Ethics: Past, Present, and Future

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Welcome

• This is about learning and not about teaching
• Conversation is welcomed and hardly possible
• Not Kant’s “a priori truth”, rather George’s narrative
• Safety for all
• Motivation is being ready, willing, and able to act ethically
One Reason for Ethical Decision Making

PROTECTION OF CONSUMERS OF SERVICES
Ethics and the Law

- What is legal in one state may not be legal in another
- To be aware of the laws of Indiana and practice accordingly is an ethical consideration
- What is ethical behavior does not always have a corresponding concrete law
PAST in Indiana with Focus on Counseling of Persons with a Substance Use Disorder
Past Regulation of Ethics in Indiana

- 19??-First State Regulation of Programs: primarily targeted Programs and not Professionals (currently being revised; in part because it lacks licensure language)
- 19??-First Certification of Alcoholism Counselors (1976?): voluntary with minimal ability to sanction unethical practice (only applies to those Certified)
- 1977-First Certification of Drug Counselors: voluntary with minimal ability to sanction unethical practice (only applies to those Certified)
- 2009-Legislation passed in Indiana for Licensed Addictions Counselors (LAC) and Licensed Clinical Addictions Counselors (LCAC): required to practice with ability to sanction unethical practice
Present: Ethics as Defined by Indiana Law

- LAC and LCAC licensure began in 2009
- Reference: Behavioral Health and Human Services Licensing Board Compilation of Indiana Code and Indiana Administrative Law, 839 IAC 1-5.5-8, pages 51-52 for ethics
- Cross walked and consistent with National and International Codes of Ethics for Professionals treating Substance Use Disorders
- Indiana Law contains “Title” and “Practice” protection
- Sanctions exist for unethical practice
Title and Practice Protection

- **Title:** Defines who can call themselves an “addictions counselor” or facsimile
- **Practice:** Defines a “Scope of Practice” for addictions counseling
- **Exceptions exist:** DMHA Certified Programs, other licensed professionals with requisite skills and practice, persons under supervision to become licensed professionals, etc. Defined in the law.
Protection of the Public

- Fitness to practice (examples: legal history, impairment, etc.)
- Competence: requisite skills and training (example: education, supervision, and ongoing continuing education)
- Ethical and responsible practice (example: prior loss of privileges, sanctions in other states, and complaints filed with the Consumer Protection Agency)
Motivated by Values, Morals, Principles, Duties and Obligations
Values

- Service
- Social Justice
- Dignity and Worth of the Individual
- Integrity
- Competence
- Stewardship
- Fidelity
- Etc.
Some Basic Ethical Responsibilities: Sampling from Several Professions

- Commitment to clients
- Self Determination and Autonomy
- Informed Consent (including research)
- Competence (including not practicing in an impaired fashion)
- Cultural Competence and Social Diversity
- Non-Discrimination
- Obedience
- Privacy and Confidentiality
- Conflict of Interest and Dual Relationships
- Access to Records
Ethical Responsibilities Continued

- Physical Contact
- Sexual Harassment
- Derogatory Language
- Payment for Services
- Attention to clients who lack decision making capabilities
- Interruption of Services
- Termination of Services and Patient/Client abandonment
- Professional relationship with other colleagues
Common Ethical Violations Before the Board

- Dual Relationships: Social, Intimate, Business, and Multiple Roles
- Confidentiality violations and release of records
- Practicing without a license
- Fraud and Billing practices
- Fitness to practice (legal issues, loss of privileges, impairment, etc.)

* Many ethical issues never or hardly ever reach the Board: Competence, Patient Abandonment, etc.
Risk of Dual Relationships: Boundary Crossing and Boundary Violations: Client First

- Most/if not all will have a Boundary Crossing
- Boundary Crossings are: low, moderate, and high levels of contact and risk
- Boundary Crossing may be more likely in rural/small communities and if also in personal Recovery
- Boundary Crossings are more likely as we move to more diverse clinical settings and practice
- Question: Are we more at risk of Boundary Violations with increased Boundary Crossing?

