

UNDERSTANDING ETHICAL DILEMMAS IN SERVING CLIENTS WITH DRUG & ALCOHOL ADDICTION AND PERSISTENT MENTAL ILLNESS



3 November 2025

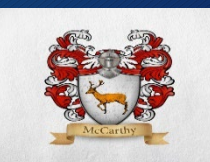
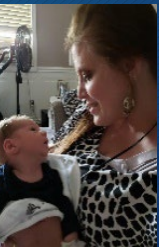
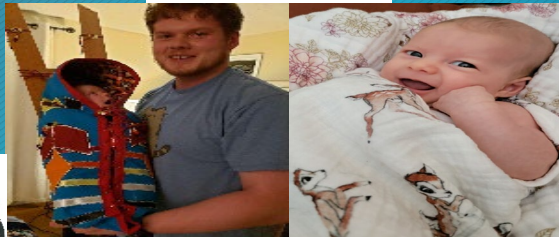
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INTRODUCTIONS

Karen Severns

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- Mixed race; my mother side is Irish and my father side is native, Little Shell Band of Chippewa (grandfather) and Gros Ventre (grandmother).



LAND ACKNOWLEDGEMENT

Today, we gather on the traditional, ancestral, and unceded territory of the **Luiseño and Kumeyaah Nations**, who have stewarded this land for generations. We recognize their enduring connection ancestry and honor their ongoing presence and sovereignty.

We give them thanks and stand by those 400 plus Tribes who continue to fight for their sovereign lands here in California and across Turtle Island (North America).

“Miigwich” Thank you!





INDIAN HEALTH SERVICES CALIFORNIA AREA OFFICE

OBJECTIVES:

1. Define general concepts at the core of virtual ethical behavioral health practice for clinical providers.
2. Review, duty to report, informed consent, confidentiality and the Tarasoff case.
3. Assess ethical scenarios.



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WHAT IS THE PURPOSE OF A CODE OF ETHICS?

- Articulates the basic values, ethical principles, and ethical standards of the mental health and/or substance abuse profession.
- Guides the Provider's conduct and behavior.
- Relevant to all Providers, students, regardless of professional functions, work environment or populations they serve.
- Holds Providers accountable to the general public.



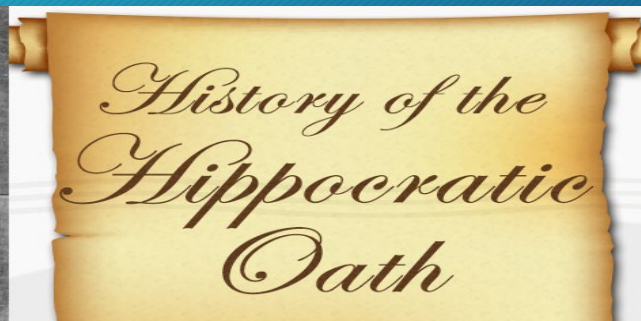
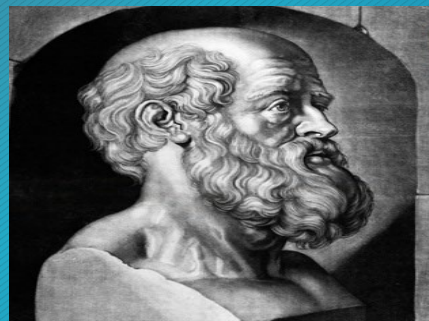
Principles
Values
Purpose

HISTORY BEHIND ETHICS & ETHICS DEFINED



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- Hippocratic Oath- The dictum “first do no harm” was derived from the Hippocratic Corpus, which clarifies ethical behavior through examples.
- Ethics is the study of those assumptions held by individuals, institutions, organizations, and professions that they believe will assist them in distinguishing between right and wrong, and ultimately, in making sound moral judgments.



Ethics common in all Clinical Fields

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- Autonomy - Client self determination
- Beneficence - Act for the benefit of the client
- Non maleficence - Do no harm
- Fidelity - loyal, truthful and to build trust
- Justice - challenge social injustice; fairness, equity



4 PRINCIPLES OF MEDICAL ETHICS

- Autonomy – patient’s right to make their own decisions.
- Non-Maleficence – doing no harm
- Beneficence – acting in the best interest of the patient
- Justice – fair treatment and fair distribution of resources
- Fidelity and veracity – Loyalty (fidelity) and truthfulness

(veracity) are also crucial ethical considerations for Medical Providers.



