

ECHO IDAHO

**Counseling Techniques for
Substance Use Disorders**

Ethics Under Pressure

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University of Idaho
School of Health and Medical
Professions



Disclosures

- I do not have any disclosures to acknowledge

Learning Objectives

- Understand how to be ethical in crisis situations
- Understand Code of Ethics and importance of updates
- Learn how to use ethical decision-making model under pressure
- Implement process for using supervision and self care as protective factors

Review

- Person-first language.
- Addiction vs physical dependence.
- Addiction is a treatable chronic medical disease.
- It involves complex interactions between neurobiology, genetics, environment, and life experience.
- It is defined as a “chronic, relapsing disorder characterized by compulsive drug-seeking and use despite adverse consequences”.
- Prevention and treatment approached are about as successful as methods for other chronic diseases.

Words are Important

Words to Use

Person with a substance use disorder

Person with alcohol use disorder

Substance use disorder

Drug misuse, harmful use

Substance use

Not actively using

Testing positive for substance use

Actively using

Testing positive for substance use

Person in recovery, person in long-term recovery

Words to Avoid

Addict/drug abuser

Alcoholic

Drug problem, drug habit

Drug abuse

Substance abuse

Clean

A clean drug screen

Dirty

A dirty drug screen

Former/reformed addict/alcoholic

Violations Idaho

Engaging in dual relationships

Breaching confidentiality

Unethical billing practices

Working outside scope of practice

Sexual relationships

Client abandonment

Neglecting to respond to crisis calls or visits

Using coercive treatment methods – threats or negative labels

Ethics Updates

Ethical Implications of Pregnancy Termination Ban in Idaho

- Personal ethics vs Professional ethics
- What we can and cannot do/say



Minors: Consent and Confidentiality

Idaho Code 32-1015

- Previously, a minor had confidentiality rights at age 14, after consent of parent/ guardian. Minors were able to consent for services on their own at age 16.
- As of July 1, 2024, all minors under the age of 18 will no longer have confidentiality rights separate from their parent. All minors under 19 years of age will need parental consent to access services.



Implications of Idaho Code 32-1015

- Any biological parents, who's rights have not been terminated, can request and access all records - non redacted.
- Exceptions- if there is a pending legal matter regarding the bio parent and the minor, records can be withheld, only if a letter of confirmation is provided from law enforcement specifically.
- Informed consent must be provided to parents regarding their right to access records.
- This code will be retroactive. All current minor clients will need to be informed as well as their parents. Parents/guardians will need informed consent on this right as well.
- Past minor clients may have their records requested by a parent at any time.

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Ethics in Crisis

- Medical
- Legal
- Psychiatric
- Family
- Requiring urgent response



Legal Aspect of Ethics



- Decision making models typically references “what does the law indicate”. What does that really mean and do you know how to find it?

Information Regarding Legislative Accessibility and Public Testimony can be found at the following link: <https://legislature.idaho.gov/resources/leg-accessibility-pub-testimony/>

Legislative Sessions 2023 Interim Committees
Laws & Rules Senate House

https://legislature.idaho.gov/statutesrules/idsstat/

TITLE 39	HEALTH AND SAFETY
TITLE 40	HIGHWAYS AND BRIDGES
TITLE 41	INSURANCE
TITLE 42	IRRIGATION AND DRAINAGE — WATER RIGHTS AND RECLAMATION
TITLE 43	IRRIGATION DISTRICTS
TITLE 44	LABOR
TITLE 45	LIENS, MORTGAGES AND PLEDGES
TITLE 46	MILITIA AND MILITARY AFFAIRS
TITLE 47	MINES AND MINING
TITLE 48	MONOPOLIES AND TRADE PRACTICES
TITLE 49	MOTOR VEHICLES
TITLE 50	MUNICIPAL CORPORATIONS
TITLE 51	NOTARIES PUBLIC AND COMMISSIONERS OF DEEDS
TITLE 52	NUISANCES
TITLE 53	PARTNERSHIP
TITLE 54	PROFESSIONS, VOCATIONS, AND BUSINESSES
TITLE 55	PROPERTY IN GENERAL
TITLE 56	PUBLIC ASSISTANCE AND WELFARE
TITLE 57	PUBLIC FUNDS IN GENERAL
TITLE 58	PUBLIC LANDS
TITLE 59	PUBLIC OFFICERS IN GENERAL
TITLE 60	PUBLIC PRINTING AND OFFICIAL NOTICES
TITLE 61	PUBLIC UTILITY REGULATION
TITLE 62	RAILROADS AND OTHER PUBLIC UTILITIES
TITLE 63	REVENUE AND TAXATION
TITLE 64	SALES — [REPEALED]



