I. Introduction

- House Keeping
- Underpinnings of Ethics
- TCBAP Code of Ethics
- Why Good Counselors Go Bad
- Do You Have B.O.? (or CF, VT, DP?)

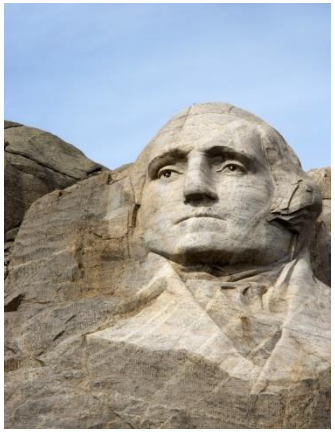
II. Approaches To Ethics

Utilitarian

- Do whatever creates the greatest good for the greatest number.

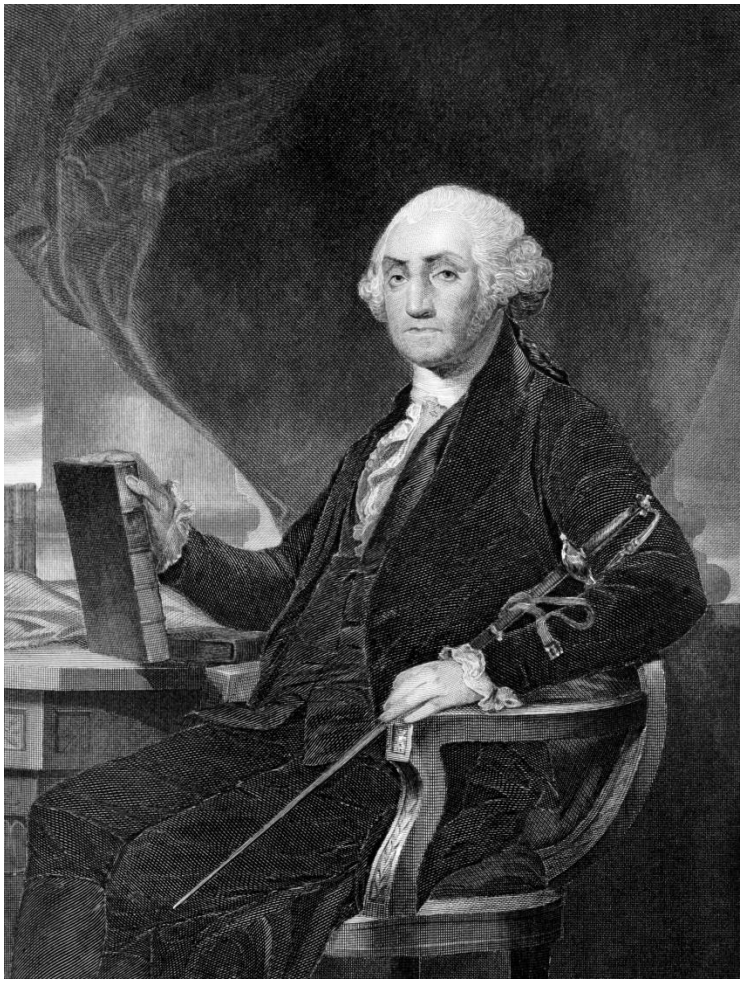
Rights Approach

- People have certain rights What is most ethical is what least interferes with these rights. Among these rights are the right to be told the truth, the right to privacy, the right not to be injured, and the right to what is agreed upon (contractual rights).



Fairness

Treat equals equally and unequals unequally. Equal in this sense includes fairness and rationality.



Who Decided Only White, Male, Landowners should vote?

We should all strive to certain ideals. If we do so long enough these ideals will become habits.

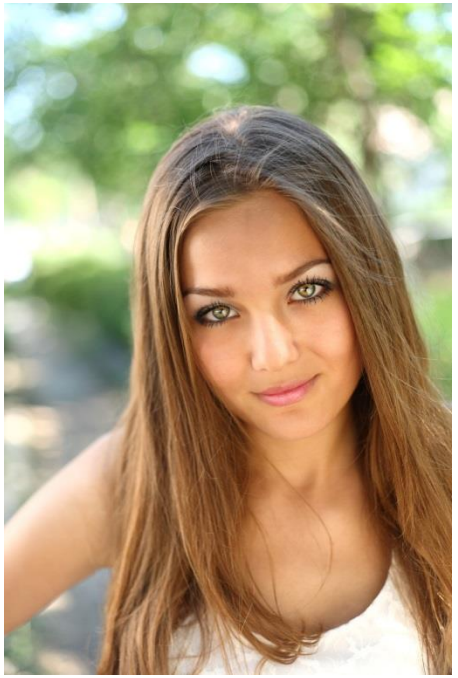
Have an Ethical Day

1. Did I practice virtues today?
What virtues do I think are most important?

Acceptance Assertiveness Authenticity Caring Cleanliness
Commitment Compassion Consideration Cooperation
Courage Creativity Determination Dignity Enthusiasm Fairness
Faith Flexibility Forgiveness Friendliness Generosity Gentleness
Graciousness Gratitude Helpfulness Honesty Humility Idealism
Integrity Joyfulness Kindness Loyalty Moderation Orderliness
Patience Preparedness Purposefulness Reliability Sincerity Tact
Thankfulness Tolerance Truthfulness Understanding Wisdom
Wonder

2. Did I do more harm than good?

- Who did I help?
- Who did I hurt?
- How did I decide who to hurt and who to help?



3. Did I treat people with dignity?

- How did I treat people with less status in our society?
- Did I follow my conscience?
- How did I deal with people in authority?

4. Was I fair and just?

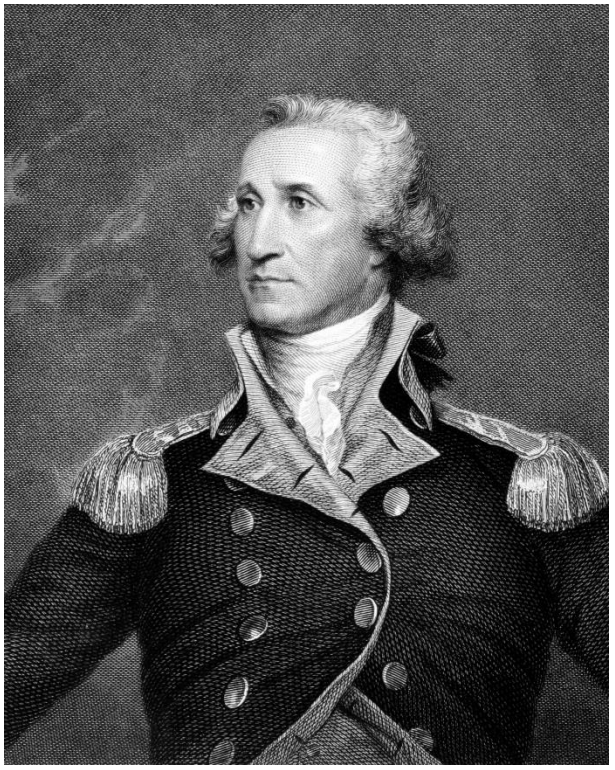
- Did I follow a standard of rightness?
  - Who chose this standard?
  - Do people agree on this standard?

