Ethics in Practice: 2021

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MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

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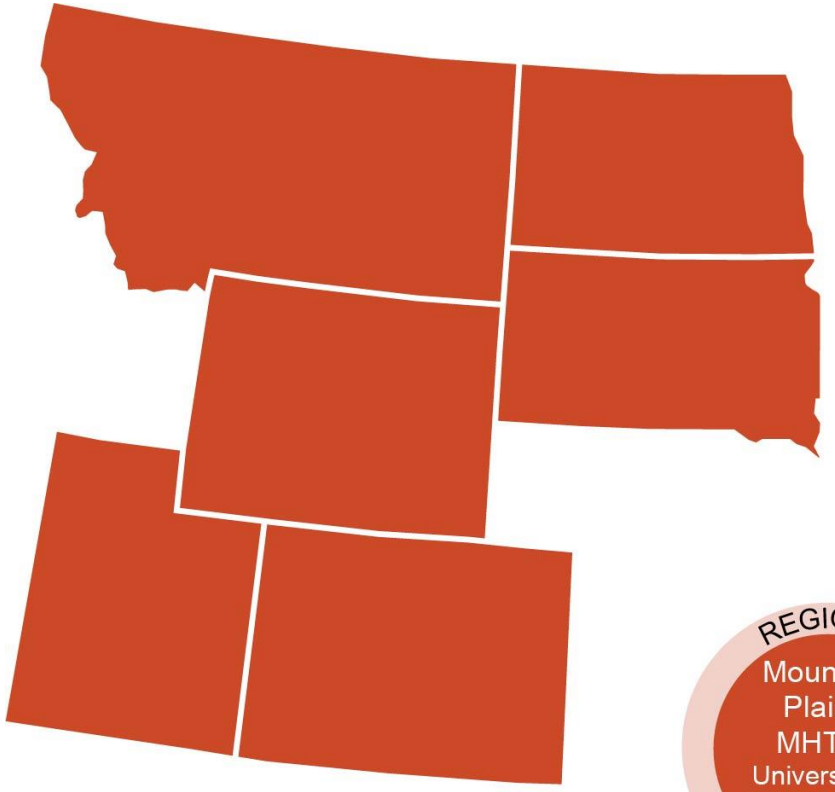
The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



REGION 8
Mountain Plains MHTTC
University of North Dakota

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Healing-centered/ trauma-responsive
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Who the heck is Mita Johnson, Ed.D ???

- Clinician: 30+ years
- Credentials: LPC, LMFT, LAC, MAC, SAP
- 2 supervisory credentials; telehealth provider credential, EMDR trained clinician
- MFT Grievance Board, Colorado: Chair
- CAAP: Past-President, Legislative Co-Chair
- NAADAC: President
- NAADAC: Ethics Committee
- Walden University: Core Faculty Member, SOC
- Evergreen Consulting Group: Trainer/Educator, Consultant, Contracted Supervisor

So glad you are here ☺

- I love lively discussions about issues relevant to you.
- I welcome questions that help us all think about ethics broadly.
- I welcome questions that discuss specific real scenarios.
- Thanks for participating with me!

What are my topics of discussion today?

- Defining an “ethical” professional
- Scope of practice
- Representing yourself
- The culture of treatment
- Referrals
- Safe & Ethical Use of Technology
- Boundaries & Dual Relationships

An ethical professional…

Statements I often get!

- I know right from wrong.
- Only people without any commonsense act unethically.
- I took an ethics class 10 years ago as part of my program – I'm good …
- So boring!!!
- I've never been grieved. I'm good …
- My boundaries are rock solid. Thanks.

