Slide 1

Ethics and Interventions with Substance Use Disorders:

How to Navigate Ethical Dilemmas

Why do we have a Code of Ethics?

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Slide 2

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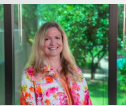**Information in this Power Point can be reproduced but ONLY with proper source referencing.**

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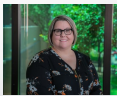
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Slide 3

UNIVERSITY OF TEXAS ARLINGTON | CENTER FOR ADDICTION & RECOVERY STUDIES | SCHOOL OF SOCIAL WORK

Your Presenters

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Center Manager / Clinical Director

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Ethics and Interventions with Substance Use Disorders:

How to Navigate Ethical Dilemmas
_____

Understand how ethical standards apply to intervention with substance use disorders.

Learn how confidentiality with SUD is different from other mental health disorders.

Determine when or whether a CPS report is mandated.

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What Are Ethics?

5

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What is the PURPOSE of having a professional CODE of ETHICS?

- Don't we know the right thing to do?

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What is the PURPOSE of having a professional CODE of ETHICS?

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Contrasting Views for Ethical Deliberation

Ethical Absolutism

ethical decision-making is based on fixed rules that exist regardless of whether one believes in them or not: follows the law or code exactly.

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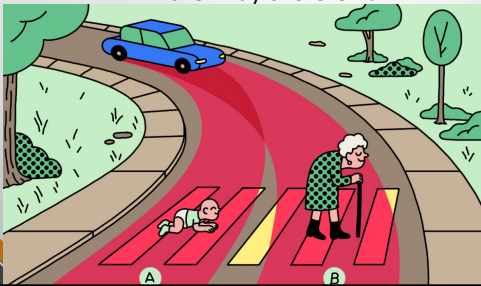## Contrasting Views for Ethical Deliberation

Ethical Relativism

uses the Code or Law as a guide but base the decision on the individual client situation or the good of the most people. It depends on the situation.
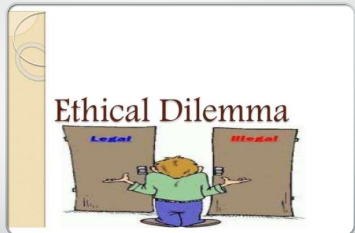
RIGHT
WRONG
DEPENDS

10

Lesser of Two Evils
Either way there is harm

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Is Legal & Ethical the same thing?

Ethical Dilemma

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Is the Legal way always the Ethical way?

Ethical → ? ? ? → Legal

13

Legal Sets the Minimum Standards

Ethics Set the Higher Standards

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Codes of Ethics
Codes of Conduct

- Counselors
- Social Workers
- LCDC
- ACPS, CPS, APS
- AADC, ADC, CCDS, CCGC, CCS, CSC
- Criminal Justice SUD
- Peer Recovery Support, Peer Mentor / Recovery Coach
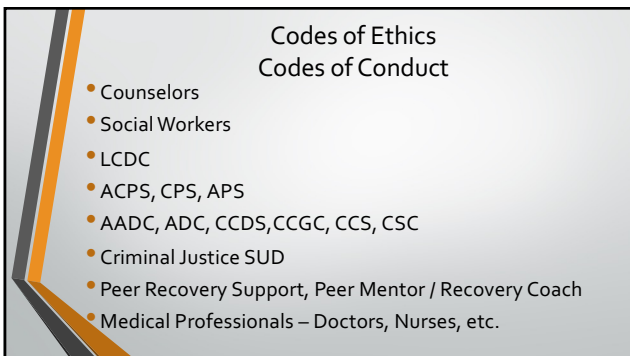- Medical Professionals – Doctors, Nurses, etc.

