# Applying Addiction Counseling Ethics to Accountability Courts

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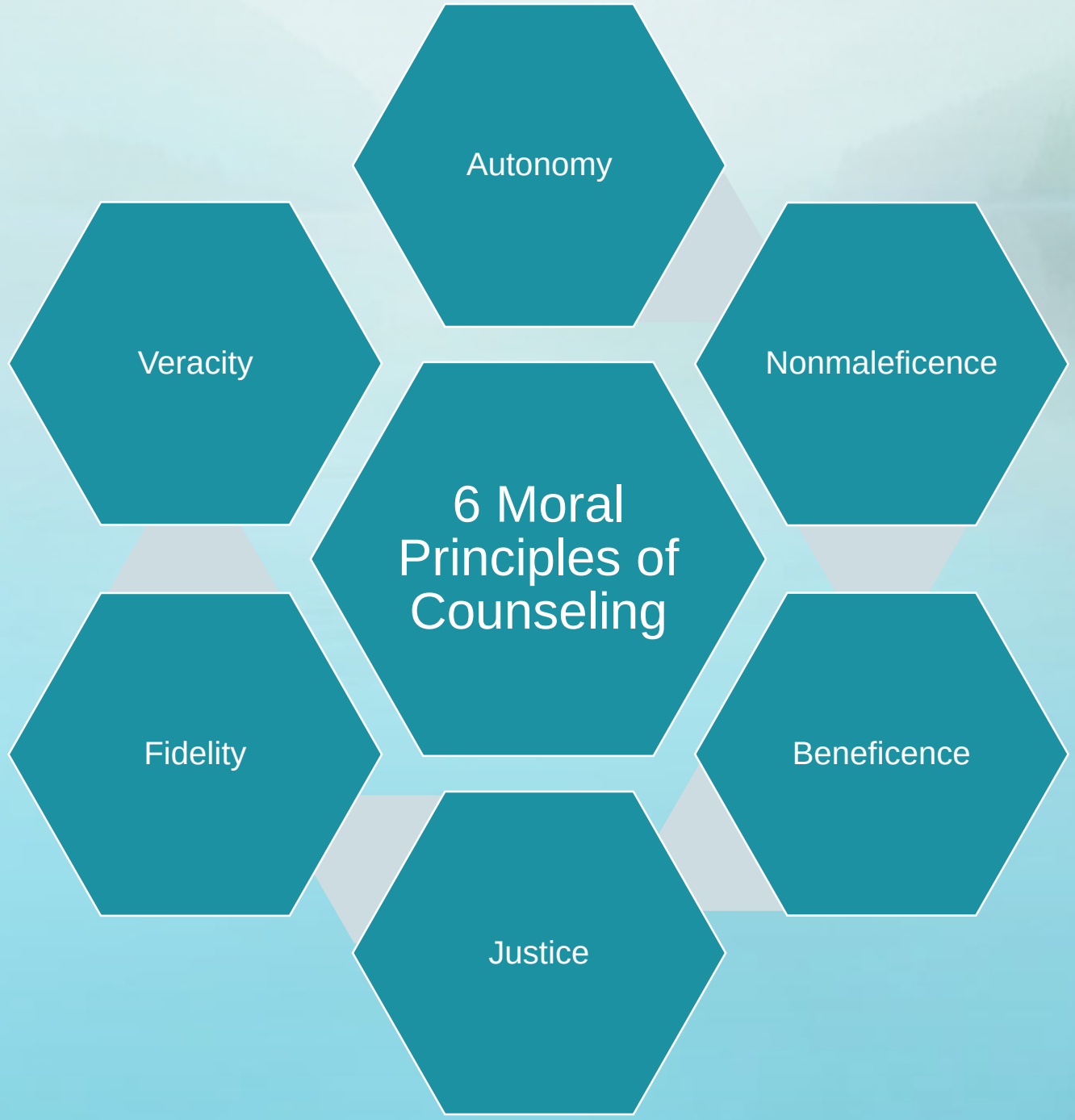
# Just like our participants, we have a lot of rules to follow:

We must adhere to Hall/Dawson employee/personnel code with Human Resources as well as the Northeastern Judicial Circuit Standards of Conduct Agreement, which outlines expectations for all Treatment Services employees.

| | **Hall/Dawson County Standards of Conduct Agreement** | **Georgia Composite Board Code of Ethics** | **National Association of Social Workers** (NASW) | **American Counselors Association** (ACA) | **NAADAC** (GACA/ADACBGA) |
|---|---|---|---|---|---|
| **All Treatment Services Staff** | ✖ | | | | |
| **LMSW/LCSW** | ✖ | ✖ | ✖ | | |
| **LAPC/LPC** | ✖ | ✖ | | ✖ | |
| **CAC** | ✖ | | | | ✖ |
| **CADC** | ✖ | | | | ✖ |
| **LPC & CAC** | ✖ | ✖ | | ✖ | ✖ |

**Kitchener (1984) & Meara (1996) identified these moral principles which are viewed as the cornerstone of our ethical guidelines.**



# Levels of Ethical Practice

- Mandatory Ethics – Counselors act in compliance with minimal standards, acknowledging the basic “musts” and “must nots.”
- Aspirational Ethics – Counselors seek to engage in the highest standards of thinking and conduct and it requires counselors to do more than simply meet the letter of the ethics code.

