
Socio-Environmental Conditions, Environmental Conditions, Cultural Factors, Educating and Motivating Families
Part One
San Jose City College

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Learning Objectives
•Acquire four Integrated Approaches to Ethics and Strategies for Interdisciplinary Ethics: Who is Targeted for Treatment? How is treatment Implemented? Why Is a Treatment Selected?
•Compare Addiction among three Socioeconomic Groups: Cultural Stereotypes about Income and
•Evaluate three aspects of Drug Cultures and the Culture of Recovery
•Specify the Importance of Developing and Maintaining three Healthy relationships in recovery

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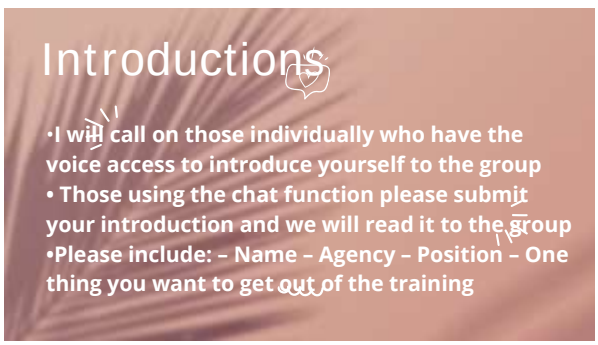
Introductions
•I will call on those individually who have the voice access to introduce yourself to the group
• Those using the chat function please submit your introduction and we will read it to the group
•Please include: – Name – Agency – Position – One thing you want to get out of the training

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Aristotle once asked his students:

"Who should we hold in higher esteem, the person who, with great effort does the right thing or the person for whom doing the right thing comes easily?"

What do you think?

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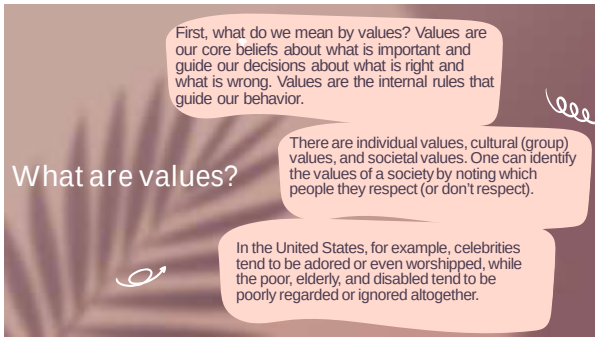

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What about the law?

- Laws are rules applied to all citizens and held as binding by the state to ensure social order
- Laws are necessary to avoid chaos in a community and can protect individuals from each other and even the state itself
- Not all laws are ethical, so ethics and the law sometimes conflict

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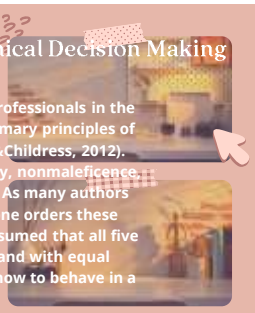
Practitioner's Guide to Ethical Decision Making



Most codes of ethics for helping professionals in the United States make use of five primary principles of Western bioethics (Beauchamp &Childress, 2012). These include respect for autonomy, nonmaleficence, beneficence, fidelity, and justice. As many authors have noted, regardless of how one orders these principles in text, it is generally assumed that all five principles are used in concert and with equal consideration when determining how to behave in a given situation.

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Ethics Crosswalk between CCAPP and BBSE/MFT Codes of Conduct

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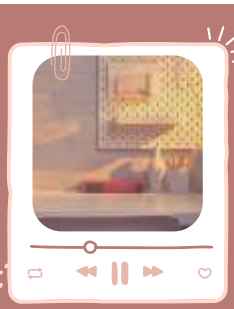
Related Video

Why Therapists May Misuse Their Power—and How to Avoid It (5:25)

(237) Why Therapists May Misuse Their Power—and How to Avoid It - YouTube



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Practitioner's Guide to Ethical Decision Making

A description of each of the five foundational principles follows.