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State Laws & Ethical Guidelines

- Occupational Code
- Code of Conduct
- Texas Administrative Code
- Various Professional Organizations have published Code of Ethics

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NAADAC Code of Ethics - Principles
National Association for Addiction Professionals

I. The Counseling Relationship
II. Confidentiality & Privileged Communication
III. Professional Responsibilities and Workplace Standards
IV. Working in a Culturally Diverse World
V. Assessment, Evaluation & Interpretation
VI. E-Therapy, E-Supervision & Social Media
VII. Supervision & Consultation
VIII. Resolving Ethical Concerns
IX. Research & Publication

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NAADAC Code of Ethics - Principles
National Association for Addiction Professionals

I. **The Counseling Relationship (42)**
II. **Confidentiality & Privileged Communication (29)**
III. Professional Responsibilities and Workplace Standards (50)
IV. Working in a Culturally Diverse World (12)
V. Assessment, Evaluation & Interpretation (15)
VI. E-Therapy, E-Supervision & Social Media (20)
VII. **Supervision & Consultation (31)**
VIII. **Resolving Ethical Concerns (14)**
IX. Research & Publication (27)

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Why are Ethics Important?

- #1 - Protects clients
- Protects you – your license / certification / job
- Keeps your grounded and thinking straight

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1.5 Hours

180 Hours

20

Definitions in Client Relationship

- **Boundaries**- a line that marks the limits of an area; a dividing line.
- The ability to set and maintain professional boundaries is critical to an effective, sustainable career in substance use treatment.
- SUD workers make judgments regarding boundaries on a daily basis, and these decisions affect not only their own well-being but also that of their clients, colleagues, and loved ones.
- We will discuss how boundaries are self-care and how they protect the client.

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Definitions

- **Dual Relationships**- A dual relationship is relationship an SUD worker might have with a client or former client outside the professional or therapeutic relationship (business, social, financial, personal)
- We will review what to do when this happens

22

Definitions

- **Self-disclosure**- "the revelation of personal rather than professional information about the therapist to the client" (Zur et al, 2009, p. 22).
- Is a process of communication by which one person reveals information about themselves to another. The information can be descriptive or evaluative, and can include thoughts, feelings, aspirations, goals, failures, successes, fears, and dreams, as well as one's likes, dislikes, and favorites.
- We will discuss when / if self-disclosure is ethical

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Boundaries

Why are they important?

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Power Imbalance

➢ You may be the only person this client has ever confided in

➢ Transference of feelings to the SUD worker

➢ In position of authority

➢ You know personal information

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Boundary Crossing

• Taking phone calls between sessions (if not an emergency or previous agreed upon) - becoming too "friendly"
• Small gifts (giving and accepting)
• Excessive self-disclosure - sharing of personal information
• Extending time beyond what was initially agreed
• Saying "yes" when you should say "no"   (Enabling rather than Empowering)
• Making special allowances for a participant
• Running into a program participant in the community – what to do?

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Consequences of Boundary Violations for the Client

• Feeling connection beyond that of a professional relationship
• Get hurt / confused
• Hinder their recovery
• Keep them from learning healthy boundaries and relationships

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Consequences of Boundary Violations for the Worker

- Burnout & Less job satisfaction
- Less personal time with family and friends
- Extreme consequences- loss of job, loss of license / certification, loss of professional identity, loss of peers, loss of professional relationships

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Prevention of Boundary Crossings or Violations

- Understanding of ethical codes
- Self-awareness and monitoring
- Supervisor debriefing / consultation
- Whose needs are being met in this interaction, the participant's or my own?

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Dual Relationships
What is the big deal?

30

Types of dual relationships

- **Social dual relationship**: The worker is also a friend or known acquaintance.
- **Professional dual relationship:** The worker doubles as someone's work colleague or collaborator.
- **Business dual relationship**: The worker is also involved with someone in a business capacity.
- **Communal dual relationship**: Both the worker and client are members of a small community and will likely run into each other or be involved in the same activities outside of the office.
- **Institutional dual relationship**: The worker serves an additional role inherent to a particular institution, such as a prison, hospital, or military base. For example, a therapist could be their parole evaluator.

