, support, compassion, beneficence, and nonmaleficence



Common Professional Ethical Boundary Violations

Inappropriate Self-
Disclosure

Dual Relationships

Physical Contact

Accepting or Giving Gifts

Socializing with Clients

Common Professional Ethical Boundary Violations

Entering Financial or
Business
Transactions

Exploiting the Power
Dynamic

Failure to Maintain
Confidentiality

Inappropriate
Emotional
Involvement


Violations can damage trust, harm clients, and result in legal and professional consequences for the counselor.

Informed Consent

Client's right to be informed about treatment.

Informed consent information will be presented in clear and understandable language that informs the client or guardian of the purpose of the services, risks related to the services, limits of services due to requirements from a third-party payer, relevant costs, reasonable alternatives, and the client's right to refuse or withdraw consent within the time frames covered by the consent.

Coerced clients, information will be provided about the nature and extent of services, treatment options, and the extent to which the client has the right to refuse services.



The Counseling Relationship

The addiction professional shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

In all areas of function, the addiction professional is likely to encounter individuals who are vulnerable and exploitable. In such relationships, seek to nurture and support the development of a relationship of equals rather than to take unfair advantage.

Confidentiality and Privileged Communication

Most medical professionals must follow HIPPA guidelines.

The Privacy Rule established to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality care.

All staff of addiction treatment programs and mental health programs must follow stricter guidelines in **CFR 42 Part 2**.



What might this look like?

Your client arrives for an Intensive Outpatient Program (IOP) and completes a urinalysis drug screen, which is positive for cocaine.


The client swears that they did not use and states that the screen must be a false positive. You agree to send the urine out for confirmation and wait to notify collaterals of the positive screen until the confirmation returns.



What might this look like?

The confirmation comes back still positive for cocaine. The client is in tears because they do not want their probation officer, psychiatrist and family to know. You try to work with the client to develop a plan for them to be involved with communicating this news, but they ultimately decide to revoke all releases of information.

It's been a week, and you have received calls from the parole officer, spouse, and psychiatrist asking for treatment updates. All parties are frustrated.



Confidentiality

1

All client records and their identity must be secured with extreme care.

2

Do not discuss any information regarding a client with anyone outside of the agency without a signed Authorization for Release of Information (ROI).

3

Caution with family members, other professionals, and/or law enforcement.

Exceptions to Confidentiality

Child abuse, elder abuse, abuse of a vulnerable adult

Suicidal or homicidal ideations with plan and intent

Staff communications within a program

Crimes committed on program premises, or against staff of facility

Disclosure under special court order


Appropriately authorized research, audit, evaluation (State Opioid Treatment Authorities, Department of Health and Human Services, Drug Enforcement Administration)

Client Welfare

Understands that the ability to do good is based on an underlying concern for the well being of others.

Act for the good of others and exercise respect, sensitivity, and insight.

Understands that the primary professional responsibility and loyalty is to the welfare of his or her client irrespective of who pays his/her fees.

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Client Self-Determination

Chemical Dependency Professional (CDP) understands and respects the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest.

CDP will be open and clear about the nature, extent, probable effectiveness, and cost of those services to allow everyone to make an informed decision about their care




Make every effort to avoid multiple relationships with a client.



If unavoidable, the professional shall take extra care so that professional judgment is not impaired and there is no risk of client exploitation .



Providers take appropriate professional precautions such as **informed consent, consultation, supervision, and documentation to ensure their judgment is not impaired and no harm occurs.**




Blurred Roles

Vigilance is required to ensure one is only providing services within assigned role and scope of competence.

Without role clarity, the therapeutic relationship is at risk of being “watered down” and hurting the local recovery community and creating distrust within the treatment organization.


Some roles are more easily defined than others, e.g., counselor/psychiatrist /recovery coach/peer support



What might this look like?

You work in an intensive outpatient program (IOP) and are an active member of the recovery community. A client from the program starts attending your personal recovery home group and begins volunteering.

