Before we begin our examination of addiction ethics, let’s take a moment to define a few terms, a common burden in ethical literature (Geppert & Roberts, 2008; Taleff, 2010). How can we define ethics? Generally, ethics is defined as a set of principles that guide our actions (Barsky, 2010; Corey, Corey, & Callanan, 2007; Geppert & Roberts, 2008; Pope & Vasquez, 2007; Reamer, 2006b; Taleff, 2010).

In a deeper description, Taleff (2010) gives seven criteria for defining ethics: (1) Ethics require other people; (2) Intent makes a difference; (3) Ethics aim to resolve dilemmas; (4) Thinking is necessary for ethics and morality; (5) Ethics ask you to be impartial; (6) Ethics require us to care about the suffering of others; and (7) Ethics judge human behavior (Taleff, 2010). Scott (2000) further defines six ethical situations that are unique to addiction counseling: (1) the lack of communication and continuity between research and clinical practice; (2) the lack of agreement over the necessary professional credentials; (3) the questionable propensity of group work in the addictions field; (4) special issues of confidentiality and privileged communication; (5) boundaries of professional practice in making treatment decisions; and (6) unusual circumstances of informed consent. We will discuss all of these unique situations throughout the book.

Throughout this book, we will define ethics using the four pillars of ethics borrowed from the medical ethics field (Miller, 2008), constructs that are well utilized in the ethical literature (Castillo & Waldorf, 2008; Corey et al., 2007; Miller, 2008; Taleff, 2010; Venner & Bogenshutz, 2008). As in the book Geppert and Roberts (2008) edited, these pillars will be used throughout each section as a thread that forms the basis of our ethical practice. The four pillars are beneficence, autonomy, nonmaleficence, and justice. Other authors have included additional pillars in their work, such as compassion, truth telling (Castillo & Waldorf, 2008; Geppert & Roberts, 2008; Taleff, 2010), volunteerism (Castillo & Waldorf, 2008, p. 106), privacy, rights, confidentiality (Taleff, 2010), respect for persons (Taleff, 2010; Venner & Bogenshutz, 2008), fidelity, and veracity (National Association for Addiction Professionals [NAADAC], 2011). This book will stick with the four pillars that are consistent in the literature, as the other principles are in some literature but not all, and are concepts that are discussed elsewhere throughout the book.
Beneficence refers to actions intended to benefit others: kindness, charity, and goodness. Autonomy is self-directed freedom and independence. Nonmaleficence is the well-known adage: “Do no harm.” Justice in this context is defined as the equal and fair treatment across groups or members of the same group. Treatment must uphold existing laws and be fairly given. The four pillars can be interrelated, with each leading into another, as you shall see in the examples we explore. Most of the time, a clinician is tasked with balancing between beneficence and nonmaleficence, which can often be a challenge.

The most successful ethical clinicians ground their clinical practices with these four pillars and tirelessly evaluate their clinical decisions for the best balance between them. The idea is to give treatment interventions that promote justice across the clinical population, that are beneficial to the client, that cause no harm, and that ensure that the client is given the opportunity to understand and contribute to the definitions of the best treatment. Think this is easy? Not so, unfortunately. You must attempt this balance in your practice every day, knowing that sometimes you will succeed and sometimes you will fail. And at times, you can do harm even with very good intentions, violating nonmaleficence without realizing it (White & Kleber, 2008). The following chapters will provide loads of examples revealing how important and difficult this balance is to achieve and maintain.

Ethics versus the Law: If ethics are a set of parameters that guide our behavior, the law consists of a clear set of predefined rules that are punishable in a court, and defined at the state or federal level (Barsky, 2010; Washington & Demask, 2008). Law is “intentionally definitive” (Nassar-McMillan & Niles, 2011, p. 93). Ethics are not exhaustive, but instead are general guidelines, the least of what we must do (Nassar-McMillan & Niles, 2011). Just because something is legal, it is not necessarily ethical. For example, there are laws that incarcerate those who use illegal drugs, yet there are those who believe in the disease model of addiction that would see imprisonment as unethical (Washington & Demask, 2008). Clinicians will have to consider both ethics and the law when attempting to determine the best course of action in any given clinical situation.

Before we dive in, let’s briefly point out the differences between ethics and two similar constructs, law and morality.

Ethics versus Morality: Ethics are a set of principles that guide our actions and pilot our professional conduct. Morals, on the other hand, are a person’s basic, core feelings of right and wrong (Barsky, 2010; Taleff, 2010). Consider how we differentiate guilt from shame; many conjoin them into one phenomenon, yet they are distinct emotions. Guilt refers to an emotion about a committed action: For example, you may feel guilty about lying to your mom. Shame refers to an emotion about who you feel you are: You may feel shame because you are a liar who lies to his or her own mom. How badly you feel about being a liar depends on the subjective value you assign and internalize. Guilt is about the actions we take; shame is about the core of who we are. It is the same with the differentiation between ethics and morality. Like guilt, ethics are about our actions. Like shame, morality is about our feelings (Taleff, 2010, p. 40). In this way our morality is one guiding force in our ethics. There are other guiding forces: The federal and state governments, our licensing body, and the agencies in which we work are all examples of entities to whom we must answer.

Okay, so moving forward we will understand ethics as a set of principles that guide our professional behavior—built on the pillars of beneficence, autonomy, nonmaleficence, and justice—that are guided by the law, morality, and other influences we will discuss.

How the Book Is Organized

This book is organized in a way that attempts to not only help you organize ethical principles in
Introduction

Figure 1.1
How the Book Is Organized

Figure 1.1 is a conceptual model to help you get a sense of the material.