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- Their code of ethics reflects ideals of NAADAC and its members, and is designed:
 - as a statement of the values of the profession and
 - as a guide for making clinical decisions.
- The [NAADAC/NC CAP Code of Ethics](#) was written to govern the conduct of its members and it is the accepted standard of conduct for addiction professionals certified
 - by the National Certification Commission for Addiction Professionals (NCCAP).
- Addiction professionals must act in such a way that they would have no embarrassment if their behavior became a matter of public knowledge and would have no difficulty defending their actions before any competent authority.

Informed Consent and confidentiality



- Confidentiality inside the therapeutic relationship means that information will not be shared outside that relationship.
- Our patients' right to confidentiality is supported by our ethics code, state and federal law.
- Offenders and substance abusers may be mandated to counseling via:
 - court order / parole condition
 - CPS/tribal social work services plan
 - provider's licensing boards

LIMITS OF CONFIDENTIALITY

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- If a client threatens to harm themselves or someone else, Providers are required by law to take whatever actions are necessary to protect others from harm.
- If the client is involved in litigation, Provider may be required to disclose health information if the court issues an appropriate order.

Consent and check for client understanding

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- Thoroughly explain all issues to client
- Explain the limits of confidentiality
- Explore alternate options to include seeking other treatment and possible benefits and consequences
- Allow client to make the choice
- Check for understanding
- Client's part (financial issues, appointment, reminders)
- Review as needed to avoid any ethical dilemmas

CONFIDENTIAL

CA MANDATORY REPORTING LAWS

What is mandated reporting?

Mandated reporting laws require certain mandated reporters to report any known or suspected instances of child abuse or neglect to child protective services (CPS) or a local law enforcement agency.

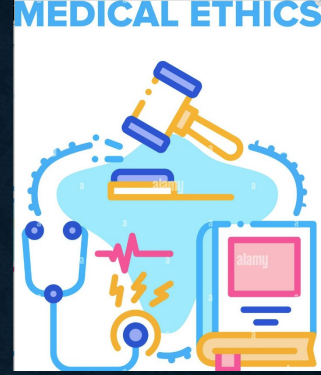
Others may choose to report to CPS, however mandated reporters are required by law.

Full list of jobs and responsibilities that are coded as mandated reporters can be found [California Penal Code § 11165.7](#).

(21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.



WHAT ARE MANDATED REPORTERS REQUIRED TO REPORT



- "suspected" child abuse or neglect.
- The mandated reporter may have personal knowledge of the abuse or neglect, such as a child telling them or seeing it themselves, or "reasonably suspect" that a child is experiencing abuse or neglect. No actual proof of abuse or neglect is needed.





WHAT IS CHILD ABUSE



- California law defines child abuse as when someone purposefully physically injures a child, subjects a child to:
 - cruelty or unjustifiable punishment,
 - sexually abuses or exploits a child.
- California law defines neglect as:
 - when a parent or caretaker fails to provide a child with adequate food, clothing, shelter, medical care, or supervision.



HISTORY OF CHILD ABUSE

- In 1874, 10-year-old Mary Ellen McCormack was adopted from a New York orphanage. After her adoption, her father passed.
- Foster mother Mary Connolly started physically abusing Mary Ellen daily.
- Neighbors complained and Mary Ellen was assigned a caseworker, but in the 19th century there were no child protection laws.
- The caseworker Etta Wheeler approached the American Society for the Prevention of Cruelty to Animals (ASPCA) founder Henry Bergh for help. The ASPCA approached a lawyer Elbridge Gerry to argue the case before the NY Supreme Court that Mary Ellen should be removed from her home.

HISTORY OF CHILD ABUSE CONTINUED

- Mary Ellen testified before the judge, she was removed, and her adoptive mother was charged and convicted of assault and battery.
- Mary Ellen was eventually adopted by her caseworker and lived a long life.
- In 1874 the New York Society for Prevention of Cruelty to Children was founded as a result of this landmark case.
- Sparked the “child saving” movement



WHEN DOES PHYSICALLY DISCIPLINING A CHILD BE CONSIDERED CHILD ABUSE?

