Ethics In The Addiction Counseling Profession
If you were a doctor, should you

- Give enough morphine to a dying patient to keep them very comfortable, yet knowing it will make death come quicker?
- Turn off a respirator at the request of a patient, even though she might live indefinitely with it? What if the PTs family is against it?
- Fudge a diagnosis a little bit so that a patient can keep coming in for TX?
How do we make decisions like this?
Ethics
Eudaimonia (Happiness) =
Human Excellence (*arete*) (an internal good)

plus

Circumstantial Security (an external good)
Virtue: Not just what you do……

But who you are…..
Kohlberg’s Stages of Moral Development
Level 1: Preconventional Ethics

- The ethics of egocentrism. Typical of children up to about age 10.
- Called preconventional because children typically don’t fully understand rules set down by others.
Level 1: Preconventional Ethics Continued

● **Stage 1: Punishment-Obedience**
  - Consequences of acts determine whether they’re good or bad. Individuals make moral decisions without considering the needs or feelings of others.

● **Stage 2: Market Exchange**
  - The ethics of “What’s in it for me?” Obeying rules and exchanging favors are judged in terms of the benefit of the individual.
Level 2: Conventional Ethics

- The ethics of others. Typical of 10-20 year olds.
- The name comes from conformity to the rules and conventions of society.
Stage 3: Interpersonal Harmony

Ethical decisions are based on concern for the opinions of others. What pleases, helps, or is approved of by others characterizes this stage.

Stage 4: Law and Order

The ethics of laws, rules, and societal order. Rules and laws are inflexible and are obeyed for their own sake.
Level 3: Postconventional Ethics

- The ethics of principle. Rarely reached before age 20 and only by a small portion of the population.
- The focus is on the principles underlying society’s rules.
Level 3: Postconventional Ethics
Continued

● Stage 5: Social Contract
  ● Rules and laws represent agreements among people about behavior that benefits society. Rules can be changed when they no longer meet society’s needs.

● Stage 6: Universal principles
  ● Rarely encountered in life. Ethics are determined by abstract and general principles that transcend societal rules.
Power

- From society
- From the client
Sincerity and good intentions

● NOT ENOUGH

● Examples:
Susan Forward, Ph.D.
Ethics and Being Ethical Defined

- Ethics – A system of moral standards; the study of standards of conduct and moral judgment; the system of morals of a particular person or group, etc…

- Is a formulation of universal principles of human conduct made specific in relation to a profession
Types of Ethics

● **Mandatory Ethics:**
  - A term that describes a level of ethical functioning at which Human Service Professionals merely act in compliance with Minimum Standards. The Law.

● **Aspirational Ethics:**
  - A term that describes the highest standards of conduct to which professional Human Service Professionals can aspire. What we demand of ourselves. Requires that we do more!
For us…

One paramount principle:
Client Welfare
Client Welfare

- Client Welfare
- Client Welfare
- Client Welfare
- Client Welfare
- Client Welfare
- Client Welfare
Client Welfare
Oh, and did I mention…
Client Welfare!
5 General Principles

- Autonomy
- Nonmaleficence
- Beneficence
- Justice
- Fidelity
CODE OF ETHICS

1. This school has as its principal objective, the training of qualified cosmetologists, to render the best possible service to patrons.
2. This school strives continuously to improve its operation in order to keep abreast of ever changing developments and new techniques in cosmetology.
3. This school observes all rules and regulations issued by the Maine State Board of Barbering and Cosmetology.
4. This school encourages its instructors to keep abreast of the latest teaching methods in cosmetology by reading educational books and attending teachers' refresher classes, advanced courses, workshops and seminars.
5. This school takes part in educational conferences and regional meetings, in order to advance the cosmetology profession.
6. This school makes use of acceptable teaching techniques and training aids, such as textbooks, films, filmstrips and other audio-visual aids, in order to provide the best possible training for its students.

7. This school purchases only high grade standard equipment and cosmetic professional supplies to be used for instruction of its students.

8. This school maintains honest and fair relationships with its staff, students, patrons, state board and other schools.

9. This school advertises truthfully, and makes honest representations to its students.

10. This school refrains from advertisement or criticism, which might reflect unfavorably on other schools and the cosmetology profession.
Samples of Unethical Behavior

- Prolonging the number of counseling sessions to satisfy the Human Service Professional’s emotional needs or financial considerations
- Being unaware of counter-transference reactions to a client, thus inadvertently increasing resistance and thwarting growth
- Imposing values, goals, or strategies on clients that are not congruent with their cultural background
- Using techniques or strategies that are comfortable for the Human Service Professional rather than those that are aimed at helping the client achieve their therapeutic goals
- Practicing with little enthusiasm or tolerating boredom and apathy
2.3 Termination of membership may occur by (a) resignation or (b) dismissal for violation of the Organization’s By Laws or for unethical conduct.
An Ethical Decision-Making Model

