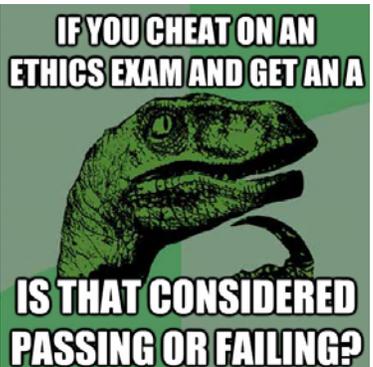




Anne Carlson
CENTER
Nurturing abilities. Changing lives.

ETHICS IN ACTION

Barb Stanton PhD, LPCC, LMFT
Emily Coler Hanson MS, LMFT, CGP



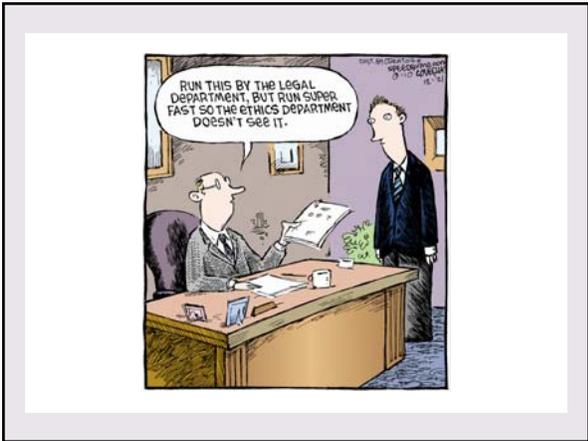
**IF YOU CHEAT ON AN
ETHICS EXAM AND GET AN A
IS THAT CONSIDERED
PASSING OR FAILING?**

Ethics

- AMERICAN MEDICAL ASSOCIATION
<https://www.ama-assn.org/delivering-care/ama-code-medical-ethics>
- AMERICAN ASSOCIATION OF NURSES
<http://www.nursingworld.org/codeofethics>
- AMERICAN SCHOOL COUNSELOR ASSOCIATION
<https://www.schoolcounselor.org/asca/media/asca/Ethics/EthicalStandards2016.pdf>
- ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT (APA) 2010:
<http://www.apa.org/ethics/code/principles.pdf>
- CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW) 2008:
<http://www.socialworkers.org/pubs/code/code.asp>
- AMERICAN COUNSELING ASSOCIATION (ACA) CODE OF ETHICS AND STANDARD OF PRACTICE, 2014:
<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>
- AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPISTS (AAMFT) CODE OF ETHICS, 2015
https://www.aamft.org/AMFT/AMFT_Content/Equal_Ethics/code_of_ethics.aspx
- BACB Code of Ethics <https://www.bacb.com/ethics/ethics-code/>

Professional Ethical Standards

- Do no harm
- Scope of practice
- Competence
- Confidentiality
- Child Abuse and Neglect
- Vulnerable Adults



