

Key Ethical Concepts for Substance Use Professionals

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Housekeeping

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 are prohibited from promoting or selling products or services that
 serve professional or financial interests of any kind.
- PCSS-MOUD aims to increase the knowledge and skills of healthcare and counseling professionals about available evidence-based treatment approaches for substance use disorder (SUD) with a particular focus on opioid use disorder (OUD). PCSS-MOUD provides free training and mentoring to practitioners on the use of medications for OUD (MOUD) and the integration of these services into mainstream health care.



Disclosure to Learners

Presenter(s), planner(s), reviewer(s), and all others involved in the planning or content development of this activity were required to disclose all financial relationships within the past 24 months

For this activity, the following relevant financial relationships were disclosed:

No relationships to disclose

All disclosures have been reviewed, and all relevant financial relationships have been mitigated.

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All speakers have been advised that any recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care. All scientific research referred to, reported, or used in the presentation must conform to the generally accepted standards of experimental design, data collection, and analysis.



Educational Objectives

At the conclusion of this activity participants should be able to:

- 1. Examine how ethics and boundaries are critical to competent practice with SUD clients.
- 2. Increase understanding of an ethical decision-making models to support sound clinical practices
- 3. Review and process common ethical traps providers experience.
- Identify the difference between boundary crossings and boundary violations to ensure professional integrity and client well-being.
- 5. Recognize ways to protect the therapeutic relationship in the field and maintain healthy boundaries





What goes into the decision to put a fence up?



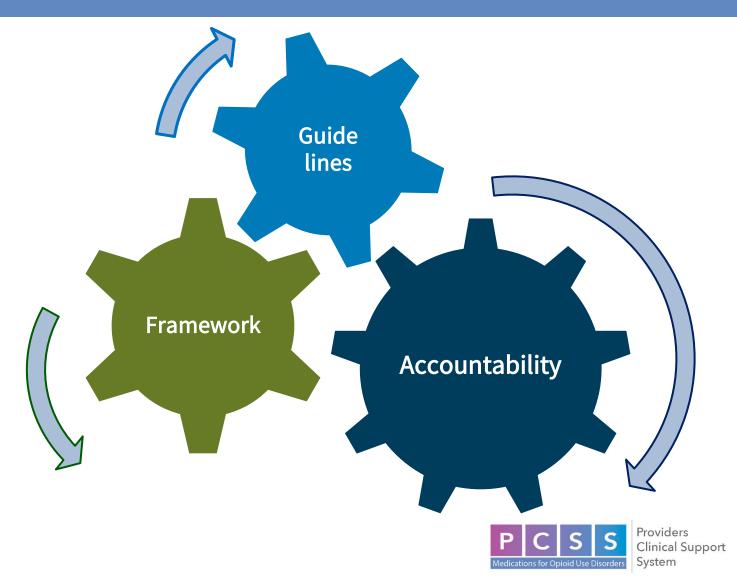
ETHICAL DECISION MAKING

Ethical Decision - Making Framework





Ethics & Boundaries



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



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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







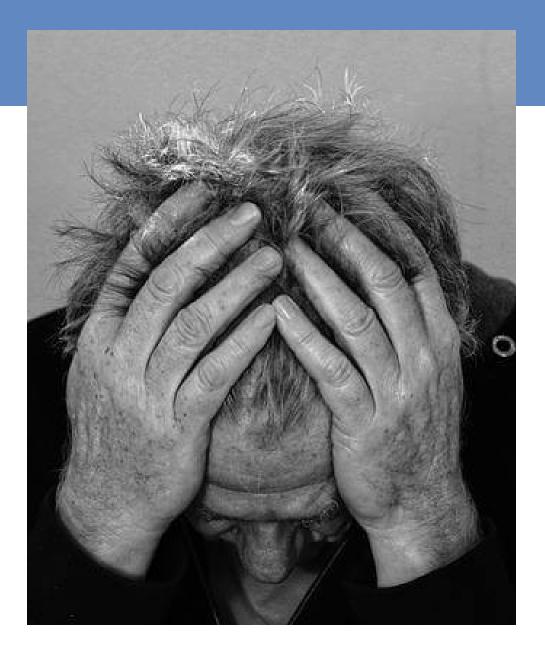




Confidentiality

- 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.