Values:

- learned & modeled
- one's character development
- family of origin, family of choice, cultural affiliations

Morals:

- right & wrong
- dictated by community & legal codes

Ethics:

- personal & professional way of acting within specific environments

Nuremberg, Germany

- On trial: Nazi researchers & chemists
- 1945 & 1946
- Acts committed by Nazi medical researchers
- Would have been condemned by Hippocratic Oath
- No ethics codes existed, or the relevant ethics codes did not pertain to specific populations

TUSKEGEE PROJECT

- Tuskegee Alabama: 1932
- Public Health Service initiated syphilis study on 399 black men
- Men aware of their diagnosis
- Intent to watch course of syphilis
- Cure – penicillin – withheld from men and their families
- 1972: experiment ended; 128 men died of disease or complications

WILLOWBROOK STATE SCHOOL

- 1967: School in New York
- Students with “mental retardation”
- Given hepatitis by injection
- Looking for ways to reduce damage done by disease
- Consent was obtained – however, coercion was involved as gaining admission was only guaranteed if parents consented to their child’s participation in this study

- **Autonomy:** To allow each person the freedom to choose their own destiny.
- **Obedience:** The responsibility to observe and obey legal and ethical directives.
- **Conscientious Refusal:** The responsibility to refuse to carry out directives that are illegal and/or unethical.
- **Beneficence:** To help others. Do no harm.
- **Gratitude:** To pass along the good that we receive to others.
- **Competence:** To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques.
- **Justice:** Fair and equal treatment; to treat others in a just and fair manner.
- **Stewardship:** To use available resources in a judicious and conscientious manner; to give back
- **Honesty and Candor:** To tell the truth in all dealing with clients, colleagues, business associates and the community

Why did you enter co-occurring mental health and/or addictions profession?

- Why are you a provider? counselor? supervisor? peer?
- Do you “need” to help people – what’s your agenda?
- Counselor-centered agenda vs client-centered agenda

What does it mean to be a professional?

- Who are you when no one is watching?
- How do you treat those who are hurting, struggling, relapsing, recycling?

“Favorite” clients?

“Friend-worthy” client?

Clients “you don’t like”?

Clients who “trigger” you?

“Attractive” client?

match.com?

Client's treatment plan?
Preparing for session?

Zoned out while client was talking?
Cell phone, computer, other distractions?
With Covid-19: puppies, kitties, children…

Consistency

Accuracy: Gender Identification

Accuracy: Client Pronouns

Fairness – Without Bias

Documentation

NAADAC
Code of Ethics

Revised & Published January 2021
https://www.naadac.org/code-of-ethics

- Introduction to NAADAC/NCC AP Ethical Standards
- Principle I: The Counseling Relationship
- Principle II: Confidentiality and Privileged Communication
- Principle III: Professional Responsibilities and Workplace Standards
- Principle IV: Working in A Culturally-Diverse World
- Principle V: Assessment, Evaluation and Interpretation
- Principle VI: E-Therapy, E-Supervision and Social Media
- Principle VII: Supervision and Consultation
- Principle VIII: Resolving Ethical Concerns
- Principle IX: Publication and Communications

Ethical Principles

- Respecting human rights and dignity.
- Respecting the client's right to be self-governing.
- Promoting the client's well-being.
- Fostering responsible caring.
- Offering fair treatment for all clients.
- Providing adequate services for all.
- Equal opportunities for all clients seeking services.
- Protecting the integrity of the practitioner-client relationship.
- Fostering the practitioner's self-knowledge and self-care.
- Enhancing the quantity & quality of professional knowledge and its application.
- Responsibility to the community & profession.

Effective & Ethical Therapy

- **Partnership** – teamwork, engaging, connected
- **Exploratory** – open, no hidden agendas/biases
- **Supportive** – inquisitive, caring, thorough, listening
- **Collaborative** – equal – within professional boundaries
- **Healthy** – authentic, genuine, transparent, present

Non-Therapeutic & Unethical Practices

- therapy becomes a competition
- client put on defensive
- client feels exploited
- client feels manipulated
- therapist is not respectful
- therapy feels suffocating
- agenda-driven – therapy feels forced

Doug can't sleep. It's 1 a.m. and he decides to answer emails that are sitting in his inbox, including one from a client.

What are your thoughts about Doug answering his emails at 1 a.m.?

