

ETHICAL ISSUES IN CRISIS RESPONSE



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***“The important thing is-
not to stop questioning.”***

-Albert Einstein

What Today's Training Is NOT:

- NOT an overview of HIPPA
- NOT a review of various professional association ethical codes of conduct
- NOT a set of regulations or statutes
- NOT DMHAS “policy”

What Today's Training IS:

- An invitation to think critically about professional ethics
- An opportunity to examine personal ethical philosophies/beliefs
- A series of structured approaches and practical strategies for examining how we use ethics in our practice



Today's Training Goals:

- ❖ Participants will identify similarities and differences among the related concepts of ethics, morality and virtue
- ❖ Participants will identify potential areas of ethical conflict in crisis intervention work
- ❖ Participants will have an opportunity for case and peer consultation

- Disaster behavioral health is the provision of mental health services, substance abuse, and stress management services to disaster survivors and responders.
- NJ Disaster Response Crisis Counselors (DRCC) provide disaster behavioral health services to disaster survivors and responders.



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Consider the ethical implications of each of the following basic principles of effective disaster response...

Key Aspects of Disaster and Crisis Response

(Myers & Wee, 2005)

- No one who sees a disaster is untouched by it
- There are two types of disaster trauma
 - Individual
 - Collective
- Most people pull together and function during and after a disaster, but their effectiveness may be diminished

Key Aspects of Disaster and Crisis Response

- Many disaster reactions are normal reactions to abnormal events
- Psychological reactions to disasters MAY cause serious psychological impairment
 - US data: Of 60,000 disaster victims studied between 1981-2001, 11% of the sample had minimal impairment, 51% had moderate impairment, 21% had severe impairment, 18% had very severe impairment (Norris, 2002)

Key Aspects of Disaster and Crisis Response

- International data: 20-40% mild psychological distress, 30-50% moderate to severe distress, 20% with mild to moderate mental disorders, 3-4% with severe mental disorders (WHO, 2005; World Mental Health Survey 2000 data)
- Many emotional reactions of disaster survivors stem from problems of living caused by the disaster
- Disaster relief procedures have been called “the second disaster”

Key Aspects of Disaster and Crisis Response

- Most people do not see themselves as needing mental health services and do not seek out services
- Disaster survivors may reject assistance of ALL types
- Disaster mental health assistance is often more “*practical*” than *psychological* in nature
- Disaster mental health services must be uniquely tailored to the communities they serve

Key Aspects of Disaster and Crisis Response

- Mental health approaches require setting aside traditional approaches and focusing on active outreach approaches to intervention
- Survivors respond to active interest, concern and compassion
- Interventions must be phase-appropriate
- Support systems are critical to recovery
- Emerging evidence for role of self-efficacy



Ethics, Morality and Virtue

- Similar concepts, different interpretations according to field of study
- All play a role in crisis response
- All call for professional consideration and personal action

Ethics Definitions

- As an Academic Discipline:

“The branch of philosophy that deals with the general nature of good and bad and the specific moral obligations of and choices to be made by the individual in his relationship with others.” (American Heritage Dictionary).

- As Applied:

“Ethics refers to standards of conduct, standards that indicate how one should behave based on moral duties and virtues, which themselves are derived from principles of right and wrong.” (Josephson Institute on Ethics)

- Professional Ethics:

“The rules or standards governing conduct, esp. of the members of a profession.” (American Heritage Dictionary)

Ethics

- Various definitions:
 - Study of right and wrong conduct
 - Focus on *moral situations*: those situations in which there is a choice of behavior involving human values
- Involves two aspects:
 - Normative – answers specific moral questions about what people “should” believe or do
 - Meta-ethics – examines the ethical systems themselves to appraise their logical foundations

Morality

- “Doing good”
- Focuses on the intention of the actor (good vs. bad)
- Often not addressed in standard mental health practice, which has historically focused on neutrality and moral relativism

Virtue

- “Doing right”
- Focuses on the consequences of the action, as well as qualities/attributes of the actor
- Reflects aspirations of the individual or group

“In law a man is guilty when he violates the rights of others. In ethics he is guilty if he only thinks of doing so”

Immanuel Kant

Evolution of Ethical Analysis

- The role of the majority – what most people believe is right is what is right
- The role of feelings – what each person feels is right is what is right
- The role of conscience – what each person's conscience dictates is right is what is right
- The role of cultural relativism – each culture defines what is right and what is wrong



What is *problematic* about each of these approaches?

