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Practical Ethics and Decisions: Making a Catalogue of Organizational Practices and Ethics (COPE)

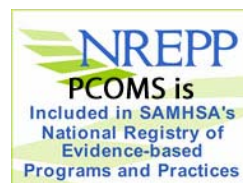


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The Endless Vine: Ancient symbol of Life,
Infinity or the interweaving Wisdom of the Path or
the Flow; Time and Movement within That Which Is Eternal



Practical Ethics and Decisions: Making a COPE

To receive the full benefit of participation in this seminar, please **turn off** all PDAs (profoundly distracting accessories).

A. Workshop Summary

Ethical sensitivity and service effectiveness are inseparable for organizational survival in today's business world. Recovery and addiction treatment systems are again facing challenges similar to those that led to the demise of the field's credibility in the mid-19th and early 20th centuries. Many clinical services professionals and paraprofessionals assume a broad spectrum of administrative roles then find themselves challenged by a lack of preparation and/or support for managing a complex business environment. This training covers implementing a Catalogue of Organizational Practices & Ethics (COPE) for a healthy, self-directed, recovery-oriented and outcome-informed organizational culture. The resulting well-defined recovery ethics and associated practices empower service providers, agencies, the larger community, and the clients/peers whom the agency serves.

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

- 1) Use a four-step ethical decision-making model,
- 2) Initiate routine vital incident discussions using the ethical decision-making model, and
- 3) Complete the Catalogue of Organizational Practices and Ethics (COPE) Checklist and implement a COPE

C. The concepts and materials covered in this workshop are adapted with the permission of William L. White to George S. Braucht, LPC. Selected references include:

- 1) Corey, G., Corey, M. S., Corey, C., & Callanan, (2015, 9th Edition). *Issues and ethics in the helping professions*. Brooks Cole.
- 2) White, W. L. & Popovits, R. M. (2001, 2nd Edition). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Lighthouse Institute: Bloomington IL. Available at www.chestnut.org/LI/bookstore/index.html
- 3) White, W. L. & the PRO-ACT Ethics Workgroup. (2007). *Ethical guidelines for the delivery of peer-based recovery support services*. Available at <http://www.bhrm.org/recoverysupport/EthicsPaperFinal6-8-07.pdf>



Practical Ethics and Decisions: Making a COPE (cont.)

- I. A. Practical ethics = Exercising integrity with sustained vigilance in preventing harm and injury to those to whom we have pledged our loyalty/service
- B. Ethical sensitivity for decision-making
 1. Ability to step outside oneself and perceive the complexities of a situation
 - ✓ The needs and experiences of the peer, client, agency, allied institutions and the public = vulnerable parties (VP)
 2. Project the potential consequences of one's action or inaction on the VP
 3. Identify and analyze the precise ethical issues in a particular situation and isolate and articulate conflicting duties and responsibilities
 4. Weight the advantage and disadvantages of various potential actions and formulate ethically appropriate responses to complex situations
- II. Catalogue of Organizational Practices and Ethics (COPE)
 - A. COPE = Catalogue of explicitly described values, practice standards and vital incident decisions that guide organizational members' behaviors informed by specific professional codes of ethics and in congruence with the agency's vision, mission and values.
 - B. COPE Purposes:
 1. Protect the health and safety of staff, volunteers, clients/peers, and the community.
 2. Promote the progressive development of personal and professional proficiencies in ethical considerations and decision-making.
 3. Enhance public safety.
 4. Protect the integrity and reputation of clients, volunteers, staff and the agency.
 5. Embed and sustain high standards of conduct and services within the organization's culture.
 - C. Why a COPE? Professional ethics codes are necessary... but insufficient.
 1. Academic and non-academic training programs and field entry pathways insufficiently prepare workers for effective daily decision-making in today's complex and competitive business environments.
 2. Agency jobs may fall outside of the realm of human services professions' codes of ethics, e.g., board members, administrators, planners, marketing and public relations, clerical/billing, case managers, outreach workers, recovery supports, aides, educators, trainers, consultants, maintenance, drivers, researchers, etc.