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Types of dual relationships

- **Forensic dual relationship**: The worker is a counselor as well as a witness in legal trials or hearings involving his or her client.
- **Supervisory dual relationship**: The worker is also responsible for overseeing and supervising the client's development as a professional therapist, as often occurs in educational settings.
- **Digital, online, or Internet dual relationship**: The worker is connected with the client on social media sites such as Facebook, Twitter, and LinkedIn.
- **Sexual dual relationship**: The worker and client are engaged in a sexual and/or romantic relationship.

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Dual Relationships

Unfair to the client

- Who depends on who for what?
- Who does not have a choice in part of the relationship?
- Who might have consequences if don't agree?
- Transference / Counter Transference issues

33

Power Imbalance

➢ You may be the only person this client has ever confided in

➢ Transference of feelings to the SUD worker

➢ In position of authority

➢ You know personal information

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Ethical issues

Warning Signs:

Behavioral factors may warrant or signal violations in the worker/client relationship:

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- Worker has given the client his/her personal e-mail, cell, home address or phone number, or may even disclose their social media account information – or the participant may find it

- Worker is warm-natured and enjoys physical connectedness with clients, such as hugging or embracing upon contact, kissing, rubbing the shoulder, hands, or face to provide comfort and support to the client

- Worker spends lengthy phone hours with the client during the workday or even on personal time

- Worker may tend to dress provocatively on days when scheduled to see the client(s)

36

- Worker tends to spend an inordinate amount of time with the client, both scheduled and unscheduled visits, in comparison to other clients

- Worker talks frequently about the client, and may even openly share how much he or she likes, fantasizes, or can relate to the client

- Worker may begin to spend frequent time with client at various restaurants, movie theaters, or other public places outside of the client's home, or even at worker's home, under the excuse of a client visit

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- Worker freely shares and discusses their own personal experiences with the client

- Worker spends their own personal funds to support clients' needs, particularly if agency won't pay for clients' needs, while worker chooses to assume cost on their own

- Worker engages in the use of drugs and/or alcohol with the client

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- Co-workers begin to talk about the concerns with a worker and their relationship(s) with specific clients

- Client's own family and/or personal friends begin to talk about the amount of time the Worker spends with specific client, and may even share such information with the agency

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Self Disclosure

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Self Disclosure

- compromises the professional relationship – client views the worker more as a friend
- moves the focus away from the client and onto the worker
- creates role confusion for the clients
- The client may feel burdened, and so may hold back or censor information
- The client may feel the worker is too involved
- pressures the client into disclosing when they are not ready – by creating expectations

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Types of self-disclosures

- **Deliberate** - intentional disclosure of personal information by the worker about themselves – to help the client through a situation.
- **Accidental**- when there are spontaneous reactions or unplanned encounters outside of the office or agency that may lead to self-disclosure of personal information to the client.
- **Inappropriate** – sharing/over sharing of information to solely benefit the worker.
- **Client-initiated** - clients actively seeking and searching out information about a worker.

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Self-Disclosures

- **For the benefit of the client**
- **Not an issue worker is currently struggling with**
- **Decide in advance how much information you feel comfortable disclosing before asked.**

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42 - CFR

What does this have to do with me?

44

What Is 42 CFR?

- Protects "records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States."
- The 42 CFR Part 2 regulations serve to protect patient records created by federally assisted programs for the treatment of substance use disorders (SUD).

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Confidentiality

Confidentiality protections help address concerns that discrimination and fear of prosecution deter people from entering treatment for SUD.

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What to Know

- Very detailed and covers many items
- Know your regulations that pertain to your level of care while working with individuals with a diagnosis of SUD.
- Releasing information to outside agencies
- Acknowledging the presence of a person in treatment
- Need a consent to release records and this can be revoked by person at any time.

47

Court-Ordered Consent to Release Information

- Protest it
- Give to Judge – not to attorneys
- Redacted and complete copy to the judge

48

What About Reporting to CPS?

If you suspect that a child is being abused or neglected, the law requires that you report it.

[Texas Family Code Section 261.101 (a)]

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What About Reporting to CPS?

