

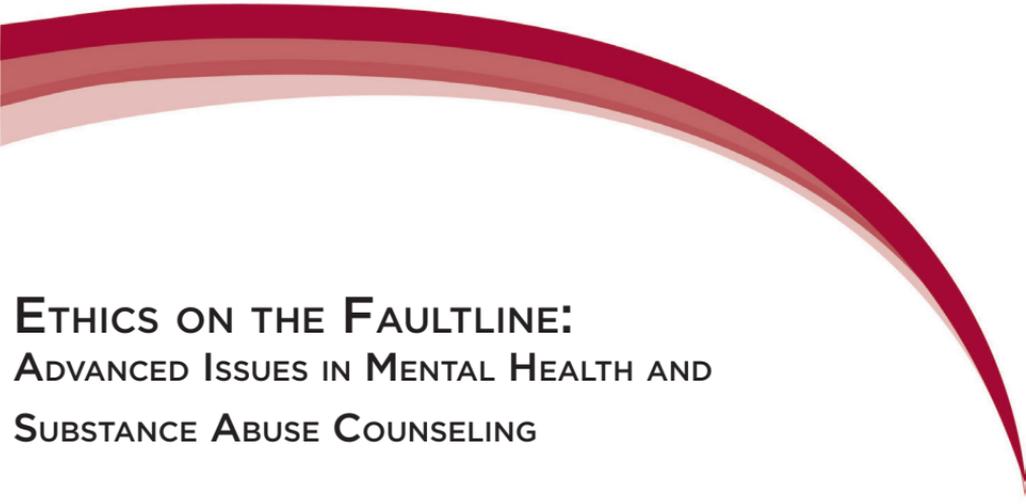
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**ETHICS ON THE FAULTLINE:
ADVANCED ISSUES IN MENTAL HEALTH AND
SUBSTANCE ABUSE COUNSELING**

WITH PEGGY KEILHOLZ, ACSW, CASAC

CENTER FOR PREVENTION, OUTREACH, AND PROFESSIONAL EDUCATION

Summary

Ethical issues and dilemmas challenge the practitioner. What are the guiding principles that inform ethical decision-making? How do the codes of ethics under which clinicians practice fit with the guiding principles?

In this program, Peggy Keilholz expands upon the information given in her previous MIMH Training DVD, Frontline Ethics, by further examining the methods professionals use to resolve complicated ethical dilemmas and providing specific examples.

Presenter

Peggy Keilholz, ACSW, CASAC, is a Licensed Clinical Social Worker and a Certified Advanced Substance Abuse Counselor here in Missouri. She is a member of the Academy of Certified Social Workers, a Clinical member of American Association for Marriage and Family Therapy and an AAMFT approved supervisor. In addition to maintaining a private practice in individual, couples, and family therapy, Peggy teaches part time in the Family Therapy Specialization at the George Warren Brown School of Social Work at Washington University in St. Louis. She is the past President of the St. Louis Association for Marriage and Family Therapy. From 2005 to 2007 she served as Ethics Chair for the Missouri Association for Marriage and Family Therapy. During her years in practice Peggy has worked with numerous individuals and families coping with alcoholism and drug addiction and chronic mental and physical conditions. She presented numerous workshops on Social Work Ethics. Peggy has received her Bachelor of Arts in Biology from Fontbonne College, a Master of Arts in Religion and Education from St. Louis University and a Master of Social Work from Washington University in St. Louis.

Contact Hour

The University of Missouri, Missouri Institute of Mental Health will be responsible for this program and will maintain a record of your continuing education credits earned. MIMH will award 1 clock hour or 1.2 contact hours (.1 CEU) for this program.

MIMH credit will fulfill Clinical Social Work, Counselor and Psychologist licensure requirements in the State of Missouri. Attendees with licensure from other states are responsible for seeking appropriate continuing education credit, from their respective boards for completing this program.