- Identify the problem
  - Gather information
- Apply the Code of Ethics
  - After you clarify the problem, refer to the Code of Ethics
- Determine the nature and dimensions of the dilemma
  - There are normally several avenues to follow
- Generate potential courses of action
  - Brainstorm possible solutions
    - Be creative
- Consider Consequences
  - What are the implications for you and the client
- Evaluate the selected course of action
  - Determine if the course of action presents any new ethical considerations
- Implement course of action
To Be Effective As A Human Service Professional

- Learn as much as possible about the profession
- Don’t bring personal issues into a session
  - If you haven’t learned to deal with your own pain, how can you be effective in helping someone else?
- Avoid Dual Relationships
  - (friends, family, co-workers, social contacts, etc)
  - This may be unethical and must be dealt with

**Don’t Ever Become Sexually Involved With A Client** *(2-Year waiting period)*
Human Service Professional Competence

- Accurate representation of professional qualifications
- Professional growth through involvement and continuing education
- Providing only services qualified to provide
- Maintain accurate knowledge and expertise
- Seek assistance in solving personal issues
- Recognize Your Strengths and Weaknesses
Confidentiality vs. Privileged Communication

- **Confidentiality:**
The responsibility of a Human Service Professional not to divulge information received in a professional capacity in court or in any other situation.

- **Privileged Communication:**
The legal right that exists either by statute or common law that protects the person from having confidences revealed publicly during legal proceedings.
Some Exceptions to Privileged Communication

- Court Appointees
- Criminal Trials
- Child or OA Victimization
- Tarasoff
Client’s Right to Treatment

The Human Service Professional has an ethical responsibility to help the person make informed choices regarding counseling.

3-Areas of Required Knowledge by Client

- The procedures, goals, and possible side effects of counseling
- The qualifications, policies, and practices of the therapist
- The available sources of help other than counseling
Ethics and Professional Issues for Counselors

Oh, that my actions would consistently reflect your principles!
Psalm 119
After murder,

What is the worst crime you can think of?
Should possession of child pornography be illegal?
How about virtual (completely computer generated) porn?
Who’s the victim?

Can you prove it?
This is a MORAL* LEGAL dilemma
--not an ethical one (except for pornographers)
Morality is about right and wrong

- As determined by individuals or groups
- Can apply to individuals and groups
- Not necessarily determined by logic and reasoning
- Can argue from authority
- May or may not be backed up by law
Morality is influenced by

- Family
- Peer group
- Culture
- Media
- Religion
- Education
- Politics
- Personal history
- Gut feelings
Ethics deals with right and wrong

- As determined by a group for members of the group
- Applies ONLY to individuals in the group
- Based on common experience of the group and is ultimately a practical application of accepted principles
Law
- Imposed by society
- From politicians
- Coerced
- Based on???
- Jail or fines

Ethics
- Imposed on members of a group
- From members of the group
- Freely chosen
- Based on application of principle
- Fines and exclusion
Most Human Service Groups Accept the following MORAL Principles

- Autonomy
- Beneficence
- Nonmaleficence
- Justice
- Fidelity
- Veracity
Limits of a Code of Ethics

- Reactive rather than proactive
- Conflicts between two codes
- Conflicts with customs, personal beliefs
- Principles not virtues
- Lack of input from individuals whose welfare is at stake
Do Ethics Matter More Than Laws?

- Laws are minimal standards of behavior
- Ethics demand an aspirational level of behavior
- The case of Michael Wempe 2003-2006
Can Counselors Date Their Clients?
Sexual intercourse, sexual contact or sexual intimacy with a patient, or a patient's spouse or partner, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical.

Other acts which would result in unethical dual relationships include, but are not limited to, borrowing money from a patient, hiring a patient, engaging in a business venture with a patient, or engaging in a close personal relationship with a patient. Such acts with a patient's spouse, partner or family member may also be considered unethical dual relationships.

CAMFT code of ethics
Can Lawyers Date Their Clients?
1.8(j), “A lawyer shall not have sexual relations with a client unless a consensual sexual relationship existed between them when the client-lawyer relationship commenced.”

ABA August 2001 (!)
Can Dentists Date Their Patients?
2.G. Personal Relationships with Patients. Dentists should avoid interpersonal relationships that could impair their professional judgment or risk the possibility of exploiting the confidence placed in them by a patient.
Ethical Decision Making
Ethical Dilemma

● Choice must be made between two or more courses of action

● Significant consequences exist for not taking one of the courses of action
Ethical Dilemma

- Each course of action can be supported by one or more ethical principles
- The ethical principles supporting the course not taken will be compromised
The dentist has a duty to promote the patient's welfare. This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.
SECTION 5 — Principle: Veracity ("truthfulness")

The dentist has a duty to communicate truthfully.

Report and Advisory Opinion of the Council on Ethics, Bylaws and Judicial Affairs: Marketing or Sale of Products or Procedures

Background: A small but significant number of dentists sell or market dental products to their patients. One survey puts the figure as high as 17%. They may also engage in the sale or marketing to their patients of non-dental products, such as vitamins and nutritional supplements. The sale or marketing of products in the dental office is a potential source of income. Income enhancement is a common inducement for dentists to participate in multi-level marketing programs or distribution networks. No one knows more about oral health care or is better qualified than the dentist to make recommendations about the safety and efficacy of dental products. Indeed, patients look to their dentists for this kind of advice. In a 1994 ADA survey, the dentist topped the list of sources Americans rely on for dental information. Dental manufacturers report that the dentist’s recommendations can have substantial influence on the consumer’s decision to buy a particular dental product.