Impaired Practice



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



Giving and Receiving of 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 (Bias)



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



CONCERNS WITH OTHER PROVIDERS

Start with consultation and supervision

 Abuse or mistreatment of a client in any way, verbally, financially or sexually.

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- 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 law



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MULTIPLE RELATIONSHIPS



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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





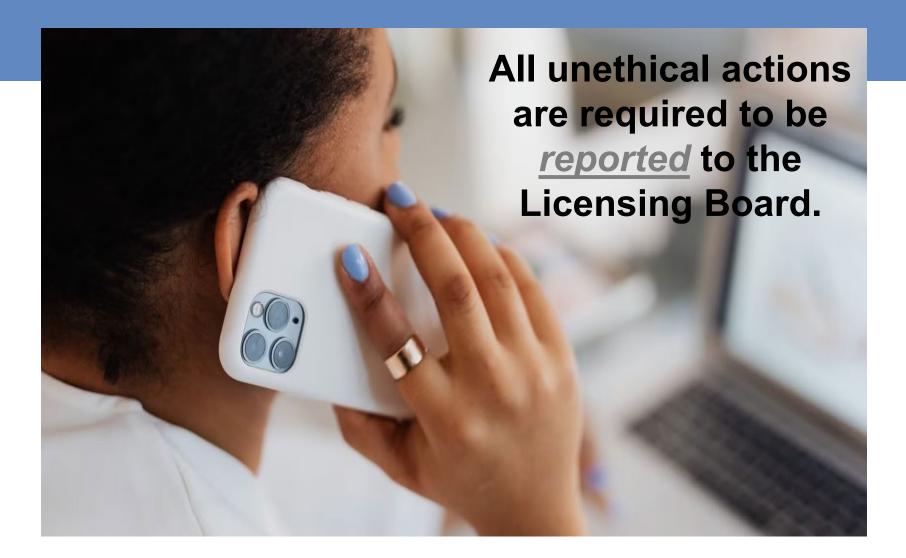


Social Media

- 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!











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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



Why Boundary Problems Occur





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A clinician's duty is to know well their personal and professional identities, be aware of the distinction between the two, and preserve this distinction in the therapeutic framework (Sakar, 2004).



Boundary Crossings vs. Boundary Violations

 A boundary crossing is a "decision to deviate from an established boundary for a specific purposea 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. Often a misuse of "power".

Boundary crossings vs. vio

vs. violations

- Benign and even helpful breaks in the frame
- Usually occur in isolation
- Minor and attenuated
- Discussable
- Ultimately cause no harm to patient, clinician, or treatment

- Exploitive breaks in the frame
- Usually repetitive
- Egregious and often extreme e.g. sexual
- Clinician discourages discussion
- Typically cause harm to patient, clinician or treatment

VIOLATIONS

CROSSINGS



Avoidable dual or multiple relationships

Sexual relationships

Over-Personalization of Care (not person centered)

"Have I made this about me in any way?"

Boundary Violations



Boundary Crossings

Small gifts (giving and accepting)

Special fee arrangements or bartering

Excessive therapist selfdisclosure/disclosure of personal information

Extending time beyond what was initially agreed

Saying "yes" rather than "no"

Making special allowances for a patient

Non-emergency meetings outside of the office or after office hours



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Prevention of Ethical & Boundary Violations