Cori really likes working with all her clients, especially Don. Don has worked hard throughout the counseling relationship and today is her last session with him. At the end of the session, she plants a quick kiss on his lips to say good-bye.

Thoughts?

Kym is an LGBTQ+, addictions-focused therapist. They have extensive experience working with clients who like bondage. Their website shows pictures of them in very suggestive bondage-oriented photos.

Thoughts?

Bob has a crack cocaine use disorder. You used to have a powdered cocaine use disorder. Bob is now asking for leniency from you about UA's – he states that you "know how it is out there."

Thoughts?

Scope of Practice …

Scope of practice

Standards of practice

Evidence-based

Outcome-driven

Client-centered

What is competency?

- one's range or extent of ability or skill
- the state of being legally qualified & adequate
- knowing your lane – what can you provide (COD)
- adding lanes to expand practice

self-doubt > imposter syndrome

supervisor's scope of practice

self-evaluation vs. supervisory evaluation

accepting job placement

Case Conceptualization: 8 Elements

1. Presentation
2. Predisposition
3. Biological Factors
4. Psychological Factors
5. Social Factors
6. Cultural Factors
7. Precipitants
8. Protective Factors/ Strengths

Case Conceptualization: Four P's

1. Patterns - maladaptive
2. Perpetuants
3. Plan (tx)
4. Prognosis

Case Conceptualization??

- What is your theoretical orientation?
- Can you describe the client: past, present, future?
- How well do you understand the client's presenting concerns as viewed through specific theoretical orientations?

Missy is an MFT. She is seeing a client and her family system for group therapy. She learns that 2 of the family members have issues with binge drinking. She decides to see them individually for their alcohol use. She has no training in working with addictions. Her state says that addictions is in her scope of practice as an MFT to provide.

Thoughts?

Supervisee is having a hard time conceptualizing the issues that the client is experiencing. The supervisee can only "see" the alcohol and meth use.

Thoughts on how to help the supervisee "see" more?

Representing yourself...

Accurate Identification:

- To client(s), families, others in system
- In the community
- To peers, colleagues, students
- To accrediting bodies & licensing boards
- In publications & presentations

Certificate ≠ Certification

Licensure ≠ Certification

Education & Training

Guaranteeing outcome

Advertising – direct & indirect

Informed Consent – Mandatory Disclosure
Specialized training & skills development

When to self-disclosure your story?
Disclosing recovery history

Clinical & Administrative supervision

Documentation

Member of the “Profession”

Empathetic – Relational

CEHs versus CEUs

Approved Education Provider

- Licensure requirements vary from state to state
- Compacts/reciprocal arrangements
- Supervised experience
- Accurately calculating hours of service
- Insurance Fraud

Missy is a certified addiction counselor in her state. She has been telling everyone she is a psychologist. Her degree is in counseling psychology.

What's wrong with this picture?

Client has been receiving services from Roger for the last year. Roger was billing Medicaid for counseling services but has recently started adding billing - as a peer mentor - to Medicaid, acknowledging that he is billing on two separate days when the client had only been coming in one day a week.

Thoughts?

The Culture of Treatment

Culture-Centered Approach

- The goal of a culture-oriented approach is to expand the repertoire of helping responses available to both the counselor and the client.
- Prudence, integrity, respectfulness, benevolence, trustworthiness and reverence are the most basic human ethical guidelines.
- Principle ethics are rational, objective, universal and impartial.
- Virtue ethics include motives, intentions, character and person.

Societal Influences on Client

Addiction professionals recognize the need to scan continually for the potential presence of the following in the diagnosis, treatment and recovery support services used with SUDs and are aware of the long-term impact of not addressing such concerns.

- Stigma
- Discrimination ∞ Prejudice
- Personal & Professional Bias
- Microaggressions
- Favoritism
- Attitudes: “frequent flyers”, Medicaid client

Perception versus Reality

- To a client, perceptions can be as valid as reality.
- Professionals understand the significance of the role that cultural identifications play in an individual's perceptions and how he/she lives in the world.
- Professionals are aware that many individuals have disabilities that may or may not be obvious. Some disabilities are invisible and unless described might not appear to inhibit expected social, work, and health care interactions. Question: What don't you see?

