A Commitment to Ethical Action

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This article was excerpted from Mr. White’s book, Critical Incidents: Ethical Issues in Substance Abuse Prevention and Treatment, published by Lighthouse Training Institute (1993).

The alcoholism and drug abuse counseling profession is at a turning point, facing threats that fundamentally could alter the character of this field. While some see health care reform and financial concerns as topping the list of challenges; many others depict a spiritual crisis—a crisis in values. This crisis has emerged out of two decades of unprecedented success in our field. Ironically, this very same success set the stage for our current crisis, which has emerged out of the excesses of our explosive growth and industrialization. The following examples are signs of this crisis:

• Occupancy rates in private and hospital-based chemical dependency units have dropped precipitously in many areas, while waiting lists in public sector programs treating clients less financially blessed are unconscionably long.
• After the explosive proliferation of new substance abuse programs, private sector programs are being closed, reorganized, or merged in unprecedented numbers.
• Staff morale in the field has eroded over the past decade, contributing to excessively high rates of staff turnover for direct service workers.
• There is a new form of staff turnover—older, historically committed workers with significant tenure in the field are leaving professional roles. When interviewed, they speak of something being lost in the field. Some paradoxically say they are leaving to try to recapture the original spirit of service that brought them into the field.
• There is a crisis of public confidence in our field. Exposure of financial exploitation and other client abuses have led those in our communities to look at us with a more suspicious eye. Talk of “treatment ripoffs” among active alcoholics and addicts adds another obstacle to entry into treatment and damages our image in the minds of our most important constituents.
• There is a growing feeling among workers that the identity and character of our field is being
shaped externally rather than internally—that we do not control our own fate.

**Special Concerns of Ethical Issues in the Substance Abuse Field**

Few fields have ever brought within a professional umbrella individuals so diverse in terms of age, race, culture, religion, sex, sexual orientation, education, professional training, and life experience. Such diversity is a source of vulnerability as well as a source of enrichment. The vulnerability of such diversity springs from the lack of a shared value system guiding personal/professional decision-making and conduct. No health care field has ever existed in which so many service recipients have evolved into professional roles of service providers. This phenomenon has raised new and more complex ethical issues for which there are no precedents to be gained from other helping professions.

In the more traditional fields of psychiatry, psychology and social work, elaborate systems and rituals have evolved to define standards and values of professional practice and to internalize these values in new generations of professionals. The short history and rapid turnover of staff within the substance abuse field has resulted in an ambiguity of professional values and a regular bleeding out of the field’s collective wisdom and expertise. While our short history has prevented the full evolution of formal systems of professional indoctrination, high staff turnover is a wound from which escape our informal systems of technology transfer, e.g., the professional values imbedded within oral history, professional etiquette transmitted through story telling, and the collective wisdom channeled through mentor relationships.

The genesis of professionalism in the field can be tied to the founding of the American Association for the Study and Care of Inebriety in 1870. However, the full industrialization of the field has occurred only within the last two decades. Our most recent history has included the legitimization of addictive disorders via their inclusion in public and private health care reimbursement systems, the rapid proliferation of substance abuse treatment programs, the emergence of substance abuse services as popular and profitable business ventures, the intensification of competition within the field, and the explosion of legal and regulatory controls governing the delivery of substance abuse prevention and treatment services. For the first 100 years of our profession, ethical issues were addressed within the umbrella of our medical and clinical practices. Events of the past twenty years have forced us to extend the topic of ethics to cover our business practices.

The dramatic increase in drug-related predatory crime, the increased violence within the culture of addiction, the emerging spread of HIV infection among drug consumers and the growing threat to public safety posed by drug impaired workers are among the many changes in the context of substance abuse in the United States that are raising infinitely complex legal and ethical issues for substance abuse prevention and treatment professionals.