Autonomy is the principle that addresses respect for independence, and self-determination. The essence of this principle is allowing an individual the freedom of choice and action. It addresses the responsibility of the counselor to encourage clients, when appropriate, to make their own decisions and to act on their own values.

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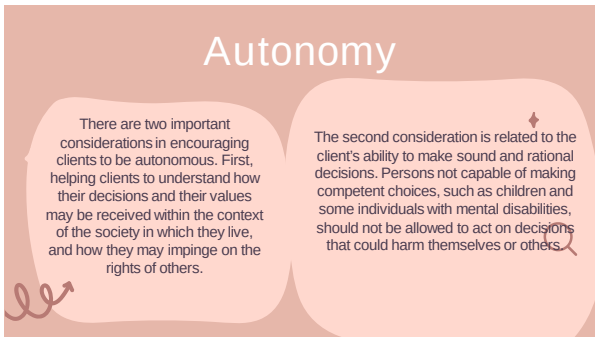
Autonomy
There are two important considerations in encouraging clients to be autonomous. First, helping clients to understand how their decisions and their values may be received within the context of the society in which they live, and how they may impinge on the rights of others.
The second consideration is related to the client's ability to make sound and rational decisions. Persons not capable of making competent choices, such as children and some individuals with mental disabilities, should not be allowed to act on decisions that could harm themselves or others.

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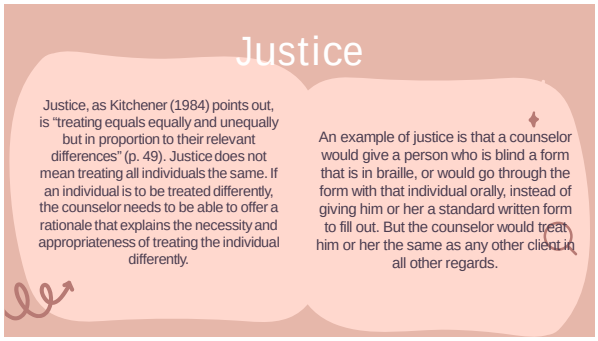
Justice
Justice, as Kitchener (1984) points out, is "treating equals equally and unequally but in proportion to their relevant differences" (p. 49). Justice does not mean treating all individuals the same. If an individual is to be treated differently, the counselor needs to be able to offer a rationale that explains the necessity and appropriateness of treating the individual differently.
An example of justice is that a counselor would give a person who is blind a form that is in braille, or would go through the form with that individual orally, instead of giving him or her a standard written form to fill out. But the counselor would treat him or her the same as any other client in all other regards.

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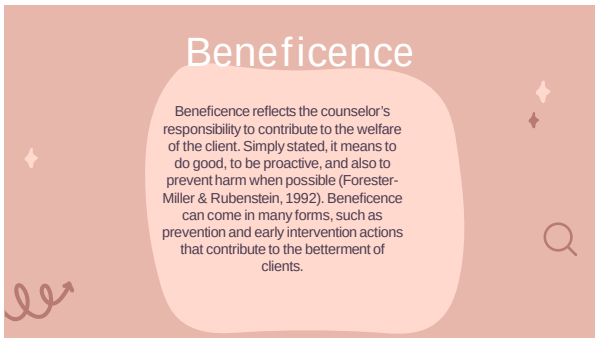
Beneficence
Beneficence reflects the counselor's responsibility to contribute to the welfare of the client. Simply stated, it means to do good, to be proactive, and also to prevent harm when possible (Forester-Miller & Rubenstein, 1992). Beneficence can come in many forms, such as prevention and early intervention actions that contribute to the betterment of clients.

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Nonmaleficence

Nonmaleficence is the concept of not causing harm to others. Often explained as "above all, do no harm," this principle is considered by some to be the most critical of all the principles, even though theoretically they are all of equal weight (Kitchener, 1984; Rosenbaum, 1982; Stadler, 1986).

