



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

Toolbox Training: A Substance Abuse Educational Series for Mental Health Professionals

First Edition

Module 3 Professional & Ethical Responsibilities

Unifying science, education and service to transform lives

Goals and Objectives

Listed below are the goals and objectives of the module and the corresponding TAP 21 competencies.

Module 3 Goals and Objectives	SAMHSA CSAT TAP 21 Competencies
<p>Goal: Define Federal, state, agency and professional codes of ethics from a co-occurring multi-disciplinary perspective.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Define ethical principles 2. Integrate the 13 Principles of Effective Treatment 3. Review federal, state, agency and professional Code of Ethics utilizing a co-occurring perspective 4. Discuss co-occurring ethical differences and responsibilities in decision-making 5. Identify the implications of mandatory reporting, boundary setting and the use of supervision. 	<p>The Professional Practice of Addiction Counseling (PPAC)</p> <p>VIII. Professional and Ethical Responsibilities</p> <ol style="list-style-type: none"> 1. Adhere to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client. <ol style="list-style-type: none"> a. Federal, State, agency, and professional codes of ethics. b. Client rights and responsibilities. c. Professional standards and scope of practice. d. Boundary issues between client and counselor. e. Difference between the role of the professional counselor and that of a peer counselor or sponsor. f. Consequences of violating codes of ethics. g. Means for addressing alleged ethical violations. h. Non-discriminatory practices. i. Mandatory reporting requirements. 2. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders. 3. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth. 4. Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice. 5. Utilize a range of supervisory options to process personal feelings and concerns about clients.

Agenda

September 12, 2007		September 13, 2007	
Day One		Day Two	
8:30 am	registration	8:30 am	registration
9:00 am	The Addiction Complex Simplified	9:00 am	Basic Counseling Skills
10:30 am	break	11:00 am	break
10:45 am	The Addiction Complex Simplified	11:15 am	Professional and Ethical Responsibilities
Noon	lunch (served)	Noon	lunch (served)
1:00 pm	The Addiction Complex Simplified	1:00 pm	Professional and Ethical Responsibilities
2:15 pm	Basic Counseling Skills		
3:30 pm	break	3:30 pm	break
3:45 pm	Basic Counseling Skills	3:45 pm	Professional and Ethical Responsibilities
4:30 pm	close	4:30 pm	close

Pre-Session Assignments

Module 3 – Professional and Ethical Responsibilities

Doyle, K. (1997). Substance Abuse Counselors in Recovery: Implications for the Ethical Issue of Dual Relationships. *Journal of Counseling & Development, 75*, 428-432.

Elective articles:

Kitchener, K. (1984). Intuition, Critical Evaluation and Ethical Principles: The Foundation for Ethical Decisions in Counseling Psychology. *The Counseling Psychologist, 12*, 43-55.

Being Ethical ...

1. Nature of ethics from being ethical
2. What is being ethical?
3. What is integrity?
4. What are the traits of a profession?
5. What happens when we (as a profession) are not consistently ethical?

Case 1

Under pressure to succeed, a first-year student in a counseling psychology graduate program has cheated on a final paper in a required class. The professor believes that the student has academic potential and recognizes that exposing the student's cheating would lead to expulsion from the program and affect the student's plans to pursue a career in psychology. On the other hand, the professor is aware that the student will be under pressure everyday of his career, and may be similarly tempted to resort to unethical behavior. The professor is also aware that she has a responsibility to protect the public from professionals who resort to dishonesty in times of stress. What are the professor's ethical obligations in this case?

Case 2

A 52-year old severely mentally impaired adult has been institutionalized since birth. After a recent testing by a psychologist, it appears that the retardation is not as severe as previously thought. The psychologist recommends moving the person to a community care home where she may become more independent. This will save the agency about \$10,000 a year and relieve overcrowding on the ward. In a preplacement interview, the client tells the psychologist that the institution is her home and she doesn't want to leave it. She exhibits symptoms of severe depression. Should the psychologist insist on the placement based on his belief that the move will clearly benefit the institution and may benefit the client in the long run or should he recommend not moving the client out of respect for her wishes?

