### PREPARED BY

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#### **PURPOSE:**

The purpose of this course is to provide an overview of Professional Ethics. This course is offered online. Work at your own pace. Print your certificate when completed.

The purpose of this course is to provide Chemical Dependency Counselor Assistant (CDCA), Licensed Chemical Dependency Counselor (LCDC11, 111), Licensed Independent Chemical Dependency Counselor (LICDC), and LICDC-CS, Ohio Certified Prevention Specialist 1, Ohio Certified Prevention Specialist 11, Ohio Certified Prevention Specialist Assistant and other professionals/ individuals, to provide a review of ethical – code of conduct, standards and practices and legal and ethical issues in counseling to assist individuals in developing and maintaining the highest level of ethical decision making skills, to continue to provide care and services as a desirable model.

### **OBJECTIVES**

At the end of this course, the reader will be able to:

- 1. Discuss principles of the Code of Ethics and scope of practice
- 2. Discuss legal and ethical issues in counseling
- 3. Define ethical behavior for the Professionals.
- 4. Discuss 5 styles of managing conflicts the Thomas –Kilmann Instrument
- 5. Describe ethical decision making skills
- List specific ways to integrate ethical considerations in the day-to-day decisionmaking.
- 7. Discuss strategies for effective communication.

### **ETHICS- RULES OF CONDUCT**

Ethics - defined as rules of conduct; the branch of philosophy that deals with morality. Ethics is concerned with distinguishing between good and bad in the workplace, schools and overall in the society / in the world. Ethics involves distinguishing between right and wrong human actions, and between virtuous and non-virtuous characteristics of individuals.

Ethics involves moral principles that govern an individual's behavior or a group's conduct or behavior. All professionals, Chemical Dependency Counselor Assistant (CDCA), Licensed Chemical Dependency Counselor (LCDC11, 111), Licensed Independent Chemical Dependency Counselor (LICDC), Ohio Certified Prevention Specialist 1, Ohio Certified Prevention Specialist 11, Ohio Certified Prevention Specialist Assistant need to follow the ethical principles and code of ethics that are in place.

Ethics provides a guideline or a set of standards for behavior that assists the individuals to decide how he/ she behave or conduct themselves in various situations. Ethics involves making choices or decisions and provides reasons why individuals should make these choices.

#### PRINCIPLES OF ETHICS

The Principles of Ethics are model standards of exemplary, flawless, professional behavior /conduct that should be demonstrated by all professionals; representing the best.



### **PROFESSIONAL RELATIONSHIPS**

In all professional relationships, work and /or services should be practiced with compassion, recognizing human dignity and value that is present in each client, co-worker/ each individual. All professionals need to maintain the highest regard for the standards of one's profession/ position and;

Avoid actions that are based on prejudice,

Avoid behavior/ actions that are threatening of others,

Avoid actions that brings harassment to others,

Provide fair treatment to others, and

Maintain relationships that are caring.

### **RESPECT FOR HUMAN DIGNITY**

Respect for human dignity requires that the professional is aware of, acknowledge and understands that the clients/patients have specific rights (will review later in this course).

### **HONESTY**

Honesty is the quality of being honest,

Honesty reflects uprightness of character or action,

Honesty means being trustworthy, fair, loyal and sincere,

Honesty implies a refusing to lie, steal, or deceive in any way,

Fairness or uprightness of character or actions,

Honesty reflects a part of one's moral character and reflects positive, virtuous attributes for example: truthfulness, integrity, and straight forwardness.

### **PROVIDING CARE/ SERVICES**

In the provision of care and services, the professionals should respect the beliefs, values and customs of each individual, the family and community.

### **RELATIONSHIPS TO CLIENTS/PATIENTS**

The professional establishes therapeutic relationships with the clients/ patients and administers care and services taking into consideration the individuals' lifestyle, religious beliefs and values. Effective communication should always be employed to ensure that the clients / patients needs are met at optimum levels of care.

### **RESPECT VALUES AND BELIEFS**

The professionals should always respect the values and beliefs of the clients/ patients and avoid enforcing their personal values and beliefs on the clients/patients.





### THE NATURE OF THE /PATIENTS/ CLIENTS STATUS

**HEALTH PROBLEMS** 

**SOCIAL STATUS** 

**ECONOMICAL STATUS** 

The professional does not allow the functional status of the clients/ patients, diagnosis or any disabilities to determine the client's/patient's worth.

The professional also respects the clients' rights, dignity, and values regardless of their socio-economic status.

