



PROFESSIONAL ETHICS COURSE

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DISMAS HOUSE OF KANSAS CITY, INC**

KANSAS CITY RECOVERY COLLABORATION

- Healing House of Kansas City-Recovery Community Center
- Kansas City Recovery Coalition
- Footprints Inc.
- Dismas House of Kansas City, Inc.

PURPOSE

The purpose of the Live Ethics Class is to provide participants with a general history and working knowledge of basic ethical and confidentiality principles and practices related to the substance abuse treatment and recovery field.

PARTICIPANTS INTRODUCTION

- Please State your name.
- Are you; Seeking Credential; or Renewing Credential; or Both?
- What is one thing you would like to see addressed today concerning Professional Ethics?

HOUSEKEEPING

- BREAKS 15 MINUTES
- LUNCH AT 12 NOON
- RESUME 1:00PM
- CELL PHONES SILENT
- CAN NOT MISS MORE THAN (30) MINUTES OF INSTRUCTION TIME
- CERTIFICATE FOR PAID PARTICIPANTS

WORKSHOP ETIQUETTE

- **Class Confidentiality**
 - **Speak for yourself**
 - **No side talk**
 - **Respect other opinions**
 - **One person speak at a time**
 - **Permit one person to speak w/o interrupting them**
 - **Honesty**
- **Not here to judge others**
 - **Don't put others down**
 - **Don't personalize disagreements**
 - **Glean as much as possible from this workshop experience**
 - **Keep An Open Mind**

LEARNING OBJECTIVES

1. To equip participants with tools and information needed to practice sound ethics in work related areas of substance use disorders; counseling, social work, mental health counseling, criminal justice professional services, prevention; peer specialist; interventions; and/or faith based and community based recovery support services.

LEARNING OBJECTIVES

2. To provide participants with 6-hours of live professional ethics training needed for obtaining credentials and/or renewal of credentials and/or certifications in their perspective work fields.
3. To provide participants with resource sites to assist them in obtaining update information and directives concerning professional ethics and practices in the field.

LEARNING OBJECTIVES

4. To provide participants with a general overview of HIPPA regulations related their field of work.
5. To provide participants with overview and updates on MCB Ethics Code for SUD Treatment; SUD Certified Peer Specialists; SUD MRSS/CRPR; and other MCB credentials.

TRAINING GOALS FOR THE DAY

- Review History of Western Ethics
- Review HIPAA Principles
- Review MCB Updated Ethics Code for Treatment
- Review MCB Updated Ethics Code for Recovery and Peer Specialists
- Address Ethical Concerns identified by Training Group today.
- Review similarities and contrasts between treatment services and recovery support services.

ACRONYMS

- MRSS – Missouri Recovery Support Specialist
- MRSS-p Missouri Recovery Support Specialist
(changed to CPS or CRPR)
- CPS – Certified Peer Specialist
- CRPR – Certified Reciprocal Peer Recovery
- IC & RC – International Certification and Reciprocity Consortium

Missouricb.com

Scott Breedlove

MISSOURI CREDENTIALING BOARD

Stacey Langendorefer – President

Scott Breedlove – Vice President

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WHAT IS RECOVERY

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

TREATMENT / COUNSELING MODALITIES



- Detox /
- Residential/Outpatient TX
- Outside Intervention (police/school)
- Initial Assessment
- Anabuse, Naltrexone, other Medication Assisted Tx
- Individual Counseling
- Group Counseling
- Family counseling
- Therapy
- Episodic
- Start and Stop

CORRECTIONS

- Prisons
- County Jails
- City Jails
- Detention
- Drug Courts
- Diversion Programs
- Probation
- Parole
- Etc.

WHAT IS A PEER SPECIALIST?

What is a Peer Specialist?

A Peer Specialist is someone who discloses having a life experience with a behavioral health or substance use disorder and attempts to use that discloser and/or personal history to help another individual (“move on with his or her life (to recovery)”)

Roles include but are not limited to:

- ❖ Helping another person identify options to achieve recovery goals
- ❖ Helping another person develop problem solving skills
- ❖ Helping another person access the services of behavioral health professionals when needed to sustain their recovery
- ❖ Help a consumer identify their strengths and how to use those strengths to maintain recovery

RECOVERY ROLE DOMAINS DEFINED

Roles include but are not limited to:

- Helping another person identify options to achieve recovery goals
- Helping another person develop problem solving skills
- Helping another person access the services of behavioral health professionals when needed to sustain their recovery
- Helping a person identify and remove barriers to effective recovery.
- Helping a person to effectively deal with stigma and negative beliefs regarding behavioral health issues including OUDs; SUDs; AUDs.
- Helping a person find resources to live a better life
- Helping a person to move beyond the life issues that prohibited them from living a self directed life with health; wellness and the will to reach their full potential; etc.

PEER-BASED RECOVERY SUPPORT ROLES AND FUNCTIONS

- *Recovery support services*, as the term is used here, refers to non-clinical services that are designed to help initiate and sustain individual/family recovery from severe alcohol and other drug problems and to enhance the quality of individual/family recovery. The Center for Substance Abuse Treatment's Recovery Community Support Program identified four types of recovery support services:
William White

PEER SUPPORT SERVICES

- **Emotional Support** - demonstrations of empathy, love, caring, and concern in such activities as peer mentoring and recovery coaching, as well as recovery support groups.
- **Informational support** - provision of health and wellness information, educational assistance, and help in acquiring new skills, ranging from life skills to employment readiness and citizenship restoration.
- •

PEER SUPPORT SERVICES

- ***Instrumental support*** - concrete assistance in task accomplishment, especially with stressful or unpleasant tasks such as filling out applications and obtaining entitlements, or providing child care, transportation to support-group meetings, and clothing closets.

