

The Georgia Association of Recovery Residences Presents

What Works Ethical Decision Making: Beyond Professional Codes of Ethics

with

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and

George S. Braucht, LPC
Brauchtworks Consultation & Training
and the Georgia State Board of Pardons and Paroles



June 7, 2011

12:30-4:00pm

Skyland Trail, Atlanta

This training is approved by the Georgia Addiction Counselors Association for a total of 3.0 ethics contact hours towards certification/re-certification. GACA Provider Number 11-060-02.



What Works Ethical Decision Making: Beyond Professional Codes of Ethics

A. Schedule:

| | |
|--------------|------------------------------------|
| 12:30pm | Training begins |
| ~2:00-2:15pm | 15 minute break |
| 4:00pm | Training ends: Return home safely! |

You must be present from start to finish to receive GACA contact hours certificate. To maximize the benefit of participation, **turn off** all PDAs (personal distraction accessories).

B. Seminar Summary

This training highlights the ethics codes of the Georgia Association of Recovery Residences (GARR) and the National Association of Alcoholism and Drug Abuse Counselors (NAADAC). Yet even with these resources, professionals and paraprofessionals may find themselves poorly prepared or supported for managing day-to-day ethical dilemmas due to the inherent clash among client rights, agency/funding commitments, and community/public safety responsibilities. Participants will practice ethical decision making and documentation with several critical issues resulting in values-based ethics that empower the people who work in organizations and the people who they serve.

Objectives: Upon completion of this workshop, participants will know how to:

- 1) implement the GARR and NAADAC codes of ethics,
- 2) participate in an ethical incident discussion group,
- 3) make ethical decisions using a four step process, and
- 4) document the rationale and resulting course of actions taken regarding specific ethical decisions.

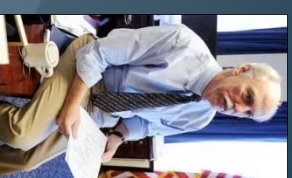
C. The concepts and materials covered in this workshop come from or are adapted from:

- 1) Corey, G., Corey, M. S., & Callanan, P. (2010, 8th ed.). *Issues and ethics in the helping professions*. Belmont, CA: Cengage Learning.
- 2) White, W. L. & Popovits, R. M. (2001, 2nd ed.). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Lighthouse Institute: Bloomington IL. Available for \$22.95 (bulk discounts are available) at www.chestnut.org/LI/bookstore/index.html
- 3) White, W., the PRO-ACT Ethics Workgroup, with legal discussion by Popovits R. & Donohue, B. (2007). *Ethical guidelines for the delivery of peer-based recovery support services*. Philadelphia: Philadelphia Department of Behavioral Health and Mental Retardation Services. Available at www.williamwhitepapers.com.



2014 Patient Protection and Affordable Care Law

Dr. A. Thomas McLellan, Director TRI



AOD Treatment in the US:

77% publically funded,

12% insurance

13,000 AOD Specialty

Treatment Programs Serve

~ 2.3 million <1%

“Untreated” Abuse/Dependent ~ 25 million = 8%

Healthcare Reform +

Parity Law ~

Medicaid Expansion

“Harmful Users”

??,000,000

Abstinent & Non-Problem AOD Users ~ 83%

2008 National Survey on Drug Use and Health

US Population = 309,800,000



Ethics: Definition & Components

Adapted from: White, W. L., et al. (2007). *Ethical guidelines for the delivery of peer-based recovery support services*. Available at www.williamwhitepapers.com.

I. Ethics: sustained vigilance in preventing harm and injury to those to whom we have pledged our loyalty/service

- Professional associations' Codes of Ethics: set MINIMAL STANDARDS of conduct for promoting client/peer welfare

II. Four aspects of ethics

A. Iatrogenic: unintended harm or injury

B. Fiduciary: one person has a higher level of obligation and duty for the care of another

- Unequal power/vulnerability - unlike a friendship

C. Boundary Management: decisions and behavior that increase or decrease intimacy and social distance in a relationship

- Reciprocal relationship (friendships) vs hierarchical boundaries
- Potential differences between various service providers and from agency to agency: self-disclosure, social activities, gifts, etc.

