



Providers
Clinical Support
System

Ethical Issues and Best Practices in SUD Treatment for Clinical Supervisors, Counselors and Interns

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Housekeeping

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- 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.

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Educational Objectives

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

- 1 Identify common ethical challenges encountered in substance use disorder treatment, including issues related to opioids, stimulants, and other substances, and boundaries.
- 2 Apply ethical principles and decision-making frameworks to analyze case scenarios involving boundaries, confidentiality, and professional responsibility.
- 3 Demonstrate appropriate responses and documentation to ethical problems by selecting best-practice actions that protect clients, counselors, and treatment integrity.

Agenda

- ▶ *(A bit of a hodge-podge of ethics, supervision and scenarios)*
- ▶ What addiction is (and is not) because that drives our decision-making
- ▶ Ethical Principles
- ▶ Documentation and practices



ASAM New Definition of Addiction:

- ▶ “Addiction is a primary, chronic disease of brain reward, motivation, memory & related circuitry. Dysfunction of these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”



We are not designed to be “uncomfortable”

- ▶ We often self-medicate mental health issues through substance use, Netflix, unhealthy relationships, work, food, Amazon....
- ▶ Addiction is experience-dependent and not substance-dependent
- ▶ We need to work on how to improve our “comfort capital”
- ▶ Addiction treatment is historically “abstinence-based” but how does that work when there is such a high need for “comfort” and client seek comfort in substances (marijuana, tobacco/nicotine, alcohol) that may not be “problematic”....and let’s look at the “comfort behaviors” (Netflix, shopping, exercise) that may also be “problematic” (or not!!!)
- ▶ **It really comes down to what are the clients’ goals of treatment and for life**

First Things First...

Why do we do what we do...????

- ▶ To improve client care
- ▶ To improve client care
- ▶ To improve client care
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- ▶ To improve client care
- ▶ To improve client care
- ▶ To improve client care



General Ethical Principles

1. Beneficence and non-maleficence
2. Fidelity and responsibility
3. Integrity
4. Justice
5. Respect for peoples rights and dignity.

Ethics and laws are not the same.

- ▶ *Ethical codes are not static, legally written documents. Ethical codes for counselors are designed to guide the ongoing process of education, development and support for the counselor in order to best serve the client.*

~LABAN's

- ▶ Ethical dilemmas arise or are characterized by conflicts among principles or belief systems

Issues Impacting Ethical SUD Care:

- ▶ Lack of time
- ▶ Workforce shortage (high turnover; aging of the workforce; low job satisfaction)
- ▶ Lack of trained clinical supervisors
- ▶ Lack of funds – block grant, insurance
- ▶ Lack of consistency, state regulations
- ▶ The system is overwhelmed



First Things First...REALLY...

- ▶ A clinical supervisor should not just be the person that has been at the organization the longest
 - Is this something you want to do?
 - Does your insurance cover supervision?
- ▶ Who pays for the supervision?
What are licensure recruitments?
- ▶ Can supervisee bill? Are they within their scope and training?



Goals of Clinical Supervision

How do ethics fit into this??

- ▶ Protect the welfare of clients
- ▶ Promote professional growth/development
- ▶ Legal issues
- ▶ Policy/procedure

Ethical Thinking/Practice:

- ▶ You have an ethical responsibility to ensure the counselors you supervise adhere to ethical practice.
- ▶ Group supervision is an excellent forum in which ethical dilemmas can be explored.
- ▶ In individual supervision, the supervisor should always explore ethical issues when reviewing a session with a counselor.
- ▶ Counselors face ethical decisions every day. Unfortunately, counselors have been known to choose the wrong answers without even thinking.

What is Clinical Supervision

How do ethics fit into this??

“Supervision is an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship:

- ▶ is evaluative
- ▶ extends over time
- ▶ has the simultaneous purposes of
 - enhancing the professional functioning of the more junior person(s),
 - monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and
 - serving as a gatekeeper of those who are to enter the particular
 - profession.”