- Did my feelings/interests play a role in how I decided what was just?

A conservative is a liberal who's been robbed.

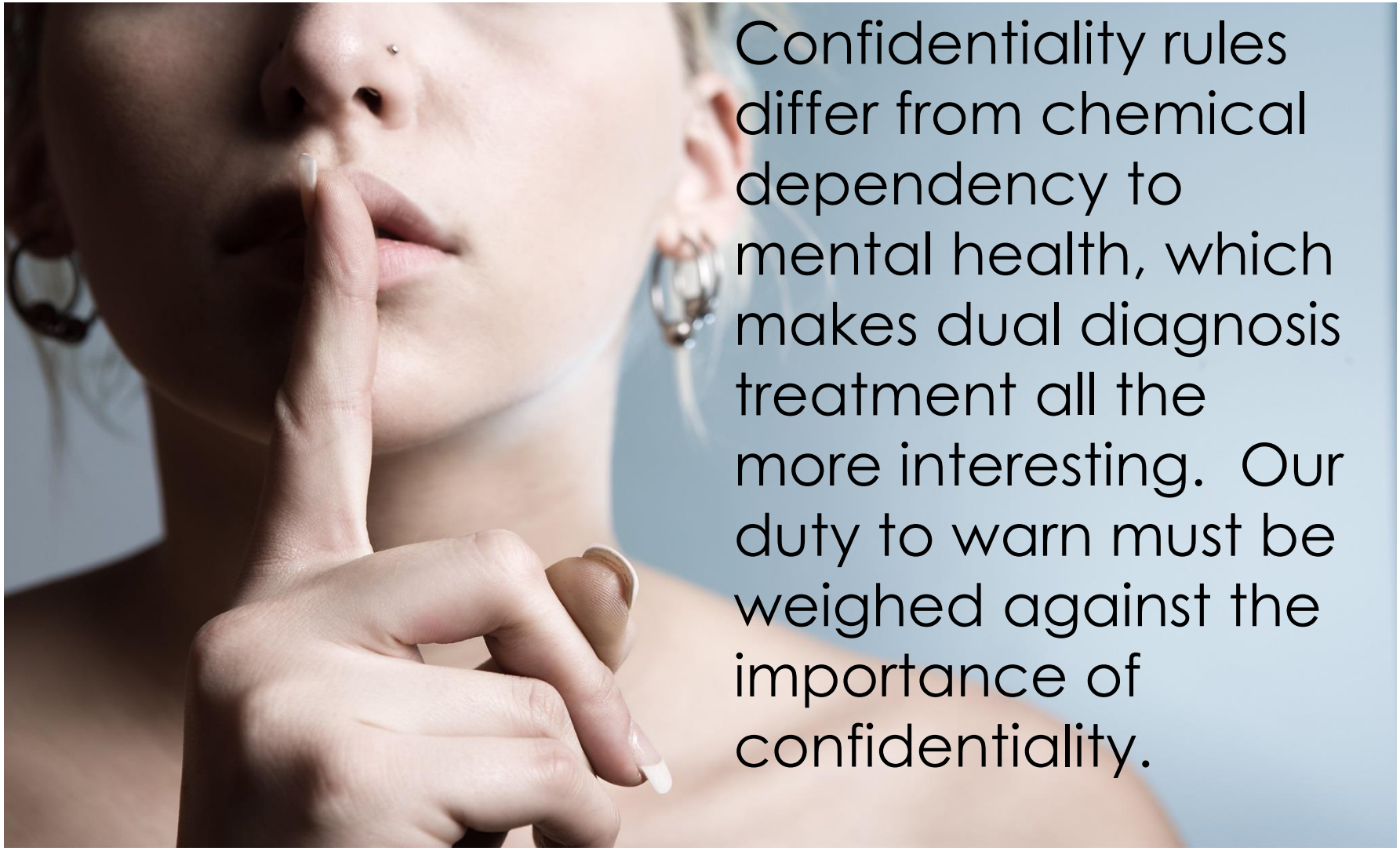
A liberal is a conservative who's been arrested.

III. General Principles



"I can read the Code, why do I have to read this section on general principles?" you may ask.

Unfortunately, the codes, rules, and regulations governing our profession may conflict,



Confidentiality rules differ from chemical dependency to mental health, which makes dual diagnosis treatment all the more interesting. Our duty to warn must be weighed against the importance of confidentiality.

No ethical code can cover ever situation because of all the factors we must consider.

Many of these factors can't be measured objectively, change over time, or hold different values for different people.

What is the ethical clinician to do?

What follows are general guidelines for making clinical decisions.

While they are not cut-and-dry decision trees, they do provide direction.

The client's welfare comes first

What's best isn't always clear

Your judgement may be impaired:

- Conscious/unconscious biases,
- lack of information,
- faulty information,
- lack of time, and
- pressures from other agencies.

Clinicians should:

- Help clients explore what is in their best interest.
- Anticipate potential for harm when considering a course of action that affects our clients.

(Group for the Advancement of Psychiatry, 1984).

- Gather information, evaluate the impact of outside pressures on our decision-making processes.

Gather information

- What do you know and how do you know it?
- Do you and your client have enough information?
- Is the information objective?
- Do the sources of information have their own biases?

Know what laws, policies, and regulations affect your client.

- CYF
- SSI
- Probation
- IRS

Make sure anyone mandated for treatment knows their rights and responsibilities.

Discuss ethical concerns

Get feedback

Document, Document, Document

Picture yourself on the witness stand

- How would you justify not discussing your concerns with your colleagues?
- On what information did you base your actions? How much effort did you put into gathering information?
- What conflicts of interest, either perceived or real, exist?
- What is the worst picture someone could paint of your actions?

What if you are surrounded by unethical colleagues or supervisors?

Use the most restrictive interpretation of the most restrictive code.

Ask yourself:

- What will happen if I do this?
- What would happen if everyone did this?
- What if this became a habit?