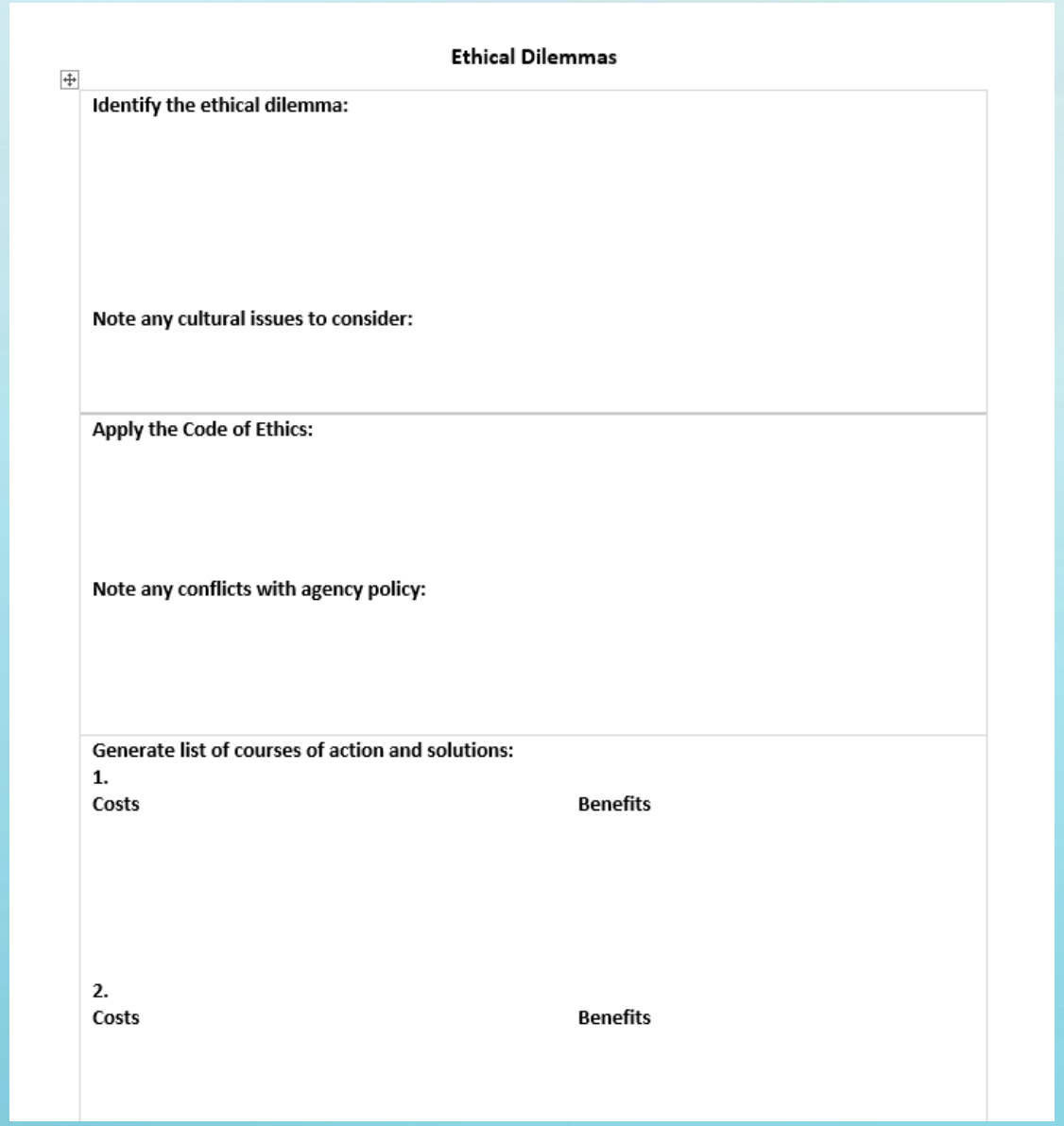
# Models for Ethical Decision Making

- Principle Ethics – A set of obligations and a method that focuses on moral issues with the goals of (a) solving a particular dilemma and (b) establishing a framework to guide future ethical thinking and behavior.
- Virtue Ethics – Focuses on the character traits of the counselor and the ideals to which professionals aspire rather than solving specific ethical dilemmas.

# The Ethical Decision-Making Model (NAADAC)

1. Identify the ethical dilemma and/or legal issues. Examine the nature and dimensions of the dilemma.
2. Apply the NAADAC Code of Ethics and applicable laws.
3. Consult with a clinical supervisor or experienced colleague. Determine if there are any potential legal concerns, and if consultation with an attorney is warranted.
4. Generate a list of all potential courses of action and solutions.
5. Evaluate each option to identify potential consequences of acting on the solution generated.
6. Implement the chosen course(s) of action.
7. Document the entire situation.
8. Analyze the implementation of the chosen course(s) of action.
9. Reflect on the outcome(s) of the course of action. Make adjustments, if needed.
10. Re-assess if implementation was not successful and begin decision-making process again.