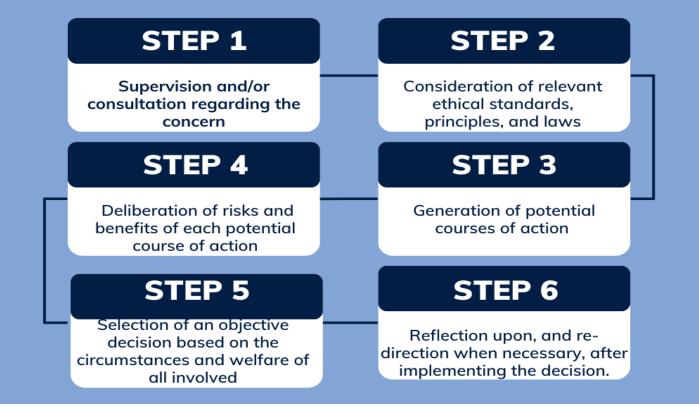
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Prevention of Ethical & Boundary Violations

- Supervision
- Education
- Self-awareness and monitoring
- Peer debriefing/consultation
 - Whose needs are being met in this interaction the patient's or my own?



ETHICAL DECISION MAKING





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.



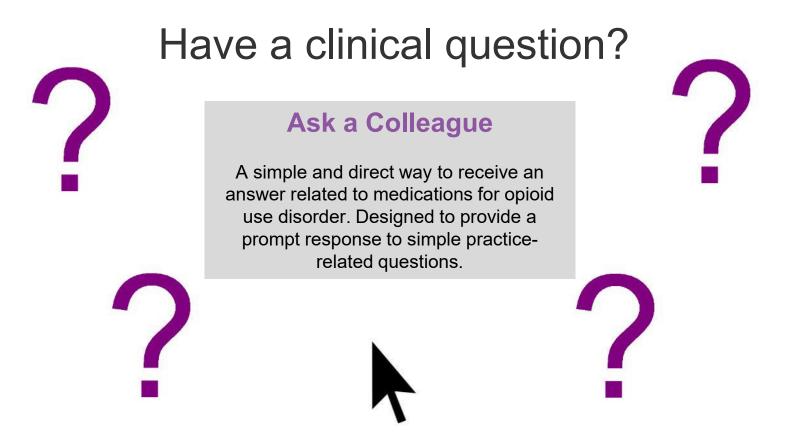
PCSS-MOUD Mentoring Program

- PCSS-MOUD Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS-MOUD Mentors are a national network of providers with expertise in addictions, pain, and evidence-based treatment including medications for opioid use disorder (MOUD).
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit: https://pcssNOW.org/mentoring/



PCSS-MOUD Discussion Forum



http://pcss.invisionzone.com/register





Providers Clinical Support System **PCSS-MOUD** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Policy Forum	American College of Emergency Physicians*
Addiction Technology Transfer Center*	American College of Medical Toxicology
African American Behavioral Health Center of Excellence	American Dental Association
All Rise	American Medical Association*
American Academy of Child and Adolescent Psychiatry	American Orthopedic Association
American Academy of Family Physicians	American Osteopathic Academy of Addiction Medicine*
American Academy of Neurology	American Psychiatric Association*
American Academy of Pain Medicine	American Psychiatric Nurses Association*
American Academy of Pediatrics*	American Society for Pain Management Nursing
American Association for the Treatment of Opioid Dependence	American Society of Addiction Medicine*
American Association of Nurse Practitioners	Association for Multidisciplinary Education and Research in Substance Use and Addiction*
American Association of Psychiatric Pharmacists	Black Faces Black Voices
American Chronic Pain Association	Coalition of Physician Education



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Columbia University, Department of Psychiatry*	Northwest Portland Area Indian Health Board
Council on Social Work Education*	Partnership to End Addiction
Faces and Voices of Recovery	Physician Assistant Education Association
Mobilize Recovery	Project Lazarus
NAADAC Association for Addiction Professionals*	Public Health Foundation (TRAIN Learning Network)
National Alliance for HIV Education and Workforce Development	Sickle Cell Adult Provider Network
National Association of Community Health Centers	Society for Academic Emergency Medicine*
National Association of Social Workers*	Society of General Internal Medicine
National Council for Mental Wellbeing*	The National Judicial College
National Council of State Boards of Nursing	Veterans Health Administration







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