An Introduction to Professional Ethics for Addiction Treatment Professionals
Through a Cooperative Agreement with the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment, (CSAT) and Center for Mental Health Services, (CMHS) Morehouse School of Medicine established the Historically Black Colleges and Universities Center for Excellence in Behavioral Health (HBCU-CFE), funded as Grant No. TI023447.
HBCU-CFE Goals

• Promote student behavioral health to positively impact student retention

• Expand campus service capacity, including the provision of culturally appropriate behavioral health resources

• Facilitate best practices dissemination and behavioral health workforce development
Ed Johnson, MAC, LPC

- Ed Johnson obtained a Bachelor’s Degree from Auburn University and a Master’s Degree in Clinical Counseling from the Citadel. In March 2010 Ed assumed the position of South Carolina Program Manager for the Southeast ATTC located at the National Center for Primary Care, Morehouse School of Medicine. In October 2012 became Program Manager for Kentucky, North Carolina and South Carolina.

- Ed worked as Client Services Coordinator at Lowcountry AIDS Services in Charleston SC and from June 1992 until February 2010 in various positions at Charleston Center (Charleston County Department of Alcohol and Other Drug Abuse Services) also in Charleston.

- Starting in November 1999 he served as Program Administrator for the Opioid Treatment Program and Infectious Disease Service at Charleston Center. He has provided numerous trainings in the Southeast on Recovery-Oriented Systems of Care, Professional Ethics, HIV / Addiction, Viral Hepatitis, Opioid Dependency / Treatment and issues related to Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals and Addiction He is currently credentialed / licensed as a Master Addiction Counselor (MAC), a Certified Addictions Counselor (CACII), and a Licensed Professional Counselor (LPC).
An Introduction to Professional Ethics for Addiction Treatment Professionals

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Learning Objectives

By the end of this webinar, participants will:

- Gain increased understanding of the difference between ethics, morals, values, beliefs and the law.
- Be introduced to using an ethical decision-making model for dealing with ethical dilemmas and the importance of Clinical Supervision in that process.
- Review the basis for Addiction Treatment Professional Ethics.
- Gain increased understanding of Boundary Issues, Boundary Violations and Dual Relationships.
- Gain increased understanding of Self Disclosure.
- Gain increased understanding of confidentiality, ethics, and technology.
Common Misperceptions That Interfere with Ethical Practice

- Therapy as a scientific technology
- Therapy as “mystery”
- Therapy as business
- Rigid adherence to administrative standards
- Ethics as mindless rule-following
- Ethical dilemmas as a rarity
The Puzzle

- Legal
- Moral (Values / Beliefs)
- Ethical
Those things which are codified in laws or regulations. Minimum level of acceptable practice in a profession. A good system of laws can incorporate ethical standards, but laws can be corrupted. Laws may also be based on “culturally accepted norms” which may or may not be ethical.
MORALS

Beliefs about right and wrong conduct. They are often based on sociological conditions and learned behavior. They do not require reason or consistency or thorough analysis in their initial shaping or practical application.
VALUES

The beliefs of an individual or culture which has an emotional investment attached. A set of values may be placed into the notion of a value system. Values are considered subjective and vary across peoples and cultures.
Consistent, objectively defined but essentially idealistic standards of behavior that tell us how human beings ought to act in their various personal and professional roles. Ethics are legal guidelines for professional behavior that are developed to protect the profession, the professional, the client and society.
CRITICAL POINTS TO REMEMBER

- There is a difference between personal values, morals and religious convictions and our Professional Ethical Standards.

- Ethical dilemmas that arise in the course of our work must be resolved by following the guidelines of our professional ethical standards or principles rather than our own personal standards or religious convictions.

- Ethical dilemmas can be addressed in different ways.
SOME BASIC ASSUMPTIONS

1. Ethics is a continuous, active process
2. Standards are not a rote cookbook. They tell us what to do, not always how
3. Each situation is unique
4. Therapy is done by fallible beings
5. Sometimes answers are elusive
Addiction Professional’s Code of Ethics fall within the arena of Medical Ethics

Medical Ethics are based on the Hippocratic School (200 BCE).

The duties and responsibilities outlined in the Hippocratic Oath are the foundation of ethics in healthcare.
Medical Ethical Principles

1. **Autonomy or Respect for Persons**
   Recognizes that each individual has dignity or intrinsic worth and mandates that autonomy be respected. This principle promotes self-determination or the freedom of clients/patients to choose their own directions.
Medical Ethical Principles

2. **Beneficence or Non-Maleficence**

   Doing good and avoiding harm, which includes refraining from actions that risk hurting clients / patients. It prompts the practitioner to choose the action that is likely to bring the best results or to choose the action likely to result in a balance of benefits over harm.
3. **Justice or Fairness**

Being fair to all, providing equal treatment to all people and working to prevent or eliminate discrimination.
NAADAC
Code of Ethics Principles

I. The Counseling Relationship
II. Evaluation, Assessment and Interpretation of Client Data
III. Confidentiality / Privileged Communication and Privacy
IV. Professional Responsibility
V. Working in a Culturally Diverse World
VI. Workplace Standards
VII. Supervision and Consultation
VIII. Resolving Ethical Issues
IX. Communication and Published Works
X. Policy and Political Involvement

GO TO WWW.NAADAC.ORG FOR THE FULL TEXT
Guidelines for Ethical Decision-Making

1. **Why is this bothering me?** (Is it an issue? Am I genuinely perplexed or am I afraid to do what I know is right?)