# Ethical Dilemma Worksheets



**Ethical Dilemmas**

**Identify the ethical dilemma:**

**Note any cultural issues to consider:**

**Apply the Code of Ethics:**

**Note any conflicts with agency policy:**

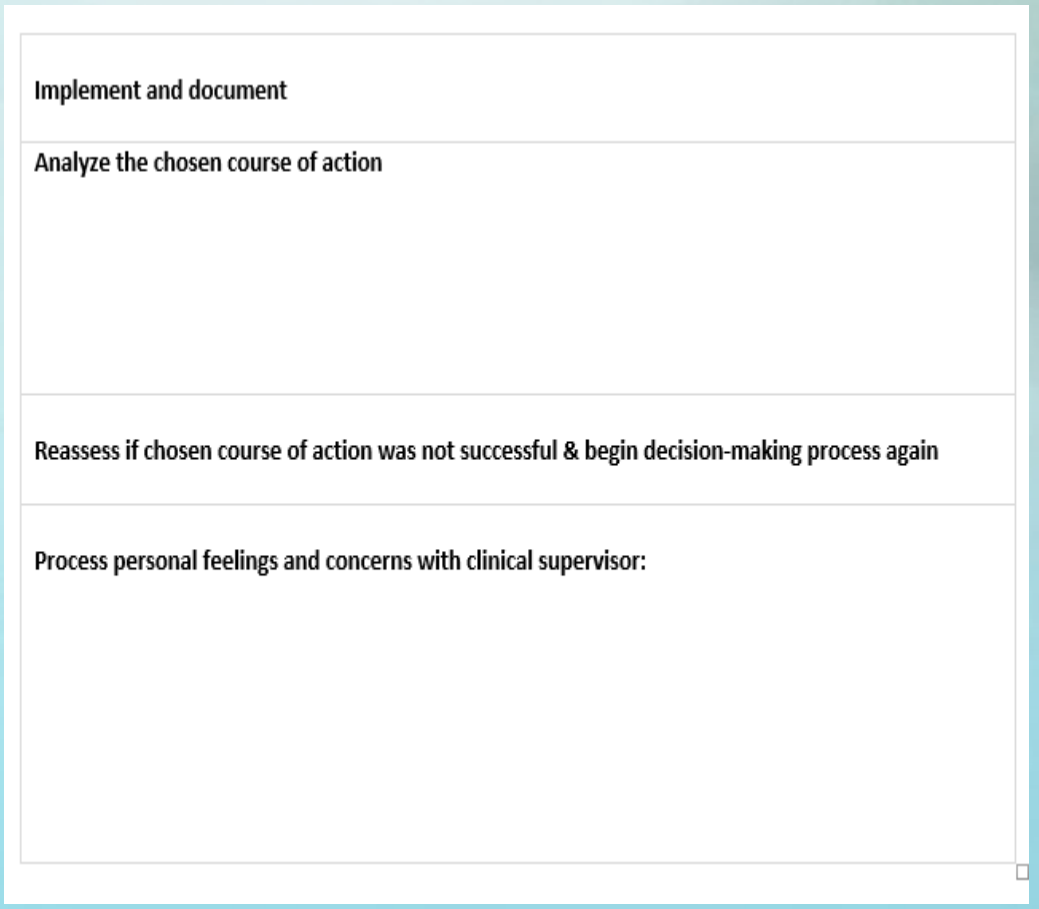
**Generate list of courses of action and solutions:**

**1.**

**Costs** **Benefits**

**2.**

**Costs** **Benefits**



Implement and document

Analyze the chosen course of action

Reassess if chosen course of action was not successful & begin decision-making process again

Process personal feelings and concerns with clinical supervisor:

These are great for clinical supervision sessions!

# The Five Characteristics of Virtuous Professionals

1. Virtuous agents are motivated to do what is right because they judge it to be right, not just because they feel obligated or fear the consequences.
2. Virtuous agents rely on vision and discernment, which involve sensitivity, judgment, and understanding that leads to decisive action.
3. Virtuous agents have compassion and are sensitive to the suffering of others. They are able to take actions to reduce their client's pain.
4. Virtuous agents are self-aware. They know how their assumptions, convictions, and biases are likely to affect their interactions with others.
5. Virtuous agents are connected with and understand the mores of their community and the importance of community in moral decision making, policy setting and character development. They understand the ideals and expectations of their community.

# Private Practice vs. Accountability Courts

| Voluntary clients | Mandated clients |
| --- | --- |
| Greater degree of control over which specific clients to accept | Clients enter treatment via sentencing and/or by simply meeting general program criteria |
| Can bill insurance for services | Self-pay only |
| Generally more person-centered in approach due to desire to maintain/grow practice | Generally less concern with obtaining clients since they are automatically referred via the criminal justice system |
| Boundaries can be more fluid | Strict boundaries with clients |
| Clients may have counselor's personal phone number and can contact after-hours | Clients do not have counselor's personal phone numbers and are prohibited from contacting counselor after-hours unless an emergency |
| No sanctions/treatment responses for missed appointments or lack of engagement in therapy | Sanctions/treatment responses for failure to engage in the program |

# Working with Mandated Clients

An ideal Phase 1 group…

The reality sometimes…

Ok, that's being dramatic…

Addiction counseling does come with managing defense mechanisms, client frustrations and uncertainties on a regular basis. BUT, it's our job to help our clients as best we can.

# Addiction Counseling
# NAADAC Ethical Standards

- 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 & Interpretation
- Principle VI: E-Therapy, E-Supervision and Social Media
- Principle VII: Supervision and Consultation
- Principle VIII: Resolving Ethical Concerns
- Principle IX: Publication and Communications

# The Counseling Relationship

**Client Welfare**

Addiction Professionals understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.

**What is Rule #1 for any counselor?**

# Transference and Countertransference

Classic Transference – was originally used in the field of psychoanalysis and defined as the "redirection of feelings and desires and especially of those unconsciously retained from childhood toward a new object."

- Examples: You remind the client of a parental figure, teacher, abuser, ex, etc.
- This was an encouraged phenomenon in psychoanalysis in which the therapist is looking to analyze the subconscious assumptions made by the client in an attempt to reveal their early life experiences.

Feelings of transference happen to EVERYONE at some point in life.

Countertransference – is defined as a therapist projecting emotions and subconscious thoughts onto the client, due to previous experiences and resemblance.

**A mental checklist for ethical counselors:**

1) Is this feeling occurring on a regular basis?
2) Is the feeling triggered by something unrelated to the client?
3) Do these feelings reveal some insecurity or unresolved issue on the part of the therapist?