Soon they start to build friendships and asks someone you are close to be their sponsor. You and your friends typically go out to dinner after this meeting and the client is now being invited. This meeting and the dinners afterwards are a huge and important part of your recovery program.



Multiple Relationships



Avoid if possible



If unavoidable –
must take
precautions



Must disclose
and process in
supervision



Must openly
discuss with the
client



Noted in the
client chart



Must be
re-evaluated and
documented in
the chart

Preventing Harm

Every decision and action has ethical implications leading either to benefit or harm and will carefully consider whether decisions or actions have the potential to produce harm of a physical, psychological, financial, legal, or spiritual nature before implementing them.



Interprofessional Relationships

Treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.



Assessment, Evaluation, and Interpretation

01

Assessment instruments are to be used as one component of the counseling/treatment process considering the client's personal and cultural background.

02

The assessment process promotes the well-being of individual clients or groups.

03

Base recommendations and reports on approved evaluation instruments and procedures.

Outdated Assessments



Avoid reliance on outdated or obsolete assessment instruments.

Seek out and engage in timely training and/or education on the administration, scoring, and reporting of data obtained through assessment and testing procedures.

Professional Competence

No single treatment is right for everyone with a substance use disorder.

Treatment needs to be readily available.

Effective treatment considers all the needs of the patient.

Counseling and other behavioral therapies are critical components of addiction treatment.

Medications are an important part of treatment for many patients.

Professional Competence

Treatment of co-occurring mental disorders should be integrated into addiction treatment.


Detoxification from drugs is only a first step in the treatment process.

Treatment programs should assess for infectious diseases (HIV, TB, Hep B & C, syphilis) and help patients modify risky behaviors.

Recovery can be a long-term process with the need for repeated treatment episodes.

What might this look like?


You're a certified peer support specialist and meet a new client. You introduce yourself and the client isn't clear what your role on their treatment team is. You explain that you are "like another counselor and your time together will be basically another therapy session". During one of your meetings with the client, you are asked by the counselor to update the treatment plan goals. While doing this, the client shares that they don't think the antidepressant they are prescribed is working. They share that they are still having a difficult time getting out of bed and that their anxiety seems to be worse. You tell the client they should stop taking the medication and they should start taking the medication you are prescribed because it's working well for you.



Counselor Attributes

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

Be cognizant of ways in which the use of psychoactive chemicals in public or in private might adversely affect the opinion of the public at large, the recovery community, members of the addiction treatment community or, most particularly, vulnerable individuals seeking treatment for their own problematic use of psychoactive chemicals.




What might this look like?

You have been employed at a very busy, short staffed treatment center for 3 years. Your annual reviews and client feedback has been consistently terrific.

Recently, your spouse asked for a divorce, and this has thrown you for a complete loop. Your depression symptoms are worsening, you've been unable to get out of bed, have been late for work, haven't been eating well, not keeping up with hygiene, and have disconnected from your support group.

You know you haven't been providing the best quality of care and are beginning to worry about your own recovery.



Name: Charles
Age: 68
Professional
Designation: LCSW

“There has to be a clear division, in my opinion, for somebody in this field between what they do professionally and what they do privately in their recovery. And when I come to work, I’m a professional, and my recovery has nothing to do with it”

Name: Carolyn
Age: 63
Professional
Designation: LMHC

“I couldn’t leave it at the door. I mean it’s just a part of me. It’s like who I am and who I’m striving to be. It’s not like I’m one person at work and another person somewhere else. I mean yeah my job is important and it has certain guidelines and boundaries, but you know everything in my recovery touches every aspect of my life because recovery is the most important thing in my life. So it’s important for me to do my best: to live by the principles and steps.”

Legal and Ethical Standards

Legal and ethical standards of the profession by being fully cognizant of all federal laws and laws that govern the practice of substance use disorder counseling in their respective states.

Strive to uphold not just the letter of the law and the Code but will espouse aspirational ethical standards such as **autonomy, beneficence, non-maleficence, justice, fidelity, and veracity.**

What might this look like?

