WELCOME to the Residential Substance Abuse Treatment (RSAT) Training and Technical Assistance (TTA) National Resource Center

Ethical Issues in Offender Treatment

Part 2: Ethical Dilemmas and Tools for Working Through Them

Roberta Churchill, M.A., LMHC Advocates for Human Potential, Inc.









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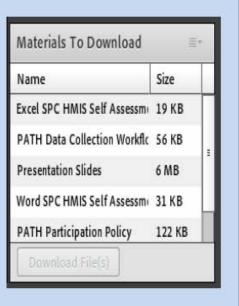
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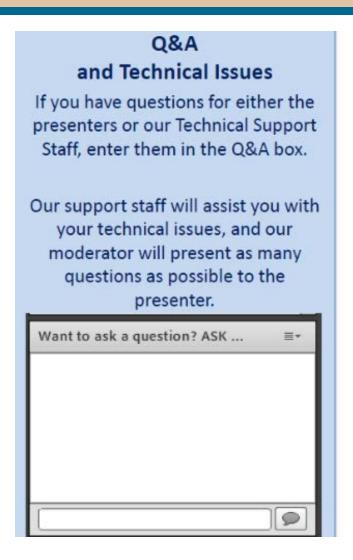


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Ethical Issues in Offender Treatment Part 2: Ethical Dilemmas and Tools for Working Through Them

Moderator
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Course Objectives

Upon completion of this presentation, participants will be able to :

- Provide the definition of "ethical dilemma"
- Describe the six ethical principles for treatment professionals
- Identify at least two tools of decision making to help with ethical dilemmas
- Describe one tool of decision making in detail

WHAT IS AN ETHICAL DILEMMA?

The concept of ethics:

- Assumes that there exists that dimension of human thought and behavior that is guided by ...
 - Standards
 - Principles
 - Values
- ...of the "right thing to do" and that have, are and always will provide the foundation for a good life.

Values:

Enduring beliefs that influence our opinions, attitudes, thoughts, feelings, actions and the choices we make



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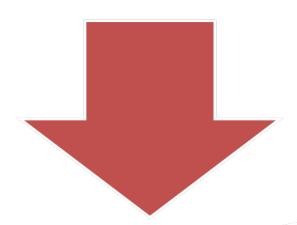
What motivates your ethical practice?

What is an ethical dilemma?

It is a situation which:

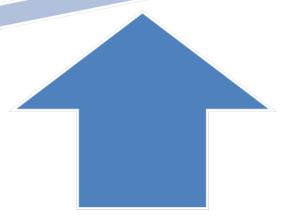
- You are unsure of the right thing to do
- Two or more of your values may be in conflict
- Some harm may be caused no matter what you do





Applicable, and sometimes conflicting, values and moral principles (including those in professional codes of ethics)

Applicable, and sometimes conflicting, regulations, polices and procedures.



The BIG Myth

Learning ethical standards, principles and guidelines – along with examples of how they have been applied – translates into ethical practice, as long as we:

- follow our professional codes of conduct
- understand their relationship to pertinent legal statues and agency regulations

The BIG Myth

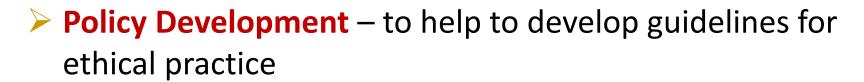
Strategies used to Justify Behavior as Ethical (whether it Is or Not!)

It's Ethical ...

- If our agencies / facilities require it
- If other people are doing it
- As long as it's legal
- As long as our professional association's code of conduct allows it
- As long as we meant well
- As long as no one complains about it
- If we can find a consultant / trainer who say it's OK
- If it came from the "heart" or "gut"
- If "anyone else in the same situation" would have done the same thing

In Response

- Education to raise awareness and knowledge to deal with ethical concerns
- Case Reviews to identify and articulate ethical issues confronting staff
- Clinical Supervision provide opportunity for ethical reflection



SIX ETHICAL PRINCIPLES

Remley and Herlihy (2007)

Beneficence



The responsibility to do good and to contribute to the welfare of the client.



