
Elevating Ethical Awareness

October 15, 2010

Offered by:
Ethics Education Panel of Experts
& the
Northern Illinois Employee Assistance
Professionals Association



Released April 15, 2009 revised October 14, 2010 (CJT)
Approved for initial CEAP® candidate 2 hour ethics requirement
NIEAPA

Who Am I?

- Coordinator of the EAP
 - Aon Corporation
- MSW - Loyola University 1979
- Ph.D. – UIC, Jane Addams 1995
- Past President NIEAPA
- Member of the year in 2009

Preface

1. This should be the last *general* ethics course you ever take.
2. I don't have all the answers.
3. When in doubt, always seek consultation
4. Nobody is perfect.

Goal

- To apply an ethical decision making process to employee assistance (EA) practice in areas such as:
 - Multiple relationships (a core feature of EA practice)
 - Client organization
 - Employee clients
 - Confidentiality within an EAP framework
- To address overlapping ethical issues relevant to social workers and counselors

Goal

- ❑ Role of consultation in maintaining ethical practice
 - Importance of professional association participation
- ❑ Boundaries/conflicts of interest
 - Conflicting expectations of organizational & individuals clients
 - Ethical considerations when making referrals
- ❑ Distinction between ethical and legal issues
- ❑ Ethical Issues in EA business practices

Objectives:

- To educate EA professionals on the role and significance of ethics in professional practice
- To identify for EA professionals, the underlying tenants and codes of ethics relevant to EA practice
- To equip EA professionals with tools and resources to support ethical decision-making
- To be familiar with ethical codes for social workers and counselors

Today's Outline

- General comments about ethics in mental health practice
- General comments about codes from various counseling related professions
- Detailed examination of the EAPA and CEAP codes
- Ethical problem solving
- Experiential discussions
- Ethical fallacies

What are ethics and why should we care?

-
- (**Ethics**) results from the effort to resolve conflicts rationally when our automatic responses, guided by implicit rules of action, collide with contrary responses and rules.
 - When opposition from others or from our own consciences makes us aware of reasons against our actions or policies, it becomes necessary for us to defend them by engaging in philosophical discussion

Ethics Definitions

- Normative ethics: norms of standards or conduct (e.g., ethical codes)
- Ethical dilemma: the collision of two values; benefit or harm may result

Ethics is:

- Based upon *choice* rather than mandate
- Contingent on a specific set of facts
- Derived from experience (“reasonable man”)
- Consideration of other’s interests

Ethics is:

- Not about law, or about policy
- Not judgementalism or imposition or personal values

Ethics Differs From Law

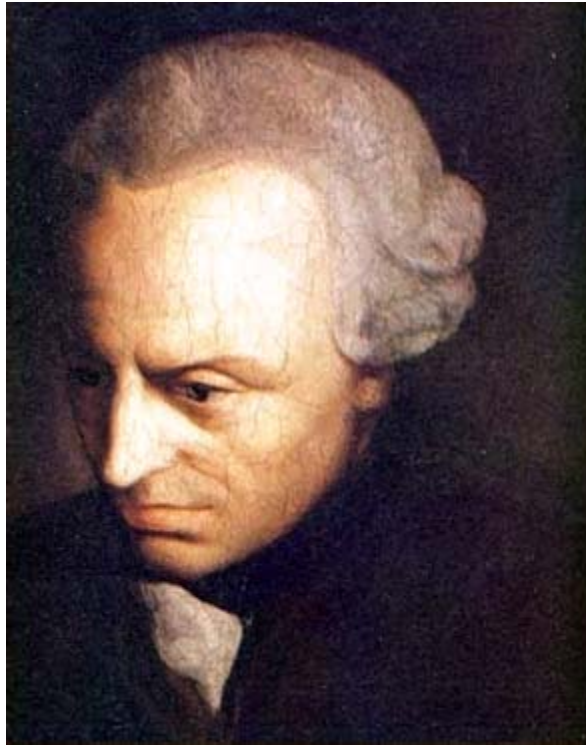
“Must the citizen ever for a moment, or in the least degree, resign his conscience to the legislator? Why has every man a conscience then?...It is not desirable to cultivate a respect for the law, as much as for the right.”

Henry David Thoreau
Civil Disobedience

Ethical theories

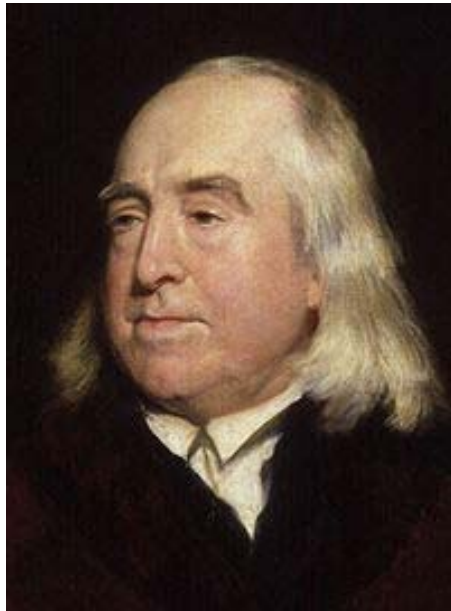
- Deontological
- Teleological

Deontological ethics



Kant

Utilitarianism



Jeremy Bentham



John Stuart Mill

Utilitarianism

- Act Based

- The rightness of an action is determined by the goodness of the consequences in that individual case of that particular act

- Rule Based

- Takes into consideration the long term consequences.

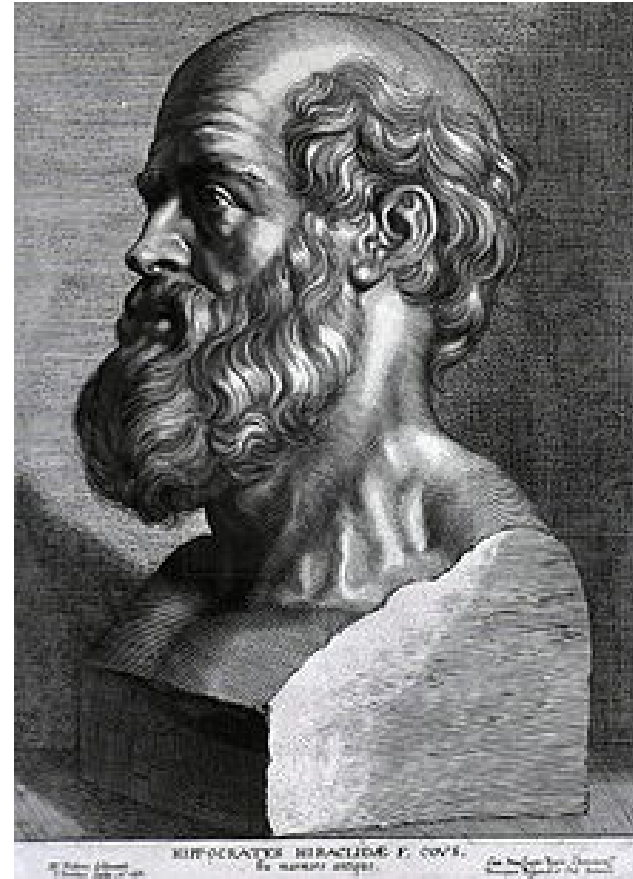
Why are there professional codes?