Avoid dual relationships with clients

- A client is anyone in treatment in your agency, whether or not you have any contact with that person.
- A dual relationship is any relationship in addition to that of treating agency and client.

Why no dual relationships?

- The real or perceived potential for abuse exists.
- The treatment center is in a position to take advantage of the client.
- The client needs some service, and therefore is more vulnerable than the agency or professional.


How did I get coffee and who's in my bathroom?

Why no dual relationships?

- Agencies/professionals may have trouble separating one aspect of their relationship with the client from another.
- The client, her family, or the community may assume you'll treat a client differently depending on the nature of the dual relationship.

Why no bartering arrangements?

- They are dual relationships.
- They involve negotiation where the treatment facility is assumed to be in a position of authority.
- Money is ethically neutral. Agreements are not.

Avoid Romantic/Sexual Relationships

A client is anyone being treated by your agency, whether or not you are likely to have contact with him.

The reason ethical codes define client so broadly is to curtail dual relationships, especially those that involve sex.

BUT, what if you're never likely to encounter their clinician?

You still represent the agency.

And…

- You may have access to the client's medical records, especially of those records are computerized.
- Your newfound love may expect you to pull strings with her therapist.

Ever wish you could have read someone's chart before dating them?

Please don't embarrass the profession

- People who believe in treatment before they enter treatment tend to do better than those with low expectations
- Setting a good example is a powerful clinical tool.
- Living an upright life gives us moral footing to address our clients "addictive behavior."

Why?

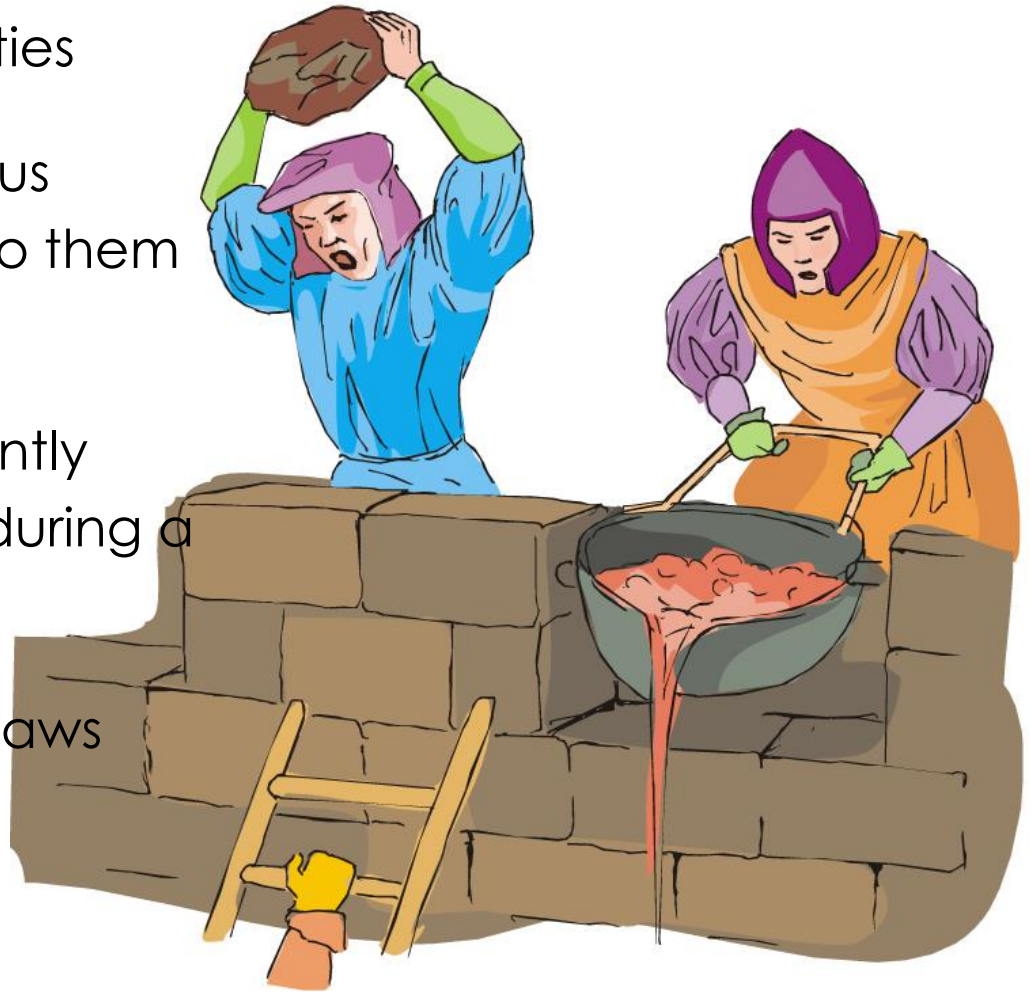
- Anything we do to embarrass our profession hurts our credibility.
- One of the most powerful clinical tools we have is setting a good example
- We don't want ethically-challenged professionals treating vulnerable clients

Being convicted of any of the following will get your certificate pulled in most states:

- crimes involving violence,
- use or sale of any controlled or psychoactive substance,
- driving while intoxicated/impaired,
- fraud,/theft
- sexual misconduct

Protect clients' privacy

- Limit access to your facilities
- Let clients acknowledge us before we say anything to them in public
- Be careful not to accidently reveal a client's identity during a training/presentation
- Know duty to warn rules/laws

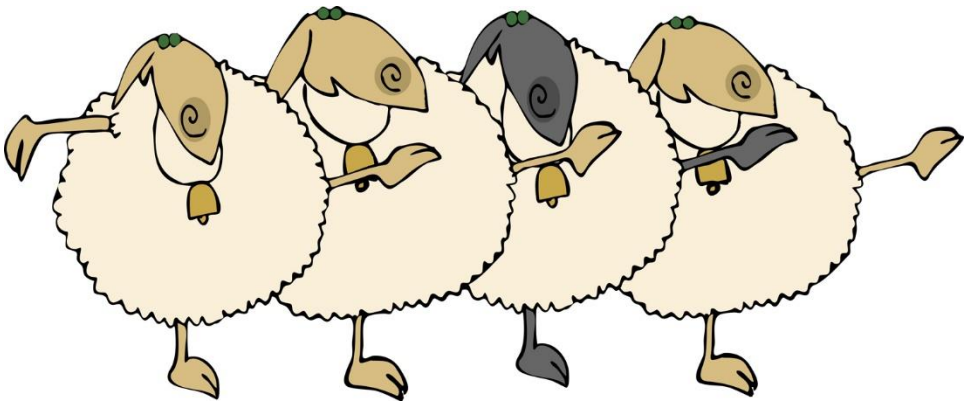


Be honest about your credentials and capabilities

- Get/represent them honestly
- When you have doubts about your qualifications, make sure the people you treat know your concerns.
- You're responsible for making your qualifications clear.
- Don't help other professionals misrepresent their qualifications
- Know the rules governing your profession.