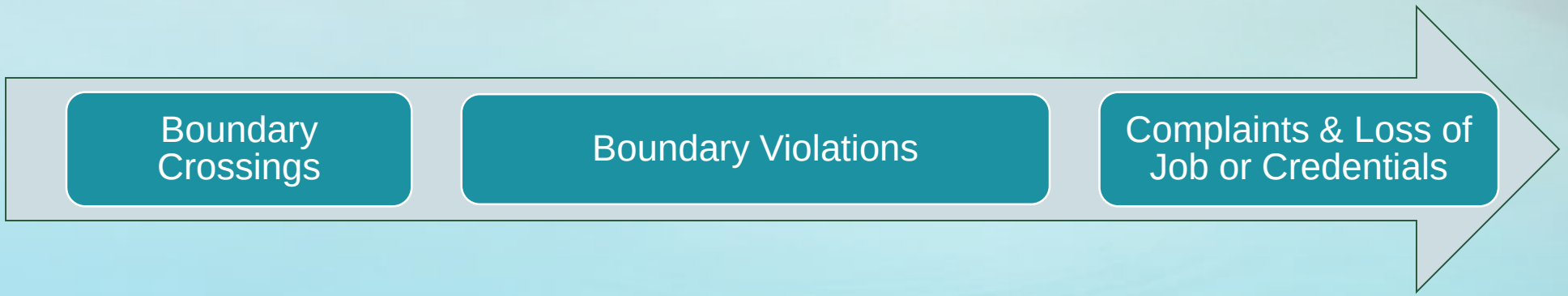
Ex. An attractive client is never challenged because the therapist desperately yearns to be liked.

# Common Manifestations of Counter-Transference

- **Being overprotective with a client *(deep fear of therapist's own pain)***
  - Are you aware of reacting to certain types of people in overprotective ways?
  - Do you find that you are able to allow others to experience their pain, or do you have a tendency to want to take their pain away quickly?
- **Treating clients in benign ways *(deep fear of therapist's own anger)***
  - Are you aware of how you typically react to anger expressed toward you?
  - Are you keeping your exchanges superficial to protect your own feelings of discomfort?
- **Rejecting a client *(therapist's perception of client as needy and dependent)***
  - Do you find yourself wanted to create a distance from certain types of clients?
  - What values do these clients represent to you? (Weak, undisciplined, etc.)
- **Needing constant reinforcement and approval *(fear of ineffectiveness as counselor)***
  - Do you need to have the approval of your clients? How willing are you to confront them?
  - How effectively are you able to confront others in your own life?
- **Developing sexual or romantic feelings**
  - What would you do if you developed sexual feelings toward a client?
- **Giving advice *(therapist's impatience with client's progress)***
  - How often do you give advice in counseling sessions?
  - What do you gain from it?

# Let’s talk about BOUNDARIES

**Boundaries:** Addiction Professionals shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Consultation shall be sought and documented.




**For example:**

The counselor uses self-disclosure to develop rapport with a new client.

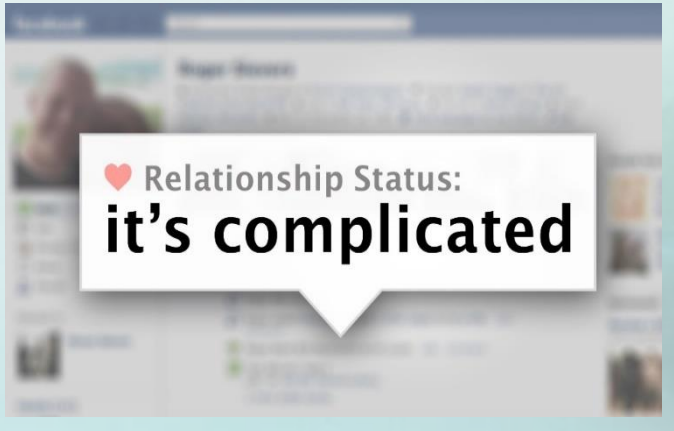
The counselor tells the client that she too is having struggles in her marriage.

The counselor develops a strong feeling of “friendship” with the client since they have started sharing their personal experiences with each other.

The counselor gives the client her phone number and they meet up for lunch this weekend.

Another participant sees the counselor & client having lunch and reports it to the Coordinator.

# Dual/Multiple Relationships




**Dual/Multiple Relationships:** Addiction Professionals shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care so that professional judgement is not impaired and there is no risk of client exploitation. Consultation and supervision shall be sought out and documented.

- What are examples of Dual/Multiple Relationships?
  - Immediate/extended family, business associates and/or individuals who have a close personal relationship with the counselor or the counselor's family

How might we encounter Dual/Multiple Relationships in our jobs with the Accountability Courts?

# Working in Culturally-Diverse World

**Diversity**

Addiction Professionals shall respect the diversity of clients and seek training and supervision in areas in which they are at risk of imposing their values onto clients.

**Discrimination**

Addiction Professionals shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of:

| | | |
|---|---|---|
| Race | Ethnicity | Color |
| Religious/Spiritual Beliefs | Age | Gender Identification |
| National Origin | Sexual Orientation or Expression | Marital Status |
| Political Affiliations | Physical or Mental Handicap | Health Condition |
| Housing Status | Military Status | Economic Status |

Think about your personal beliefs and biases…how can this impact your ethical behavior?

