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Applying Science to Practice

Ethical Decision-making by Administrators, Clinicians, Peer Service Providers and Clients/Peers/Residents

facilitated by

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Ethics
E π μ!C?

The endless vine is an ancient symbol
of Life, Infinity, or Wisdom from the flow
of time and movement within and without



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Description

Not the usual “Do this, don’t do that, can’t you read the sign?” class, learn a trans-disciplinary ethical decision-making model to assist your organization in managing the dilemmas that occur due to the inherent clash among client rights, agency policies, funding commitments and community/public safety responsibilities. **Please bring to the workshop a copy of:** 1) the professional or organizational code of ethics that informs your work (CRC, NAADAC, NASW, NBCC, etc.) and 2) your organization’s vision, mission and values statements. Explorations of several boundary management and other vital issues inform mission-congruent and values-based resolutions that empower staff and those whom they serve.

Objectives. Upon completion of this session, participants will be able to:

1. List three fundamental principles of ethical decision-making from moral psychology.
2. Conduct vital incident review sessions using an ethical decision-making worksheet to build multi-disciplinary collaboration among professionals with varied ethical behavior standards.
3. Incorporate a Catalogue of Organizational Practices and Ethics (COPE) into your agency’s new employee orientation and ongoing in-service trainings

A Moment of Still Silence

Simon & Garfunkel. (1966). *Sounds of silence*.



“If we had a keen vision of all that is ordinary in human life, it would be like hearing the grass grow or the squirrel’s heart beat, and we should die of that roar which is the **other side of silence.**”

George Eliot (Mary Ann Evans). (1872). *Middlemarch*.

David Crosby. (1988). *Compass*.



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Mr. Braucht, a Licensed Professional Counselor and Certified Professional Counselor Supervisor, has over 14,000 hours of supervised psychotherapy and community psychology experience in alcohol and other drug, crisis intervention and mental health services. His consulting business specializes in workforce development and continuous quality and outcome improvement. George also enjoys teaching psychology and facilitating behavioral health and social justice trainings with professional and peer service providers. He recently retired from a 27-year career with criminal justice agencies in Georgia. In 2010 George co-founded the Certified Addiction Recovery Empowerment Specialist (CARES) Academy for peer recovery coaches that operates in several states. He serves on the Board of the Georgia Association of Recovery Residences and he is a Charter Board Member of the National Alliance for Recovery Residences. Since 2008, George has been a Certified Trainer with the Heart and Soul of Change Project.

My What & Why: Promoting professional growth and personal development

- ✓ *M.S. in Experimental/Physiological Psychology then Community Psychology; taught 1st psychology class at Georgia College in 1979*
- ✓ *14,000+ hours of supervised psychotherapy experience as a Licensed Professional Counselor and Certified Professional Counselor Supervisor: Crisis intervention, AOD & MH recovery; Social justice; Recovery residences & Peer services*
- ✓ *Co-founder and Faculty, Certified Addiction Recovery Empowerment Specialist (CARES) Academy with the Georgia Council on Substance Abuse*



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- ✓ *Lead Faculty, RecoveryPeople's Recovery Residence Manager Training and the Recovery Outcomes Institute's Recovery Navigation Support using the Recovery Capital Scale*
- ✓ *Georgia Association of Recovery Residences Board & Charter Board Member, National Alliance for Recovery Residences*
- ✓ *Certified Trainer II in the Partners for Change Outcome Management System (PCOMS) with Dr. Barry Duncan's Better Outcomes Now*

Julie and Mark: Three points about ethical decisions

- *~69% immediately answer "No" (Haidt, 2006; Haidt, 2001; Haidt, Koller & Dias, 1993)*
 1. *Morality begins with culture-based affect (feelings) = instant and automatic judgement = System 1 (Kahneman, 2011)*
- *When asked why or how you came to that answer?*
 1. *We confabulate: Invent reasons (cognition) "on the fly" = System 2*
- *Refuting reasons generally doesn't change minds (yeah but, but, but... that just feels right!)*
 1. *Arguments do not diminish the cause of the position (affect) if they address only what was made up after the judgement occurred!*

Haidt, J. (2006). The happiness hypothesis: Finding modern truth in ancient wisdom. New York: Perseus.