Case 3

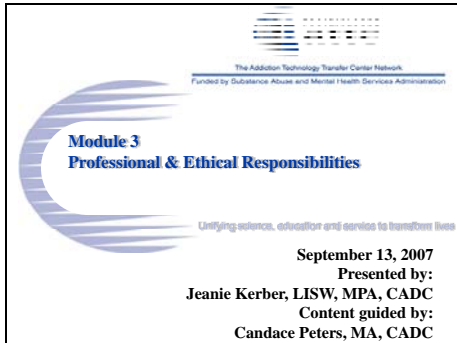
A counseling psychologist concerned with the increase in cases of bulimia reported in university counseling center decides to compare the effects of a cognitive-behavioral intervention with pharmacological treatment in a controlled study. He considers using a wait list control group and placebo group, but is aware that the use of the placebo group will involve deceiving subjects and the use of a wait list group will involve refusing some individuals treatment for several months. At the same time, he has a commitment to increase our knowledge about debilitating problems and is aware that failure to use control groups will limit the conclusions he can draw. Ethically, what is his responsibility?

Case 4

You are a social worker assigned to a satellite unit of a family service agency with Davis Jones, your supervisor, the only other social worker who works in that office. Your relationship with Davis goes back at least fifteen years, and he has been very important in your life at several junctions. He helped you get into social work school; he recommended you for an advanced treatment institute; and once when your child was ill, he helped you obtained medical care for the best specialist in town. Recently, however, Davis- who also evaluates you for pay and possible promotions- has been late arriving for work and has missed some meetings. You have had to cover for him more than a few times with his clients. You are still somewhat in awe of Davis and owe him a lot. He has helped you out of many a difficult situation. You feel that his current erratic behavior is related to alcohol and a family problem.

Module 3- Slide Outline with Notes

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Toolbox Training: A Substance Abuse Educational Series

Module 3 - Professional and Ethical Responsibilities

September 13, 2007

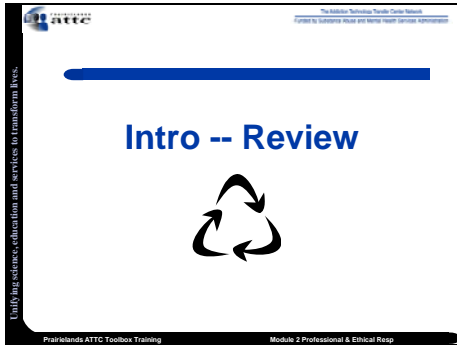
Presented by:

Jeanie Kerber, LISW, MPA, CADC

Content guided by:

Candace Peters, MA, CADC

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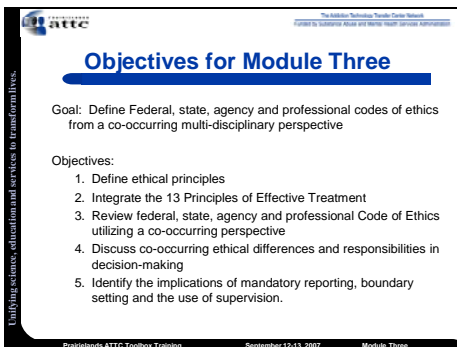


Review Activity

NEWSPAPER HEADLINE

- CREATE 5-7 NEWSPAPER HEADLINES RELEVANT TO THE PREVIOUS MODULES COVERED.
- THESE NEWSPAPER LINES SHOULD HIGHLIGHT THE CURRENT BEST PRACTICES AND TECHNIQUES IN THE FIELD AND/OR DISCREDIT ANY OBSOLETE PERCEPTIONS OR MYTHS ABOUT CO-OCCURRING (SUBSTANCE ABUSE AND MENTAL HEALTH) TREATMENT.
- YOU HAVE 5-10 MINUTES TO CREATE THESE HEADLINES.

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Objectives for Module Three

Goal: Define Federal, state, agency and professional codes of ethics from a co-occurring multi-disciplinary perspective.

Objectives:

1. Define ethical principles
2. Integrate the 13 Principles of Effective Treatment
3. Review federal, state, agency and professional Code of Ethics utilizing a co-occurring perspective
4. Discuss co-occurring ethical differences and responsibilities in decision-making
5. Identify the implications of mandatory reporting, boundary setting and the use of supervision.