PEER SUPPORT SERVICES

- **Companionship** - helping people in early recovery feel connected and enjoy being with others, especially in recreational activities in alcohol- and drug-free environments. This assistance is especially needed in early recovery, when little about abstaining from alcohol or drugs is reinforcing.
- (Source: <http://rcsp.samhsa.gov/about/framework.htm>)

HISTORY OF ETHICS

- OVERVIEW OF THE HISTORY OF ETHICS

Influenced by Greek Philosophers and Religious Leaders

HAMMURABI

hah-moo-rah-bee

The most famous ruler of the Babylonians was Hammurabi, who ruled from 1792-1750 B.C.E. After long wars in which he conquered the older Sumerian cities such as Larsa, Erech, and Ur in the southern part of Mesopotamia, Hammurabi published a list of 300 laws by carving them into a black basalt pillar seven feet high and two feet in diameter, which he erected near the site of the modern city of Baghdad in Iraq.

- If a man has borne false witness in a trial, or has not established the statement that he has made, if that case be a capital trial, that man shall be put to death.
- If a man has stolen goods from a temple, or house, he shall be put to death; and he that has received the stolen property from him shall be put to death.

MOSES

Moses records that he received at least some of his laws directly from God while the Hebrews wandered through the Sinai desert after leaving Egypt. Nearly all the Hebrew laws are recorded in their holy book, the Torah (the Law), which makes up the first five books of the Hebrew Bible, or Old Testament. **1304-1237 B.C.E.).**

ETHOS

Our Western term Ethics originally comes from the Greek word, “*Ethos*”

Ethos refers to the disposition, character, or fundamental values peculiar to a specific person, people, culture, or movement.



ETHICS

The custom or normal state of morality of an individual or organization.

(Paraphrased from Webster Dictionary Unabridged Second Edition)

DEFINITION

The custom or normal state of morality of an individual or organization. *Webster*

Professional Ethics refer to the conduct of behavior of an individual, organization, and/or society that promotes the respect and protection of the rights, dignity, privacy, safety, property, possession, information, and expressed concerns of another individual, organization, or society.

Ladell M. Flowers

GREEK INFLUENCE

Socrates

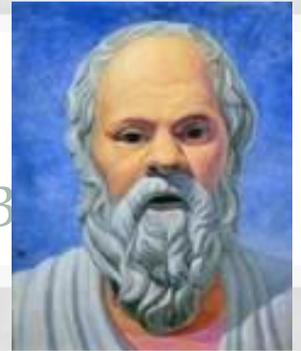
Plato

Aristotle



SOCRATES

ΣΩΚΡΑΤΗΣ, *SŌKRÁTĒS*; C. 469 BC–399 B

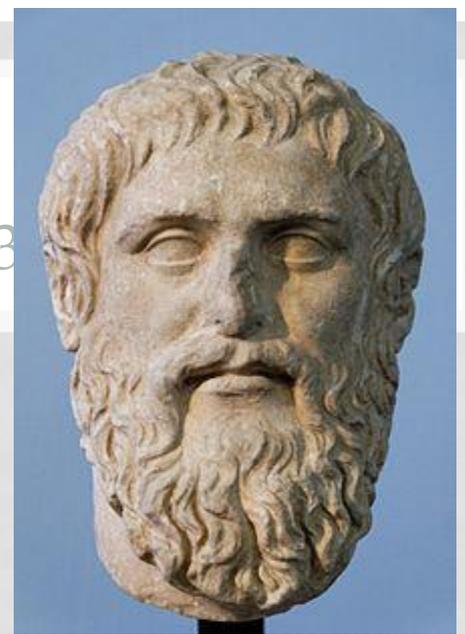


"A system of morality which is based on relative emotional values is a mere illusion, a thoroughly vulgar conception which has nothing sound in it and nothing true." *Socrates*

"The end of life is to be like God, and the soul following God will be like Him. "
Socrates

PLATO

ΠΛΑΤΩΝ, PLÁTŌN 427BC - 347BC



Plato was the founder of the Academy in Athens Greece, the first institution of higher learning in the Western World.

Along with Socrates and Aristotles, Plato helped to lay the foundations of “natural philosophy, science, and Western philosophy.

ARISTOTLE

ἈΡΙΣΤΟΤΕΛΗΣ, *ARISTOTÉLĒS* 384BC – 322BC



Aristotle was a student of Plato. History tells us that his works contains the “earliest known formal study of logic. Aristotle profoundly influenced Western Civilization’s development of the theory of “Virtue Ethics” “which emphasizes the character of the moral agent, rather than rules or consequences, as the key element of ethical thinking”