2. **Who else matters?** (Who are the stakeholders affected by my decision? The Golden Rule!)

3. **Is it MY problem?** (Have I caused the problem or someone else? How far should I go to resolve it?)
Guidelines for Ethical Decision-Making (cont.)

4. What is the ethical concern? (Legal obligation, fairness, promise keeping, honesty, doing good)

5. What do others think? (Who can I ask for advice? Can I learn from those who disagree with my judgment?)

Confidential Consultations with Liaisons and other Experts/Professionals

- Consult your Supervisor
- Consult your agency Clinical Supervisor
- Consult the Treatment Director
- Consult another certified peer
Corey, Corey, and Callanan’s Model of Ethical Decision Making

- Identify the problem or dilemma
  - Gather as much relevant information as possible
  - “Clarify whether the conflict is ethical, legal, clinical, professional, or moral—or a combination of any or all of these.”

- Identify the potential issues involved
  - List critical issues; pay no further attention to irrelevant issues
  - Evaluate rights, responsibilities, and welfare of people involved
  - Identify competing moral principles (autonomy, nonmaleficence, beneficence, justice, fidelity, veracity)
Corey, Corey, and Callanan’s Model of Ethical Decision Making (Continued)

- Review the relevant ethics codes
  - Research whether the codes offer a solution to the problem at hand
  - Contact professional organization for interpretation of particular standards
  - Consider whether your own values are consistent with the code; if not, articulate your rationale for disagreement

- Know the applicable laws and regulations
- Obtain consultation
Corey, Corey, and Callanan’s Model of Ethical Decision Making (Continued)

- Consider possible and probable courses of action
- Enumerate consequences of various decisions
- Decide on what appears to be the best course of action

Most Frequent Claims to Ethics Boards

1. Sexual/dual relationship—35%
2. Unprofessional, negligence—29%
3. Fraudulent acts—10%
4. Conviction of crimes—9%
5. Inadequate/improper supervision—5%
6. Impairment—4%
7. Improper record keeping—3%
8. Fraud in applying for credential—2%
Terminology

- **Boundary** Edge of appropriate behavior at a given moment in a relationship between patient/provider, governed by the therapeutic context & contract

- **Boundary crossing.** Benign deviations from standard practice, harmless, non-exploitative, may advance therapy goals, i.e., helping a falling patient, giving patient ride home in a blizzard

- **Boundary violation.** Significant deviations from standard practice, harmful, exploitative, takes therapist out of professional role, “cui bono”
Why are Boundary Issues Important?

- Blurred boundaries distort therapy bond
- Can impair counselor’s judgment
- Conflict of interest
- Exploitation of client
Axioms

1. The responsibility for setting & maintaining boundaries *always* belongs to the counselor.

2. The patient should not be blamed or stigmatized for violating a boundary.
59% of counselors hugged, kissed, or affectionately touched clients

“When we touch all patients the same then we know it is therapeutically supportive”

“Do nothing in private that you wouldn’t do in public”
Use of Touch

- To achieve safety
- A form of greeting
- With client’s permission
- As a therapeutic intervention
- When it meets client’s needs

- To establish trust
- Raises difficult transference issues
- Client has history of unresolved boundary issues
- Counselor or client discomfort
Language as a Boundary Issue

- Jargon
- Cultural background
- Language consistent with all patients
- “Four-letter words”
- Unintended verbal overtures (“You look nice today”)
- Verbal abuse rationalized as helpful confrontation
Dual Relationships

Dual or multiple relationships occur when professionals assume two or more roles at the same time or sequentially with a client / patient.
Examples of Dual Relationships

- Counselor and friend
- Counselor and business partner
- Bartering therapy for goods and / or services
- Providing therapy to a relative or a friend’s relative.
- Socializing outside of therapy sessions
- Combining the roles of supervisor and therapist
Examples of Dual Relationships

Becoming emotionally involved with a client or former client.

Becoming sexually involved with a client or former client.
Self Disclosure

- Inevitable disclosure: name, speech, dress, religious symbols, décor, books on shelves, diplomas, info. on website, non-verbals, laughter, pregnancy, absence, illness,
- “The Black Screen”
- Patient variations
- “Quid pro quo” Hannibal Lecter, avoiding coerced self-disclosure
- Shared experiences or affiliations
General Guidance on Self Disclosure

Who’s needs are being met by the self disclosure (cui bono).
Confidentiality and Ethics in the 21st Century

- Cyber – Counseling
- Email
- Social Networks
Questions?

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