Vocabulary Specific to This Module

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- **Morals:** your personal values, sense of “right” and wrong, etc.
- **Principles:** professional practice standards
- **Ethical Values:** autonomy, beneficence, justice, fidelity, non-maleficence, etc.
- **Scope of Practice:** definitions and limitations of what services a professional is qualified to provide

Principles of Effective Treatment

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1. No single treatment is appropriate for all
2. Treatment needs to be readily available
3. Effective treatment attends to the multiple needs of the individual
4. Treatment plans must be assessed and modified continually to meet changing needs
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness

- NIDA (1999) Principles of Drug Addiction Treatment

Principles of Effective Treatment

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6. Counseling and other behavioral therapies are critical components of effective treatment
7. Medications are an important element of treatment for many patients
8. Co-existing disorders should be treated in an integrated way
9. Medical detox is only the first stage of treatment
10. Treatment does not need to be voluntary to be effective

- NIDA (1999) Principles of Drug Addiction Treatment

Principles of Effective Treatment

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11. Possible drug use during treatment must be monitored continuously
12. Treatment programs should assess for HIV/AIDS, Hepatitis B & C, Tuberculosis and other infectious diseases and help clients modify at-risk behaviors
13. Recovery can be a long-term process and frequently requires multiple episodes of treatment

- NIDA (1999) *Principles of Drug Addiction Treatment*

Foundations for Understanding

- Vocabulary
- Competencies: Professional and Ethical Responsibilities
- Your Values, Morals, and Perspectives
- Distinction Between Legal and Ethical Dilemmas
- Ethical Values

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Scope of practice

- *The application of general counseling theories and treatment methods adapted to specific alcohol and drug problems within our diverse society.*
- *"Alcohol and Drug Abuse Counseling" means the clinical evaluation of drug and alcohol issues by screening, assessment and diagnosis.*
- *It involves treatment planning, and case management activities such as implementing the treatment plan, consulting, continuing assessment and treatment planning, referral and client advocacy.*
- *It further involves individual, group, and family counseling within the context of alcohol and drug abuse problems.*
- *It involves client, family and community education.*
- *The practice of these activities will conform to the individual's level of education, training, and supervised experience.*

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Group Exercise

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Being Right... or Being Ethical

See Handout for details.

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Group Exercise: Being right or . . .

In groups of 2-3 persons

1. How did you learn right from wrong?
2. What does it feel like to be wrong?
3. How are you being when you are being right?
4. Being right impacts others by _____
5. How do you make others wrong?
6. What ways do you perpetuate "wrong making" with others? (e.g. gossip)

. . . Being ethical

1. Nature of ethics from being ethical
2. What is being ethical?
3. What is integrity?
4. What are the traits of a profession?
5. What happens when we (as a profession) are not consistently ethical?

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Distinction between Legal and Ethical Dilemmas

Ethical

- Ethics are aspirational
- Concern professional practices and standards
- If not self-monitored, regulatory agencies step in
- Safeguard autonomy of professional workers
- Dynamic and evolving
- Often a matter of opinion
- Not always a legal concern

Legal

- Determined by federal or state statutes
- Corrective measure, effort to police profession
- Litigious fears versus professional integrity
- Implemented if ethics are consistently violated
- Civil and criminal law
- Enforcement sets precedence

DUTY TO WARN

Tarasoff v. Regents of the University of California, 1976

A young man who told his therapist that he intended to kill his former girlfriend just as soon as she returned from an out of town trip.

He did kill her and the family charged the therapist with neglect.

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Ethical Values

Be good

Do good

and

Above All, Do No Harm

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Professional and Ethical Responsibilities

The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

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1. Adhere to established professional codes of ethics *that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.*

2. Adhere to Federal and State laws and agency regulations *regarding the treatment of substance use disorders.*

Professional and Ethical Responsibilities

3. Interpret and apply information *from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.*

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4. Recognize the importance of individual differences *that influence client behavior and apply this understanding to clinical practice.*

5. Utilize a range of supervisory options *to process personal feelings and concerns about clients.*

Professional and Ethical Responsibilities

6. Conduct self-evaluations *of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.*

7. *Obtain appropriate* continuing professional education.

8. *Participate in* ongoing supervision and consultation.

9. *Develop and utilize strategies to* maintain one's own physical and mental health.