# OHIO - CODE OF ETHICS FOR CHEMICAL DEPENDENCY COUNSELORS

According to 4758-8-01- Code of ethics for chemical dependency counselors:

- (A) The following rules of conduct set forth the minimum standards of conduct which all applicants for licensure or certification shall follow and establishes the minimum standard of practice for certified chemical dependency counselor assistants (CDCA), licensed chemical dependency counselors II (LCDCII), licensed chemical dependency counselors (LICDC), and licensed independent chemical dependency counselors (LICDC), and licensed independent chemical dependency counselors-clinical supervisors (LICDC-CS).
- (B) A violation of these rules of ethical practice and professional conduct constitutes unprofessional conduct and is sufficient reason for a reprimand, suspension, revocation or for restrictions to be placed on a license or certificate or for the denial of the initial license or certificate or renewal, or reinstatement of a license or certificate.

### (1) PROFESSIONAL STANDARDS:

- (a) The licensee or certificate holder shall meet and comply with all terms, conditions or limitations of licensure or certification.
- (b) The licensee or certificate holder shall recognize limitations of his or her competency based on professional qualifications, education and experience and shall not offer services or use techniques outside his or her professional competency or scope of practice defined by rules 4758-6-01 to 4758-6-05 of the Administrative Code.
- (c) A licensee or certificate holder shall obtain appropriate consultation or make an appropriate referral when the client's problem is beyond the licensee or certificate holder's area of training, expertise, competency or scope of practice.
- (d) The licensee or certificate holder shall refer clients to a person or agency that the licensee or certificate holder knows is qualified by training, experience, certification or license to provide such professional services.
- (e) The licensee or certificate holder shall not participate in discrimination on the basis of race, ethnicity, color, sex, sexual orientation, religion, age, national ancestry, socioeconomic status, political belief, psychiatric or psychological impairment, disability according to "Title VII of the Civil Rights Act of 1964," HIV/AIDS status, the amount of

previous therapeutic or treatment occurrences or against other persons that could be subject to discrimination but are not expressly protected by state or federal law.

- (f) The licensee or certificate holder shall be aware of and comply with all applicable state and federal guidelines, regulations, statutes and agency policies including, but not limited, to confidentiality.
- (g) In general, in chemical dependency counseling, the best interest of the client is considered to be of paramount importance in making decisions regarding treatment. The "best interest" of the client would reflect these things that would most benefit the client economically, socially, vocationally and in terms of freedom from external restrictions.

However, there may exist in the context of chemical dependency treatment certain protocols, restrictions, or arrangements which are contrary to what clients would consider to be in their best interest.

There may also be circumstances in which agency philosophy or orientation or the personal beliefs of the counselor may influence decisions regarding the client's treatment. When such circumstances or restrictions are present, they should be disclosed and explained to the client unless such disclosure is expressly prohibited or would clearly violate the safety, rights or interests of another person.

- (h) In the presence of professional conflict, the licensee or certificate holder shall primarily be concerned with the welfare of the client.
- (i) The licensee or certificate holder shall respect the integrity and protect the welfare of the client and shall not engage in any action that violates the civil or legal rights of clients.
- (j) The licensee or certificate holder shall maintain an objective and non-possessive relationship with those he or she serves and shall not exploit them sexually, emotionally, financially or in any way that could create a dual relationship.
- (k) The licensee or certificate holder shall not place an individual in any activity or setting where such participation could harm the individual.

- (I) The licensee or certificate holder shall not offer professional services to a client in chemical dependency counseling with another professional except with the knowledge of the other professional or after the termination of the client relationship with the other professional.
- (m) A licensee or certificate holder shall terminate a chemical dependency counseling or consulting relationship when it is reasonably clear to the licensee or certificate holder that the client is not benefiting from it.
- (n) A licensee or certificate holder shall not discontinue professional services to a client unless:
- (i) Services have been completed;
- (ii) The client requests the discontinuation;
- (iii) Alternative or replacement services are arranged; or
- (iv) The client is given reasonable opportunity to arrange alternative or replacement services.
- (o) A licensee or certificate holder shall not physically or verbally abuse or threaten clients, family members of clients, ex-clients or other persons encountered in professional settings.
- (p) A licensee or certificate holder shall not use derogatory language in their written or verbal communications to or about clients, ex-clients or family members of clients or exclients.

### (2) UNLAWFUL CONDUCT:

(a) A conviction for a felony in the state of Ohio or any act in another state that would constitute a felony in Ohio shall be grounds for disciplinary action. The board may also discipline a licensee or certificate holder who is convicted of a misdemeanor which relates to the licensee or certificate holder's ability to practice chemical dependency counseling.

