



**FACES & VOICES
OF RECOVERY**

ADVOCATE. ACT. ADVANCE.

Recovery Leadership Summit

Wednesday October 6, 2021; 2:15pm-3:15pm Central

Ethics

with

Recovery Community Organizations

facilitated by

George S. Braucht; LPC, CPCS & CARES

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Applying Science to Practice

Ethics
Efμ!C?

The endless vine: an ancient symbol
of Life, Infinity, or Wisdom from the flow
of time and movement within and without



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Description

Not the usual “Do this, don’t do that, can’t you read the sign?” class, learn a trans-disciplinary ethical decision-making model to assist your organization in managing the dilemmas that occur due to the inherent clash among client rights, agency policies, funding commitments and community/public safety responsibilities. Please bring to the workshop a copy of: 1) the professional or organizational code of ethics that informs your work and 2) your organization’s vision, mission and values statements. Explorations of several boundary management and other vital issues inform mission-congruent and values-based resolutions that empower staff and those whom they serve.

Objectives. Upon completion of this series, participants will be able to:

1. List three fundamental moral psychology principles of ethical decision-making.
2. Conduct vital incident review sessions using an [Ethical Decision-making Worksheet](#) to build multi-disciplinary collaboration among professionals with varied ethical behavior standards.
3. Incorporate a [Catalogue of Organizational Practices and Ethics \(COPE\)](#) into your agency’s new employee orientation and ongoing in-service trainings.

1. A Moment of Silent Stillness

Simon & Garfunkel. (1966). *Sounds of silence*.



“If we had a keen vision of all that is ordinary in human life, it would be like hearing the grass grow or the squirrel’s heart beat, and we should die of that roar which is the

_____.”
George Eliot (Mary Ann Evans). (1872). *Middlemarch*.

David Crosby. (1988). *Compass*.

2. Participate in polls via responseware.com

Enter as “Guest” with Session ID: **ethic**

3. Three points about ethical decisions from moral psychology

Alex and Jamie are siblings traveling together in France on summer vacation from college. One night while staying alone in a cabin near the beach, they decide that it would be interesting and fun if they tried making love. At the very least, it would be a new experience for each of them. Alex is already taking birth control pills but Jamie uses a condom, too, just



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to be safe. They both enjoy making love but decide to never do it again. They keep that night a special secret which makes them feel even closer to each other. **Do you think it is acceptable for two consenting adults, who happen to be siblings, to make love?**

➤ ~69% immediately answer “No” (Haidt, 2006; Haidt, 2001; Haidt, Koller & Dias, 1993)

3.1. Morality begins with c_____ - based affect (feelings) = instant and automatic judgement = the Elephant or System 1 (Kahneman, D. 2011)

➤ When asked why or how you came to that answer?

3.2. We c_____ : Invent reasons (cognition) “on the fly” = the Rider or System 2

➤ Refuting reasons generally doesn’t change minds (“yeah but, but, but... that just seems [feels] right!” = System 1 or the Elephant)

3.3. Arguments do n_____ diminish the cause of the position (affect: System 1: the Elephant) if we address only what was made up a_____ the judgement occurred!

Haidt, J. (2006). *The happiness hypothesis: Finding modern truth in ancient wisdom*. New York: Perseus.

3.4. Kahneman., D. (2011). *Thinking, fast and slow*. New York: Farrar, Straus and Giroux.

System 1 (Elephant): fast thinking, intuitive affect, automatic & often unconscious

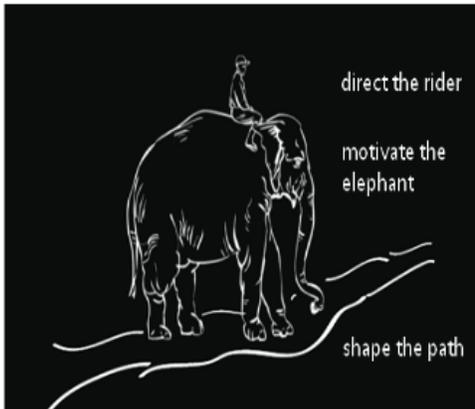
System 2 (Rider): slow thinking, deliberative cognition, controlled & sometimes conscious

3.5. First thing you think when a client/peer/resident (CPR) says, “*I only had one drink!!!*”

Draw the second figure below

4. Ethical Decision-making: What Works? Adapted from Haidt, J. (2012). *The righteous mind: Why good people are divided by politics and religion*.





