# ETHICS & BOUNDARIES FOR SUBSTANCE USE DISORDER PROFESSIONALS

## OHIO SUBSTANCE USE DISORDERS CENTER OF EXCELLENCE


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# LEARNING OBJECTIVES

1. Discuss the reasons that ethics and boundaries are critical to SUD practice.
2. Develop an understanding of an ethical decision-making model.
3. Review of common ethical traps providers experience.
4. Learn the difference between boundary crossings and violations.
5. Establish ways to protect oneself in the field and maintain healthy boundaries.

# Remember your why

“At its most primitive level, aspiring to be ethical involves sustained vigilance in preventing harm and injury to those to whom we have pledged our loyalty.”

Remembering “that one person in this [client/provider] relationship enters with increased vulnerability requiring the objectivity, support, and protection of the other”.

“And so, these relationships [between a client and a provider] are held to a higher level of obligation and duty than would be friendships that are reciprocal in nature”.

William White, MA

# WHY ARE ETHICS SO IMPORTANT?

# RULE 4758-8-01 CODE OF ETHICS FOR CHEMICAL DEPENDENCY COUNSELORS

# WITH REFERENCE TO:

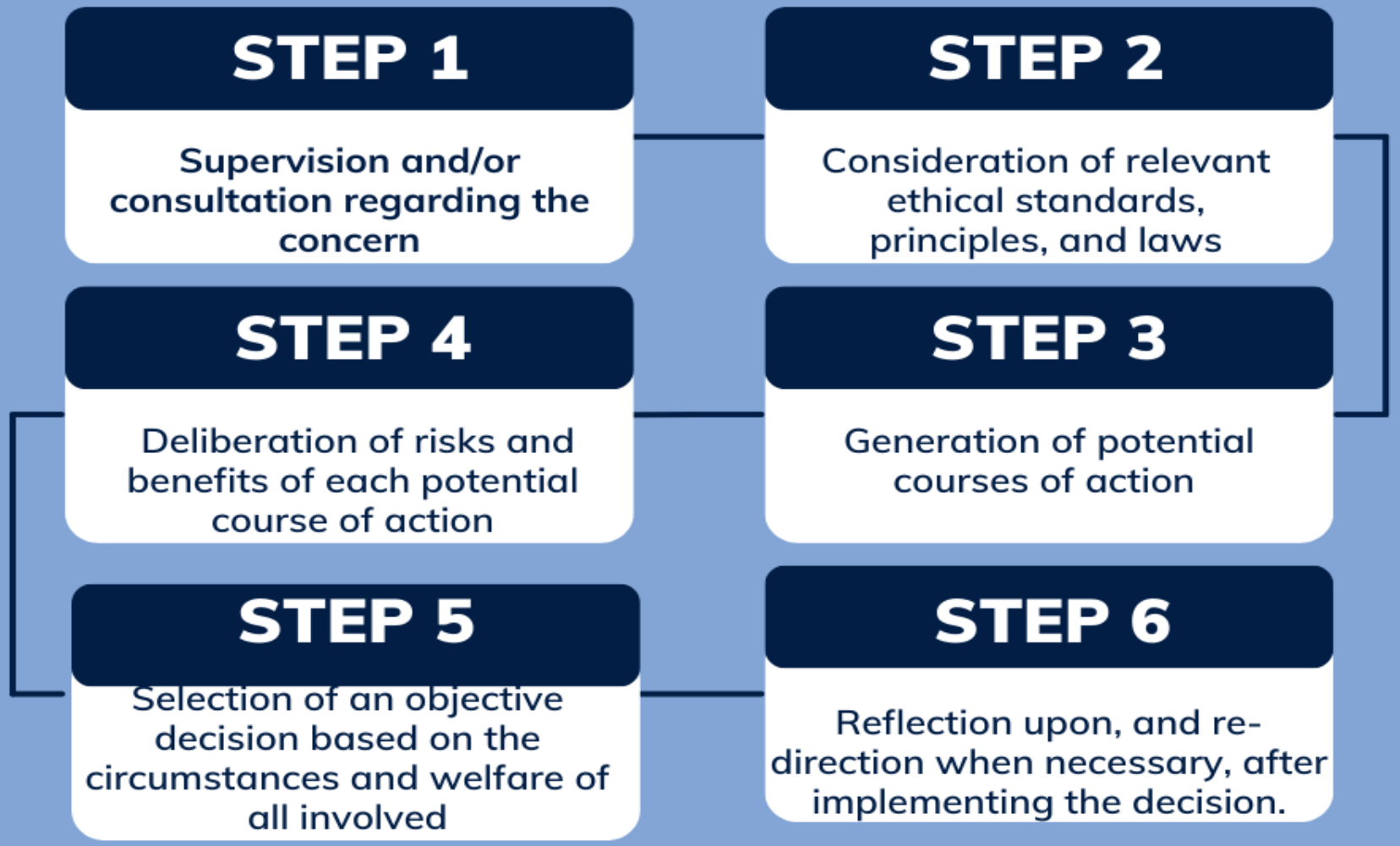
- Chemical Dependency Counselors: Rule 4758-8-01
- NAADAC, the Association for Addiction Professionals: Code of Ethics
- Adult family and youth certified peer supporter: Rule 5122-29-15.1
- Counselor, Social Worker and Marriage & Family Therapist Board: Rule 4657-5
- Ohio Nurses Association: Practice Statement
- American Nurses Association: Code of Ethics
- American Medical Association: Principles of Medical Ethics

OK

Never OK

Sometimes Okay

# ETHICAL DECISION MAKING



# ETHICAL DILEMMAS


What is
Informed
Consent?