### (3) FRAUD RELATED CONDUCT:

- (a) The licensee or certificate holder shall not make any misrepresentation or false statement to the board.
- (b) A licensee or certificate holder shall not use a title, designation, credential, license, firm name, letterhead, publication, term, title or document which states or implies an ability, relationship or qualification the licensee or certificate holder is not qualified to use or does not exist.
- (c) The licensee or certificate holder shall not practice under a false name or under a name other than the name in which his or her certificate/license is held.
- (d) The licensee or certificate holder shall not sign or issue in the licensee or certificate holder's capacity, any document or statement that he or she knows to contain either a false or misleading statement.
- (e) The licensee or certificate holder shall not produce, publish, create, or partake in the creation of any false, deceptive or misleading advertisement.
- (f) The licensee or certificate holder shall assign appropriate credit to published material.
- (g) A licensee or certificate holder shall not falsify, fraudulently amend, knowingly make incorrect entries or fail to make timely essential entries into the client records.
- (h) A licensee or certificate holder shall not condone, partake, or assist in billing irregularities or fraud with respect to grants, insurance companies or direct billing.

- (i) A licensee or certificate holder shall not bill for services that are not rendered.
- (j) A licensee or certificate holder shall not aid or abet another person in misrepresenting professional credentials or engaging in illegal or unethical practice.
- (k) A licensee or certificate holder shall not provide services under the signature of their license or certificate while said license or certificate is in a lapsed, inactive or expired status.
- (I) A licensee or certificate holder shall not engage in deceptive behavior in a professional setting whether it is to advance their professional standing, avoid disciplinary action or for any other reason.

### (4) DISCIPLINE IN OTHER JURISDICTIONS:

(a) Any denial, suspension, revocation, probation or other restriction or discipline on certification, license or other authorization to practice issued by any certification authority or any state, province, territory, tribe or other federal government shall be regarded by the board as an ethics complaint and shall be reported to the board.

### (5) COOPERATION WITH THE BOARD:

- (a) The licensee or certificate holder shall cooperate in any investigation conducted pursuant to this code of ethics and shall not interfere with an investigation or a disciplinary proceeding or other legal action.
- (b) The licensee or certificate holder shall report any violation of this code of ethics to the board.
- (c) In submitting information to the board, a licensee or certificate holder shall comply with any requirements pertaining to the disclosure of client information established by federal or state law or regulation.

### (6) CLIENT RELATIONSHIPS:

- (a) A licensee or certificate holder shall not develop, implement or maintain exploitive relationships (dual relationships) with current or past clients.
- (b) A licensee or certificate holder shall not enter into a chemical dependency counseling relationship with members of his or her own family, friends or close associates or others who might be jeopardized by such a dual relationship.
- (c) A licensee or certificate holder shall avoid multiple relationships and conflicts of interest with any current or past clients, family members of current or past clients or other persons encountered in a professional setting which are not in the best interest of the client and might impair professional judgment or which increase the risk of client exploitation which includes but is not limited to accepting gifts, bartering for services, accepting free services or accepting discounts on services.

### (7) SEXUAL MISCONDUCT:

(a) A licensee or certificate holder shall neither engage in any form of sexual conduct or behavior with clients, nor engage in any form of sexual conduct or behavior with former client for two years, at a minimum, after the cessation or termination of professional services within the client's treatment continuum.

A licensee or certificate holder shall never engage in a sexual relationship with a former client if such relationship is not in the best interest of the client or increases the risk of client exploitation. The prohibition shall apply with respect to any client of the treatment provider, which employs or retains the licensee or certificate holder regardless of whether the client is or was on the licensee or certificate holder's case load.

- (b) A licensee or certificate holder who chooses to engage in a sexual relationship with a former client after the mandatory two year period of time will have the full burden of demonstrating that the former client has not been exploited, coerced or manipulated intentionally or unintentionally.
- (c) A licensee or certificate holder shall not sexually harass current or past client's family members. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors and other verbal, non-verbal or physical conduct of a sexual nature.

A licensee or certificate holder shall not engage in sexual activities or sexual contact with current or past client's family members for two years, at a minimum, after the cessation or termination of professional services within the client's treatment continuum. A licensee or certificate holder shall never engage in a sexual relationship with a former client's family member if such a relationship is not in the best interest of the client or increases the risk of client exploitation.

(d) A licensee or certificate holder shall not sexually harass persons they encounter in professional settings.

### (8) PRIVATE PRACTICE:

- (a) A licensee or certificate holder employed by an agency may not solicit or refer a current client of the agency to the licensee's private practice. Licensees may offer referrals to client's which include multiple options for the client to choose from and the licensee's private practice may be one of the multiple programs.
- (b) When setting fees, an independent licensee shall ensure that fees are fair, reasonable and commensurate with the services performed.
- (c) A licensee shall maintain client records for a period of seven years from the time services are completed.

### (9) PROFESSIONAL DISCLOSURE:

- (a) A licensee or certificate holder shall display a professional disclosure statement at the place where services are performed and shall provide a copy of the disclosure statement to clients upon request.
- (b) Professional disclosure statements shall include the name, title, license or certificate type, license or certification number, business address and business phone number of the licensee or certificate holder.
- (c) Professional disclosure statements shall identify licensee or certificate holder's formal professional education, areas of competence and the services they provide.
- (d) Professional disclosure statements shall include language that directs the client to contact the board should they have complaints about the licensee or certificate holder. The name, address and phone number of the licensing board should be included in this language.
- (e) For a licensee employed in a private practice, a fee schedule shall be listed by type of service or hourly rate.