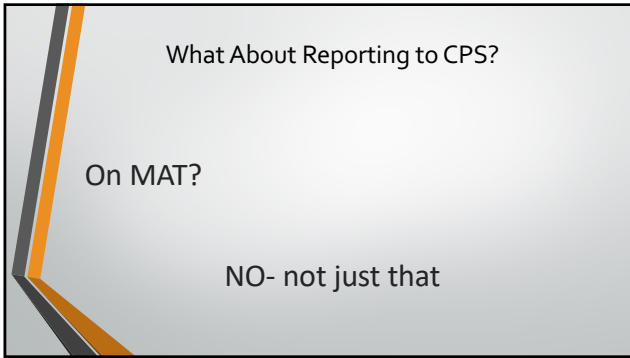Is a parent smoking marijuana reportable?

NO- not just that

50

What About Reporting to CPS?

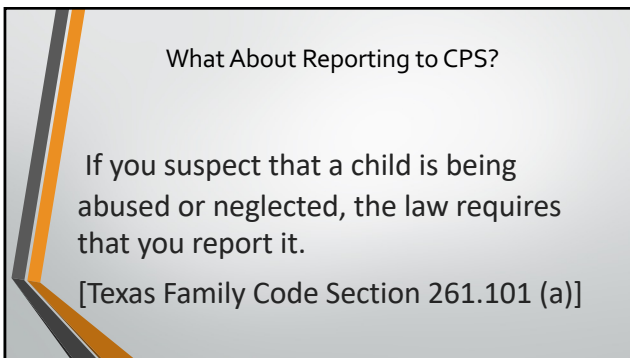In recovery but has history?

NO- not just that

51

What About Reporting to CPS?

On MAT?

NO- not just that

52

What About Reporting to CPS?

Using other drugs?

Maybe

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What About Reporting to CPS?

If you suspect that a child is being abused or neglected, the law requires that you report it.

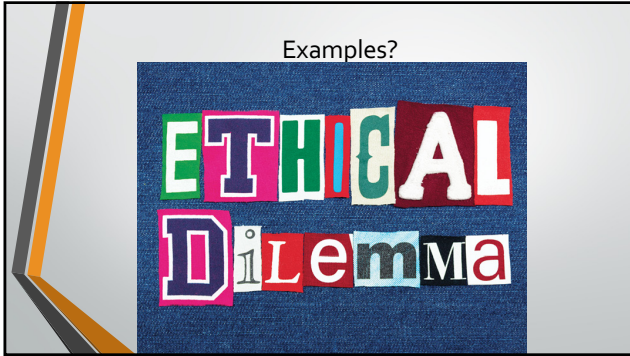[Texas Family Code Section 261.101 (a)]

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Examples?

ETHICAL DiLemma
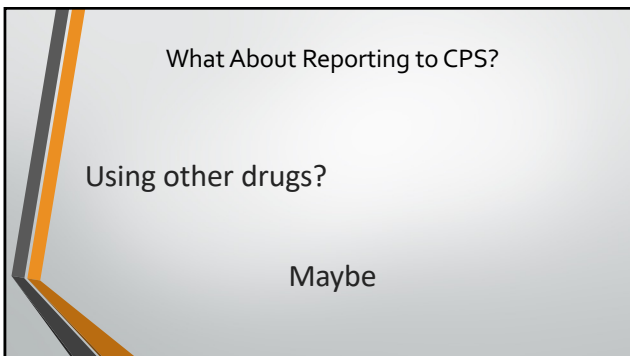
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Case 1

- Client must complete paperwork to qualify for benefit within 90 days of application
- Paper copy– go by the date on paper
- Client has overcome lots of obstacles – been overwhelmed
- Finally got around to filling out paperwork –96 days since start of application

Do you tell your client to start the application over and go down on waiting list?

Do you tell you client to back-date the application?

Why did you come to this decision?

Which ethical theory did you follow?