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Glossary

Ethics - the discipline that deals with what is good and bad and with moral duty and obligation; one of the branches of philosophy; “moral philosophy”

Code of Ethics - A code that outlines the core values of a profession

Ethical Dilemma - a situation in which there are two or more good reasons to make two or more reasonable decisions

Template - a systematic method of reviewing an ethical dilemma

Transcript

T: Thom Pancella

P: Peggy Keilholz

Thom Pancella: Hello, and welcome to this MIMH Training.com presentation called “Ethics on the Fault Line - Advanced Issues in Mental Health and Substance Abuse Counseling.” I’m Thom Pancella, with the Missouri Institute of Mental Health. Thanks for joining us today.

I’m pleased to reintroduce to our audience Peggy Keilholz. Peggy is a licensed clinical social worker and a Certified Advanced Substance Abuse Counselor in Missouri. She is a member of the Academy of Certified Social Workers and a Clinical Member of the American Association for Marriage and Family Therapy, and an AAMFD Approved Supervisor.

In addition to maintaining a private practice in individual, couples, and family therapy, Peggy teaches part-time in the Family Therapy Specialization at the Brown School of Social Work at Washington University. She is a past President of St. Louis Association for Marriage and Family Therapy. From 2005 to 2007, she served as the Ethics Chair for the Missouri Association for Marriage and Family Therapy, and during her now twenty-five years in practice, Peggy has worked with numerous individuals and families coping with alcoholism, and drug addiction, and chronic mental and physical conditions. She has presented numerous workshops on social work ethics. She received her Master of Arts in Religion and Education from St. Louis University, and a Master of Social Work from Washington University in St. Louis. Peggy, thanks again for joining us.

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Peggy Keilholz: I'm very pleased to do so, Thom.

T: Let's start with the title "Ethics on the Fault Line." Why Ethics on the Fault Line?

P: Well, that title was inspired by the first workshop that I did last April in St. Louis on Front Line Ethics. That morning of that workshop around 4:30, all of us in the St. Louis area were roused by an earthquake. So, that was kind of an auspicious beginning to the workshop on Front Line Ethics. When I was thinking about what to call the next workshop that would build on Front Line Ethics I thought, that would be a good title, Ethics on the Fault Line. Why that? Well, because we're looking at issues that are more complicated and difficult and they may shake us up, in terms of how we feel about them or leave us feeling queasy as to whether or not the course of action that we have followed was what we might call, "the right one."

Of course that's the difficulty with ethics. Aside from the strict prohibition in all ethic codes to not have sex with one's client, ethics is really a lot of gray and it's about making decisions. We can define an ethical dilemma as a situation in which I have two or more reasons for making two or more reasonable decisions about something, and in that process one of the ethical principles is going to be compromised. So, there is no way to do it in what we might call "right." In other words, ethics for the most part, is not a black and white matter. There is a lot of gray area involved in that.

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T: So, what would be the purpose of the “Code of Ethics” then?

P: Well, I think the National Association of Social Workers Code of Ethics, probably says it best and would say it for many of the professions, if not all of them, and that is a Code of Ethics allows a profession to identify what they consider to be the core values of the profession; for example, in social work some of those core values are service, justice, the dignity and worth of the person, the importance of human relationships. Those are just some of them. It’s summarizes principles that reflect those core values. So coming out of those core values a profession can talk about what it considers its principles that flow from that. Then, from the principles flow the actual code itself.

The code establishes specific standards to guide practice. A lot of times practices indeed can be complicated or these gray areas. So a code stands there as a way to really help the practitioner kind of make a decision about which way to go in a case where it’s not necessarily so clear or obvious.

The code also identifies the relevant issues when there are those times when professional obligations conflict or ethical uncertainties are present and that can happen. So the code really helps the practitioner to kind of work his or her way through that and come to a decision.

The other purpose of a code is to give the general public standards

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to which they can hold the profession accountable. So, for example, if we take the NASW Code of Ethics, anybody can visit the website, www.socialworkers.org, and look up the Code of Ethics and find out what social workers are at least supposed to be doing in the eyes of one of the major professional organizations. And most other organizations if you visit the American Psychological Association, the American Counseling Association, you would also have access to their codes of ethics.