You are employed at a treatment center and are conducting an admission to a residential program today. The 28-year-old client was discharged from detox earlier this morning and arrives on time to the appointment with their father. The father made it clear during an earlier phone call that no one has yet told the client that it is a 30-day program, out of fear that the client will not sign himself in. He asks that you do not disclose this to the client.

You provide an orientation to the program, education on the different treatment modalities that will be used (group therapy, individual counseling, psychiatry, family therapy) and review the cost of treatment. The client is anxious and that the father is desperate for his son to enter treatment. The client asks you repeatedly how long he will be in the treatment program.

# INFORMED CONSENT

Ensures a client knows all risks and costs of treatment- a collaborative process of communication and clarification.

- Nature of treatment
- Possible alternative treatment
- Potential risks & benefits
- Exceptions to confidentiality
- Record keeping requirements
- Right to rescind consent
- Duration of treatment
- Fee arrangements
- Potential areas for boundary crossings

## INFORMED CONSENT & HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

- HIPAA
  - The Privacy Rule established to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality care.
- Code of Federal Regulations Title 42, Part 2 (42 CRF part 2)
  - Outlines protections for the confidentiality of Substance Use Disorder treatment records.
- PHI- protected health information
  - Any information about health status, provision of health care or payment for health care.
- Provide patients with a Notice of Privacy Practices
  - Rights about release of information: treatment issues, payment, exceptions to confidentiality, sensitive health information, right of access to records,

# Confidentiality

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Your client arrives for A.M. IOP and completes a urinalysis drug screen, which is positive for cocaine. The client swears up and down that the did not use and states that the screen must be a false positive. You agree to send the urine out for confirmation and wait to notify collaterals of the positive screen until the confirmation returns.

The confirmation comes back still positive for cocaine. The client is in tears because they do not want their probation officer, psychiatrist and family to know. You try to work with the client to develop a plan for them to be involved with communicating this news, but they ultimately decide to revoke all releases of information.

It's been a week and you have received calls from the P.O., spouse, and psychiatrist asking for treatment updates. All parties are frustrated.

# CONFIDENTIALITY

- All client records and their identity must be secured with extreme care.
- Do not discuss any information regarding a client with anyone outside of the agency without a signed Authorization for Release of Information (ROI).
- Caution with family members, other professionals, and/or law enforcement.

