

## MARRCH Ethics Committee Resumes Consultation Services

By Lance C. Egley, Ph.D., L.A.D.C.,  
L.I.C.S.W, Chair, MARRCH Ethics  
Committee and the members of the MAR-  
RCH Ethics Committee

MARRCH is happy to announce the reactivation of its Ethics Committee. The Committee had been dormant following the loss of its previous Chairman, Bernie Belling. We would like to thank Gary Olson and Joycene Walstrom for keeping this interest alive during the search for a new chairperson.

Since January, the Ethics Committee has been reorganizing and we are now ready to pursue an agenda which includes:

- A concentration on issues of advanced ethics, with an emphasis on organizational ethics;
- Offering ethical consultation;
- An article in the quarterly paper edition of *One Voice*;
- Round table sessions at some of the MARRCH Conferences;
- Completing an Organizational Code of Ethics.

The Ethics Committee has defined “Advanced Ethics” as “issues that occur related to supervisory ethics, organizational ethics, residential settings or rural locations, as well as dilemmas regarding the events in which legal and ethical directives conflict.” Advanced Ethics often goes “beyond a group of rules” resulting in a synthetic interpretation of relevant ethical principles and laws for which there may be no immediate and clearly stated guidance or direction of action. We contrast this with “basic ethics,” which usually means a group of people who have defined ethical standards simply communicating them to others who fall under those standards, often with case examples to apply the standards. Advanced ethics is a topic we wish to give priority, since many offerings on “basic ethics” are already available.

To illustrate an organizational ethics issue, consider the following hypothetical situation.

◆ *An administrator insists that a client be admitted and assigned to a certain counselor, even though the potential client had caused personal injury to the assigned counselor.* The “client” had been driving under the influence, and he was involved in

an automobile accident with the counselor’s husband and children. Injuries did occur, but none that were life-threatening. This accident was the reason for referral for assessment and occurred before the counselor had any connection with the client. Still the administrator insisted that this particular counselor take the client, and seemed to imply that it was the counselor’s responsibility to “work through” any feelings she might have regarding harm to her family members. The administrator argued that there would be limitations to alternative treatment at other agencies. Although there was another outpatient program available 30 miles away, the client no longer had a driver’s license, and he was unable to transport himself. There was no public transportation available for treatment out of town. A psychologist was available for one-to-one counseling in the city in which they live. There was one other residential program counselor and one out-patient counselor in the program. Other staff members who were consulted felt that the administrator was not open to exploring other options and that he had implied that a professional should be able to look past her feelings and work with the person. The counselor did express her concern to the administrator. A formal grievance process was available.

### ◆ *What are the ethical issues involved in the situation?*

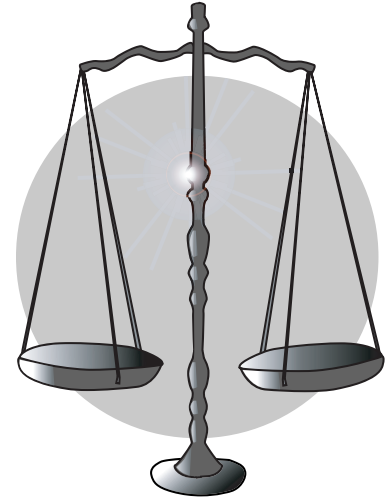
What is in the best therapeutic interest of the client, i.e. comfort level, appropriate motivational environment for an evolving relationship? Is it possible to establish a therapeutic relationship between this counselor and this client?

Are the counselor’s safety and self-care interests best served in this situation?

Is the work environment open enough so that the counselor can talk with the administrator to work together on alternative options? If not, what recourse does the counselor have — and is it clearly outlined in the program’s policies and procedures? It is not clear why the counselor did not either use this option or employ the grievance procedure. That deserves further exploration in consultation.

### ◆ *In resolving this question, what can the staff person do to reduce or resolve the ethical conflicts involved?*

While working in a team environment,



the situation could be “staffed” where all views and concerns are outlined, discussed and resolved via a team consensus.

If the staff person is independently licensed and has concerns that an action would jeopardize his or her licensure, the staff person could discuss with the administrator the potential consequences that he and possibly the agency may incur by following the current course of action.

The Professional Conduct rules of the Board of Behavioral Health and Therapy state “A licensee must comply with this part notwithstanding any contrary policies of an employer. (Minnesota Rules 4747.1400 RULES OF PROFESSIONAL CONDUCT Subpart 1. Scope. Available at <http://www.revisor.leg.state.mn.us/arule/4747/1400.html>.)

If the counselor and administrator reach an impasse, then is there a “chain of command” grievance procedure for the counselor to follow? Is there recourse through the state, in regards to either the counselor or the client (ombudsman)?

Is this a “deal breaker” situation for the counselor that may ultimately result in resigning or getting fired? The counselor needs to be aware of her own bottom line when negotiating with the administrator.

### ◆ *What does the staff person need to know that is not indicated in the scenario?*

The staff member needs to make sure that she or he fully understands the basis for the administrator’s point of view. Under what ethical codes does the administrator operate? Different administrators may operate under different codes, but the counselor might consider whether the director is part

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of larger entities (city, county, state, tribe), whether the agency has its own code of ethics that binds the administrator as well as other staff members, whether the administrator also holds any form of professional license or certification, or whether the administrator is part of the National Association of Alcohol and Drug Program Directors.