This principle reflects both the idea of not inflicting intentional harm, and not engaging in actions that risk harming others (Forester-Miller & Rubenstein, 1992). Weighing potential harm against potential benefits is important in a counselor's efforts toward ensuring no harm."

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Fidelity

Fidelity involves the notions of loyalty, faithfulness, and honoring commitments. Clients must be able to trust the counselor and have faith in the therapeutic relationship if growth is to occur. Therefore, the counselor must take care not to threaten the therapeutic relationship or to leave obligations unfulfilled.

When exploring an ethical dilemma, the counselor needs to examine the situation and how each of the above principles may apply to that particular case. At times, this examination alone will clarify the issues so that the means for resolving the dilemma becomes clear. When an initial review of the five foundational principles does not provide direction, it is helpful to be able to work through the steps of an ethical decision-making model.

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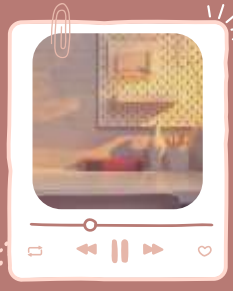
Related Video

Common Dilemmas in the Ethical Treatment of Inpatients with Substance Use Disorders (7:54)

(242) Common Dilemmas in the Ethical Treatment of Inpatients with Substance Use Disorders - YouTube



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FOCUS On ETHICAL CHALLENGES IN INTEGRATED TREATMENT TEAMS
The proliferation of integrated behavioral health programs has led to the beginning stages of efforts to develop meaningful and practical protocols consistent with prevailing ethical standards. For example, the Bazelon Center for Mental Health Law has developed "Health-Information Sharing for Collaboration Among Agencies" guidelines intended to promote constructive sharing of information among health care and behavioral health professionals. The following is an excerpt:

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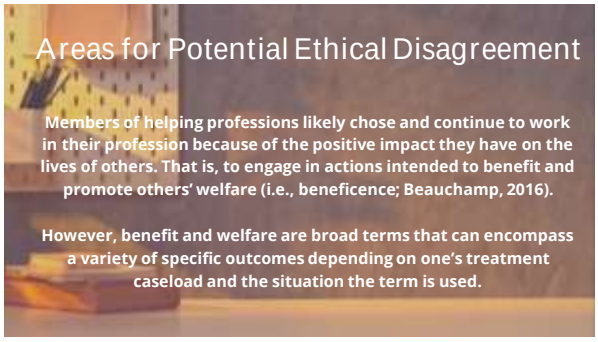
Areas for Potential Ethical Disagreement
Members of helping professions likely chose and continue to work in their profession because of the positive impact they have on the lives of others. That is, to engage in actions intended to benefit and promote others' welfare (i.e., beneficence; Beauchamp, 2016).
However, benefit and welfare are broad terms that can encompass a variety of specific outcomes depending on one's treatment caseload and the situation the term is used.

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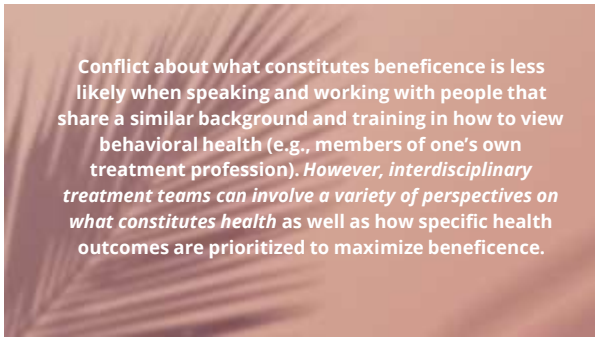
Conflict about what constitutes beneficence is less likely when speaking and working with people that share a similar background and training in how to view behavioral health (e.g., members of one's own treatment profession). *However, interdisciplinary treatment teams can involve a variety of perspectives on what constitutes health* as well as how specific health outcomes are prioritized to maximize beneficence.