The Four Keys to an Ethical Practice

The four Keys highlight the necessary foundation to a healthy ethical practice. Key 1 requires a clinician to complete an in-depth exploration of his or her own strengths and limitations, both personally and professionally. Key 2 requires the clinician to explore the concepts of perfectionism and resistance.
to education, and how they can lead to unethical behavior. Key 3 requires a clinician to understand and abide by the different entities, or ethical tiers, that influence our decision making. Key 4 requires the clinician to establish a norm of behavior against which exceptions may occur.

**The Four Keys to an Ethical Practice**
Key 1: Recognize Your Strengths and Limitations
Key 2: Respect the Tiers of Ethics
Key 3: Seek Continuous Learning
Key 4: Make the Rule

**The 10 Ethical Principles**
The Code of Ethics is a document that all counselors sign on becoming a credentialed member of the field, and to which one must reattest every 2 years as part of the recredentialing process. It is the expectation that credentialed or licensed counselors will adhere to each principle in their clinical practice, and clinicians are required to abide by the principles in order to obtain and maintain their state credential. If a counselor is accused of violating the Code of Ethics, his or her behavior is examined by an appointed Ethics Committee that determines what sanctions, if any, are appropriate, including suspension or revocation of license or credential.

But Houston, we have a problem. There is no universally accepted Code of Ethics in our field. Our national organization, the National Association of Addiction Professionals (NAADAC), has a code that is used in many states, but it is each state-level association that decides the Code by which all credentialed counselors in that state must abide. States vary significantly in their adopted codes.

The principles used in this book are the common elements extracted from the state codes. While many state codes differ in detail, these 10 principles can be found in every code because they are the foundation on which we build our ethical practice. They are the guidelines we turn to when counsel is needed.

After I organized this book into the sections you find here, I came across a book by the great Frederic Reamer, ethicist extraordinaire of the social work profession. His book, *Ethical Standards in Social Work: A Review of the NASW Code of Ethics* (2006), is organized in the same way as this book. Because social workers have one universal code of ethics adopted by all states, Reamer (2006a) was able to do what I could not, organizing the chapters around specific existing principles in their Code. Social workers can open his book and have their Code specifically explained to them, so that they can learn the interplay between the written code and the practical issues they experience every day on the job. Furthermore, if they are caught in an ethical dilemma, they can use the book both to understand the issues surrounding the dilemma and to explore the exact code that pertains to the dilemma. It is what I hoped to achieve with this book, but our lack of a consistent code prevented my success. Perhaps in the future, our profession can adopt one code that will unify and strengthen us. In the meantime, the principles included here are the backbone of what a universal code needs.

**The 10 Ethical Principles**
Principle 1: Client Welfare
Principle 2: Cultural Diversity
Principle 3: The Counseling Relationship
Principle 4: Proper Use of Written Clinical Material
Principle 5: Proper Use of Spoken Clinical Material
Principle 6: Responsibility
Principle 7: Competency
Principle 8: Workplace Standards
Principle 9: Professional Rapport
Principle 10: Societal Obligations

**The Four Pitfalls That Cause Ethical Dilemmas**
An ethical dilemma can mean two things, which can occur independently or simultaneously. The first is a situation where the correct action is difficult to discern because at least two courses of action are possible. The second is a situation where the clinician realizes an ethical error has been made and
is unsure how to best rectify the situation. Both types of dilemmas are potentially crippling to one’s practice and can be agonizing for a clinician. Avoiding dilemmas is a sensible goal, yet even the most vigilant of ethical clinicians will struggle through a dilemma at some point in their careers. Therefore, it is equally important to learn both how to avoid these dilemmas and how to cope with them if they occur.

The first step is to identify common pitfalls that cause these dilemmas. Clinicians are not suddenly hit with ethical dilemmas; they are led into the dilemma through specific traps. There are four common pitfalls that cause ethical dilemmas (referred to from now on as Pitfalls), which violate one of the aforementioned four Keys and correspond to at least one of the 10 ethical Principles. If clinicians can learn to avoid these four Pitfalls, they will maintain a strong ethical practice. However, because it is impossible to perfectly avoid every possible ethical trap, it is also important to recognize each trap and learn the necessary steps to rectify it.

The Four Common Pitfalls

Pitfall 1: Conflicted agendas
Pitfall 2: Confused roles
Pitfall 3: Clinician Burnout
Pitfall 4: Cutting corners

In every pitfall chapter there is a practical application that exposes a “hot topic,” a common clinical example of the themes represented in the pitfalls. In the pitfall of conflicted agendas the hot topic of self-disclosure will be discussed; in confused roles, the scope of practice will be addressed; in Clinician Burnout, faulty supervision will be examined; and in cutting corners, the notion of accepting gifts will be argued.

Questions

In the introduction to each section there are questions for you to answer. It is important that you explore these questions prior to reading the chapters in that section. Remember that a basic premise of this book is that Ethics can and must be taught. These questions are a vital part of that education, because they will get to your primal thoughts before they can be tainted (in a good way) by theories and opinions. And it is your primal thoughts that will most inform ethical missteps in your future; therefore you need to understand what you organically bring to your professional table. The more aware you are of how you think and feel, the better you will be able to maximize your strengths and bolster yourself against limitations, thereby limiting your ethical risk. Please complete the questions! Try to avoid the answer “it depends.” Think honestly about how you most typically operate. The more thoroughly you explore your answers to each question, the more ethical your practice will be, the better a clinician you will become, and the more satisfied you will be in your work and in yourself. And isn’t that, in the end, the point?