Patty is a LCSW who is also in recovery and attends AA in the community as part of her personal recovery. She sponsors an individual she met at the AA meetings. This individual is not a former or current client.

During the 5th step her sponsee discloses they harmed a child in the past while under the influence.

Does Patty have an obligation to report the disclosure?

E-Therapy/E-Supervision

A technology-based informed consent discussion includes, but is not limited to:

Stating that e-therapy is not always an appropriate substitute or replacement for face-to-face counseling or interventions.

All of the procedures that apply to delivery of in-person services apply to the e-delivery of services.

Duty to warn and mandatory reporting laws that apply to all counseling services, including e-therapy,

Confidential and privacy rules and laws, and exceptions to those rules and laws.



E-Therapy/E-Supervision

Benefits and limitations of engaging in the use of distance counseling, technology, and/or social media

Response time to asynchronous communication (emails, texts, chats, etc.)

Possibility of technology failure and alternate methods of service delivery

Issues related to security and privacy of information, and potential for hacking or other unauthorized viewing.

Policy regarding recording of sessions by either party

Possible denial of insurance benefits


Social media policy

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What might this look like?

Kya is a substance use counselor. She's working with a client who is a straight, single male. During their online sessions, he notices photos of her with her children on the wall behind her. He also notices no photographs except those of her and her children. He assumes she is single and begins to flirt with Kya during sessions, which she deflects by changing the subject and shifting the conversation.

When his advances fail, he contacts her outside of office hours through direct messaging. He calls for an emergency session, saying he's struggling and needs immediate support.



What might this look like?

Kya receives the message late in the evening. She considers referring him to the emergency line or another more appropriate resource, but his message is insistent, so she decides to meet virtually that evening. When the virtual visit starts, he admits that his motives for calling the emergency sessions are because he “misses her: and “needs to see her.” Kya realizes there is no crisis, so she reminds him that she is his counselor and is responding to the situation he has conveyed. He gets angry, accuses her of “coming on” to him, and leaves the session.

Telehealth/E-Therapy


In addition to doing what you can to protect your own boundaries, make sure you're doing the same for your clients.

Your clients deserve a remote therapy experience that looks, sounds, and feels as professional as it does in a face-to-face session.



Artificial Intelligence (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
 - Client autonomy
 - Privacy and confidentiality
 - Transparency
 - Client misdiagnosis
 - Client abandonment
 - Client surveillance
 - Algorithmic bias and unfairness
- 

Social Media



Social media has become a major part of people's day-to-day activity.




Specific training on navigating ethical issues related to social media is necessary.

What might this look like?

You're meeting with a client and at the close of your session, the client pulls out their phone and starts showing you pictures posted to their Instagram from their graduation. You oooh and aaahh over their photos and congratulate them on their achievement.

The client mentions that they have looked you up on Instagram and said, "You should follow me!"



Social Media



Do not accept client “friend” requests on social networking sites or via email.



Providers who choose to maintain a professional and personal presence for social media, create separate professional and personal profiles, clearly distinguish between the professional and personal virtual presence.



Respect the client’s privacy. Do not search for clients on social media.



Know your own privacy settings.

Social Media

It is important to set boundaries around technology use to maintain a healthy balance in life.

This could include limiting screen time, unplugging from social media, and setting boundaries around online interactions.



Impaired Practice

CDP must inform consumers of termination of services in writing

Terminate in appropriate manner

Assist in referral to other source of treatment

Take immediate steps to address the impairment through professional assistance.

Addressing Ethical Concerns



Behave in accordance with legal, ethical and moral standards for their work.




Attempt to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation as appropriate.

What might this look like?

You are a recovery coach who works in collaboration with other CDPs. You meet a client at the sober living house they are staying at.

While there, you learn that the client's inpatient counselor referred them to this home and the counselor owns the home. The client feels very connected to their former counselor and feels supported at the house.