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Treatment provided by one discipline is not isolated from the treatment provided by other disciplines. For example, a new mental health medications drug regimen will likely have an effect across the individual's entire day including work and therapeutic environments (e.g., ACT therapy, SUD group, occupational therapy).

In turn, behavior plans with generalized benefits necessitate involvement of people across the individual's entire treatment continuum.

28

Why Is a Treatment Selected?

The third area that conflict may arise is why a given treatment is selected among available alternatives. This area of conflict is likely where conflict negotiation skills are most needed. Every profession trains their members in basic philosophical assumptions regarding causes of behavior, assumptions regarding how we know something is true, and assumptions about the research methods sufficient to demonstrate a high likelihood that something is true(e.g., that an intervention is effective).

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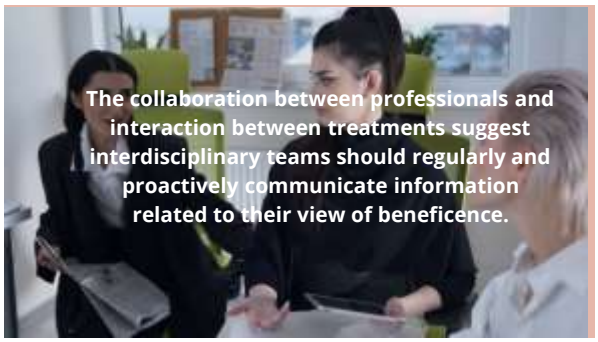

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Developing interdisciplinary environments that regularly practice respectful communication and collaborative routes to conflict resolution will, in the long run, lead to effective and efficient collaboration between members of an interdisciplinary team.

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Integrated Definition of Wellness (Beneficence)

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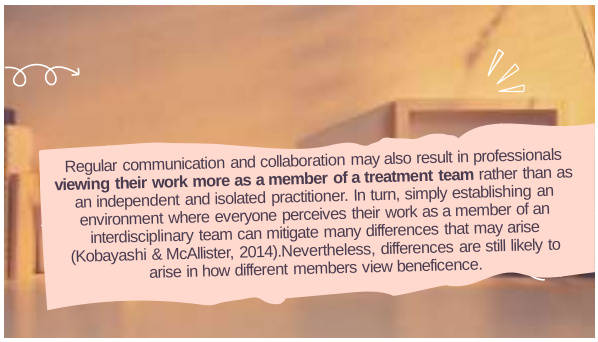

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34

What Is Targeted for Treatment?

The first area that conflict may arise is what should be targeted for treatment. Co-occurring Client Vignette

I encourage you to take notes. . . I put the link to the vignette in the chat

35

The Story of Sam

When Sam was a youngster, he was quiet and somewhat withdrawn. He grew up with his mother and stepfather. Sam's stepfather was a big, husky guy with a booming voice who often intimidated Sam and his mother. The stepfather also would drink heavily and, at those times, became physically and verbally abusive to both Sam and his mother. Sometimes, when the stepfather would return from a bar, he would wake Sam up and beat him for some perceived transgression, even if it were not so. Sam's mother, also afraid of the stepfather, did not protect Sam.

Sam grew into a teenager who had very few friends. His schoolwork was poorly done as he remained so anxious and frightened at home. He did not tell anyone about the situation because he was ashamed. At times, he thought about suicide, even as a young teenager. At one point, at age 14, Sam tried to hang himself in the garage. His mother found him and released him, comforting and chastising him at the same time. They decided to keep this another secret from Sam's stepfather.

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•Sam barely finished high school. His teachers noticed a change in him and sent him to the school guidance counselor. Sam was clearly very depressed; he remained, for a brief period, in counseling and then quit, feeling it didn't help. He took up drinking and found that, then, his terribly overwhelming sad thoughts went away for a while. He snuck drinks at home and also began smoking marijuana. He liked the euphoria that this drug gave him.