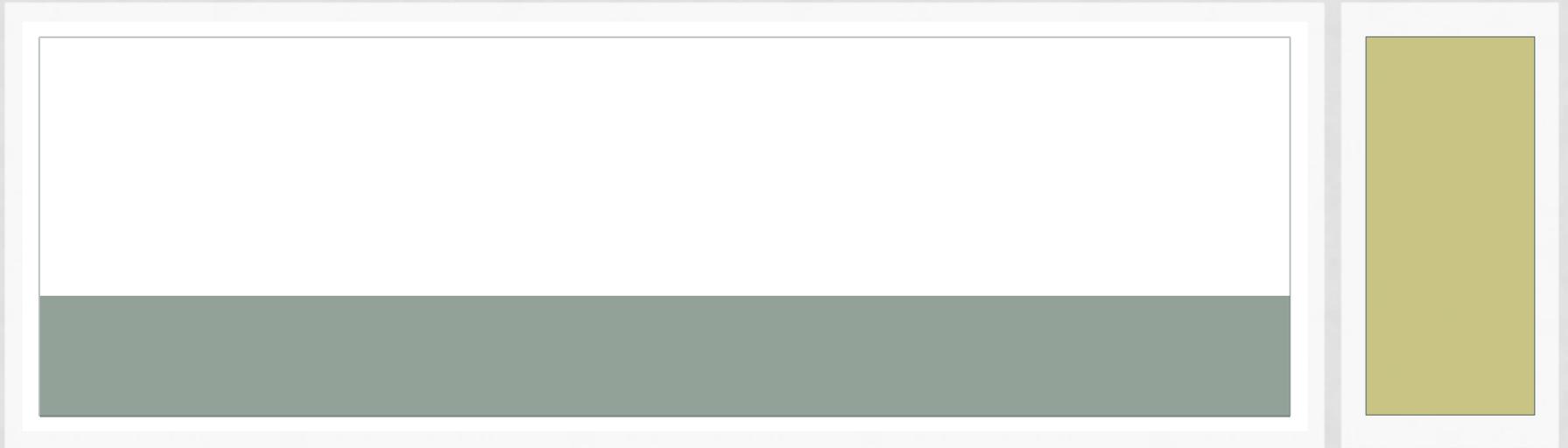
Wikipedia, *(the free encyclopedia)*

EXERCISE 2

During a regular individual counseling session your client asked if they could be candid with you and share something very personal. They then proceeded to explain that they had feelings for you that go beyond the client counselor relationship and they didn't know how to deal with it. How do you respond and deal with this dilemma?

BREAK

CODE OF FEDERAL REGULATIONS



CODE OF FEDERAL REGULATIONS (CFR):

The Code of Federal Regulations (CFR) is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government. It is divided into 50 titles that represent broad areas subject to Federal regulation. Each volume of the CFR is updated once each calendar year and is issued on a quarterly basis.

CODE OF FEDERAL REGULATIONS CFR

- Titles 21, 42, and 45 deal with public health policies for patient services
- Title 42 part 2 deals specifically with the confidentiality of Alcohol and Drug patient records
- Department of Justice

PENALTY

The penalty for the first and subsequent offenses :
Any person who violates the confidentiality law CFR part 42 shall be fined not more \$500.00 in the first offense, and not more than \$5,000.00 in the case of each subsequent offense.

In general CFR part 42 violations can range from

\$500.00 to \$500,000.00

GENERAL TRAPS

MOST COMMON VIOLATIONS OF ETHICS

Money (Greed)

Sexual Advances or Acts

Confidentiality

Lack of Knowledge



STEALTH DILEMMA

Stealth Dilemmas:

Situations that develop gradually, moving step by small step beyond once-firm professional boundaries." Anne Hess PhD APA Ethics Committee Member



MULTIPLE RELATIONSHIPS



Multiple Relationships – Times when the professional encounters the client in another setting such as a restaurant, car dealership, or hospital.

“A central question in any multiple relationship is whose needs are being met here?” Stephen Behnke, JD, PhD, Director of APA’s Ethics Office.

Do's And Don'ts

- 6. **(ES)** A MRSS/CRPR will not engage in romantic or sexual intimacies with the people utilizing recovery support services in the organization where he/she is working . A MRSS/CRPR will not engage in romantic or sexual intimacies with an individual the MRSS/CRPR has provided services to for a period of 5 years after the relationship has been terminated. A MRSS/CRPR does not provide recovery support services to anyone with whom they've had romantic or sexual intimacies in the past.

CONFIDENTIALITY

- Mandated reporting
 - child abuse,
 - subpoena, 3rd party reimbursement
- Federal Protection
- Confidentiality Issues in Group
- Minors



CONFIDENTIALITY

Information

Documentation



NINE PRINCIPLES FOR RELEASING PATIENT INFORMATION

1. WHO – Name or general designation of program making the disclosure
1. TO WHOM – Name of person or organization to which disclosure is to be made.
2. PATIENT'S NAME – Name of the person information pertains to.

NINE PRINCIPLES FOR RELEASING PATIENT INFORMATION

4. THE PURPOSE OR THE NEED FOR THE INFORMATION – Nature of the information and as limited as possible.
5. HOW MUCH AND WHAT KIND OF INFORMATION – Nature of the information and as limited as possible.

NINE PRINCIPLES FOR RELEASING PATIENT INFORMATION

6. MAY REVOKE THE INFORMATION AT ANY TIME – Need to include paragraph that informs person of their right to revoke.
7. THE DATE THE CONSENT EXPIRES – Specify a date, event or condition upon which the consent expires.

NINE PRINCIPLES FOR RELEASING PATIENT INFORMATION

8. PATIENT'S SIGNATURE – In case of adolescent also need signature of parent/legal guardian.
9. THE DATE SIGNED: Written indication of the date the release is being signed.

