**Professional Ethics**

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*“Ethics are human reflecting self-consciously on the act of being a moral being.”*

*~ Smith & Hodges*

**Overview**

This module will explore the ethics of addiction counselors. Focus will be spent on the Texas LCDC, as well as a general overview of ethical decision making.

**Objectives**

* Recall the 3 components of HIPAA;
* Discuss ethical implications of burnout;
* Review NAADAC and ACA ethics.

**A Historical View**

Addiction counseling came as a result of people in treatment not connecting as well to doctors and psychiatrists as another person in recovery. People in recovery began going into treatment centers to help as peers. From this grew a state certification and a profession.

Beginning in the 1980’s the state agency overseeing counselor certification then licensure was known as The Texas Commission on Alcohol and Drug Abuse (TCADA). TCADA certified counselors as *Certified Alcoholism Counselor* *(CAC).* Later the certification changed to *Certified Alcohol and Drug Abuse Counselor* *(CAADAC).*

An oral exam was implemented to certification testing in 1983. Now serving on both Texas and National Addiction Professional boards, Sherri Layton took the first test oral administered in Texas.

In 1991 the certification was replaced by licensure and Texas began to license counselors as *Licensed Chemical Dependency Counselor (LCDC).* Testing also began being administered by International Certification & Reciprocity Consortium (IC&RC).

Regulatory authority changed from TCADA to the Department of State Health Services (DSHS) in the mid-2000’s. During this era, the oral exam removed from licensure testing.

After advocating for more than 20-years, in September 2012, the Texas addiction profession gains ground with the implementation of [Peer Assistance](http://www.tapnettx.org) (TAPNET) for professionals with addiction counseling credentials.

On September 1, 2017 the Texas legislature changed the regulatory authority of LCDC by transferring the oversight to the [Health and Human Services Commission](https://hhs.texas.gov) (HHSC). As of this publication, the [website for LCDC](https://www.dshs.texas.gov/lcdc/) and facility licensure is still managed by DSHS.

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The current license for addiction counseling in Texas is the LCDC (Licensed Chemical Dependency Counselor). The terminology has not been updated to the current language in the profession.

Deciphering the requirements for the LCDC can be confusing. The confusion likely comes from the DSHS website only listing the requirements for a person with a high school diploma or GED rather than explaining the different requirements with higher education. The following will break down the requirements related to education.

**Applicable to All**

A summary of the rules for LCDC testing include:

Everyone who applies for the LCDC-Internship must:

be at least 18 years of age;

have a high school diploma or its equivalent;

pass the criminal history standards described in the rules 25 TAC §140.430 (relating to Criminal History Standards);

sign a written agreement to abide by the ethical standards contained in the rules 25 TAC §140.423;

be worthy of the public trust and confidence as determined by the department;

Complete application (2 pages), signed, dated and notarized with a recent full-face wallet sized photo;

Pay application and Background Investigation fee of $65.00 (cashier's check or money order); Payable to DSHS;

Submit fingerprints via FAST;

Submit an official transcript; and

Take and pass the LCDC test.

Anyone interested in becoming an LCDC must first register to be LCDC-I, regardless of their level of education.

**High School Diploma or GED**

There are some career schools that offer the 270-hours of addiction education and 300-hour practicum without granting degrees. Following the education, a person can register for the LCDC-Internship.

Once a person is registered as LCDC-Intern, he or she is required to:

* pass the LCDC examination;
* complete an Associate Degree;
* obtain 4000 hours of supervised experience

The 270-hours of education is in clock hours and is the equivalent of six 3-hour college courses in addiction. Educational hours must follow the curriculum for Transdisciplinary Foundations outlined in the KSAs:

1. Understanding Addiction;
2. Treatment Knowledge;
3. Application to Practice; and
4. Professional Readiness (Local Government LCDC code updated 2005).

**Associate Degree**

Some community colleges offer Associate Degrees in Addiction, Mental Health, Social Work, and other related areas. Those with a High School diploma or GED will obtain such a degree to fulfill the minimum Associate Degree requirement.

The Associate Degree should offer the 270-hours of education in addiction counseling and a 300-hour practicum to meet state requirements.

The 270-hours of education is in clock hours and is the equivalent of six 3-hour college courses in addiction. Educational hours must follow the curriculum for Transdisciplinary Foundations outlined in the KSAs:

1. Understanding Addiction;
2. Treatment Knowledge;
3. Application to Practice; and
4. Professional Readiness (Local Government LCDC code updated 2005).

**Bachelor’s Degree**

Following graduation, a person with a Bachelor’s Degree in an approved major may register as an LCDC-Intern.

Degrees in addiction, sociology, psychology, or a major approved by the department as one related to human behavior and development are exempt from the 270-hours of education and the 300-hour practicum (Local Government LCDC code updated 2005).