- Majority view –
- Feelings view –
- Conscience view –
- Cultural view -



Ethics in Psychosocial Response

- Careful discernment and balance among three aspects of intervention:
 - What is “good”
 - What is “right”
 - What is best for whom in which situation

. . . . *Practical wisdom*

Video:

“When The Levees Broke”

– Spike Lee

Our Moral Community: Focus on Vulnerable Populations

Myth: Disasters kill people without respect for social class or economic status

Reality: The poor and marginalized are much more at risk of death than are economically stable people

Factors Increasing Social Vulnerability

- Race
- Age
- Gender
- Disability
- Illegal residency
- Substance abuse
- Homelessness
- Language barriers
- Social class
- Income disparity
- Foreign birth
- Domestic violence
- Mental illness
- Literacy



Social Inequity:

From Disaster to Catastrophe

- Population security is essential for a society that is fully prepared to withstand disaster and is able to bounce back after disaster strikes.
- Existing social inequities make our population more vulnerable to disaster impacts, thereby creating conditions that allow disaster to morph into catastrophe.

Population Security

Many social and economic factors make the population more resilient:

- Housing security
- Food security
- Health security
- Access to education
- Access to credit
- Job security
- Participation in the democratic process
- Etc.



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NASW Code of Ethics: Core Values

- Service
- Social justice
- Dignity and the worth of the person
- Importance of human relationships
- Integrity
- Competence

Ethical Issues: Survivors

- **Commitment to clients** – balance with avoiding dependence
- **Self-determination** – balance with acknowledging impairment in judgment
- **Physical contact** – balance with need for human contact
- **Survivors who lack decision-making capacity** – balance with promoting empowerment

Ethical Issues: Survivors

- Confidentiality – disaster settings rarely allow for “privileged communication”
- Duty to protect/warn – dealing with despair in desperate circumstances
- Professional responsibility – at what point does a disaster survivor become a client?

Ethical Issues: Survivors

- Cultural awareness
 - Understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
 - Understand that rigid adherence to abstract ethical principles may result in poor outcomes in certain cultural groups

Ethical Issues: Survivors

- Conflicts of interest – avoiding multiple relationships
- Payment for services – prohibited as part of volunteer response
- Interruption/Termination of services – difficulties in making appropriate referrals





Activity:

DRCC Ethical Dilemmas

- Break into groups and discuss the assigned DRCC ethical dilemma scenerios
- Return to larger group for discussion



Ethical Issues: Professional Responsibilities

- Professional Competence
 - Maintain current knowledge of research and best practices standards
 - Appropriate Education/Training
 - Supervision/Consultation



Ethical Issues: Professional Responsibilities

- Misrepresentation – avoid practicing outside/beyond level of competence
- Solicitations – must be avoided in volunteer settings
- Private conduct – need to be aware of implications for public service
- Acknowledging credit – in research, public dissemination of information, etc.



Ethical Issues: Professional Responsibilities

- **BOUNDARIES:**

- What's appropriate/inappropriate?

- How do we decide?/ How do we know?

Home-based and community-based interventions require a higher level of supervision.



Ethical Issues in Crisis Response

What issues and/or dilemmas have you encountered in your work?



Ethical Issues: Professional Responsibilities

SELF-CARE:

Ethical professionals are engaged individuals who show compassion toward others AND themselves.



Self Care

- On a typical day
- How do you take care of yourself?
- Handle stress?
- Deal with frustration?

Ethical Issues: Colleagues

- Respect for differences – cultural, professional discipline, etc.
- Collaboration
- Disputes
- Consultation
- Impairment of colleagues – obligation to address
- Incompetence of colleagues – obligation to address
- Unethical conduct of colleagues – obligation to address



Ethical Issues: Program Management

- Communication strategies
 - Telephone crisis counseling
 - Email/Internet counseling
- Scaling of programs
 - What worked well as a pilot may be a vastly different experience as a large-scale program



Ethical Issues: Program Management

- Research and program evaluation
 - Not just for academics
 - Contrary to what many crisis counselor fear/believe, often greatly appreciated by disaster survivors: we are asking THEM what works
- Information may often be unavailable, unreliable and the professional must determine how to impart information while balancing the “duty to care” obligation

The Evaluation Test

Two standards:

- 1) Could the action impair the professional's objectivity, competence, or effectiveness?
- 2) Does the action risk harm or exploitation to the individual/family/group/community?