MANDATED REPORTER

A mandated reporter is a person who, because of his or her profession, is legally required to report any suspicion of child abuse or neglect to the relevant authorities. These laws are in place to prevent children from being abused and to end any possible abuse or neglect at the earliest possible stage.

Elderly are sometimes included also.

HIPPOCRATES - WATCH WHAT YOU SAY

“Whatsoever things I see or hear concerning the life of men, in my attendance on the sick or even apart there from, which ought not be noised abroad, I will keep silence thereon, counting such things to be as sacred secrets.” - Oath of Hippocrates, 4th Century, B.C.E.

MCB RECOVERY SUPPORT ETHICS

- 1. **(S/VS)** A MRSS/CRPR respects the dignity and worth of all people.
- 2. **(S/VS)** A MRSS/CRPR will value diversity and not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.
- 3. **(S)** A MRSS/CRPR will be guided by the principle of client self-determination while also considering the needs of others and society. The primary responsibility is to help individuals they serve achieve their goals, based upon their needs and wants.

MCB RECOVERY SUPPORT ETHICS

- 4. **(S/VS/ES)** A MRSS/CRPR will respect the privacy and confidentiality of private information shared by people utilizing recovery support services or other related professional services at the organization. Unless necessary for supervision, required by law, or otherwise consented to by the individual personally, no confidential information will be revealed to anyone.
- 5. **(S/VS)** A MRSS/CRPR will advocate for the full integration of individuals into their chosen community living environment.

MCB RECOVERY SUPPORT ETHICS

- 6. **(ES)** A MRSS/CRPR will not engage in romantic or sexual intimacies with the people utilizing recovery support services in the organization where he/she is working . A MRSS/CRPR will not engage in romantic or sexual intimacies with an individual the MRSS/CRPR has provided services to for a period of 5 years after the relationship has been terminated. A MRSS/CRPR does not provide recovery support services to anyone with whom they've had romantic or sexual intimacies in the past.
- 7. **(VS/ES)** A MRSS/CRPR will not use relationships with people utilizing recovery support services for financial gain or put the person at risk of exploitation or harm.

MCB RECOVERY SUPPORT ETHICS

- 8. **(S/VS)** A MRSS/CRPR will work to keep their environment safe for others.
- 9. **(VS/ES)** A MRSS/CRPR never intimidates , threatens , harasses , uses undue influence, physical force or verbal abuse, or makes unwarranted promises of benefits to the people that utilize recovery support services.
- 10. **(S/VS)** A MRSS/CRPR will strive to understand variables that impact relationships with those utilizing recovery support services and to be trauma - informed.

MCB RECOVERY SUPPORT ETHICS

- 11. (VS/ES) A MRSS/CRPR will not use illegal substances under any circumstance. In addition, a MRSS/CRPR will not use a prescribed medication in a non-prescribed way and will only use over the counter medication for its intended use.
- 12. (S) A MRSS/CRPR will keep current with emerging knowledge relevant to recovery.
- 13. (VS/ES) A MRSS/CRPR will maintain high standards of personal conduct, modeling accountable relationships, and fostering wellness and self-care.

MCB RECOVERY SUPPORT ETHICS

- 14. **(VS/ES)** A MRSS/CRPR will acknowledge their limits to knowledge when discussing areas outside the expertise of the field of wellness, such as prescribing medications or making diagnoses.
- 15. **(S)** A MRSS/CRPR should speak in simple terms, use people first language, and avoid clinical jargon or stigmatizing language. A MRSS/CRPR will strive to help individuals understand substance use disorder and recovery language.
- 16. **(ES)** A MRSS/CRPR will strive to avoid dual relationships or commitments that conflict with the interests of those they serve. When a dual relationship or conflict can't be avoided, the MRSS/CRPR informs a supervisor of the relationship or conflict and strives to ensure the person is not exploited in any way.

MCB RECOVERY SUPPORT ETHICS

- 17. **(S/VS/ES)** A MRSS/CRPR will not accept gifts of significant value from those they serve. A MRSS/CRPR does not loan, give or receive money or payment for any services to or from individuals they serve.
- 18. **(VS/ES)** A MRSS /CRPR will never use derogatory language in their communications, whether written or verbal, to or about individuals they serve and avoid negative criticism of colleagues in communicating with individuals they serve and other professionals.
- 19. **(VS/ES)** A MRSS/CRPR shall report any felony or misdemeanor conviction to the Missouri Credentialing Board within 30 days of the date of conviction.

SANCTION LEVELS - SERIOUS

- **Sanction Levels:**
- **Serious:**
- **1.** Additional Education – Ethics, Counseling Techniques, Specific Substances, Other topics
- **2.** Increased Supervision
- **3.** Reprimand
- **4.** Denial of Application or Credential
- **5.** Written Reports

SANCTION LEVELS – VERY SERIOUS

- **Very Serious:**
- **1.** Suspension of Application or Credential
- **2.** Additional Education – Ethics, Counseling Techniques, Specific Substances, Other topics
- **3.** Assessment Referral
- **4.** Denial of Application or Credential
- **5.** Posting on the MCB Web Site
- **6.** Agency Notification

SANCTION LEVELS - EXTREMELY SERIOUS

- **Extremely Serious:**
- **1.** Revocation of Credential
- **2.** Suspension of Credential
- **3.** Denial of Future Application/Credential
- **4.** Agency Notification
- **5.** Posting on MCB Web Site
- **6.** Required Permission Before Applying for Credential

- Revised 12-

REFERENCES

- Missouri Credentialing Board
- American Psychological Association
[www.apa.org/monitor]
- Missouri Division of Professional Registration
[www.pr.mo.gov]
- National Association of Social Workers
[www.socialworkers.org]
- *A Short History of ETHICS, (Moral philosophy from the Homeric age to the twentieth century)*
Author Alasdair MacIntyre – Published 1966 by
Macmillan Publishing Company

LIVE GROUP EXERCISE

- GROUP EXERCISES

MIRANDA RIGHTS

"You have the right to remain silent.
Anything you say or do can and will be held against
you in the court of law..."