Practical Ethics and Decisions: Making a COPE (cont.)

3. Professional codes of ethics can guide individual conduct, but often confuse efforts to develop an ethically cohesive organizational culture and identity through which *all* staff, volunteers & clients/peers *share* values-related practice *standards* that *promote individual recovery and personal/professional development*.

III. Suggested COPE Implementation Steps

Step 1: Initiate preliminary discussions about the need for a COPE among Board Members, executives, managers, supervisors and line staff, volunteers & clients/peers.

- ✓ Circulate: 1) the agency's vision, mission and values; 2) agency Standard Operating Procedures or Policy and Procedures Manual, 3) pertinent professional codes of ethics, and 4) COPE Checklist to staff, volunteers, clients/peers, etc. for reference in identifying practice standards that should be included in the Vital Incident Ethical Decision-making Work Sheets
- ✓ Assure sustainable support and resources for developing a COPE at the highest levels of the organization – identify early supporters

Step 2: Orient all organizational members to the purpose of a COPE and the development steps.

- ✓ Extremely important step to invite engagement and manage ambivalence – identify early supporters

Step 4: Select an ad hoc COPE task force.

- ✓ It is essential that the COPE emerge from the team's process, not arbitrarily imposed by one or more managers/executives or by the agency Board
- ✓ Responsibilities:
 - * Review and refine the COPE development process
 - * Solicit feedback from/facilitate listening sessions with work groups of staff, volunteers & clients on COPE issues and standards
 - * Assist work group leaders as needed in reviewing, and when necessary, re-reviewing, Vital Incident Ethical Decision-Making Worksheets
 - * Manage updated versions of the COPE
 - * Assist with orienting staff, volunteers, & clients using the COPE as process, not content nor subject matter, experts

Step 5: Organize half to full day vital incidents meetings.

- ✓ Discuss sample or actual ethical dilemma vignettes to complete Vital Incident Ethical Decision-Making Worksheets. For example,
 - * Divide into groups of three-five members, 20-30 minutes, one vital incident
 - * Identify the interests, values, and recommended responses/standards using the Vital Incident Discussion Work Sheet, then report to the larger group
 - * When differences in Work Sheets occur, return to the workgroup who should come to a consensus OR detail alternative decisions/behaviors



Practical Ethics and Decisions: Making a COPE (cont.)

Step 6: Task force develops a draft COPE from the Vital Incident Discussion Work Sheets generated in Step 5. Distribute for endorsement by all staff, volunteers & clients; the Personnel Department; agency legal counsel; Board of Directors; Advisory Committee; etc.

- ✓ Particularly important: the task force should not edit the Vital Incident Work Sheets from Step 5. When a concern/issues arises, return the Work Sheet to the work group. If a consensus is unachievable, the workgroup can request feedback/direction from management.
- ✓ COPE is integrated into personnel policies, performance review and disciplinary procedures

Step 7: The COPE is approved by the agency Board who sets an implementation date and authorizes a mechanism for periodic (annual?) review and refinement.

Step 8: Formal adoption orientation is provided to all staff, volunteers, clients/peers, etc.

- ✓ Staff, volunteers & clients/peers sign a COPE orientation acknowledgement statement for the personnel/clinical file.

Step 9: Include the COPE and associated materials in all new staff, volunteer & client orientations.

Step 10: Decide how the COPE will be disseminated beyond organizational members.

IV. Vital incidents and issues categories for COPE. See White & Popovits (2001).

- A. Business practice conduct
- B. Personal conduct outside of work
- C. Professional values adherence
- D. Relationships with clients/families
- E. Professional peer relationships
- F. Conduct in situations that pose a risk to public safety
- G. Performance of specialty roles

Sample vital incidents for peer, clinical and recovery residence programs are available at http://brauchtworks.com/change_agent_toolkit



Catalogue of Organizational Practices and Ethics (COPE) Implementation Checklist

Adapted by George Braucht, LPC with permission from William L. White. 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. Available at www.chestnut.org/LI/bookstore/index.html