*Who do you talk with to discern the impact on clients?*
*How do you address the prospects and confidentiality issues surrounding Boundary Crossing?
Addictions Counseling or Recovery Coaching

- SMALL TABLE EXERCISE: WHAT DO ADDICTIONS COUNSELORS DO AND WHAT DO RECOVERY COACHES DO?
- Addictions Counseling has Title and Practice Protection, specific Code of Ethics, and can be sanctioned for unethical practice
- Recovery Coaching: has voluntary Certification, has a Code of Ethics, and no specific mechanism for sanctioning as a profession
- Calling oneself a Coach is not a legal and ethical loophole to avoid Licensure
FUTURE: Science and the Digital Age
Future

- The future is already here
- Law and Ethical Standards are slow to catch up with changes in practice
Social Media

- Facebook, Twitter, etc.
- Personal and Business
- Privacy settings
- Protection of confidentiality with posts

* TABLE DISCUSSION: HAVE CLIENTS CHECKED YOUR PROFILE OR SEARCHED THE WEB? HAVE YOU LOOKED UP CLIENT’S PROFILE OR DID A WEB SEARCH? DO CLIENTS HAVE A REASONABLE EXPECTATION OF PRIVACY EVEN FROM YOU? DO YOU HAVE INFORMED CONSENT?
Electronic Communications

- Emailing: Do you or don’t you? What communications are allowed? Do you provide clinical email services?, etc
- Tele-medicine/Tele-therapy
- Texting
- What are your security settings?
- How do you protect privacy?
- Do you provide these services across state lines?
- Are you licensed in the state where the person receiving the service is located?
Electronic Medical Records (EMR)

- Who has access?
- How does one access information: web based, vpn, etc.?
- What is your security?
- Do you know your requirements if there is a breach?
- How is information protected in a multidisciplinary setting; e.g. integrated health care?
- What changes will be made to state and federal laws regarding EMR’s: 42 CFR Part 2 is being revised?
Other Ethical Issues

• Evidence Based Practices: Could you be held accountable and can you provide documentation of competence?
• Patient abandonment: Are clients still removed from treatment without accommodations for payment and continued/return to use?
• Availability of medications including psychiatric medications and Medication Assisted Recovery
• Expectations for availability of treatment for Co-Occurring Disorders
Other Ethical Issues

- Non-Discrimination based on sexual orientation and gender identity and Religious Freedom
- Required professional responsibility to report other professionals for unethical and impaired practice (similar to other healthcare professionals)
- Use of Electronic Monitoring: I have seen a proposed prototype for subcutaneous monitoring
- Psycho-surgery
- Genetic Testing
- ONE CAN ONLY IMAGINE WHAT ELSE
Resources

- Behavioral Health and Human Services Licensing Board
  Compilation of Indiana Code and Indiana Administrative Law, [http://in.gov/pla/3763.htm](http://in.gov/pla/3763.htm) or [www.in.gov](http://www.in.gov) and look up Behavioral Health and Human Services Board and then Resources, 839 IAC 1-5.5-8 pages 51-52
- Consumer complaint: IPLA or Attorney Generals Office
- FSSA-DMHA Addictions Services Certification 440 IAC 4.4, [www.in.gov>DMHA>ProviderInformation](http://www.in.gov>DMHA>ProviderInformation)
- NAADAC, [https://www.naadac.org/code-of-ethics](https://www.naadac.org/code-of-ethics)
- IC&RC, web search and then by Certification Type including coaching
Resources

- NASW (2008), [https://naswdc.org/code-of-ethics](https://naswdc.org/code-of-ethics)

*If multiple codes apply to you: most stringent is applicable in ethical decision making*
Thank You For Helping Others!

- Questions?
- Thanks for listening, participating, and learning.
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