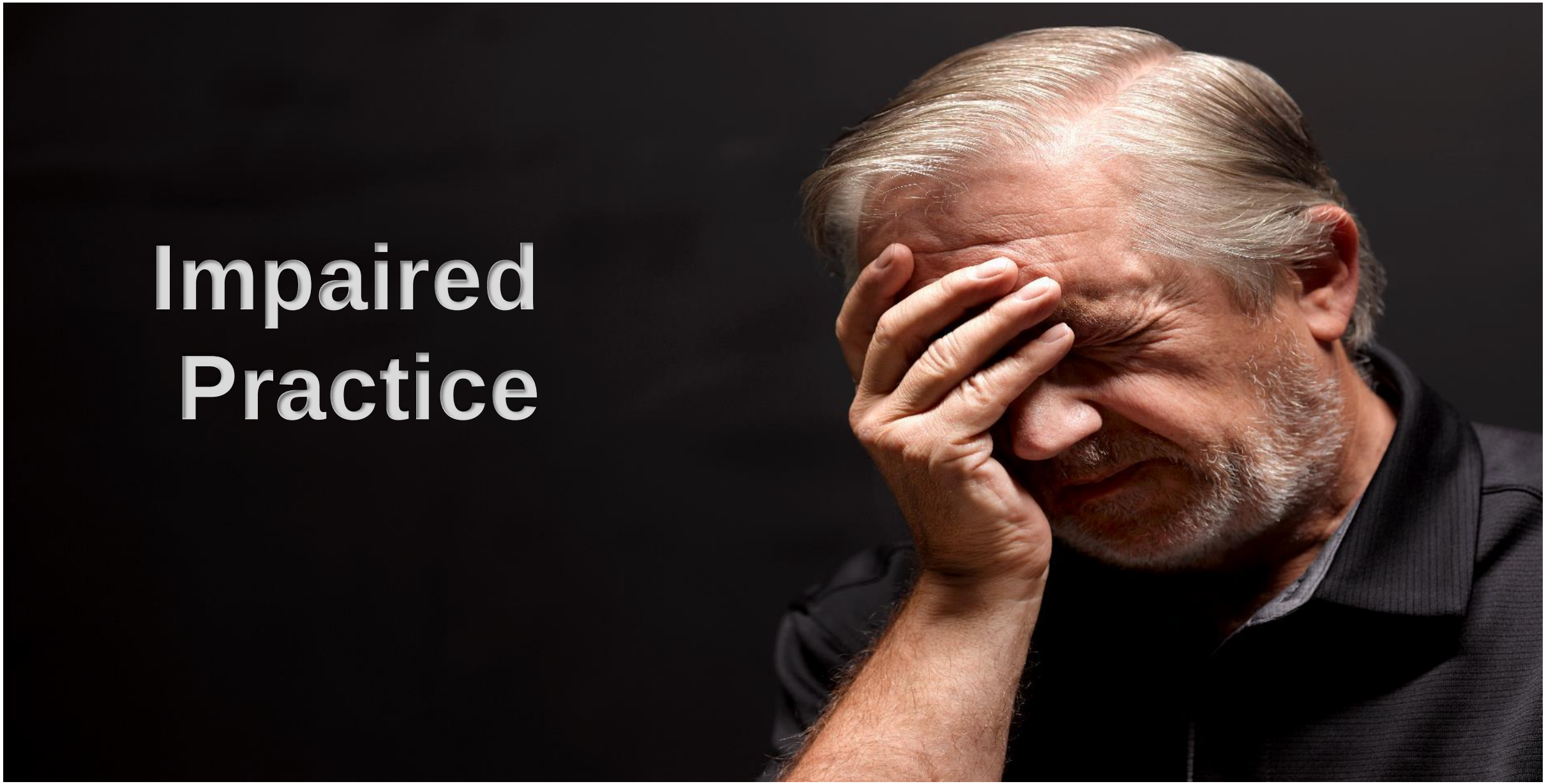
# MANDATORY REPORTING

- **All unethical actions are required to be reported to the Licensing Board.**

- In the state of Ohio, all health care workers, which includes counselors, social workers, marriage and family therapists, nurses and psychologists are required to comply with all mandatory reporting requirements set forth in the Revised Code to include, but not limited to:
  - Immunity of mental health professional for reporting violent behavior by a client or patient;
  - Duty to report child abuse or neglect;
  - Duty to report abuse, neglect or exploitation of an adult;
  - Privileged communications
  - Mandatory duty to report any abuse, neglect, other major unusual incident (MUI) for a child or adult with an intellectual disability or other developmental disability.

- Ohio Revised Code Sections: 2151.421, 5101.63, and 5123.61

# Impaired Practice



You have been employed at a very busy, short staffed treatment center for 3 years. Your annual reviews and client feedback has been consistently terrific. Recently, your spouse asked for a divorce, and this has thrown you for a complete loop.

Your depression symptoms are worsening, you've been unable to get out of bed, have been late for work, haven't been eating well, not keeping up with hygiene, and have disconnected from your support group. You know you haven't been providing the best quality of care and are beginning to worry about your own recovery.

# IMPAIRED PRACTICE

- If provider finds themselves in a condition that impairs their objectivity or ability to function – mentally, emotionally, physically, pharmacologically.
  - Must inform consumers of termination of services in writing
  - Terminate in appropriate manner
  - Assist in referral to other source of treatment

# Giving and Receiving of Gifts

You're working at an inpatient treatment center for adolescent clients. It’s around the holidays and a client’s parent gifts you a $10 Starbucks gift card.

Fast forward, the client is being discharged from treatment and the parent arrives to pick their kid up. This time the parent gifts you a $50 Starbucks gift card.

# GIVING & RECEIVING GIFTS

- Agency policy
- Consultation and/or supervision
- Providers should consider:
  - The therapeutic relationship
  - Monetary value of the gift
  - Client's motivation for giving the gift
  - Counselor's motivation for wanting to accept or decline the gift
  - Cultural considerations

# Balancing Personal &Professional Beliefs

You are a member of a recovery community and employed at a treatment center. You consider yourself spiritual but have a general aversion to organized religion.

Your client has grown up Christian and over the course of their treatment they have reconnected with their faith. They begin bringing up passages from the Bible in your sessions and ask you for your insights into these passages.

# BALANCING PERSONAL AND PROFESSIONAL BELIEFS

- Develop an understanding of our own personal, professional and cultural values and beliefs.
- Recognize when our values and beliefs conflict with or are in alignment with our clients' needs.
- Seek consultation and/or supervision to decrease bias, judgement and microaggressions.
- Understand there are multiple pathways to recovery

# Concerns with other Providers

You are a recovery coach who works in collaboration with other substance use disorder professionals. You meet a client at the ¾ house they are staying at. While there, you learn that the client's inpatient counselor referred them to this home and the counselor owns the home.

The client feels very connected to their former counselor and feels supported at the house. You've always considered this to be one of the "good" sober living houses and have referred clients to this house yourself in the past.

# CONCERNS WITH OTHER PROVIDERS

- Start with consultation and supervision

- **Per Ohio Chemical Dependency Professionals Board (OCDPB), report when:**
  - Abuse or mistreatment of a client in any way, verbally, financially or sexually.
  - Developed a multiple relationship with a client.
  - Fraudulently billed for services
  - Treated any client under the influence of alcohol or drugs
  - Released information without consent.
  - Been negligent in the treatment of any client.
  - Shown an inability to practice safely and competently for any reason.
  - Violated any Ethics Codes listed in OAC 4758-8-01

# MULTIPLE RELATIONSHIPS

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You work in an intensive outpatient program (IOP) and are an active member of the recovery community. A client from the program starts attending your home group and begins volunteering.

