

# The Value of Ethics in Addiction Today

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**MARRCH**

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# “Peaceful Warrior”

Scene 12 “The Clock Tower”

Second Half

“The Epitome of Surrender”

# Surrender

- **The Essence of Fear About Therapy**
  - “What ARE you holding on to?”
  - “It’s You” – The “Addict”
  - “Do You Know who you ARE without ME?”
    - “No”
  - “WHAT ARE YOU DOING?”
    - “I don’t know.”

# Surrender

- **The Essence of Therapy**
  - **What ARE we asking of patients?**
    - Addiction is a primary committed love relationship
    - For some their **FIRST** and **ONLY** relationship
    - It feels like life and death
  - **Treatment is, therefore, a *joint venture* between two moral, ethical beings**

# Surrender

- **The Essence of Therapy**
  - **Because we seek to do “Good,” Therapy is an act of morality.**
  - **Gives US a lot of responsibility**
    - They expect us to be the “bed” in which they land
    - They depend on our aim
    - **The Addiction WANTS us to fail.**

# Trust

- Foundation of the Therapeutic Relationship
  - Trust is a two-way process
  - We can only ask patients/clients to **trust us** to the degree that we are willing to **trust them**
  - We can only hold **them Accountable** to the degree to which we allow them to hold **us Accountable.**

# Ethics

## -Definition-

- **“Ethics connotes deliberation and explicit arguments to justify particular actions.”**
  - Resolving Ethical Dilemmas: A Guide for Clinicians,  
Bernard, Lo
- **Also refers to a branch of philosophy that deals with principles guiding human character and professional codes of conduct.**
- **Relies on rules, guidelines and principles that must be interpreted in the specific context of the situation**
  - Guidelines may differ in the same context
  - Exceptions are sometimes appropriate

# Challenges

- **The Intensity of Therapy Creates Ethical Challenges**
  - Vulnerability
  - Context
  - Situation
  - Topics / Issues

# Challenges

- **Population**
  - **Vulnerable by definition**
  - **Volatile**
  - **Disconnected**
    - **From themselves**
    - **From their feelings**
    - **From their boundaries**

# Challenges

- **Content**

- People come to healing in their deepest moments of pain and shame
- Their behaviors have drama and dramatic impact
- We ask people to share their deepest thoughts, feelings, actions and secrets
- We have our own judgments about the behaviors

# Challenges

- **Context**
  - Intensity of institutional practice
    - Higher Acuity of Illness
    - Briefer duration of treatment
    - Higher EXTERNAL motivation
    - Rapid Loss to other levels of care
    - Safety from marketing pressure
    - Dilemma of Self-Referral

# Challenges

- **Context**
  - **Isolation of Private Practice**
    - **Business Pressures – No Work, No Pay**
    - **Competition**
    - **Challenges to Boundaries**
    - **Time management**
    - **Business management**
    - **Time for Supervision?**

# Challenges

- **Client**

- History
- Previous treatment experience
  - “...But my last therapist....”
- Specific Issues
  - Sexual, personal, relational
  - Cultural, ethnic
- Relapse Issues
- Resistance

# Challenges

- **Finances**

- To pay or not to pay
- To charge or not to charge
- Reduced fees
- Dealing with Insurance...or not
- Missed appointments
- Consultation

# Challenges

- **Our Own Issues**
  - Countertransference
  - Disclosure
  - Self-Care
  - Boundaries
  - Dual Relationships
    - Normal vs. Abnormal
  - Saying “No.”

# Motivation: What Guides and Drives Us?

- Primary: The Greatest Good for the Client/Patient
- Professional Training
- Professional Licensing
- Professional Orientation and Beliefs
- Personal History, Culture
- Personal Experience

# Attitudes for Success

- **Humility**
  - Especially in the face of diverse moral-ethical beliefs
- **Resolve**
  - To address conflict and maintain integrity
- **Respect**
  - For Self, Peers, and Patients / Clients
- **Collaboration**
  - The ability to constructively solve a shared task
- **Acceptance of Ambiguity**
- **Accountability**

# The Dilemmas

- **No Ethical Issue Occurs in a Moral Vacuum**
  - Exceptions are the norm
  - Ambiguity is always present
- **Answers Come from Struggle**
  - Facing the conflict, ambiguity and uncertainty
- **No “Right” Answer Exists**
  - The opposite can be equally true

# The Slippery Slopes

- **Institutional Setting**
  - **Too Narrow Focus**
    - **Driven by finances, workload, specific patient or diagnosis**
  - **Too Broad Focus**
    - **Avoiding specific, painful issues; Shuffling the patient**
  - **Distance from patients**
    - **Limited Time**
    - **Crowded Setting, Group Therapy Context**

# The Slippery Slopes

- **Institutional Setting**
  - Focus on the “Paperwork”
    - **Not “hearing” the patient**
  - Doing too much therapy
  - Doing too little therapy
  - Enabling the patient to “hide out”
    - **“Pseudo-disability”**
    - **Hospital Dependency**
  - **Institutional Burn Out**

# The Slippery Slopes

- **Private Setting**
  - Longer Term
    - **Less pressure to perform**
    - **More resistance**
  - Decisions about individual vs. group
  - Less structure and supervision
  - Financial Issues
  - More “personal”
  - Greater Risk

# The Slippery Slopes

- **Addiction Professionals in General**
  - “Helping Professionals”
    - **Can lose sight of helping ourselves**
    - **Many of the demands & drains are covert**
  - Easy to want to “Like or Care for” our patients / clients
    - **Obliterating objectivity**
    - **Blurring Boundaries**

# Core Concepts of Ethical Practice

- Consistency
  - Defining Practice and Adhering to Definition
- Transparency
  - Visibility at all levels of practice
- Competency
  - Acknowledging and remaining within our own limits

# Boundaries

- Boundary
  - The limits of a fiduciary relationship in which one person entrusts his or her welfare to another
    - **“ The [ ‘edge’ ] of appropriate or professional behavior, transgression of which involves the therapist [professional] stepping out of his/her clinical role”**
      - concerning such issues as time, place, money, services, gifts, clothing, language, self-disclosure and physical contact
      - Ref: Gutheil, T.G., Simon, R.I., Nonsexual Boundary Crossings and Boundary Violations, *Psychiatr.Clin.N.Am.* 25 (2002), 585-592
- The Guardrails of Ethics

# Boundaries

- Boundary
  - Where I end
  - A function of Empowerment
  - The essence of the understanding of Ethics
    - Understanding Power
    - =
    - Understanding Best Interest

# The Value of Ethics

- **The True Future of Addiction Treatment**
  - **The Results of Ethical Treatment Assure Better Outcomes**
    - **Trust, Confidence, and Integrity foster success**
    - **Success leads to Attraction (Referrals)**
    - **Attraction leads to Personal Success**
  - **Personal Success Has Its Costs**
    - **Stress, Demands**
    - **Limit Setting**
    - **Burn Out**

# The Value of Ethics

- **The True Future of Addiction Treatment**
  - The Benefits of Ethical Treatment
    - **Freedom from Secrecy**
    - **Minimization of Consequences**
    - **Lessens Stress**
  - Assures that when WE fall from that tower in one of those moments of subjective decision, we land securely in a place that is ultimately safe