Purpose of Professional Codes

Codes of ethical conduct date back to at least 400 B.C. (Hippocratic oath)

The Fundamental Tenets:

- Foster Good (Benevolence)
- Do No Harm
- Resolve controversial issues



Why professional ethics?

- To protect client
- To protect our society



Purpose of Professional codes

- Practitioner Behavior and a Profession's Identity
- A profession's identity is built upon the cumulative effect of the practitioner behavior

Sources

- Values of our society
- Laws
 - Educational related legislation
 - Medical related laws
 - Regulation of professions

Reasons to think about ethics

- Ethical complaints to professional association
 - E.g. NASW, EACC
- State licensing complaints
- Lawsuit possibility

Areas of counseling malpractice

- Confidentiality and privacy
- Delivery of service
- Boundary violations
- Supervision of clients and staff
- Consultation referral
- Records,
- Deception and fraud
- Termination of services

What codes are out there?

Mental health & C/D

- Illinois Department of Professional Regulation
- HIPPA
- Mental Health Codes

[http://www.ilga.gov/commission/jcar/
admincode/068/068014700000960R.html](http://www.ilga.gov/commission/jcar/admincode/068/068014700000960R.html)

Social work

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
PART 1470 CLINICAL SOCIAL WORK AND SOCIAL WORK PRACTICE ACT
SECTION 1470.96 UNETHICAL, UNAUTHORIZED AND UNPROFESSIONAL CONDUCT

Section 1470.96 Unethical, Unauthorized and Unprofessional Conduct

- a) The Division may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action based upon its finding of "unethical, unauthorized, or unprofessional conduct" within the meaning of Section 19 of the Act, which is interpreted to include, but is not limited to, the following acts or practices:
- 1) Practicing or offering to practice beyond one's competency (for example, providing services and techniques for which one is not qualified by education, training and experience);
 - 2) Revealing facts, data or information relating to a client or examinee, except as allowed under Section 16 of the Act or under the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110]. The release of information "with the consent of the client" as provided for in Section 16 of the Act is interpreted to mean that the social worker, prior to the release of the information, obtained written consent and made certain that the client understood the possible uses or distributions of the information. Case history material may be used for teaching or research purposes or in textbooks or other literature, provided that proper precautions are taken to conceal the identity of the client(s) or examinee(s) involved;
 - 3) Making gross or deliberate misrepresentations or misleading claims as to his/her professional qualifications or of the efficacy or value of his/her treatments or remedies, or those of another practitioner;
 - 4) Failing to inform prospective research subjects or their authorized representative fully of potential serious after effects of the research or failing to remove the after effects as soon as the design of the research permits;
 - 5) Refusing to divulge to the Division techniques or procedures used in his/her professional activities upon request;
 - 6) Directly or indirectly giving to or receiving from any person, firm or corporation any fee, commission, rebate or other form of

Counseling

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
PART 1375 PROFESSIONAL COUNSELOR AND CLINICAL PROFESSIONAL COUNSELOR
LICENSING ACT
SECTION 1375.225 UNPROFESSIONAL CONDUCT

Section 1375.225 Unprofessional Conduct

The Department may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action, based upon its finding of unethical, unauthorized, or unprofessional conduct within the meaning of Section 80 of the Act, which is interpreted to include, but is not limited to, the following acts or practices:

a) Counseling Relationships

- 1) Practicing, condoning, facilitating or collaborating with any form of discrimination. The counselor shall act to prevent and eliminate discrimination against any person or group on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition or status.
- 2) Engaging in any action that violates or diminishes the civil or legal rights of clients.
- 3) Engaging in the sexual exploitation of clients, students or supervisees.
- 4) Engaging in or condoning sexual harassment, which is defined as deliberate or repeated comments, gestures or physical contacts of a sexual nature.
- 5) Bringing personal or professional biases into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination (i.e., biases based on age, disability, ethnicity, gender, religion, or sexual preference), counselors guard the individual rights and personal dignity of the client in the counseling relationship.
- 6) Engaging in any type of sexual intimacies with clients. Counselors shall not provide counseling services to persons with whom they have had a sexual relationship.

<http://www.ilga.gov/commission/jcar/admincode/068/068013750C02250R.html> 09/16/2006

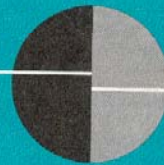
<http://www.naswil.org/student/studentethics.htm>

The screenshot shows the NASW Illinois Chapter website. At the top, it says "NASW ILLINOIS CHAPTER" and "National Association of Social Workers". The tagline "The power of social work." is displayed with silhouettes of people. A navigation bar includes "Student Focus Home", "NASW-IL Main Site", and "Members Only". A red banner highlights "CODE OF ETHICS". On the left, a sidebar titled "The Focus" lists various links: "Join NASW-IL", "Student: Network News", "Network Leaders", "Schools of Social Work", "Student: Blogs", "Code of Ethics", "Student: Advocacy", "Career Services", "Licensing", "FAQ", "NASW Scholarships", "Student: Liability Insurance", and "Resources". The main content area is titled "Code of Ethics of the National Association of Social Workers" and notes it was "Approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly". Below this is the "Preamble" section, which states: "The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living." The text continues: "Social workers promote social justice and social change with and on behalf of clients. 'Clients' is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of". On the right side of the page, there is a section for "Order from NASW Press" featuring an image of the "Code of Ethics" book cover and text stating: "You can order bulk orders of the NASW Code of Ethics from NASW Press."