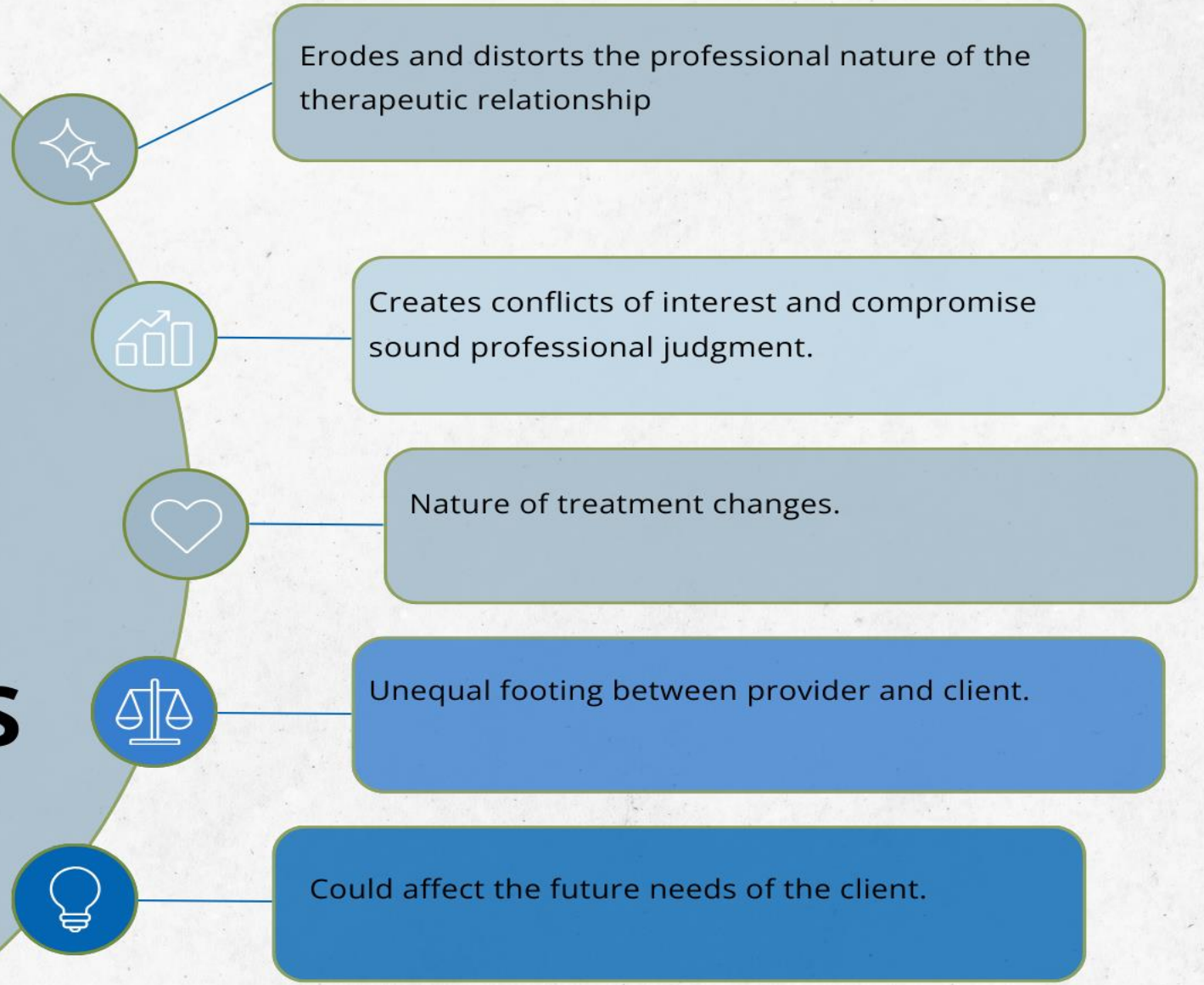
Soon they start to build friendships and asks someone you are close to be their sponsor. Your and your friends typically go out to dinner after this meeting and the client is now being invited.

This meeting and the dinners afterwards are a huge and important part of your recovery program.

# MULTIPLE RELATIONSHIPS

- Multiple relationships (also known as dual relationships), refers to a situation in which multiple roles exist between a provider and a client.
- Avoid if possible
- If unavoidable – must take precautions
    - Must disclose and process in supervision
    - Must openly discuss with the client
    - Noted in the client chart
    - Must be re-evaluated and documented in the chart
- When you discover two clients are in a relationship with each other?

# IMPACT OF MULTIPLE, DUAL & EXPLOITIVE RELAITONSHIPS



# Social Media

You're meeting with a client and at the close of your session, the client pulls out their phone and starts showing you pictures posted to their Instagram from their graduation. You oooh and aaahh over their photos and congratulate them on their achievement.

The client mentions that they have looked you up on Instagram and said, "You should follow me!"

# SOCIAL MEDIA

- Do not add, friend, follow, or accept any current or past clients.
- If an addiction professional chooses to maintain a public and a private social media account, need to clearly distinguish between the two.
- Respect the client's privacy. Do not search for clients on social media.
- Know your own privacy settings!

# Blurred Roles

You're a peer supporter and go to meet a new client. You introduce yourself and the client isn't clear what your role on their treatment team is. You explain that you are "like another counselor and your time together will be basically another therapy session".

During one of your meetings with the client, you are asked by the counselor to update the treatment plan goals. While doing this, the client  shares that they don't think the antidepressant they are prescribed is working. They share that they are still having a difficult time getting out of bed and that their anxiety seems to be worse. You tell the client they should stop taking the medication and they should start taking the medication you are prescribed because it's working well for you.