THE EXTREMELY EXCITING,
Amazingly Entertaining
Mesmerizing

CODE OF ETHICAL CONDUCT



Principle One: Non-Discrimination

- Age
- Sex
- Race
- Color
- Religion
- Affiliation
- Pregnancy
- Citizenship
- Political Belief
- National Origin
- Military Service
- Sexual Orientation
- Socioeconomic Status
- Psychological Impairment
- Psychiatric/Physical Disability
- Previous Therapeutic/Treatment Occurrences

I love all my clients!

I have to start drug screening the interns…

Disabling Conditions

- Know something about these challenges.
- Show empathy and comfort in accommodating someone's special circumstances.
- Know the ADA and other applicable laws/standards.

Principle 2: Responsibility

Be honest and objective while maintaining the profession's high standards.

Our job is to help people acquire the knowledge/skill to overcome SUDs.

We accept this isn't always going to be easy.

Principle 3: Competence

We recognize national standards of competency.

We follow these standards for the betterment of clients, colleagues, our profession, and society.

We keep learning to be competent.

Principle 4: Legal Standards and Moral Standards

We follow the legal/moral/professional codes.

We make sure people understand the limits of our qualifications.

We Don't use the professional boards for misleading or nefarious purposes.

Principle 4: Cont'd.

We don't lend your name to frauds/fakes.

Anything we write/produce must be factual and professional.

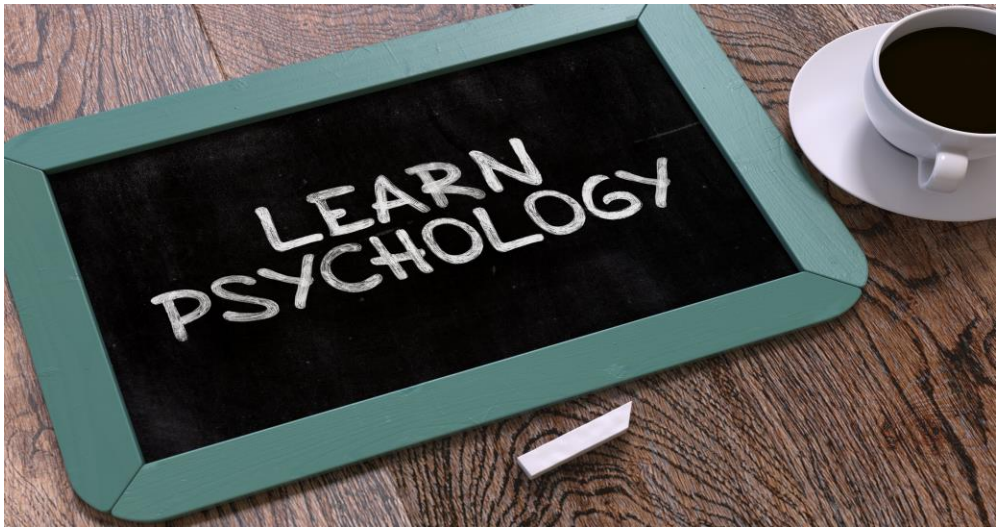
We obey civil/criminal laws and don't embarrass the profession.

Principle 5: Public Statements

We honestly acknowledge the limits of what we know in public statements.

We acknowledge and document materials and techniques used.

Trainers let people know what training/qualifications they need to use skills/techniques presented.