**Master’s Degree**

A person with a Master’s Degree in an approved major can register for LCDC-Internship and take the LCDC test as soon as their registration is approved. Most people who hold Master’s Degrees are exempt from the 4000-hour practicum.

Per the department:

The department may waive the 4,000 hours of supervised work experience for individuals who hold a masters or doctoral degree in social work or a counseling-related field, and have 48 semester hours of graduate level courses. An applicant for waiver shall submit an official college transcript with the official seal of the college and the signature of the registrar, and any other related documentation requested by the department (Doc. No. 02-12783, 2008).

**4000-Hour Internship**

Internship is not the same as Practicum. The Practicum occurs as part of education. The internship occurs following LCDC-Internship registration.

One must be registered as LCDC-Intern before accumulating supervised work experience.

Supervised work experience for Internship must be completed at a Clinical Training Institute (CTI).

Work experience must be documented on the department’s supervised work experience documentation form and signed by a CTI coordinator or a (Certified Clinical Supervisor) CCS.

**Graduate Intern**

An individual who has completed the 4,000 hours of supervised work experience and is currently eligible to take or retake the examination is a graduate intern and may continue to during the five-year registration period (Local Government LCDC code updated 2005).

**QCC**

A Qualified Credentialed Counselor is identified in the Texas Administrative Code , Part 1, Chapter 140, Subchapter I, Rule §140.400 as:

Qualified Credentialed Counselor (QCC)--A licensed chemical dependency counselor or one of the practitioners listed below, if the practitioner is licensed and in good standing in the State of Texas, and, in performing any activity as a QCC, is acting within the authorized scope of the individual's license:

    (A) licensed professional counselor (LPC);

    (B) licensed social worker;

    (C) licensed marriage and family therapist (LMFT);

    (D) licensed psychologist;

    (E) licensed physician;

    (F) licensed physician's assistant;

    (G) certified addictions registered nurse (CARN); or

    (H) advanced practice nurse recognized by the Texas Board of Nursing as a clinical nurse specialist or practitioner with a specialty in psychiatric-mental health nursing (Local Government LCDC code updated 2005).

**CSS**

A Certified Clinical Supervisor is identified in the Texas Administrative Code , Part 1, Chapter 140, Subchapter I, Rule §140.411 as:

(a) To become a certified clinical supervisor, an individual shall:

  (1) be a QCC, as set forth in §140.400 of this title (relating to Definitions), in good standing, with no active suspension or probated suspension in effect against the individual's license, and no unpaid administrative penalties;

  (2) submit verification of current certification as a clinical supervisor issued by the International Certification and Reciprocity Consortium or one of its member boards;

  (3) submit a plan of activities, to be implemented for any CI the CCS supervises, in an array of the KSA dimensions, including assessment and counseling;

  (4) serve a predominantly substance-abusing population;

  (5) submit a completed application;

  (6) submit two sets of fingerprints completed according to department instructions, if the individual has not previously submitted fingerprints for the purposes of licensure under this subchapter, and pass the criminal history standards described in §140.431 of this title (relating to Criminal History Standards);

  (7) pay the background investigation fee, if the individual has not previously paid this fee for the purposes of licensure under this subchapter; and

  (8) pay the application and certification fee.

(b) If the individual is licensed as a chemical dependency counselor, then the certification as a clinical supervisor will expire on the same day as the license. If the individual is not licensed as a chemical dependency counselor, then the certification as a clinical supervisor will expire on the second anniversary of the last day of the month of issuance.

(c) An individual may renew this certification by submitting the items as described in subsection (a) of this section (Local Government LCDC code updated 2005).

**LCDC Test**

Though HHS oversees the licensure; registration and administration of the test is conducted through the [TCBAP](https://www.tcbap.org/?) (Texas Certification Board of Addiction Professionals). The TCBAP administers the [IC&RC](https://internationalcredentialing.org/) (International Certification & Reciprocity Consortium) test.

**TCBAP**

TCBAP also oversee and credential the following in the state of Texas:

Advanced Alcohol and Drug Counselor (AADC);

Alcohol and Other Drug Abuse Counselor (ADC);

Advanced Certified Prevention Specialist (ACPS);

Certified Prevention Specialist (CPS);

Associate Prevention Specialist (APS);

Certified Chemical Dependency Specialist (CCDS);

**Certified Compulsive Gambling Counselor (CCGC)**

**Certified Criminal Justice Addictions Professional Applicant Status (CCJP-A)**

**Certified Criminal Justice Addictions Professionals (CCJP)**

**Certified Clinical Supervisor (CCS)**

**Peer Mentor / Peer Recovery Coach Designation (PM/PRC); and**

**Peer Recovery Support Specialist (PRS).**

**Requirements and applications for each of these can be located at the TCBAP website under “**[Certification Applications](https://www.tcbap.org/page/certification)**”.**

**Foundational Ethical Principles**

Beauchamp and Childress (1979) identified four principles that are at the core of ethical reasoning in health care: autonomy, justice, beneficence, and nonmaleficence. Kitchener (1984) added a fifth principle— fidelity.