Select category



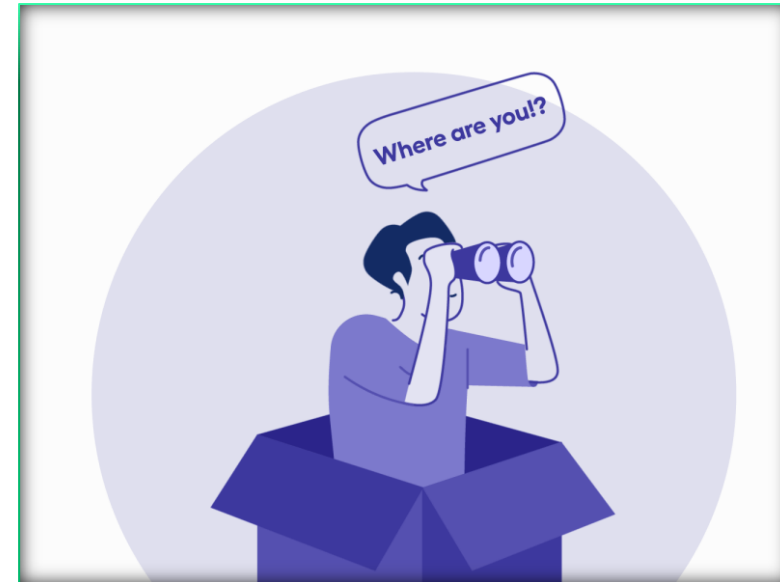


Use of Supervision

- Barrier #1: Are you comfortable with your supervisor?
- Barrier #2: If you are a private counselor or LCPC/LCSW- do you and how do you obtain supervision/consultation?
- Be proactive:
 - Advocate for scheduled supervision time
 - Inquire about communication methods when unscheduled supervision is needed
 - Inquire about who to contact if your assigned supervisor is not available

When Your Supervisor Is Not Available

- Suicide risk screenings
- Intimate partner violence situation
- Feeling threatened or uncomfortable with a client
- Client displays aggression, threat of violence, psychosis, or mental health crisis



Making Sound Decisions When Lacking Access to Supervisor



Ethical decision-making model



De-escalation skills



Focus is keeping yourself and clients safe



Document attempts to consult

Boundaries

Enable your clients to feel **SAFE** and promote **TRUST** by showing clearly what the purpose of the relationship is, and what the client can expect from you.

Provide the framework for the therapeutic relationship:

- session length, gifts, fees, confidentiality, between-session contact, social media policy and duration or number of sessions, self-disclosure, touch and practitioner competence. (Many of these set by organization/agency).

It is the practitioner's responsibility to hold the boundaries and to ensure clarity for clients.

Define clearly in writing, set and reiterate boundaries, have proactive conversations.



Working with Legal Entities

- Challenges
- Limitations
- How much to share and how much to protect?
- Boundaries within working relationships to preserve the therapeutic relationship and avoid harm to the client
- Are allowing consequences of client behavior a harm to the client? How do you know?

Family Emergency/ Unexpected Leave of Absence



- No one plans to have a family or personal emergency. How can we be prepared?
- Having a contingency plan in place to prepare for life to occur and challenges to happen.
 - HR- password and log in information.
 - Informed consent that in the event of an emergency that another clinician will contact your clients.
 - Another key ethical reason to keep documentation up to date.

Ethical Decision Making without one or more components available in the time of need

In what way can the following be faulty when attempting to follow an ethical decision-making model?

- Define the problem (*is the problem(s) clear?*)
- Apply Code of Ethics (*you have this memorized right?*)
- Apply the law (*consider your exposure to and knowledge of this area*)
- Apply moral principles personally, professionally, societally (*Are these always congruent?*)
- Determine potential action and consequences
- Evaluate these outcome options
- Consult
- Implement
- Analyze results

- Black and white ethics can feel less “slippery”. What about the gray?
- How do you move forward if you are choosing one of two options. One would violate your code of ethics and one would violate Idaho Statute/ law



Colleagues Integral Supportive Role to one Another

- Having the client in the highest regard means we must have each other's back as colleagues. This does not mean unconditionally loyalty. It means unconditional transparency and communication.
- When or how is this a barrier?




Suicide Risk Screening Processes

When client retracts their
statement of concern?



When the risk feels
unclear to you?



When the client refuses
recommendation

Counter Transference

- The clients you look forward to and the clients you dread
- How you speak about clients will translate to how you treat the client. Be aware of your words and tone.
- Seek supervision to clarify internal barriers and external intervention options.

Taking Good Care VS “Taking Over” for Clients

- Professional Codependency- when our caretaking results in overprotection of a client.



What are Your Warning Signs of being “Tapped out”

- What is the ethical fade?
- What are your signs of withdrawing within your role, going rogue, or experiencing burnout?
- What can you or do you implement to create a pause for reflection and implement supervision and supports.

Me realizing halfway through a conversation that I've been oversharing information...



Self-Disclosure

- Is what you want to share of use to your client (how do you know?)
- When sharing keep it brief and monitor client response and feedback
- Return discussion back to client
- Are you in emotional control of what you are sharing?
- Avoid sharing anything that is currently “bleeding”.
- Do not expect any particular reaction from your sharing
- What level of disclosure is comfortable to you?

Thank You

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