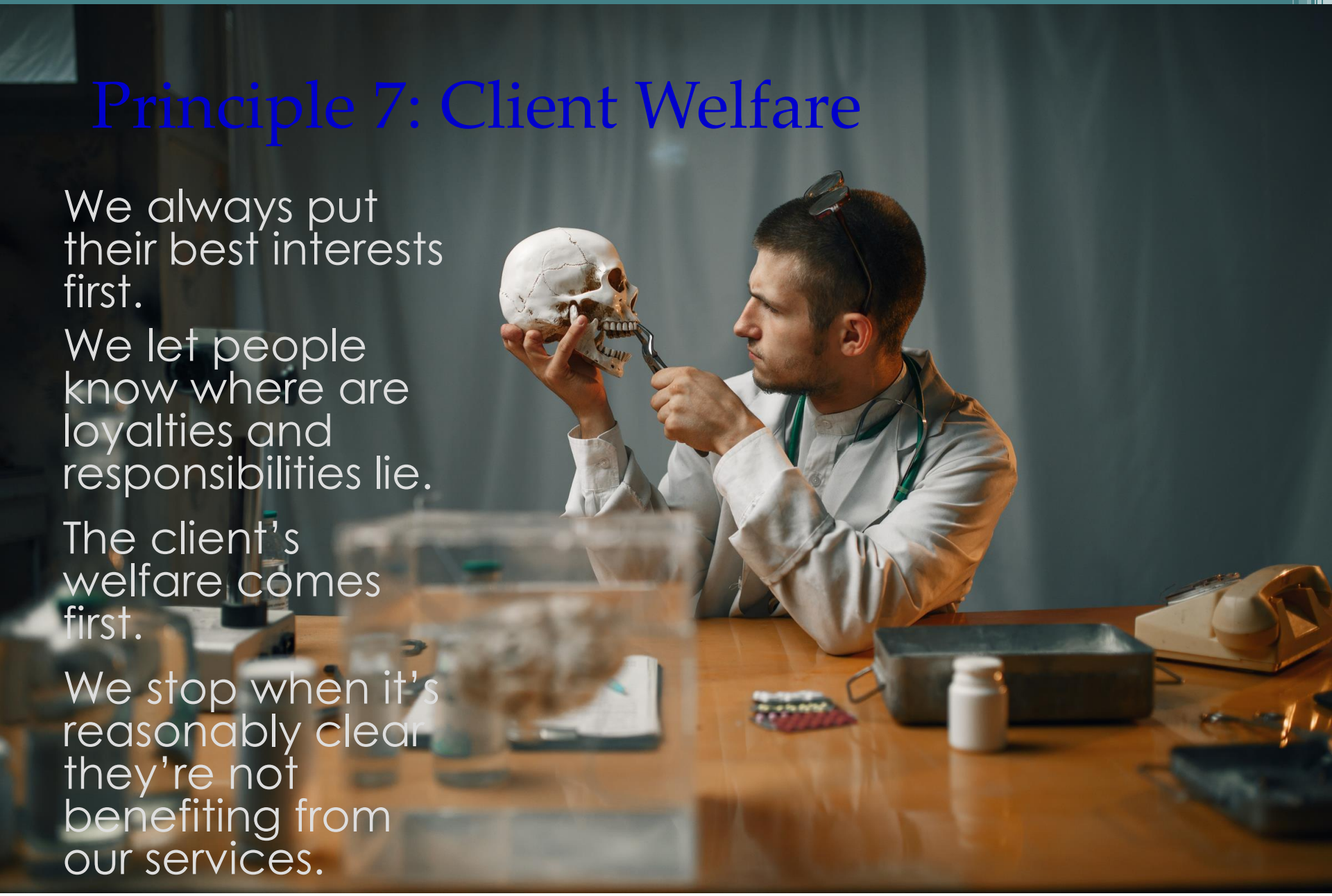


Principle 6: Publication Credit

Give Credit Where Credit is Due!

- List the main author first, and then anyone else who contributed.
- Give thanks where thanks is due to anybody who helped, e.g. clerical staff.
- Cite anything/everything that influenced the publication.
- An editor lists themselves as editor and gives credit to all contributors.

Principle 7: Client Welfare



We always put their best interests first.

We let people know where are loyalties and responsibilities lie.

The client's welfare comes first.

We stop when it's reasonably clear they're not benefiting from our services.

Principle 7: Cont'd.

When we refer people, we keep their welfare in mind.

If someone refuses treatment, referral or recommendations, we weigh the benefits of continued treatment vs. termination, acting in their best interest.

No fishing trips. We only ask for pertinent information for good purposes, we only release information for the same reasons.

More Principle 7!

We don't use people in demonstrations when it might be harmful to them.

We make sure we provide services in a safe place.

We work with other professionals to provide a supportive environment for people on meds.

Principle 8: Confidentiality

We have a duty to protect people's privacy.

- We provide for informed consent, letting people know if we're recording an interview, if we might use the recording for training purposes, and who might hear the recording.
- We're responsible for keeping records confidential.

Principle 8: Cont'd.

We break confidentiality only when there's a clear and present danger to someone, and to the right people, immediately if not within 24 hours.

We only discuss clinical information in appropriate settings for appropriate reasons.

Written/oral reports are limited to 'need to know.'

Make sure you adequately disguise someone's identity if you use them as an example.

Principle 9: Client Relationships

As was stated earlier, we make sure they have the information necessary for informed consent.

If we're working with a guardian or parent we keep them informed.

We avoid treating family members, intimate friends, close associates, or anyone whose welfare might be jeopardized by the counseling relationship.

Principle 9: Client Relationships: Cont'd.

Don't have romantic and/or sexual relationships with people you treat.

Ditto their family and close friends.

If you meet someone in treatment at your facility, why not just change jobs?

Changing jobs does not change the relationship:

- Ethical codes apply to the individual rather than the agency.
- We assume clients are vulnerable or they wouldn't need treatment. Any relationship with them is assumed to be an exploitive one.
- Professionals dating clients are presumed to be taking advantage of the client.

Would you feel comfortable acknowledging to a colleague:

a) you thought a client was attractive?

b) you were attracted to a client?

9. Client Relationships: Cont'd.

All the rules apply to online counseling, and:

Don't interact with current/past clients on personal social networking sites. Better to have a professional site for this purpose.

Use your professional/ethical judgment when including photos and/or comments.

Don't give out your personal contact information.

Any online communication through networking sites should be professional.

But wait, there's more!

We must ensure, as best we can, professional networks we use are secure and only accessible to verified and registered users.

We remember anything we post on a social networking site may reach a large audience. Our posts can be taken out of context forever.

When posting online, we remember we represent the profession, organization, and community.

And You Thought That Was It!

We keep your personal and professional websites separate.

Our employers may reserve the right to edit, modify, delete, or review what we post on their websites.

We are responsible for the content of our posts.

Moderators should delete inaccurate information posts violating privacy and confidentiality laws, or that are unprofessional.

We need to know and follow our employer's social media policy.

Principle 10: Interprofessional Relationships

We treat colleagues with respect, courtesy and fairness.

We don't poach clients, especially not behind the other professional's back.

We cooperate with ethics committees within the constraints of confidentiality.

Principle 11: Remuneration

We take ability to pay into consideration when setting fees.

We don't pay for, or get paid for, referrals.

We don't engage in fee splitting.

The people we serve cannot become our business partners.

We do not accept gifts.

Puppy Laundering

Principle 12: Societal Obligations

We advocate for better services via public policy and legislation.

We inform the public of the effects of substance use disorders.

We act to guarantee people, especially the needy and disadvantaged, have access to the treatment.

We adopt a personal/professional stance promoting the well-being of all human beings.

More Rules to Follow, More Thoughts to Ponder

Relationships

Why forever ban sexual relationships with clients?

Clients often remain clients in their attitudes and behaviors long after they leave treatment.

Their perception of authority in our relationships with them may never change, and hence they may never be in a position of equality.

How About Dinner & A Movie?

Why not spend an enjoyable evening with a client? A sober evening that doesn't culminate in sex could show your lonely client there's more to life than prostitution and cocaine.

The problem is that taking a client to dinner is a date, and dating someone you are treating constitutes a dual relationship.

It Doesn't Look Good

Whether or not you are sleeping with your client, or a member of his family, or his close friend, etc. it appears you are. (One man's innocent date is another man's prelude to videotaped pagan love rituals.)

The appearance of impropriety chips away at the credibility of the whole profession.

Sex cannot be consensual in relationships of unequal power

Is your client free to say no to your sexual advances whiling depending on you for a favorable report to her employer, licensing body, or probation officer?

Can he make wise decisions about sexual partners facing the aftermath of years of addiction?

Knowledge is power.

We have knowledge of our clients that stays with us long after they leave treatment.

This knowledge puts them at a disadvantage.

Intake Meetings Might Change

"He abuses heroin and Percocet, likes long walks in the park, has Hepatitis C, and is looking for a woman who understands the criminal justice system..."

Treating Former Sexual Partners

Can raise the appearance of favoritism, or of persecution, depending on how the relationship ended.

Ex-lovers may have information that could undermine our abilities to provide services.

We may have information they do not want shared with the rest of the treatment team.

Does your ex bring out the best in you?