Culturally-Engaging Assessment

- Both the counselor's and the client's racial/cultural identity will influence how problems are defined. These unique identities dictate and/or define appropriate counseling goals and processes.
- These factors are carefully considered when making a clinical diagnosis.
- Assessment procedures are chosen thoughtfully.
- Assessment results are evaluated alongside cultural and ethnic factors.

Cultural Humility

Cultural humility: the ability to maintain an interpersonal stance that is other-oriented in relation to the aspects of cultural identity that are most important to that person/client.

- Awareness of culturally-learned assumptions
- Knowledge about culturally relevant facts
- Skill for culturally appropriate interventions
- Cultural competency & sensitivity

What does it mean to have humility?

As professionals, we –

- ✓ make a lifelong commitment to self-evaluation and self-critique: accountability and self-supervision.
- ✓ must be flexible and bold enough to look at ourselves critically, and desire to always learn.
- ✓ have a desire to fix power imbalances.
- ✓ aspire to develop partnerships with people and groups who advocate for our clients and others.

Ethical Concerns

- Client feels like a number.
- Client feels judged, talked down to.
- Doesn’t get copies of documentation.
- Information unclear - jargony.
- Lots of acronyms being used.
- Client is lost and/or confused.
- Client feels invisible… lectured to.
- Client feels misunderstood.
- Client not included in tx planning.

You misunderstood what the client meant by "family" and "significant other." This is know causing confusion in the discussion.

What would be a reasonable, client-centered, culturally-sensitive approach to this situation?

Maria is frustrated because her parents won't let her date. Her parents are of Asian descent and dating is not acceptable. When her parents determine it is time for her to get married, they will find a suitable marriage partner for her. It is unlikely that the family will ask her opinion in this matter. As a result of this situation, she is drinking and taking pills. She feels very disengaged from the world.

What would be a reasonable, client-centered, culturally-sensitive approach to this situation?

Charlie, your new client, is HIV+ and Hep C+ and is not intending to tell his partner of these diagnoses. The client also intends to engage in unprotected sex. He has been drinking a lot and using meth since being told of these diagnoses.

You are not a mandated reporter. What would be a client-centered, culturally-sensitive approach to this situation?

Referrals …

- Refer for “values” conflicts?
- Perceived vs. actual discrimination
- Refer due to client needs?
- Refer due to presenting concerns?

Ways to handle lack of knowledge & expertise:

- clinical supervision
- additional education & training
- consultation with SME
- supervision with SME

Ways to handle the following from client:

- too young - too old
- opposite gender
- not married
- not a parent
- not in recovery
- sexual orientation concern
- not same racial/ethnic background
- spirituality/religious differences
- domestic violence/sex offender issues
- Do you have other examples??

Tanya is a fairly new client. She is Catholic and you have never worked with someone who is Catholic and do not even know what it "means" to be "Catholic."

Can you refer?

What can you do?

The client has values that you do not agree with and political views that are especially difficult to understand.

Can you refer?

What can you do?

Safe & Ethical Use of Technology

- we are witnessing an expansion of available technologies
- we need to be current on related technologies and understand their application
- we shall consider the potential benefits and risks for harm to clients
- the potential benefits of using e-delivery
- the potential limitations of using e-delivery
- scope/definition of e-therapy, e-services and e-supervision
- developing competencies for electronic delivery of services

Electronic Informed Consent

- contact information of the client, counselor/provider and supervisor;
- e-therapy is not always an appropriate substitute or replacement for face-to-face counseling;
- all of the procedures that apply to delivery of in-person services shall apply to the e-delivery of services;
- duty to warn and mandatory reporting laws that shall apply to all counseling services, including e-therapy;
- confidential and privacy rules and laws, and exceptions to those rules and laws;