Code of Ethics

of the

National Association of Social Workers

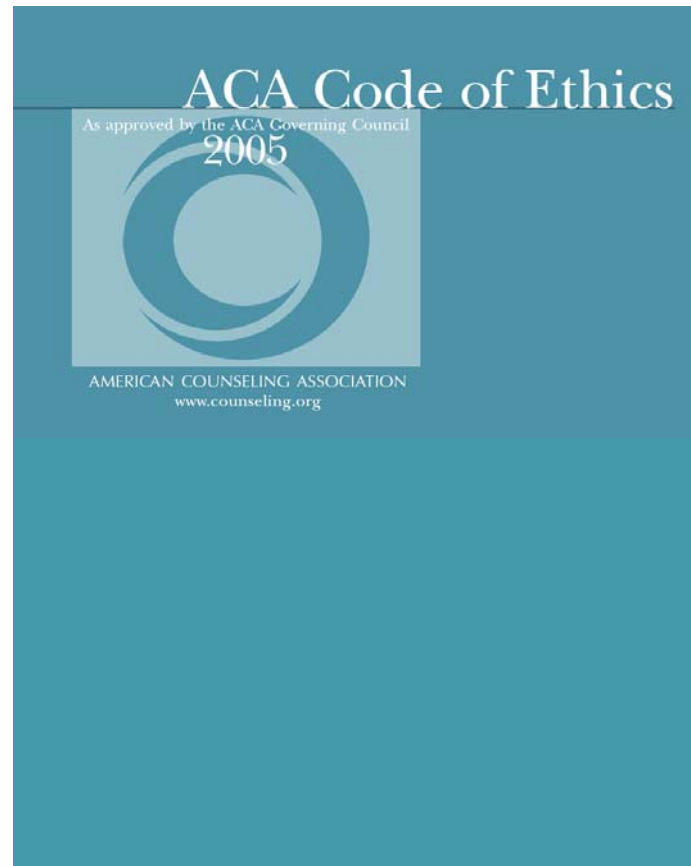


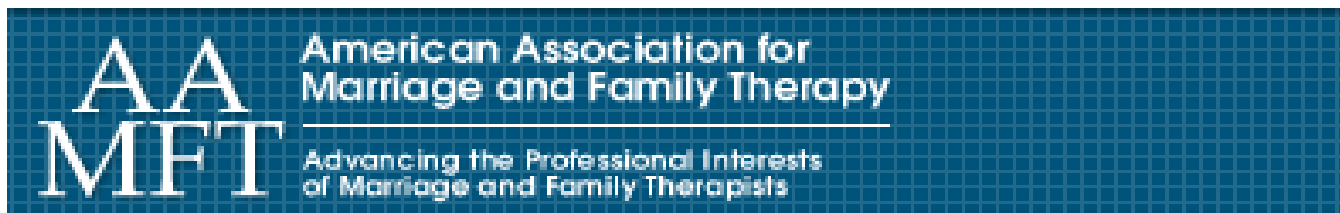
<http://www.abecsw.org/about-code-ethics.php>



The screenshot shows the website for the American Board of Examiners in Clinical Social Work (ABE). The header includes the organization's name and a logo of a blue flag. A navigation bar contains links for 'About ABE', 'About Board Certification', 'OnLine BCD Directory', 'ABE's Publications', 'Specialty Credentials', and 'Online Services'. A 'Center Home' button is also present. Below the navigation bar, there are links for 'Home' and 'Contact Us'. On the left side, there is a vertical menu with four items: 'Applicants' (orange), 'Board Certified Diplomates' (dark blue), 'Students' (red), and 'Consumers and Payors' (light blue). The main content area is titled 'Ethics Code' and features an illustration of a scroll with a quill pen. The text under the title reads: 'Introduction Ethical principles are fundamental to clinical social work. Ethics are precepts that guide the moral conduct of professionals; they are not the same as practice standards, which prescribe competent practice at various levels of development. Clinical social workers who are board certified by the American Board of Examiners in Clinical Social Work (ABE) are required to adhere to its ethics code. They must also observe ethics codes and precepts of relevant state statutes and regulations of the social work membership organizations, employing agencies, or uniformed services to which they may belong. ABE's Ethics Code consists of general principles rather than specific rules and regulations. Specific rules and regulations are contained in various sections of some state license statutes, state Societies for Clinical Social Work, and the National Association of Social Workers. The reader is referred to these codes for additional guidance in matters of ethical conduct, as well as to the principles below.'

<http://www.counseling.org/Publications/>





[http://www.aamft.org/resources/LRMP
lan/Ethics/ethicscode2001.asp](http://www.aamft.org/resources/LRMP
lan/Ethics/ethicscode2001.asp)