The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of this Rule.

(Punishable by death.)

So who don't you like, who do you like too much?

Rule 6.3

All certified professionals are mandated child abuse reporters.

IV. When Good Counselors Go Bad . . .

Rationalization

Self-deception isn't limited to addicted people. Too many of us think we have good reasons for unethical behavior.

One common rationalization is believing that a romance with you can only help a client.

The following passage from Casebook in Psychiatric Ethics (1984) illustrates some of the other common rationalizations for starting a romantic relationship with a client.

Even though we agree to follow certain rules just by accepting a position with a mental health/drug and alcohol facility, some of us later decide the rules are too strict, poorly written, out of touch with reality, or not necessary for someone of our experience and clinical acumen.

Tempted: The Rules Are Too Strict

The temptation to exaggerate a client's symptoms in order to obtain an involuntary commitment to a psychiatric facility can be strong.

After all, the family thinks he needs treatment.

You think he needs treatment.

You ask yourself: what do the legislators who wrote the laws know anyway?

This rationalization can lead the clinician down the road from using a negative spin in describing the client's symptoms, to outright lying about how he is presenting.

He wondered if it would be wrong to suggest to her that the two of them see each other socially on occasion. Both of them were single, and neither was involved with anyone else at the time. She seemed mature and not at all fragile – not like the women patients with whom he was aware some male doctors became involved.

He thought, "I probably shouldn't do it. On the other hand . . . If we had met in a social setting, I'm sure we would have had a great relationship from the start. Why should the two of us be penalized because we had the ironic bad luck to meet other these circumstances? I'm a doctor, but more basically I'm a man; she's a patient, but more basically she's a woman. She doesn't really have any serious psychiatric illness at all, and if we did hit it off she could probably just drop out of therapy or see someone else after a while if she needed to."

(Casebook in Psychiatric Ethics, p. 56)

Haves & Worsers/N'yets

Haves: things we have, held up as proof we don't have a problem.

Worsers: things other clinicians have done we deem worse than any of our own ethical violations.

N'yets: unethical things we have not yet done.

(Montrose, 2001)

You can always find somebody who has done something worse.

- "I accept expensive gifts from clients, but I never sleep with them."
- "I've billed for people who didn't show up, but not for people who weren't under my care."
- "I sleep with the agency's clients, but never anyone from my branch office."

Two More Worsers

One: Believing if I follow most of the rules, most of the time, it's OK to be unethical other times.

"It could be worse, I could break all of the rules all of the time."

Lying In Their Best Interest?

A depressed client stops taking meds, starts giving away possession, but denies suicidal ideation. This pattern preceded his last attempt.

Are you tempted to exaggerate his symptoms to get a 302 because you think it's in his best interests?

Ego

We may believe our experiences and credentials exempt us from portions of the Code of Ethics.

We may believe who we think we are is more important than any rule or regulation.

Bad Examples

- "I'm 20 years sober. I know what is best better than any old Code."
- "I have a master's degree and a CADC. The Code was written for paraprofessionals."
- "I have been doing this for 20 years. Only rookies need to worry about those Codes."
- "I shot more dope than any three junkies combined. I got more first-hand experience than the people who wrote that code."

It Worked For Me

A professional counselor without a medical degree may tell a client she would not need medication if she would work the Twelve Step programs, pray harder, take certain vitamins, eat a certain way, or meditate, because one of those things worked for her.

Similar rationalizations

- "It's OK to smoke weed because I no longer snort cocaine."

- "I cheat on the wife, but I'm good to the kids."

Being mostly ethical is not the same as being ethical. Pope & Vasquez (1998)

Two More Worsers Cont'd.

Two: Believing it's ok to break the rules, just this once.

This mirrors a client's contention that eating one OxyContin is not a slip, or that maybe it's a slip, but it's certainly not a relapse, and even if it's a relapse, it's not a reason to call the Probation Officer.

Accepting cash from a client who just moved up on the waiting list is unethical, even once.

Tolerance

Too many of us build up a tolerance for unethical behavior.

Just as most addicts don't shoot heroin into their necks the first time they get high, most professionals don't start off sleeping with clients.

They drift into unethical behavior one ethical compromise at a time.

Beware of Drift

A comedian once pointed out that when your first child drops his pacifier, you boil it before giving it back to him.

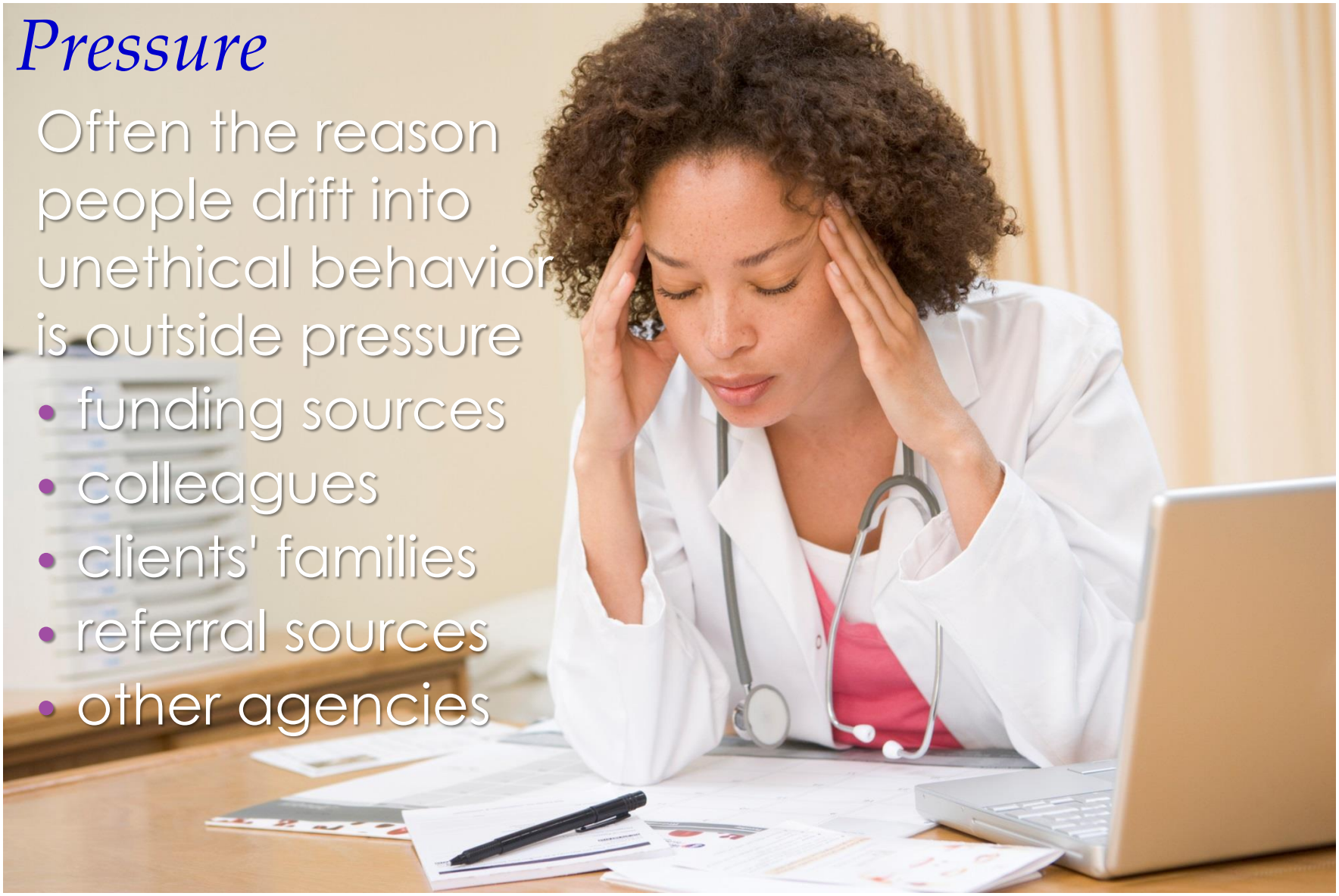
When your second child drops her pacifier, you wipe it off, before handing it back to her.