# Cultural Competence Self-Assessment Checklist

| Awareness | How true are these statements for you? |
|---|---|
| Self-Knowledge | I have a clear sense of my own ethnic, cultural and racial identity. |
| Share my Culture | I am aware that in order to learn more about others, I need to be prepared to share my own culture. |
| Discomfort | I am aware of my discomfort when I encounter differences in race, religion, sexual orientation, language and ethnicity. |
| Assumptions | I am aware of the assumptions that I hold about people of cultures different from my own. |
| Challenge Stereotypes | I am aware of my stereotypes as they arise and have developed personal strategies for harm caused. |
| Judgement | I am aware of how my cultural perspective influences my judgement about what are “appropriate” or “normal” behaviors, values, and communication styles. |
| Be Curious | I take any opportunity to put myself in places where I can learn about differences and create new relationships. |
| Social Justice | I am aware of the impact of the social context on the lives of culturally diverse populations, and how power, privilege and social oppression influence their lives. |
| Limits of my Knowledge | I know that differences in color, culture, ethnicity, etc. are important parts of an individual’s identity which they value and so do I. I will not hide behind the claim of “color blindness”. |
| Be Flexible | I work hard to understand the perspectives of others and consult with my diverse colleagues about culturally respectful and appropriate courses of action. |
| Within-Group Differences | I am aware of within-group differences and I would not generalize a specific behavior presented by an individual to the entire cultural community. |
| Challenge Behavior | I can effectively intervene when I observe others behaving in a discriminatory manner. |

(Taken from the Western Centre for Research & Education on Violence Against Women and Children)

# Informed Consent & Limits of Confidentiality

## Informed Consent & Mandated Clients

Each client has a right to be fully informed about treatment, its risks, limitations, and costs. Providers have an obligation to review with the client – in writing and verbally – the rights and responsibilities of both providers and clients. For mandated clients, the Provider shall discuss with the client the potential consequences of refusing mandated services, while respecting client autonomy.

**Do you have an Informed Consent document for your court?**

# Informed Consent

The Informed Consent document should contain the following information:

- Confidentiality & Records
- Emergency Contact Numbers
- Outline Expectations of a Professional Relationship
- Statement Regarding Ethics, Client Welfare & Safety
- Technology and Telemental Health

# General Rule of Disclosure Outlined in the Treatment Services Informed Consent Packet

"Treatment programs may only release information or records that will directly or indirectly identify a program participant as a substance abuser or treatment patient with a knowing and written consent from the participant."

**What is necessary for written consent?**

1) Name of person or organization that may make the disclosure
2) Name or title of person (or organization) to whom disclosure may be made
3) Participant's name
4) Purpose of the disclosure
5) How much and what kind of information may be disclosed (ex. "substance use disorder records")
6) Participant's signature
7) Date on which the consent was signed
8) Date, event, or condition upon which the consent will expire

# What is the difference between 42-CFR & HIPAA?

- The Health Insurance Portability and Privacy (HIPAA) Act of 1996 was enacted to protect patient privacy and mainly designed to ensure maintenance of health insurance coverage when changing jobs.
- HIPAA applies to many types of patient information, not just SUD information and is generally less protective of patient privacy that 42-CFR Part 2.
- 42-CFR Part 2 provides significant protections for individuals with SUDs due to the criminal consequences of treatment information being released. HIPAA allows some disclosures which could have serious consequences for the patient.

# 42 CFR – Part 2

- Federal Confidentiality Law applies to any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation or research with is directly or indirectly assisted by any department or agency of the United States.

  42 CFR – Part 2 protects the privacy of substance use disorder patient records by prohibiting unauthorized disclosures of patient records except in limited circumstances.

  Those exceptions include:

  - Medical emergencies
  - Child abuse or neglect reports required by state law
  - Reporting a patient's crime on program premises or against program personnel
  - Audits & research requests
  - Court orders authorizing disclosure and use of patient records

# Subpoenas

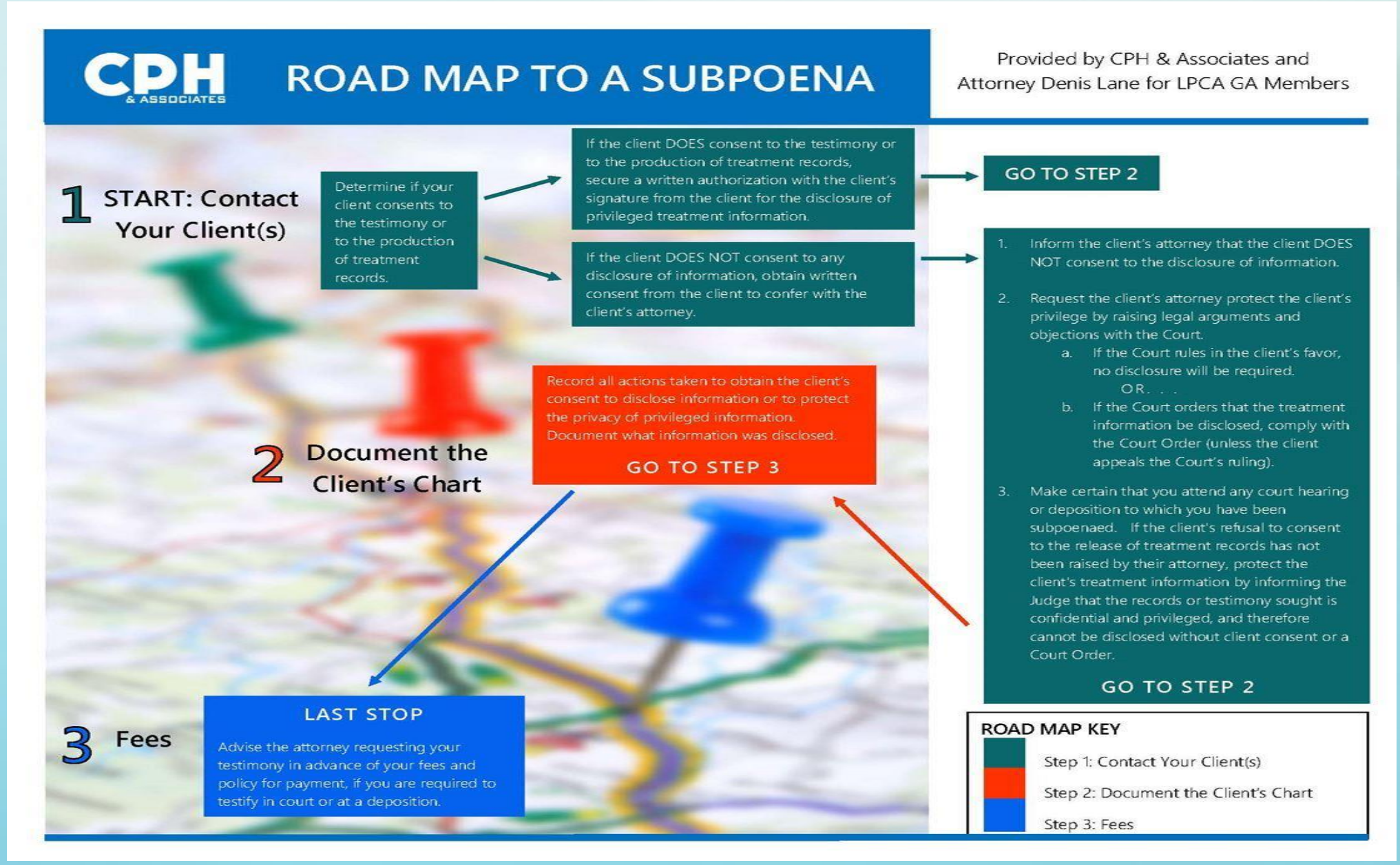
**You have been issued a subpoena by an attorney.**