Effective Clinical Supervision

- ▶ Good supervision is a lot like good therapy:
 - Strengths based
 - Positive regard and respect
 - Build trust between supervisee and supervisor
 - Have a commitment to the relationship
 - Mutually agreed upon goals
 - Encouragement of critical thinking and autonomy
 - Use of self

Be aware of Administrative vs. Clinical Supervision



Ethical & Legal Guidelines for Supervisors:

Documentation

- ▶ A clearly defined outline of the frequency of supervision (e.g., weekly, bimonthly)
- ▶ A method of identifying client problems
- ▶ Careful delineation of the treatment plan
- ▶ Description of how to implement the treatment plan
- ▶ Discussion of desired and expected outcomes, as well as probable pitfalls in accomplishing the treatment plan
- ▶ Competence
- ▶ Dual Relationships/Boundary Issues
- ▶ What happens when you go from peer to supervisor?
- ▶ Social relationships/media
- ▶ How accessible to your supervisees are you?

Boundary Issues & Dual Relationships:



- ▶ Supervising a former peer
- ▶ Supervising a friend
- ▶ Sponsoring a supervisee in AA
- ▶ Developing a business relationship with a supervisee
- ▶ Supervising a family member
- ▶ Supervising an intimate partner
- ▶ Allowing supervision to slip into psychotherapy

Boundary Issues & Dual Relationships Continued:

- ▶ Similarities between therapy and supervision
- ▶ Supervisors use “what they know” in their supervisory role
- ▶ Supervisors model therapeutic behavior in supervision
- ▶ Supervision is the “isomorph” of therapy (a near-replication)
- ▶ **A good clinical supervisor is a therapist doing supervision, not a supervisor doing therapy**



Supervision Nuggets:

With Technology:

- ▶ How are you going to ensure that you are on task?
- ▶ How are you going to ensure that your supervisee is on task?
- ▶ How will “distractions” be handled?
- ▶ Group supervision may look different if you’re using tele
- ▶ May not be a good fit for the older workforce as they may not be as comfortable with technology

- ▶ Evaluation and Feedback for supervisees:
- ▶ First step: Building a collaborative relationship
- ▶ Two types of evaluations:
 - Formative – ongoing status of skill development
 - Summative – formal rating of job performance
- ▶ Goal of CS: To ensure quality
- ▶ Two important tasks of CS:
 - To educate counselor on what to expect in supervision
 - To evaluate counselor progress on a regular basis

Supervision Learning Agreement:

- ▶ Goals of Supervision: expectations must be very clear
 - ▶ Method & frequency
 - Direct
 - Indirect
 - Synchronous
 - Asynchronous
 - ▶ Frequency & type (one 1-hour phone call per week)
 - ▶ Parameters for termination
 - ▶ Cost
 - ▶ Provisions for technology fail
- ▶ Make sure it meets the state requirements and regulations
 - ▶ Stipulate expectations for the supervisee and supervisor
 - ▶ Counselor experience and skills and readiness for the next step in their career
 - ▶ Supervisee recommendations for improvement
 - ▶ Have procedures for:
 - Observation
 - Documentation
 - Differential diagnosis
 - Counselors assessment of skills, application of theory base
 - “XXX is a 39 year old....”
 - Function in a multidisciplinary team
 - If you are not in their location, it may be difficult to determine how much of a “team player” the supervisee is

Ability to Function Effectively



- ▶ How does the client's environment impact their ability to engage in treatment and recovery
 - social network
 - living, work, and school environments
- ▶ How do the client's skills impact their ability to engage in treatment and recovery
 - Social and interpersonal skills
 - Skills of daily living
 - Ability to draw on social and community support when needed

The opposite of Addiction is Connection: How and why we connect ethically....

- ▶ What is your goal of the conversation with a supervisee? Colleague? Client?
- ▶ How you bring yourself to the conversation means everything:
 - My boss is coming to dinner?
- ▶ How do we address “resistance”?

Integrated Care Should Be the Standard

- ▶ Group vs. Individual
- ▶ Are they stable/sober enough for therapy?
- ▶ What is the client capable of doing?
- ▶ Does geography factor in?
- ▶ Does funding source matter?
- ▶ It's not just about the substance use or the anxiety or the depression...it's about all the other things (housing, family problems, legal issues...)