June 13, 1966
Ernesto Miranda
Fifth Amendment

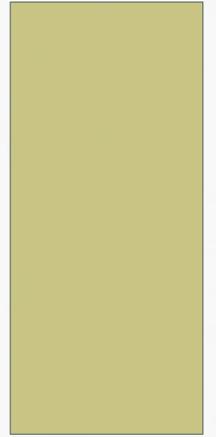
TWO RULES OF THUMB FOR ETHICAL PRACTICES

- IF YOU DON'T EVER WANT TO HEAR IT AGAIN; DON'T SAY IT IN THE FIRST PLACE
- IF DON'T WANT TO EVER HAVE TO GIVE AND ACCOUNT FOR A BEHAVIOR; DON'T ENGAGE IN THE BEHAVIOR

NO SEX WITH CLIENTS

BREAK

ETHICAL PRINCIPLES AND BOUNDARIES



POTENTIALLY DETRIMENTAL COUNSELOR-CLIENT RELATIONSHIPS



- Dual Relationships
- Counselor is a Recovering Addict
- Small Town
- Sexual Relationships
- Working Outside Specialty Area
- Counselor Burnout

THE BIG FOUR

- Secrecy – keeping critical knowledge or behavior from the peer and/or others or selectively sharing information. Example: Take a peer home and then them you can't tell anyone at the program about this.
- Role Reversal – Peer takes care of the professional. Example: client becomes peer specialist's AA Sponsor.
- Double Bind – unprofessional behavior that places a peer/client feeling caught in a conflict of interest or all alone to resolve a problem created by the professional. *Example: Talking to client about another co-worker or about the agency or program; etc.*
- Indulgence of Professional Privileges – Using information obtained in the professional relationship with a peer for the benefit of the professional.
- *Example:*

RESPONSIBILITY TO CLIENT



- Who is the client?
Patient, court,
community, family,
3rd party payment,
your boss????
- Client welfare is your
primary concern

VALUES CLARIFICATION

- Personal Values
- Religious Values
- Substance Abuse –
Abstinence vs.
Controlled Drinking
- Heinous Crimes
- Specialized Techniques:
PPG, Aversion therapy,
psychotropic medication



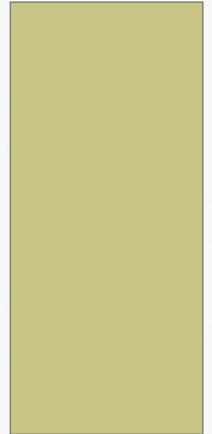
WHAT TO DO ABOUT VALUE CONFLICTS



- Asses your values against the program philosophy
- Supervision
- Referral
- Address prior to beginning counseling
- Discuss with client

DO NO HARM:

**PROFESSIONALS REFRAIN FROM OFFERING
OR ACCEPTING PROFESSIONAL SERVICES
WHEN THEIR PHYSICAL, MENTAL, OR
EMOTIONAL PROBLEMS MAY POSE A RISK
TO OTHERS.**



GROUP EXERCISE

FRIENDSHIPS

- Friendship: Raymond volunteers as a recovery coach for a recovery community organization (a freestanding organization unaffiliated with any treatment organization that provides recovery support services). Raymond shares a lot in common with Barry, a person to whom Raymond has been assigned to serve as a recovery coach. Over a period of months, Raymond and Barry have developed quite a friendship and now share some social activities (e.g., fishing) beyond the hours in which Raymond serves as Barry's recovery coach. Are there any ethical issues raised by this friendship?

RESPONSE

- Friendships may develop within the context of recovery coaching, but there is one thing that distinguishes the recovery coach relationship from other social relationships, and that is the service dimension of that relationship. This means that recovery coaching relationships are not fully reciprocal, whereas friendships are. The RC has pledged that the focus of the RC relationship is on the needs of the person being coached. In that light, ethical problems could arise if:

- : 1) the friendship was initiated by Raymond to meet his needs and not Barry's needs,
- 2) problems in the friendship interfered with Raymond's ability to provide effective coaching services, or
- 3) the friendship with Raymond prevents Barry from developing other sobriety-supportive relationships within the recovery community and the larger community.
- *Exercise Created by: Mark McDonald*

APPLICANT AGREEMENT

- **Applicant's Agreement to the Code of Ethical Practice and Professional Conduct**
- I have read the Code of Ethical Practice and Professional Conduct and agree to abide by this code:
- Signature Date

