Surviving the Intersections: Where Morals, Values, and Ethics Collide

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Learning Objectives

By the end of this session, participants will be able to:

1. Identify the difference between ethics, morals and values
2. List two topics where morals, values, and ethics are often at odds
3. Utilize an ethical decision-making model for navigating ethical dilemmas as evidenced by evaluating scenarios for ethical concerns within the context of the group.

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How we think ethics are
Vs.
How ethics actually are

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The teaching of ethics is fairly simple and straightforward, but it's not the teaching of ethics that is usually the problem.

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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.

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Which of the Following do you think is moral/right?

1. Always tell the truth
2. Always be kind.
3. Always be respectful.
4. Always be committed in romantic relationships.
5. Never steal from others.
6. Never steal from organizations.
7. Never label people or call them names.
8. Always report animal abuse or neglect.
9. Always report child abuse or neglect.
10. Always acknowledge a homeless person.

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What is one thing that you were taught growing up that you no longer believe?

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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. Types of values include ethical / moral values, doctrinal / ideological (religious / political) values, social values, aesthetic values.

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Top 5 Priorities List

Write down your top five priorities in your life on a piece of paper.

Rank the items in order of importance from 1 (most important) to 5 (least).

Discuss how these priorities influence your decisions and goals, using examples like career growth or work-life balance.

What values do these priorities point toward?

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What is something you value that others may not value the same way?

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Ethics

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

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Ethics are NOT:

Feelings. Feelings might provide information in making ethical decisions, but they aren't the same.

Personal Values. Our values can change as our personal situations change. People can observe our values by what we do or say under various conditions.

Religious beliefs. While religious beliefs aspire to higher standards of conduct, they vary.

The Law. A good system of laws can incorporate ethical standards, laws can be corrupted.

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Ethics are NOT:

Culturally accepted norms. "When in Rome do as the Romans do" is not a satisfactory ethical standard.

Science. Social and natural science can provide input for ethical decision making, but can't tell us what we ought to do

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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

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Where Do Human Services' "Code of Ethics" Come From?

- Behavioral Health 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

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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

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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.

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Guiding Ethical Principles

3. Justice or Fairness

Being fair to all, providing equal treatment to all people and working to prevent or eliminate discrimination.

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Most Common Pitfalls

- Dual Relationships
- Romantic/Sexual Contact
- Confidentiality
  - Duty to Warn
  - Mandated Reporting
- Scope of Practice
- Fraud

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Codes of Ethics

American Counseling Association (ACA)
National Board for Certified Counselors (NBCC)
Commission on Rehabilitation Counselor Certification
National Association for Addiction Professionals (NAADAC)
Canadian Counselling and Psychotherapy Association (CCPA)
American School Counselor Association (ASCA)
American Psychological Association (APA)
American Psychiatric Association
American Group Psychotherapy Association (AGPA)
American Mental Health Counselors Association (AMHCA)
American Association for Marriage and Family Therapy (AAMFT)
International Association of Marriage and Family Counselors (IAMFC)
Association for Specialists in Group Work (ASGW)
National Association of Social Workers (NASW)
National Organization for Human Services
American Music Therapy Association (AMTA)
British Association for Counselling and Psychotherapy (BACP)

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NAADAC Code of Ethics Principles

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: Use of E-Therapy, E-Supervision, Artificial Intelligence (AI), and Social Media
Principle VII: Supervision, Consultation and Education
Principle VIII: Addressing Ethical Concerns
Principle IX: Research and Publication
Principle X: National Certified Peer Support Specialist (NCPRSS)
Principle XI: Ethics Pertaining to Member Organizations

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Use of E-Therapy, E-Supervision, Artificial Intelligence (AI), & Social Media

- Addictions professionals are witnessing an expansion of available technologies that offer opportunities for electronic and distance delivery of care, monitoring, billing services and client record augmentation, storage, transfer and maintenance. Providers are current on related technologies and understand their application and use within their respective practice setting.

- Providers consider the potential benefits and risks for harm to clients in exposure to specific technologies or in having confidential information recorded, transcribed, stored and/or transmitted electronically.

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Use of E-Therapy, E-Supervision, Artificial Intelligence (AI), & Social Media

- Examples of potential **benefits** of using e-delivery for counseling services include but are not limited to:

(a) reducing geographical barriers,

(b) provision of services to those with physical or psychological disorders, and

(c) working with individuals and families who would or could not take advantage of traditional services.

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Use of E-Therapy, E-Supervision, Artificial Intelligence (AI), & Social Media

Examples of potential limitations of using e-delivery for counseling services include but are not limited to:

(a) concerns about maintaining confidentiality,

(b) challenges associated with developing a therapeutic alliance,

(c) inability to assess nonverbal communication,

(d) determining and resolving practice and licensure jurisdiction concerns, and

(e) assessment and provision of emergency services.

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Competency

Addiction professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling.

Providers are trained and current in their knowledge of e-therapy technologies, techniques, and security.

Addiction professionals only provide e-services in those states or jurisdictions where they are registered, certificated and/or licensed.

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Use of E-Therapy, E-Supervision, Artificial Intelligence (AI), & Social Media

If you are using E-Therapy, E-Supervision, Artificial Intelligence (AI), & Social Media, please read up on this section in the revised NAADAC code of ethics!

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General Questions for Ethical Decision-Making

- Is this really a professional ethical problem or a matter in which my personal values and moral convictions are involved?
- What ethical principle is in question?
- What is in conflict?
- What is the behavior required from me as a professional?
- Whose interest should come first in this case?
- Do I need to consult with someone?