→ Check reference materials, e.g., Code of Ethics, laws, etc.

→ **First, appreciate and v_____ the other's worldview and values!**

→ Develop a [Catalogue of Organizational Practices and Ethics \(COPE\)](#)

5. Ethics

- 5.1. Exercising integrity with sustained vigilance in preventing harm and injury to those to whom we have pledged our loyalty or service. Adapted from White & Popovitis. (2001, 2nd ed.). *Critical incidents*.
- 5.2. Professional ethics codes set MINIMUM standards of conduct

6. Ethical Decision-making Levels - Adapted from Corey, Corey, Corey & Callanan. (2018, 10th ed.). *Issues and ethics in the helping profession*.

- 6.1. Foundation: Mandatory = Compliance with the law and professional ethics codes
- 6.2. Middle level: Standard of practice = “reasonable colleague”
- 6.3. Highest Level: Continuously open to the effects of interventions on client/peer/resident welfare - above and beyond what may be required by “law”
 - 6.3.1. Doing what is intrinsically right, regardless of the consequences

7. [Boundaries Management and Intimacy Issues Worksheet](#)

- 7.1. What item(s) does everyone have the ✓ in the same Vulnerability Zone?

8. [Ethical Decision-making Worksheet](#)

- 8.1. [Ethical incidents](#)

9. Catalogue of Organizational Practices and Ethics (COPE)

- 9.1. Strategic purpose: Guide decisions and behaviors in pursuing the agency's vision, mission and values via explicitly defined obligations and practices
- 9.2. Build an agency-specific, real-issues COPE that cuts across professional codes of ethics
- 9.3. Add Ethical Decision-making Worksheets as situations arise to inform and update staff, volunteers, & CPRs



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9.3.1. Uses

9.3.1.1. Ongoing professional development initiatives

9.3.1.2. Monthly/quarterly in-service trainings

9.3.1.3. New board member, employee, volunteer, and CPR orientations

9.4. [COPE Checklist](#)

10. AAA Check-out: One thing I...

Appreciated (liked): _____

Ah-ha! (learned): _____

Anticipate doing: _____

11. References

Corey, G., Corey, M. S., & Callahan, P. (2018, 10th ed.). *Issues and ethics in the helping professions*.

Gentile, M. C. (2010). *Giving voice to values: How to speak your mind when you know what's right*.

Haidt, J. (2012). *The righteous mind: Why good people are divided by politics and religion*.

Haidt, J. (2006). *The happiness hypothesis: Finding modern truth in ancient wisdom*.

Kahneman, D. (2011). *Thinking, fast and slow*.

White, W. L. & Popovits, R. M. (2001, 2nd ed.). *Critical incidents: Ethical issues in the prevention and treatment of addiction*.

White, W. L., et al. (2007). *Ethical guidelines for the delivery of peer-based recovery support services*.



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George S. Braucht; LPC, CPCS & CARES

Brauchtworks Consulting, Chief Mission Officer

Braucht is pronounced like “yacht” but start with “br” instead of “y”

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Mr. Braucht’s 14,000+ hours of psychotherapy, supervision, and applied community psychology experience focuses on professional and peer workforce development that emphasizes continuous service quality and outcome improvement. In peer services, George co-founded the Certified Addiction Recovery Empowerment Specialist (CARES) Academy, a peer recovery coach training that is operational in several states, and the Forensic Peer Mentor Ready4Reentry training. Clinical program implementations he has led include a statewide recovery counseling program for people on parole, the Transitional Housing for Offender Reentry (THOR) Directory and Reentry Partnership Housing, Georgia’s first two in-prison therapeutic community programs and the first five Day Reporting Centers, and several statewide reentry initiatives. George's teaching experience includes many years as a Psychology Professor and curricula he has developed include an Enhanced Supervision Program (ESP) training for correctional and reentry staff plus certification trainings for Recovery Residence Managers and for the Recovery Capital Scale. George is a Charter Board Member of the National Alliance for Recovery Residences and a Recovery Consultant for SAMHSA’s Opioid Response Network. Little Richard, Otis Redding, the Allman Brothers Band and George, among others of course, hail from Macon GA where he lives nearby with his spouse, Jane, and a Miniature Pinscher he calls Frodo. Music, horticulture, and mythology are some of his passions.