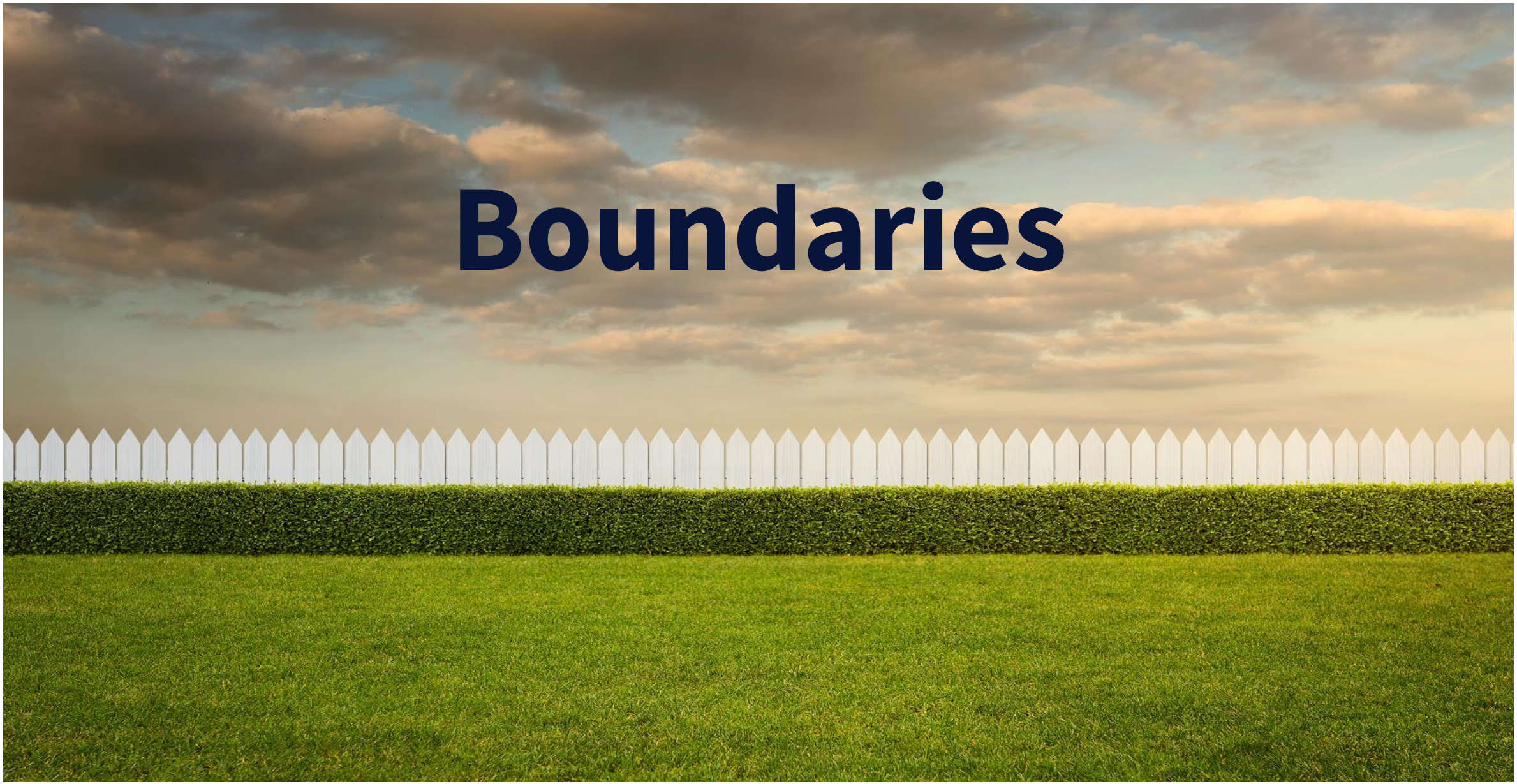
# BLURRED ROLES

- Vigilance is required to ensure one is only providing services within assigned role and scope of competence.
- Without role clarity, the therapeutic relationship is at risk of being “watered down” and hurting the local recovery community and creating distrust within the treatment organization.
- Some roles are more easily defined than others.
    - Counselor/psychiatrist
    - Recovery coach/peer supporter

# ROLE RESPONSIBILITIES FOR SUBSTANCE USE DISORDER PROFESSIONALS

| | |
|---|---|
| **Sponsor (or equivalent)** | •Perform AA/NA or other mutual-aid group service work<br>•Guide someone through the steps or principles of a particular recovery program |
| **Therapist/ counselor** | •Diagnose<br>•Provide counseling and refer to support activities as “counseling” or “therapy”<br>•Focus on problems/“issues”/trauma and recovery solutions |
| **Prescriber** | •Diagnose<br>•Offer medical advice<br>•Make statements and recommendations about prescribed medications |
| **Priest/clergy** | •Promote a particular religion/church<br>•Interpret religious doctrine<br>•Offer absolution or forgiveness (other than forgiveness for harm done specifically to you)<br>•Provide pastoral counseling |
| **Peer Supporter/ Recovery Coach** | •Advocate<br>•Provide resources<br>•Facilitate development of clients’ personal recovery plan<br>•Role model, recovery is possible |