•After he left school, Sam continued to drink and smoke marijuana. When he was not using, he felt his depression overtake him. He tried to work at several part-time jobs — at Wendy's, warehouse work, Lowe's, and a supermarket — but these jobs did not last. Sam simply could not keep up with the work, and he was let go. These rejections caused him to drink more, and the vicious cycle continued. Each time, he stopped using, he became so depressed that he thought of killing himself.

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•One day, Sam became so depressed that he cut his wrists severely. His mother found him and, this time, called an ambulance. For the first time, Sam was hospitalized and treatment was begun for his depression. This began in 2018; at the age of 24, Sam was beginning to have appropriate treatment and to work on the underlying issues related to his depression. His alcohol and drug use continues, but is more often bingeing versus daily.

•Sam remains in treatment and also remains very depressed. His suicidal thoughts are less frequent; he takes medication although not always as prescribed because sometimes he feels it doesn't help. He does attend his clinic appointments regularly and acknowledges the difficult effort he needs to make to manage his depression and to lessen the symptoms. He still has been unable to work and lives at home with his mother, who looks out for him. Even so, he has begun to make progress on a major depression that has haunted him most of his life.

38

What Do We Target for Sam?

Given the interdependence of the interventions and reliance on all caregivers to maintain treatment protocols, treatment fidelity is likely to be subpar unless everyone is on board with what the other professionals are targeting for change. How professionals prioritize treatment targets is relevant.

39

Integrated Definition of Wellness (Beneficence)

- What is your instinct about what Sam needs on his treatment plan?

40

How Is Treatment Implemented?

The second area that conflict may arise is how treatment is implemented. For example, all parties may agree that high rates of medication non-compliance should decrease, the amount of engagement with treatment goals should increase, and a client should better communicate their wants and needs.
But how are we going to make that happen?

41

How do we Implement Treatment for Sam?

42

Integrated Definition of Wellness (Beneficence)

- What is your instinct about what Sam needs on his treatment plan?

43

Why Is a Treatment Selected?

The third area that conflict may arise is why a given treatment is selected among available alternatives. This area of conflict is likely where conflict negotiation skills are most needed. Every profession trains their members in basic philosophical assumptions regarding causes of behavior, assumptions regarding how we know something is true, and assumptions about the research methods sufficient to demonstrate a high likelihood that something is true (e.g., that an intervention is effective).

44

Recognizing that other team members were trained in a different perspective is important because interventions chosen from the opposite perspective will likely appear limited and superficial compared to one's own perspective. In turn, ethically justified disagreement relative to maximizing benefit and minimizing harms is likely to be offered from both sides because the other side is failing to target the "cause" of behavior.
For example, a belief that treating Sam's depression will reduce or eliminate their alcohol abuse behaviors.

These differences are likely to remain unresolved in the time needed to make treatment decisions for most clients. As such, open and honest communication and conflict resolution skills may be needed to get all team members on board for a treatment plan everyone feels ethically comfortable with.

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Why Have We Chosen This Treatment Plan for Sam?

46

Integrated Definition of Wellness (Beneficence)

- What is your instinct about what Sam needs on his treatment plan?

47

Strategies for Ethical Interdisciplinary Collaboration

The first proactive strategy is to practice jargon-free communication. Each member of a helping profession likely has received several years of coursework and supervised training in their area of expertise. With this academic and clinical training comes field-specific language (i.e., jargon). Although jargon is helpful for efficient communication between members with similar training backgrounds, jargon can be off-putting and confusing to clients as well as members of other disciplines.

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In turn, miscommunication and misunderstanding arising from the use of jargon can make collaboration more difficult and perhaps contentious.

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Proactive Strategy Two

A second proactive strategy is to develop consistent and formal relationships within the interdisciplinary team network. Specifically, this involves specifying frequent and coordinated interactions between members of an interdisciplinary team in a way that is proactively structured and organized (e.g., weekly clinical meetings, documented case consultations).

50

Proactive Strategy Three

A third proactive strategy is to develop agreed upon institutional guidelines and joint codes of ethics for collaboration. Differing value claims or competing methods in support of values are likely to be the most challenging aspect to interdisciplinary collaboration.