- A parent or guardian has the right to discipline their own child by administering reasonable punishment.
- That right ends when the parent or guardian purposefully inflicts cruel or inhumane physical punishment and/or injures the child as a result of the application of physical force.
- A parent or guardian may legally spank a child, but the spanking cannot be excessive.
- Courts generally find that if the spanking inflicts an injury, it has crossed the line from reasonable punishment to child abuse.



AS A MANDATED REPORTER WHAT AM I NOT REQUIRED TO REPORT

- Injuries that occur from a mutual fight with another child;
- Injuries that occur from school officials trying to stop a child from hurting themselves or others;
- Injuries that occur from law enforcement acting reasonably;
- Houselessness; and
- Parent giving birth to an infant with a positive drug screen but no other factors showing risk to the child. However, because doctors and licensed nurses are mandated reporters, they may still, and routinely do, report a positive drug screen if they are concerned about potential abuse and neglect of the infant.



WHAT HAPPENS IF A MANDATED REPORTER DOES NOT FILE A REPORT?

- Face up to 6 months in jail and/or
- \$1000 fine.
- Punishment can be worse if there is severe harm.
- If a mandated reporter knows that another mandated reporter failed to make the initial report, they must make the report themselves or they too could be liable.



DUTY TO THE CLIENT

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Privacy: A right to decide time, place, manner and extent of self-disclosure

Confidentiality: the bedrock of therapy (common law) owed to clients

Privilege: Is a legal concept



J.S.

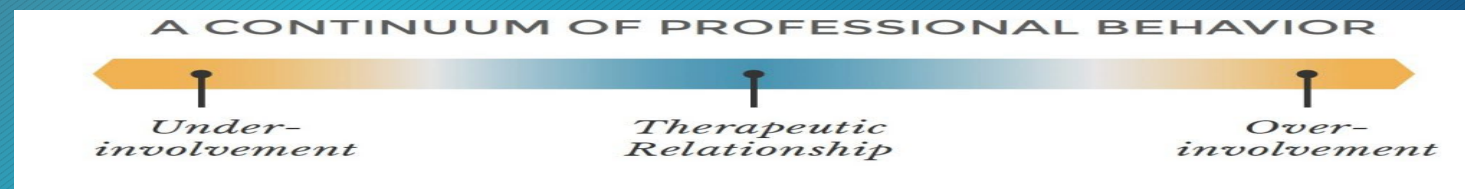


Boundary issues, crossing, & violations

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- Boundaries in psychotherapy refer to issues of self-disclosure, physical touch, gifts, bartering, activities outside the office (home or hospital visits, attending clients' weddings or school plays, lunch with client, etc.), incidental encounters, social and other non-therapeutic contacts
- A boundary crossing is a deviation from classical therapeutic activity that is harmless, non-exploitative, and possibly supportive of the therapy itself.
- A boundary violation is harmful or potentially harmful to the patient and contrary to therapy. It constitutes exploitation of the patient.

K.S.



Self-Disclosure



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- Therapist self-disclosure is considered one the most researched boundary issues.
- Four ideas that therapists should consider before making self-disclosure statements:
 1. Self-disclosure can become a boundary violation when the disclosure is not made for the benefit of the client.
 2. Mental health professionals use of self- disclosure should be done within their own professional code and practice, which in turn serves the needs of different patients.
 3. The third is self-disclosure of a personal nature, which may not have a clinical basis may not only be not helpful to the client but may also violate boundaries.
 4. Self-disclosure needs to be done on a case by case basis and in the context of the type of therapeutic intervention offered.

Cultural considerations

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- Therapists must take into consideration the cultural component.
- Self-disclosure can help therapists join and connect with their clients depending on their cultural background.
- Most ethical codes including Social Work, Psychology, Professional Counseling, and Addiction counseling promote cultural diversity and sensitivity.
- Gift giving and serving food are appropriate and culturally accepted practices in the therapeutic context.



Tarasoff ruling and duty to report

- On August 26, 1969, Prosenjit Poddar who was a voluntary outpatient from Cowell Memorial Hospital informed his therapist about his plan to kill Tatiana Tarasoff after her summer vacation and return to the University of California, Berkeley, CA.
- On October 27, 1969, Tarasoff was murdered by Poddar. Tarasoff's parents filed suit against the University and the decision was reaffirmed by the California Supreme Court and proclaimed that protective privilege ends where the public peril begins.
- **DUTY TO REPORT**
- California
 - Report immediately
 - Follow up with a report within 2 business days for Elderly, 36 hours for children (8572 required form)



LICENSING BOARD COMPLAINTS and other actions

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- Although infrequent, a provider's misconduct and negligence can lead to lawsuits, licensing board complaints, and other disciplinary actions.
- If you are reported to the board it is important that you cooperate with the investigation.
- If you do not cooperate, it is considered an ethical violation by most boards.

