



National American Indian & Alaska Native
ATTC Addiction Technology Transfer Center Network
 Funded by Substance Abuse and Mental Health Services Administration

AMERICAN INDIAN
 & ALASKA NATIVE
 BEHAVIORAL HEALTH
 WEBINAR SERIES

Ethical Considerations in Substance Abuse Treatment of Native Clients

JUN
 27

Robert Rohret, MPH

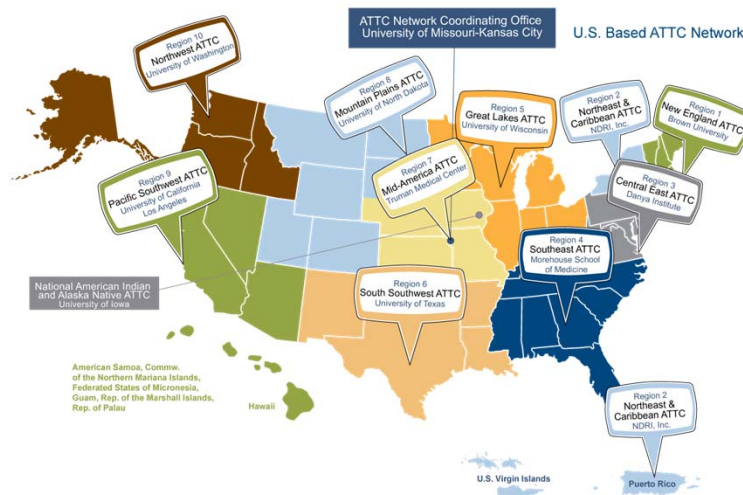
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American Indian & Alaska Native Behavioral Health webinar series

- This webinar is provided by the National American Indian & Alaska Native ATTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT).



For more information on the ATTC Network, visit: attcnetwork.org
 To find your regional center, visit: attcnetwork.org/findregcenter.asp

For more information on the National American Indian & Alaska Native ATTC, visit: attcnetwork.org/native or email native@attcnetwork.org



Webinar Follow-Up

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CEUs are available upon request for \$15 per session.

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- Participants are responsible for submitting state specific requests under the guidelines of their individual state.

Presentation handouts:

- A handout of this slideshow presentation is also available by download.

If you are unable to download the documents from the webinar,
please contact Kate Thrams at kate-thrams@uiowa.edu

Name	Size
Handout Bereavement and Grief Jan 2014.pdf	2 MB
CEU Request Form.pdf	154 KB

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Webinar Follow-Up

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We appreciate your response and look forward to hearing from you.



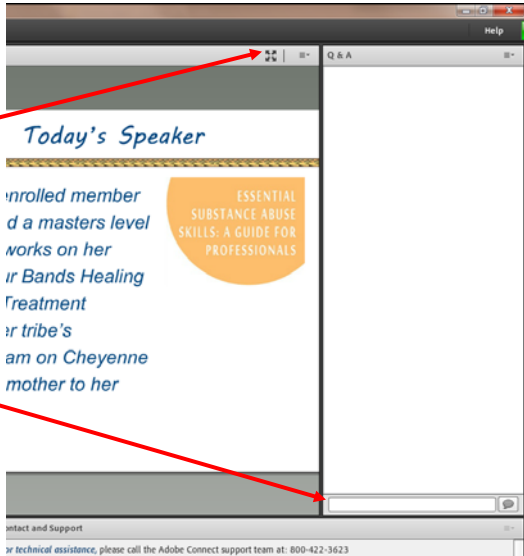



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Adobe Connect Overview

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- To ask questions or share comments, please type them into the chat pod and hit "Enter."





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Today's Speakers

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Bob Rohret holds a Master of Public Health degree from the University of Iowa and has worked in the field of addictions for over 20 years. Bob has been internationally certified as an alcohol and drug counselor and currently assists the National AI/AN ATTC by facilitating courses that prepare clinicians for taking the IC & RC exam. In the course of his career, Bob has worked as a clinician, clinical supervisor, Sr. Manager, Director, and Executive Director in a variety of settings. He is currently serving as the Administrative Manager of Behavioral Health for Hennepin County in Minneapolis, Minnesota, and recently served as Executive Director of the Minnesota Association of Resources for Recovery and Chemical Health (MARRCH), and as the Director of a 50 bed medically-monitored, high-intensity inpatient program located in St. Paul, MN for Ramsey County Human Services.