Kahneman, D. (2011). Thinking, fast and slow. New York: Farrar, Straus and Giroux.



Kahneman. (2011). Thinking, fast and slow.

*System 1 (elephant): fast thinking, intuitive affect, automatic,
unconscious*

*System 2 (rider): slow thinking, deliberative cognition, controlled,
conscious*

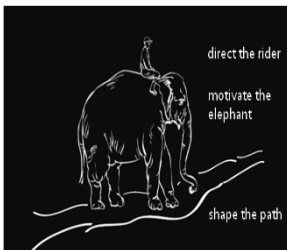
What do you see?

“I only had one drink”



Ethical Decision-making: What Works?

*Adapted from Haidt, J. (2012). The righteous mind: Why good people
are divided by politics and religion.*



→ *Check reference materials*

→ *First, appreciate and validate the other's
perspective and values!*

→ *Develop a Catalogue of Organizational Practices
and Ethics (COPE)*

Out-of-control train!

Behavior is _____ a function of (=) the interaction (X) between

_____ and _____

$$B = \text{---} X \text{---}$$



Safety and Respect Guidelines

- A. *Minimize distractions: Turn off cell phones while we are using them during this session*
- B. *“Oops”: Instead of what I said, I meant...*
- C. *“No fixing”: Resist the “I am Right (or Am I?)” impulse*
- D. *“Ouch”: Pause the conversation - signals that a statement was offensive and assume it was not intentionally directed at me*
- E. *“Vegas Rules”: Request that what I’m about to say stays in this room*
- F. *“Stretch”: Try a new role, even if for only a few minutes*
- G. *Mentalize others’ worldviews*
- H. *Other guidelines that would help make this a safe and respectful place for you?*

Integrity

- A. *Behaving consistently according to values and moral principles*
“S/he is known to be a person of integrity”; “I never doubt her/his integrity”
- B. *The state of being whole and undivided.*
 - 1. *Upholding territorial integrity or national sovereignty, “the integrity of the organization or system”*
 - 2. *Synonyms: unity, unification, coherence, cohesion, togetherness, solidarity*
- C. *Gentile, M. C. (2010). *Giving voice to values (GV)*. How to speak your mind when you know what’s right.*

Three As of Ethics Education

- A_____ : *Is it an ethical issue?*
- A_____ : *What is right or wrong in this situation?*
- A_____ : *How can I voice and act on my values effectively?*



Once you know what you believe is right, how can you get it done effectively?

D. *GW's A Tale of Two (Integrity) Stories: 2-Minutes*

1. *Describe a time when your values conflicted with what you were expected to do in a particular situation that involved a non-trivial decision and you spoke up or acted to resolve the conflict.*
2. *What did you do and what was the impact?*
3. *How satisfied are you and how would you have liked to respond? Avoid rejecting or defending past actions but rather imagine your ideal, values-based response.*
4. *What things within your own control and things within the control of others made it easier for you to speak/act ("Enablers") and what things made it harder ("Disablers")?*

Ethics

Adapted from White, W. & Popovitis, R. M. (2001, 2nd Ed.). Critical incidents: Ethical issues in the prevention and treatment of addiction. Bloomington, IL: Chestnut Health Systems.

A. *Exercising integrity with sustained vigilance in preventing harm and injury to those to whom we have pledged our loyalty/service*

1. *Professional ethics codes set MINIMUM standards of conduct*

B. *Ethical sensitivity: The ability to...*

1. *Step outside oneself and perceive the complexities of a situation (B=PXE) through others' experiences, needs and worldviews; the peer, client, agency, allied institutions and the public = potentially vulnerable parties*



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2. *Project the potential consequences of one's action or inaction on these various potentially vulnerable parties*
3. *Identify and analyze the precise ethical issues involved in a particular situation and isolate and articulate conflicting duties and responsibilities*
4. *Weigh the advantages and disadvantages of various potential actions and formulate ethically appropriate responses to complex situations*