### (10) IMPAIRMENT:

- (a) A licensee or certificate holder shall not undertake or continue a professional counseling role when the judgment, competence and/or objectivity of the licensee is impaired due to mental, emotional, physiological, pharmacological, or substance abuse conditions.
- (b) A licensee or certificate holder shall seek appropriate professional assistance for any substance abuse or dependence, psychiatric or psychological impairment, emotional distress or other physical health related adversity that interferes with the licensee or certificate holder's ability to function competently.

A licensee or certificate holder shall request inactive status for medical reasons when appropriate and notify the board and comply with rule 4758-11-02 of the Administrative Code. Effective 5/6/13

### 4758-8-03 CODE OF ETHICS FOR PREVENTION SPECIALISTS

According to 4758-8-03 code of ethics for prevention specialists:

- (A) The following rules of conduct set forth the minimum standards of conduct which all applicants for certification shall follow and establishes the minimum standard of practice for registered applicants (RA), Ohio certified prevention specialist assistants (OCPSA), Ohio certified prevention specialists I (OCPS I) and Ohio certified prevention specialists II (OCPS II).
- (B) A violation of these rules of ethical practice and professional conduct constitutes unprofessional conduct and is sufficient reason for a reprimand, suspension, revocation or for restrictions to be placed on a certificate or for the denial of the initial certificate or renewal, or reinstatement of a certificate.

### (1) PROFESSIONAL STANDARDS:

- (a) The certificate holder shall meet and comply with all terms, conditions or limitations of certification.
- (b) The certificate holder shall recognize limitations of his or her competency based on professional qualifications, education and experience and shall not offer services or use techniques outside his or her professional competency or scope of practice defined by rules 4758-6- 07 to 4758-6- 10 of the Administrative Code.
- (c) The certificate holder shall refer consumers to a person or agency that the certificate holder knows is qualified by training, experience, certification or license to provide such professional services.
- (d) The certificate holder shall not participate in discrimination on the basis of race, ethnicity, color, sex, sexual orientation, gender identity, religion, age, national ancestry, socioeconomic status, political belief, psychiatric or psychological impairment, disability according to "Title VII of the Civil Rights Act of 1964", HIV/AIDS status, the amount of previous therapeutic or treatment occurrences or against other persons that could be subject to discrimination but are not expressly protected by state or federal law.
- (e) A certificate holder shall seek appropriate professional assistance for any substance abuse or dependence, psychiatric or psychological impairment, emotional distress or any other physical health related adversity that interferes with the certificate holder's ability to function competently. A certificate holder shall request inactive status for medical reasons when appropriate and notify the board and comply with rule 4758-11-02 of the Administrative Code.

- (f) The certificate holder shall not administer to him/herself any substances in a manner which would be dangerous or harmful to consumers.
- (g) The certificate holder shall be aware of and comply with all applicable state and federal guidelines, regulations, statutes and agency policies including, but not limited, to confidentiality.
- (h) The certificate holder shall define for self and others the nature and direction of loyalties and responsibilities and keep all parties informed of these commitments.
- (i) In the presence of professional conflict, the certificate holder shall primarily be concerned with the welfare of the consumer.
- (j) The certificate holder shall respect the integrity and protect the welfare of the consumer and shall not engage in any action that violates the civil or legal rights of consumers.
- (k) The certificate holder shall maintain an objective and non-possessive relationship with those he or she serves and shall not exploit them sexually, emotionally, financially or otherwise.
- (I) The certificate holder shall not place an individual in any activity or setting where such participation could harm the individual.
- (m) The certificate holder shall comply with all mandatory reporting requirements set forth in the revised code to include, but not limited to: duty and report abuse, neglect, or exploitation of a child or adult.

### (2) UNLAWFUL CONDUCT:

(a) A conviction for a felony in the state of Ohio or any act in another state that would constitute a felony in Ohio shall be grounds for disciplinary action. The board may also discipline a certificate holder who is convicted of a misdemeanor which relates to the certificate holder's ability to practice prevention.

### (3) FRAUD RELATED CONDUCT:

- (a) The certificate holder shall not make any misrepresentation or false statement to the board.
- (b) A certificate holder shall not use a title, designation, credential, license, firm name, letterhead, publication, term, title or document which states or implies an ability, relationship or qualification the certificate holder is not qualified to use or does not exist.
- (c) The certificate holder shall not practice under a false name or under a name other than the name in which his or her certificate is held.
- (d) The certificate holder shall not sign or issue in the certificate holder's capacity, any document or statement that he or she knows to contain either a false or misleading statement.
- (e) The certificate holder shall not produce, publish, create, or partake in the creation of any false, deceptive or misleading advertisement.
- (f) The certificate holder shall assign appropriate credit to published material.