**The Goal of Ethical Sensitivity**

Ethics must be addressed as a personal-professional issue. The substance abuse field needs to develop what Biggs and Blocker (1987) have called ethical sensitivity. Ethical sensitivity is the ability to step outside oneself and perceive the complexities of a situation through the needs and experiences of the client, the agency, allied institutions and the public. It is the ability of the staff member to project the potential consequences of his or her action or inaction on these various constituency relationships. It is the ability of the staff member to recognize when he or she is in ethical terrain. It is the ability to identify and analyze the precise ethical issues involved in a particular situation and to isolate and articulate conflicting duties. It is the ability to weigh the advantages and disadvantages of various actions and to formulate ethically appropriate resolutions to complex situations.
Ethics and the Profession

Ethical and professional practice dilemmas are occurring with increasing frequency within the substance abuse field. Workers in a broad spectrum of roles are frightened and overwhelmed by their lack of preparation in ethical decision-making. Our organizations have tended to define ethics as an individual rather than institutional issue. Ethical issues fester in the silence of denial until they detonate into humiliating exposés of our personal and institutional shortcomings. Those of us on the sidelines of such explosions all too often react with self-righteous indignation, seeing ourselves and our institutions as immune from such a fall. And yet the explosions continue, setting up the climate through which outside institutions paternalistically promulgate regulations to legislate our moral and professional conduct. It has become painfully evident that the field has not developed a paradigm or process for ethical problem-solving nor has it developed a fully articulated set of ethical standards to guide professional practice. The field—as represented by the majority of its agencies—does not have an ethical framework that can consistently protect our consumers, our workers, our organizations and the public.

If there is any message that emerges from our history, it is that individuals and individual programs of excellence can have a profound impact on the evolution and advancement of our field. Having that kind of impact requires both technical knowledge and skills and a passionate commitment to service.

Systematic Approaches to Professional Practice Issues

Ethics must be addressed as a systematic issue. A comprehensive approach to promoting high standards of ethical conduct within a substance abuse agency requires interventions at multiple levels of the organization. Such interventions and levels are reflected in the following checklist which may be used as an inventory of potential strategies to promote an ethical organizational culture.

Knowledge and Skills

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Are education, experience and certification/licensure requirements for positions within the agency set at such a level as to increase the likelihood that staff have prior knowledge and skills in ethical decision-making?

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Have ethical issues been addressed within the in-service training schedule, not just as a special topic, but integrated as a dimension within a broad spectrum of training topics?

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Are there opportunities for staff at all levels to explore ethical issues with other professionals within and outside of the agency?

| ___ | ___ |

Does the agency have access to outside technical expertise for consultation on complex ethical-legal issues?

Ethical Standards

| ___ | ___ |

Does the agency have a code of professional ethics integrated within its personnel policies?
Have agency staff had the opportunity to participate in the development or episodic review of the professional practice standards?

Are the ethical standards and values written with sufficient clarity and have they been discussed sufficiently to allow their application in daily decision-making and problem solving?

Are violations of ethical conduct addressed immediately and consistently?

Could staff, if asked, define the core values of the agency?

Organizational Culture

Yes  No

Are ethical issues raised within the context of employee hiring and new employee orientation?

Do organizational leaders talk about ethical issues in their communications with staff?

Is adherence to ethical and professional practice standards a component of the performance evaluations of all staff?

Does ethical conduct constitute a core value of the organization as reflected in agency history and mythology, the designation of heroes, agency literature, storytelling, symbols and slogans?

Are rituals built into the cycle of organizational life that help identify practices that undermine or deviate from our stated values and which provide opportunities to celebrate and recommit ourselves to those values, e.g., staff meetings, retreats, planning processes?

Are there mechanisms in place through which agency leaders can identify and rectify environmental stressors (role overload, role conflict, etc.) that can contribute to impairment in ethical decision-making?

Does the agency have an active, aggressive Employee Assistance Program to address areas of personal impairment that could affect the ethical judgment and conduct of staff?

Ethical Decision-making

Yes  No

Have staff been oriented to the multiple parties whose interests must be reviewed in ethical decision-making?

Are the forums clearly defined within which ethical issues can be explored, e.g., individual supervision, team meetings?
Ethical Violations

Are the potential consequences of breaches of ethical conduct clearly defined and communicated to staff?

Are the procedures through which ethical violations are addressed at the agency clearly defined and communicated to staff?

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References