Electronic Informed Consent

- issues related to security and privacy of information, and potential for hacking or other unauthorized viewing;
- access to counseling services and to technology assistance to use e-therapy;
- benefits and limitations of engaging in the use of distance counseling, technology, and/or social media;
- potential misunderstandings due to limited visual and auditory cues;
- potential for confusion often present in e-delivery of services;

Electronic Informed Consent

- response time to asynchronous communication (emails, texts, chats, etc.);
- possibility of technology failure and alternate methods of service delivery;
- emergency protocols to follow;
- procedures for when the counselor is not available;
- consideration of time zone differences;

Electronic Informed Consent

- policy regarding recording of sessions by either party;
- cultural and/or language differences that may affect delivery of services;
- possible denial of insurance benefits; and
- social media policy.

- Verification
- Licensing Laws
- State and Federal Laws
- International Laws
- Non-Secured vs. Secured Access
- Assessments

- Transmission
- Multidisciplinary Care
- Local Resources
- Boundaries
- Capability

- Missing Cues
- Records
- Links
- Friends
- Social Media

Malcolm just got online for e-counseling.

He is drinking a beer, on screen.

How would you handle this situation?

Mark has to attend group tonight to stay compliant on court order.

He is driving and is logged onto Zoom on his phone.

How might you handle this situation?

Sally won't turn on her video camera during sessions and says she does not have a camera.

How might you handle this situation?

Bob records the e-counseling session without notifying you.

How might you handle this situation?

You have a haunch that there is someone else in the room besides your client during e-counseling.

How might you handle this situation?

You have a client, Ryan, who is 15 years old. His mom refuses to let her son do e-counseling without being present on camera during the e-session.

How might you handle this situation?

You have a client who lives in a small apartment with her partner and 2 kids. She wants to do e-counseling but there is no place for privacy within the apartment.

How might you handle this situation?

Your client has shared that she has been having more and more suicidal ideation. She has the means and the frame of mind to pull this off.

How might you handle this situation?

Boundaries
&
Dual Relationships

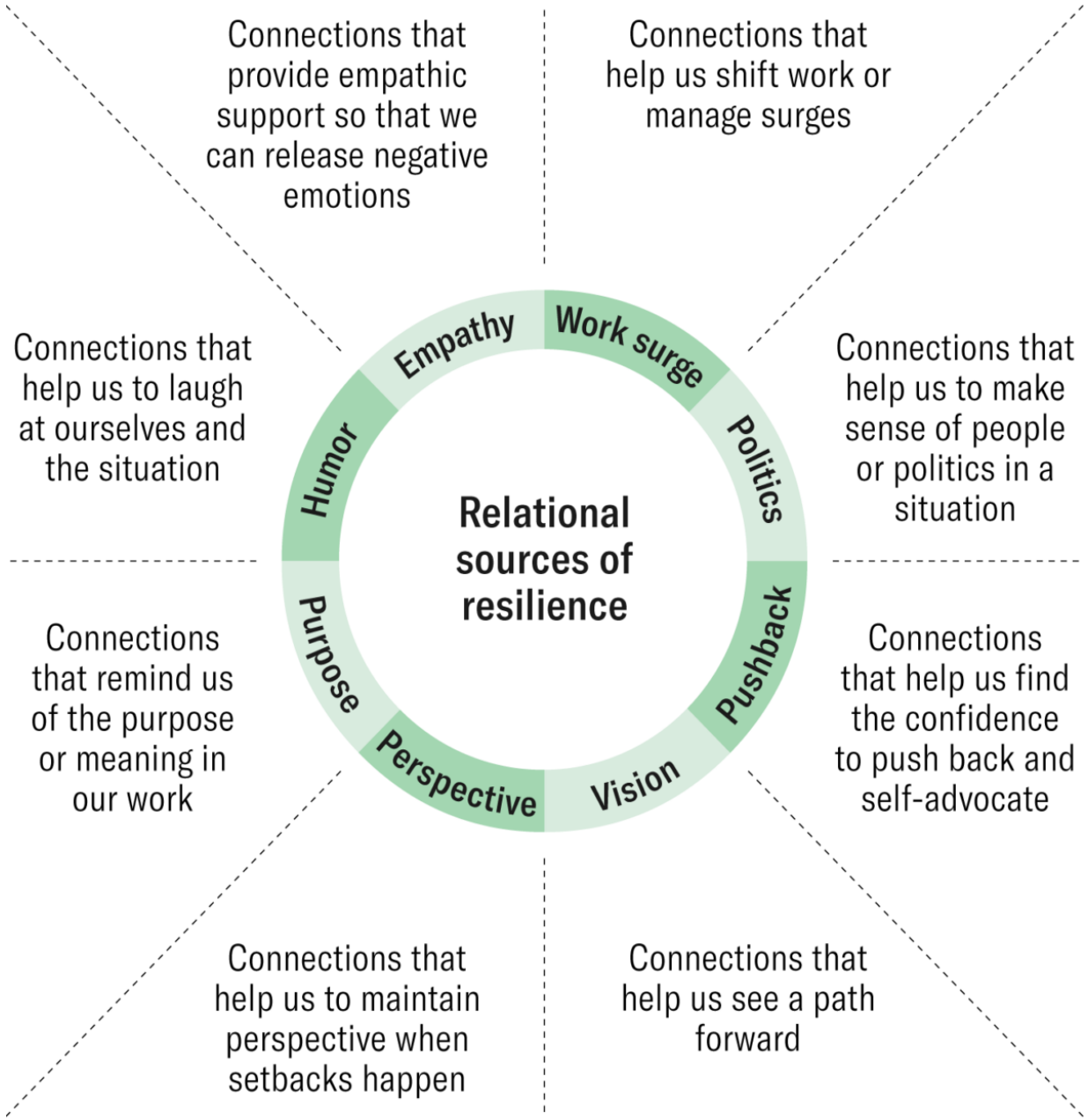
- Personal boundaries
- Professional boundaries
- Boundary crossings
- Boundary violations
- Self-disclosures: nonverbal & verbal