Ethical Decision-making Levels

Lowest Level: Mandatory ethics = Compliance with the law and following professional ethics codes

Higher Level: Continuously open to the effects of interventions on peer/client welfare - above and beyond what may be required by "law"

Doing what is intrinsically right, regardless of the consequences
Corey, Corey, Corey & Callanan. (2018, 10th ed.). *Issues and ethics in the helping profession.*

CPR Boundary Management and Intimacy Issues Worksheet - See below in this handout

NAADAC/NCCAP Code of Ethics' Nine Principles: October 9, 2016

- I. *The Counseling Relationship*
- II. *Confidentiality and Privileged Communication*
- III. *Professional Responsibility & Workplace Standards*
- IV. *Working in a Culturally Diverse World*
- V. *Assessment, Evaluation and Interpretation*
- VI. *E-Therapy, E-Supervision and Social Media*
- VII. *Supervision and Consultation*
- VIII. *Resolving Ethical Concerns*
- IX. *Publication and Communications*

<https://www.naadac.org/code-of-ethics>



A potential client shows up inebriated for an initial screening appointment!

- ☛ *Do you perform the assessment?*
- ☛ *What are your ethical obligations?*
- ☛ *What if the individual drove alone to your program?*
- ☛ *Who are the potentially vulnerable parties?*

Ethical Decision-making Worksheet - See below in this handout

The Challenge: Multiple Responsibilities/Vulnerabilities

Injury may come from what a helper does or fails to do in protecting the safety, health and wellbeing of:

- 1. Client/Peer/Resident (CPR) & CPR's family*
- 2. Staff/Volunteer service providers*
- 3. Agency or organization*
- 4. Profession/Service field*
- 5. Communities of people in recovery*
- 6. Community at large/Public safety*

Four Step Ethical Decision-making Process - See the Ethical Decision-making Worksheet below in this handout

- 1. The vulnerable parties in the situation and estimate the potential danger to each party.*
 - 2. What behavior(s) your organization's core values that may apply to the situation and are called for.*
 - 3. Identify the laws, professional ethics codes, and historical practices (COPE) that may guide your conduct in this situation.*
 - 4. Document*
 - a) with whom you discussed the situation,*
 - b) what you decided to do, and*
 - c) the outcome*
- ☛ *Add to your Catalogue of Organizational Practices and Ethics (COPE)*



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Your organization supports Addiction Recovery Awareness Day at the Capitol, gets its logo on the tee shirt, and purchases shirts for staff and clients to wear who attend the rally. Clients are told that all services are canceled that day. Some clients decide they do not want to participate. Other say they want to go but they don't want to wear the shirts.

Ethical Incidents - See below in this handout

Catalogue of Organizational Practices and Ethics (COPE)

- A. Strategic purpose: Guide decisions and behaviors in pursuing the agency's vision, mission and values via explicitly defined obligations and practices*
- B. Build an agency-specific, real issues COPE that cuts across professional codes of ethics*
- C. Add Ethical Decision-Making Worksheets as real situations arise to inform-update staff, volunteers, & clients/peers*
- D. Uses*
 - ❖ Professional development initiative*
 - ❖ Monthly/quarterly in-service trainings*
 - ❖ New board member, employee, client/peer and volunteer orientations*
- E. See the COPE Checklist at the end of this handout*

References

- Corey, G., Corey, M. S., & Callahan, P. (2018, 10th ed.). Issues and ethics in the helping professions.*
- Gentile, M. C. (2010). Giving voice to values: How to speak your mind when you know what's right.*
- Haidt, J. (2012). The righteous mind: Why good people are divided by politics and religion.*



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White, W. L. & Popovitz, R. M. (2001, 2nd ed.). *Critical incidents: Ethical issues in the prevention and treatment of addiction.*

White, W. L., et al. (2007). *Ethical guidelines for the delivery of peer-based recovery support services.*

Kahneman, D. (2011). *Thinking, fast and slow.*

Wrap-Up: One thing I...