### (4) DISCIPLINE IN OTHER JURISDICTIONS:

(a) Any denial, suspension, revocation, probation or other restriction or discipline on certification, license or other authorization to practice issued by any certification authority or any state, province, territory, tribe or other federal government shall be regarded by the board as an ethics complaint and shall be reported to the board.

### (5) COOPERATION WITH THE BOARD:

(a) The certificate holder shall cooperate in any investigation conducted pursuant to this code of ethics and shall not interfere with an investigation or a disciplinary proceeding or other legal action.

- (b) The certificate holder shall report any violation of this code of ethics to the board.
- (c) In submitting information to the board, a certificate holder shall comply with any requirements pertaining to the disclosure of consumer information established by federal or state law or regulation. Effective: 8/1/2015

All professionals have to make sure that they are aware of these regulations and requirements that are established so that they can remain compliant and maintain the ability to provide services to the clients ensuring that there are no violations.

### **EFFECTIVE COMMUNICATION**

#### **COMMUNICATION WITH CLIENTS**

Interpersonal skills are very important in establishing and maintaining an effective and productive and rewarding relationship with the clients/patients.



### **EFFECTIVE INTERPERSONAL RELATIONS**

### **Effective interpersonal relationships involve:**

Maintaining open communication
Being a good listener
Being honest
Being sincere
Being courteous
Being patient
Being hopeful
Developing trusting, and supportive relationships
with clients by being trustworthy and supportive.
Encouraging clients to express their feelings
Respect each client as a unique individual with
their own behavior patterns.

### APPROPRIATE STEPS TO STARTING A CONVERSATION

Identify yourself by name and title and greet client/ patient by their name.

Greet the client in a courteous manner

Approach the client in a calm manner.

Explain what you are going to do.

Explain the procedure to the client

Encourage the client to participate as needed.

### **SPEAKING/ ATTENTIVE LISTENING**

It is recommended that you get the client's attention before speaking.

Always use courtesy when you are communicating.

Use normal tone of voice and adjust your volume to the individual client's needs.

Listen and respond appropriately to the clients

Keep conversations concise

Avoid using slang while communicating

Speak slowly (avoid the rush tone)

Avoid mumbling and speak clearly

Employ positive messages by using praise, encouragement, smiles and other methods that are acceptable to the client.

Your verbal and nonverbal message should match

Be attentive and listen to what the client is saying.

Give/ receive feedback and/or request feedback as appropriate to make sure the communication is understood.

### **AVOID BARRIERS TO CONVERSATION**

Avoid discussing or talking about your own personal problems and the problems of other patients or co-workers with the client.

Avoid expressing your own opinions if it involves passing judgment

Avoid interrupting the clients when they are speaking

Avoid changing the subject.

Avoid personal phone calls while client is speaking with you.



# COMMUNICATING WITH CLIENTS / PATIENTS WITH HEARING LOSS (HARD OF HEARING)



Avoid startling the client.

Stand comfortably close to the client in a good light and face him/her while you are speaking.

Speak at a normal or only slightly increased volume, so that you avoid shouting.

Write down key words if necessary or use other communication assistive devices such as communication boards if applicable.

Utilize short words and sentences.

Always clarify client's understanding and rephrase message if applicable.

Eliminate as much as possible, any distracting background noise and /or activity.

Ensure the client to uses hearing aids as applicable.

If the client hears better in one ear, then stay closer to the preferred side.

Speak slowly and distinctly/ clearly.

Avoid chewing gum or covering your face with your hands while speaking.

Avoid conveying negative messages by the tone of voice or even by your body language.



If the client/ patient use sign language, try to locate an individual who knows sign language to interpret.

#### **COMMUNICATING WITH CLIENTS/ PATIENTS WITH LOSS OF VISION**



Always identify self by name and title as you enter room to avoid startling the client/patient.

Encourage and assist patient to keep glasses clean and to wear them (as applicable).

Ensure there is good light in the room and face client/ patient when you speak.

Speak in a normal tone of voice.

Give explanations of what you will be doing and what is expected of the client/ patient.

Clarify client/ patient's understanding as appropriate.

Remember not to rearrange the environment without the client's/ patient's knowledge.

If rearrangement is necessary, always replace items to their original location in the client's /patient's room.

Always inform the client/ patient when you are finished and when you are leaving.

## COMMUNICATING WITH PATIENTS WHO HAVE PROBLEMS WITH SPEECH /SPEAKING

Ask direct questions if client/ patient can answer - Yes or No.