The state of Minnesota is an “at will” employment State. Individuals may be discharged for any reason, unless agency policy, union contracts, mandatory reporting laws, or licensing regulations specifically protect them. In many agencies none of these protections may exist. The counselor needs to be aware of the administrator’s bottom line is in any negotiation.

### ◆ *What resources would you recommend to the staff person that might further help them determine how to handle this situation?*

- To consult with a network of established, respected peers/mentors that could be solicited for advice.
- To maintain and explore resolution with administration.
- To seek out other agency staff/consultants who could provide advice, e.g., the state of Minnesota has many relevant offices including State Ombudsman, Minnesota Department of Human Services (facility licensing) and Minnesota Board of Behavioral Health and Therapy (individual professional licensing).
- To consult an attorney about being asked to work in the unsafe environment.

### ◆ *What specific ethical codes apply to this situation and what reference groups are expected to adhere to those codes?*

Under the *Standard of Ethics for the Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)*:

- Substance abuse providers offer services that are safe, effective and of good quality.
- Substance abuse providers who object, as a matter of conscience, to providing a particular service must be prepared to explain the basis of their objections.
- Providers who object, as a matter of conscience, to providing a particular service have a responsibility to participate in a system designed to respect a client’s right to receive these services. The system must be

pre-arranged to enable the client to obtain the service in a timely and convenient manner, minimizing suffering to the client.

- Substance abuse providers have a duty, through communication and coordination, to ensure the continuity of care of clients during relocation or closure, job action, natural disasters or situations where continuity of care may be problematic.

- Substance abuse providers do not engage in any practice, the conditions of which might cause counselors or other professionals to compromise the laws, regulations, standards and policies of their professions.

- Substance abuse providers do not practice under conditions which compromise the freedom to exercise professional judgment or which cause a deterioration of the quality of their professional service or care.

- Substance abuse providers respect the values and abilities of colleagues and other health care providers.

- Keeping confidentiality in mind, substance abuse providers consult with colleagues or other health care professionals to benefit the client. If appropriate, substance abuse providers refer their clients to other health care professionals or agencies.

### ◆ *Substance abuse providers maintain professional relationships with colleagues and ensure clients’ needs are met when supplying colleagues with referrals, medical records, etc.*

In this situation can the substance abuse provider form a professional relationship with the client?

Under the Rules of Professional Conduct of the Board of Behavioral Health and Therapy (<http://www.revisor.leg.state.mn.us/arule/4747/1400.html>):

- Alcohol and drug counselors must recognize the influential position the counselor may have with respect to clients and must not exploit the trust and dependency of the clients. A counselor must avoid dual relationships with clients that could impair the counselor’s professional judgment or increase the risk of exploitation.

- An alcohol and drug counselor must make an appropriate referral for a client or potential client if the counselor’s objectivity or effectiveness is impaired. An alcohol or drug counselor’s objectivity or effectiveness is impaired if the counselor: 1) has a dual relationship with the client or ... 4) holds

convictions that interfere with the professional relationship.

### ◆ *Considering the various ethical issues involved, on balance, what resolution holds the most promise of maintaining ethical behavior?*

While working in a team environment, the situation could be “staffed” where all views and concerns are outlined, discussed and resolved via a team consensus. This approach has the most potential for meeting the needs of client, counselor and administrator. However, if this method proves unsuccessful, then other approaches must be attempted. Usually that is still possible after attempting the team approach, whereas when some other approaches have been attempted, the experience may block the possibility of using the team approach effectively.

### ◆ *What line of action should the staff member avoid at all cost in this situation?*

Putting the client at risk emotionally or physically.

### ◆ *Who, besides the focal staff member, faces ethical questions in this situation?*

The administrator/facility may face ethical and legal challenges if he has put the interests of his facility ahead of the best interests of the client.

Consultation means providing alternative viewpoints and using expertise to help you focus your own decision making. Consultation does not force you to make any particular decision regarding the matter you may submit. Nor are consultants responsible for the results of your decisions. However, we will bring our best and clearest thinking to your ethical question. You can submit questions for ethical consultation by sending an e-mail to the Ethics Chair, [lcgley@paulbunyan.net](mailto:lcgley@paulbunyan.net) or by phoning the MARRCH Office at 651-290-7462. A third option is to mail your scenario to the MARRCH Ethics Board at 1000 Westgate Drive, Suite 252, St. Paul, MN.

Please be as specific as possible in presenting your question as this helps us to identify the most useful solutions. Please also indicate your timeline for resolving the question. The Ethics Committee will attempt to present its responses to you in a manner that fits your timeline. However, please keep in mind that effective consultation is an

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interactive process which can take some time. Please provide an e-mail address and a phone number at which you can be reached with your request.

The current members of the MARRCH Ethics Committee are Tim Brustad, Lance Egley, Doug Greenlee, Joycene Maroney Ryan (Walstrom) and Linda Stevens. The Ethics Committee welcomes new members. To be a voting member of the ethics committee one must:

- be a MARRCH member, either individu-

ally or through your organization;

- personally attend at least two face-to-face committee meetings per year;
- participate in e-meetings according to e-meeting expectations.

You may volunteer to participate in specific committee activities without meeting all these requirements, as long as you do not wish to vote. To indicate your interest in committee membership, please send an e-mail to [lcegley@paulbunyan.net](mailto:lcegley@paulbunyan.net). You will then receive procedures for becoming a

member. The Ethics Committee holds six face-to-face meetings each year, on the same day as the MARRCH Board of Governors meeting. The next face-to-face meeting is Friday, July 7, 2006. Other committee meetings are conducted via e-mail in between the face-to-face meetings.