A. Liked:

B. Learned:

C. Will do:

Thank YOU for your attention and participation!



Boundary Management and Intimacy Issues Worksheet 150630

Adapted by George S. Braucht; LPC, CPCS & CARES with permission of William L. White. 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.

I am taking this as a/an: all that apply

Administrator Clinical Supervisor Clinician Peer service provider

Instructions: one of the three vulnerability zones for each of the below behaviors.

Vulnerability Continuum

| Helper Behavior with a Client/Peer/Resident = CPR AOD = alcohol or other drugs | Safe Always OK | Vulnerable Sometimes OK, sometimes not | Danger Never OK |
|---|--|--|---|
| 1. Give a gift | | | |
| 2. Accept a gift from a CPR or CPR's family | | | |
| 3. Lend or borrow money | | | |
| 4. Manage a CPR's money | | | |
| 5. Give a hug | | | |
| 6. "You are a very special person" | | | |
| 7. "Relapse is a part of recovery" | | | |
| 8. Invite to a holiday dinner at your home | | | |
| 9. Joke about breast or penis size | | | |
| 10. Have sex with a former CPR | | | |
| 11. Have a relationship with a CPR's family member | | | |
| 12. Give a CPR your personal cell phone number | | | |
| 13. Use profanity or curse words | | | |
| 14. Use drug culture or street slang | | | |
| 15. "I'm going (or been) through a rough divorce myself" | | | |
| 16. "You're very attractive" | | | |
| 17. Address the CPR by her first name | | | |
| 18. Attend mutual support group meetings with CPRs | | | |
| 19. Hire a CPR do some paid work at your sister's house | | | |
| 20. "Praise God" or "Praise Allah" | | | |
| 21. Work with a CPR to whom you previously sold AOD | | | |
| 22. Sponsor a CPR who you are assigned at work | | | |
| 23. Attend a CPR's wedding | | | |
| 24. Tell another staff member that her/his CPR admitted using AOD during a mutual support group meeting | | | |
| 25. Give a CPR a ride in your personal vehicle | | | |



Adapted by George S. Braucht; LPC, CPCS & CARES from White, W. L. & Popovits, R. M. (2001, 2nd Edition). *Critical incidents: Ethical issues in the prevention and treatment of addiction* and Gentile, M. C. (2010). *Giving voice to values: How to speak your mind when you know what's right*.

Name: _____ Date: _____ COPE # _____

Incident title/theme:

Brief summary of the incident:

Step One: What is the potential risk level to each party?

| Party | Potential Risk of Harm (✓) | | |
|--------------------------------------|----------------------------|----------|-------------|
| | Minimal | Moderate | Significant |
| You | | | |
| Individual/Family Being Served | | | |
| Service Provider(s) | | | |
| Service Provider Organization/Agency | | | |
| Professional Service Field | | | |
| Recovery Community | | | |
| Community/Public Safety | | | |

Step Two: ✓ each core recovery value that applies to this situation. What action would that value suggest? *Note: Consider replacing the below with your organization's values.*

| ✓ | Core Value | Suggests this Course of Action |
|---|--|--------------------------------|
| | Autonomy/Choice (Self-direction; freedom over destiny) | |
| | Obedience (Obey legal/ethical directives) | |
| | Conscientious Refusal (Disobey legal/ethical directives) | |
| | Beneficence (Do good; help others) | |
| | Gratitude (Pass good along to others) | |
| | Competence (Knowledge/skills) | |
| | Justice (Be fair; distribute by merit) | |
| | Stewardship (Use resources wisely) | |
| | Honesty and Candor (Tell the truth) | |
| | Fidelity (Keep your promises) | |
| | Loyalty (Don't abandon) | |
| | Diligence (Work hard) | |
| | Discretion (Respect confidence and privacy) | |
| | Self-improvement (Be the best that you can be) | |
| | Non-maleficence (Do no harm; hurt no one) | |
| | Restitution (Make amends to injured persons) | |
| | Self-Interest (Protect yourself) | |
| | Other Culture-Specific Value: | |



Step Three: What laws, organizational policies, professional ethics codes and standards and historical practices influence your behavior in this situation?