You've always considered this to be one of the "good" sober living houses and have referred clients to this house yourself in the past.



Confronting Colleagues

Start with consultation and supervision

Abuse or mistreatment of a client in any way, verbally, financially or sexually.

Developed a multiple relationship with a client.

Fraudulently billed for services

Treated any client under the influence of alcohol or drugs

Confronting Colleagues

Released information without consent.

Been negligent in the treatment of any client.

Shown an inability to practice safely and competently for any reason.

Violated any Ethics Codes listed in law

Professional Boundaries in Treatment Setting

Therapeutic relationships require trust and safety

Client enters treatment anxious and vulnerable

An implicit power differential

Professional is responsible for providing core conditions of safety and trust



Professional Boundaries in Treatment Setting

Treatment providers have the obligation to establish and maintain consistent and clear boundaries


Boundaries are our “therapeutic frame”

Boundaries are **determined by our role, context, practice and contract**



Professional Boundaries in Treatment Setting

CDPs who are also in recovery shared experiences of:

- Attending fewer or different meetings
 - Smaller circle of friends or close recovery supports
 - Feel discomfort at some meetings
 - Must keep an emotional distance in meetings
 - Feeling less able to share their difficulties or cravings in meetings
 - Tend to sponsor others less
- 


Personal Boundaries in a Professional Setting

Blurry boundaries that give others the message it's ok to violate your boundaries can look like:

- Being too responsible for others - 'better if I do it myself' can lead to burn out.
- Too much empathy - taking on moods and feelings of others makes it difficult to see yourself as separate and distinct from others. Are you making excuses for them?
- Pleasing, victim role, sacrificing, often leads to resentment and more invalidation.

Personal Boundaries in a Professional Setting

Blurry boundaries that give others the message it's ok to violate your boundaries can look like:

- Saying yes, always volunteering, feeling obligated to say yes, often leads to passive aggressiveness and lack of validation.
 - Not expressing your wants, preferences, needs.
 - Overstepping other's boundaries
- 

Boundary Crossings Vs. Boundary Violations

A **boundary crossing** is a “decision to deviate from an established boundary for a specific purpose—a brief excursion with a return to the established limits of a professional relationship”

A boundary crossing becomes a **violation** when it becomes harmful to the patient. It can be difficult to assess when harm is caused.

Boundary Violations

Avoidable dual or multiple relationships.

Sexual relationships

Personalization of care (Not person centered).

“Have I made this about me in any way?”

What is one of the
most common
complaints brought
before the Social
Work Credentialing
Board?

Sexual relationships with clients or
former clients

Characteristics That May Be a Personal Boundary Violation

Tries to instill guilt in you

Name calling

Yelling

Sarcasm

Dismissive or disregards your thoughts, beliefs, feelings or value

Treats you inferior

Takes over conversation

Mocks or sets you up for ridicule or failure

Excessive teasing

Condescending

Breaks confidences

Demanding

Withholding

Threatens with ultimatums or gestures

Physically assaultive

Sexually assaultive

Exploits your vulnerabilities



CDP's Vulnerabilities

Illness or physical challenges

Issues that interfere with your competency

Relationship struggles

Life crisis

Financial difficulties

Major decisions or transitions

Professional insecurities or overzealousness

Loneliness, lack of social network

Not working on own behavioral health issues



Warning Signs

Specialness, enjoying time with client, thinking you are very special to the client

Making recommendations outside the scope of your profession

Increased socializing during and after sessions

Making more exceptions for one client over another

Favors outside of treatment plan, providing or requesting

Enabling, wishing you could rescue

Enjoying being needed by them

Being attracted and being more attentive to your appearance

Strong negative emotions when they do not comply



Boundaries


Personal Boundaries:

This refers to setting limits on your behavior and actions to protect your physical, emotional, and mental well-being.

Social Boundaries: These boundaries relate to maintaining healthy relationships with friends, family, and loved ones.