If you are unable to understand the words or uncertain, validate what you think the client/ patient is saying.

Allow the client /patient adequate time to respond.

Employ attentive listening (listen carefully).

Emphasize positive aspects.

Take the time and complete every conversation, to avoid conveying any impatience.

Assist the client /patient to point, write or use assistive devices for communication for example word boards or picture board as appropriate.

Encourage the client /patient to nod as appropriate.

Monitor body language to make sure you are not giving negative messages.

### **NON-VERBAL COMMUNICATION**

Non- verbal communication is also an important aspect of communication. Gestures, nodding of head, waving of hand all convey a message; therefore it is vital for the professionals to be aware that effective non-verbal communication is also needed while working with the clients/patients and other colleagues.

#### **NON- VERBAL COMMUNICATION HAS SEVERAL FUNCTIONS:**

Non- verbal communication is sometimes a substitute for verbal message such as gestures or facial expressions.

Non- verbal communication is frequently used to accent verbal messages.

Non- verbal communication is sometimes used to repeat the verbal message for example pointing in a direction while giving directions.

Non- verbal communication often complements the verbal message.

Non- verbal communication often regulates interactions for example non-verbal cues may indicate when the other person should respond or not respond.

### **CONFLICT OF INTEREST**

Conflict of interest may be frequently encountered while working with or providing services to clients/ patients. The professional should not exploit the client/ patient for any kind of personal gain.

All professionals have to consider their personal beliefs/values, the beliefs/ values of the clients/ patients and others who are involved while they are providing care /services.

Whenever you are guiding the clients/ patients in making decisions, you have to consider the beliefs/ values of the clients/ patients and make sure that the clients/patients values are honored.

### **CONFLICT / TEAM BUILDING**

Conflicts may also arise among members of the team. Some ways to form a collaborative work relationship and a strong and effective team with diverse members of the team is by:

- Setting expectations
- o Providing guidance
- Providing supervision
- Defining responsibilities of each members of the team
- Communicating the expectations to each member of the team so they are aware of what they are accountable for
- Meeting regularly to keep the lines of communication open
- Meeting as needed to address any team-building issues that exist
- Strengthening work relationships; staff appreciation group awards etc.
- Meeting regularly to find out if they have any concerns or issues that needs to be addressed
- Meeting regularly to assess personal development
- Meeting regularly to develop future goals.

### **TYPES OF CONFLICTS**

- Intrapersonal conflict
- o Interpersonal conflict,
- Intragroup conflict,
- Intergroup conflict.

#### INTRAPERSONAL CONFLICT

o Intrapersonal conflict occurs within the individual (within the mind).

#### INTERPERSONAL CONFLICT

Refers to conflict which occurs between two people.

### **INTRAGROUP CONFLICT**

 Intragroup conflicts refers to conflicts that happens among individuals within the group

#### INTERGROUP CONFLICT

Intergroup conflict refers to conflicts that take place among different teams within an organization.

### **CONFLICT RESOLUTION**

#### **5 STYLES OF MANAGING CONFLICT**

A tool that has been developed is the Thomas-Kilmann Instrument (TKI). TKI identifies 5 different styles that people frequently use when facing a conflict;

- 1. Accommodating with a goal to yield harmony and relationships.
- 2. Collaborating is the process of 2 or more individuals or organizations works together to realize mutual goals.
- 3. Compromising is defined as a settlement of differences by mutual concessions or an agreement reached by adjustment of conflicting
- 4. Avoiding conflicts it is recommended that avoidance should only be used when the issue is not of great importance especially if the potential damage of having a confrontation outweighs the benefits.
- 5. Competing is often a negative way to manage conflict with a goal of winning what ever the cost.

### CONFIDENTIALITY



All professionals have to continually remind themselves of the importance of keeping client/ patient information private. Safeguarding the rights of the clients'/ residents' personal health information is a legal and ethical obligation as healthcare workers, other professionals and providers.

The trust between the clients/ patients can be compromised by unnecessary disclosure of medical information.

Confidentiality is defined as a set of rules or a promise that limits access or place restrictions on certain types of information.

Within the health care setting, confidentiality is a major issue in patient/resident care. Nurses, social workers, Therapist, Physicians, Certified nursing assistants as well as everyone else who works with the patient has to maintain confidentiality of patient information. For example: you cannot talk about the patient with others who are not working with the patient and you cannot leave patient's chart at the bedside for unauthorized personnel to view. Legally, you can be fined or imprisoned; if you talk about the patient or share patient information. HIPAA laws must be followed and maintained.

### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Confidentiality of patients' information

HIPAA violations involves both civil and criminal penalties which include fines and imprisonment. The fines can range from \$100 for each violation of the law to a limit of \$25,000 per year for multiple violations. For misusing or disclosing any of the patient's information, criminal sanctions carry fines of 50,000 to 250,000 and one to ten years imprisonment.