A. Organizational Culture

1. Are the organization's vision and mission statements, values, performance objectives and measures, and Catalogue of Organizational Practices and Ethics (COPE) written with sufficient clarity to allow their application in daily decision-making and discussions among staff/volunteers/clients? Yes No
2. Are education, experience and certification/licensure requirements for each agency position set to promote the likelihood that staff/volunteers have prior knowledge and skill in ethical decision-making? Yes No
3. Is the COPE integrated into the organization's personnel policies or corporate compliance program? Yes No
4. Are organizational vision, mission, values and ethical standards covered during employee/volunteer hiring, and included in staff, volunteer & client orientations? Yes No
5. Are ethical issues addressed in the in-service training schedule, not just as a special topic, but integrated as a dimension of all training topics? Yes No
6. Are opportunities provided for staff, volunteers & clients to explore ethical issues with other professionals within and outside the organization? Yes No
7. Are formal arrangements maintained that allow organizational leaders to access outside consultation on complex ethical-legal issues? Yes No
8. Are opportunities provided for staff, volunteers & clients to periodically review and revise the COPE? Yes No
9. Do organizational leaders frequently model COPE-based decision-making, recite the organization's vision and mission, explain the organization's values, and talk about key ethical issues in all communications with staff, volunteers & clients and during community outreaches? Yes No



Code of Organizational Practices and Ethics (COPE) Implementation Checklist

10. Is COPE adherence a component of all staff, volunteer & client performance evaluations? Yes No
11. Is ethical conduct a core value of the organization as reflected in agency history and mythology; the organization's brand including symbols, slogans, designation of heroes and heroines; and storytelling in organizational literature and during community outreach? Yes No
12. Are rituals built into organizational life that identify and celebrate instances of COPE-consistent behavior, identify practices that undermine or deviate from COPE, and promote recommitting to the COPE, e.g., staff, volunteer & client meetings; advances (traditionally referred to as retreats); strategic planning meetings; etc.? Yes No
13. Are processes in place through which staff, volunteers & clients can identify and rectify stressors that can contribute to poor ethical decision-making such as role overload/conflicts, incompatible values and procedures, etc.? Yes No
14. Is an employee assistance program available that addresses personal impairments that could affect staff/volunteer ethical judgment and conduct? Yes No

B. Ethical Decision-Making

15. Have staff, volunteers & clients been oriented to the multiple parties whose interests must be reviewed in ethical decision-making? Yes No
16. Are instances of COPE compliances and violations immediately and consistently addressed? Yes No
17. Are the forums clearly defined within which ethical issues can be explored, e.g., individual supervision, team meetings, etc.? Yes No

C. Ethical Violations

18. Do staff, volunteers & clients clearly understand the mechanism for reporting questionable behavior or COPE violations, and the results of subsequent investigations? Yes No
19. Are the potential consequences of COPE breaches clearly defined and communicated to staff, volunteers & clients? Yes No
20. Are the procedures through which COPEs violations are addressed clearly defined and communicated to staff, volunteers & clients? Yes No



Vital Incident Decision-Making Worksheet

Adapted with the permission of William L. White to by George S. Braucht, LPC. 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 title: _____

Incident summary: _____

Step One: Who is vulnerable to harm in this situation, and what is the potential degree of such harm? Review and (✓) if responsibilities to the checked parties that are in conflict.

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

Step Two: Check (✓) the core recovery value(s) that may apply to this situation. What action would each value suggest?

- Core Values: Add or replace with your agency/organization's core values. ✓
- Hope: Demonstrated through our lived experience □
- Equality and Justice: As evidenced by our willingness and valuing diversity □
- Wellness: Of mind, body & spirit..... □
- Integrity: By showing positive regard, respect and openness Recovery □
- Commitment: To recovery and wellness by living with compassion, dignity & stability □



Vital Incident Decision-Making Worksheet (cont.)

Step Three: What laws, funding restrictions, accreditation/licensing standards, professional association ethical standards, organization policies or procedures, personnel policies, employment contract stipulations, or historical practices may guide your conduct in this situation?

