OBJECTIVES

Participants will:

- Describe history of ethics and evolution of codes of ethics
- Assess your knowledge of NAADAC Code of Ethics
- Identify characteristics of unethical/unprofessional behavior
- Describe difference between boundary crossing and boundary violation
- Develop strategies for dealing with sexual attractions
- Assess consequences of social media and internet searches
In school and in society, similar factors operate. "Good" is that for which one is praised; "bad", that for which one is frowned upon or punished... Indeed, the fear of disapproval and the need for approval seem to be the most powerful and almost exclusive motivation for ethical judgment." Erich Fromm

"It is clear that ethics cannot be put into words. Ethics is transcendental. When an ethical law of the form, 'Thou shalt...', is laid down, one's first thought is, 'And what if I do not do it?' " Wittgenstein
These are positive feelings about worth, happiness and fulfillment, and negative ones of shame, guilt, or remorse.

These feelings give the individual an intimate sense of right and wrong, plus they also punish or reward the individual for behavior, only not in the same manner, or for the same reasons, that society requires.
EXAMPLES

- "When in Rome, do as the Romans do" (Shakespeare).
- "Do not do unto others as you would not have them do unto you" (Kant).
- “He that diggeth a pit shall fall into it" (the Bible)
Thomas Percival, Manchester, England proposed a code of ethics for physicians and surgeons in a pamphlet published in 1794.

The expanded version (1803) coined the expressions "professional ethics" and medical ethics“

Boston Medical Society adopted a code of ethics (1808)
I. The Counseling Relationship
- Client Welfare
- Client Self-Determination
- Dual Relationships
- Group Standards
- Preventing Harm
II. Evaluation, Assessment and Interpretation of Client Data

- Scope of Competency
- Informed Consent
- Screening
- Basis for Assessment
- Release of Data to Qualified Professionals
- Diagnosis of Mental disorders
- Unsupervised Assessments
- Assessment Security
Evaluation, Assessment and interpretation of Client Data (cont’d)

- Outdated Assessment Results
- Cultural Sensitivity Diagnosis
- Social Prejudice
III. Confidentiality/Privileged Communication and Privacy

IV. Professional Responsibility
- Counselor Attributes
- Legal and Ethical Standards
- Records and Data
- Interprofessional Relationships
NAADAC CODE OF ETHICS

V. Working in a Culturally Diverse World

VI. Work Place Standards

VII. Supervision and Consultation

VIII. Resolving Ethical Issues

IX. Communication and Published Works
X. Policy and Political involvement
  • Societal Obligations
  • Public Participation
  • Social and Political Action
ETHICS

- Mandatory
- Aspirational
- Positive
1) Unaware or misinformed of the ethical standards
2) Treatment outside scope of practice
3) Insensitivity to the needs of others or to situational dynamics
4) Exploit clients by putting their own needs first
5) Act irresponsibly due to stress, laziness, non-awareness, or inattention
6) React with vengeance against clients for perceived harm
7) Experience burn-out or other emotional impairment
8) Reveal interpersonal boundary issues
9) Self-serving
10) Generally ethical but occasionally err due to oversight or distraction
• Boundaries in Therapy – distinguish therapy from social, familial, sexual, business and other types of relationships.

• Some boundaries are around the therapeutic relationship such as time and place of session, fees, and confidentiality.

• Boundaries between therapist and client such as self disclosure, physical touch, giving and receiving gifts.
Practitioners who have difficulty setting and keeping appropriate boundaries in their personal life are more likely to encounter problems in establishing appropriate boundaries with their clients.
Boundary Crossings – any deviation from traditional, strict, “only in the office” emotionally distant form of therapy or any deviation from rigid risk-management protocols.
Boundary Violations – When therapists cross the line of decency and violate or exploit their clients.

“Rigid adherence to boundaries may be just as harmful to a client and the therapeutic relationship as a boundary violation.”
DUAL/MULTIPLE RELATIONSHIPS

Any situation where multiple roles exist between a therapist and a client.
“Addiction professionals will provide services to clients only in the context of a professional setting. In rural setting and in small communities, dual relationships are evaluated carefully and avoided as much as possible.”

“The addiction professional recognizes that there are situations in which dual relationships are difficult to avoid. Rural areas, small communities and other situations necessitate discussion of the counseling relationship and take steps to distinguish the counseling relationship from other interactions.”
QUESTIONS TO CONSIDER REGARDING DUAL RELATIONSHIPS

- Is entering into this dual relationship necessary, or should I avoid it?
- Could the relationship cause harm to the client?
- Could this disrupt the therapeutic relationship?
- Can I evaluate this matter objectively?
Student in Addiction Studies program

Works at treatment center

Attends an AA picnic

Overhears a client from facility talking about using

What should he do? Is he bound by any ethical or moral standards?
SEX WITH CLIENTS!!