Another purpose is to socialize practitioners new to the field. The interesting thing about all of the professions whether you're a doctor, a nurse, a teacher, an attorney, a social worker, a counselor... professionals all have their very first time to do something. There's no way to become that without having your first time. So, the whole process is really one of becoming a professional, not just practicing, because a profession really involves the whole person, not just something I do on the side as a kind of a side light to my life, but it is really something that I integrate into my whole life; not in the sense that I'm going to practice on my family or friends but that how I comport myself in public corresponds with the way that I hold myself out as a professional person; because, this is public information that people can find out that I'm a Licensed Clinical Social Worker they can visit the state website and look up my license and find that information out.

So, we want to help those who are new to the field, those just graduating from school with either their Bachelor's of Social Work, or

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Th “E” stands for Examine, the “T” for Think, the “H” for Hypothesize, the “I,” Identify, and “C,” Consult.

Master’s of Social Work to learn what it means to be a social worker. Then, the code articulates the ethical standards to assess practitioners’ conduct. In other words, the profession as a body establishes its own Code of Ethics, so there is some variation from profession to profession; for example, the Substance Abuse professionals in Missouri, our Code of Ethics is very short. It’s on an 8 ½” x 11” piece of paper and has thirteen points. The NASW Code of Ethics is twenty pages or more. The Psychologist Code of Ethics is lengthy. Probably reflecting the length of time those professions have been around because I noticed that the longer the profession exists the more complicated its Code of Ethics becomes, and that is due to the profession reflecting on its experience and practice, and then, deciding on principles and standards by which to guide those people who are coming into the field.

So, if a professional violates the Code of Ethics in some way the profession already has in place the standard, and that’s a whole process that the professions go through, it’s not one person doing it, it is usually a very comprehensive process to arrive at those standards.

T: Now, you have referred in the past to template. What is a template?

P: A template is a way of going about a process of ethical reasoning. Since the Code of Ethics are not filled with a lot of prohibitions

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there has to be some way of approaching an ethical dilemma and reasoning my way through that. So, one way to do that is to have laid out the process in what we call a template, in other words, a systematic way of reviewing the ethical dilemma. I happen to be particularly fond of one that Elaine Congress developed and the Brown School reprinted in its Practicum Newsletter several years ago, and that's called the Ethic Template. It takes the word "ethic" and uses it as an acronym, which is helpful. Then, I don't have to go running to the literature to try to figure this out. All I have to do is remember Ethic. So this is what the letters stand for:

So, this allows me to go through this process. And what am I going to examine that "E" part. What am I examining? I really examine values and there are five different areas of values that I would take a look at; for example, personal, societal, agency, client, and professional, and that's really a brainstorming kind of step. Just kind of off the top of my head "okay what are the values that I hold? What about the organization I work for? What about society, the client, the profession?" and so on.

The "Think" asks me to think about what ethical standard applies in this particular case that I'm thinking about. So, I would actually look at the Code of Ethics and see what does it have to say about this particular matter.

The "H" stands for hypothesize and there, "What I am hypothesizing about are the possible consequences of different decisions? If I go

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this way what might happen, if I go this way what might happen?”

The “I” identify stands for Identifying who will be helped and who will be harmed in light of, in this case we will say, social works’ commitment to those who are most vulnerable. Now, other professions might not have that caveat on the end, but social work particularly looks at people who are very vulnerable. So, I want to think about that. Identify who is going to be helped, who’s going to be harmed in light of this decision.

The “C” Consult the first line of consultation is with one’s supervisor. Now, people who are in private practice or have been practicing for a lot of years, they may not have a supervisor, but its extremely beneficial to have colleagues with whom one can consult, and to be doing that on a regular basis, not just when an emergency comes up.

So, let me just give you an idea of how the template might be used. This is a vignette that is drawn from the booklet put out by NASW, it’s called, Current Controversies in Social Work Ethics Case Examples. So, they give you various examples, and then refer to the specific areas of the code that apply and then have a commentary on that.