Iowa Code of Ethics for Alcohol and Drug Counselors

Effective August, 2004

Available from: <http://www.ibsac.org/counsethics.pdf>

Iowa's Code of Ethics for Alcohol and Drug Counselors

Effective August, 2004

- I. Responsibility to Clients
- II. Dual Relationships
- III. Confidentiality
- IV. Professional Competence and Integrity
- V. Responsibility to Students, Employees, and Supervisees.
- VI. Responsibility to the Profession.
- VII. Financial Arrangements
- VIII. Advertising
- IX. Legal and Moral Standards

Available from: <http://www.ibsac.org/counsethics.pdf>

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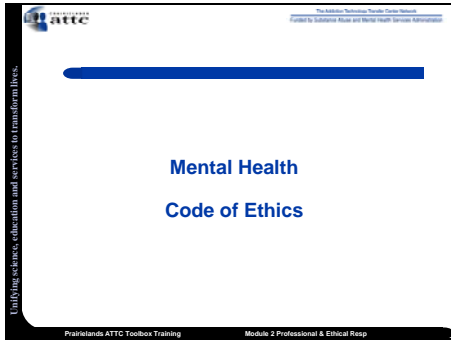
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Mental Health Code of Ethics

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Ethical Standards – NAADAC’s Specific Principles

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- Non-discrimination
- Responsibility
- Competence
- Legal and Moral Standards
- Public Statements
- Publication Credit
- Client Welfare
- Confidentiality
- Client Relationships
- Inter-professional Relationships
- Remuneration
- Societal Obligations

More information available at
http://www.ontheemmis.com/naadac_ethics

Agency Ethics

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- Disclosure of Personal Recovery
 - Passive Reporting
 - Mandatory Reporting
 - Acceptable Practices
 - Case Example
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IBC Ethical Complaints

The Ethics Complaint Violation worksheet available at:
<http://www.ibsac.org/EthicsViolation.PDF>

The ethics investigation procedure is available under the code of ethics at:
<http://www.ibsac.org/counsethics.pdf>

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IBC Ethical Complaints

The Ethics Complaint Violation worksheet available at:
<http://www.ibsac.org/EthicsViolation.PDF>

The ethics investigation procedure is available under the code of ethics at:
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IBC Ethical Complaints

IA Complaint procedure

- Typically there are approximately 16 complaints made each year to IBSAC
- In 2003: There were 8 complaints sent to hearing with Committee of Ethics and Appeals
- Out of the 8 complaints- 6 counselors received disciplinary action

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IBC Ethical Complaints

IA Complaint procedure

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- In 2003: There were 8 complaints sent to hearing with Committee of Ethics and Appeals
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Client Rights

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Client Rights

- Non-discrimination: Autonomy, Dignity, and Respect
- Confidentiality
- Responsibility and Competence

Non-discrimination

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- Do not discriminate based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition
- Avoid bringing personal or professional issues into the counseling relationship
- Be knowledgeable about disabling conditions and make accommodations

Confidentiality

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- Do not disclose confidential information without proper consent.
- You must inform the client of his/her rights regarding confidentiality in writing.
- Make appropriate provisions for maintenance of confidentiality and ultimate disposition of confidential records.

Confidentiality

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- Adhere to federal and state laws regarding confidentiality (42 CFR).
- Present only germane data and avoid undue invasion of privacy.
- Reveal information only when there is clear and imminent danger to client or others.



Confidentiality 42 C.F.R. Part 2

Drug and alcohol treatment and prevention providers are now covered by two distinct federal laws that protect patients' privacy.

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For nearly thirty years, the federal law governing Confidentiality of Alcohol and Drug Abuse Patient Records and its implementing regulations, 42 C.F.R. Part 2 ("42 C.F.R. Part 2"), have protected information regarding patient of drug and alcohol treatment and prevention programs.

Legal Action Center, (2003). pp. 9

Confidentiality 42 C.F.R. Part 2 (continued)

The General Rule:

Except under certain specified conditions, both HIPAA and 42.C.F.R Part 2 prohibit the use and disclosure of records or other patient related information. *42 C.F.R 2.12, 2.13(a); 45 C.F.R 164.502(a).*

This prohibition on unauthorized disclosure applies whether or not the person seeking information already has the information, has other means of obtaining it, enjoys official status, has obtained a subpoena or warrant, or is authorized by the state. 42 C.F.R 2.13(b), 2.20.