Interdisciplinary organizations can proactively determine what set of principles and guidelines all team members are comfortable with relative to their own code of ethics. This may include developing a hierarchy of principles, outlining general decision-making processes for times when values conflict, or establishing an ethics committee/coordinator within the organization.

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REACTIVE Strategies
Reactive strategies can be implemented after conflict arises in the interdisciplinary setting. The purpose of these strategies is to structure interactions between interdisciplinary team members once disagreement has occurred. In turn, these strategies may increase the likelihood that the positive relationships developed between team members before the conflict remain intact.

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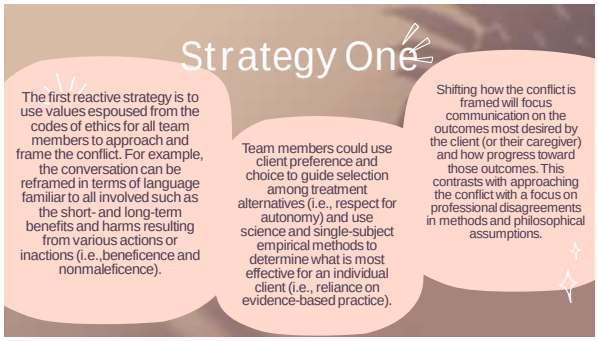
Strategy One
The first reactive strategy is to use values espoused from the codes of ethics for all team members to approach and frame the conflict. For example, the conversation can be reframed in terms of language familiar to all involved such as the short- and long-term benefits and harms resulting from various actions or inactions (i.e.,beneficence and nonmaleficence).
Team members could use client preference and choice to guide selection among treatment alternatives (i.e., respect for autonomy) and use science and single-subject empirical methods to determine what is most effective for an individual client (i.e., reliance on evidence-based practice).
Shifting how the conflict is framed will focus communication on the outcomes most desired by the client (or their caregiver) and how progress toward those outcomes. This contrasts with approaching the conflict with a focus on professional disagreements in methods and philosophical assumptions.

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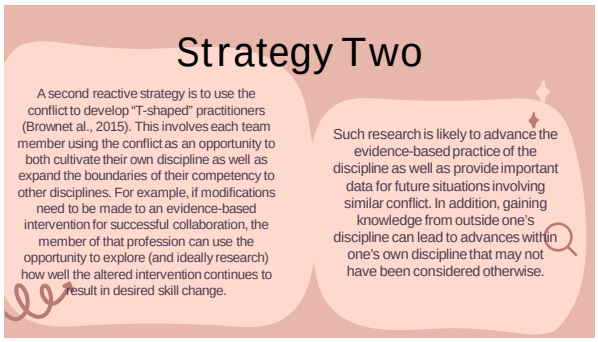
Strategy Two
A second reactive strategy is to use the conflict to develop "T-shaped" practitioners (Brownet al., 2015). This involves each team member using the conflict as an opportunity to both cultivate their own discipline as well as expand the boundaries of their competency to other disciplines. For example, if modifications need to be made to an evidence-based intervention for successful collaboration, the member of that profession can use the opportunity to explore (and ideally research) how well the altered intervention continues to result in desired skill change.
Such research is likely to advance the evidence-based practice of the discipline as well as provide important data for future situations involving similar conflict. In addition, gaining knowledge from outside one's discipline can lead to advances within one's own discipline that may not have been considered otherwise.

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Strategy Three

A third reactive strategy is to seek out and provide institutional support to promote and maintain the agreed upon resolution (Brown et al.,2015). All behavior is maintained by prevailing contingencies. Any resolution will require organizational support to ensure all interdisciplinary team members can implement the agreed upon resolution. This may include training, feedback, goal setting, follow-up meetings, and/or the use of incentives to increase and maintain behavior consistent with the resolution. All of which will likely require resources to sustain and, thus, institutional support. All members of the interdisciplinary treatment team should collectively reach out to the relevant decision-makers within an organization to ensure adequate institutional support.