Step Four: Document

➤ What options you considered doing:

➤ Who you consulted:

➤ What you decided to do:

➤ The outcome(s) of the decision(s) you made and action(s) you took. What would you differently next time?



Practical Ethics and Decisions: Making a COPE (cont.)

Vital Incidents (VI) for Discussion

VI#1: Business Practice Conduct – Client, Staff or Volunteer Exploitation?

Programs experiencing reduced state funding for addiction services organize community representatives to visit the state legislature to stop funding cuts and restore resources. Various program staff, volunteers and clients are actively recruited, coached for interviews with legislators and the media, transported to the event, provided with T-shirts and handbills that clearly identify them a member of the recovery community, and several testify before a legislative committee considering more funding cuts.

Potential discussion issues: Discretion and protection of confidentiality and privacy, autonomy and freedom from coercion, informed consent

- A. Would the issues be different if former instead of active clients were involved?
- B. What agency standard(s) should govern client, staff and volunteer involvement in activities that transcend the service contract for which consent was received at the beginning of services?
- C. Would similar issues arise in soliciting parents of former or active adolescent clients?

VI#2: Business Practice Conduct – Treatment Success Exaggeration?

An addiction treatment program routinely attempts to contact program graduates 1-year post-discharge. A review of the last 5 years' data reveals: A) 25% maintained recovery with continuous sobriety since discharge, B) 31% maintained recovery but with one or two relapses, C) 15% maintained recovery with intermittent AOD use but with significantly less problem severity following treatment, and D) 29% were more severe AOD abusers. Subsequent program literature and outreach efforts publicize that 71% of clients (A+B+C) were "successful at sustaining recovery."

Potential discussion issues:

- A. What makes the accurate presentation of outcomes an ethical issue?
- B. What potential harm may be created by marketing that creates the illusion that recovery is easy – all you have to do is come to this program or buy this book, etc.
- C. What methodical concerns exist about how the data was collected?



Practical Ethics and Decisions: Making a COPE (cont.)

Vital Incidents (VI) for Discussion

VI#3: Personal Conduct – AOD Use?

You are an employee of an addiction prevention and treatment agency. At a social gathering you observe Toni, a colleague who you do not know well, drinking. Then, you notice slightly slurred speech. Later you see Toni handling vehicle keys, apparently preparing to leave.

Potential discussion issues:

- A. What, if anything, should you do? Would your response be different if you were the party host?
- B. Is it appropriate to inform your supervisor upon returning to work? What if the colleague is a certified or not certified substance abuse counselor who has many years in recovery, What if it the drinking colleague is the agency's Executive Director?
- C. Is there an increased duty to act or increased liability given the nature of our profession? Should the same response apply when the situation is observed by non-licensed/certified staff? Would failure to act be comparable to an agency physician or nurse who, while dining at a restaurant, failed to assist a patron who was having a heart attack?

VI#4: Personal Conduct – Legal Issues?

You just read in the newspaper that Vick, an agency substance abuse counselor, was recently arrested for solicitation of prostitution in a highly publicized undercover operation. The event did not occur during work time.

Potential discussion issues:

- A. What would your response be, if any, to this counselor? Would it be different if Vick was a billing clerk?
- B. Would the response differ if your agency was in a remote rural community or a large metropolitan city?
- C. What if this was a first-ever arrest? What if the charge was theft, statutory rape, domestic violence, or possession of illegal drugs?



Notes, Doodles and My Top Three Takeaways:



Participant Feedback

Title: **Practical Ethics and Decisions: Making a COPE**

Presenter: George Braucht, LPC

Date: _____ Location: _____

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 workshop.	<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 purpose of the seminar/presentation.	<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 for 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"/>

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. Use a four-step ethical decision-making model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Initiate discussions of critical incidents that recovery coaches face using the ethical decision-making model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Develop a Catalogue of Organizational Practices and Ethics (COPE).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
	Poor				Excellent

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

19. What aspects could be improved?

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

21. In summary, I would like the workshop organizers and trainer to know...

Thank **you** for providing this feedback!