What if the Ethical Code is Violated?

- Most professional Providers and addiction boards have formal procedures to adjudicate ethics complaints filed against its members
- In subscribing to the Code of Ethics, providers are required to:
 - cooperate in implementing it,
 - participate in adjudication proceedings, and
 - abide by any disciplinary rulings or sanctions based on it.

Supervision & Consultation should also be used to resolve ethical dilemmas. This can include a combination of the following resources:

- Peers
- Clinical Supervisor
- Agency Supervisory Staff
- Board Members
- Mentors
- Professional Organizations:
State Boards



MISCONDUCT of colleagues

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• *In addressing ethical misconduct of colleagues, it is necessary to consider three things:*

1. How you came to learn about the offense.
2. The type and severity of the offense committed; and
3. If an informal resolution is attempted, the colleague's response to the attempted resolution.

CIVIL LIABILITY and the 4-D's

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- Civil liability is the main issue in malpractice suits.
 - The 4 D's of malpractice lawsuits
 - Dereliction of duty directly causing damages.
1. A Professional relationship that implies a legal duty of care
 2. A breach of that duty
 3. That harm or injury occurred
 4. That the breach of duty caused the harm or injury

What can I do as a Provider?

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Independent Actions

- Self Reflection
- Documentation
- Transparency
- CEU's
- Self-Care

Help from Others

- Consultation
- Supervision
- Psychotherapy
- CEU's

Chat box Question: From a legal standpoint, a charge of malpractice against a Provider would be held valid if it were proven that the Provider?

1. Had a duty of care to the patient and engaged in activity that resulted in harm to the patient; malevolent intentions need not be present.
2. Had a duty of care to the patient, held malevolent intentions toward the patient, and engaged in activity that resulted in harm to the patient.
3. Had a duty of care to the patient and held malevolent intentions toward the patient; demonstration of actual harm is not necessary
4. Engages in activity that harms a patient; malevolent intentions and a duty of care are not necessary

Answer: From a legal standpoint, a charge of malpractice against a Provider would be held valid if it were proven that the therapist?

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4. engages in activity that harms a patient; malevolent intentions and a duty of care are not necessary.

Safeguards and Measures to Reduce Potential Harm to Clients

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- Commitment to review the ethics monthly.
- Commitment to have informed consent, privacy/HIPPA statement and disclosure statements regarding scope of practice and confidentiality.
- Commitment to adhere to policies pertaining to professional relationships, billing, recordkeeping and boundaries.
- Commitment to obtaining ongoing supervision and consultation when there is a potential for entering into a dual / multiple relationship and / or self-disclosure issues.
- Willingness to attend preventative trainings and in-service training opportunities regarding risks of dual and multiple relationships.
- Educating new clients and creating an educational brochure regarding boundary issues, boundary crossings and boundary violations at the onset of therapy.

Ethical Scenarios

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- You are a physician, and you suspect that one of your colleagues is coming to work under the influence of alcohol and or drugs.
- How would you speak to your colleague about your concerns.
- Discuss the steps you would take to ensure patient safety.

Q2: Which of the following client's rights are legally protected?

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1. Right to second opinion
2. Right to Tarasoff
3. Right to receive medication
4. Right of confidentiality

ANSWER - Q2: Which of the following client's rights are legally protected?

1. A second opinion
2. Tarasoff
3. **Right of confidentiality**
4. Right to receive medication

- A client's right to confidentiality is protected by a court of law.
- The client's right to keep his/her matters confidential is referred to as privilege.
- The court also determines exceptions to privilege, such as the Tarasoff Statute.

Bonus Q: Who is the holder of privilege?

Q3-The legal basis of the Tarasoff decision was that:

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1. A psychologists have a legal and ethical responsibility to uphold the general welfare.
2. A psychotherapist's duty to uphold the law supersedes his or her duty to protect a patient's confidentiality.
3. A psychotherapy patient's right to confidentiality is absolute.
4. Protective privilege ends when the public peril begins.