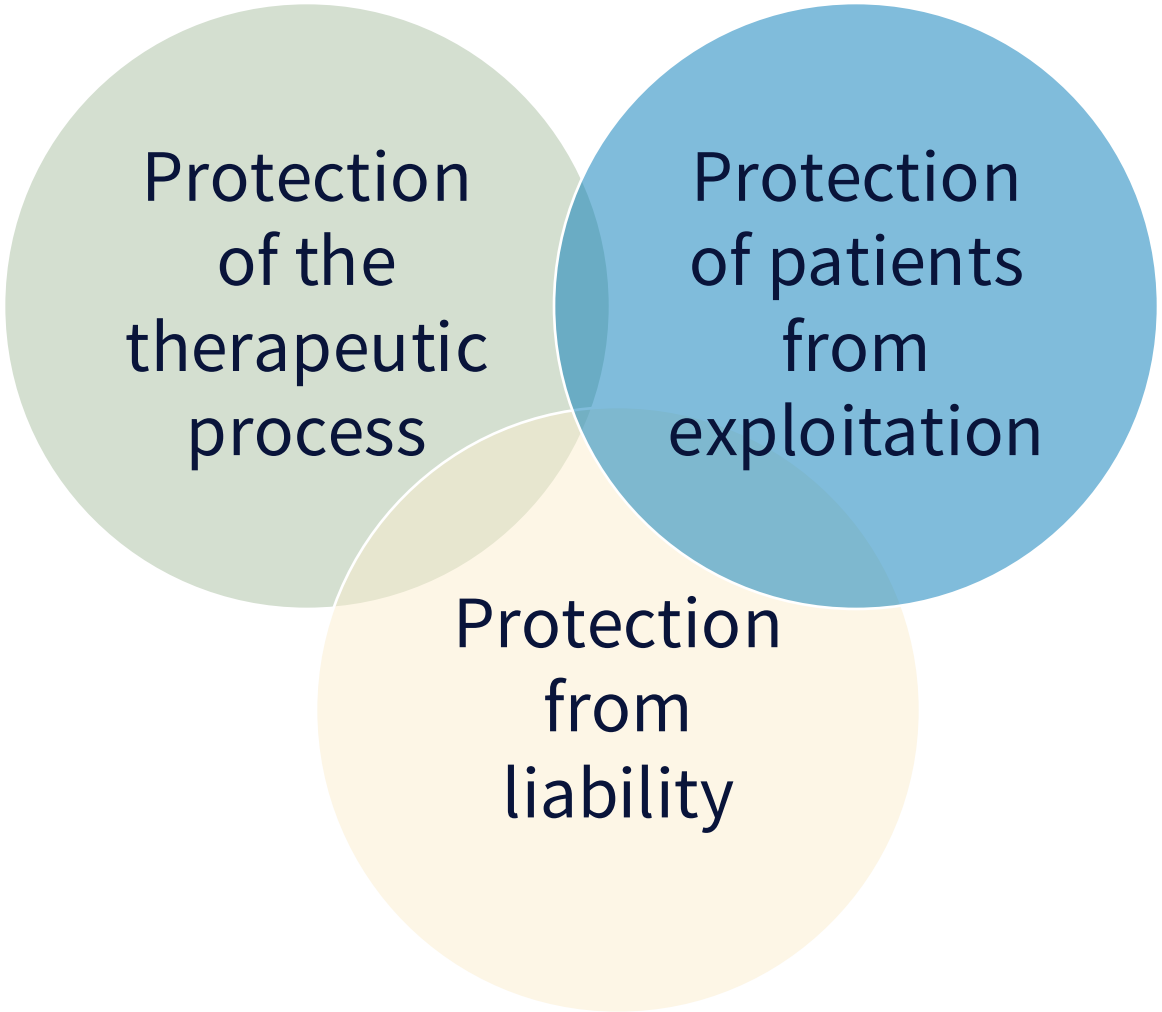
# Boundaries



“A boundary can be described as a frame around the counseling relationship that creates safety for the client.”

Barbara Herlihy, 2017

# NEED BOUNDARIES FOR THESE REASONS:




Perception = Reality

# BOUNDARY CROSSINGS VS. BOUNDARY VIOLATIONS

- A boundary crossing is a “decision to deviate from an established boundary for a **specific purpose**- a **brief** excursion with a return to the established limits of a professional relationship”(Peternelj-Taylor, 2003).

- A boundary crossing becomes a **violation** when it becomes harmful to the patient. It can be difficult to assess when harm is caused.

# CROSSINGS VS. VIOLATIONS

| Crossings | Violations |
|---|---|
| Benign and even helpful breaks in the frame. | Exploitive breaks in the frame. |
| Usually occur in isolation | Usually repetitive |
| Minor and attenuated | Egregious and often extreme e.g., sexual |
| Discussable | Provider discourages discussion |
| Ultimately cause no harm to patient, provider, or treatment | Typically cause harm to patient, provider or treatment. |

# BOUNDARY CROSSINGS

Examples of boundary crossings you have witnessed or experienced?

