



CONTINUING EDUCATION (CE) COURSE MATERIAL

Course No. CE1204P2 – Professional Ethics and Confidentiality: Professional Obligations

COURSE OBJECTIVE

The examination of professional obligations in dealing with family and colleagues, in respecting AA traditions, obligations to the community and other professionals, in publications and in public speaking.

COURSE MATERIAL

The familiar question "Am I my brother's keeper?" appears in many contexts. People who have chosen careers in health care have already answered it affirmatively. Arguments arise as to how that must be done. No one can be accountable for everything and every-one, but neither can we hide behind the excuse that "It's not my job" when there is so much of importance that needs to be done.

OBLIGATIONS TO FAMILY AND COLLEAGUES

A good way to start sorting things out begins with knowing what each of us is qualified to do and what we can contribute. Obvious examples are obligations to one's own family--our responsibilities as parents, spouses, and siblings. These are tasks that can't be delegated to others. With the extended family of close friends and colleagues, there are similar concerns. They trust us to know them well and to be aware of signs of change or trouble long before outsiders would notice.

RESPECTING A.A. TRADITIONS

For many counselors, an even larger family than that of the work-place is the world of Alcoholics Anonymous (A.A.). That remarkable organization asks little of its members in return for what it gives. It requires only that its customs and traditions be followed if its name is to be used. These guidelines keep A.A. intact as an organization so that it will remain available and effective for the generations to come (Maxwell 1984,Robertson 1988).

Counselors need to consider the short-term needs of their patients within the context of A.A.'s overall well-being. A.A. policies have been set only after considerable deliberation. There has been a great deal of grass-roots input through regional delegates as well as through the process of group conscience. Protecting A.A. or other Twelve Step groups, understanding them well, and presenting them fairly are important for both counselor and patient. It is beyond the scope of this discussion to do more than mention a few areas where problems arise.

Common problems include misunderstandings about anonymity. Unauthorized professionals may present themselves at media level as A.A. spokespersons. This implies that A.A. has endorsed or become affiliated with their particular treatment efforts or philosophy, actions that A.A. has always been extremely careful to avoid. Tapes have been made of A.A. talks, given at both outside meetings and in treatment facilities, which are then played for other groups without the speaker's knowledge or permission. A particularly striking case involved the use of a surgeon's A.A. personal story taped without her knowledge or permission and played for her medical students. An unthinking but well-meaning person thought that the students would be particularly interested in the experiences of a fellow physician. Indeed they were.

Although there is much overlap, the A.A. tradition of anonymity is not the same as the professional ethic of confidentiality. Both are concerned that the rights of the chemically dependent person, as well as the integrity of the entire chemical dependency field, be protected.



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The A.A. tradition of anonymity needs to be understood by both A.A. members and others who have any dealings with A.A. The A.A. tradition of anonymity is not intended to perpetuate the stigma of alcoholism, but to prevent ego trips among its members, to reassure newcomers who might fear for their reputations, and to protect the fellowship both from adverse publicity if a member relapses and from individuals appointing themselves spokespersons.

An A.A. pamphlet, *Understanding Anonymity*, based largely on the writings of cofounder Bill W., delineates a nice balance between grandiosity and the excessive secrecy which could prevent alcoholics from receiving the A.A. message. Traditions Eleven and Twelve forbid self-identification as an A.A. member through the media, while allowing one to identify oneself freely as an alcoholic. They forbid any unauthorized disclosure of another member's identity, but allow one to identify oneself as an A.A. member below the level of public media. Customs differ within the fellowship; some groups use only first names, yet full names are used within the majority of A.A. groups (some 80 percent of those attending one A.A. international convention).

A particularly tricky issue involves the attempt to get an A.A. group to undertake a reporting or monitoring function. Often a court or employer is willing to have an alcoholic attend A.A. meetings as a substitute for punishment or residential treatment, but evidence that attendance actually occurs is required. This poses no problem when the meetings are open and noses are not counted by the A.A. group itself. The difficulties arise if A.A. is presented to the newcomer as an extension of a coercive system that not only spies on members but reports back to others. Some problem drinkers who have been forced into A.A. closed meetings have no stake in refraining from gossip about those they see there. They also feel little or no responsibility for the smooth running of the meeting, nor do they feel a need to contribute anything more than their required physical presence.