(From American Psychological Association Ethical Code of Conduct, Standard 3.05)

Effective Risk Management

- Know the state's relevant laws, regulations, statutes
 - duty to protect/warn
 - child/elder abuse reporting
- Maintain your responsibility within community standards
- Maintain competence through professional education

Effective Risk Management

- Be knowledgeable of your professional association's particular ethical code of conduct
- Ignorance of the law and standards is not a defense
- Consult, consult, consult

Effective Risk Management

- Promote protective cultural norms
 - Interdependence and interconnectedness
 - Knowledge and skills
 - Positive attitude toward help-seeking
 - Understanding signs and symptoms of mental distress

Specific Issues for Supervisors

- Guarding the “duty to care” obligation and protecting clients
- Managing the power inherent in the supervisory relationship
- Protecting yourself from feeling overwhelmed by compassion fatigue

Specific Issues for Supervisors

- Managing differences in values, cultures, etc.
- Managing the multiplicity of supervisory relationships
- Imposing quality control measures while providing support
- Maintaining boundaries



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Applying Ethics During Disaster Response

A pre-determined framework for ethical decision-making is essential for optimal outcome during disaster response

Review our Disaster Ethics

The Certification Board Inc. ETHICAL STANDARDS FOR DISASTER RESPONSE CRISIS COUNSELOR

The Certification Board, Inc. wishes to thank the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) for the development of these Ethical Standards and for permission to use this amended version.



Ethical Standards ACTIVITY

- Break into groups and review assigned principle (11 principles)
- How/Why does your principle relate to our DRCC ethics?

Ten Important Values To Guide Ethical Decision-Making

- 1) Individual liberty
- 2) Protection of the public from harm
- 3) Proportionality
- 4) Privacy
- 5) Duty to provide care

Ten Important Values To Guide Ethical Decision-Making

6) Reciprocity

7) Equity

8) Trust

9) Solidarity

10) Stewardship

Five Procedural Values To Guide Ethical Decision-Making

- 1) Reasonable
- 2) Open and transparent
- 3) Inclusive
- 4) Responsive
- 5) Accountable

Video:

“The Boat Lift” - Tom Hanks

Lessons Learned:

- Those most in need of help are those who are most difficult to reach.
- People benefit most if they want to be helped.
- Working in disaster relief may generate symptoms of stress.

Lessons Learned:

- One may face ethical dilemmas in disaster relief that one has never faced before
- Official responses to disasters may be chaotic and potentially harmful. Caregivers need to be alert to the quality of information they are given and what they impart to survivors.
- The rewards, despite the costs (or perhaps because of the costs) are incalculable.

“Courage is the most important of all virtues because without courage, you cannot practice any other virtue consistently.”

-Maya Angelou

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For more information . . .

New Jersey Division of Mental Health and Addiction Services Disaster & Terrorism Branch

Disaster Mental Health Help Line 877-294-HELP

<http://www.state.nj.us/humanservices/dmhas/home/disaster/>



*THANK
YOU!*

The Certification Board, Inc.
ETHICAL STANDARDS FOR
DISASTER RESPONSE CRISIS COUNSELOR

The Certification Board, Inc. wishes to thank the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) for the development of these Ethical Standards and for permission to use this amended version.

Specific Principles

Principle 1: Non Discrimination

The Disaster Response Crisis Counselor (here-in-after referred to as the DRCC) shall not discriminate against service recipients based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- A. The DRCC shall avoid bringing personal or professional issues into the crisis counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the DRCC guards the individual rights and personal dignity of service recipients.
- B. The DRCC shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with service recipients, and endeavor to make available physical, sensory and cognitive accommodations that allow service recipients to receive services.

Principle 2: Responsibility

The DRCC shall espouse objectivity and integrity, and maintain the highest standards in the services the DRCC offers.

- A. The DRCC shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the service recipient.
- B. The DRCC, as educator, has a primary obligation to help others acquire knowledge and skills in the dealing of psychosocial issues related to disaster response.
- C. The DRCC who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, and constructive consultation.
- D. The DRCC who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

- E. The DRCC shall report any legal or ethical complaint filed against them.
- F. The DRCC shall report any medical/legal issue that may impair their ability to function as a mental health responder.

Principle 3: Competency

The DRCC shall recognize that this specialty is founded on national best practice training, recommendations which promote the best interest of society, and of the culture of the service recipient. The DRCC shall recognize the need for ongoing education as a component of competency.

- A. The DRCC shall recognize boundaries and limitations of his/her competencies and not offer services or use techniques outside of these competencies.
- B. The DRCC shall recognize the effect of impairment on performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The DRCC shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards

The DRCC shall uphold the legal and accepted moral codes which pertain to crisis counselor conduct.

- A. The DRCC shall be fully cognizant of all federal and New Jersey laws governing the practice of alcoholism and drug abuse counseling.
- B. The DRCC shall not claim either directly or by implication, professional qualifications/affiliations that he/she does not possess.
- C. The DRCC shall ensure that products or services associated with or provided by the DRCC or means of teaching, demonstration, publications or other types of media meet the ethical standards of this code, under the sanction standards of the Division of Mental Health Services/ Department of Human Services.

Principle 5: Public Statements

The DRCC shall respect the limits of present knowledge in public statements.

