



Ethics in Mental Health & Addiction Treatment Practice



EHN CANADA

Learning Objectives

- 1 Define ethics in mental health and addiction treatment practices
- 2 Examine the difference and similarities between general ethical guidelines and clinical guidelines
- 3 Discuss the impact of counter-transference and dual relationships
- 4 Overview of emerging topics related to ethics in mental health and addiction treatment practices

Morals vs. Ethics

There are important distinctions between morals and ethics.

Morals are personal values about right and wrong, good and bad, that come from the groups to which people belong and identify.

Ethics are used to examine and evaluate how and why particular moral values affect how people see, reason, feel and behave.

When working with people within mental health and addiction treatment, at any level from the individual to systemic, it is important to evaluate decisions, policies and practices from the perspective of ethics.

Ethical Principles

Ethics offer fundamental *principles* that provide a framework for addressing dilemmas in care or reviewing conventional practices. These principles include:

- Autonomy
- Compassion
- Confidentiality
- Doing no harm
- Being helpful
- Preventing or reducing harm and suffering

Ethical Values

Ethics provide foundational *values* to guide conduct, thinking and decision making. These values include:

- Fairness
- Privacy
- Respect
- Safety
- Meaningful life
- Hope

General Ethical Guidelines

In any workplace, there are a set of values, moral principles, and standards that need to be followed by both employers and employees.

While workplace ethics are generally derived from specific values (such as integrity, responsibility, respect, etc.), they are also derived from laws and industry regulations.

Examples of workplace ethics include:

- Adhering to company rules and regulations
- Respecting company property
- Maintaining professional relationships
- Demonstrating accountability and upholding trust

General vs. Clinical Ethical Guidelines

Clinical ethical guidelines can be distinguished from general ethical guidelines in that they are directed specifically at the professional conduct of a mental health practitioner.

Codes of Ethical Conduct

Numerous written codes of ethical conduct exist to guide the many different counselling professions.

The Canadian Counselling and Psychotherapy Association (CCPA) Code of Ethics is a written code that guides the conduct of counsellors and therapists in Canada.

CCPA Code of Ethics

The Canadian Counselling and Psychotherapy Association (CCPA) Code of Ethics serves as a guide to the professional conduct of all its members. It also informs the public, which they serve, of the standards of ethical conduct that members are responsible to uphold and for which they are held accountable.

In addition to the CCPA Code of Ethics, counsellors and therapists are expected to adhere to the CCPA Standards of Practice.

CCPA Code of Ethics

The expectations for ethical conduct as expressed in the Code of Ethics are based on the following fundamental principles:

1. **Beneficence:** Being proactive in promoting the best interests of clients
2. **Fidelity:** Honouring commitments to clients and maintaining integrity in counselling relationships
3. **Nonmaleficence:** Refraining from actions that risk harm and not willfully harming clients
4. **Autonomy:** Respecting the rights of clients to agency and self-determination
5. **Justice:** Respecting the dignity of all persons and honouring their right to just treatment
6. **Societal Interest:** Upholding responsibility to act in the best interests of society

Differences Between General and Clinical Ethical Guidelines

Compared to general ethical guidelines, clinical ethical guidelines are directed primarily at the professional conduct of counsellors and therapists.

For example, the CCPA Code of Ethics outlines the specific responsibilities of counsellors and therapists. Some of these responsibilities include:

- Confidentiality
- Duty to Warn
- Client's Rights and Informed Consent
- Maintenance of Records

While general ethical guidelines can be applied across various contexts, these clinical ethical guidelines apply only to professionals working in a therapeutic and counselling setting.

Similarities Between General and Clinical Ethical Guidelines

General ethical guidelines and clinical ethical guidelines are similar in that they are rooted in values that are conducive to a safe and appropriate work environment.

Many ethical guidelines that can be found in most workplaces overlap with guidelines in the CCPA Code of Ethics and Standards of Practice.

For example, The CCPA Code of Ethics includes its own policies and guidelines on issues such as sexual harassment and diversity responsiveness, as do a majority of workplaces.