MISSOURI CREDENTIALING BOARD STANDARDS

- Note: All of the principles and ethical standards have been identified with a dual range of
- seriousness (except for a few that have only one option available). The intention of this guide is to assist the investigators and the Ethics Committee in applying an ‘indication’ of seriousness to the hearing panels so that a more standardized method of sanction can be used when applied. All agree that there may be “extenuating circumstances” that differentiate seriousness for violations, i.e., some violations may be a result of oversight or carelessness, when others are clearly intentional and without remorse. With any “SUBSTANTIATED VIOLATION”, it is now an expectation that there will be an attached level of seriousness being suggested by the Investigators and the Committee. Those levels are;
- S = Serious
- VS =
- Very Serious
- ES = Extremely Serious

MCB RECOVERY SUPPORT ETHICS

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 - Very Serious
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PRINCIPLE 1: RESPONSIBILITY TO CLIENTS

- **Informed Consent:**

Clients have the rights to be informed of their rights and responsibilities as they relate to the recovery process. Clients have the right to expect confidentiality in the counseling relationship and be informed of exceptions to confidentiality.

Professionals shall inform clients of their right to refuse any recommended services and the consequence(s) for their refusal. If a client is unable to exercise their rights, **Professionals** will act in the client's best interest

PRINCIPLE 2: CLIENT RELATIONSHIP

- **General respect and caring:**
- MSAPCB **Professionals** provide an appropriate setting for clinical work to protect the client from harm. **Professionals** make every effort to respect the dignity and protect the welfare of each client under their care and shall show respect for each client and colleague by maintaining an objective professional relationship at all times. Any activity that results in exploitation of clients for personal gain be it sexual, financial or social will be avoided.

PRINCIPLE 2: COUNSELING RELATIONSHIPS

- **Professionals** avoid fostering dependent counseling relationships and refrain from imposing their values on clients.
- **Professionals** will remain aware of their own skills and limitations and will not attempt to counsel or advise clients on matters outside their area of expertise. When it is in the best interest of the client, **Professionals** will release or refer the client to another program or professional. The

PRINCIPLE 2: COUNSELING RELATIONSHIPS

- **Professional** is responsible for making appropriate arrangements for the continuation of treatment, during interruptions such as vacations and following termination of the counseling relationship.
- Prior to entering into a counseling relationship, the **Professional** will clearly explain to the client, the financial arrangements including the use of collection agencies or legal measures for nonpayment.

PRINCIPLE 2: COUNSELING RELATIONSHIPS

- **Dual Relationships:**
- **Professionals** shall make every effort to avoid dual relationships with clients that may include, but are not limited to: familial; social; financial; business; or other types of close personal relationships with clients. It is the **Professionals'** responsibility to refer the client to another professional, if possible, when a dual relationship exists. When a dual relationship cannot be avoided, **Professionals** take appropriate professional precautions to ensure that judgment is not impaired and no exploitation occurs. **Professionals** do not accept superiors or subordinates with whom they have administrative, supervisory or evaluative relationships as clients.

FORMER CLIENTS

- Relationships With Former Clients Professionals shall not engage in sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship.
- (ES)
- Professionals shall not cultivate and make every effort to avoid any type of personal
- relationships with former clients for a period of five years. This may include, but is not limited to: familial; social; financial; business; or other types of close personal relationships with former clients. (ES)

PRINCIPLE 2: COUNSELING RELATIONSHIPS

- **Multiple Clients:**
- If a **Professional** provides counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), the **Professional** will identify the individual considered to be the primary client(s). If it becomes apparent that the **Professional** may be called upon to perform potentially conflicting roles, the clarify, adjust, or withdraw from the roles appropriately.

PRINCIPLE 2: COUNSELING RELATIONSHIPS

- **Conflict of Interest:**
- If a client is receiving services from another mental health professional, the **Professional** will, with informed client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client.

PRINCIPLE 2: COUNSELING RELATIONSHIPS - CONFLICTS

- **Dual Relationships:**
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PRINCIPLE 3: LEGAL AND MORAL STANDARDS

- **Professional** discusses information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Every effort is made to avoid undue invasion of privacy.

PRINCIPLE 3: LEGAL AND MORAL STANDARDS

- **Confidentiality:**
- **Professionals** consider their clients' right to privacy to be of paramount importance and avoid illegal disclosures of confidential information. The **Professional** adheres to all federal, state, and local laws regarding confidentiality. Clients are informed of the limitations of confidentiality and identify foreseeable situations in which confidentiality might be breached. **Professionals** make every effort to ensure that the privacy and confidentiality of clients is maintained by subordinates including employees, supervisees, clerical assistants, and volunteers.

-

PRINCIPLE 3: LEGAL AND MORAL STANDARDS

- **Records:**
- **Professionals** maintain records necessary for rendering counseling services to their clients as required by laws, regulations, or agency or institutional procedures. The **Professional** is responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy in whatever forms the record is produced. This applies to records which are written, taped, computerized, or stored in any other medium.

PRINCIPLE 3: LEGAL AND MORAL STANDARDS

- **Professionals** acknowledge counseling records are kept for the benefit of clients. Consequently, access is provided only when requested by competent clients and when it is determined that the records contain information that is not considered to be misleading or detrimental to the client. When the records involve multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client. The

PRINCIPLE 3: LEGAL AND MORAL STANDARDS

- **Fraud-Related Conduct:**
- **Professionals** provide accurate, honest, and unbiased information when reporting professional evaluations to third parties including courts and health insurance companies. When **Professionals** provide advice or comment by whatever means, they take reasonable precautions to ensure that the statements are based on appropriate professional counseling literature and practice; and the statements are consistent with MSAPCB's **Code of Ethical Practice and Professional Conduct**.