There are many codes

❖ **AASSW**

❖ **NAADAC**

❖ **APA (x 2)**

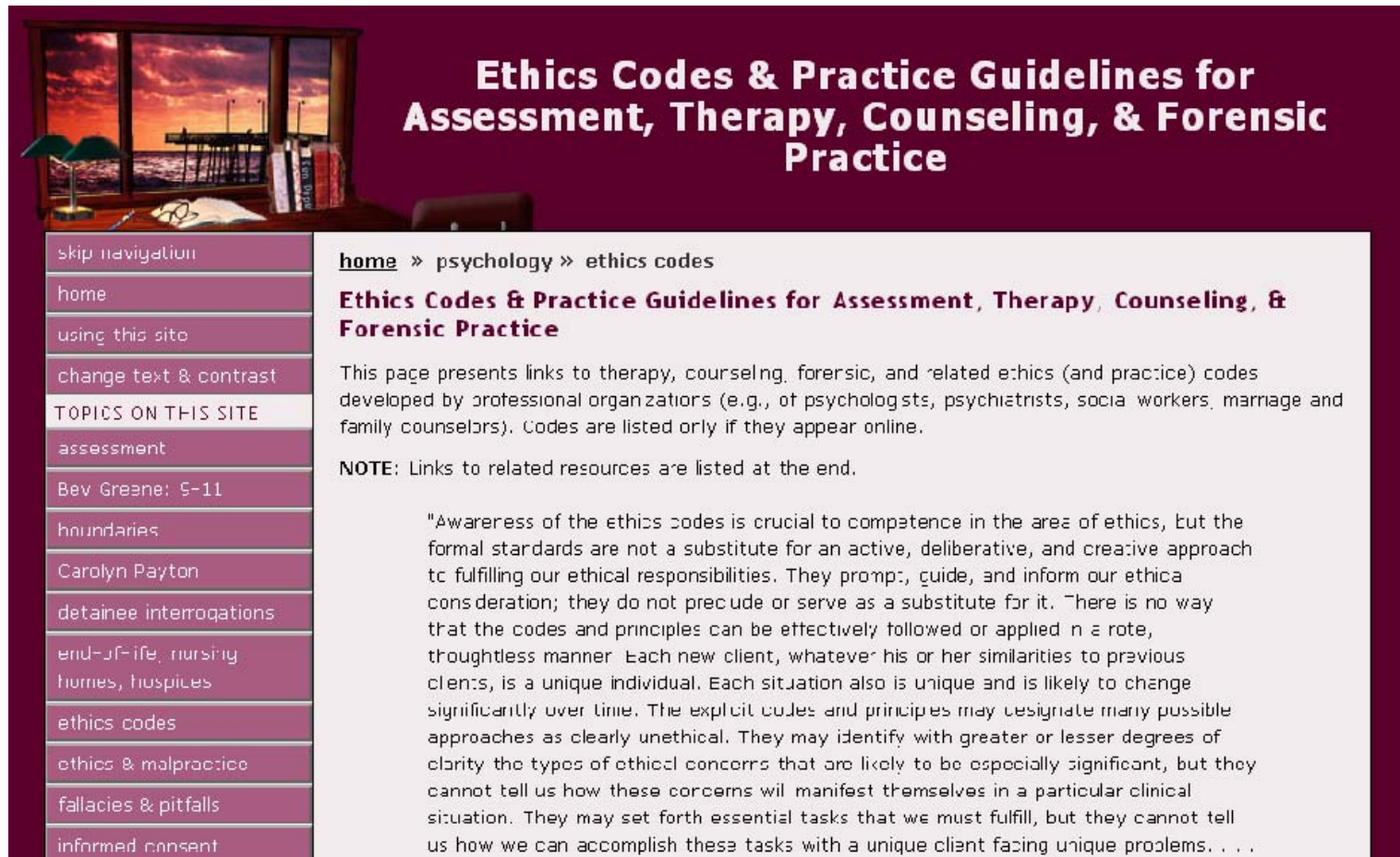
❖ **IAODAPCA**

❖ **SHRM**

❖ **AASP**

❖ **Etc. etc.**

How many codes are out there?



The screenshot shows a website with a dark purple background. At the top left is a small image of a desk with a lamp and a window view of a sunset over water. The main title is 'Ethics Codes & Practice Guidelines for Assessment, Therapy, Counseling, & Forensic Practice'. Below the title is a navigation menu with items like 'skip navigation', 'home', 'using this site', 'change text & contrast', and 'TOPICS ON THIS SITE'. The 'TOPICS ON THIS SITE' menu is expanded, showing 'assessment', 'Bev Greene: 5-11', 'boundaries', 'Carolyn Payton', 'detainee interrogations', 'end-of-life nursing homes, hospices', 'ethics codes', 'ethics & malpractice', 'fallacies & pitfalls', and 'informed consent'. The main content area has a breadcrumb trail: 'home » psychology » ethics codes'. The title 'Ethics Codes & Practice Guidelines for Assessment, Therapy, Counseling, & Forensic Practice' is repeated. The text explains that the page presents links to ethics codes developed by professional organizations (e.g., of psychologists, psychiatrists, social workers, marriage and family counselors). Codes are listed only if they appear online. A note states: 'NOTE: Links to related resources are listed at the end.' A quote follows: '"Awareness of the ethics codes is crucial to competence in the area of ethics, but the formal standards are not a substitute for an active, deliberative, and creative approach to fulfilling our ethical responsibilities. They prompt, guide, and inform our ethical consideration; they do not preclude or serve as a substitute for it. There is no way that the codes and principles can be effectively followed or applied in a rote, thoughtless manner. Each new client, whatever his or her similarities to previous clients, is a unique individual. Each situation also is unique and is likely to change significantly over time. The explicit codes and principles may designate many possible approaches as clearly unethical. They may identify with greater or lesser degrees of clarity the types of ethical concerns that are likely to be especially significant, but they cannot tell us how these concerns will manifest themselves in a particular clinical situation. They may set forth essential tasks that we must fulfill, but they cannot tell us how we can accomplish these tasks with a unique client facing unique problems. . . ."

<http://kspope.com/ethcodes/index.php>

<http://www.easna.org/what-is-eap/code-of-ethics/>

The screenshot shows the EASNA website's Code of Ethics page. At the top left is the EASNA logo, which includes a globe icon and the text "easna Employee Assistance Society of North America". To the right of the logo is a newsletter subscription form with the text "Subscribe to our Newsletter" and a blue "SUBMIT" button. Further right is a "MEMBER LOGIN" link. Below the logo is a navigation menu with the following items: Home, About EASNA, What is EAP?, Accreditation, For Researchers, For Clinicians, Account Managers & Consultants, HR & Employers, For Students, EASNA News, and Join EASNA. The main content area is titled "Code of Ethics" and contains two sections: "Purpose" and "Competence".

Code of Ethics

Purpose

This Code is designed to provide a set of high standards for EAP practitioners and encourage conduct that will enhance the EA field's mission, reinforce its values, and promote quality EA services. The Code is central to who we are as EAP practitioners and compliance is essential to your duty as a valued member of EASNA and practitioner in the EA profession.

Note regarding gender pronouns: Since alternating or replacing pronouns such as "he" or "she" and "him" or "her" can be distracting, this Code uses the generic "he" or "him". This is not intended to reflect any gender bias.

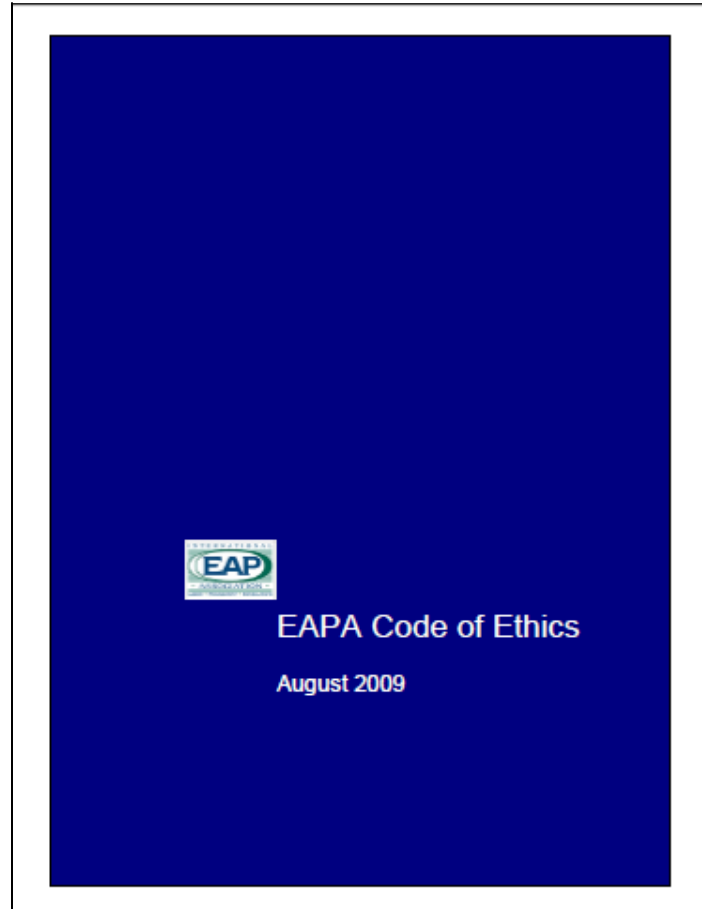
Competence

EAP practitioners are responsible for recognizing the limitations of their competence and for making certain that all work is performed within those limitations. When providing services or using procedures in which he is not fully trained and experienced, the practitioner works only under the supervision of a fully qualified person who is recognized as competent in these