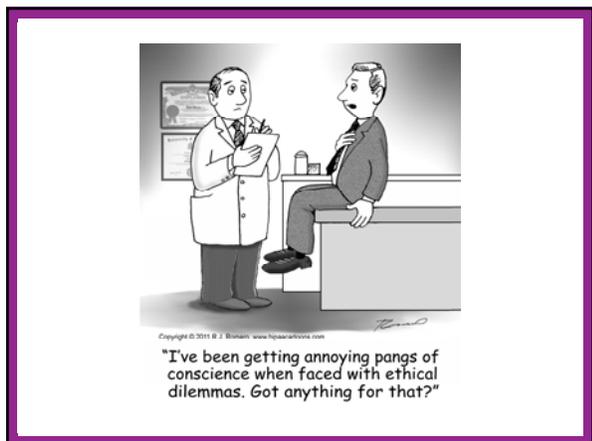
Professional Ethical Standards

Best Practice

Morality and Common Sense

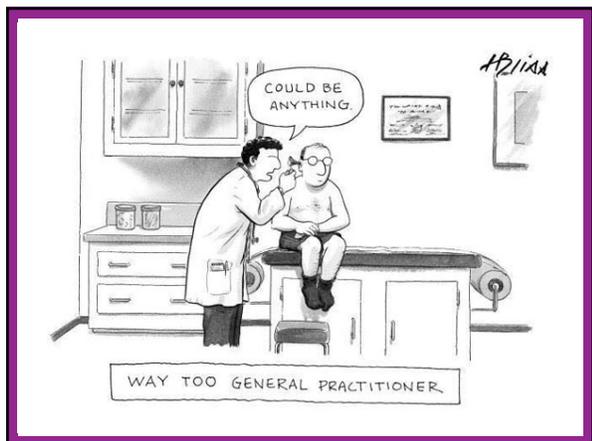
State law

Find the Balance



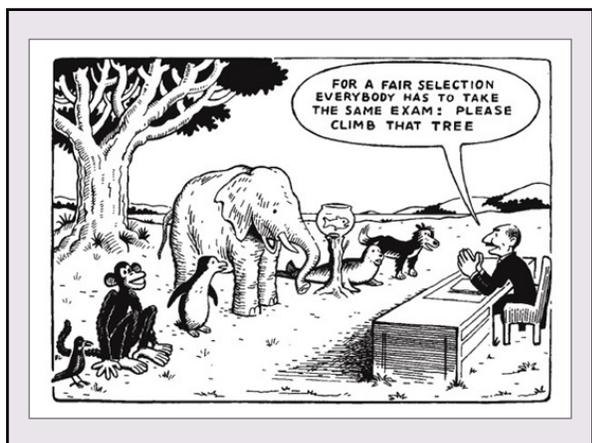
Diagnosis & Identification	Ethics along the process
Interventions	
Education	
Research	
How do we communicate	
Bridging the gap between providers	
Addressing Conflict	

**DIAGNOSIS &
IDENTIFICATION**



Diagnosis

- Alphabet soup
- Most diagnoses are based on clinical observation
- How much testing is needed
- Diagnoses can conflict between providers
- Need for reassessment
- Diagnoses follow people





I HAVE BIPOLAR DISORDER	I HAVE DEPRESSION	I HAVE AN ANXIETY DISORDER	I HAVE BORDERLINE PERSONALITY
I HAVE SCHIZOPHRENIA	I HAVE POST TRAUMATIC STRESS DISORDER	I HAVE OBSESSIVE COMPULSIVE DISORDER	I HAVE PTSD

Identification

- Informing the individual
- Understanding what it means for me to have a diagnosis
- Who has a right to know
- Self-disclosure

IS HE DONE WITH THE CONSENT FORM YET?
I THINK HE'S ON PAGE 42...
I THINK HE'S ASLEEP!

ARE THERE BARRIERS TO SERVICES? IS THIS AN ETHICAL ISSUE?

INTERVENTIONS

Interventions

What are we treating and why?

Are parents aware of risks and benefits?

Have alternatives been discussed?

Are goals and outcomes clearly outlined with a plan to monitor progress and alternatives if it doesn't work?

Payment issues

Could and should?

How involved is your client?

Is this technique/theory/service the only way?

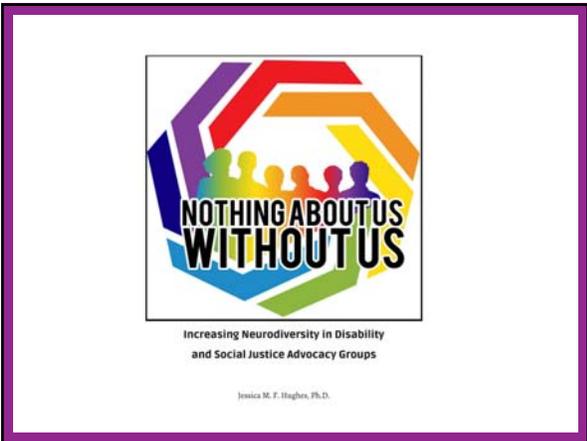


If the needs of your client conflict with the ethical code of your profession, how do you respond?