PRINCIPLE 3: LEGAL AND MORAL STANDARDS

- The **Professional** does not use their official position to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. **Professionals** refrain from charging a client or a third party payer for a service not performed, or submitting an account or charge for services that is false or misleading.
- **Professionals** do not publish any advertisement that is false, fraudulent, deceptive or misleading. The

PRINCIPLE 3: LEGAL AND MORAL STANDARDS

- **Professional** also refrains from engaging in fraud, misrepresentation, deception or concealment of material fact when applying for or assisting in securing credentialing or credentialing renewal or taking any examination.

PRINCIPLE 4: DIVERSITY

- **Nondiscrimination:**
- The **Professional** does not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

PRINCIPLE 4: DIVERSITY

- **Respecting Differences:**
- **Professionals** will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the **Professional's** cultural/ethnic/racial identity impacts his/her values and beliefs about the counseling process. The **Professional** should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

PRINCIPLE 4: DIVERSITY

- **Professionals** should have a knowledge base of their client's cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups. The **Professional** should obtain education about and seek to understand, the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sexual orientation, age marital status, religion, and mental or physical disability.

GROUP DISCUSSION

YOU PEOPLE NEED TO

*I KNOW AN (AFRICAN AMERICAN IN ATLANTA) (SOME
OF MY WIFE AND I BEST FRIENDS ARE MEXICANS)*

*I UNDERSTAND ALCOHOLICS BECAUSE MY SISTER WAS
AN ALCOHOLIC*

PRINCIPLE 5: PROFESSIONAL COMPETENCE AND INTEGRITY

- **Competence and Self-Knowledge:**
- **Professionals** strive to give precedence to their professional responsibility over personal interests and uphold the dignity and honor of the profession. The **Professional** shall seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

PRINCIPLE 5:

- **Professionals** practice only within the boundaries of their competence and avoid practice in specialty areas new to them until they obtain appropriate education, training, and supervised experience.
- **Professionals** accept responsibility for their continuing education and professional development as part of their commitment to providing quality care for persons who seek their services.

PRINCIPLE 5:

- **Professionals** take responsibility for identifying their values and beliefs and take measures to prevent imposing their values on clients.
- The **Professional** makes a commitment to continually review their ethical competence and attend traditional (not online) training session on ethical conduct as determined by MCB.
- **Professionals** in private practice take reasonable steps to seek out peer supervision to evaluate their efficacy as counseling professionals.

PRINCIPLE 5:

- **Sexual Misconduct:**
- **Professionals** do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.
- **Professionals** do not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship.

PRINCIPLE 5:

- **Professionals** who engage in such relationships after two years have the responsibility to document that such relations did not have an exploitative nature.
- **Professionals** do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either is unwelcome, offensive, or creates a hostile workplace environment. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

PRINCIPLE 5:

- **Do no harm:**
- **Professionals** refrain from offering or accepting professional services when their physical, mental or emotional problems may pose a risk to clients or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities.

PRINCIPLE 5:

- The **Professional** abstains from the non-medical use of any mood altering chemicals while on the job, and will abstain from all illegal substances at all times.
- **Professionals** strive to serve as a responsible role model for clients, staff and the community.

PRINCIPLE 5:

- **Superior/Subordinate Relationships (Clinical Supervision)**:
- **Clinical Supervisors** clearly define and maintain ethical, professional, and social relationship boundaries with their trainees, interns and supervisees. They respect the differential in power that exists between the supervisor and the trainees, interns or supervisees.

PRINCIPLE 5

- The **Clinical Supervisor** explains to the trainees, interns and supervisees the potential for the relationship to become exploitative.
- **Clinical Supervisors** do not engage in sexual relationships with trainees, interns or supervisees and do not subject them to sexual harassment. Clinical Supervisors who supervise the counseling services of others take reasonable measures to ensure that counseling services provided to clients are professional.

PRINCIPLE 5

- **Clinical Supervisors** do not endorse trainees, interns or supervisees for credentialing, employment, or completion of an academic or training program if they believe trainees, interns or supervisees are not qualified for the endorsement.
- **Clinical Supervisors** take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

PRINCIPLE 5

- **Clinical Supervisors** clearly state to trainees, interns and supervisees, in advance of training, the levels of competency expected, appraisal methods and timing of evaluations for both didactic and experiential components. Trainees, interns and supervisees are provided with periodic performance appraisal and evaluation feedback throughout the training program. Trainees, interns and supervisees are informed of the ethical responsibilities and standards of the profession and the trainees, interns and supervisee's ethical responsibilities to the profession. (VS/ES)

PRINCIPLE 5

- **Counselors** 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. (VS/ES)

PRINCIPLE 5:

- **Unprofessional Conduct:**
- **Professionals** refrain from participating in inappropriate conduct not befitting their profession. In the event of an ethics complaint &/or hearing, the **Professional's** conduct will be measured against accepted standards and practices. **Professionals** have a responsibility to alert their employers to conditions that may be potentially disruptive or damaging or that may limit their effectiveness.

PRINCIPLE 5:

- **Inter-Professional Relationships:**
- **Professionals** actively participate in local, state, and national associations that foster the development and improvement of counseling. The **Professional** shall adhere to a strict policy of respect for the views, actions, and findings of colleagues and members of other professions and programs. Appropriate practices will be used when expressing agreement or disagreement in judgment on such matters.
- The **Professional** shall not denigrate other professions nor engage in any false or misleading communications about their own or other professionals' abilities, training/experience and ethical conduct.