So, this is a case where there’s a multi-family service agency that’s had a successful substance abuse treatment program for 25 years. So, the Board of Directors and a Committee of Staff are working to plan an anniversary celebration, okay? So now, the purpose of

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this will be to interpret their services to the larger community that's available and of course coming from that is the possibility of recruiting clients, and of getting favorable publicity to launch a new fundraising drive. Who can't always use money?, as this particular agency is expanding.

Now, because there are so many positive outcomes of service delivery, the agency wants to contact all former clients for whom they still have valid addresses to invite them to provide testimony regarding services and to participate in the festivities. Now, interestingly enough, so if we would begin with the "E" we would examine the values and just run through that brainstorming. When we get to the "Think" about the Code of Ethics, in the NASW Code of Ethics, believe it or not, there's a section that addresses this. This is the effect of experience over the years. So, we would go to that part of the Code of Ethics and see what this has to say. Well, there is a section 4.07 that talks about solicitation and there are two parts to it. One, is that social workers should not engage in uninvited solicitations of potential clients because of their circumstances are vulnerable to undue influence, manipulation, or coercion. So, that's one piece of it.

But, the second part really pertains to this particular dilemma of the agency that wants to contact its former clients. This part of the code says "social workers should not engage in solicitation of testimonial endorsements including solicitation of consent to use a client's prior statement as a testimonial endorsement from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence."

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So what sets up the dilemma here is the use of the word “current” and the fact that this is a substance abuse treatment program. So, certainly within the context of the community, an agency or organization that delivers good service is providing a service to the community. And I know that there are a number of people in the substance abuse treatment field who really believe that the idea that treatment works gets very little coverage, that very often what people are focusing on are the headlines in the newspaper where somebody who is drunk killed somebody on the highway. But there’s very little front page news that says “ohhh over 25 years this many people have been helped and are in recovery!” So that’s one piece of it. Certainly, it’s clear that they would not get these testimonials from current clients. There’s a prohibition. This question revolves around what about the former clients? Are they still in a vulnerable position? When I think about substance abuse treatment, that person might be... they might have entered treatment there with not many people knowing that they had that problem.

So, if they are invited to come out now and to do that, they might be being invited to disclose something that they really would rather not disclose. And even though a person might give their consent, this is where it gets tricky; because if let’s say that I received service from you. There may be a part of me that feels a kind of an obligation to you. Okay, you did a nice thing for me, maybe I should do this for you. Well, we really aren’t equals, even though I have finished treatment. In order to have that kind of a relationship we need to be equals but there’s something about this that says I’m really not. The

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other difficulty, this is one that I have just personally with soliciting from somebody who's a former client of alcohol or drug treatment program is the problem of relapse. Alcoholism and drug addiction are prone to relapse and this could inadvertently have an unintended opposite effect if one of these clients would appear in something publicizing this treatment program and then later relapse. So, what then would it say?

So, this is where it all kind of gets tricky and you need that process to sort this out.

T: I think it's interesting because I do hear commercials even for treatment programs that are setup with family members or other people who have been through the program, or who are currently in programs. Does that speak to that as well?

P: Yes, it does. In fact I was at a national conference last year, and I had gotten a pretty glitzy brochure about a treatment program for adolescents in another state, and this particular organization had its booth set up at this national conference, and so I went by because when I got the brochure I went through it with a fine tooth comb to find a disclaimer that these were not clients used in this brochure. I didn't find that disclaimer. So, I went up to the person in the booth and I said "Please tell me that these are not actual clients in your brochure?" and the answer was "Well, yes some of them were!" Now, to me that's problematic. Especially if we're talking about young people or really any person, we cannot see into the future in terms of what somebody might choose to do in terms of a profession or how they live their lives and especially somebody who might be interested later

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on in going into the public sphere... let's say political office or something like that. So, I'm just, this is me personally, I'm very rigid on holding the confidentiality of clients. It seems to me there is another way to produce a brochure or an article and that is to let people stand in and then make that disclaimer, and I have certainly seen that for other treatment programs, where there would be a nice article about the treatment program and what it does, and they show pictures of people in groups and so forth, and there's a disclaimer at the end that says, "none of the people shown in these photographs are clients."