“Research has showed that it is quite common for therapists to feel attraction to clients.” (WOW!)

Sexual Attraction vs. Sexual Preoccupation.
CASE

- Sex therapist has intercourse with sex offender
- Mutual attraction
- Written letters with sexual content
- Said they loved each other
- Married
- Plead not guilty to three counts of custodial misconduct.
WHY?

• Dissatisfaction in personal life
• Childhood history of sexual abuse
• Countertransference
Suggestions for dealing with sexual attractions:
• Learn to recognize sexual attractions
• Seek professional support during times of personal loss or crisis
• Monitor feelings and behaviors towards clients
• Know the difference between having a sexual attraction to clients and acting on it
• Know consequences for your client and yourself if you engage in sexual activity
• Clear Boundaries
• Terminate when sexual feeling obscure objectivity
More specifically, many - if not most - psychotherapists and counselors cringe at the idea and dread the moment when a client presents a Facebook Friend Request. They wonder whether it is ethical to accept such a request, and they are concerned with the clinical and relational ramifications of ignoring it.
What does being a friend with this client mean for the therapist?

Does accepting a “Friend Request” automatically constitute dual or multiple relationships?

How might the therapist's response to a “Friend Request” affect treatment and the therapeutic relationship?

Why did the client post the request?

What is the meaning of the request?
Feel free to be on social networks like Facebook or Twitter. But do not “friend” your clients and do not allow your clients to “friend” you.

Become intimately familiar with the privacy controls on these networks and ensure that the general public cannot see personal details of your life you would prefer to share only with your immediate friends and family.
New requirement that counselors avoid "personal virtual relationships" with clients. The precise meaning of this is unclear, but would likely include creating "friend" relationships with clients on the clinician's personal social media profile(s).
As his patient lay unconscious in an emergency room from an overdose of sedatives, psychiatrist Damir Huremovic was faced with a moral dilemma: A friend of the patient had forwarded to Huremovic a suicidal e-mail from the patient that included a link to a Web site and blog he wrote. Should Huremovic go online and check it out, even without his patient's consent?
Huremovic decided yes; after all, the Web site was in the public domain and it might contain some potentially important information for treatment. When Huremovic clicked on the blog, he found quotations such as this: "Death makes angels of us all and gives us wings." A final blog post read: "I wish I didn't wake up." Yet as Huremovic continued scanning the patient's personal photographs and writings, he began to feel uncomfortable, that perhaps he'd crossed some line he shouldn't have.
Should a therapist review the Web site of a patient or conduct an online search without that patient's consent?

If counselors find clinically significant info about their clients online do they have to tell them?

How does information gained online affect counseling and the therapeutic process?

What are the legal implications?

Is information gained from online searches part of the clinical records?

What are the risks of having patients and therapists interact online?
REASONS FOR ONLINE SEARCHES

- Curiosity!!
- Verification of client statements
POINTS OF VIEW

- If client’s can search me then I can search them.
- Informed consent and discuss with client prior to searches.
- Voyeuristic and intrusive to the therapeutic framework.
• When a counselor must choose between two separate courses of action, both ethical, but conflicting.
• There are consequences associated with either course of action.
• Each course of action can be supported by one or more ethical principle (e.g., autonomy, beneficence, nonmalfeasance, fidelity and justice).
• Each course of action although supported would also compromise one or more basic principles.
Many different code of ethics, but all have commonalities that are based on five moral principles

- Autonomy
- Beneficence
- Nonmalfeasance
- Fidelity
- Justice
ETRICAL DECISION MAKING MODEL

• Consider all ethical and legal issues in the current situation.
• Consult the relevant portions of the ethical code by which you are bound.
• Analyze thoughts, beliefs, values, opinions, and how those might affect the ethical decision making process.
• Make a list of all possible decisions and rank order them.
• Consider all possible consequences that could be an outcome for each individual involved in the dilemma.
Consult with 2-3 other professionals and solicit their opinions and thoughts.
Make a decision.
Implement the decision.
Document the decision making process, which other professionals were consulted, the decision made, and any and all relevant details.
You have a practicum student at your agency. Upon reading the file of a client to which she was assigned and finding he had previously been counseled about his same-sex relationship, the student, a conservative Christian, notifies her supervisor that, in accordance with her religious beliefs, she would not be able to counsel the client and needed to refer him to someone else.

What would you do?
FUTURE

- Ehealth
- Digital Health Technologies
- Alcohol Apps
REFERENCES


REFERENCES