**Autonomy** is the principle that addresses respect for independence, and self-determination. The essence of this principle is allowing an individual the freedom of choice and action. It addresses the responsibility of the counselor to encourage clients, when appropriate, to make their own decisions and to act on their own values. There are two important considerations in encouraging clients to be autonomous. First, helping clients to understand how their decisions and their values may be received within the context of the society in which they live, and how they may impinge on the rights of others. The second consideration is related to the client’s ability to make sound and rational decisions. Persons not capable of making competent choices, such as children and some individuals with mental disabilities, should not be allowed to act on decisions that could harm themselves or others (Miller & Davis, 2016).

**Justice**, as Kitchener (1984) points out, is “treating equals equally and unequals unequally but in proportion to their relevant differences” (p. 49). Justice does not mean treating all individuals the same. If an individual is to be treated differently, the counselor needs to be able to offer a rationale that explains the necessity and appropriateness of treating the individual differently. An example of justice is that a counselor would give a person who is blind a form that is in braille, or would go through the form with that individual orally, instead of giving him or her a standard written form to fill out. But the counselor would treat him or her the same as any other client in all other regards (Miller & Davis, 2016).

**Beneficence** reflects the counselor’s responsibility to contribute to the welfare of the client. Simply stated, it means to do good, to be proactive, and also to prevent harm when possible (Forester-Miller & Rubenstein, 1992). Beneficence can come in many forms, such as prevention and early intervention actions that contribute to the betterment of clients (Miller & Davis, 2016).

**Nonmaleficence** is the concept of not causing harm to others. Often explained as “above all, do no harm,” this principle is considered by some to be the most critical of all the principles, even though theoretically they are all of equal weight (Kitchener, 1984; Rosenbaum, 1982; Stadler, 1986). This principle reflects both the idea of not inflicting intentional harm, and not engaging in actions that risk harming others (Forester-Miller & Rubenstein, 1992). Weighing potential harm against potential benefits is important in a counselor’s efforts toward ensuring “no harm” (Miller & Davis, 2016).

**Fidelity** involves the notions of loyalty, faithfulness, and honoring commitments. Clients must be able to trust the counselor and have faith in the therapeutic relationship if growth is to occur. Therefore, the counselor must take care not to threaten the therapeutic relationship or to leave obligations unfulfilled (Miller & Davis, 2016).

**Ethical Decision-Making**

To make ethical decisions, Miller and Davis provide 7 steps:

1. Identify the problem.
2. Apply the ACA Code of Ethics.
3. Determine the nature and dimensions of the dilemma.
4. Generate potential courses of action.
5. Consider the potential consequences of all options and determine a course of action.
6. Evaluate the selected course of action.
7. Implement the course of action (Miller & Davis, 2016).

**American Counseling Association (ACA)**

The 2014 [ACA Code of Ethics](https://www.counseling.org/resources/aca-code-of-ethics.pdf) provide a valuable overview of ethics and can be found through the ACA website.

**National Association of Addiction Professionals (NAADAC)**

Review the following [NAADAC Code of Ethics](https://www.naadac.org/code-of-ethics) that became effective October 9, 2016:

**HIPAA**

You have likely heard of HIPAA. When you visit your doctor the reason you are not able to see the name of another patient is due to HIPAA laws.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has three parts:

1. Privacy Rules
2. Security Rules
3. Transactions and Code Standards

42 CFR Part 2 is the area of the HIPAA confidentiality specific to Addiction. This part was developed due to the stigma often attached to people wanting to seek treatment for addiction.

Review the [SAMHSA Fact Sheet](https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs) answering questions about the Disclosure of Substance Use Disorder records.

**Self-Care**

An important component of maintaining professional ethics lies in Self-Care. Many terms have been given to the phenomenon often experienced by clinicians who do not take care of themselves. *Burnout, Hopeless Helper,* or *Compassion Fatigue* are three of those terms.

Other nomenclature have been given for the contrary, clinicians who do care for themselves. *Self-Care* and *Wellness* might be familiar.

Despite the words used to describe the concept, many in the helping profession understand the importance of the stress involved in such an emotional job. Burnout can occur due to the crisis happening in treatment environments; the high intensity of the clinical environment; or even the issues those being treated are dealing with during their time in therapy.