Emotional Boundaries:

These boundaries involve understanding and respecting your own emotions as well as others. It is important to communicate clearly and honestly about your feelings while respecting others' emotions.



Physical Boundaries



Setting physical boundaries involves being aware of personal space and respecting the physical boundaries of others.



This can also include avoiding physical contact that may make you uncomfortable.

Questions to
think on that
could possibly
guide
potential
boundaries
decisions

Am I treating this client differently (as if this client is “special” to me) to how I treat other clients?

Is this in my client’s best interests?

Whose needs are being served?

Will this have an impact on the service I am delivering? u Should I consult with my supervisor or a colleague?

How could this be viewed by the client’s family?

How would I feel telling my supervisor or a colleague about this?

Am I taking advantage of this client?

Will I be comfortable documenting my actions or behavior in the client file?

Am I acting in accordance with the code of conduct, values and ethical standards of my organization, professional membership, or association?

Dos and Don'ts for Addiction Professionals




#1: Focus On the Client

Tom has two sisters, one older and one younger. Sometimes it feels like his sisters get all the attention. He knows his parents care, and he knows they're constantly doing what's best for him. But man, sometimes he just doesn't want to be the middle child because it feels like everyone else gets noticed instead of him.

Focus on their client at all times.

Addiction counseling and recovery work is complex enough without adding a less than ethical relationship.



#2: Don't Fall In Love



Love—falling in love—has no place in an ethical client/professional relationship.



If you start to feel yourself developing feelings, address it promptly.



You might have to step back and let another CDP step up so you can maintain ethical boundaries.



By acting, you keep your client in focus and in the right professional light.

#3: Don't Fall In Like

Awareness	Do NOT	Do NOT engage in or solicit	Uphold	Avoid
Be mindful of infatuation.	Don't become sexually active with a client OR any of their immediate family	Do not engage in or solicit sexual activity or contact with a client you currently counsel/work with.	Uphold this boundary for five years after counseling or your consulting relationship has ended.	Avoid a sexual relationship with any client who is currently in treatment.

4: Looking Beyond the 5-Year Rule

Our everyday interactions aren't with everyday people.

We are building ethical relationships with people who need our professional help, and there is no place for romantic or physical relationships.

Our role is to care within laid limits.

Transference

Unconscious redirection of feeling from one person to another

Term used for patient or client's re-direction of emotion from a past relationship onto healthcare team

Patient may act toward program personnel in a puzzling manner

Can be positive or negative

Countertransference

Same process, occurs in treatment center workers: doctors, nurses, counselor, administrative staff, etc.

CDPs can bring their own issues to work

Program personnel may act in a puzzling way toward the patients

Personnel may at times feel like “addicts” need to be punished

What CDPs are saying


54 y/o F, LMFT working in the recovery field, 24 years of recovery herself and sponsors others in recovery.

“I find myself at times, relating too readily to the clients and their early recovery. If I share too much, that is a boundary issue, because sometimes the clients then will relate to me as their friend rather than their therapist.”



On a scale of 0-10,
how important is
trust?

Predictor of patient success is a
positive relationship with the
personnel at the treatment facility:
counselor, nurse, peer support,
administrative personnel, doctor, etc.

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Strategies for Maintaining Boundaries