Boundary Management and Intimacy Issues Worksheet 150703

Adapted by George S. Braucht; LPC, CPCS & CARES with permission of William L. White. From White, W., the PRO-ACT Ethics Workgroup, with legal discussion by Popovits R. & Donohue, B. (2007). *Ethical guidelines for the delivery of peer-based recovery support services*. Philadelphia: Philadelphia Department of Behavioral Health and Mental Retardation Services.

I am taking this as a/an: all that apply. Administrator Clinical Supervisor Clinician
Peer service provider Service recipient (CPR)

Instructions: one of the three vulnerability zones for each of the below behaviors.

Vulnerability Continuum

Client/Peer/Resident = CPR
Alcohol or other drugs = AOD
The below are Service Provider behaviors

	Safe Always OK	Vulnerable Sometimes OK, sometimes not	Danger Never OK	Ethic code #
1. Give a gift to a CPR or a CPR family member				
2. Accept a gift from a CPR or a CPR's family member				
3. Lend or borrow money				
4. Manage a CPR's money				
5. Give a hug				
6. "You are a very special person"				
7. "Relapse is a part of recovery"				
8. Invite to a holiday dinner at your home				
9. Joke about breast or penis size				
10. Have sex with a former CPR				
11. Have a relationship with a CPR's family member				
12. Give a CPR your personal cell phone number				
13. Use profanity or curse words				
14. Use drug culture or street slang				
15. "I'm going (or been) through a rough divorce myself"				
16. "You're very attractive"				
17. Address the CPR by her first name				
18. Attend mutual support group meetings with CPRs				
19. Hire a CPR do some paid work at your sister's house				
20. "Praise God" or "Praise Allah"				
21. Work with a CPR to whom you previously sold AOD				
22. Sponsor a CPR who you are assigned at work				
23. Attend a CPR's wedding				
24. Tell another staff member that her/his CPR admitted using AOD during a mutual support group meeting				
25. Give a CPR a ride in your personal vehicle				



Adapted by George S. Braucht; LPC, CPCS & CARES from White, W. L. & Popovits, R. M. (2001, 2nd Edition). *Critical incidents: Ethical issues in the prevention and treatment of addiction* and Gentile, M. C. (2010). *Giving voice to values: How to speak your mind when you know what's right*.

Name: _____ Date: _____ COPE # _____

Incident title/theme:

Brief summary of the incident:

Step One: What is the potential risk level to each party?

Party	Potential Risk of Harm (✓)		
	Minimal	Moderate	Significant
You			
Individual/Family Being Served			
Service Provider(s)			
Service Provider Organization/Agency			
Professional Service Field			
Recovery Community			
Community/Public Safety			

Step Two: ✓ each core recovery value that applies to this situation. What action would that value suggest? *Note: Consider replacing the below with your organization's values.*

✓	Core Value	Suggests this Course of Action
	Autonomy/Choice (Self-direction; freedom over destiny)	
	Obedience (Obey legal/ethical directives)	
	Conscientious Refusal (Disobey legal/ethical directives)	
	Beneficence (Do good; help others)	
	Gratitude (Pass good along to others)	
	Competence (Knowledge/skills)	
	Justice (Be fair; distribute by merit)	
	Stewardship (Use resources wisely)	
	Honesty and Candor (Tell the truth)	
	Fidelity (Keep your promises)	
	Loyalty (Don't abandon)	
	Diligence (Work hard)	
	Discretion (Respect confidence and privacy)	
	Self-improvement (Be the best that you can be)	
	Non-maleficence (Do no harm; hurt no one)	
	Restitution (Make amends to injured persons)	
	Self-Interest (Protect yourself)	
	Other Culture-Specific Value:	



Step Three: What laws, organizational policies, professional ethics codes and standards and historical practices influence your behavior in this situation?

