



*Ethics for Behavioral  
Health Professionals*

**Rivera, Sierra & Company**

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*Who can worry about ethics when you  
have an inbox that looks like this?*

**Case Manager Supervisor**





*You think you have problems!*

$$\#12. \quad \frac{dy}{dx} = 32y x^{15}$$

$$\int \frac{1}{32y} dy = \int x^{15} dx$$

$$e \left( \frac{\ln(y)}{32} = \frac{x^{16}}{16} + C \right)$$

$$\frac{y}{32} = e^{\frac{x^{16}}{16}} + e^C$$

$$y = 32 \left( e^{\frac{x^{16}}{16}} + e^C \right)$$

***What does all that mean?***

## *To Start...*

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Ethics is an intellectual approach to moral issues, a philosophical framework from which to critically evaluate the choices and actions people take to deal with various aspects of daily living.

NASW, 1997

# *Baggage Rule*

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- Know your baggage
- Manage your baggage
- Check your baggage at the threshold of the clinical encounter

*What are unresolved issues?*

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# *Why unresolved issues = problem*

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- Confusion in counseling or therapeutic advice
- Over-involvement in client issue
- What else...



# *Counselor Impairment*

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- Counselor's fatigue, stress, divorce, hurt or whatever can impair the ability to honestly or objectively address a client's issue.
- Impaired counselors lose their ability to resolve stressful events and are not able to function professionally.

# *Transference*

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- Transference is the process whereby clients project onto their therapists past feelings or attitudes they had toward significant people in their lives
- Transference: the “unreal” relationship in therapy
  - Counselors need to be aware of their personal reactions to a client’s transference
  - All reactions of clients to a therapist are not to be considered as transference
  - Ethical issue is dealing appropriately with transference

# *Countertransference*

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- Countertransference is the counselor's reaction to the client's transference response
- Examples:
  - being overprotective with a client
  - treating clients in benign ways
  - rejecting a client
  - needing constant reinforcement and approval
  - seeing yourself in your clients
  - developing sexual or romantic feelings for a client
  - giving advice compulsively
  - desiring a social relationship with clients

# CHAPTER 405. LICENSED PROFESSIONAL COUNSELORS

## SUBCHAPTER 3. RULES OF PROFESSIONAL CONDUCT

### 310:405-3-3. Client welfare

(a) **Discrimination.** LPCs shall not, in the rendering of their professional services, participate in, condone, or promote discrimination on the basis of race, color, age, gender, religion or national origin based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. LPCs do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.

# *LPC Code of Ethics*

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## Competence

LPCs shall practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience.

# *LPC Code of Ethics*

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## Impairment

If an LPC possesses a bias, disposition, attitude, moral persuasion or other similar condition that limits his or her ability to recommend a course of treatment or decision-making that is indicated, and under such circumstances where all other treatment and decision options are contra-indicated, then ...

# *LPC Code of Ethics*

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## Dual Relationships

LPCs shall not knowingly enter into a dual relationship(s) and shall take any necessary precautions to prevent a dual relationship from occurring. LPCs shall not undertake to provide counseling to any person with whom the LPC has had any prior sexual contact or close personal relationship within the previous five (5) years.

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# *Universal Basic Principles*



# *Basic ethical principles*

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- Autonomy- counselors act in a way that respects and promotes a customer's right to make their own decisions
- Non-maleficence- above all, “do no harm.”
- Beneficence- counselors promote the good of others. Counselors enter the helping profession to help others so it is expected that we will promote the good of others.
- Dual relationships- where a provider may have had contact with a client in a social context as well as in a professional role

# *Basic ethical principles*

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- Justice-(fairness) counselors ensure equal treatment and resources for all
- Fidelity- counselors make an agreement with consumers and establish trust by living up to this agreement.
- Veracity- (truthfulness) without trust, the counselor will not be able to establish a working relationship with the consumer.
- Duty to Treat- a clinician may find it difficult to access adequate medical care for a client

# *Confidentiality*

## *Principles to Live By...*

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- When in doubt, always get client consent.
- Disclosure should be always limited to the documents needed and the circumstances required.
- Disclosure should be limited to only those with a need to know.
- Disclosure must be limited in time and subject to an expiration date or occurrence.

# *Exceptions to Nondisclosure*

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- When there is written consent from the client
- When information is internal to program or parent
- When there is a medical emergency
- When necessary for research but with no ID
- When there is a court order for good cause shown
- When reporting crime to property or personnel
- When necessary for audit or evaluation
- When necessary to report child abuse or neglect
- When there is a valid QSOA.

# *Qualified Service Organization*

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- A program which provides service to another program such as data processing, bill collecting, dosage preparation, laboratory analysis, or legal, medical, accounting or other professional services.
- Signs an agreement to be bound by federal regulations and to resist attempts to gain access to information obtained about the client.
- Agreement must be writing.

## *The Consent Form must...*

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- Have the name of the client and the name of the program making and receiving disclosure.
- Set forth the purpose of the disclosure and the information to be disclosed.
- State the right of revocation and specify the date or event triggering expiration.
- Contain the non-redisclosure prohibition.

## *And When in Doubt...*

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- Speak with the Client
- Get written consent
- Speak to your legal counsel

# *What does confidential mean?*

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Confidential means that you cannot discuss health, psychiatric and substance abuse information about your customer to another person without their consent. This means that you cannot:

- talk to your coworkers
- talk to your family members
- talk to employers



# *When is a dilemma a dilemma?*

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- A choice must be made between two courses of action.
- There are significant consequences for taking either course of action.
- Each of the two courses of action can be supported by one or more ethical principle.
- The ethical principles supporting the unchosen course of action will be compromised.