The fact that the dentist derives income from the sale or marketing of products does not, by itself, make the practice unethical; after all, dentists also derive income from the delivery of dental services. Any transaction for profit involves the potential for conflict between the interests of the buyer and the seller. However, dentists, as professionals, have an ethical obligation to put the interests of their patients above their own financial gain. As stated in the Preamble to the ADA Principles of Ethics and Code of Professional Conduct (Code), "The American Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal."

Section 5 – Principle: Veracity of the Code states: This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.
And the policy of the ADA?
“sovereignty of professional judgment with respect to TX decisions”

- Regarding health plans: The provisions and promotion of the program should be in accordance with the *Principles of Ethics* of the American Dental Association....
Dentists seem to have dropped the ethical ball..... But have we?
Our involvement with Managed Care…

- Do we let bureaucrats decide what kind of TX our clients get?
- Inpatient vs. outpatient?
- Length of time?
- Same dorm; different rules?
- Confidentiality questions?
Our involvement with the criminal justice system….

- Do we let judges, probation officers/parole agents decide TX issues?

- We often say that TX should be non-punitive, yet we actively lobbied for SB 803 (Ducheny), which called for flash incarceration for Prop 36 clients.
People are forced into treatment in a variety of ways. Confidentiality safeguards may be signed away by a patient under duress or while still so toxic that they are unable to appreciate the consequences.

LeClair Bissell
Principle 8: Confidentiality

The NAADAC member working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client’s rights under confidentiality.
Principle 7: Client Welfare

The NAADAC member shall promote the protection of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all NAADAC members.
An adult client referred by probation has relapsed in the course of treatment. He is otherwise working very hard at recovery. The agreement with the probation officer is to report any substance use and will result in a violation of probation and the client’s incarceration. The substance abuse counselor decides not to report the relapse.
Client Welfare

- Who is your client? (legally; ethically)
- When do they become your client?
- When are they no longer your clients?
- How do you define what is best for clients?
The dilemma of politics....
Marriage and family therapists recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.
Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.
So what serves “the public interest”?

- Free mental health services for everyone?
- Mandatory coverage for insurance companies?
- More state funding for grad school scholarships to ensure a good supply of therapists?
- Taking away State regs for education of MFTs?
The problems with legislation

- Because of politics/amendments bills are never exactly what we want
- Good, sincere people who might agree on ethics can vehemently disagree on legislation
- What if you are a devout Libertarian?
- What price do you pay for legislation?
How about conflicts in this room?

- CAADAC will once again push for a licensure bill; CAMFT will likely oppose it.
- CAADAC pushed to have LMHPs required to have additional certification if they wanted to work with addiction; CAMFT stopped it cold.
We have to ask ourselves: are we serving the public interest, or are we being self-serving?
Dual relationships occur when professionals assume two roles simultaneously or sequentially with a person seeking help.
Dual Relationships

Social Contact

- Accidental meeting
- Infrequent
- Protect integrity of counseling relationship

Relationship

- Planned
- Ongoing
- Mutual
Dual Relationships

- Harm to clients
- Harm to counselor
- Harm to community
- Harm to profession
Dual Relationships

- Self disclosure
- Gifts
- Touch
- 12 step meetings
- Relationship after termination
- Boundary violations
Self-Disclosure Guidelines

- Benefits the client
- Client profile considered
- Informed consent
- Not a *current, unresolved* issue for counselor
- Potential *consequences* considered
- Frequency
To feel attraction to a client is not unethical:
To acknowledge and address the attraction is an important ethical responsibility

Kenneth Pope
Confidentiality

- Technology
- Supervision
- Group counseling
- Training
The Police come to your door...

- With an arrest warrant
- With a search warrant
- What do you do?
You can’t ignore CFR 42!

- Even if you think you are protecting other clients
- Even though the police “are coming in anyway”
- You must try to convince them to leave
- The letter
Harm Reduction: a special problem...

- Your personal experience vs. the science
- Unethical to say things like “methadone is more addictive than heroin”; what does that mean?
- Let’s stop both “methadone is like insulin” and “you’re just trading one addiction for another”
Methadone

- Problems lie in the implementation
- For profit vs. non-profit
- 10 minute counseling
- Not promoting long term goal of drug-free life
- Benzodiazepines
- Caseloads
- Suboxone
NEPs

- Proven to reduce HIV and HepC
- Can be a bridge to TX & other care
- But…. “alternative lifestyle”
- Don’t scare them off
- One to one exchange?
- Why not counselors?
Is the real issue a failure of society to provide adequate TX opportunities for opiate addicts?
Naloxone Syringes

- Will save lives
- Doesn’t address the problem of addicts not calling 911
Review: Key concepts

- Confidentiality
- Transference/Countertransference
- Professional: education, public speaking, political activity, self-care, use of peers
- Dual Relationships
  - A. sexual exploitation
  - B. financial exploitation