- ⇒ Maintain consistent boundaries with each and every client and affirm at every opportunity

D. Multiple Responsibilities/Vulnerabilities: multiple parties may be injured by what a helper does or fails to do

Safety, Health & Wellbeing of:

- Client/Peer & C/P family
- Staff/Volunteers/Service providers
- Agency or organization
- Profession/Service field
- Communities of people in recovery
- Community at large/Public safety



GARR ETHICS CODE

All counselors must abide by the relevant Code of Ethics for their own profession, i.e. Licensed Clinical Social Worker, Substance Abuse Counselor etc. to include but not be limited to the NAADAC Code of Ethics.

Site/ GARR Ethics Code

Procedures

1. GARR members should ensure that all employees of each site shall receive an orientation to the GARR and, as applicable, their own site's Code of Ethics and document their willingness to abide by these principles as a condition of employment.
2. Where applicable, the professional staff at each site shall review their own Code of Ethics annually, if different than that stated herein, for continued relevancy.
3. GARR members should ensure that admitted clients will receive an orientation to their rights and responsibilities including their right to receive ethical care. This shall be documented in the client record.
4. GARR members should ensure that all clients are provided information during their orientation session of the process and steps the client may take to report any ethical or standards violations.
5. GARR members should ensure that no retribution, intimidation, or any negative consequences shall occur if a grievance or complaint has been filed.

Confidential Information

While employed at any site and even thereafter such employment ends, the use of confidential information must never be disclosed to outsiders except with the client's written authorization or as allowed under Federal and/or state law. No site employee or any GARR member may use, or permit others to use, confidential information for the purpose of furthering a private interest or as a means of making a profit.

Responsibility to Clients

1. A GARR and/or site member/ employee's primary obligation is to respect the integrity and promote the welfare of the client, whether the client is assisted individually or in a group relationship. In a group setting, the member/ employee is also responsible for taking reasonable precautions to protect individuals from physical and/or psychological trauma resulting from interaction within the group.
2. GARR members shall ensure that in any group counseling setting, the counselor must set a norm of confidentiality regarding all group participant's disclosures.
3. GARR members should ensure that if a client is already or has been in a counseling relationship with another professional person or entity, staff must attempt contact with them after obtaining proper releases for the exchange of relevant information. The contacts or attempts to contact must be documented in the clinical record.
4. GARR members should ensure that if a client's condition indicates that there is a clear and imminent danger to the client or others, all site employees must inform responsible authorities after consultation with his/her manager, Director, or supervisor.
5. GARR members should ensure that no site employee will solicit or accept any commission, fee, or anything of monetary value from clients, other related persons, or referral sources.
6. GARR members should ensure that all site employees act to prevent discrimination of any kind.
7. GARR members shall ensure that all program associates refrain from engaging in any dual relationships for a minimum of 1 (one) year. If a more restrictive time frame is listed in an employee's professional ethics code, then that time frame shall apply.

Ethical Conflicts

1. GARR members and their employees shall excuse themselves from taking an active part in treatment plans of relatives, close friends, and/or business acquaintances.
2. GARR members and their employees may participate in political activities on their own time and in accordance with their individual desires and preferences, but it must be clear at all times that they are doing so as individuals and not as representatives of GARR or their organization

unless specifically agreed to by GARR or their site director.

Responsibility to Colleagues

1. GARR members and site employees having knowledge of unethical practices on the part of another colleague shall report such practices to the site Director and/or, as needed, to the colleague's professional ethics board.
2. GARR members and site employees should not use the workplace for proselytizing religious, political, or economic issues.

Marketing Ethics

1. No GARR member/ site shall not knowingly make marketing claims or create any advertising that contains:

- False or misleading statements or exaggerations
- Testimonials that do not really reflect the real opinion of the involved individual
- Price claims that are misleading
- Therapeutic strategies for which licensure and/or counseling certifications are required but not applicable at the site

NAADAC Code of Ethics

Introduction

NAADAC recognizes that its members and NCC certified counselors live and work in many diverse communities. The NAADAC Code of Ethics was written to govern the conduct of its members and it is the accepted standard of conduct for addiction counselors certified by the National Certification Commission.

I. The Counseling Relationship

It is the responsibility of the addiction professional to safeguard the integrity of the counseling relationship and to ensure that the client is provided with beneficial services. The client will be provided access to effective treatment and referral giving consideration to individual educational, legal and financial needs. Addiction professionals also recognize their responsibility to the larger society and any specific legal obligations that may, on limited occasions, supersede loyalty to clients.