Granted, some reluctant people do get exposed to A.A. in this fashion and many of them go on to become sober, active, and enthusiastic A.A. members. Others are taught that A.A. is just one more organization that may talk about anonymity and freedom of choice but is willing to join the establishment in coercing them. While some lives are doubtlessly saved by these tactics, other people are left with an experience that will prevent them from seeking A.A.'s help at a future time. There are other ways to establish attendance without having A.A. groups fill out chits or assume the role of police.

Alcoholics do not need new lessons in cynicism from the organization most deserving of their trust and confidence. It is easy to ask A.A. groups to fall into these traps, particularly if they are black-mailed with the threat that refusal may cost a fellow alcoholic his or her liberty. The long-range effects need to be considered and better methods must be devised. A.A. Guidelines: *Cooperating with Court, A.S.A.P., and Similar Programs* (Alcoholics Anonymous 1993) offers practical suggestions based on how these problems have been handled in some A.A. groups. These guidelines note that it is not the business of A.A. members to question what pressures from court, physician, spouse, or boss may have brought newcomers to A.A. (as they would have resented being so questioned when they came in), but to make the A.A. program attractive to those who do come.

Thoughtless referral practices have also caused trouble. One treatment center sent a whole busload of chemically dependent patients to a small-town A.A. meeting, overwhelming the group's total membership of eighteen. The treatment unit involved refused to stop the practice, so the A.A. group went underground, concealing both the time and site of its meetings.



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In another city, a group of actively drinking young men who had been court-committed to a heroin treatment program were forced to attend A.A. They were disruptive, somewhat frightening to the members, and ultimately contributed to a backlash against drug-users that has caused friction within A.A. in many parts of the country.

When A.A. and other Twelve Step programs are treated with sophistication and their mores are understood and respected, counselors and groups can usually work out procedures that satisfy the needs of both parties. It is not fair for counselors to be so insistent on the particular needs of their own patients that they expect all rules to be broken in their behalf. The resulting upset and chaos can take many months to make right.

OBLIGATIONS TO THE COMMUNITY

Finally, we have obligations to the community at large. Those of us with special knowledge and expertise need to share it if others are to write and pass the laws that affect our present and future patients, as well as the countless others whom we will never personally know.

A.A., as an organization, quite wisely refrains from politics, neither endorses nor opposes any causes, and stays out of controversy. This has proved a wise policy, and the authors hope it continues. Individual A.A. members, on the other hand, may merely be uninterested or for other reasons may choose to hide behind the tradition of anonymity as an excuse for inaction. Others have sometimes confused what A.A. considers good policy for the organization (anonymity), with what they should do as individuals (advocacy).

Neither A.A. membership nor recovery from chemical dependency or any other illness should curtail the rights, privileges, or obligations of citizenship. Recovery is not just abstinence, even though abstinence must always come first. Participation in the world around us is part of recovery. To register and vote, to write to legislators, and to appear at public hearings are things we should do if we are to make our democracy work. For many of us, the authors included, this has meant learning about politics rather late in life, but learn we must. As members of NCADD with its network of local affiliates, of Employee Assistance Professionals Association, National Association of Social Workers, American Psychological Association, National Association of Alcoholism and Drug Abuse Counselors, American Society of Addiction Medicine, National Association of Addiction Treatment Providers and other professional and advocacy groups, many A.A. members do what they cannot do as members of A.A., and do so without violating anonymity. Bill W., Marty Mann, and Senator Harold E. Hughes all testified before Congress simply as alcoholics in recovery. Whether they were A.A. members wasn't mentioned, nor at the time was it pertinent.

If we do not take a hand in the political process, if people who are concerned with the well-being of those who are chemically dependent remain silent, others will continue to make important decisions for us. In the past, they have not always made these decisions wisely. And there are many decisions to be made: Are we to have warning, content, and ingredient labels on liquor bottles? What blood-alcohol level makes a driver intoxicated? Should people under age twenty-one be allowed to buy liquor, and should it be sold in drugstores and supermarkets? When federal money is divided between the needs of the chemically dependent and the mentally ill, how will the shares be allocated and how large will they be? Do we want insurance coverage for chemical dependency treatment? To whom, for what, and where shall it be given?