EA Professional Codes


- EAPA Code of Ethics
- CEAP Code of Conduct (EACC)

<http://www.eapassn.org/i4a/pages/index.cfm?pageid=3307>



CEAP Code of Conduct

<http://www.eapassn.org/i4a/pages/index.cfm?pageid=3331>



PART IV - CEAP CLIENT BILL OF RIGHTS AND CODE OF ETHICS

SECTION 1 – CLIENT BILL OF RIGHTS

Certified Employee Assistance Professionals (CEAPs) must display prominently on the premises of their professional practice and/or make available a bill of rights to clients. The bill of rights states:

Clients have the right:

- to expect a CEAP has met the minimal qualifications as required by EACC;
- to obtain a copy of the Code of Conduct;
- to report complaints to the EACC;
- to be informed of the cost of professional services before receiving services;
- to obtain copies of case records and to have the information explained clearly and directly;
- to expect complete confidentiality except as required by law;
- to be informed of employer's specific policies regarding confidentiality; and
- to refuse any recommended services and to be advised of the consequences of this action.

SECTION 2 – CODE OF CONDUCT

PREAMBLE

Certified Employee Assistance Professionals (CEAPs) are dedicated to enhancing the worth, dignity, potential and uniqueness of their clients, whether they are individuals or organizations. They are committed to increasing knowledge of human behavior and organizational effectiveness by continually working on their professional and personal growth. CEAPs recognize the need for continued training and education to best serve organizations and persons of all ages and cultural backgrounds. They are accountable for their work, and recognize the boundaries of their competence and limitations of their techniques. CEAPs are dedicated to the best interest of their clients, colleagues and society in general.

In pursuit of these ideals, individuals who are CEAPs shall abide by the following code of conduct:

A. RESPONSIBILITY:

A CEAP's primary responsibility is to the client. To this end, the CEAP practicing Employee Assistance work may have multiple clients, e.g. an employee, family member, employer, union, representative of the organization, etc. As such, the CEAP shall make

Copyright EACC 1

What do the codes say?

EAPA Code of Ethics

- Preamble
 - Code of Ethics Purpose
 - Ethical Principles
 - Service
 - Beneficence
 - Fidelity
 - Integrity
 - Respect for client's rights
 - Competence

EAPA Code of Ethics

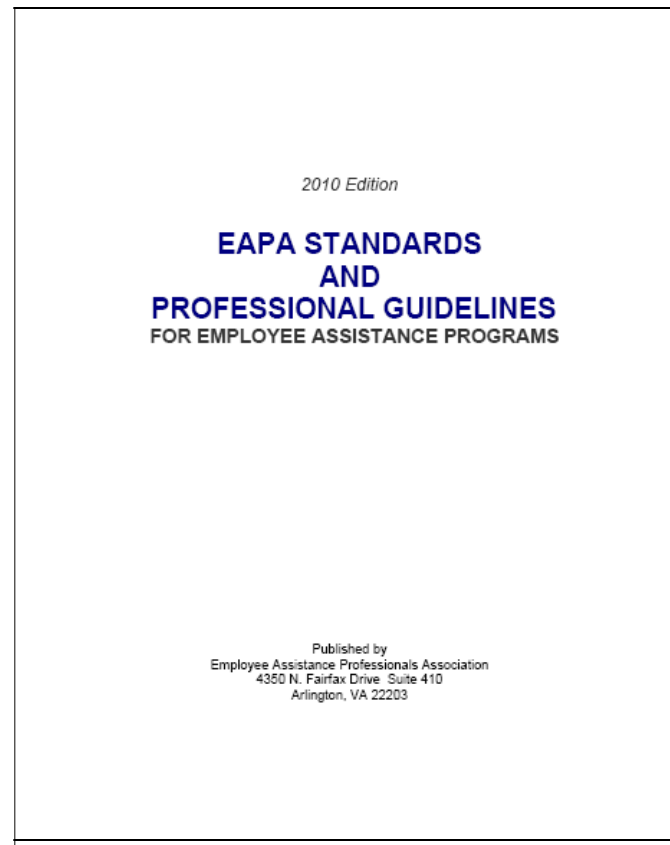
- 1.0 Responsibility to colleagues and other professionals
- 2.0 Responsibility to employees as clients
- 3.0 Responsibility as professionals
- 4.0 Responsibility to employers or work organizations
- 5.0 Responsibility in conducting research
- 6.0 Responsibility to vendors and providers
- 7.0 Responsibility to the Employee Assistance profession and broader society

Basic EAP Ethical Principles

- Preamble
- Service
 - Beneficence
 - Fidelity
 - Integrity
 - Respect for client's rights
 - Competence

Updated Standards

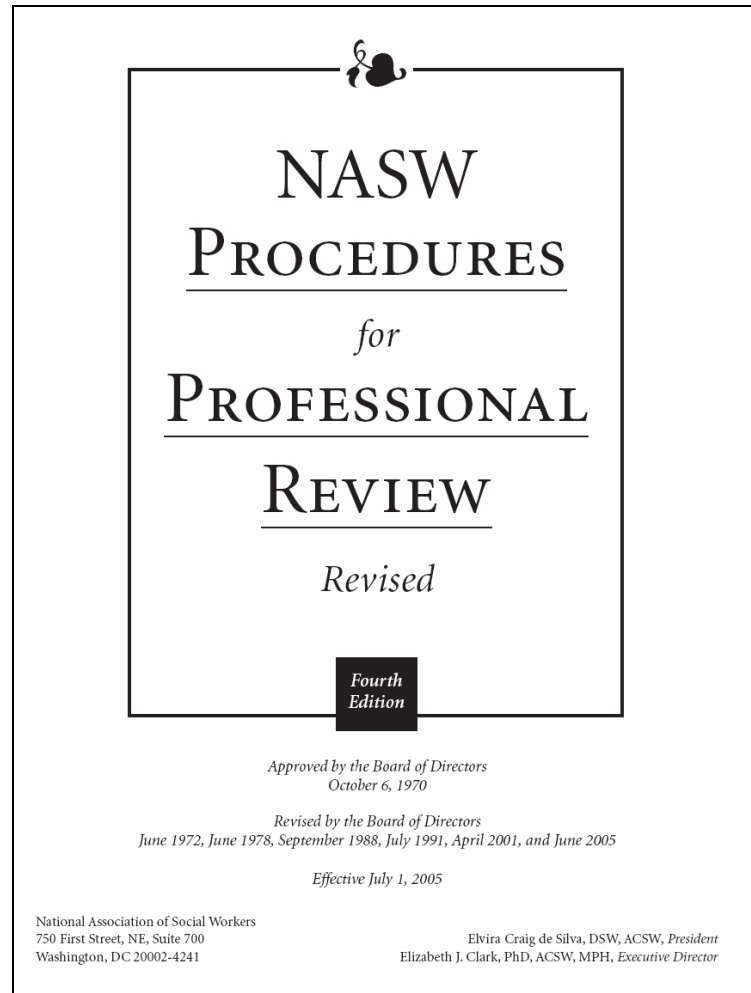
<http://www.eapassn.org/files/public/EAPStandards10.pdf>