Staff are expected to do the best for the client and if unable to assist, to offer alternatives as appropriate.



Staff are committed to ongoing, regular clinical supervision, as well as continuing professional development.

Non-Maleficence



Do no harm.



Staff have a responsibility to avoid using interventions that could or have the potential to harm clients.



Staff have a responsibility to challenge the incompetence, malpractice and/or abuse of other staff; and to assist with any investigation concerning another's unprofessional conduct.

Autonomy



The freedom of clients to choose their own direction.



The role of treatment staff is to acknowledge client autonomy and to respect this right.



Clients are to be aware of the choice taken and the effect / consequences it has on others and themselves.

Justice



The fair and impartial treatment of all clients and the provision of effective services.



It is expected that staff will act in a nondiscriminatory manner to individuals and groups.



It does not mean treating all individuals the same – rather it relates to equity.

Fidelity



Honoring the trust relationship between staff and client.



The interests of the client are placed before those of the staff person even if such commitment is inconvenient or uncomfortable.



Clients need to be able to trust that the words and actions of staff are truthful and reliable.

Veracity



The principle of truth telling.



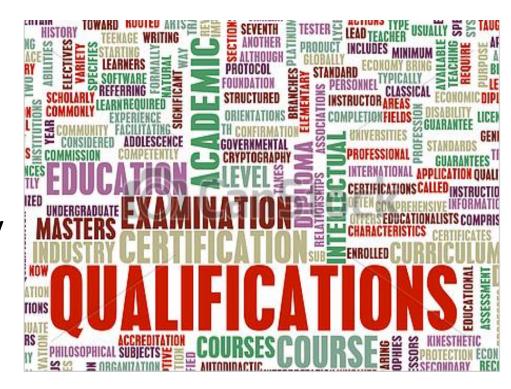
Staff are obligated to deal honestly with clients and others with whom they relate professionally.



This applies to a broad range of issues including documentation standards, community relations, regulatory reporting, and compliance.

Boundaries of Competence

- Provide only those services for which you are qualified
- Represent accurately your professional qualifications



Impairment

- Seek assistance in solving personal issues
- Refrain from your professional services if a client may be harmed by your physical, mental, or emotional problems



"Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships."

(National Association of Alcoholism and Drug Abuse Counselors, 2004)

Dual Relationships

- When staff and client are engaged in relationships other than that of staff-client
 - Social, professional, sexual / emotional
- Staff should never engage in any role and/or relationship that may:
 - Impair their judgment and objectivity
 - Affect their ability to render effective services
 - Result in harm and/or exploitation to clients

Corey, G., Schneider-Corey, M., & Callanan, P. (2011). *Issues and ethics in the helping profession* (8th ed.). Belmont, CA: Brooks & Cole, Cengage Learning.

TOOLS FOR ETHICAL DECISION MAKING

The Bell

Do any alarm bells go off in my head as I consider my choice of action?

The Book



Does my choice violate any laws, written policies, codes, etc.?

The Candle



Will my decision stand up in the light of day or media spotlight?

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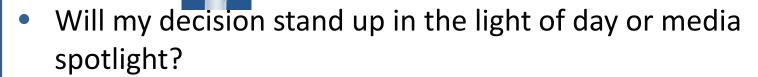
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The Candle



Case Scenarios

Your dilemma:

Do you remain quiet because it looked like a "consensual" situation?

Do you remain quiet because he is your supervisor and you feel at a disadvantage within your system?

Would your response be any different whether or not the RSAT Program participant was on your caseload?

The Bell



Do any alarm bells go off in my head as I consider my choice of action?