Our entire health care system will be undergoing major structural change now and in the years ahead, probably not in one vast upheaval but in a series of smaller changes, both nationally and



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state by state. Our professional organizations need to stay abreast of these changes, and when they ask us to back them with our own actions, we should.

Politicians are not interested in our personal histories, nor do they care whether or not we have recovered from chemical dependency. Like most people, their primary interest is in themselves. They want to know if we will vote for them, contribute to their campaigns, and get others to do the same. If they believe we will, they will pay attention to us. A surprisingly small effort can make a big difference in their actions. As long as we make an effort to be involved politically, we cannot be blamed for failing to make a difference. We will sometimes be ignored, but we can be blamed for not even trying.

OTHER PROFESSIONALS

A code of ethics is not complete without considering our obligation to respect other professionals and agencies. We may disagree with their philosophy or treatment methods, but unless these are downright harmful or malicious, professional courtesy requires us not to make unseemly comparisons. The chemical dependency field has been plagued with turf battles and jealous rivalry. This confuses patients and harms both the individual who stoops to this and our fledgling profession, which is struggling to gain public respect and find a place among the older professions. We look small when Treatment Center A gloats over its success with Treatment Center B's failures, while over at Treatment Center B the converse is happening.

One chairman of the A.A. General Service Board has stated, "Progress in this field will be made in direct proportion to the degree of respect and cooperation between A.A. and the treatment facilities." This is fully consonant with the history of A.A. as seen in the book *Alcoholics Anonymous Comes of Age*, and with A.A.'s stated intent not to oppose or endorse any causes (the A.A. Preamble and Traditions Six and Ten).

False and misleading advertising is both illegal and unethical. Advertising by treatment agencies, properly done, can benefit the public by removing the stigma of the disease, emphasizing that it is treatable, breaking down denial, and letting victims know help is available. But abuses can creep in. The advertising code of the National Association of Addiction Treatment Providers says that advertising should emphasize the desirability of treatment without referring to specific and/or absolute percentages of recovery, and should not imply that recovery is "patently simple, comfortable, or effortless" (NAATP 1982).

The NAATP code forbids self-promotion through negative implications about competitors. Clearly unethical, in the authors' opinion, is the policy of one group that promotes itself largely by derogatory and often false statements about A.A., for example, that it is a religion (A.A. meets none of the major elements of the accepted definition and welcomes atheists and agnostics), and that it fosters overdependence (on the contrary, A.A. is a program of self-growth among peers, healthier than dependence on therapists). Furthermore, the "powerlessness" this group criticizes actually gives alcoholics freedom to choose not to drink instead of slavery to the bottle.

The real conflicts arise when we become aware that a person or an institution gives poor care or exploits or endangers patients. Do we sound the alarm or look the other way? Can a way be found to promote change?

A profession is supposed to be self-regulating, acting from professional integrity rather than fear of prosecution or lawsuits. Most professional organizations have ethics committees or conduct



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review boards, and members are expected to inform them of unethical conduct. This is not mere tattling or gossip but the way in which a profession gains respect and trust. Intervention with a colleague is aimed at being helpful, not vindictive. The danger of an incompetent worker harming clients must be averted.

If concern for peers is a hallmark of the professional, we need to be aware of one another and be ready to reach out in times of trouble. This can be an obvious action like helping someone through about of serious physical illness, divorce, or a family crisis. It can be more difficult if a colleague relapses into drinking, experiences emotional illness, or acts unethically putting patients at risk. No one wants to be seen as intrusive, prudish, or judgmental, and no one enjoys confronting a friend. Just as members of nuclear families may compound their problems by enabling or covering up for each other, so too can treatment staff.

For similar reasons, recommendations for employment must be honest and not reflect the good, old-boy syndrome. Qualifications should be carefully checked. In one instance, an applicant gave the impression that he had completed a certain training program when he had actually received a D in the basic course and dropped out. "Clean" drug counselors have been found to be active alcoholics.