The addiction professional shall provide the client and/or guardian with accurate and complete information regarding the extent of the professional relationship. In all areas of function, the addiction professional is likely to encounter individuals who are vulnerable and exploitable. In such relationships he or she seeks to nurture and support the development of a relationship of equals rather than to take unfair advantage. In personal relationships, the addiction professional seeks to foster self-sufficiency and healthy self-esteem in others. In relationships with clients he or she provides only that level and length of care that is necessary and acceptable.

II. Evaluation, Assessment and Interpretation of Client Data

The addiction professional uses assessment instruments as one component of the counseling/treatment and referral process taking into account the client's personal and cultural background. The assessment process promotes the well-being of individual clients or groups. Addiction professionals base their recommendations/reports on approved evaluation instruments and procedures. The designated assessment instruments are ones for which reliability has been verified by research.

III. Confidentiality/Privileged Communication and Privacy

Addiction professionals shall provide information to clients regarding confidentiality and any reasons for releasing information in adherence with confidentiality laws. When providing services to families, couples or groups, the limits and exceptions to confidentiality must be reviewed and a written document describing confidentiality must be provided to each person. Once private information is obtained by the addiction professional, standards of confidentiality apply. Confidential information is disclosed when appropriate with valid consent from a client or guardian. Every effort is made to protect the confidentiality of client information, except in very specific cases or situations.

IV. Professional Responsibility

The addiction professional espouses objectivity and integrity and maintains the highest standards in the services provided. The addiction professional recognizes that effectiveness in his or her profession is based on the ability to be worthy of trust. The professional has taken time to reflect on the ethical implications of clinical decisions and behavior using competent authority as a guide.

Further, the addiction professional recognizes that those who assume the role of assisting others to live a more responsible life take on the ethical accountability of living responsibly. The addiction professional recognizes that even in a life well-lived, harm might be done to others by words and actions. When he or she becomes aware that any work or action has done harm, he or she admits the error and does what is possible to repair or ameliorate the harm except when to do so would cause greater harm. Professionals recognize the many ways in which they influence clients and others within the community and take this fact into consideration as they make decisions in their personal conduct.

V. Working in a Culturally Diverse World

An addiction professional understands the significance of the role that ethnicity and culture plays in an individual's perceptions and how he or she lives in the world. Addiction professionals shall remain aware that many individuals have disabilities which may or may not be obvious. Some disabilities are invisible and unless described might not appear to inhibit expected social, work and health care interactions. Included in the invisible disabled category are those persons who are hearing impaired, have a learning disability, have a history of brain or physical injuries and those affected by chronic illness. Persons having such limitations might be younger than age 65. Part of the intake and assessment must then include a question about any additional factor that must be considered when working with the client.

VI. Workplace Standards

The addiction professional recognizes that the profession is founded on national standards of competency which promote the best interests of society, the client, the individual addiction professional and the profession as a whole. The addiction professional recognizes the need for ongoing education as a component of professional competency and development.

X. Policy and Political Involvement

The addiction professional is strongly encouraged to the best of his or her ability, to actively engage the legislative process, educational institutions and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

VII. Supervision and Consultation

Addiction professionals who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation. Counseling supervisors are aware of the power differential in their relationships with supervisees and take precautions to maintain ethical standards. In relationships with students, employees and supervisees he/she strives to develop full creative potential and mature independent functioning.

Revised March 28, 2011

VIII. Resolving Ethical Issues

The addiction professional shall behave in accordance with legal, ethical and moral standards for his or her work. To this end, professionals will attempt to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation as appropriate.

NAADAC, the Association for Addiction Professionals is comprised of members who, as responsible healthcare professionals, believe in the dignity and worth of human beings. In the practice of their profession they assert that the ethical principles of autonomy, beneficence and justice must guide their personal conduct. As professionals dedicated to the treatment of alcohol and drug dependent clients and their families, they believe that they can effectively treat its individual and familial manifestations. NAADAC members dedicate themselves to promote the best interests of their society, of their clients, of their profession, and of their colleagues.

NAADAC grants permission for other professionals associations and certifying bodies to use this code of ethics. NAADAC shall be referenced in writing as the source when using any or all parts of this code. Any changes from NAADAC's original code must be noted.

IX. Communication and Published Works

The addiction professional who submits for publication or prepares handouts for clients, students or for general distribution shall be aware of and adhere to copyright laws.