If I remain silent:

- I am allowing something I know is unethical and potentially dangerous to continue.
- Something could go dreadfully wrong in my Program Director's life if I don't say / do something!
- Who knows what is going on mentally, clinically with the RSAT client?

If I say something to someone:

- I may face retaliation from my Program Director and/or higher-ups
- I may earn respect from higher-ups
- I may seen as a "snitch" by other RSAT participants
- It's possible whomever I tell won't believe me?

The Book



Does my choice violate any laws, written policies, codes, etc.?

If I remain silent:

- I am NOT adhering to our Department's policy of going to your supervisor when you see other staff engaged in misconduct.
- I am NOT adhering to our RSAT Program's own Expectations of Conduct!
- Would I be "Aiding and Abetting" a sexual assault?

If I say something to someone:

- I can't think of any codes or laws that I would break if I were to go to someone and let them know about my PD.
- Except for the "snitch" code.

The Candle



 Will my decision stand up in the light of day or media spotlight?

If I remain silent:

- I could not hold my head up to anyone ... if it were to be known that I knew about this ... and said / did nothing.
- Maybe I should say something to my ADS first – he would be the only person who might appreciate my decision to stay silent and addressing him first.

If I say something to someone:

- I may face criticism by coming forward by some ... but by those with integrity – my decision will be respected.
- I would have no integrity if I did not say / do something.

Process for Working out Ethical Issues

Process for Working out Ethical Issues - NASW

Identify the ethical issues

Ethical issues are often revealed when there is confusion, anxiety or uncertainty about what to do next with a client

Review what principles are at stake

What is the true dilemma? Which basic ethical principle is at stake?

Identify the clinical / treatment issues

How does the ethical dilemma relate to the clinical / treatment needs of the client?

Identify the legal issues

Have you reviewed state / local laws regarding the issue?

Identify the system issues

What are the policies / procedures / regulations of the agency or institution regarding the ethical question?

Process for Working out Ethical Issues

Process for Working out Ethical Issues - NASW

Identify the cultural issues

Cultural issues are significant in understanding the client's and /or other staff member's motivation

What are the possible options?

It is useful to simply list all of the possible options and then examine them

Review the pros and cons of each option

Note the impact of options of the client, staff, agency and others

Act

Sometimes the decision may not be one that everyone is comfortable with, but it may be the least objectionable plan

Follow up and evaluate

An ethical decision should be evaluated and the impact to the client monitored

Case Scenarios

Your dilemma:

Do you follow the regulations of "no contact" agency policy / licensing code of ethics?

Or do you take other ethical considerations into account when considering the "right way" to address this former client's request for assistance in this situation?

Identify the ethical issues

The issue is whether or not to go into the same NA meeting as a former client, as well as introduce him to others, sit with him, and share in the meeting while he is there.

Review what principles are at stake

The basic ethical principle of Fidelity seems to be at stake. "The interests of the client are placed before those of the staff person even if such commitment is inconvenient or uncomfortable."

Identify the clinical / treatment issues

The recently released RSAT Program graduate needs of staying clean / sober is in part dependent on finding a supportive community such as NA. He has stated he has tried one NA meeting which was not a good fit that resulted in his trying out another indicating commitment and motivation to a healthier lifestyle.

Identify the legal issues

The RSAT Director's counseling Code of Ethics states (a) Social workers generally should adhere to commitments made to employers and employing organizations.

11/14/2018

Identify the system issues

The Sheriff's Office in which the RSAT Director works clearly states that there is to be no "fraternization" between staff and released individuals.

Identify the cultural issues

AA and NA are, by definition, anonymous groups. "NA is an anonymous 12-step program. It offers a safe space where members do not have to give their name or any other identifying information." The NA recovering community includes people from all walks of life – judges to people just released from prison. All judgment is suspended since everyone who attends has a common goal: "to offer a group atmosphere that provides help from peers and offers an ongoing support network for addicts who wish to pursue and maintain a drug-free lifestyle".