Enablers:

Disablers:

Step Four: Document

1. What options you considered:

2. Who you consulted:

Enablers:

Disablers:

3. What decision-based scripts you made and what you did to rehearse:

4. The outcome of the decision(s) made and action(s) taken:



Catalogue of Organizational Practices and Ethics (COPE) Checklist 141107

Adapted by George Braucht; LPC, CPCS & CARES with permission from William L. White.
From: White, W. L. & Popovits, R. M. (2001, 2nd Edition). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Lighthouse Institute: Bloomington IL.
Available at chestnut.org/LI/bookstore/index.html

A. Organizational Culture

1. Are the organization's vision and mission statements, values, performance objectives and measures, and Code of Organizational Practices and Ethics (COPE) written with sufficient clarity to allow their application in daily decision-making and discussions among staff/volunteers and clients/peers/residents (CPRs)? No Yes
2. Are education, experience and certification/licensure requirements for each agency position set to promote the likelihood that staff/volunteers have prior knowledge and skill in ethical decision-making? No Yes
3. Is the COPE integrated into the organization's personnel policies or corporate compliance program? No Yes
4. Are organizational vision, mission, values and ethical standards raised during employee/volunteer hiring and included in staff/volunteer and CPR orientations? No Yes
5. Are ethical issues addressed in the in-service training schedule, not just as a special topic, but integrated as a dimension of all training topics? No Yes
6. Are opportunities provided for staff/volunteers and CPRs to explore ethical issues with other professionals within and outside the organization? No Yes
7. Are formal arrangements maintained that allow organizational leaders to access outside consultation on complex ethical-legal issues? No Yes
8. Are opportunities provided for staff/volunteers and CPRs to periodically review and revise existing worksheets and add new ones to the COPE? No Yes
9. Do organizational leaders frequently recite the organization's vision, mission and values, model COPE-based decision-making when talking about key ethical issues in communications with staff/volunteers and CPRs plus during community outreach activities? No Yes
10. Is COPE adherence a component of all staff/volunteer and CPR performance evaluations? No Yes



Catalogue of Organizational Practices and Ethics (COPE) Checklist (cont.)

11. Is ethical conduct a core value of the organization as reflected in the agency legacy or history story and mythology in organizational literature and during community outreach; the organization's brand including symbols, totems, slogans and designation of heroes and heroines? No Yes
12. Are rituals built into organizational life that identify and celebrate instances of COPE-compliant behavior, identify practices that undermine or deviate from COPE, and promote recommitting to the COPE, e.g., staff/volunteer and CPR meetings, advances (traditionally referred to as retreats), strategic planning meetings, etc.? No Yes
13. Are processes in place through which staff/volunteers and CPRs can identify and rectify stressors that can contribute to poor ethical decision-making (role overload/conflicts, incompatible values and procedures, etc.)? No Yes
14. Is an employee assistance program available that addresses personal impairments that could affect staff/volunteer ethical judgment and conduct? No Yes

B. Ethical Decision-Making

15. Have staff/volunteers and CPRs been oriented to the multiple parties whose interests/vulnerabilities must be reviewed in using the [Ethical Decision-making Worksheet](#)? No Yes
16. Are instances of COPE compliances celebrated and violations immediately and consistently addressed? No Yes
17. Are the forums clearly defined within which ethical issues can be explored, e.g., individual supervision, team meetings, etc.? No Yes

C. Ethical Violations

18. Do staff/volunteers and CPRs clearly understand the mechanism for reporting questionable behavior or COPE violations, and the results of subsequent investigations? No Yes
19. Are the potential consequences of COPE breaches clearly defined and communicated to staff/volunteers and CPRs? No Yes
20. Are the procedures through which COPE violations are addressed clearly defined and communicated to staff/volunteers and CPRs? No Yes