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SUMMARY

Ethical conflict is likely to occur in interdisciplinary treatment settings. Proactive and reactive strategies can increase the likelihood that positive interactions between members of interdisciplinary environments are established and maintained. Three proactive strategies that can aide interdisciplinary collaboration are:

(1) practicing jargon-free communication,

(2) practicing formal and consistent interdisciplinary interactions, and

(3) developing institutional guidelines for ethical collaboration and resolution.

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Three reactive strategies that aide continued collaboration are

(1) re-framing conflict to focus on agreed upon values,

(2) using conflict to advance one's own competency and the knowledge base of one's discipline, and

(3) ensuring institutional support for agreed upon resolutions.

57

(PDF) Ethical Considerations in Interdisciplinary Treatments. Available from: https://www.researchgate.net/publication/332834944_Ethical_Considerations_in_Interdisciplinary_ Treatments [accessed Apr 15 2022].

•Beauchamp, T. L., & Childress, J. F. (2012). Principles of biomedical ethics (7th ed.). Oxford, UK: Oxford University Press.
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•Kobayashi, R., & McAllister, C. A. (2014). Similarities and differences in perspectives on interdisciplinary collaboration among hospice team members. America Journal of Hospice & Palliative Medicine, 31, 825–832.
•Van Royen, K., Remmen, R., Vanmeerbeek, M., Godderis,L., Mairiaux, P., & Peremans, L. (2013). A review ofguidelines for collaboration in substance misuse man-agement. Occupational Medicine, 63, 445–447.
(4) (PDF) Ethical Considerations in Interdisciplinary Treatments. Available from: https://www.researchgate.net/publication/332834944_Ethical_Considerations_in_Interdisciplinary_Treatments#fullTextFileContent [accessed Apr 16 2022].

58

Multigenerational impact of addiction: Teens, Adults, Elders

Multigenerational cycles of addiction can devastate families and communities. Research indicates that genetics are responsible for approximately 50-60 percent of the risk for drug and alcohol dependence. However, genes are only one small component of the overall picture. Environmental influences learned behavior, and personality traits might also contribute to addiction.

Multigenerational Cycles of Addiction | The Counseling Center | Noblesville (tcc-indy.com)

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Multigenerational impact of addiction

The effects of a substance use disorder (SUD) are felt by the whole family. The family context holds information about how SUDs develop, are maintained, and what can positively or negatively influence the treatment of the disorder.

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It is estimated that more than eight million children younger than age 18 live with at least one adult who has a SUD. That is a rate of more than one in 10 children. The majority of these children are younger than age 5 (U.S. Department of Health and Human Services [USDHHS], 2010). The studies of families with SUDs reveal patterns that significantly influence child development and the likelihood that a child will struggle with emotional, behavioral, or substance use problems (Substance Abuse and Mental Health Services Administration [SAMHSA], 2003).

The negative impacts of parental SUDs on the family include disruption of attachment, rituals, roles, routines, communication, social life, and finances. Families in which there is a parental SUD are characterized by an environment of secrecy, loss, conflict, violence or abuse, emotional chaos, role reversal, and fear.

61

The family remains the primary source of attachment, nurturing, and socialization for humans in our current society. Therefore, the impact of substance use disorders (SUDs) on the family and individual family members merits attention. Each family and each family member is uniquely affected by the individual using substances including but not limited to having unmet developmental needs, impaired attachment, economic hardship, legal problems, emotional distress, and sometimes violence being perpetrated against him or her. For children there is also an increased risk of developing an SUD themselves (Zimic & Jakic, 2012).

62

Thus, treating only the individual with the active disease of addiction is limited in effectiveness.

63

Treating the individual without family involvement may limit the effectiveness of treatment for two main reasons: it ignores the devastating impact of SUDs on the family system leaving family members untreated, and it does not recognize the family as a potential system of support for change.

