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Applying Science to Practice

Practical Ethics by Administrators, Clinicians, Peer Service Providers and Peers/Clients

facilitated by

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Ethics

EFPIC?

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, this training introduces a trans-disciplinary ethical decision-making model for organizations that deliver prevention, clinical and/or peer services. **Please bring to the workshop a copy of:** 1) the professional or organizational code of ethics that informs your work and 2) your organization’s vision, mission and values statements. Even with these valuable resources, administrators, supervisors and service providers are sometimes challenged to comply with historical or policy and procedure-driven practices. Our focus is on the day-to-day ethical dilemmas that occur due to the inherent clash among client rights, agency policies, funding commitments and community/public safety responsibilities. The code of ethics for each relevant professional or certifying body (CRC, NBCC, etc.) will be compared and contrasted. Participants practice interpersonal skills for effective team building and ethical decision-making while documenting resolutions in a Catalogue of Organizational Practices and Ethics (COPE). 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. Conduct Vital Incident Review sessions that build multi-disciplinary collaboration and support for participants from different professions with varied ethical standards,*
- 2. Use a four-step ethical decision-making process to document the rationale and course of action taken regarding specific ethical decisions, and*
- 3. Implement a Catalogue of Organizational Practices and Ethics (COPE) at your agency for new employee orientation and ongoing in-service training.*



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Mr. Braucht is a Licensed Professional Counselor and Certified Professional Counselor Supervisor who 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.

*Behavior is _____ a function of the interaction between
_____ and _____*

B = _____ X _____



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Agenda

- 9:30am *Welcome and Introductions*
- Training Hopes*
- Conversation Guidelines*
- 10:15am *Integrity Dialogues*
- *10:45am *15 Minute Break**
- 11:00am *Boundary Management/Intimacy Issues & Professional
Codes of Ethics*
- 12:00pm *Lunch*
- 1:00pm *Ethical Decision-Making Factors*
- Areas of Accountability*
- Vulnerabilities*
- 2:00pm *Four-Step Ethical Decision Making Model and Worksheet*
- 3:00pm *30 Minute Break*
- 3:30pm *Code of Organizational Practices and Ethics (COPE)*
- 4:45pm *Feedback & Wrap-Up*
- 5:00pm *Adjourn*



Conversation 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 guideline 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. 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?*



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

D. GVV'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

B. Ethical sensitivity: The ability to...

- 1. step outside oneself and perceive the complexities of a situation through the needs and experiences of the peer, client, agency, allied institutions and the public = potentially vulnerable parties*
- 2. project the potential consequences of one's action or inaction on these various potentially vulnerable parties*



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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*

Code 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 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*



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Wrap-Up

A. Things I Liked

- 1.
- 2.
- 3.

B. Things I Learned

- 1.
- 2.
- 3.

C. One Thing that I Will Do:

Thank YOU for attending and participating!



Role Distinctions Exercise 120704

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Instructions: In 3 minutes or less, write the letter(s) in the box next to each of the below activities to identify who are the appropriate service providers according to the following scale:

Mutual Support Group Member/Sponsor, Mentor = **M**

Certified Peer Recovery Support Service Provider/Coach, CARES = **C**

Counselor, Social Worker, Psychologist, Therapist = **T**

Priest, Chaplin, Clergy, Faith Leader, Pastor = **P**

Activities	M, C, T, P
1. Chair an AA/NA or other mutual support group meeting	
2. Diagnose a substance use or other mental health disorder	
3. Provide pastoral counseling	
4. Conduct individual recovery check-ins	
5. Facilitate a recovery group	
6. Guide someone through the 12-steps	
7. Focus on problems, “issues” or trauma recovery solutions	
8. Refer to your service as “counseling” or “therapy”	
9. Interpret religious doctrine or recruit for a particular religion, church or faith	
10. Conduct presentations that expect recovery to occur, express hope and emphasize many pathways to recovery	



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.

Helper Behavior with a Client/Peer/Resident = CPR AOD = alcohol or other drugs	Vulnerability Continuum		
	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			



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.



Ethical Incidents (cont.)

14. Discretion: Maria serves women and their families in a women's program. One day while on a break during a family group a client/peer says, "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 tells you that he has used AOD the past week with another person who lives at a 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 his home for a 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 or there is going to be real trouble. 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 staff member at a local treatment center. This is a very prominent person in the local recovery community who is also very active in the state addiction counselors association.
18. Role Clarity/Integrity: George has worked with Larry for 2 months when Larry asks George to be his NA sponsor. George has a distinguished history of successful sponsorships.
19. Discretion: 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 participant discloses information that he says he has not told his assigned counselor.
20. Discretion: Claude has been in and out of treatment and AA multiple times and he has an off and on relationship with you. You run into Rudy at the grocery store, one of Claude's allies with whom you have collaborated. Rudy's first comment to you is, "How's our boy doing?"



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