Regular Supervision and Consultation

Clear Communication of Boundaries

Self-Monitoring and Reflection

Ongoing Professional Development

Self-Care

Undertake personal therapy to bolster self-care

Moral Principles to Guide Action

Fidelity

Veracity

Autonomy

Discussion

ETHICAL DECISION MAKING

Ethical Decision - Making Framework

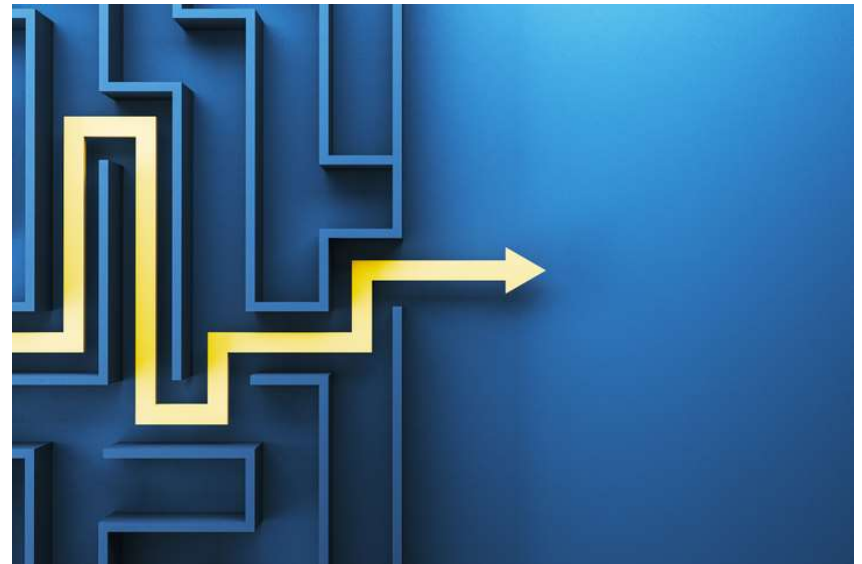


Viabile Ethical Decision-Making Model

- Supervision and/or consultation regarding the concern
- Consideration of relevant ethical standards, principles, and laws
- Generation of potential courses of action
- Deliberation of risks and benefits of each potential course of action or thorough understanding of the facts associated or impacting the complaint/case presented
- Selection of an objective decision based on the circumstances and welfare of all involved
- Reflection upon and redirection (when necessary) after implementing the decision.

Model for Making Ethical Decisions

Although ethical issues are usually complex enough to require a case-by-case evaluation, agency practices should provide for a routine process for approaching an ethical issue.




Identify the clinical issues.

Identifying the clinical issues is the first step.

What are the clinical needs of the client?

How does the ethical dilemma relate to what the client presented with initially?




Identify the ethical issues.

What is the clinician's reaction to the situation?

Confusion, anxiety, or uncertainty about what to do next with the client are indicators that an ethical issue is at stake.

The clinician/professional needs to identify any countertransference issues regarding the situation to ensure that the issue can be viewed objectively.



Review what principles are at stake

What is the true dilemma?

Is harm being done either by the client or to the client?

Can the client make their own decisions, and are they not being allowed to do so?


Is the client being treated fairly regardless of race, culture, or lifestyle?

Is there a threat to the client's confidentiality?

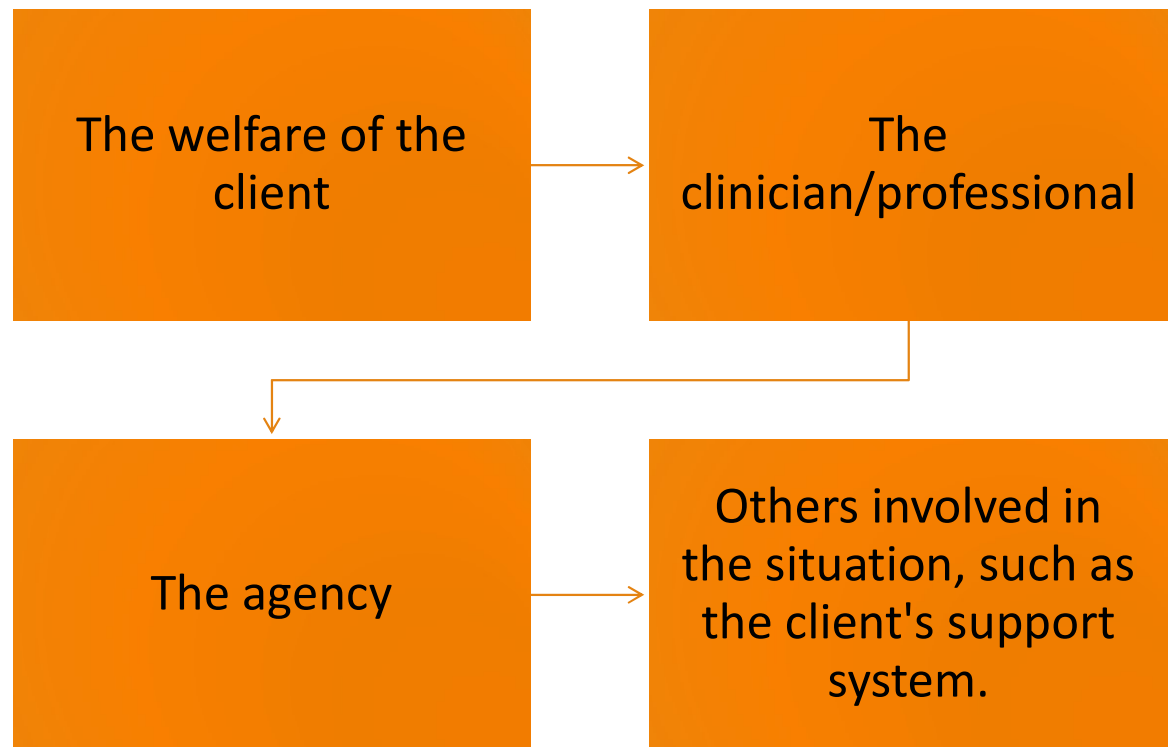
What are the
possible options?