Treatment Planning: Integrated Care

- ▶ Which problem will be addressed first?
- ▶ What questions do you ask?
- ▶ Referrals for medical, mental health, psychiatric, MAT, Peer Support
- ▶ Must determine if mental health issue is separate from chemical dependency or induced by the addiction
- ▶ It is essential that the treatment plan reflect integrated services

Treatment Planning

- ▶ Skills needed to function effectively
 - Building a daily routine or structure
 - Conflict resolution skills
 - Ability to cooperate with others
 - Parenting skills
 - Financial skills
- ▶ Services or supports needed for safety
- ▶ Services or supports needed to build a support system

Safety and Support

- ▶ Is the client safe in their current environment?
 - Abuse
 - Exploitation
 - Substance use coercion
 - Housing insecurity
- ▶ Does the client's environment provide sufficient support for treatment participation and recovery?

What is the purpose of documentation?

- ▶ Client progress (or lack of)
- ▶ Demonstrate to the insurance company that we're doing the right thing
- ▶ Demonstrate to CARF, state that we are doing our job
- ▶ Allow for seamless care



Assessment & Diagnosis to Treatment Plan

- ▶ Why do we have treatment plans?
- ▶ What is the overall goal?
- ▶ Reduce symptoms?
- ▶ Reduce how the symptoms affect life?
- ▶ What do I do to help the client reach that goal?
- ▶ What does the client do to meet that goal?

- ▶ Assessment & Diagnosis



- ▶ Treatment Plan



- ▶ Objectives



- ▶ Discharge criteria

How do we handle use in treatment?

- ▶ Some clients may not do well in a group setting
- ▶ Must have rules/expectations for groups around sharing
- ▶ What is your UDS/testing plan
- ▶ Is your staff willing/able to discuss how to reduce risks of use?
- ▶ Emphasize that recovery, just like the path to addiction, is different for all of us
- ▶ How many use caffeine? Tobacco/Nicotine products?

Being a Part 2 Provider

- ▶ Federally assisted program that offers/provides SUD treatment
 - Medicaid, MCR, MAT program Bx health unit within another hospital that holds self out as providing SUD services
 - This includes OUD treatment providers (MAT)
 - LAC providing SUD services in a primary care facility
- ▶ Even if you are not a Part 2 provider...if receive records from a Part 2 program, you are considered a “lawful holder” Pertains to any information that “would identify a patient as an alcohol or drug abuser.”

“Federally Assisted”:

- ▶ Authorized, licensed, certified, or registered by the federal government
- ▶ Receives federal funds (even if those funds do not directly pay for SUD services)
- ▶ Is tax exempt through the IRS Authorized to conduct business by the federal government
 - i.e. Medicare provider, OUD providing methadone, authorized by DEA to dispense a controlled substance to treat SUD

What is permitted without consent?

- ▶ Internal communications
- ▶ No identifiable information
- ▶ Qualified service organization agreement/Business agreement
- ▶ Medical emergency
- ▶ Crime on program property or against staff
- ▶ Research/audit
- ▶ Court order
- ▶ Child abuse/neglect
- ▶ Medical Emergencies
- ▶ *Disclosures must be documented in the patient chart*

ALL THE PERMISSIONS!



QUIZ TIME!

▶ A former client sends you a friend request on Facebook. What do you do?

1. Ignore them
2. Reply “yeah! I’m having a BBQ this weekend, c’mon over!”
3. Friend them only if they’re sober
4. Reply that you cannot friend them.

▶ *Bonus question: why can’t you friend them?*

▶ One of your former patients is standing behind you and your spouse at Wal-Mart. What do you do?

1. Ignore them.
2. Move to a different line.
3. Give them a hug.
4. Run away

BONUS

▶ They start to introduce you to their companion...