Always maintain confidentiality of patients' information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security and Breach Notification Rules:

The Office for Civil Rights enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; the HIPAA Breach Notification Rule, which requires covered entities and business associates to provide notification following a breach of unsecured protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.

The HIPAA Privacy Rule provides Federal protections for individually identifiable health information held by covered entities and their business associates and give the patient an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it allows the disclosure of health information needed for patient care and other important purposes.

### **Protected Health Information (PHI)**

The HIPAA Privacy Rule protects most "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form; electronic, on paper, or oral. The Privacy Rule calls this information protected health information (PHI). Protected health information is information, including demographic information, which relates to:

- the person's present, past, or future physical, mental health or condition,
- the provision of health care to the individual, or
- the present, past, or future payment for the provision of health care to the individual, and that identifies the person or for which can be used to identify the individual.

Protected health information includes many common identifiers such as name, address, Social Security Number, date of birth when they can be associated with the health information.

A medical record, hospital bill or laboratory report, would be Protected health information because each document would contain a patient's name and the other identifying information associated with the health data content.

### **ETHICAL DECISION-MAKING**

Ethical decision-making involves a process of assessing /evaluating the situation and choosing among the alternatives in a manner that is consistent with ethical principles.

When making ethical decisions, it is necessary for the professional to perceive and eliminate choices or options that are unethical and choose the best ethical alternative.

With regard to ethical decision-making, professionals have a duty to have respect for the values of others and make sure that they are not giving opinions or making decisions that place them in the position of crossing professional boundaries.

When the professionals are presented with situations that the values, actions or beliefs, are personally or socially unacceptable, the professional should provide skilled professional care and provide care or services in a respectful manner.

Various situations may cause healthcare worker, the nurse, or other professionals to respond or act in ways which are a violation of the values of the profession/ violation of the code of ethics. All professionals have a duty to retain the integrity of their profession. Healthcare team members are obligated to preserve patient safety. Healthcare workers cannot abandon their patients. Resident's rights have to be honored and maintained.



### Always be aware of your scope of practice

It is best to know your scope of practice and to follow the guidelines that are in place.

### SCOPE OF PRACTICE FOR CHEMICAL DEPENDENCY COUNSELOR ASSISTANTS (CDCA)

According to 4758-6-01 Scope of practice for chemical dependency counselor assistants (CDCA);

- (A) An individual holding a valid chemical dependency counselor assistant certificate may do both of the following in addition to practicing chemical dependency counseling:
- (1) Perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and education services as they relate to abuse of or dependency on alcohol and other drugs;
- (2) Refer individuals with nonchemical dependency conditions to appropriate sources of help.

- (B) An individual holding a valid chemical dependency counselor assistant certificate may practice chemical dependency counseling and perform the tasks specified in paragraph (A) of this rule only while under the supervision of any of the following:
- (1) An independent chemical dependency counselor-clinical supervisor, independent chemical dependency counselor or chemical dependency counselor III licensed under this chapter;
- (2) An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;
- (3) A psychologist licensed under Chapter 4732. of the Revised Code;
- (4) A registered nurse licensed under Chapter 4723. of the Revised Code if such supervision is consistent with the scope of practice of the registered nurse, or an individual authorized to practice as a certified nurse practitioner or clinical nurse specialist under Chapter 4723. of the Revised Code.
- (5) A professional clinical counselor, independent social worker, or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code if such supervision is consistent with the scope of practice of the professional clinical counselor, independent social worker, or independent marriage and family therapist.
- (C) Perform tasks identified and listed in paragraph (KK) of rule 3793:2-1-08 of the Administrative Code as they relate to abuse of or dependency on alcohol and other drugs. These tasks may only be performed while under the supervision of one of those individuals designated in paragraph (K) of rule 3793:2-1-05 of the Administrative Code.
- (D) A chemical dependency counselor assistant may not practice as an individual practitioner. 4758-6-03 Scope of practice for licensed chemical dependency counselors II (LCDC II).
- (A) In addition to practicing chemical dependency counseling, an individual holding a valid chemical dependency counselor II license may do all of the following:
- (1) Perform treatment planning, assessment, crisis intervention, individual and group counseling, case management and education services as they relate to abuse of and dependency on alcohol and other drugs;