Dual/Multiple Relationships

- accountability
- provider & clients
- supervisors & supervisees
- sponsors & sponsees
- conflicts of interest

Compassion Fatigue …

- burnout: decreased passion, purpose, vision
- difficulty communicating in relationships
- difficulty showing empathy to others
- diminished creativity, humor, perspective
- despair, hopelessness, frustration, irritability
- physical, mental, spiritual exhaustion
- despite exhaustion, keep giving
- blaming others for issues/problems
- decreased productivity – increased sick days
- loss of resiliency
- secondary traumatic stress
- increased counter-transference experiences


Connections that provide empathic support so that we can release negative emotions
Connections that help us shift work or manage surges
Connections that help us to laugh at ourselves and the situation
Connections that help us to make sense of people or politics in a situation
Relational sources of resilience
Empathy
Work surge
Humor
Politics
Purpose
Pushback
Perspective
Vision
Connections that remind us of the purpose or meaning in our work
Connections that help us find the confidence to push back and self-advocate
Connections that help us to maintain perspective when setbacks happen
Connections that help us see a path forward

You and your client live in a small town and both of your kids are on the same football team.

How might you handle this situation?

Your client has asked you to attend her graduation. You have been seeing her for a couple of years and she worked hard to get to where she can now graduate.

How might you handle this situation?

Your brand-new referral is the next-door neighbor of a current client. Both couple families spend Thanksgiving and other holidays together.

How might you handle this situation?

You attended a family meeting at your office for one of the clients. After that meeting, you started having coffee with one of the members of that family and now you would like the relationship to become a little more intimate. This family member nor the actual client are clients of yours – but the client is a client of your agency.

Is this okay to do since this is not your client?

What scenarios or questions do you have?

Thanks for attending!

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References & Resources

- NAADAC Code of Ethics: Revised 2021: https://www.naadac.org/code-of-ethics
- Ken Pope: https://kspope.com/
- SAMHSA: www.samhsa.gov
- Zur & Associates: https://www.zurinstitute.com