56

Case 2

- Client referred to you for drug counseling and drug testing by probation office
- Client has worked hard to make changes and has been in recovery for 6 months
- There are 3 months left on probation – but if she violates the probation, she spends 2 years in jail
- Client admits to relapsing and using cocaine, this morning, but immediately called sponsor and went to a meeting.

Do you tell the probation officer?

Do you skip the drug screen for this week?

Why did you come to this decision?

Which ethical theory did you follow?

57

Case 3

- Client referred to for parenting from CPS
- RULE OF THE CENTER - Can't miss or be late to more than one group/class.
- Client was very angry at first and missed 2nd class because didn't want to come.
- Has done a lot of great work, gained insight and admitted what needs to change.
- If he completes classes by court hearing in two weeks, his children return home from foster care.
- Overslept for the last class and tried to sign in 20 minutes late.

Do you let client into class?
Do you let the client complete with this group or start over?

Why did you come to this decision?
Which ethical theory did you follow?

58

Case 4

- Client referred to you for drug intervention services by CPS
- Client has worked hard to make changes and has been in recovery for 6 months
- They continue in recovery support services even after CPS case is closed
- Client admits to relapsing and using cocaine 3 times this week while taking care of her children, but has stopped and following recovery plan now for the past month.

Do you report it to CPS?
If not, is there anything else you would do?

Why did you come to this decision?
Which ethical theory did you follow?

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What do you do when you don't know what to do?

- Refer to Laws and Code of Ethics
- **Consult with peers**
- **Consult with supervisor (Secrets are a red flag)**
- **DOCUMENT your process**
  - You will need to show the logic behind your decision

- If dually licensed, must abide by the highest standards of all licenses, no matter what your job.

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BE CAREFUL

Avoid
- Showing favoritism
- Letting personal biases, values, morals impact professional decision
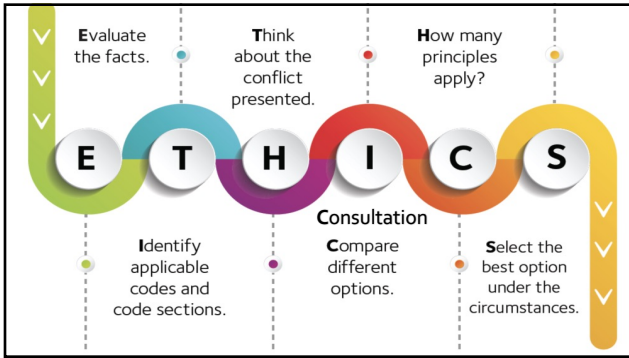
62

Being fair to all clients is hard

- We like some more than others
- We think some are trying more than others
- We think some are more deserving than others

63

64

Case 1

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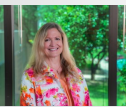Which ethical theory did you follow?

68

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Questions?
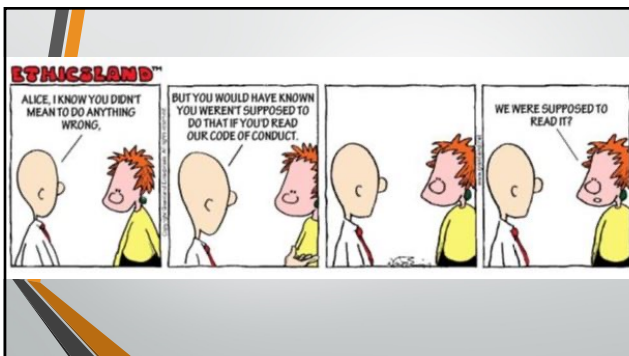
70

References
- Texas Certification Board Codes of Ethics - https://www.tcbap.org/page/CodesofEthics
- Licensed Chemical Dependency Counselor Program regulations - https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program
- Texas Administrative Code LCDC - 25 Tex. Admin. Code § 140.423 - https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=140&rl=423
- NADAAC - National Association for Addiction Professionnels – Code of Ethics - https://www.naadac.org/code-of-ethics
- 42 CFR - https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2
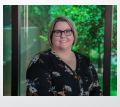
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