# A Model for Making Ethical Decisions

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- **Identify the clinical issues**
- **Identify the legal issues**
- **Identify the system issues**
- **Identify the cultural issues**
- **Identify the ethical issues**
- **Review what principles are at stake**
- **What are the possible options?**
- **Review the pros and cons of each option**
- **Act**
- **Follow up and evaluate**

## *The Five R's of Ethical Decision Making*

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- REVIEW the situation and identify the problem
- RESPOND to the issues
- REDUCE the list of possible responses
- RECAST the conflict
- RESOLVE the dispute and clarify confusion

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# *Case Studies*

# *Boundaries*

## *“Give Him Another Chance”*

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Supervisor W was reviewing information regarding a number of program participants who are being considered for dismissal from the program for failing to keep abide by agency rules.

Supervisor W realized that one of the persons about to be dismissed is the grandson of old family friends. Supervisor W considers the possibility that he might be able to approach the person on a personal level, revealing his friendship with the person’s family, in order to encourage the person to become more engaged in services.

Is there an ethical problem with using a personal relationship in this case to attempt to secure a good outcome for the participant?

# *Dual Relationships*

## *“I Thought You Were My Sponsor”*

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Staff person S has agreed to be Staff person T's sponsor. They have known each other for a long time, and the relationship seems to work well. On one occasion however, Staff person T confides in his sponsor and tells him that he recently relapsed. Staff person T is confident that he can overcome this setback, and he is asking Staff person S for support. After discussing the experience fully, Staff person S is concerned that Staff person T might have been high while at work. Worse yet, Staff person S is worried that Staff person T might be tempted to divert medications from some consumers for his own benefit. Although Staff person S does not have any evidence of medication diversion or dangerous work habits, he feels that he is in an ethical dilemma. Does the duty of confidentiality as a sponsor outweigh the duty to maintain a safe work environment? Should Staff person S be more loyal to Staff person T, or to the facility in which he works?

# *Dual Relationships*

## *The Definition*

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Dual relationships may be defined as situations in which care providers (staff persons) and consumers of services simultaneously maintain a therapeutic (or agency related) relationship and a conflicting outside relationship. A therapeutic (or agency related) relationship and an outside relationship shall be considered to conflict whenever the following two conditions exist: (1) the care provider (staff person) plays the role of provider or supervisor of services to the consumer that involves access to information about or the exertion of control over the provision of services; (2) the care provider (staff person) and consumer are involved in a hierarchical, dependent or influential relationship that is not part of the consumer's service plan.

# *Dual Relationships*

## *The Dangers*

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- Create erosion of objectivity on the part of service providers
- Create pressure on consumers to act in accordance with staff wishes (loss of autonomy) through intentional manipulation or unintentional influence
- Create the opportunity for secondary gain on the part of staff, and thus create real or apparent conflicts of interest
- Create situations in which the authority of care providers may be eroded
- Create opportunities for the loss of confidentiality
- Support the development of double standards (other consumers lose trust or their care deteriorates)



# *Dual Relationships*

## *Some Questions To Ask*

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1. Is the consumer voluntarily engaged in this activity?
2. Is this activity consistent with my role as a care/service provider?
3. Is this activity available equally to all the capable consumers whom I serve?
4. Do I or the facility experience secondary gain by engaging in this activity?
5. Is there significant opportunity for this activity to negatively impact on my ability to do my job?
6. Is there a reasonable chance that the consumer(s) involved in this activity may misconstrue the nature of our relationship as a result of the activity?
7. Is this activity something that I would rather other staff and consumers not know about even in general terms?

# *Dual Relationships*

*“Hey, I’m in Recovery Too!”*

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Staff person W works in a small town in Oklahoma. He has been in recovery for three years, and recently attended an AA meeting where he planned to share his struggle to deal with the fact that his brother, who has only been in recovery for three months, has just moved in with him and created a disruption at home. Staff person W is concerned that the presence of his brother may hinder his own recovery.

When Staff person W begins to share, however, he notices that a client from his program is at the meeting. What should Staff person W do?

# *Self-Determination*

*“I know what’s good for me”*

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Mr. Y has completed his MH counseling program and wishes to move back home where he will live with his brother. The family is supportive and has indicated that Mr. Y is welcome to return home.

Mr. Y’s brother is a suspected drug dealer, however, and staff members are concerned that this placement is not in Mr. Y’s best interest.

# *Paternalism*

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An intervention is ‘paternalistic’ whenever the justification for the restriction of an individual’s freedom is calculated to be in their own best interest.

Justified paternalism requires that the intervention is “autonomy respecting”.

## *Tarasoff vs. California Board of Regents*

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In *Tarasoff*, a patient told his psychotherapist that he intended to kill an unnamed but readily identifiable woman. Subsequently, the patient killed the woman. Her parents then sued the psychotherapist for failing to warn them or their daughter about the danger. The California Supreme Court rejected the psychotherapist's claim that he owed no duty to the woman because she was not his patient, holding that if a therapist determines or reasonably should have determined "that a patient poses a serious danger of violence to others, he bears a duty to exercise reasonable care to protect the foreseeable victim of that danger."

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