How did you come to your decision when engaging in a boundary crossing?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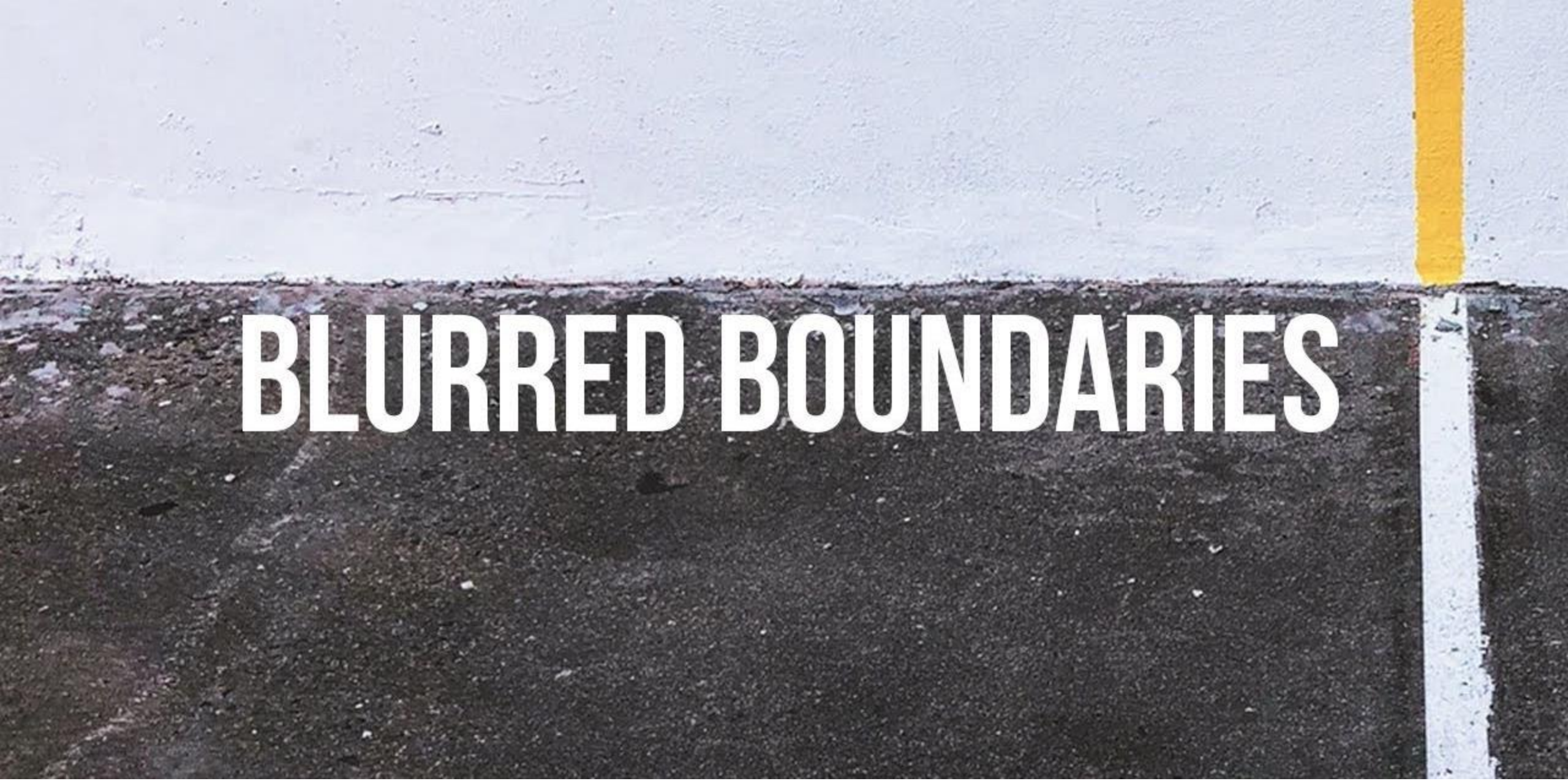
# BOUNDARY VIOLATIONS

- Avoidable dual or multiple relationships.
- Sexual relationships
- Personalization of care (Not person centered).
- “Have I made this about me in any way?”

# SEXUAL RELATIONSHIPS

- One of the most frequent issues brought before credentialing boards.
- Situational factors or life crises, combined with professional isolation, can lead to providers attempting to get their needs met within the provider-client relationship.
- Having a place to process feelings of sexual attraction with trusted colleagues can help to minimize professional isolation and bring a level of accountability that might not be present otherwise.

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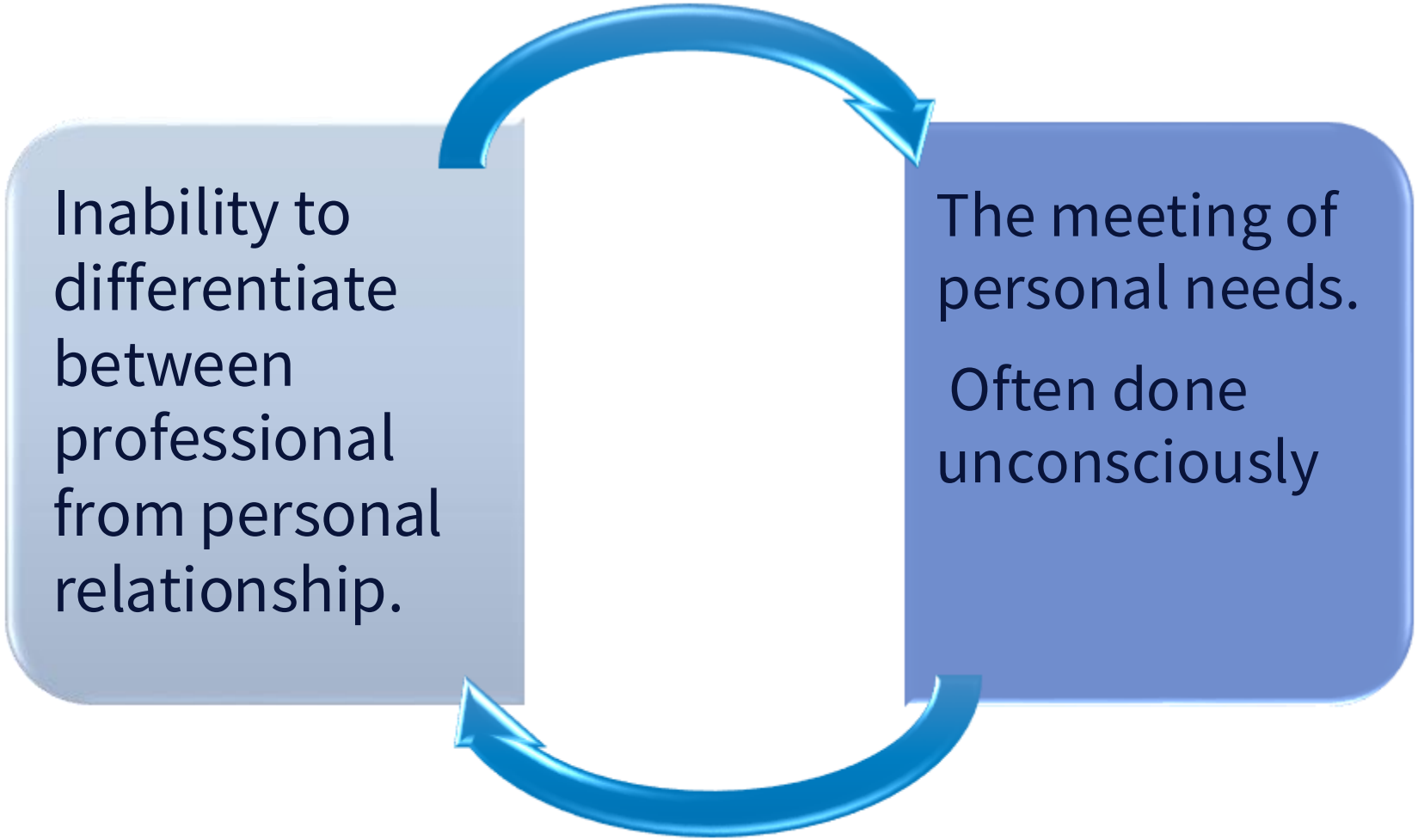
# WHY BOUNDARY PROBLEMS OCCUR