NAADAC

Ethical Standards Specific Principles

Ethical
Standards
Of Alcoholism
And
Drug Abuse
Counselors



THE ASSOCIATION FOR
ADDICTION PROFESSIONALS
www.naadac.org

1001 N. Fairfax Street, Suite 201
Alexandria, Virginia 22314
800.548.0497 • 703.741.7686
Fax 800.377.1136 • 703.741.7698

www.naadac.org

Boundary Management/Intimacy Continuum

Adapted from White, W., the PRO-ACT Ethics Workgroup, with legal discussion by Popovits R. & Donohue, B. (2007). Ethical Guidelines for the Delivery of Peer-based Recovery Support Services. Philadelphia: Philadelphia Department of Behavioral Health and Mental Retardation Services.

Place a ✓ in one of the three zones for each behavior.

| Helper Behavior | Zone | | |
|--|----------------------|--|-----------------------|
| | Safe Always OK | Vulnerable Sometimes OK, sometimes not | Danger Never OK |
| 1. Give Client/Peer (C/P) a gift | | | |
| 2. Accept a gift from a C/P or C/P's family | | | |
| 3. Lend money | | | |
| 4. Borrow or accept money | | | |
| 5. Give a hug | | | |
| 6. "You're a very special person" | | | |
| 7. "You a very special person to me" | | | |
| 8. Invite to a holiday dinner at your home | | | |
| 9. Joking about breast or penis size | | | |
| 10. Sexual relationship with a former C/P | | | |
| 11. Sexual relationship with C/P's family member | | | |
| 12. Give C/P your personal cell phone number | | | |
| 13. Use profanity | | | |
| 14. Use drug culture slang | | | |
| 15. "I'm going through a rough divorce myself right now" | | | |
| 16. "You're very attractive" | | | |
| 17. Address the C/P by her first name | | | |
| 18. Attend mutual aid meeting together | | | |
| 19. Hire a C/P to do some work at your sister's home | | | |
| 20. "Praise God" or "Praise Allah" | | | |
| 21. Work with a C/P who you previously sold drugs to | | | |
| 22. Sponsor a C/P you are assigned at work | | | |
| 23. Attend a C/P's wedding | | | |
| 24. Tell another Helper that his C/P said during an NA meeting yesterday that he'd recently used AOD | | | |



Ethical Incident Decision-Making Worksheet

Used with the permission of William L. White. Adapted from White, W. L. & Popovits, R. M. (2001, 2nd Edition). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Lighthouse Institute: Bloomington IL and White, W., the PRO-ACT Ethics Workgroup, with legal discussion by Popovits R. & Donohue, B. (2007). Ethical guidelines for the delivery of peer-based recovery support services. Philadelphia: Philadelphia Department of Behavioral Health and Mental Retardation Services.

Name: _____ Date: _____ Incident # _____

Incident summary: _____

Step One: Who is vulnerable to harm in this situation, and what is the potential degree of such harm?

| Vulnerable Party | Potential Risk of Harm (✓) | | |
|--------------------------------------|----------------------------|--------------------------|--------------------------|
| | Minimal | Moderate | Significant |
| Individual/Family Being Served | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Service Provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Service Provider Organization/Agency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional/Service Field | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recovery Community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community/Public Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Step Two: Add your organization/agency's core values then (✓) the core recovery values that apply to this situation. What action would each value suggest?

| Core Recovery Values | ✓ |
|--|--------------------------|
| Advocacy (Challenge injustice; Be a voice for the voiceless) | <input type="checkbox"/> |
| Autonomy/Choice (Recovery is voluntary; it must be chosen)..... | <input type="checkbox"/> |
| Obedience (Laws and ethical decisions) | <input type="checkbox"/> |
| Recovery (All service hinges on your personal recovery)..... | <input type="checkbox"/> |
| Protection (Do no harm to and protect self and others; Avoid conflicts of interest)..... | <input type="checkbox"/> |
| Gratitude & Service (Carry hope to individuals, families and communities) | <input type="checkbox"/> |
| Capability (Improve yourself; Give your best)..... | <input type="checkbox"/> |
| Authenticity of Voice (Accurately represent your recovery experience and role)..... | <input type="checkbox"/> |
| Stewardship (Use resources wisely) | <input type="checkbox"/> |
| Honesty (Tell the truth; Separate fact from opinion; When wrong, admit it) | <input type="checkbox"/> |
| Fidelity (Keep your promises) | <input type="checkbox"/> |
| Loyalty (Don't give up; Offer multiple chances) | <input type="checkbox"/> |
| Credibility (Walk what you talk)..... | <input type="checkbox"/> |
| Discretion (Respect privacy; Don't gossip)..... | <input type="checkbox"/> |
| Humility (Work within the limitations of your experience and role)..... | <input type="checkbox"/> |
| Hope (Offer living proof; Focus on the positive) | <input type="checkbox"/> |
| Dignity and Respect (Express compassion; Accept imperfection; Honor potential) | <input type="checkbox"/> |
| Tolerance ("The roads to recovery are many." Wilson, 1944)..... | <input type="checkbox"/> |
| Use of Self (Know thyself; Be the face and voice of recovery) | <input type="checkbox"/> |
| Other Culture-Specific Values: _____ | <input type="checkbox"/> |