- A. You do not provide services for the client.
- B. You provide services outside the scope of the ethical code.
- C. You provide only the services within the scope of the ethical code.
- D. You advocate for changing the ethical code.
- E. You find a new job.

Who is the expert??

Person with diagnosis	Parents/caregivers
Staff with high level of direct time	Licensed, credentialed expert observer



Discipline is helping a child solve a problem. Punishment is making a child suffer for having a problem. To raise problem solvers, focus on solutions not retribution. - L. R. Knost

nourishingourchildren.org

Aversive Interventions

- "The systematic use of stimuli or other treatment which a person is known to find painful or unpleasant for the purpose of discouraging undesirable behavior" (Washington School for the Deaf, 2004)
- Restraints, seclusion, spanking, removing access to gaming systems, withholding affection
- Does the client understand what is happening?
- Is this least restrictive? Least intrusive intervention?
- When the results of the FBA are applied in the development of the non-aversive intervention plan, the probability of success is increased because the conditions which maintain the inappropriate and appropriate behaviors are addressed, while treatment is designed to maintain the appropriate behavior (Wacker, et al., 1990)

Dilemma: Punishment

Behavior Analysts: 4.05
Reinforcement/Punishment

The behavior analyst recommends reinforcement rather than punishment whenever possible. If punishment procedures are necessary, the behavior analyst always includes reinforcement procedures for alternative behavior in the program



"Children do well if they can...
if they can't, we adults need to
figure out what's getting in the way, so
we can help."

-Dr. Ross Greene "The Explosive Child"

"You can't teach
children to behave
better by making
them feel worse.
When children
feel better, they
behave better."
- Pam Leo
'Connection Parenting'



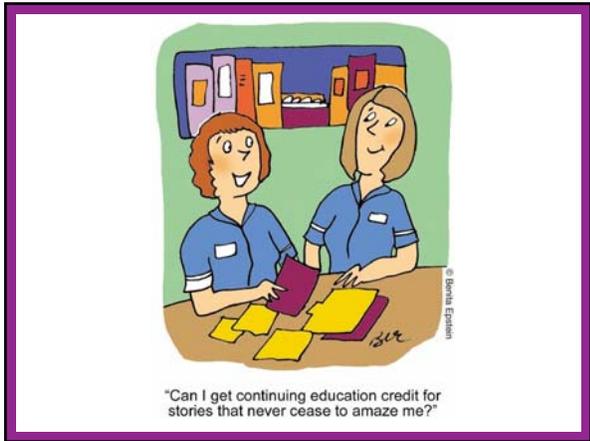


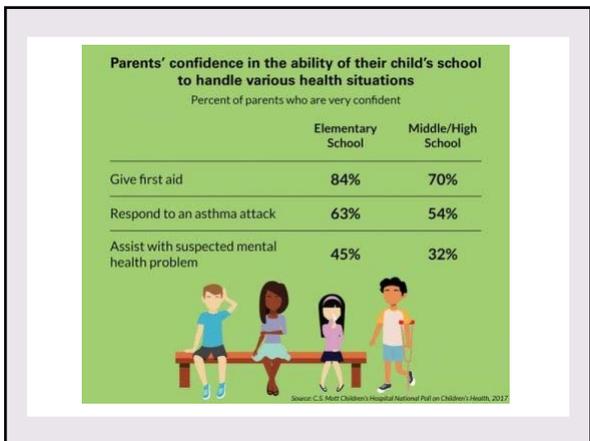
**Ethical Dilemma: A
Provider's Change in
Services**

Notify clients as soon as possible, with as much
information as comfortable.

- Provide multiple venues for information sharing
- Notify all team members
- Document!
- Offer assistance with the transition
- Repeat

EDUCATION





Overlooked
70% of students with a mental health disorder do not receive adequate treatment.