The clinician/professional's next step may be clear already. Or, there may be choices of possible options.

It is useful to simply list all of the possible options and then examine them.



Review the
pros and cons
of each
option.




Act.

Make a decision.

Sometimes the decision may not be one that everyone is comfortable with, but it may be the least objectionable plan.

The client should understand the rationale for the clinician/professional's decision.

There should be evidence of the clinician/professional's thought process in the documentation of consultations, discussions with the client, and supervisory meetings.



Follow up and
evaluate.

An ethical decision should be evaluated and the impact to the client monitored.



Prevention of Ethical and Boundary Violations

Education

Self-care

Self-awareness and monitoring

Peer debriefing/consultation

Use of supervision

Whose needs are being met in this interaction – the client's or my own?



When a boundary violation occurs



3 steps to remember



Maintaining
professional conduct



Documentation/report
ing




Debriefing

Conclusion

Professional ethical boundaries are a cornerstone of ethical, effective substance use and recovery work.

They safeguard the therapeutic relationship, uphold ethical standards, and promote both the client and the professional's wellness.

CDPs must establish, maintain, and reinforce these boundaries throughout the working relationship and beyond to ensure they can effectively guide individuals in all stages of substance use treatment and recovery.



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

- Anonymous

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



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National governing bodies that provide rules, guidelines, and ethical standards.

- National Board of Certified Counselors—www.NBCC.org
- American Psychological Association—www.apa.org
- American Counseling Association—www.counseling.org
- American Mental Health Counselors Association—<http://connections.amhca.org>
- Association for Counselor Education and Supervision—www.acesonline.net
- Masters in Psychology and Counseling Accreditation Council—www.mpcacaccreditation.org
- National Association for Addiction Professionals—www.naadac.org

Relevant Local Resources

Florida Certification Board (FCB):

The FCB is the agency responsible for certifying chemical dependency professionals in Florida. You can find their code of ethics and other relevant information on their website.

Florida Statutes:

Chapters 394 and 397 of the Florida Statutes govern substance abuse services, including treatment and prevention.

Florida Administrative Code (F.A.C.):

Chapter 65D-30 of the F.A.C. outlines the rules and regulations for substance abuse services.



Book recommendations:



Ethics for Addiction Professionals, by LeClair Bissel



Advanced Ethics for Addiction Professionals, by Michael Taleff



The Book of Ethics: Expert Guidance for Professionals Who Treat Addiction, by Laura Weiss Roberts



Ethical, Legal, and Professional Issues in Counseling, by Remley & Herlihy