(over)



Ethical Incident Decision-Making Worksheet (cont.)

Step Three: What laws, ethical standards or historical practices may guide your conduct in this situation?

Step Four: Document

➤ What you considered in addition to the :

➤ Who you consulted:

➤ What you decided to do:

➤ The outcome(s) of the decisions you made and actions you took:



Ethical Incidents

Adapted from: White, W. L. & Popovits, R. M. (2001, 2nd ed.). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Lighthouse Institute: Bloomington IL. Available for \$22.95 (bulk discounts are available) at www.chestnut.org/LI/bookstore/index.html

1. Exploitation of Service: Bob, who is a CAC/recovery coach, works at Cures Them All Program leading counseling groups, conducting intake assessments, and making recovery check-in calls. He likes the job because he's getting lots of overtime and he's quickly getting the hours needed for the CACII (CACI) certification. On the other hand, he resents the lower-than-counselor pay he receives.
2. Self-Care: Jerome brings great passion and compassion to his counseling/recovery coach job, but he models very poor self-care. He's overweight, smokes excessively, and has chronic health conditions that he does not manage well.
3. Personal Impairment: Mary has been an exceptional counselor/recovery coach for the past three years, but she is going through a very difficult divorce. The strain of the divorce is causing sleep difficulties, significant weight loss, and she is concerned about the stability of her sanity.
4. Drug Use: Ricardo went to a friend's wedding out of town and had several drinks (and joints). Because the episode of use was so short, he chooses to not disclose it to anyone at the agency where he works as a counselor.
5. Personal Bias: Zia has many qualities of an excellent counselor/recovery coach. During a break one day at the training she tells you that she passionately believes that AA is the ONLY way anyone can achieve long-term recovery, and she expresses disdain for other mutual aid groups.
6. Use of Information Across Roles: Rebecca is very active in the local Twelve Step community in addition to being a counselor/recovery coach. Today at an NA meeting, a Client/Peer with whom a colleague is working mentions the name of new partner who's just moved in with her. Suddenly Rebecca recognizes the partner's name and remembers that several years ago another Client/Peer returned to drug use and caught a sexually-transmitted disease from this person.



Ethical Incidents (cont.)

7. Conflict of Interest: Raphael works as a counselor/recovery coach in a local hospital and also owns a recovery residence. One of his former Patients/Peers at the hospital calls him one day looking for a place to sleep because he's recently lost his job, has nowhere to sleep but wants to stay clean and sober.
8. Choice/Autonomy: Charise is a counselor/recovery coach in a women's program known for its assertive, some would say aggressive, outreach to women referred by the child welfare system. One woman who appears to have a solid record of attending Celebrate Recovery is uncertain that she wants to continue at Charise's agency. The Client/Peer has not had a positive drug test in 3 months but her case worker insists that she needs intensive services to "fulfill the judge's order."
9. Choice/Autonomy: Roberto was assigned as Oscar's counselor/recovery coach 4 weeks ago. Now, Oscar asks if he can change counselors on the grounds that he is having a hard time relating to Roberto.
10. Friendship: Raymond shares a lot of common interests with Barry. Over a period of months they developed quite a friendship and now they share some social activities outside of the recovery residence owned by Raymond where Barry lives. That is, they go to the same church and have been fishing together.
11. Gifts: Marie works as a counselor/recovery coach at the local community mental health agency's addiction treatment unit. Her job serves mostly Native Americans who have been discharged from inpatient treatment and she visits them at their homes on the reservation. One day, a family presents her with an elaborate, culturally-appropriate gift as a token of their appreciation for her support. Marie knows the agency has a policy that prohibits staff from accepting a personal gift however, she is concerned that refusing the gift could harm her relationship with the family and tribe.
12. Competence Boundaries: During an interaction today with Camella, she asks you what you think about the effects of anti-depressant medications on recovery from alcoholism. She is ambivalent about the medication she has been prescribed.
13. When to Refer: Martha has attempted to engage Rita in counseling/recovery coaching for the past 5 weeks, but the chemistry between the two of them has gone from bad to worse as evidenced by the Session Rating Scale (SRS). All efforts to work through these difficulties have not improved the situation or Rita's SRS scores.