Q3 Answer: The legal basis of the Tarasoff decision was that:

1. psychologists have a legal and ethical responsibility to uphold the general welfare.
2. A psychotherapist's duty to enforce the law supersedes his or her duty to protect a patient's confidentiality.
3. A psychotherapy patient's right to confidentiality is absolute
4. **Protective privilege ends when the public peril begins**

The California Supreme Court's Tarasoff decision established the duty of a psychotherapist to protect the intended victim whenever a patient poses a serious danger of violence to another. In ruling that the need to protect the intended victim supersedes a client's confidentiality rights, the Court wrote that "the protective privilege ends when the public peril begins."

_____ is the most frequent cause of many of the ethical complaints brought against medical/clinical supervisors.

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- a. Sexual harassment
- B. Breach of confidentiality
- c. Lack of timely feedback
- d. Incompetence

_____ is the most frequent cause of many of the ethical complaints brought against psychotherapy supervisors.

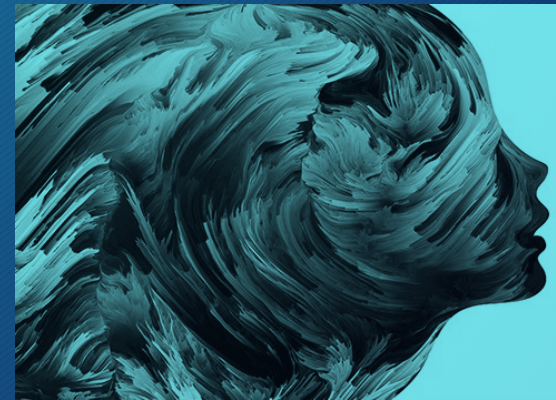
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- a. Incorrect See explanation for response c.
- b. Incorrect See explanation for response c.
- c. **CORRECT** Since the primary purpose of supervision is to provide supervisees with feedback about their performance, it makes sense that this would be the most frequently cited problem.
- d. Incorrect See explanation for response c.

Ethical dilemma - Question

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- You treated a Native American family several years ago. You run into one of the family members who now owns his own business. He informs you that he is doing incredibly well and shares that your assistance helped save his life and your advocacy helped him well regain joint custody of his children. He wants to thank you and gives you a gift certificate of \$50.00 to his new store.



Answer - Ethical dilemma -

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- This is considered a boundary crossing and would leave a clinician open to risk and possible client alienation (Pope & Vasquez).
- Note: most tribal nations derive their identity from relationships to relatives, family, friends, their community, gift-giving and attendance at cultural ceremonies.
- Gift giving and the breaking of bread are considered culturally appropriate in the therapeutic milieu.
- Must take into consideration the value of the gift.
- Recommend writing a letter thanking him for the gesture and explaining the ethical principles; which would be viewed as a conflict of interest or could be viewed as exploitative in nature.

ANY QUESTIONS??



“MIIGWECH” THANK YOU”

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REFERENCES

AAHC issues COVID-19 risk prevention guidelines. (2024). *Healthcare Life Safety Compliance*, 24(2), 5–8.

AHC MEDIA. (2024). Privacy Concerns with Telehealth Should Prompt Review. *Healthcare Risk Management*, 42(11), 1–5.

American Counseling Association (2014). [ACA Code of Ethics](#).

American Psychological Association (2010 with amendments). [Ethical Principles of Psychologists and Code of Conduct](#).

American Psychological Association (n.d.) Advisory Committee on Colleague Assistance (n.d.). [The stress-distress impairment continuum for psychologists](#).

Retrieved from the American Psychological Association, Practice Organization website on 1 Nov 25.

Barnett, J. E. (2024) An introduction boundaries and multiple relations for psychotherapists. In O. Zur (Ed.) *Multiple relationships in psychotherapy and counseling: Unavoidable, common, and mandatory dual relations in therapy*. New York, NY: Routledge.