An often cited analogy for self-care is the flight attendant announcement about the oxygen mask falling from above during a flight. Adults are told to place the mask over their own face before rendering assistance to others. While this seems like common sense, helping professionals often react by helping others before themselves.

**What is Burnout?**

Burnout is described in the Encyclopedia of Trauma, published by Sage Publications, as: a “state of emotional and mental exhaustion creates physiological consequences including (1) fatigue, (2) irritability, and (3) physical complaints. Burnout unfolds gradually in response to daily assaults of stress (Figley, 2012).

**The Reason for Burnout?**

There are many reasons for Compassion Fatigue. Helping professionals are a caring group of people. Caring is a necessary quality for a clinician. It would likely be difficult for a person who does not care about others to be an effective helping professional.

The helping profession can be an emotional job. Caring about people can be taxing. What causes burnout and how it reveals itself can be different for each person.

Burnout or fatigue can be a result of:

* Working excessively
* Stress on the job
* Ongoing and unrelieved stress
* Few resources for support on the job
* Giving to others rather than to self
* Lack of appreciation
* Filling others first
* Conflict at work
* Secondhand trauma

The Zur Institute provides the following list as [factors for Burnout](https://www.zurinstitute.com/burnout_clinicalupdate.html):

* Emotional Depletion or Emotional Fatigue
* Vicarious Traumatization
* Grandiosity and Demonization by Clients
* Constant Worry
* Distraction
* Helplessness and Sense of Inefficiency
* Inability to Shut off the Therapeutic Stance
* Word about Board Investigations
* Grandiosity (Zur, 1995).

**Who Experiences Burnout?**

Most counselors go through burnout at some point in their career. It can feel like an emotional overload. Balance is an important skill for those in the helping profession. The stress of being a helping professional is complex.

**Secondhand Trauma**

Working in the helping profession can be difficult due to the secondhand trauma one might experience when hearing daily about traumas experienced by clients. Secondhand Trauma occurs when a person does not witness the trauma, but is exposed to it in other ways. In the case of the helping professional, it is experienced through the stories and interactions with the client being served.

Acute Stress Disorder or Post Traumatic Stress Disorder are often diagnosis given to people who witness or experience psychological trauma.

Secondary Trauma Stress (STS) is an actual diagnosis and can be experienced by those who are exposed to the trauma indirectly.

Review the [Secondary Traumatic Stress Scale](https://www.naadac.org/assets/2416/sharon_foley_ac15_militarycultureho2.pdf) developed by Brian E. Bride in 1999.

The term “Vicarious Trauma” has also been used to describe this phenomenon.

**Signs of Burn Out**

Although, burnout manifests differently in different individuals, some general signs can include:

* Anxiety
* Emotional exhaustion
* Frequent anger
* Physical exhaustion
* Feeling as though you are working harder but seeing little outcome
* Feeling or being isolated
* Depression
* Stomach Ulcers and other gastrointestinal issues
* Sadness
* Desire to avoid work
* Less interest in clients
* Feeling numb
* Substance use
* Fatigue
* Failure to listen to feedback
* Frequent illness

**Wellness**

To keep Burnout at bay, consider:

* Implement a wellness routine. Of course, this would be unique to each person.
* Take time for a self-inventory and adjust accordingly.
* Be proactive when feeling stress.
* Develop proactive activities for your mind and body.
* See a therapist.
* Develop a support system.
* Join a professional organization.
* Take vacation time for personal rejuvenation.
* Spend time with non-toxic family and friends.
* Continue working on personal growth.
* Frequently engage in hobbies.
* Take scheduled breaks at work.
* Leave the office during breaks.
* Ensure you love what you do for a living.
* Say no to things you do not want to do.

Read this Counseling Today article, [Taking care of yourself as a counselor](https://ct.counseling.org/2011/01/taking-care-of-yourself-as-a-counselor/), written by Lynne Shallcross in January 2011.

Review the journal article, [Creative Counselor Self-Care](https://www.counseling.org/docs/default-source/vistas/creative-counselor-self-care.pdf?sfvrsn=ccc24a2c_4), written by Walz and Bleuer of Counseling Outfitters, LLC.

**Self-Assessments**

Self-assessments may be beneficial for some professionals.

Stress Vulnerability

[http://www.internethealthlibrary.com/sq/stress/stress-assess.htm SA 3](http://www.internethealthlibrary.com/sq/stress/stress-assess.htm%20SA%203)

Self- Compassion

<http://www.self-compassion.org/test-your-self-compassion-level.html>

Professional Quality of Life (ProQOL) <http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf>

**Resources**

NAADAC has several free on demand [webinars](https://www.naadac.org/webinars) that can be of use to better understanding ethics.

Theranest [Burnout: Recognize the Signs and Avoid It](https://www.theranest.com/blog/burnout-recognize-the-signs-and-avoid-it/)

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