CHILDREN 50%
Of all mental illness begins by age 13*

1 in 5
Children** (age 0-17) experience a mental disorder in a given year

10%
Of children experience some impairment in daily functioning at home, in school or in the community due to mental health problems***

70%
Of youth in the juvenile justice system suffer from mental health disorders****

27%
Of these youth experience disorders so severe that their ability to function is significantly impaired****

**National Institute for Mental Health
***Behavioral Science
****U.S. Department of Health & Human Services
*****National Center for Mental Health and Juvenile Justice

ASD in The Classroom

- Least restrictive environments
- Self disclosure
- IEP/504 access
- Higher Ed
- Transition to independence

Peer Mentor Program in UK
12 students with ASD, 36 neurotypical peers (at 5 schools, ages 11-12)
4 mentors per class with one person with ASD

Mentor training:

- To provide a space to discuss and problem solve
- To develop confidence & ability to support peers

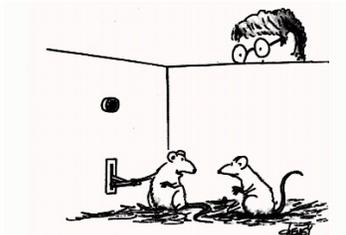
Results: Significant measurable rise in self esteem, social satisfaction & decrease in bullying. Reduction in bullying most significant difference. More likely to ask friends for help, and positive benefits for mentors reported.



RESEARCH

Ethics in Research

- Conducting sound ethical research
- Communicating findings
- Informed consent
- Genetic research on complex traits
- Cure vs. prevent vs. accept and accommodate
- Population is heterogeneous
- Sibling studies
- Research for consumers
- Ethics in research could be its own presentation



It's a rather interesting phenomenon. Every time I press this lever, that post-graduate student breathes a sigh of relief.

Neurodiversity

- What do we accept and what do we change?



"I know of nobody who is purely autistic, or purely neurotypical. Even God has some autistic moments, which is why the planets spin."

HOW DO WE COMMUNICATE

Social Media

- Posting research
- Posting opinions
- Liking something and what that implies
- Sharing the posts of others
- Connections with other professionals
- Connections with parents
- Connecting with kids

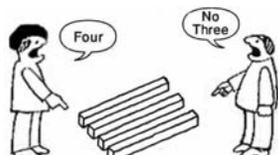


Research shows over a 12 year span an increase in non-scientifically supported treatment shown in the media. How does this impact what treatment individuals/caregivers seek? (Schreck & Ramirez 2016)

PROFESSIONAL TO PROFESSIONAL

Professionals

- Needs & professionals change across the lifespan
- Difference of beliefs about diagnoses
- Language
- Law enforcement, ROIs
- Difference of opinion
- Treatment Team collaboration



PROFESSIONAL TO PARENT

Parents/Caregivers

Holistic/systems approach

They have stress and health issues related to raising their child with a mental health diagnosis

Parenting practices

Who's goal is primary...child or parent?

How do providers view and talk to parents?

Ethical Dilemma: What if someone doesn't want treatment?

- Self determination is an inherent value but there is no provision guiding that principle.
- Professionals can limit the client's rights to self-determination when the client's actions or potential actions may pose a serious imminent harm to self or others.
- How do you maintain the voice of the person? (This pertains to children also.)



ADDRESSING CONFLICT

Not if,
When
conflict
occurs:

- Listen
- Be polite
- Be kind; remember the child/parent
- Don't make assumptions
- Know your facts, if you don't know find out before you talk
- Be open to compromise as long as the client isn't compromised
- Own your mistakes
- Apologize, offer reparations

Future concerns:

- Special interest in guns
- Young boys drawing car crashes & explosions
- Forgotten pocket knife in backpack
- Building Nerf guns
- Violent video games
- Interest in horror movies
- Risk assessment?



Consultation- Ask Barb & Emily

- Please maintain confidentiality
- Talk generally
- Change names or other specific details
- Email us if it can't be shared with the group



In the end....

- Know the laws in your state (and country)
- Be familiar and stay current with or professional and licensure guidelines
- Use your judgment
- Seek advice from supervisors and experts
- Ask questions (philosophic doubt)
- When all else fails, err on the side of caution
- Document, document, document
- Protect the client and remember ...
- You can always get a new job, you may not be able to keep or obtain your licensure or certification once it is suspended or revoked

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