PUBLICATION AND PUBLIC SPEAKING

The ethics of publication are too often violated in the addiction field, where the copy machine too often engenders a failure to respect the rights of authors and publishers to their just earnings. This is stealing and a violation of U.S. copyright laws. Plagiarism involves the borrowing of another's material, copyrighted or not, without proper permission or printed acknowledgment of the source.

An increasing problem is that created by the easy availability of audiotapes. Speakers are often not asked if they object to being taped. Their remarks have later been known to appear verbatim over someone else's byline. Others who have agreed to share personal stories with a particular audience find that tapes have been made, sold, or shared, without their permission. Some of the worst offenders have been A.A. and other Twelve Step group members who might not gossip or reveal the full name of a fellow home group member but assume that anyone who agrees to be a speaker at a larger gathering has renounced the right to anonymity.

Most of these problems can be avoided if expectations are made clear in advance. If speakers at a conference will be audiotaped or videotaped, they have a right to know that before they agree to the engagement. If a paper will be expected or remarks printed as part of the event's proceedings, that too should be understood.

If the speaker is to be paid, financial arrangements should be clear and these obligations met promptly. One of the reasons a doctor wears a hood along with his or her graduation gown is that the doctor's hood used to provide a place where fees could be discreetly tucked at the end of a visit to a patient. Neither party then had to face the indelicate problem of discussing money. Some people may still feel uncomfortable discussing monetary compensation. Nevertheless, we owe our fellow professionals a fair fee for their time and talent and, if we cannot manage this, they must be told. They may choose to donate their time, but they deserve to know if that is what is being asked. Even if the professional fee is waived, courtesy and consideration demand that travel and other expenses be reimbursed.

Conversely, employees have ethical obligations to the institution that employs them. Employees may sometimes need to challenge its policies to serve the patients' best interests, but if this is



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not the case, one should be loyal or look for another position. Respect for institutional policies and management functions is essential for the serenity of all who work there. It is important to learn how to work through channels of authority in order to effect change, instead of undermining or misrepresenting an immediate superior. In general it is more constructive to work through the chain of command-to complain to the director, not to members of the board, unless it is a question of the board removing the director.

Professionals must always be conscious of the difference between speaking as individuals and speaking as representatives of a professional group or agency. Speakers must realize that their position and obligation to others may, at times, severely limit freedom of speech. Lying isn't necessary but there are times to step aside and let someone else be the speaker.

BIBLIOGRAPHY AND SUGGESTED ADDITIONAL RESOURCES

- Bissell, LeClair and Royce, James E., *Ethics for Addiction Professionals (Second Edition)*. Minnesota: Hazelden Foundation, 1994.

ACKNOWLEDGEMENTS

This course material is excerpted from **Ethics for Addiction Professionals (2d. Ed)** (1994), LeClair Bissell and James E. Royce, copyright by Hazelden Foundation, and is reprinted by permission of Hazelden Foundation, Center City, Minnesota 55012-0176. Breining Institute has edited the original material for the purpose of presentation in this course.



CONTINUING EDUCATION (CE) EXAMINATION QUESTIONS

Course No. CE1204P2 – Professional Ethics and Confidentiality: Professional Obligations

You are encouraged to refer to the Course Material when answering these questions. Choose the best answer based upon the information contained within the Course Material. Answers which are not consistent with the information provided within the Course Material will be marked incorrect. A score of 70% correct answers is required to receive Continuing Education credit. GOOD LUCK!

QUESTIONS

Questions 1 through 10 omitted. Start your answers on the Answer Sheet at number 11.

11. The course material suggests that the addiction professional maintain consideration of A.A.'s traditions, including:
 - a. The need to consider the short-term needs of patients within the context of A.A.'s overall well-being.
 - b. The policies of A.A. and other Twelve Step groups should be presented fairly to the patient/client.
 - c. Neither A nor B above.
 - d. Both A and B above.

12. According to the course material, which of the following statements relating A.A. and anonymity is false:
 - a. A.A. frequently endorses and affiliates itself with particular treatment efforts or philosophies.
 - b. The A.A. tradition of anonymity is not the same as the professional ethic of confidentiality.
 - c. The A.A. tradition of anonymity and the ethic of confidentiality are both concerned with the rights of the chemically dependent person.
 - d. None of the above.