T: Do you think that is as effective?

P: Well, apparently some Boards of Directors and agencies don't think so. For some reason they want people to see real clients, but if you're looking at it from the perspective of a client, I think the client might be more inclined to go to some place where they know their privacy is going to be protected, rather than someplace that doesn't care about them. Whether or not, which is most effective, I don't know. Probably most people are looking at those pictures and they are not looking for the disclaimer, like I am. That's my own particular thing. I have to watch out that I won't become the ethics police.

T: Well, that's an interesting point to because it's the "what do you do with it" that I think that comes into play then. You have faced a situation like this or you are immersed in a situation like this, what is it that you do with that situation?

P: That's of course, the process of ethical decision making. And here

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where you have an agency and this does become more complicated ethical reasoning because let say on this agency we have a multi-disciplinary staff and each of those disciplines has a different code of ethics. So, they may not have a section in their code, like the one in the NASW Code, you have a Board of Directors generally those are lay people in the sense that they are not professionals delivering services, they may be a head of a company or another program in a community. So they are not really bound to follow that Code of Ethics. What they are there to do is to promote the agency, and if they cannot raise money and build a new facility or have funds they could be out of business, or have to limit their services, that's what makes this such a dilemma.

T: I think it also makes it a dilemma that you touched on earlier is that people are of different disciplines. You talked about “No, this is a substance abuse treatment,” but you're kind of addressing it from the social worker's perspective and saying “this is more or less clearly defined in the social worker's code of ethics, but not necessarily as much in the substance abuse.”

P: Yes, because if I look at the Missouri Substance Abuse Professional Code of Ethics it doesn't say anything about that in there. The other thing the application of ethics is also very context dependent. Some issues that would be more easily resolved in an urban area, like the Metropolitan St. Louis area, might not be necessarily so easily resolved in outstate Missouri, or in rural communities where services are limited, or the treatment staff is involved perhaps in recovery themselves and they go to let's say AA meetings in the community

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and their clients are at those same meetings. So, it gets more complicated as you move into areas where there are fewer people.

T: Can you give us some more examples? Some of your favorite stories?

P: Yes, this is one is not as complicated, this one is fairly clear cut and I pulled this one from Fred Reimer's book on Social Work Ethics and looking at the NASW Code. This is a case where a person, a woman, obtains her MSW her Master of Social Work after she's obtained a Doctorate in Biology. So she's making a career change. After she's received her degree in social work, she was hired as a case worker in a family services agency, and then later started a private practice.

So, in her marketing materials and on her letterhead, the social worker listed herself as doctor or PhD, and referred to herself as a doctor in conversations with clients and others. So, the problem here is that you have to represent yourself accurately. This one is really not so much a dilemma as an ethical issue that needs to be resolved with this person. You hold out as your credential the one which allows you to practice. PhD's in biology do not deliver therapy services, unless they have an MSW and are trained to do that. So it's not the doctorate that is the practiced degree here, it's the MSW. So she really has to withhold the information about the PhD because it's irrelevant to the practice.

Now, somebody who has an MSW and then goes on for a PhD,

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for example in social work or marriage and family therapy those are practiced degrees. That person can fairly represent themselves as having a doctorate and call themselves doctor with no problem because they are actually qualified to practice with those degrees; but just because I have a degree in another field doesn't mean that I can call myself that. I can use myself as an example because you mentioned at the beginning, I have a Master of Arts in Religion and Education from St. Louis University. That's just information; that's not a practice degree, at least not for therapy. It qualifies me because of its components of both religion and education to maybe do some things in my parish and it helped me as a teacher because of the education part of it, but, I don't represent to my clients that I have that degree because that's not the degree under which I'm practicing, so I don't put that diploma on the wall. It's not relevant to the work that I'm actually engaged in now.