When your third child drops his pacifier, you let the dog lick it before putting it back in the child's mouth…

Pressure

Often the reason people drift into unethical behavior is outside pressure

- funding sources
- colleagues
- clients' families
- referral sources
- other agencies



Making Money

In the real world making money is a prime concern for non-profit and for profit agencies.

How tempted are we to exaggerate our abilities, results, and the community's needs in order to convince the powers-that-be to send some money our way?

Administrative Issues

If a client's insurance runs out, the Business Office may argue that there are people on the waiting list just as deserving and needy, who can pay for treatment.

They may argue that if the facility goes under, nobody gets treatment, free or otherwise.

Outside Agencies

If an outside agency is responsible for 70% of our referrals, they may have a lot to say about how we do treatment.

They may be under their own pressures that we don't know about.

For Example

Suppose an agency that provides the bulk of your referrals opens a halfway house,but has trouble filling it.

They may feel pressure from their funding sources to fill those beds.

This may be part of the reason they pressure you to send your client to their halfway house rather than back into the community.

Political Pressure

Political pressure can come from many sources. VIP clients are a great example.

The son of a prominent politician may get more attention than a homeless man.

This is especially true if the mother of the client is a legislator who can bring funding, prestige, and slackened governmental oversight to an agency.

A celebrity who does well in treatment may be a good advertisement for that agency, and therefore may get special treatment.

Peers may apply pressure

Two people ask for treatment at the same time. One will get the last open bed.

One is a soft-spoken, elderly man having trouble coping with the second anniversary of his wife's death.

He is drinking a little more than he is comfortable with, and would like some help.

The Three Ds

- Discuss
- When in Doubt, Don't
- Document, Document, Document

Do You Have B.O.?

VIII. Burnout

"An interesting point made was that as burnout reduced their mental/physical health and work competence, it also reduced their ability to recognise that they were suffering from burnout."

www.bps.org.uk/news/mental-health-workers-dont-recognise-their-own-burnout

Beware Your Own Use of Substances

There is no problem so bad a drink cannot make it worse.

Signs of Depression

- Anhedonia
- Chronic insomnia
- Loss of appetite
- Loss of Libido
- Thoughts of death and deceased loved ones
- Diminished ability to think or concentrate
- Worthlessness, helplessness, and hopelessness
- Depressed mood most of the day, nearly every day.
- Slowing down of thought/reduction of physical movement
- Excessive/inappropriate guilt

Karoshi

Death
by
Work

Ever wanted to shout something during a counseling session?

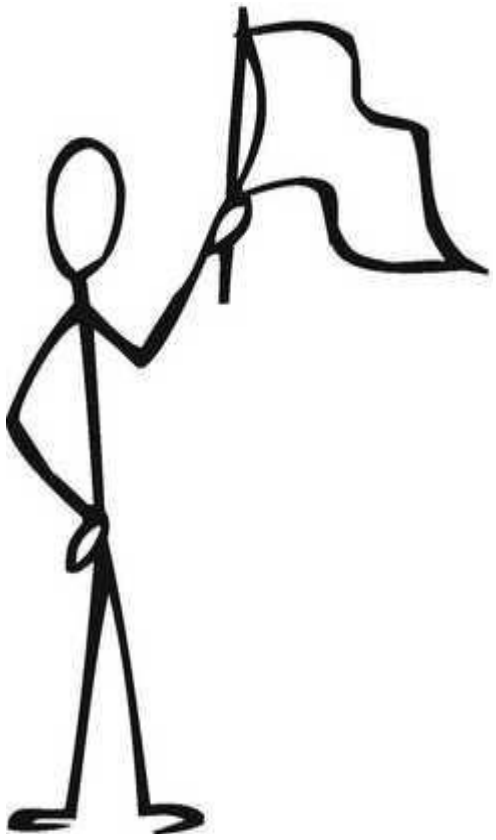
Gratitude I

Starting with the top of your head, list things you are grateful for associated with each part of the body.

List three favorite memories, three favorite sights, three favorite sounds, three favorite smells.

What would your last meal be?

Work you down to three favorite places to walk.



Rather than dwell on the negative, list something you are grateful for that begins with each letter of the alphabet.

Don’t limit yourself to rainbows, puppies, and unicorns….

Who are you glad you're not?

- Your life may be tough. Somebody else's life is tougher.
- You may have done something dumb. Somebody else has done something dumber.

Remember that you are managing your stress.

- People who are completely stress-free tend to be a little creepy,
- Or high,
- Or dead.

Daydreaming

Do You Remember Psychology 101?

Stanley Milgram asked research subjects to "shock" learners. The learners were actually actors pretending to get shocked. Two thirds of the subjects "shocked" the actors at what they thought were dangerously high levels.

What Do You Think?

A company forbid women capable of bearing children from working in highly toxic sections of their plant. These jobs were among the highest paying.

Women who were voluntarily sterilized sued, saying they had to give up their reproductive rights to keep high-paying jobs.