REFERENCES (CONTINUED)

- Baumes, A., Čolić, M. & Araiba, S. Comparison of Telehealth-Related Ethics and Guidelines and a Checklist for Ethical Decision Making in the Midst of the COVID-19 Pandemic. *Behav Analysis Practice* **13**, 736–747 (2020). <https://doi.org/10.1007/s40617-020-00475-2>
- Carlin, N., Rozmus, C., Spike, J., Willcockson, I., Seifert, W., Chappell, C., Hsieh, P., Cole, T., Flaitz, C., Engebretson, J., Lunstroth, R., Amos, C., & Boutwell, B. (2024). The Health Professional Ethics Rubric: Practical Assessment in Ethics Education for Health Professional Schools. *Journal of Academic Ethics*, *9*(4), 277-290. <http://dx.doi.org/10.1007/s10805-011-9146-z>
- Dunn P. Hazzard E. Technology approaches to digital health literacy. *Int J Cardiol.* 2024: 293: 294:-296. doi:10.1016/j.ijcard.2019.06.039

REFERENCES (CONTINUED)

- Gurney, J., Fraser, L., Ikihele, A., Manderson, J., Scott, N., & Robson, B. (2023). Telehealth as a tool for equity: pros, cons and recommendations. *The New Zealand Medical Journal*, *134*(1530), 111–115.
- Hills, W. E., & Hills, K. T. (2024). Virtual Treatments in an Integrated Primary Care-Behavioral Health Practice: An Overview of Synchronous Telehealth Services to Address Rural-Urban Disparities in Mental Health Care. *Medical Science Pulse*, *13*(3), 54–59. <https://doi.org/10.5604/01.3001.0013.5239>
- Keller EJ, Mlambo VC, Resnick SA, Vogelzang RL. #PauseBeforeYouPost: Ethical and Legal Issues Involving Medical Social Media. *Semin Intervent Radiol*. 2022 Jun 30;39(2):203-206. doi: 10.1055/s-0042-1745717. PMID: 35781993; PMCID: PMC9246492.
- Khodaveisi, T., Sadoughi, F., & Novin, K. (2024). Required data elements and requirements of a teleoncology system to provide treatment plans for patients with breast cancer. *International Journal of Cancer Management*, *13*(9), 1–14. <https://doi.org/10.5812/ijcm.100522>
- Indian Health Services (2025, 12 October). <https://www.ihs.gov/telehealth/telehealthprograms/>
Ley, D. (19, Jul, 24)
- Weaponized Ethics Complaints Against Clinicians. *Psychology Today*. Retrieved online from <https://www.psychologytoday.com/us/blog/women-who-stray/201907/weaponized-ethics-complaints-against-clinicians> on 12 Oct 25.

REFERENCES (CONTINUED)

NAADAC, the Association for Addiction Professionals (2016). NAADAC/NCC AP Code of Ethics. Alexandria, VA: NAADAC. Retrieved from:

<https://www.naadac.org/assets/2416/naadac-code-of-ethics.pdf>

National Association of Social Workers. (2021). *Code of ethics of the National Association of Social Workers*. Retrieved on 2 September 2021 from

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Perle, J., & Nierenberg, B. (2019). How Psychological Telehealth Can Alleviate Society's Mental Health

Burden: A Literature Review. *Journal of Technology in Human Services*, 31(1), 22–41.

<https://doi.org/10.1080/15228835.2012.760332>

Peterson, S. M., Eldridge, R. R., Rios, D., & Schenk, Y. A. (2019). Ethical challenges

encountered in delivering behavior analytic services through teleconsultation. *Behavior Analysis:*

Research and Practice, 19(2), 190–201. <https://doi.org/10.1037/bar0000111>.

Pollard, J. S., Karimi, K. A., & Ficcaglia, M. B. (2017). Ethical considerations in the design and

implementation of a telehealth service delivery model. *Behavior Analysis: Research and Practice*, 17(4), 298–311. <https://doi.org/10.1037/bar0000053>.

Pope, K.S. & Vasquez, M., (2021) *Ethics in Psychotherapy and Counseling: A Practical Guide* (6th edition)--John Wiley & Sons

REFERENCES (CONTINUED)

- Risk Management Considerations in Telehealth and Telemedicine. (2021). *New Mexico Nurse*, 66(4), 4–7.
- Vanderpool, D. (2021). The Standard of Care the Standard of Care. *Innovations in Clinical Neuroscience*, 18(7–9), 50–51.
- Waibel, K. H., Garner, S. J., Bojicic, I., & Smith, R. (2017). Outcomes of a military regional multispecialty synchronous telehealth platform and the importance of the dedicated patient presenter. *U.S. Army Medical Department Journal*, 2–17, 1–8.
- Workers, N. A. (2017). *NASW Code of Ethics (Guide to the Everyday Professional Conduct of Social Workers)*. Washington, DC: NASW. Retrieved online from <https://www.socialworkers.org/About/Ethics/Code-of>