Ethical Incidents (cont.)

Adapted from: White, W. L. & Popovits, R. M. (2001, 2nd ed.). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Lighthouse Institute: Bloomington IL. Available for \$22.95 at www.chestnut.org/LI/bookstore/index.html

14. Discretion: Maria serves women and their families in a women's program. One day while on a break during a family group one of her Clients/Peers tells her, "I want to tell you something, but only if you promise you won't tell my family or the group."
15. Discretion versus Duty to Report: A Client/Peer in your program tells you that he has been using the past week with another person who lives at another recovery residence. It is clear that the other person supplies the drugs and he may be dealing in the recovery residence and the local community. Furthermore, the recovery residence owner is on the city council and is a member of your agency's Board of Directors.
16. Threat to Community: Joe Bob is intoxicated when you stop by for a home recovery check-in. He says he can't talk right now because he has to return to the bar he just left to pay off a debt. Joe Bob has his truck keys in his hand.
17. Responding to Unethical Conduct: Susan, who you have been working with for 3 months, discloses to you today that she is sexually involved with a counselor/recovery coach she is seeing at a local treatment center. The counselor/recovery coach is a very prominent person in the local recovery community and is very active in the state addiction counselors/recovery coach association.
18. Role Clarity/Integrity: George has worked as Larry's counselor/recovery coach for 2 months when Larry asks George to be his NA sponsor. George has a distinguished history of successful sponsorship activities.
19. Discretion: As a recovery support service provided by the addiction treatment agency for which you work, you take a group of Clients/Peers to a local recovery support meeting and pick up another one who has just finished a meeting. During the ride home, a Client/Peer discloses information that he has not told his counselor/recovery coach.
20. Discretion: Claude has been in and out of treatment and AA multiple times and he has an off and on relationship with you as his counselor/recovery coach. You run into Rudy at the grocery store, one of Claude's former AA sponsors with whom you collaborated. Rudy's first comment to you is, "How's our boy doing?"



Participant Feedback

Title: **What Works Ethical Decision Making:
Beyond Professional Codes of Ethics**

Presenters: Barbara Sickmon & George Braucht
Date: June 7, 2011 Location: Skyland Trail, Atlanta

Please ✓ **all** that apply: Male Female

American Indian/Alaska Native

Asian.....

Black or African American

Hispanic or Latino

Native Hawaiian/Other Pacific Islander.....

White

Other: _____

| | Poor | | | | Excellent |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1..Please rate your overall impression of this seminar/presentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please rate the presenters on the following aspects of effectiveness. | | | | | |
| 2. Explained the purposes of the session. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Defined terms and concepts clearly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Gave clear instructions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is knowledgeable about the concepts presented. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Established an environment that was conducive to learning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Answered questions clearly and completely. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Provided reasonable opportunities of participations and interaction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Made learning interesting and exciting through his enthusiasm. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |
| | Poor | | | | Excellent |

Please continue on the back.

Participant Feedback (cont.)

| Please rate the seminar/presentation on: | Poor | | | | Excellent |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 10. Content relevance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Training methods. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Handouts. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Training site and location. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Training room comfort - space, lighting, temperature, acoustics & ventilation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Based on this workshop, I am able to:

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. Implement the GARR and NAADAC codes of ethics. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Participate in an ethical incident discussion group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Make ethical decisions using a four step process. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Document the rationale and resulting course of actions taken regarding specific ethical decisions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |
| | Poor | | | | Excellent |

19. What aspects of the workshop did you find most helpful?

20. What aspects could be improved?

21. If an advanced workshop were held on this topic, what content would you hope to see addressed or covered? Please comment.

22. In summary, I would like the workshop organizers and trainer(s) to know...

Thank **you** for attending this seminar and for providing this feedback!