Transference

In a therapeutic context, **transference** refers to a client's subconscious projection of their feelings about another person onto their therapist.

Transference that takes place between a client and a therapist will often represent the experience of biased thoughts and beliefs experienced by the client.

Transference can be illustrated by the following example:

- A client that has a negative relationship with a parent transfers the feelings associated with that relationship onto their therapist. This in turn results in the the client developing a hostile or dismissive attitude, fear, or difficulty trusting.

Countertransference

Countertransference is the projection of a therapist's feelings toward the client.

Countertransference can be illustrated by the following example:

- A client brings up material that is sensitive to the therapist, which in turn causes the therapist to avoid the topic, react defensively, and become hostile or biased towards the client.

Like transference, countertransference tends to be inappropriate in nature where reactions are uncalled for and patients are not deserving.

Countertransference can have a negative effect on the therapeutic relationship and the outcomes of therapy. It is therefore essential for therapists to become aware of countertransference and take the appropriate steps in order to avoid it.

Dual Relationships

In the mental health field, a **dual relationship**, or multiple relationship, occurs when multiple roles exist between a mental health practitioner, and a client.

Types of Dual Relationships

There are several common types of dual relationships:

- Social dual relationship: The therapist is also a friend.
- Professional dual relationship: The therapist doubles as someone's work colleague or collaborator.
- Business dual relationship: The therapist is also involved with someone in a business capacity.
- Communal dual relationship: Both the therapist and client are members of a small community and will likely run into each other or be involved in the same activities outside of the office.
- Sexual dual relationship: The therapist and client are engaged in a sexual and/or romantic relationship.

Dual Relationships

In any mental health setting, the relationship between a client and their mental health professional (e.g., therapist) is based on a power imbalance. The client is the vulnerable party in the therapeutic relationship because they are seeking support and advice from the mental health professional. This is especially true for individuals seeking mental health and addiction treatment.

Therefore, the mental health professional is in a position of power and influence, and is bound by professional duty (i.e., professional ethics codes) to protect the well-being of the client and not cause undue harm.

Dual Relationships

Dual relationships can create an ethical dilemma when established boundaries are blurred and the therapist loses their objectivity. In such cases, the therapeutic relationship can be jeopardized (e.g., the client doesn't feel safe, no longer trusts the therapist, or is no longer receiving benefit from therapy), and the client can experience undue harm or negative consequence.

Depending on the nature of the dual relationship, the mental health professional may feel conflicted by their own personal intentions or other commitments and their duty to provide appropriate care and a safe environment for their client.

Despite the risks, it can be difficult—even impossible—to avoid dual relationships in certain settings. Peer support work is one specific setting where dual relationships are likely to arise with clients.

Dual Relationships

As outlined in the Code of Ethics, dual relationships are avoided unless justified by the nature of the activity, limited by time and context, and entered into with the informed consent of the parties involved after assessment of the rationale, risks, benefits, and alternative options.

Counsellors and therapists must make every effort to avoid or address and carefully manage dual relationships with clients that could impair objectivity and professional judgment and increase the risk of exploitation or harm.

Dual relationships can be avoided by avoiding behaviours that may lead to the creation of these relationships in the first place (e.g. inappropriate or non-therapeutic self-disclosure, gift giving, meeting outside the clinical setting).

Dual Relationships

When multiple relationships cannot be avoided, counsellors and therapists must take appropriate professional precautions such as role clarification, ongoing informed consent, consultation, supervision, and thorough documentation.

Maintaining Ethics

Maintaining ethics extends beyond simply abiding by written codes of ethical conduct, such as the Code of Ethics and Standards of Practice.

These codes of ethical conduct are designed to be used in combination with other sources of information such as recent literature and research, legal statutes, cultural knowledge keepers, and other practice guidelines.

In order to ensure that the maintenance of ethics, it can be extremely beneficial to review the mentioned sources of information regularly or attend an Ethics Refresher course.