T: It sounds like the stories could go on and on because the approaches are so gray.

P: Yes, they are. The stories could go on and I also, though, when you asked me a question like that, I have to pause because of the stories I know, because of the community and how the material that we're producing here will be used. I need to protect the confidentiality of people and if I haven't given it sufficient thought or obtained somebody's permission then I really can't use it.

T: Earlier you talked about people's supervisors being kind of the front line defense against this stuff, what are some resources that we

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can hook people up with?

P: Well, it's interesting in social work the state committee that licenses the social workers are following upon a change in the law is now going to require supervisors to have at least, I believe, at least 16 continuing education hours in supervision. So, the supervisor is in a very key role in this process of inducting people into the profession. So, certainly the continuing education offerings that are around and I can get that as a social worker let's say when I go to the NASW Missouri Chapter Annual Conference there are various workshops there on different issues. It's really important to me to be a member of my professional organization. There's a benefit to that aside from being able to pay a reasonable amount for malpractice insurance because we're pooled together. As a member, I can do an ethics consultation with NASW, that's a member benefit. They have an 800 number to call, they have hours of operation and I can call and talk to somebody there. The thing that I need to understand about any kind of ethics consultation is they are not going to tell me what to do. Whether that's a colleague or a supervisor or a somebody at the national office they are going to help me with the process of reasoning and working my way through a dilemma and I think that's an important element to keep in mind, that when we're talking about ethics and the application of codes of ethics, we're talking about a process and that's what I'm responsible for.

If you call into question a decision that I've made I have to be able to explain how I got to that position. And I better be able to say well I did this, and this, and this, and this and certainly if I followed a tem

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plate I can say “well this is what I did.” Now, somebody may disagree with the decision that I came to but they’re going to have a hard time disagreeing with my process, particularly if I followed that whole process through beginning to end.

T: Do substance abuse counselors have similar resources?

P: They, I think, can contact their professional credentialing board and I know they also have now a requirement to have so many hours in substance abuse ethics. I remember when I first took my certification there I had to have a certain number of hours, I forget now how many it was, specifically in ethics as related to substance abuse counseling. Another part of ethical reasoning is looking at State and Federal laws and State and Federal regulations. I just had this conversation recently with someone over somebody receiving service under an EAP and alcoholism being involved, and I said to the person “Well, you need to understand that there are Federal regulations which are very stringent that govern the disclosure of information regarding alcohol and drug treatment. So that needs to be part of your process as well. You can’t just disclose information. You have to look at a number of things. What’s the contract? Who made the referral? What’s the expectation? Are releases been signed? and so forth.’

My understanding is that it was very important for when the Federal laws were first past about relating to treatment for alcohol and drugs that there be sufficient protection so that people would not be discouraged from seeking treatment. That’s why those are more

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stringent provisions than might exist on the State or local level. I wish I had more knowledge about where substance abuse counselors could call, but I would start with the state credentialing body and ask what they would recommend if somebody is really faced with that dilemma. Of course, their own agency or treatment center would be another line or avenue of looking at resolving an ethical dilemma.

T: Thank you for your time and your expertise once again, Peggy. We appreciate it.

P: You're welcome!

T: And thank you for joining us today. If you would like continuing education credit for this program and are watching online, click on the post test link and take the post test. Once you pass you will be able to print your certificate from your computer. If you're watching on a DVD, you should have received a booklet with the post-test and CEU application included. If you do not have this booklet, please contact us at feedback@mimhtraining.com. If you've ideas for topics, or speakers that you would like to see in this or any other program format please contact us at feedback@mimhtraining.com.

We encourage you to look through the references provided either online or in your DVD booklet to explore this topic in greater detail. Most of the training that we provide at the Missouri Institute of Mental Health is advertised only by e-mail. Please encourage your colleagues and anyone else you think might benefit from youth programs to join our e-mail list. You can join through our website, at www.mimhtraining.com.

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