Responsibility to Colleagues & other professionals

- Interdisciplinary teamwork and collaboration
- Confidential information between colleagues
- Respect
- Disputes
- Impairment of colleagues
- Incompetence of colleagues
- Responsibility to supervisees and interns
- Non-Discrimination

www.naswdc.org/ethics/procedures.pdf



**HELPING
SOCIAL WORKERS
WITH ALCOHOL
AND OTHER
DRUG PROBLEMS:**

**OPTIONS FOR
INTERVENING WITH
COLLEAGUES**

*Prepared
By a*

Sub-Committee of the Addictions Committee
New York City Chapter
National Association of Social Workers
50 Broadway, 10th Fl., New York, NY 10004

Chairperson:

Christine Huff Fewell, ACSW, BCD, CAC
Private Practice, New York, New York.

<http://www.naswnyc.org/intervention.html>

SWHSW

- Social Workers Helping Social Workers
 - A national support group for social workers
 - CALL: 773-493-6940
 - (confidential voice mail)
 - E-MAIL: SWHSWIL@aol.com

Responsibility to employees as clients

- Informed consent
- Privacy and confidentiality
- Screening and assessment
- Referrals
- Follow up
- Sexual conduct



Sexual misconduct

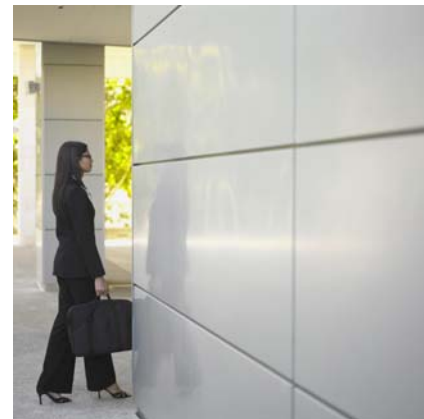
- IDPR –
 - Sexual act or misconduct with student, supervisee, or client till two years after professional relationship.

Responsibility to employees as clients

- Professional competence
- Representation of qualifications
- Non-Discrimination
- Full disclosure
- Delivering EAP services via telephone or other remote technologies

Responsibilities as Professionals

- Boundaries of competence
- Continuing education and training
- Supervision, consultation and advisement
- Integrity
- Acknowledging credit



Responsibility to employers & work organizations

- Accurate representation of capability and capacity
- Contracting truthfully
- Accuracy and honesty in reporting utilization, program results and outcomes
- Provision of management training and consultation
- Consultation on organizational policies or work conditions
- Commitment to employers
- Billing
- Pricing and rate setting

Responsibility in conducting research

- Informed consent
- Institutional approval
- Inducements
- Avoiding injury and minimal interference
- Reporting results
- Avoiding plagiarism
- Publication credit
- Participant confidentiality
- Relationships with participants
- Disclosure of sponsors/Informing sponsors

Responsibility to vendors & providers

- Selection, contracting and pricing
- Conflict of interest
- Payment
- Non-Discrimination



Responsibility of the EAP profession & broader society

- Public statements concerning the EA field and/or EAPA
- Advertising, marketing, sales, representation and other public statements

CEAP Standards

CEAP - Client Bill of Rights



Certified Employee Assistance Professionals (CEAPs) are dedicated to enhancing the worth, dignity, potential and uniqueness of their clients, whether they are individuals or organizations. They are committed to increasing knowledge of human behavior and organizational effectiveness by continually working on their professional and personal growth. CEAPs recognize the need for continued training and education to best serve organizations and persons of all ages and cultural backgrounds. They are accountable for their work, and recognize the boundaries of their competence and limitations of their techniques. CEAPs are dedicated to the best interests of their clients, colleagues and society in general.

CEAPs respect the rights
of the people they work with.

Clients have the right:

- To expect a CEAP has met the minimal qualifications as required by EACC;
- To obtain a copy of the Code of Conduct;
- To report complaints to the EACC;
- To be informed of the cost of professional services before receiving services;
- To obtain copies of case records and to have the information explained clearly and directly;
- To expect complete confidentiality except as required by law;
- To be informed of employer's specific policies regarding confidentiality; and
- To refuse any recommended services and to be advised of the consequences of this action.

Making decisions about ethics

Ethical Decisions

Ethical decisions are situational.

For example:

- Confidentiality
- Proprietary information and products
- Management referrals



Ethical Dilemmas

Four basic types:

- Truth vs. Loyalty
- Individual vs. community
- Short-term vs. long-term
- Justice vs. mercy

Author Rushworth Kidder



Support for Ethical Decision Making

Normative ethics involves personal discussion and interaction with others including sharing experiences and concerns with:

- Workplace Associates
- Workplace Supervisor
- Professional Association Colleagues
 - Chapter/branch members
 - ethics@eapassn.org

Ethical Decision Model

1. What is the potential ethical issue in this situation?
2. What are the competing values or interests?
3. What are your personal values on this issue and which ones are in conflict?
4. Are there any ethical guidelines that apply?
 - ❑ Legal
 - ❑ Workplace policies
 - ❑ Codes of ethics
 - ❑ Practice standards

Ethical Decision Model

- Who are the stakeholders?
 - i.e. any individual or group involved in the decision
 - The client
 - The workplace
 - A family
 - The public
 - You

Ethical Decision making

- List all possible choices of action:
 - Which choice benefits the client?
 - Which choice benefits the organization?
 - Which choice benefits you?
 - Which choice benefits society?

Talk it over.

Now decide.

Document the process

Ethical Dilemma #1

You are an EAP counselor. An employee comes to see you. He is self-referred. He works in a chemical plant, operating gauges that are critical to the safe control of very volatile products. The employee tells you that he is worried about his cocaine use, which he initially used intranasal but now uses intravenously on a daily basis. He reports that he uses only during non-work hours, but lately has a hard time making it through a shift without becoming listless and preoccupied with craving his next use. His speech is rapid and his behavior agitated as he meets with you.