PRINCIPLE 5:

- The **Professional** is respectful of approaches to counseling that differ from her/his own. **Professionals** know and take into account the traditions and practices of other professional groups with which they work.
- **Professionals** select competent staff and assign responsibilities compatible with their skills and experiences.
- The **Professional** refuses to participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.

PRINCIPLE 6: COMPLIANCE WITH THE LAW

- **Unlawful conduct:**
- All credentialed professionals are expected to comply with all federal, state, and local laws. Anyone who is convicted of any offense other than a misdemeanor has the obligation to report the conviction to the MSAPCB. The definition of conviction includes: A plea or verdict of guilty or a conviction following an Alford Plea, or any other plea which is treated by the court as a plea of guilty and all the proceedings in which the sentence was deferred or suspended, or the conviction expunged shall be deemed a conviction within the meaning of this section.

GROUP EXERCISE

Terminated from employment for a positive drug screen for Marijuana.

MRSS

LCSW candidate

PRINCIPLE 6:

- **Grounds for Discipline:**
- Permitting, aiding, abetting, assisting, hiring or conspiring with an individual to violate or circumvent any of the laws relating to licensure or credentialing under any licensing or credentialing act.

PRINCIPLE 7: COOPERATION WITH THE BOARD

- **Principle 7: Cooperation with the Board**
- The **Professional** shall cooperate in any investigation conducted pursuant to this Code and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

PRINCIPLE 7:

- The willful misrepresentation of facts before the disciplining authority or its authorized representative; the use of threats or harassment against, or an inducement to, any consumer or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action; the use of threats or harassment against, or an inducement to any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed.

PRINCIPLE 7:

- **Professionals** shall report any violation of the **Code of Ethical Practice and Professional Conduct**. Failure to report a violation may be grounds for discipline. A **Professional** who has firsthand knowledge of the actions of a respondent or complainant shall cooperate with a MSAPCB complaint investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in a MSAPCB complaint investigation or disciplinary proceeding shall be grounds for disciplinary action.

PRINCIPLE 7:

- **Professionals** shall not knowingly file a complaint or provide information to the MSAPCB which they know or should have known is false or misleading. When submitting any information to the Board, the **Professional** shall comply with any requirements pertaining to the disclosure of consumer information established by the federal or state government.
- The primary commitment of the **Professional** is to the health, welfare, and safety of the client. As an advocate for the client, the **Professional** must take appropriate action to report instances of incompetent, unethical, or illegal practice by other credentialed professionals that places the rights or best interests of the client in jeopardy.

AT THE END OF THE DAY

- GOLDEN RULE
- DO UNTO OTHERS AS YOU WOULD HAVE THEM DO UNTO YOU
- “Love Thy Neighbor as Thyself”

Thank You
And
God Bless You

NURSE JAMIE

- **Example:** *Jamie has been working in hospice care for the last six years and one of her patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. One day, Maria posted about her depression. As her nurse, Jamie wanted to provide support, so she posted, "I know the last week has been difficult.*

- *Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday.” The site automatically listed the user’s name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her to ask about Maria’s condition. “I saw your post yesterday. I didn’t know you were taking care of Maria,” the friend said. “I hope that new medication helps with her pain.”*

GROUP EXERCISE

- Jill comes into your office and reports that her PO is about to revoke her parole because she does not believe Jill has been coming to your program as she should. Jill said that her PO told her three weeks ago to get proof of her attendance from your program at their next visit which is today or Jill would be revoked. The PO told Jill that she has tried to contact your program and that its really Jill's responsibility to prove her attendance at the program. Jill wants to take her copy of her sign in/sign out sheets to her PO today. What you do?

GROUP EXERCISE 1

Hello James. Its been a long time. How are you and your family doing? James I heard that our fraternity brother Al was doing time in a federal prison. I haven't seen him since we took that last line over in 1977. I ran into his cousin Jake who said that their family had not heard from him in years. It appears he has withdrawn from everyone who cares about him. I know you work in the federal correctional system and wondered if you had heard anything about him or where he may be. It would mean a lot to me and his family here in North Carolina if you could give us any assistance. I feel bad having lost connection with you and James. In the good old days the three of us saw each other through many a storm. Hope to hear from you soon and please don't be a stranger. Let's reconnect for old times sake.

Thank you. Your friend John.

GROUP EXERCISE 2

Hello James. Its been a long time. How are you and the family doing? James Al has not written to me in three months. He and I got in to an argument the last time he called me collect and I said some things I should not have said. You know how he and I always fought when we were little and momma had to intervene. Neither one of us were as level headed as you. I want to talk to him but he will not call me or return my letters. I think that BOP has moved him from USP Leavenworth to Lompoc FCI. Will you please get word to him and tell him I'm sorry and to please call or write me? Momma is doing fine and can't wait until we all get together for Thanksgiving.

Love You

Your Brother, John

EXERCISE 1

While performing your shift rounds at your inpatient treatment facility you accidentally walked in on a patient of the opposite sex who was completely naked. You knocked first but actually entered in before that patient could get any clothes on. You both stared at each other few seconds then you apologized to the patient told them to practice always having some form of clothing on as long as they are in the program. Now what do you do?