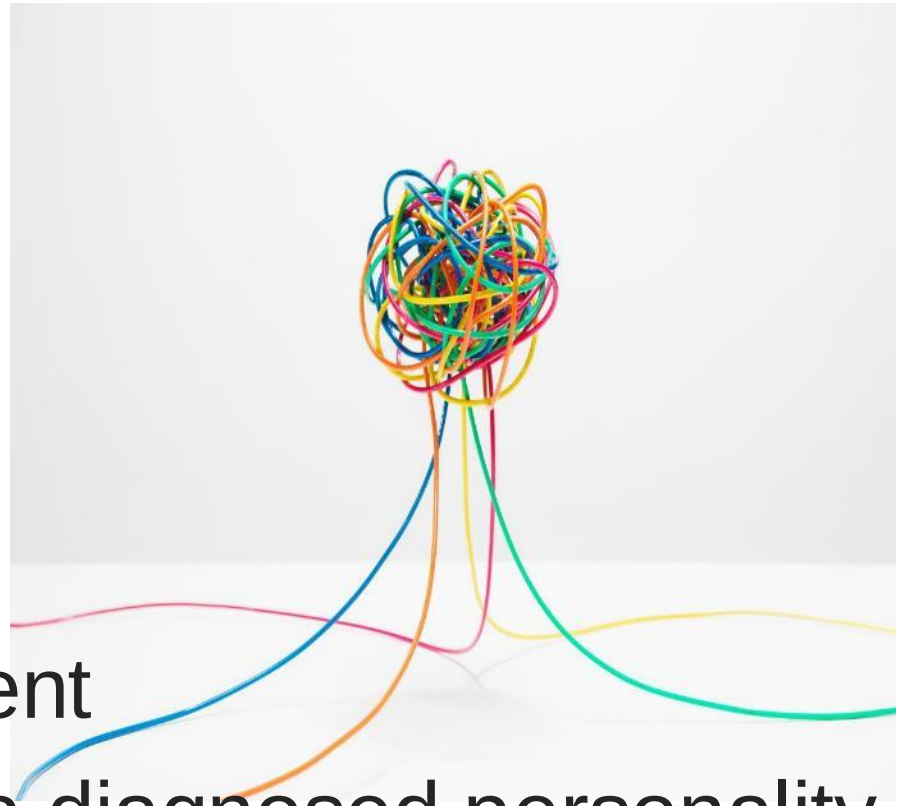
# AVOIDING BOUNDARY VIOLATIONS: WHAT TO WATCH FOR:

- Excessive need to please
- Personal life crisis
- Balancing demands of family and professional life

- Difficulty Setting Limits
- Touch
- Caretaking
- Therapist Self-disclosure

# Situation that can potentially lead to boundary issues

- Therapeutic enmeshment
- Re-traumatization of person served
- Internalizing person's shame and/or self blame
- The boundary ambiguity that can present as a symptom of someone navigating a diagnosed personality disorder



- *(Noun)* the circumstance of a public officeholder, business executive, or the like, whose personal interests might benefit from their official actions or influence.

- The circumstance of a person who finds that one of their own activities, interests, etc., can be advanced only at the expense of another of them.

-Dictionary.com

# POTENTIAL CONSEQUENCES OF BOUNDARY VIOLATIONS WITH CLIENTS

- Disengagement from services
- Depression
- Emotional turmoil
- Cognitive distortion
- Shame, fear, or rage
- Guilt and self-blame
- Isolation and emptiness
- Identity confusion
- Emotional lability
- Mistrust of authority
- Self-harm behaviors

# POTENTIAL CONSEQUENCES OF BOUNDARY VIOLATIONS FOR PROVIDERS

- Less personal time with family and friends
- Less job satisfaction
- Co-worker frustrations
- Burnout / Compassion Fatigue
- Extreme consequences- loss of job, loss of license, loss of professional identity, loss of peers, loss of professional relationships, potential legal consequences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# PREVENTION OF ETHICAL & BOUNDARY VIOLATIONS

- Education
- Self-care
- Self-awareness and monitoring
- Peer debriefing/consultation
- Use of supervision
- Whose needs are being met in this interaction – the client's or my own?

# IN SUMMARY

- Our Codes of Ethics provide guidelines for the establishment of safe and effective connections with those we serve.
- Making use of supervision, consultation, and self- reflection supports continued ethical decision making and the maintaining of healthy boundaries.
- Ethical traps and issues with boundaries are common. Processing ethical concerns will help you to understand your own tendencies when your ethical standards are challenged.
- Self-care, continuing education, supervision, and consultation are key to maintaining your own wellness in the field.

# QUESTIONS?

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