42 CFR, Part 2 & Ethical Considerations

Robert Rohret, MPH

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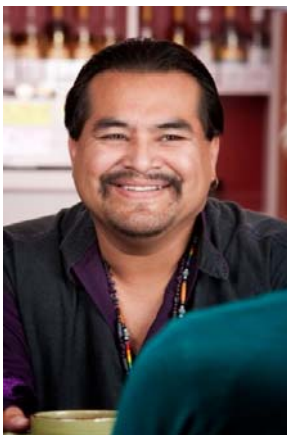


Presentation Overview

- *Overview of the Addiction Technology Transfer Center (ATTC) Network and the National American Indian and Alaska Native ATTC*
- *Confidentiality:*
 - *Overview of 42 CFR, Part 2*
 - *Amendments and Exceptions to 42 CFR, Part 2*
- *Ethical Principals & Dilemmas*
 - *Privacy Law vs. Ethical Considerations*
 - *Examples of Possible Ethical Dilemmas for Discussion*

- *The National American Indian and Alaska Native Addiction Technology Transfer Center is supported by a grant from CSAT/SAMHSA.*
- *The content of this publication does not necessarily reflect the views or policies of SAMHSA or HHS.*

Target population



- *Behavioral Health workforce providing treatment for American Indian and Alaska Native clients*
- *Peer Recovery Support specialists*
- *Trainers*
- *Educators*
- *Clinical supervisors*
- *Future leaders in behavioral health organizations*



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42 CFR, Part 2 & Ethical Considerations



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Overview of 42 CFR, Part 2

- *42 CFR, Part 2 = Federal substance use disorder confidentiality regulations*
- *The regulations and the underlying statutory authority have been in effect since the 1970's, but were amended in 2017*
- *The regulations provide the highest level of privacy and security for substance use disorder treatment records—there is no privacy law that is more restrictive in health care*

Overview



- 42 CFR, Part 2 applies only to federally-assisted “programs” providing addiction treatment
- Part 2 protects information that would identify a patient, either directly or indirectly, as having had a SUD, or being or having been a patient at a federally-assisted SUD program

Overview (Cont.)

- Information protected by Part 2 may not be disclosed without written patient consent, or unless another exception applies- we’ll get to the “exceptions”
- Re-disclosure of information is also prohibited under Part 2
- For a thorough understanding of these regulations, Google- “Electronic Code of Federal Regulations, 42 CFR, Part 2”
- The Legal Action Center also provides a summary of 42 CFR, Part 2, and a summary of amendments made in 2017



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What changed in 2017?

- *Consent: The “To Whom” section allows more options (name of individual, name of entity, general designation, such as “all my treating providers”*
- *Amount and Kind of information to be shared: Must now explicitly describe the SUD information to be disclosed. It would be acceptable to say “all of my SUD records” as long as there are more specific options also included on the consent*
- *Qualified Service Organization Agreements (QSOA): In specific instances, allows for an SUD provider to share client information with another program without client consent*



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What Changed in 2017?

- *Upon client request, a program must provide a list of all entities to which the client’s information has been disclosed*
- *List of disclosures must be provided in writing or electronic form*
- *Written notice of confidentiality rights must be provided to clients upon admission*





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42 CFR, Part 2 Exceptions

- *Generally, a treatment center may disclose patient information to a third party, including information about the presence of an identified patient at the facility, only if the patient consents in writing or if there is an authorized subpoena and court order*
- *The subpoena and order must be issued in accordance with very specific procedures and criteria under the regulations*
- *An arrest or search warrant is not sufficient under 42 CFR Part 2 to obtain the identity or verify the presence of a person within the facility, or to obtain patient records*



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42 CFR, Part 2: Exceptions

- *The facility/staff can make disclosure to law enforcement without a subpoena or court order for the purpose of reporting crimes by patients on program premises, or against program personnel, or threats to commit such crimes*
- *Patient identifying information may be disclosed to medical personnel who have a need for information about a patient for the purpose of treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention*
- *The prohibitions of the regulations do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities*



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Privacy Laws & Ethical Considerations



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Codes of Ethics & Privacy Law

The potential exists for ethical dilemmas to arise when privacy laws collide with real life situations

When possible, always consult with your organization's leadership on how to respond