QUIZ TIME! Continued

- ▶ During a marriage session, the wife states that she is leaving the relationship. The husband threatens to kill her if she leaves. The wife does not seem concerned by this; he has threatened with this several times. YOU are concerned that he may actually mean it this time. What do you do?
 1. Talk to the wife about staying at the women's shelter or with a friend for a while.
 2. About time she leave the relationship - what a codependent!!
 3. Nothing - time's up and it's five o'clock.
 4. Thank God that this will likely mean your last session with them.
- ▶ During a group session, one of your patients states that she plans to blow up her ex husbands house. She makes a joke about it, but you aren't so sure....you do not have a release of information....
 1. Call the ex-husband and let him know what she said.
 2. Keep the patient after group and try to see if she was serious.
 3. Call the police during break and have her arrested.
 4. Bring the marshmallows! S'mores are awesome!



True or false...
there is always a right
answer...

Some little nuggets....

- ▶ Marriage & Family Counseling
 - ▶ What do you do if the police show up?
 - ▶ When patients go outside
 - ▶ Are you able to block files from certain employees?
 - ▶ Cannot just go look up client files.....
 - ▶ Very important to document how/why you make a determination for disclosure.
- ▶ Rural areas and social network sites are characterized by:
 - pervasive incidental contact
 - inevitable self-disclosure
 - unavoidable multiple relationships

Lannin & Scott, 2013
 - ▶ Rural Dilemmas with Multiple Roles:
 - Overlapping social relationships
 - Overlapping business/professional
 - Overlapping relationships with family roles
 - Overlapping relationships between clients

STIGMA IS EXPENSIVE & IT'S KILLING US

- ▶ Addiction cost Americans **\$740 billion annually**
- ▶ In the USA, in the year ending 4/2021, fentanyl killed 40,000 individuals between the ages of 18-45.
- ▶ **Almost twice as many as COVID**
- ▶ 95% of Americans that meet DSM-5 Criteria for SUD do not think that they need help.
- ▶ In 2021 we surpassed 100,000 deaths from overdose in a 12-month period
 - The equivalent of 9,000 deaths in a month
 - Currently 1 death every 5 minutes from opiate overdose

STIGMA IS EXPENSIVE & IT'S KILLING US

Continued

- ▶ In 2019, about 4.2 million - or 1.5 percent - of people in the U.S. received substance use treatment in the past year.
- ▶ About 1.27 million Americans are receiving medication-assisted treatment for opioid addiction.
- ▶ Over 21 million people were identified as needing substance use treatment - meaning less than one-quarter of those who needed it went on to receive it.
- ▶ In a 2020 survey of over 300 treatment facilities, about 52% reported a rise in the need for treatment. Yet 65% reported having to cancel, reschedule, or turn away people in need.
- ▶ Major barriers to seeking treatment include cost, insurance coverage, lacking nearby specialty care, and stigma.



Thank you!

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PCSS-MOUD Steering Committee

- ▶ PCSS-MOUD is led by the American Academy of Addiction Psychiatry (AAAP), in collaboration with a coalition of national professional and healthcare organizations.



Learn more about the Steering Committee and its partner organizations:
<https://pcssnow.org/about/steering-committee/>



PCSS-MOUD Mentoring Program

- ▶ Designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder (MOUD).
- ▶ Supported by a national network of providers with expertise in addictions, pain, and evidence-based treatment, including MOUD.
- ▶ Three mentoring options are available to meet your needs.
- ▶ No cost to participate.



For more information visit:

