



Ethical Guidelines

Revised: 4/1/21

Introduction

Ethical guidelines set the standard for ethical behavior at HCRS. They are not aspirational standards; they are a description of the minimum needed to avoid unethical behavior. These guidelines are in alignment with the agency's philosophy of care, core values, mission, and vision.

The ethical guidelines will not resolve all ethical dilemmas. When difficult ethical dilemmas or concerns arise, a referral can be made by any staff member to the Clinical Ethical Review Committee (CERC) for consultation, by emailing ethicsreferral@hcrs.org.

Person-Centered Care

Practice person- or family-centered care by seeing the people using health and social services as equal partners in planning, developing, and monitoring care to make sure it meets their needs. This means putting people and their families at the center of decisions and seeing them as experts (https://healthinnovationnetwork.com/system/ckeditor_assets/attachments/41/what_is_person-centred_care_and_why_is_it_important.pdf).

Use a strengths-based approach, supporting people to identify their strengths and incorporate into treatment.

Use language mindfully, recognizing that labels and choice of words can have a powerful impact on people. Use the language a person uses to talk about themselves and their experience. For example, use the pronouns a person uses for themselves and, if not known, default to using they/them. If a person refers to voices they hear as ghosts, call them ghosts and not delusions or hallucinations.

Consider the person's environment and social context as important factors in their experience, behavior, and relationships. Be careful not to attribute impacts of trauma and oppression to individual characteristics. Behavior or experiences that may be viewed as symptoms might actually be survival/coping strategies.

Be respectful, as defined by the person/relationship. Respect looks different for different people, depending on individual experiences and culture.

Value the importance of familial and community relationships. Do not discount the value and strengths of these natural supports or inflate professional support such that it interferes with or undermines relationships with family and friends.

Partner with other supports/providers according to the person's/family's consent.

Ensure that a person's preferences and voice are honored to the furthest extent possible when there are limits to a person's autonomy due to an external authority, such as Orders of Non-Hospitalization (ONHs), Department for Children and Families (DCF) involvement, guardianship, etc.

Informed Consent and Privacy

Be truthful in your statements and interactions with people you're supporting, co-workers, the agency, and the community.

Communicate about your role, intent, and limitations accurately and openly from the beginning, and as needed.

Ensure informed consent before sharing information, acknowledging risks to disclosure that may exist. Have this conversation often throughout the relationship, particularly if there is any doubt about shared agreements and understanding.

Share and regularly review, as needed, limits of confidentiality, such as mandated reporting, duty to warn, safety concerns, supervision, etc. Disclosures that happen outside what an individual has consented to should be done in consultation with a supervisor, in compliance with relevant laws and regulations, and documented appropriately.

You are responsible for understanding and communicating information about client's rights and responsibilities as well as the risks and opportunities of treatment to ensure ongoing informed consent.

Be prepared to use different modes of communication to be accessible to people with various communication needs or disabilities, such as interpretation services, written communication, assistive or augmentative devices, and accessible/plain language. Talk to your supervisor if support or resources are needed to provide communication accommodations.

Inform people about potential costs of treatment and, when relevant, either assist with, or refer to other services that can assist with, accessing financial supports such as Medicaid which might make services accessible.

Treat the information of clients and co-workers with respect and reverence; avoid gossip or unnecessary sharing.

Power

Be aware of your power. Be aware that because of your professional role and position, advice may be taken as a directive or an idea taken as a recommendation.

Dual relationships and conflicts of interest are likely to happen in rural areas. Dual relationships are situations where multiple roles exist between a provider and a person receiving services. Dual relationships don't become a problem until there is a conflict of interest, which is a situation where one's professional decision-making is influenced by interests not related to their current role as a provider. Seek guidance from your supervisor as these situations come up.

Being an HCRS employee gives you power to potentially know people's private information and/or influence their lives. Because of this power difference, it is not appropriate to have romantic/sexual relationships, financial interactions, or other kinds of relationships in which you stand to benefit, with

someone whose treatment at HCRS you are or have been directly involved in. Seek guidance from your supervisor if relevant situations arise.

You have a responsibility to document services truthfully, and to include individuals' (or families', if relevant) perspectives accurately in your documentation, confirming with the person that you have understood it accurately. The power of documentation is a significant power difference between providers and people receiving services. Client voices should be amplified and centered rather than excluded, and providers should acknowledge their potential for bias in documenting.

Advocacy and Social Justice

As an agency, HCRS has a responsibility to advocate for just laws and policies for people we serve, following the leadership of the people who belong to the impacted group. When advocating, you should do so in consultation with larger HCRS advocacy efforts.

When advocating for an individual, the goal should be to amplify their own voice, not to replace their voice with what we think is best for them, within the limits of mutuality and the scope of your role. Because it's not our role to make decisions for people, our advocacy should be for their "expressed interests" whenever possible, rather than what we think are their "best interests." When you aren't able to understand what someone's preference is, seek alternative means of expression/communication. If a person is truly unable to communicate, then advocate according to their best interests.

You are responsible for continuously seeking to understand and challenge systems of oppression, and to develop self-awareness of your relative power and privilege within those systems. Systems of oppression include white supremacy, patriarchy, heteronormativity, transphobia, classism, islamophobia, anti-semitism, xenophobia, ableism, sanism, and sizeism. This is not a comprehensive list. You have an obligation to challenge injustice when you encounter it-- within yourself, within the agency, and in the community.