13. The A.A. tradition of anonymity is maintained, in part, to accomplish all of the following except:
 - a. To prevent ego trips among its members
 - b. To reassure newcomers who might fear for their reputations.
 - c. To protect members from harassment by collection agencies and federal regulators.
 - d. To protect the fellowship from adverse publicity if a member relapses.

14. Which A.A. Traditions generally prohibit self-identification as an A.A. member through the media:
 - a. Eight and Nine.
 - b. Nine and Ten.
 - c. Ten and Eleven.
 - d. Eleven and Twelve.



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15. Examples of misguided referrals to A.A. which resulted in problems include all of the following except:
 - a. A treatment center would send a busload of chemically dependent patients to a small-town A.A. meeting, overwhelming the group's total membership of eighteen, eventually driving the A.A. group underground.
 - b. A group of actively drinking young men in a court-committed heroin treatment program were forced to attend A.A. meetings, were disruptive, and ultimately contributed to a back-lash against drug users.
 - c. A member of a motorcycle gang was referred by his counselor to attend A.A. meetings in an adjoining town rather than locally, because the counselor didn't want the gang member associating with the counselor's friends and family, resulting in the counselor being sued by a pedestrian struck by the gang member while on his way to the A.A. meeting.
 - d. None of the above.

16. Addiction professionals have obligations to the community at large, as suggested in the course material, which include:
 - a. Sharing special knowledge and expertise to help others to write and pass laws that will affect present and future patients/clients.
 - b. Refrain from involvement in politics, neither endorsing nor opposing causes relating to chemically dependent individuals that may become patients/clients.
 - c. Both A and B above.
 - d. Neither A nor B above.

17. The course material suggests generally that politicians' interests include all of the following except:
 - a. Whether we will vote for them.
 - b. Whether we will contribute to their campaigns.
 - c. Whether we are in recovery from chemical dependency.
 - d. Whether we can get others to support them.

18. Addiction professionals:
 - a. Should strongly promote the addiction counselor methods of recovery in order to establish this profession as the preeminent and authoritative source of addiction recovery methodology.
 - b. May disagree with the philosophy or treatment methods of other treatment professionals, but, absent harmful or malicious practices, should refrain from self-promotion through negative implications about those other professionals.
 - c. Both A and B above.
 - d. Neither A nor B above.

19. A "profession" should:
 - a. Be self-regulating.
 - b. Act from professional integrity rather than fear of lawsuits or prosecution.
 - c. Have a standard of ethics.
 - d. All of the above.



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20. Regarding the use of another's material, such as speeches or publications:
 - a. It is okay to copy them as long as they are not distributed to too many people or agencies.
 - b. It is okay to use them in your printed material with proper permission or appropriate acknowledgment of the source.
 - c. Both A and B above.
 - d. Neither A nor B above.

21. A speaker at an A.A. gathering:
 - a. Renounces his/her claim to anonymity.
 - b. May be videotaped and or audiotaped for distribution without his/her knowledge or permission.
 - c. Must be paid compensation before his/her remarks are protected from plagiarism.
 - d. None of the above.

This is an eleven-question examination. Answer Questions 11 through 21 for full CE credit in this course. Questions 1 through 10 have been omitted.



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CONTINUING EDUCATION (CE) ANSWER SHEET

SECTION 1. Please type or print your information clearly. This information is required for CE Course credit.

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SECTION 3.
Course Title: **CE-1204P2 / PROFESSIONAL ETHICS AND CONFIDENTIALITY: Professional Obligations**

- Answers (circle correct answer):
- | | | |
|------------|-------------|-------------|
| 1. A B C D | 8. A B C D | 15. A B C D |
| 2. A B C D | 9. A B C D | 16. A B C D |
| 3. A B C D | 10. A B C D | 17. A B C D |
| 4. A B C D | 11. A B C D | 18. A B C D |
| 5. A B C D | 12. A B C D | 19. A B C D |
| 6. A B C D | 13. A B C D | 20. A B C D |
| 7. A B C D | 14. A B C D | 21. A B C D |

Signature: _____ Date: _____

Return Answer Sheet, with \$29 Continuing Education examination fee, by mail or facsimile to:
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