The Impact of Substance Use Disorders on Families and Children: From Theory to Practice - PMC (nih.gov)

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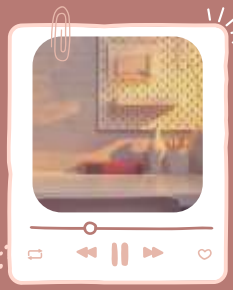
Related Video

Genetics Determine About Half Of A Person's Predisposition To Addiction | TODAY (5:06)

(245) Genetics Determine About Half Of A Person's Predisposition To Addiction | TODAY - YouTube



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FAMILY IMPACT

Genetic and environmental factors contribute to the development of SUDs. Given that the family in which one is raised influences both of these, it is important to explore the impact of SUDs on the family. Studies looking at the relative weight of these influences show that both add contribution and impact (Haber et al., 2010). The impact will vary depending on the role and gender that the individual with the SUD has in the family. For example, if an adolescent child is identified as having a SUD, this will affect the family differently than if a parent has an SUD.

66

The attitudes and beliefs that family members have about SUDs are also of importance as these will influence the individuals as they try to get sober and will influence the efficacy of treatment interventions. For example, if a parent sees a SUD as a moral failing and thinks his or her adolescent child should just use "will power" to quit, this will be important to know if the treating therapist is working from a disease model of addiction.

Education with the family about SUDs, their development, progression, and treatment will be needed. When family members have appropriate education and treatment for themselves they can play a significant role in the abusers' recognition of the problem and acceptance of treatment. The evidence-based family treatment Community Reinforcement And Family Training (CRAFT) has demonstrated its effectiveness in increasing the rate at which abusers enter treatment (Roozen, de Waart, & van der Kroft, 2010).

67

When one person in a family begins to change his or her behavior, the change will affect the entire family system. It is helpful to think of the family system as a mobile: when one part in a hanging mobile moves, this affects all parts of the mobile but in different ways, and each part adjusts to maintain a balance in the system. One consequence of this accommodation can be that various family members may inadvertently sabotage treatment with their own behaviors as they respond to the change in the individual using substances.

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For example, if an adult son tries to get sober and his retired father feels as if he has lost his "drinking buddy," he might express to his son that he can have "just a couple beers at the game." This will put pressure on the son to continue his use so as not to disappoint his father. These behaviors can be seen as an attempt to maintain the comfortable equilibrium of the system because as one person changes it upsets the equilibrium of the whole family system including extended family relationships.

Family therapy can be a useful intervention where the therapist can assist and support the son in setting limits with the father saying he does not want to drink at all and suggesting alternative non-drinking-related activities. Individual therapy can be used with the son to affirm his decision to remain sober and reinforce the importance of his establishing his own identity as a nondrinking person.

69

Finally

We know that individuals who grow up in a family where there is an SUD are at significantly higher risk to develop SUDs due to genetic and environmental factors. It is essential to assess for active substance abuse in the immediate and extended family. Knowing that an individual with an SUD grew up in a family with an SUD has significant implications in treatment. Active substance abuse in the family of a client who is trying to get clean will also put that client at risk for relapse.

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Developmental Stages of the Family

Understanding the family's specific developmental stage can help with assessing the interventional needs of a family. Carter and McGoldrick (1989) identify eight stages of the family life cycle and corresponding developmental tasks. SUDs can disrupt these developmental tasks depending on who has the SUD and at what developmental stage the family is in when the SUD develops.

When families do not move through the life cycle and get stuck, individual members can exhibit clinical symptoms. It should be noted that blended families with stepparents and stepchildren have their own developmental needs that are impaired by SUDs as well, but those are not detailed in this table.

Note. This table has been adapted from Carter and McGoldrick's (1989) model of the stages of the family life cycle. Modifications have been made to Column 2 to identify concepts relevant to the family with a SUD, and Columns 3 and 4 are contributions of the authors of this article.

•SUD = substance use disorder; AA = Alcoholics Anonymous; NA = Narcotics Anonymous.

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TABLE 1

Impact of SUD on Family Life Cycle Stages

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