- A. The DRCC, in making statements to service recipients, other professionals, and the general public shall state as fact only those matters that have been empirically validated as fact. All other opinions, speculations, and conjecture concerning the nature of trauma, disaster, and crisis response, its treatment or any other matters that touch on the subject of trauma, disaster, and crisis response must be evidence based.

- B. The DRCC shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of trauma, disaster and crisis response. Such acknowledgement should extend to the source of the information and reliability of the method by which it was derived.
- C. The DRCC shall not make any statements to any member of the media or press regarding their professional activities as a DRCC. If requests for statements to the media are made of the DRCC, the DRCC shall immediately forward that request to the Director of the Disaster and Terrorism Branch within the New Jersey Division of Mental Health Services, and inform the media representative that he/she cannot make any public statements, but the request for such has been forwarded to the appropriate department.

Principle 6: Publication Credit

The DRCC shall assign the credit to all who have contributed to the published material and for the work upon which the publication is based.

- A. The DRCC shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.
- B. The DRCC shall acknowledge in footnotes or in an introductory statement, minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.
- C. The DRCC shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

Principle 7: Service Recipient Protection

The DRCC shall promote the production of the public health, safety and welfare and the best interest of the service recipient as a primary guide in determining the conduct of all DRCC's.

- A. The DRCC shall disclose his/her code of ethics, professional loyalties and responsibilities to all service recipients.
- B. The DRCC shall hold the well-being of the service recipient paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of services.
- C. The DRCC shall terminate a crisis counseling or consulting relationship when it is reasonably clear that the service recipient is not benefiting from the relationship. The DRCC shall seek a consultation with a supervisor before a decision to terminate is made. Appropriate referrals will be made.

- D. The DRCC shall not use or encourage a service recipient's participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the service recipient or when the service recipient is not fully informed.
- E. The DRCC shall take care to provide services in an environment that will ensure the privacy and safety of the service recipient at all times and ensures the delivery of services.

Principle 8: Confidentiality

The DRCC, working in the best interest of the service recipient shall embrace, as a primary obligation, the duty of protecting service recipients' rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent or insuring de-identification of all personal information.

- A. Although the DRCC recognizes that crisis counseling is not a traditional, office-based clinical service, the DRCC will do everything in his/her power to protect the confidentiality of the service recipient. This standard includes not divulging any information without the service recipient's express consent. The only exceptions to this standard are the accepted professional obligations if the information disclosed by the service recipient should meet either the "duty to protect" criteria, and/or relevant child abuse reporting requirements.
- B. The DRCC recognizes that the nature of crisis counseling necessitates that services are delivered in settings that are often public, such as family assistance centers and shelters. The DRCC will make every effort to protect the privacy and confidentiality of service recipients in these situations and settings.
- C. The DRCC shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.
- D. The DRCC shall adhere to all federal and New Jersey laws regarding confidentiality and the DRCC's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- E. The DRCC shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the service recipient's best interest.
- F. The DRCC shall use service-related and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 9: Service Recipient Relationships

It is the responsibility of the DRCC to safeguard the integrity of the crisis counseling relationship and to ensure that the service recipient has reasonable access to effective services. The DRCC shall provide the service recipient and/or guardian with accurate and complete information regarding the extent of the potential crisis counseling relationship.

- A. The DRCC shall not engage in professional relationships or commitments which conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- B. The DRCC shall not exploit relationships with current or former service recipients for personal gain, including social or business relationships.
- C. The DRCC shall not under any circumstances engage in sexual behavior with current or former service recipients.
- D. The DRCC shall not accept as service recipients anyone with whom they have engaged in sexual behavior.

Principle 10: Inter-professional Relationships

The DRCC shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- A. The DRCC shall refrain from offering services to a service recipient with another professional except with the knowledge of the other professional or after the termination of the service recipient's relationship with the other professional.
- B. The DRCC shall cooperate with The Certification Board, Inc., Mental Health Division Ethics Committee and promptly supply necessary information unless constrained by the demands of confidentiality.
- C. The DRCC shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The DRCC shall not, under any circumstances, establish financial arrangements or "in kind arrangements" with the service recipient.

- A. The DRCC, in the practice of crisis counseling, shall not at any time use one's relationship with service recipients for personal gain or for the profit of an agency or any commercial enterprise of any kind.

- B. The DRCC shall not solicit a private fee for professional work with a service recipient who is entitled to DRCC services. If a service recipient requests private services, he/she will be given the phone number to the NJ Disaster Mental Health HelpLine for an appropriate referral.

By signing, I attest that I have read the above Ethical Standards and agree to abide by them.

APPLICANT SIGNATURE _____
Date

APPLICANT PRINTED NAME : _____

WITNESS SIGNATURE: _____

WITNESS PRINTED NAME: _____
Date