If you **do** have your client's permission to testify on his/her behalf:

- Obtain written consent to testify from the client and upload into Connexis.
- Limit your testimony to objective treatment information.
- Do not share any opinions for matters of which you do not have direct knowledge. (E.g. Whether the client is a good parent and should be granted custody of children).
- Be prepared to answer certain questions about your client. (E.g. When the client started treatment, general sanctions and results of drug tests).

If you **do not** have your client's permission to testify:

- You must still respond to the subpoena.
- Inform the court that the client's information is privileged and confidential and you will need a court order in order to release it.
- If the Judge issues a court order, you will be compelled to release the information.
- If compelled by court order, you can still make efforts to keep details and subjective opinions limited.




Response Letter to Subpoena: https://lac.org/wp-content/uploads/2014/12/Sample_Form_5.pdf

# Mandated Reporting in Georgia

- The Georgia Child Abuse Law, O.C.G.A. §19-7-5, requires nurses and all public health employees to report suspected child abuse. Child abuse is a broad term that includes, but is not limited to, physical abuse, neglect, sexual abuse, sexual exploitation, and emotional abuse of children.
- Child abuse terms: Physical, Emotional, Sexual, Neglect & Child Endangerment.
- Neglect is defined as allowing a child to experience avoidable suffering and is the most common form of child abuse.
- Examples of neglect:
  - Physical neglect – failure to provide basic needs, food, shelter & clothing
  - Emotional neglect – rejecting the child or not showing the child any form of love or affection
  - Educational neglect – failure to enroll the child in school
  - Medical/Dental neglect – failure to provide necessary medical care for a child
  - Failure to supervise – leaving a child (under age 8) alone; leaving children ages 9 – 12 home along for extended periods of time; leaving drugs/weapons in unsecured in the house, etc.

# Mandated Reporting in Georgia

- Child Endangerment
  - Allowing a child under the age of 18 to witness the commission of a forcible felony, battery or family violence.
  - Any person who intentionally causes or permits a child to be present where any person is manufacturing or has intent to manufacture methamphetamine.


- Prenatal Substance Use
  - Federal Law requires reporting for suspicions that an infant has been exposed to drugs or alcohol.
  - If making a report, be prepared to answer questions such as “type of drug used, frequency, how long has the mother been using, and how does the substance abuse impact the mother’s ability to care for the child.”

# Mandated Reporting in Georgia

Here's a free training offered by ProSolutions and approved through DFCS:

**Mandated Reporters: Critical Links in Protecting Children in Georgia**

https://www.prosolutionstraining.com/store/product/?tProductVersion_id=1093

This is an online, self-paced training that takes about 1.5 hours and you will get 2 CEUs upon successful completion.

- For mandated reporters, failure to report suspected child abuse can result in a Misdemeanor.
- Reports can be made in the following ways:
  - Call CPS Hotline at 1-855-422-4453
  - Fill out the Georgia Child Protective Services Mandated Reporter Form and email to cpsintake@dhr.state.ga.us
  - File a report via the CPS website at https://cps.dhs.ga.gov/Main/Default.aspx
    - Create a log-in on CPS website to be able to submit a quick report when necessary
      - Find your Mandated Reporter Verification Code (Ex. Counselor/Social Worker CPS10532)

# Suicide Risk Assessments

If you have concerns that your client may be suicidal, it is imperative that you take appropriate steps to address this concern immediately. All staff members should have a basic understanding of general signs of suicidal ideation and suicidal intent and everyone should take ALL suicidal comments seriously.