The company claimed a right to decide who worked where. The women said they had the right to be protected from hazards without being sterilized.

How would you decide this case if you were the judge?

What do you think?

A cancer patient wants to die clear-headed now rather than in an opiate haze later.

- Is the greatest good for the greatest number served by prolonging his life?
- Does he have the right to die?
- Does wanting to die mean he's no longer capable of making a rational decision about his life?
- Which is the greater virtue in this case, prolonging life or self-determination?

A prisoner knows where a bomb is hidden in Manhattan. Torturing him will save 500,000 people. Could you use torture to extract the information?

What if?

What if the bomb would ‘only’ kill 500 people? 50? 5?

How Stressed are You?

__1. Do you tire easily? Feel fatigued rather than energetic?

__ *Ever tried to inject the coffee directly into your veins?*

__2. Are you annoyed when people say "You don't look so good lately."

__ *Do people call the paramedics whenever you stop moving?*

__3. Are you working harder and accomplishing less?

__ *Is it a good day when you fall only a little further behind?*

__4. Are you increasingly cynical, paranoid, and disenchanted?

__ *Do you suspect squirrels are a little too chipper?*

__5. Are you often invaded by a sadness you can't explain?

__ *Do you whimper at the site of your car keys, laptop, or briefcase?*

__6. Do you forget appointments, deadlines, and responsibilities?

__ *At the end of a long day, have you ever forgotten where you live?*

__7. Are you increasingly irritable? More short tempered?

__ *Ever extended your middle finger to another driver leaving the parking lot after a religious service?*

__8. Do you have less contact with friends and family members?

__ *Ever wondered whose pictures are in your wallet and why they look so much like you?*

__9. Are you too busy to do routine household chores?

__ *Has the EPA obtained a court order forcing you to clean your apartment?*

__10. Have you experienced physical complaints?

__ *Do detox patients tell you that you don't look healthy?*

__11. Do you feel disoriented when the activity of the day ends?

__ *Have you ever enjoyed the scenery without any idea where you were?*

__12. Is joy elusive?

__ *Do you define "happiness" as an absence of heart burn?*

__13. Are you less able to laugh at yourself?

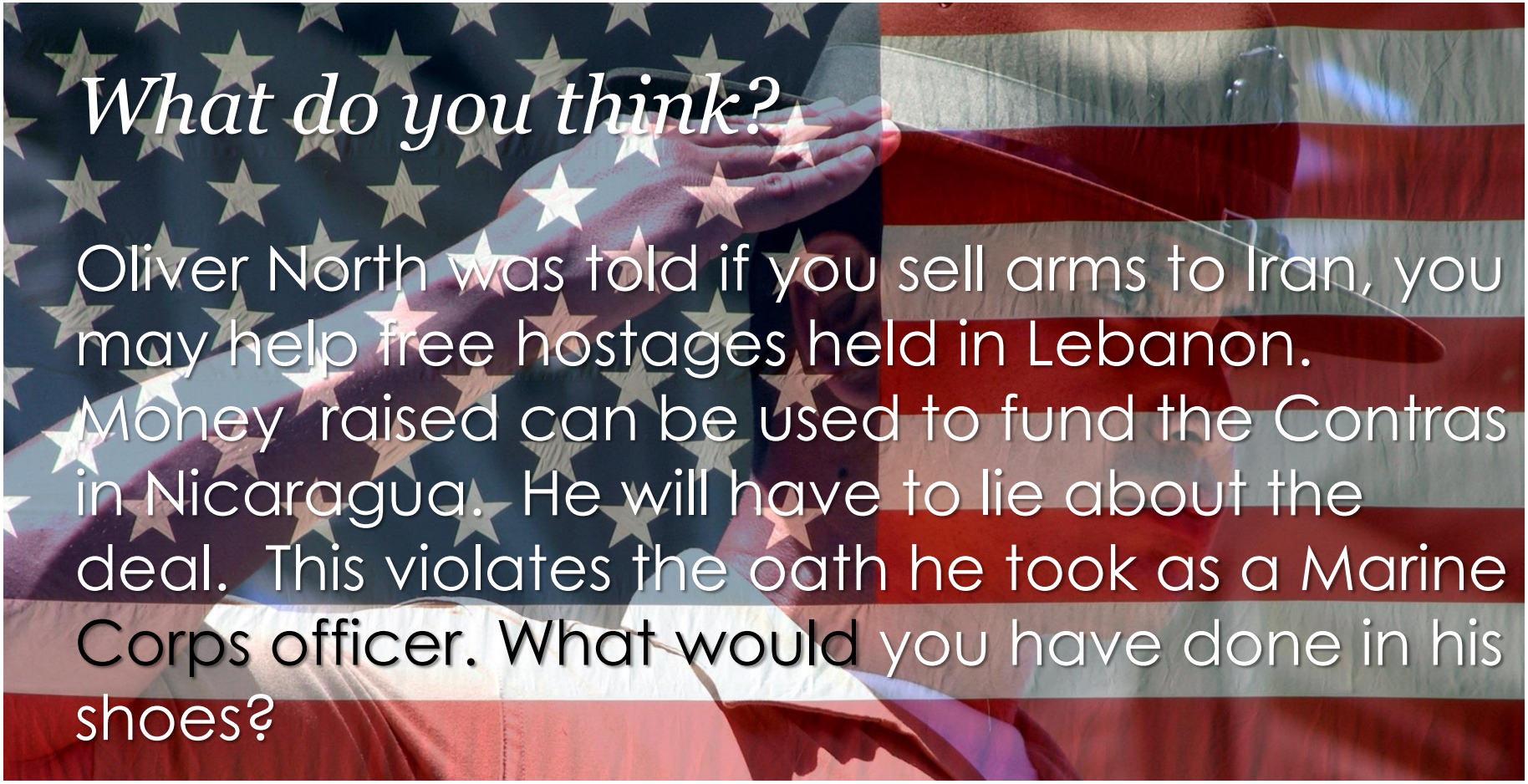
__ *Do you laugh at catastrophes, spontaneously giggling and drooling in a crowded elevator as you remember last night's news about natural disasters?*

__14. Does sex seem like more trouble than it's worth?

__ *Do you panic after sex because you can't remember how to bill for your time?*

__15. Do you have less and less to say?

__ *Are you giving your pets 'the silent treatment'?*



What do you think?

Oliver North was told if you sell arms to Iran, you may help free hostages held in Lebanon. Money raised can be used to fund the Contras in Nicaragua. He will have to lie about the deal. This violates the oath he took as a Marine Corps officer. What would you have done in his shoes?