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Confidential Consultations with Liaisons and other Experts/Professionals

- Consult your Supervisor
- Consult your agency Clinical Supervisor
- Consult the Treatment Director
- Consult another co-worker

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12 Questions for Examining the Ethics of Decisions

1. Have you identified the problem accurately?
2. How would you define the problem if you stood on the other side of the fence?
3. How did the situation occur in the first place?
4. To whom and to what do you give your loyalty as a person and a member of the organization?
5. What is your intention in making this decision?
6. How does the intention compare with the probable results?
7. Whom would your decision or action injure?

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12 Questions for Examining the Ethics of Decisions (cont.)

8. Can you discuss the problem with the affected parties making the decision?
9. Are you confident that your decision will be as valid over a long period of time as it seems now?
10. Could you disclose, without qualm, your decision or action to your boss, your family or society as a whole?
11. What is the symbolic potential of your action if understood? Or if misunderstood?
12. Under what circumstances would you allow exceptions to stand?

Source: Center for Governance, USC, Institute of Public Affairs

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Additional Items for Consideration in Ethical Decision Making

What laws, standards policies or historical practices should guide us in this situation?

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Additional Tools and Resources

Agency Policy and Procedures

CARF/Joint Commission

County Ordinances

County/State/Federal Regulations

Pro/Con List

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Questions for Reflection

What are some of your personal morals that might lead you to make a decision some may see as unethical?

What are some of your personal values that might lead you to make a decision some may see as unethical?

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Important Ethical Considerations

- Dual Relationships

- Romantic/Sexual Contact

- Confidentiality
- Duty to Warn
- Mandated Reporting

- Scope of Practice

- Fraud

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Informed Consent

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Informed consent should include:

Therapist background and theoretical orientation
Confidentiality and its limits (ROI and revocation)
Risks of treatment
Information related to diagnoses
Right to review the client chart
Costs
Interruptions and terminations
(**See specifics from section 6 in the NAADAC code of ethics related to telehealth.**)

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Dual Relationships

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

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Examples of Dual Relationships

- Addiction Professional and friend
- Addiction Professional and business partner
- Bartering services for goods and/or services
- Providing services to a relative or a friend's relative.
- Socializing outside of the professional environment*
- Combining the roles of supervisor and service provider
- Combining the role of addiction professional and _____?

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Examples of Dual Relationships

Becoming emotionally involved with a client/patient or former client/patient.

Becoming sexually involved with a client/patient or former client/patient

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General Guidance Regarding Sexual Attractions, Feelings and Behavior Within the Professional Relationship:

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In a phrase:

JUST SAY NO!

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One More important Thing…

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Self Care and ethics

Individuals working with others who have experienced trauma are susceptible to SECONDARY TRAUMATIC STRESS.

Unresolved Secondary Traumatic Stress can result in COMPASSION FATIGUE over time.

Continued Secondary Traumatic Stress, which has resulted in Compassion Fatigue, over time can result in BURNOUT which may result in our not being able to do the work of support we are drawn to.

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Who is at higher risk?

Those hesitant to set boundaries

Overachievers

Those with stressful homelives or situations

Workplace changes and challenges

Those who do not PRACTICE self-care

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Potential Warning Signs

- Diminished creativity
- Inability to embrace complexity
- Minimizing
- Chronic exhaustion
- Physical ailments
- Avoidance
- Inability to listen
- Feeling helpless/hopeless
- Feel the need to rescue, heal, or fix
- Hypervigilance
- Dissociative moments
- Sense of persecution
- Guilt & Fear
- Anger and Cynicism
- Inability to Empathize
- Addictions
- Grandiosity
- Taking on a victim mentality
- Blaming others
- Justifying all behavior
- Frequent venting and complaining

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Balancing the Scales: Compassion Satisfaction

Compassion Satisfaction is about the pleasure we derive from being able to do the work we do. The compassion we experience in doing our work provides a sense of satisfaction.

Compassion Fatigue and Compassion Satisfaction can be seen as the positive and negative consequences of working with individuals who have experienced or are currently experiencing trauma or suffering.

A substantial amount of evidence suggests Compassion Satisfaction is an important part of the whole, thus increasing the significance of building resiliency and the transformation from negative to positive aspects.

Compassion Satisfaction can serve as a natural, protective tool against the negative aspects of our work.

Adapted from Compassion Fatigue among Healthcare, Emergency, and Community Service Workers: A Systemic Review by Cary Cooper

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Tips for Managing Compassion Fatigue

Do

- Find someone to talk to.
- Understand that the pain you feel is normal.
- Exercise and eat properly.
- Get enough sleep.
- Take some time off.
- Develop outside interests.
- Identify what's important to you

Don't

- Blame others.
- Look for a new job, get a divorce or have an affair.
- Make a habit of complaining to your colleagues.
- Work harder and longer.
- Self-medicate.
- Neglect your own needs and interests.

From the American Institute on Stress Website

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Self-care

Take something off your plate and don't replace it with anything.
Delegate at work and at home.
Learn to say no (or yes).
Balance your schedule: intersperse easy with hard.
Seek more and regular support/supervision. Ask for what you need.
Increase your spiritual or mindfulness practice.
Increase your self-observations and self-awareness.
Find a quiet and undisturbed time for yourself everyday.

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Self-care

Assess your trauma inputs.
Avoid falling into a victim mentality.
Create transition rituals
Cherish your family and friendships.
Attend education and training
Engage in interests outside of your work.
Add more movement and nourishment to your life.
Engage in short term goal-oriented hobbies or sports.

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Guidelines for Self-care

•It is not just a good idea; it is an ethical obligation.

•Self-care plans are uniformly unhelpful…unless…

•Self-care should occur as often as you experience stress.

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Evaluation:

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