Your assessment leads you to conclude that he will likely require residential treatment to recover from his addiction. When you present your assessment and recommendation to him, he becomes upset and says, "Heck no, I thought I could just talk to someone once a week." He gets up disgruntled, states that he is late for his shift, and walks out.

The company has created no policies that address this scenario. You know that there are codes of conduct and mental health statutes that pertain to a client expressing imminent homicidal or suicidal threat. But there is no imminent threat here. It is only your awareness that your client may, due to drug-induced impairment, pose an unintentional threat to the safety of coworkers and the general public.

What do you do?

Ethical Dilemma #2

In order to retain one of your long-term “anchor” accounts, you were forced to lower your bid without reducing sessions in your eight-session model. Given your historic utilization rate of 7% and your average Length of Stay (LOS) at 3.7 visits per case, you are concerned that expenses for face to-face affiliate counseling will greatly exceed revenue for this particular account.

Although it bothers you, you feel compelled to ask your intake/triage staff to do their best to encourage referrals beyond the EAP after one session rather than engage in short-term problem counseling. In essence, you are advertising an eight-session, short-term model and routinely referring after one session to keep costs down. Your client organization liaison has never asked for LOS per case in the utilization report and you are confident your program is still doing a better job than what the competitor tried to sell at a lower cost.

Is your brochure and proposal misleading when you state that your firm helps reduce benefit costs by solving problems within the EAP, preventing a referral to the benefit plan?

Ethical Dilemma #3

You are an EAP counselor who sees multiple clients from a single company. Imagine that you receive referrals that you realize (only after seeing the clients) have the following relationships:

- Employees from the same small workgroup
- Supervisor and supervisee
- Co-workers, who have come to the EAP to complain about each other
- Coworkers, who are in a clandestine intimate relationship
- Two members of a “love triangle”

Which, if any, relationships present ethical dilemmas?

Discuss the ethical issues.

Ethical Dilemma #4

You are the management team for an external EAP. Historically, your company has maintained a policy prohibiting self-referral by your affiliate providers. You have been invited to submit a request for proposal to a highly desirable client company. You have been highly recommended by a close confidante of the company president, and you have every reason to believe you will receive the contract, provided that you can meet the requirements. The contract will be highly lucrative for you, at a difficult time financially. The company is insisting on self-referral, and that you add their previous panel of providers, who are not well versed in EAP and not well known to you, to your affiliate provider panel.

Discuss the ethical issues.

Ethical Dilemma #5

You are an EAP provider for an external EAP. Your company has recently added a contract with a company that also has an Internal EAP provider. The Internal EAP provider has asked that you maintain consistency of practice with his policies, especially in regards to frequent management referrals. The current practice is for supervisors to call you when they are concerned about their employees, put them on the phone, then for the supervisor to come back on the phone and inquire about the employee's emotional health.

It appears that the Internal EAP provider has made a practice of sharing significant employee information with the supervisor, with the employee's verbal permission. When you question this practice, the provider tells you that the supervisors "just need to know that the employee is ok" and that verbal permission is sufficient for this purpose.

Discuss the ethical issues.

Ethical Dilemma #6

You are the management team for an external EAP. You have a contract with a company that recently has hired a new management team, which has made many changes in the company. Subsequently, there has been a dramatic increase in formal management referrals. Your counselors have reported that many of the referrals do not appear to have performance or behavioral issues, but they have all been openly critical of the changes in the company. They report that they were previously told by supervisors that if they complained about the company they would be referred to the EAP.

Discuss the ethical issues.

Ethical Dilemma #7

You are an EAP affiliate provider. You are seeing a self-referred client, who reports that he is in a clandestine sexual relationship with the company president, and has been offered a promotion by the president. He does not believe he is qualified for the position, but plans to accept it. He is concerned about the reaction of his better qualified peers. He has been having anxiety about this issue, and is coming to you for strategies to manage his anxiety. Your contact with the company, the HR Director, has become a good friend, and often calls you for advice. Shortly after your first session with the client, she calls and confides that she suspects the President is sexually harassing employees and asks you for guidance on how to deal with the situation.

Discuss the ethical issues.

Ethical Dilemma #8

You are the management team for a small External EAP. A large percentage of your business is represented by a contract with a single company, which has indicated that it is re-evaluating the contract. If you lose this contract, it is very possible that you will go out of business. You are aware that the company has recently changed health insurance providers, and is now being offered a “free EAP” by the provider. In order to compete, you consider:

- Eliminating your face-to-face benefit, and offering only internet and telephone based sessions
- Reducing your PM/PM to a level that would not be sustainable at the current average number of sessions, and encouraging your counselors to routinely refer after the first session
- Changing your method of measuring utilization in a way that dramatically increases the utilization rate, and using that to convince the company that you are a very cost effective alternative, given the amount of services you are providing.

Discuss the ethical issues.

21 Ethical Fallacies:

Cognitive Strategies To Justify Unethical Behavior
Ken Pope, Ph.D., ABPP, Melba Vasquez, Ph.D., ABPP

1. It's not unethical as long as a managed care administrator or insurance case reviewer required or suggested it.
2. It's not unethical if the professional association you belong to allows it.
3. It's not unethical if an ethics code never mentions the concept, term, or act.
4. It's not unethical as long as no law was broken.

<http://kspope.com/ethics/ethicalstandards.php>

From the chapter "Ethics & Critical Thinking" in the book *Ethics in Psychotherapy and Counseling: A Practical Guide, Third Edition*, by Kenneth S. Pope, Ph.D., ABPP, and Melba J. T Vasquez, Ph.D., ABPP (San Francisco: Jossey-Bass/John Wiley & Sons, 2007), and is used with permission of the holder of the copyright.

21 Ethical Fallacies:

5. It's not unethical if we can use the passive voice and look ahead.
 - If someone discovers that our c.v. is full of degrees we never earned,
 - positions we never held, and
 - awards we never received,all we need do is non-defensively acknowledge that mistakes were made and it's time to move on.

6. It's not unethical as long as we can name others who do the same thing.

21 Fallacies

7. It's not unethical as long as we didn't mean to hurt anyone.
8. It's not unethical even if our acts have caused harm as long as the person we harmed had it coming, provoked us, deserved it, was really asking for it, or practically forced us to do it -- or, failing that, has not behaved perfectly, is in some way unlikable, or is acting unreasonably.
9. It's not unethical as long as there is no body of universally accepted, methodologically perfect (i.e., without any flaws, weaknesses, or limitations) studies showing — without any doubt whatsoever — that exactly what we did was the necessary and sufficient proximate cause of harm to the client and that the client would otherwise be free of all physical and psychological problems, difficulties, or challenges.