Treatment Services has adopted the P4 Suicidality Screener to gather basic information:

https://gerocentral.org/wp-content/uploads/2013/04/P4-Suicide-Risk-Screener.pdf

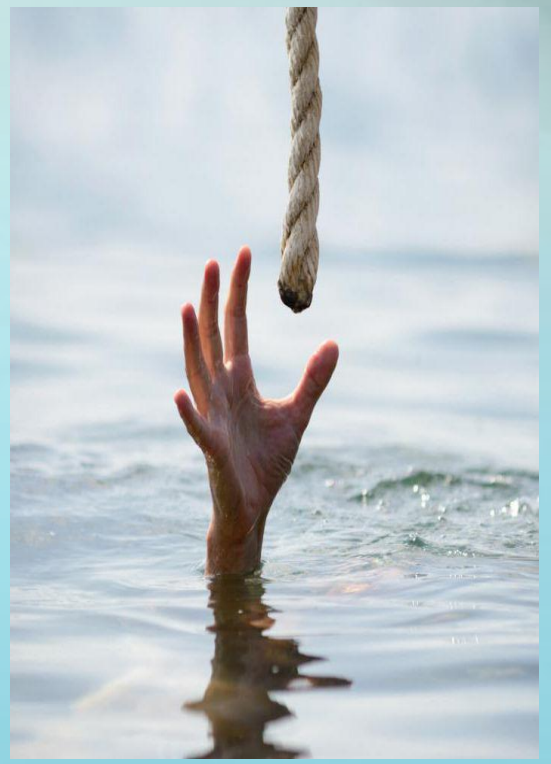
If the client affirms any shaded “risk” response, you must immediately consult with your supervisor. Our Licensed or Associate Licensed staff members will conduct a more thorough suicide risk assessment to determine level of severity and make additional referrals as necessary, including 1013s.

**ALWAYS acknowledge your scope of practice on this particular subject.**

# What a “1013” means…

Fully licensed counselors and social workers are able to conduct a “1013” which is used to initiate transportation to an “emergency receiving facility” for a mandatory 48-hour hold because the client may be:

1) An imminent danger to self/others, as evidenced by recent overt acts or expressed threats of violence or self-harm.
2) Unable to care for physical health and safety so as to create an imminently life-endangering crisis and in need of involuntary treatment.



http://www.djj.state.ga.us/Policies/DJJPolicies/Chapter12/Attachments/DJJ12.23AttachmentA.pdf

# Safety Plans

After consulting with your supervisor, you may be asked to complete a "Safety Plan" with your client.

**The Treatment Services Safety Plan includes the following important information:**

1) Triggers & warnings signs
2) Ways to make environment safer / access to mental health meds
3) Relaxation and distraction skills
4) Contact information for supportive people
5) Contact information for crisis resources
6) One identified reason for living

**Thorough documentation and consultation with your supervisor is essential!**

# Duty to Warn & Duty to Protect

- In Georgia, there is no mandatory statutory duty to warn an identifiable third party of harm, nor is there any statutory immunity from legal liability for psychologists who make such warnings.
- The Georgia Composite Board Code of Ethics, states that revealing the confidence of a client is permitted “where there is a clear and imminent danger to the client or others, in which case the licensee shall take whatever reasonable steps are necessary to protect those at risk, including, but not limited to, warning any identified victims and informing the responsible authorities.”
- These 4 factors have been shown to be significant in case law and in research literature.

    1) Identifiability of the victim
    2) Specificity and clarity of the threat
    3) Foreseeability of danger
    4) Ability to contain and control the patient (e.g. inpatient vs. outpatient)

# Ethical Dilemmas for Counselors in Recovery

- The current ethical codes do not have specific guidelines for the unique situations that arise from being a counselor in recovery.
- It is difficult to manage personal recovery and professional boundaries.

**Common dual-relationship scenarios:**

– Attending and sharing in local recovery meetings
– Confidentiality dilemmas when accountability court participants share in meetings
– A previous sponsee has just entered the program
– A previous associate from your past has just entered the program

Counselors in recovery should take necessary steps to avoid the potential for dual-relationships and ethical dilemmas as much as possible.

When such situations cannot be avoided, the counselor should seek immediate supervision.

# The Ethics of Self-Care

**Self-Monitoring:** Addiction Professionals are continuously self-monitoring in order to meet their professional obligations. Providers shall engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.

**Impairment:** Addiction Professionals shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or clinical judgment. Providers shall continuously monitor themselves for signs of impairment physically, psychologically, socially, and emotionally. Providers, with the guidance of supervision or consultation, shall seek appropriate assistance.

Addiction Professionals shall offer and provide assistance and consultation as needed to peers, coworkers, and supervisors who are demonstrating professional impairment, and intervene to prevent harm to clients.

**Bottom line…it is your ethical duty to take care of yourselves AND each other!**

# Clinical Supervision

Allows a space for counselors and case managers to discuss issues and critically examine quality of services being provided. Supervision can be conducted as a group or individually.

| **Supervision can come in many forms:** |
| --- |
| Case consultations |
| Audiotape/videotape review |
| Direct observation of counseling services |
| Self-evaluations |
| Ethical decision-making model practice |
| Audits of documentation (progress notes and treatment plans) |
| Small training sessions on treatment plans, motivational interviewing techniques, how to write proper progress notes, conflict resolution, etc. |

# Team Staffings

- During orientation, clients are provided with an Informed Consent document outlining confidentiality and communication about their progress to other members of the Team.
- Clients are also made aware communication amongst treatment staff, the Judge and/or attorneys when they enter into the program.
- While our ROI covers general discussion about treatment progress, Treatment Services staff should still exercise discretion when communicating about the client.
- For example, a counselor may provide general information during a Team staffing, such as “my client is dealing with some personal issues in individual counseling” instead of going into specific details.

## Sexual Relationships

- You feel sexually attracted to your client.
- You use unnecessary physical affection with a client - touching or hugs.
- You start having sex with your client.

## Exploitation

- You allow the client to give you a discount at their place of employment.
- You ask the client to make repairs on your car/house for free.
- You threaten the client with sanctions/jail if they do not perform a favor for you.

## Accurate Representation

- You advertise yourself as a “trauma therapist” without the appropriate training.
- You utilize your own interventions that haven’t been validated by research.
- You impose your religious or political beliefs onto the client.

For many of these examples, there was an opportunity for the counselor to consult with a supervisor for guidance. If you have feelings or thoughts towards a client that makes you feel ashamed or uncomfortable, those are definitely the cases to seek supervision. We are HUMAN, just like our clients.