Legal Action Center, (2003). pp.14-15

Responsibility

- Respect institutional policies and management functions . . . *take initiative toward improving such policies if it will better serve the interest of the client.*
 - As an educator, help others acquire knowledge and skills.
 - If aware of unethical conduct or unprofessional modes of practice, report to appropriate authorities.
-

Competence

- Recognize need for ongoing education
 - Recognize boundaries and limitations
 - Recognize the effect of impairment, be willing to seek appropriate treatment for oneself or a colleague. . . *support peer assistance programs.*
 - Maintain high standards of professional competence and integrity.
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Ethical Principles

- Autonomy: *acknowledging the right of another to choose and act in accordance with his or her wishes or beliefs*
- Non-maleficence: *obligation not to harm others intentionally*
- Beneficence: *taking positive steps to help others*
- Justice: *equitable distribution of burdens and benefits*
- Fidelity: *fulfilling one's responsibilities of trust in a relationship*
- Veracity: *truthfulness*

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Group Exercise

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Journal Article Review

Journal Article Review

Required Reading:

Doyle, K. (1997). Substance Abuse Counselors in Recovery: Implications for the Ethical Issue of Dual Relationships. *Journal of Counseling & Development, 75*, 428-432.

Optional Reading:

Kitchener, K. (1984). Intuition, Critical Evaluation and Ethical Principles: The Foundation for Ethical Decisions in Counseling Psychology. *The Counseling Psychologist, 12*, 43-55.

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Boundary Setting

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Boundary Issues

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- Do No Harm – Non-maleficence
- Transference – client to counselor
- Counter-Transference – counselor to client

Boundary Issues

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- Dual Relationships
- Sexual and Affectionate Feelings versus Behaviors
- Remuneration

Mandatory Reporting

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- Duty to Warn (Tarasoff):
Threat to Self or Others
- Child Abuse
- Sexual Misconduct of a Therapist

It is important to let your clients know that everything you discuss with them is confidential, but you are required by law to report these issues to the proper authorities.

Using Supervision

- Test Validity of Your Concepts, Rationale, and Practices
- Document and Take Action Based on Recommendations
- Administrative, Clinical, and Evaluative Supervision

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Group Exercise

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Case Study

- 1) Break up into groups of 5 or less
- 2) Case Study Assignment (20 minutes)
- 3) Questions to Discuss in Groups
 - 1) What Ethical Principle Applies?
 - 2) At what point must you act?
 - 3) What would you do?
 - 4) What should you do?
- 4) Each group report back
- 5) Open discussion

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Summary of Today's Module

Key points to remember:

- "Be good, do good, and above all – do no harm."
- Distinguish among ethics, morals & legalities.
- Client rights are always foremost.
- Your ethics can greatly impact the quality of client care and the image of the profession.
- Boundary issues start with the small, innocent transgressions.

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Evaluations and Certificates

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- Please complete the evaluations: consent, pre, post/survey
- Sign out
- You will receive a follow-up survey in approximately 30 days--Returned this survey in the self-addressed envelope
- Obtain your certificate of completion
- Next Session: October 17-18, 2007
- THANK YOU FOR ATTENDING!!

This training series integrates:

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- CSAT's **TAP 21: *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice***
- NIDA's *Principles of Drug Addiction Treatment: A Research Based Guide*
- Overview of empirically supported innovations

Center for Substance Abuse Treatment (CSAT)

Treatment Improvement Protocol (TIP) Series

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TAP 21: Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice

<http://www.treatment.org/taps/tap21/TAP21Toc.html>

Principles of Drug Addiction Treatment: *A Research-Based Guide*

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- Frequently Asked Questions
 - Drug Addiction Treatment in the U.S.
 - **Scientifically Based Approaches to Drug Addiction Treatment**
 - Resources
-

References

For complete list of references note the reference listing within the participant packet.

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Prairielands Addiction Technology Transfer Center (ATTC)

Thank you for taking the time out of your very important work to ensure quality service through education to the persons we serve.

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Candace Peters, MA, CADC