Be aware of and support access to human, legal, and civil rights resources.

Ensure that people receive the least restrictive level of care possible.

Equity

Ensure equitable treatment and access for all. Working towards equity requires challenging and removing barriers for those who are marginalized or oppressed.

Assist people to access public resources and social, civic, and economic opportunities as desired.

Acknowledge that everyone has different needs that require individualized support.

Clinical decisions are made based on a mutual assessment of needs on an individual basis. Pressure from family members, other providers, funding sources, or the public should not drive treatment decisions.

Practice self-reflection and seek out resources, learning, and support to address your implicit biases and avoid discrimination in your work, e.g., in clinical decision-making, safety planning, use of force/restrictions, choice to involve the police, etc.

Recognize that a person's social or economic circumstances are shaped by experiences of marginalization and oppression. Avoid ascribing a person's social, educational, or economic status entirely to an individual's behavior or effort.

Autonomy and Risk

Respect and preserve people's right and ability to make their own choices and hold their own values without undue influence from others. People have the right to self-directed lives and self-selected belief systems, even those that may come into conflict with the perspectives espoused by the agency and the wider mental health system. This includes the right to not identify with one's diagnosis, which is one framework among many for viewing a person's feelings, thoughts, and experiences.

Utilize a harm reduction approach to potentially dangerous behaviors when a person is not interested in or able to follow through with an abstinence model. An abstinence model is one option available but cannot be the only option. Potentially dangerous behaviors may also be considered coping strategies. Harm reduction includes informed decision making and assisting a person to understand and reduce the risks involved. Provision of services should not be withheld based on substance use, self-injury, or any other potentially dangerous behavior.

All people must be afforded the "dignity of risk." Preventing people from taking risks also prevents growth and can cause harm such as institutionalization or learned helplessness.

You have a responsibility to be familiar with multiple perspectives about how people understand their experiences besides mental illness and to understand why the label of mental illness is harmful to some people. While diagnosis is part of our system for billing purposes, it is unethical to impose a diagnostic/mental illness or any other worldview on another person regarding their experiences. You should talk about the person's experience according to the belief system that person espouses. Not identifying as mentally ill is not a symptom of mental illness and is not a risk factor.

Use all possible de-escalation options and resources before resorting to force, restrictions, police involvement, etc. Remember that police involvement, emergency rooms, psychiatric hospitals, and child protective services can be disproportionately harmful and/or violent towards people with disabilities, people of color, and gender non-conforming people.

Coercion can be formal or informal. Formal coercion is overt and explicit, and is sanctioned by a system, such as involuntary treatment, orders of non-hospitalization, threats of termination of parental rights, etc. Formal coercion and use of force should be avoided except in the most rare and extreme circumstances where it is mandated by statute or necessary to prevent serious injury or death. Informal coercion involves persuasion, influencing behavior, and/or threats, and is not sanctioned. Due to the nature of the relationship and the latent threat of formal coercion, a conversation that seems benign and non-threatening to a provider may be experienced as threatening and coercive from a client's point of view. You are responsible for understanding your power as it relates to formal and informal coercion and to strive towards the elimination of coercion.

Mutuality and Accountability

You are responsible for speaking up for your own needs and feelings in your relationships. You are not expected to tolerate abusive behavior. Advocate for your physical and emotional safety by stating your needs and setting limits.

Staff self-disclosure of personal experiences can be beneficial to therapeutic relationships, but does have some risks. You should only share things that you would be comfortable with everyone knowing, be cautious about giving advice based on your personal experience, and avoid centering your needs at the exclusion of the person you are supporting. You should reflect on self-disclosure in supervision.

All staff are responsible for recognizing unethical or harmful behavior when it is happening and take appropriate steps to address it.

Be prepared to accept feedback and limits expressed by others, including people who are receiving services. Be willing to acknowledge and address harm you have caused and seek to diminish harm in the future.

Follow through on your commitments and agreements with people you support and co-workers, when at all possible, and communicate about unexpected changes.

Self-Awareness and Responsibility

Be aware of your own beliefs, values, and social identities and how these may shape your relationships with clients and co-workers.

Recognize the effects that the work has on you, seek out resources and support, and develop a plan to address the effects so that they do not result in burnout, compassion fatigue, or unethical behavior.

Recognize what needs of yours might be consciously or unconsciously getting met through your relationships with people you support, and ensure that your needs are not being met at the expense of the other person's, such as a need to feel helpful causing learned helplessness.

Practice cultural humility by acknowledging yourself as a learner when it comes to understanding another's experience (<https://www.fnha.ca/wellness/cultural-humility>).

Learn about and challenge historical and current oppression within the mental health and disability services systems, as well as related systems that you may interface with (DCF, prisons, medical systems, etc.). Recognize the ways that marginalized groups (people of color, women, gender, and sexual minorities, poor people, etc.) experience increased harm in these systems.

Understand and work within your skills, scope, and role. If you lack the necessary skills to do an aspect of your role, notify your supervisor.

Maintain competency in your role and engage in continuous ongoing personal and professional learning.

Be responsible for your choices, and be prepared to be held accountable for them.

Seek advice and guidance on ethical issues from your supervisor and/or the Clinical Ethical Review Committee.