21 Fallacies

10. It's not unethical if we could not (or did not) anticipate the unintended consequences of our acts.
11. It's not unethical if we acknowledge the importance of judgment, consistency, and context.

12. It's not unethical if we can say any of the following about it (feel free to extend the list):

- "What else could I do?"
- "Anyone else would've done the same thing."
- "It came from the heart."
- "I listened to my soul."
- "I went with my gut."
- "It was the smart thing to do."
- "It was just common sense."
- "I just knew that's what the client needed."
- "Look, I was just stuck between a rock and a hard place."
- "I'd do the same thing again if I had it to do over."
- "It worked before."
- "I'm only human, you know!"
- "What's the big deal?"

21 Fallacies

13. It's not unethical if we have written an article, chapter, or book about it.
14. It's not unethical as long as we were under a lot of stress. No fair-minded person would hold us accountable when it is clear that it was the stress we were under—along with all sorts of other powerful factors—that must be held responsible.
15. It's not unethical as long as no one ever complained about it.
16. It's not unethical as long as we know that the people involved in enforcing standards (e.g., licensing boards or administrative law judges) are dishonest, stupid, destructive, and extremist; are unlike us in some significant way; or are conspiring against us.

21 Fallacies

17. It's not unethical as long as it results in a higher income or more prestige (i.e., is necessary).
18. It's not unethical if we're victims. Use one of 2 traditional scapegoats:
 - (a) Our "anything-goes" society that lacks clear standards and leaves us ethically adrift or, conversely,
 - (b) Our coercive, intolerant society that tyrannizes us with "political correctness," dumbs us down, and controls us like children.

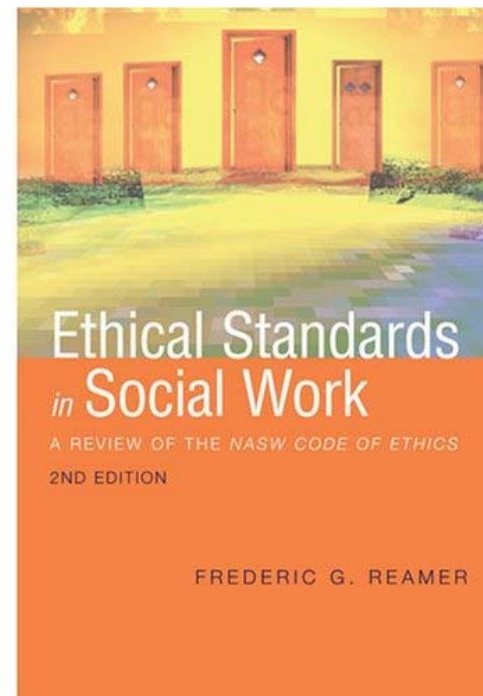
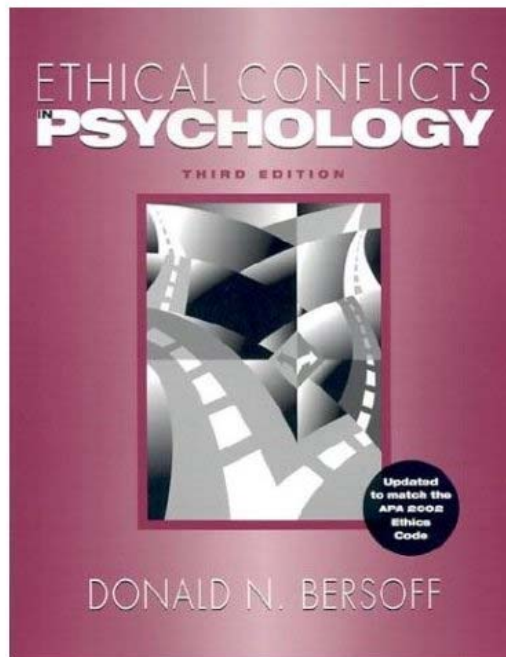
21 Fallacies

- 19. It's not unethical as long as it would be almost impossible to do things another way.
- 20. It's not unethical as long as there are books, articles, or papers claiming that it is the right thing to do.
- 21. It's not unethical as long as we can find a consultant who says its OK.

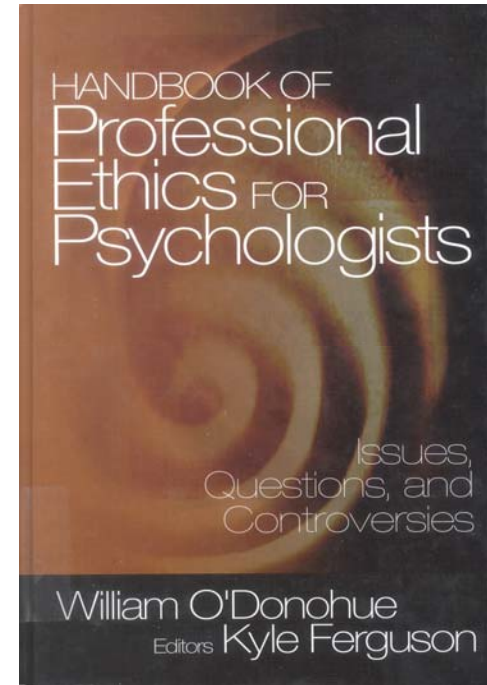
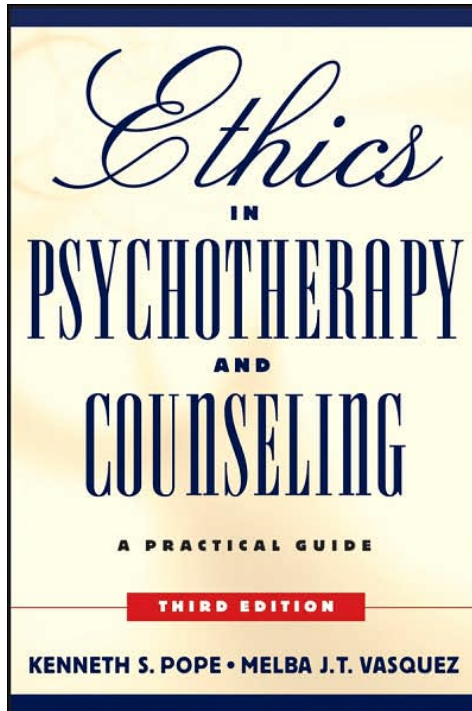
Summary

- Codes of ethics, or conduct, help define a profession
- Ethics is the study of moral decision making
- Ethics differs significantly from law and policy statements
- Ethical dilemmas are created by two opposing values
- Ethical thinking is not easy

Good things to read



More good books



Thanks for listening

I N T E R N A T I O N A L



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