The following slides touch upon generally accepted ethical principles

American Psychological Association Codes



General Principles

- Principle A: Beneficence and Non-maleficence
- Principle B: Fidelity and Responsibility
- Principle C: Integrity
- Principle D: Justice
- Principle E: Respect for People's Rights and Dignity

NAADC Code of Ethics

- There are multiple ethics codes for the counseling profession
 - NAADAC: <http://naadc.org/documents/index.php?CategoryID=23>
 - ACA (American Counseling Association: Substance Abuse Section): <http://www.counseling.org/resources/codeofethics/TP/home/ct2.aspx>
- The majority are derived from the American Psychological Association code of ethics
 - <http://www.apa.org/ethics/code.html>

Other Codes of Ethics

- *Many States may have their own Code of Ethics*
 - *Iowa is an International Certification and Reciprocity Consortium (IC & RC) state*
- *Rules may be phrased differently, but are built on similar principles*
- *Additionally, tribes may have their own Codes of Ethics which will need to be considered as well*

Overriding Rules of Ethics

Keep the client alive – no matter what the code says, this overrides all considerations

- *Should the client report:*
 - *In danger from self*
 - *In danger from others*
 - *A plan to harm others (Duty to Warn)*
 - *We must follow this rule and report to the proper authorities in order to preserve life*

Rules Continued

- *Never use the client for your own gain (e.g., financial, physical, emotional, sexual, career, or other).*
- *Always consult when confronted with an ethical dilemma – unethical behavior thrives in secrecy, and does not survive in openness*



Principle 8 (NADAAC): Confidentiality

- *The NAADAC member working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriate executed consent*
- *The NAADAC member shall*
 - *Provide the client his/her rights regarding confidentiality. In writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party*

Principle 8 Continued

- *The NAADAC member shall –*
 - *Make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The members shall –*
 - *Ensure that data obtained, including any form of electronic communication, are secured by the available security methodology*
 - *Ensure that data is limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel*

Principle 8 Continued

- *The NAADAC member shall –*
 - *Adhere to all federal and state laws regarding confidentiality and the member's responsibility to report clinical information in specific circumstances to the appropriate authorities*
 - *Discuss the information obtained in clinical, consulting or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress and compliance. Every effort shall be made to avoid undue invasion of privacy*
 - *Use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved*



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NADAAC Principle 9

- *The NAADAC member shall -*
 - *Inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes and/or observation of an interview by another person*
 - *NOT engage in professional relationships or commitments that conflict with family members, friends, close associates or others whose welfare might be jeopardized by such a dual relationship*



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Codes of Ethics

- *Again, review both -*
 - *The NAADAC Code of Ethics, and*
 - *The APA Code of Ethics (more comprehensive)*
 - *The ACA Code of Ethics (more comprehensive)*
 - *The NASW Code of Ethics*
- *A good review text is:*
 - *Critical Incidents, 2nd Edition by William White (2001)*



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Potential Ethical Dilemmas



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Example of an Ethical Dilemma

What would you do?

You meet with a client that tells you he was involved in a series of robberies, some that involved serious assaults, in order to obtain money to buy drugs. The client said he was never caught and laughed at the fact he got away with it.



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Example 2

What would you do?

A police officer arrives at your facility late at night with a search warrant and demands that you let him/her in. The officer says "I know this person is here".



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Example 3

What would you do?

A client gets in an argument with another client. Out of anger and frustration, one of the clients picks up a chair and throws it at the TV in the client lounge, destroying the TV.



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Example 4

What would you do?

A client reports to you that she murdered someone in her hometown 5 years ago, but that she was never caught. She states that this haunts her.



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Example 5

What would you do?

The police arrive at your facility with a court order, signed by a Judge, and a subpoena. The Court Order is in reference to assault and battery. The police are requesting that you confirm the client is at your facility, and arrange for them to take this person into custody if they are.



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Example 6

What would you do?

A client in your facility has a seizure and requires medical care, but has signed no consent forms.



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Bonus Question

If the police want to know if someone is in your facility, and you know that the person ISN'T there, can you tell the police that?



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The goal of confidentiality is:

- a. *Protecting the public*
- b. *Protecting the counselor*
- c. *Protecting the profession*
- d. *Protecting the process*
- e. *Protecting the client*



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Can we answer your
questions?



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