Enablers:

Disablers:

Step Four: Document

1. What options you considered:

2. Who you consulted:

Enablers:

Disablers:

3. What decision-based scripts you made and what you did to rehearse:

4. The outcome of the decision(s) made and action(s) taken:



Ethical Incidents 150518

Adapted by George S. Braucht; LPC, CPCS & CARES with the permission of William White. 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 at chestnut.org/LI/bookstore/index.html.

1. Exploitation of Service: Bob 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 national credential. On the other hand, he resents the lower pay than is received by administrators.
2. Self-Care: Jerome brings great passion and compassion to his job, but he models very poor self-care. He's overweight, smokes excessively, and has chronic health conditions that he does not manage well although he rarely misses work.
3. Personal Impairment: Mary has been an exceptionally effective employee 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. A client recently noted that she seemed distracted during group.
4. Alcohol or Other 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 change agent. 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 support groups.
6. Using Information Across Roles: Rebecca is very active in the local recovery community. Today at an NA meeting, a client/peer with whom a colleague is working excitedly talked about a new partner who's just moved in with her. Suddenly Rebecca recognized 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 in a local hospital and also owns a recovery residence. One of his former patients/peers at the hospital calls him 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: Charisse works in a women's program that is 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 SMART Recovery is uncertain that she wants to continue at Charisse's agency. The client 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 Oscar 4 weeks ago. Now, Oscar asks if he can change counselors because 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 at the addiction treatment unit in a local community mental health that serves mostly Native Americans who have been discharged from inpatient treatment. She visits them at their homes on the reservation. One day, a family presents her with an elaborate, culturally significant gift as a token of their appreciation for her support. Marie knows the agency has a policy that prohibits accepting personal gifts however, she is concerned that refusing the gift could harm her relationship with the family and tribe.
12. Competence Boundaries: Camella asks you what you think about using anti-depressant medications for recovery from alcoholism. She is ambivalent about the medication she has been prescribed.
13. When to Refer: Martha has attempted to engage Rita 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.



Catalogue of Organizational Practices and Ethics (COPE) Checklist 141105

Adapted by George Braucht; LPC, CPCS & CARES 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 Code of Organizational Practices and Ethics (COPE) written with sufficient clarity to allow their application in daily decision-making and discussions among staff/volunteers/clients? No Yes
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? No Yes
3. Is the COPE integrated into the organization's personnel policies or corporate compliance program? No Yes
4. Are organizational vision, mission, values and ethical standards included raised during employee/volunteer hiring and included in staff/volunteer/client orientations? No Yes
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? No Yes
6. Are opportunities provided for staff/volunteers/clients to explore ethical issues with other professionals within and outside the organization? No Yes
7. Are formal arrangements maintained that allow organizational leaders to access outside consultation on complex ethical-legal issues? No Yes
8. Are opportunities provided for staff/volunteers/clients to periodically review and revise the COPE? No Yes
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? No Yes
10. Is COPE adherence a component of all staff/volunteer/client performance evaluations? No Yes



Catalogue of Organizational Practices and Ethics (COPE) Checklist (cont.)

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? No Yes
12. Are rituals built into organizational life that identify and celebrate instances of COPE-compliant 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.? No Yes
13. Are processes in place through which staff/volunteers/clients can identify and rectify stressors that can contribute to poor ethical decision-making (role overload/conflicts, incompatible values and procedures, etc.)? No Yes
14. Is an employee assistance program available that addresses personal impairments that could affect staff/volunteer ethical judgment and conduct? No Yes

B. Ethical Decision-Making

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

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? No Yes
19. Are the potential consequences of COPE breaches clearly defined and communicated to staff/volunteers/clients? No Yes
20. Are the procedures through which COPE violations are addressed clearly defined and communicated to staff/volunteers/clients? No Yes