11/14/2018

What are the possible options?

- Allow the recently released RSAT
 Graduate to attend the meeting but
 leave to find another meeting for
 yourself.
- Enter with the RSAT Graduate, introduce him to a couple of people at the meetings, then leave to find another meeting for yourself.
- Enter the meeting with the RSAT
 Graduate and attend with him and
 treat him like any newcomer to your
 NA Home Group.

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 Graduate and attend with him and
 treat him like any newcomer to your
 NA Home Group.

Review the pros and cons of each option

- Leaving the meeting without an explanation may leave the RSAT Graduate feeling confused and distrustful – but would fulfill your professional / ethical obligations
- Going in and introducing him –
 anonymously to a few of the
 meeting regulars, then leaving
 would allow him to feel more
 comfortable. You would feel less
 comfortable finding another
 meeting but would be following
 ethical / professional guidelines.

Act - Follow up and Evaluate

Ethical Checklist

Is it legal?

 Does my decision violate any laws, directives or policies?
 Just because it is *legal* doesn't mean it is ethical.

Is it fair?

- Is my decision fair to all?
- Does it promote "win-win" outcomes with all stakeholders?
- Do I have special information, because of my job, which gives me an unfair advantage over others?
- Is there a conflict between serving my interests and those of my organization / the community?

How will I feel afterwards?

- Will I be able to explain my actions so that my family, agency, and others would be able to understand and support my decision?
- Would the greater community understand and agree with my choice?

Ethical Checklist

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11/14/2018

Case Scenarios

Your dilemma:

Do you contact your friend, the former RSAT Participant's Parole Officer, about his parolee's relapse?

Do you remain quiet since the former RSAT Participant is no longer your client, or a Sheriff's Office correctional client?

What would YOU do??

Ethical Checklist

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FINAL CONSIDERATIONS

Ethical Decision Making

Consider This!

It is your Ethical Responsibility to:

- > Be as emotionally healthy as possible
- ➤ Be aware of how your mental health issues, trauma symptoms, alcohol/substance use could influence your work with others
- > Seek professional help as soon as you are aware that some part of your life is infringing on your work

Consider This ...

It is unethical when treatment staff are primarily meeting their own needs and imposing their personal values in the treatment relationship.

Adapted from Robinson Kurpius, S. E., Dixon, S. K., & Stauffer, M. D. (2008). Ethics and the beginning counselor: Being ethical right from the start. In Capuzzi, D., & Gross, D. R. (Eds.), *Introduction to the counseling profession* (5th ed.)

Ask Yourself

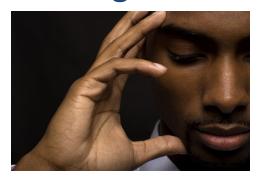
"Are my actions more about my needs than about the needs of the client?"



Accept, Admit, Acknowledge

- > Accept the complexity of ethical dilemmas
- Admit when you need help
- Acknowledge your professional limitations and discuss them with colleagues

"Whose needs are being met?"



"Do no harm."



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Questions?

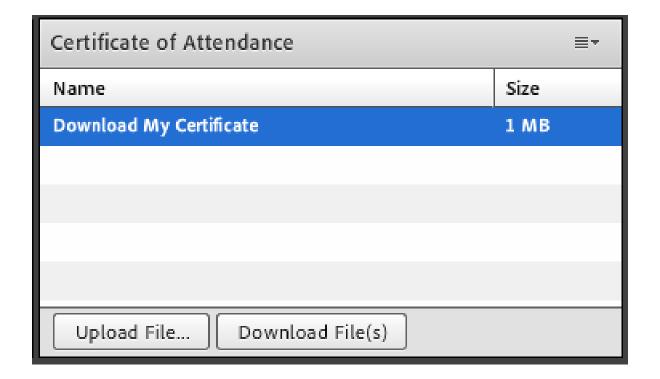
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