<https://pcssNOW.org/mentoring/>

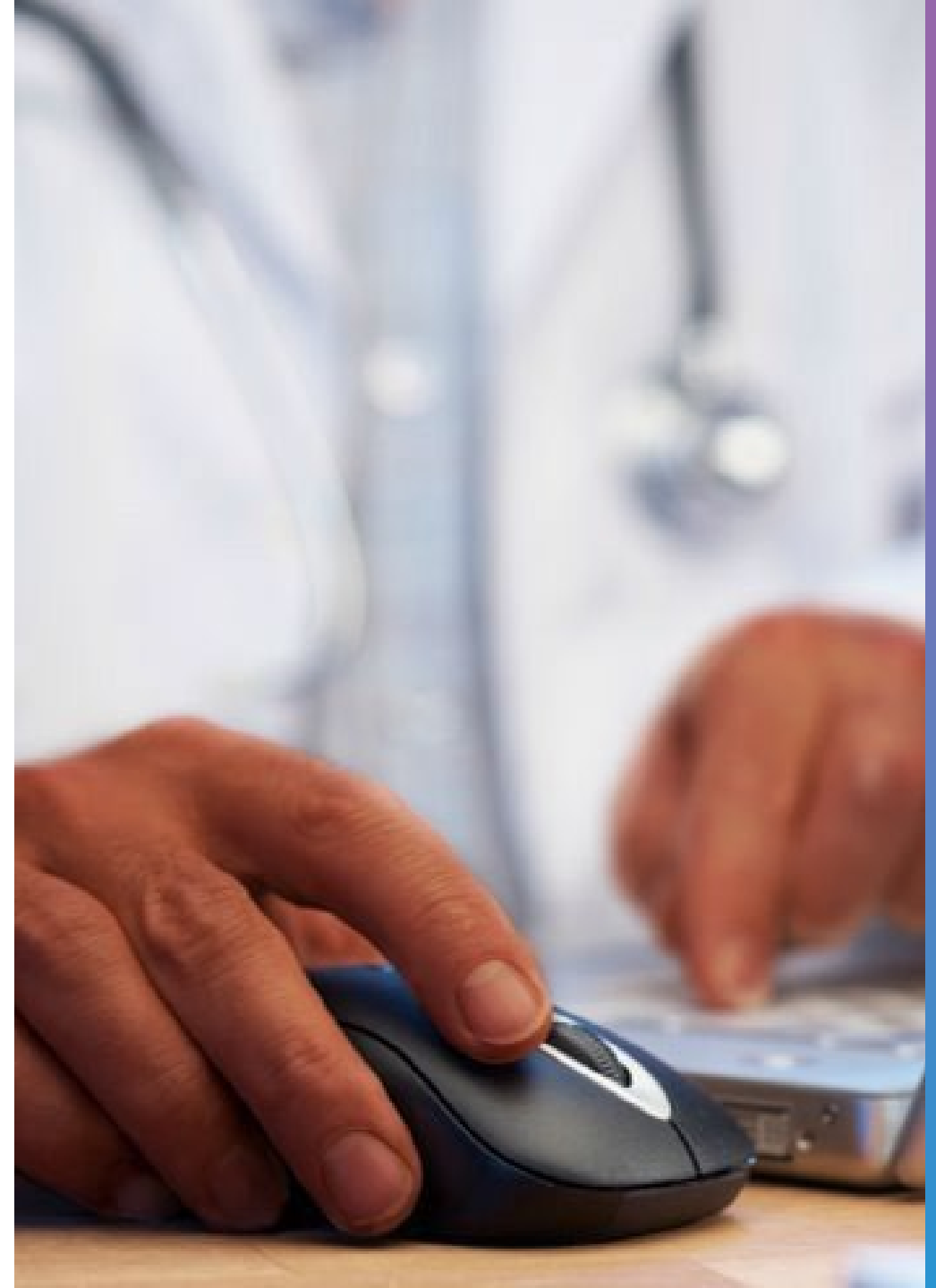
1: Discussion Forum

- ▶ An online discussion forum moderated by addiction specialists where health professionals can post questions and receive answers from clinical experts and other colleagues.

 [Register here at no cost!](#)



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



2: Ask a Clinical Question

- ▶ A simple and direct way to receive an answer related to Substance Use Disorder, Opioid Use Disorder, and other related topics. Designed to provide a prompt response to clinical questions via email.



[Submit your clinical question](#)



For more information visit:

<https://pcssNOW.org/mentoring/>



3: One-on-One Mentoring

- ▶ Provides individualized, one-on-one guidance via email, phone, or in-person (if feasible), to discuss specific clinical issues. Members are “matched up” with one of our mentors in their region. This is the most in-depth of the three PCSS-MOUD mentoring tools. Please contact pcssmentoring@aaap.org to receive a mentor request form.



[Browse our Mentors](#)



For more information visit:

<https://pcssNOW.org/mentoring/>



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