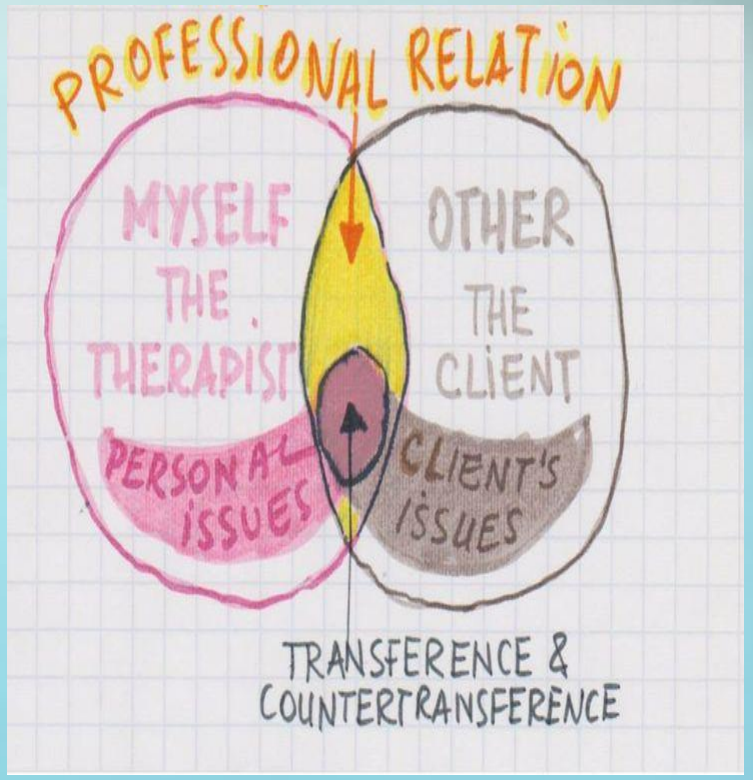
# What Would You Do?

- You sense that your client may be flirting with you. This client makes you laugh and you really enjoy your sessions. In fact, you make sure to look extra nice on the days of your sessions. You haven't done anything wrong yet, but you feel slightly unsettled at you how feel toward this client.
- Your client tells you that it would make them more comfortable if they knew some personal facts about you – marriage/kids/hobbies/goals.
- Your client sends you flowers to thank you for how much you've helped them.
- You have a new client on your caseload who discloses that she has been struggling with an eating disorder for the past 6 years.
- A friend of your family has just been arrested and has entered an accountability court. You learn he has just been placed on your caseload.
- You break down on the side of the road at night and call a towing company. When the tower arrives, you realize it is your client.
- Your client's mother recently passed away. She invites you to her mother's funeral.

# What Would You Do?

## Transference & Counter-Transference Scenarios

- Your client tells you that you are the closest thing to a “mother” he has ever had and that “he loves you.”
- Your client tells you that you remind him of an ex-girlfriend for whom he still has romantic feelings.
- Your client has recently experienced a traumatic situation very similar to one you had experienced many years ago. When she speaks about it, you find that your own intrusive memories start bubbling up.
- Your client reminds you of a younger version of yourself and has just entered into an unhealthy relationship. You feel the need to prevent her from making the same mistakes you did.



# What Would You Do?
## Multicultural Scenarios

- Your new client tells you he would prefer a male counselor because he has “issues with women.”
- Your client refuses going to AA/NA citing religious objections.
- You are a Caucasian counselor and your African-American client tells you he has trouble trusting you because of your “white privilege” and lack of understanding of his culture.
- Your client discloses to you that he is gay, but doesn’t want anybody else to know. As a therapist, you feel like this secret is only going to make his recovery harder and he would be better off “coming out.”
- You have strong personal beliefs about abortion. Your 19-year-old client informs you that she is pregnant and does not want to keep her baby.

# What Would You Do?
## Mandated Reporting in Georgia

1) A female participant with a young child has recently relapsed on meth. *What kinds of questions would be useful to determine if the child is safe in the home?*
2) A participant discloses that she and her husband utilize corporal punishment to discipline their 5-year-old child. She says they don't do it often and have never left marks on the child.
3) A female participant *(who is pregnant)* just relapsed on alcohol.
4) A participant's ex calls the office and tells you she is worried about child abuse going on in her ex's home, but won't provide any specific details.
5) A new participant with limited resources asks for help providing winter coats for her two young children because she can't afford them. She also asks about food resources since she doesn't have much money right now.
6) A participant is facing a jail sanction and brings her child to court. She tells you that she doesn't have anyone to watch her child today. *What do you do? How can your program take steps to prevent this situation from happening on court days?*

# Resources

- National Association for Alcoholism and Drug Abuse Counselors (NAADAC) Code of Ethics
- American Counseling Association (ACA) Code of Ethics
- National Association of Social Workers (NASW) Code of Ethics
- NAADAC Desk Reference, Module 3 – Ethical and Professional Issues in Addiction Counseling
- ACA Ethical Standards, Sixth Edition by Barbara Herlihy and Gerald Corey
- Issues and Ethics in the Helping Professions, Seventh Edition by Gerald Corey
- Foundations of Ethical Practice, Research and Teaching in Psychology and Counseling by Karen Kitchener
- Principles and Virtues: A Foundation for Ethical Decisions, Policies, and Character by Naomi Meara
- Western Centre for Research and Education of Violence Against Women and Children
- U.S. Department of Health and Human Services – HIPAA Guidelines
- Georgia Division of Family and Children Services – Mandated Reporting
- Staying Safe from Suicidal Thoughts - https://www.stayingsafe.net/ST/
- The So-Called Duty to Warn: Protecting the Public versus Protecting the Patient by William Doverspike