- (2) Provide treatment services identified and listed in paragraph (OO) of rule 3793:2-1-08 of the Administrative Code as they relate to abuse of and dependency on alcohol and other drugs.
- (3) Refer individuals with nonchemical dependency conditions to appropriate sources of help.
- (B) A chemical dependency counselor II may not practice as an individual practitioner. 4758-6-04 Scope of practice for licensed chemical dependency counselors III (LCDC III).
- (A) In addition to practicing chemical dependency counseling, an individual holding a valid chemical dependency counselor III license may do all of the following:
- (1) Diagnose chemical dependency conditions under the supervision of any of the following:
- (a) An independent chemical dependency counselor clinical supervisor licensed under Chapter 4758. of the Revised Code;
- (b) An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;
- (c) A psychologist licensed under Chapter 4732. of the Revised Code;
- (d) A registered nurse licensed under Chapter 4723. of the Revised Code if such supervision is consistent with the scope of practice of the registered nurse or an individual authorized to practice as a certified nurse practitioner or clinical nurse specialist under Chapter 4723. of the Revised Code.
- (e) A professional clinical counselor, independent social worker, or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code if such supervision is consistent with the scope of practice of the professional clinical counselor, independent social worker, or independent marriage and family therapist.

- (2) Treat chemical dependency conditions;
- (3) Perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and education services as they relate to abuse of and dependency on alcohol and other drugs;
- (4) Provide treatment services identified and listed in paragraph (OO) of rule 3793:2-1-08 of the Administrative Code as they relate to abuse of and dependency on alcohol and other drugs.
- (5) Provide clinical supervision of chemical dependency counseling under the supervision of any of the following:
- (a) An independent chemical dependency counselor-clinical supervisor licensed under Chapter 4758. of the Revised Code;
- (b) An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;
- (c) A psychologist licensed under Chapter 4732. of the Revised Code;
- (d) A registered nurse licensed under Chapter 4723. of the Revised Code if such supervision is consistent with the scope of practice of the registered nurse or an individual authorized to practice as a certified nurse practitioner or clinical nurse specialist under Chapter 4723. of the Revised Code.
- (e) A professional clinical counselor, or independent social worker, or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code if such supervision is consistent with the scope of practice of the professional clinical counselor, or independent social worker, or independent marriage and family therapist.
- (6) Supervise treatment services identified and listed in paragraph (OO) of rule 3793:2-1-08 of the Administrative Code under the supervision of one of the individuals in paragraph (K) of rule 3793:2-1-05 of the Administrative Code as they relate to abuse of and dependency on alcohol and other drugs.

- (7) Refer individuals with nonchemical dependency conditions to appropriate sources of help.
- (B) A chemical dependency counselor III may not practice as an individual practitioner. 4758-6-05 Scope of practice for licensed independent chemical dependency counselors (LICDC).

In addition to practicing chemical dependency counseling, an individual holding a valid independent chemical dependency counselor license may do all of the following:

- (A) Diagnose and treat chemical dependency conditions;
- (B) Perform treatment planning, assessment, crisis intervention, individual and group counseling, case management and education services as they relate to abuse of and dependency on alcohol and other drugs;
- (C) Provide treatment services identified and listed in paragraph (OO) of rule 3793:2-1-08 of the Administrative Code as they relate to abuse of and dependency on alcohol and other drugs.
- (D) Provide clinical supervision of chemical dependency counseling under the supervision of any of the following:
- (1) An independent chemical dependency counselor-clinical supervisor licensed under Chapter 4758. of the Revised Code;
- (2) An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;
- (3) A psychologist licensed under Chapter 4732. of the Revised Code;
- (4) A registered nurse licensed under Chapter 4723. of the Revised Code if such supervision is consistent with the scope of practice of the registered nurse or an individual authorized to practice as a certified nurse practitioner or clinical nurse specialist under Chapter 4723. of the Revised Code.

- (5) A professional clinical counselor, or independent social worker, or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code if such supervision is consistent with the scope of practice of the professional clinical counselor, or independent social worker, or independent marriage and family therapist.
- (E) Supervise treatment services identified and listed in paragraph (PP) of rule 3793:2-1-08 of the Administrative Code under the supervision of one of the individuals in paragraph (K) of rule 3793:2-1-05 of the Administrative Code as they relate to abuse of and dependency on alcohol and other drugs.
- (F) Refer individuals with nonchemical dependency conditions to appropriate sources of help.

4758-6-06 Scope of practice for licensed independent chemical dependency counselors clinical supervisors (LICDC-CS);

In addition to practicing chemical dependency counseling, an individual holding a valid independent chemical dependency counselor license may do all of the following:

- (A) Diagnose and treat chemical dependency conditions;
- (B) Perform treatment planning, assessment, crisis intervention, individual and group counseling, case management and education services as they relate to abuse of and dependency on alcohol and other drugs;
- (C) Provide treatment services identified and listed in paragraph (PP) of rule 3793:2-1-08 of the Administrative Code as they relate to abuse of and dependency on alcohol and other drugs.
- (D) Provide clinical supervision of chemical dependency counseling and diagnosing and treating chemical dependency conditions;
- (E) Supervise treatment services identified and listed in paragraph (PP) of rule 3793:2-1-08as they relate to abuse of and dependency on alcohol and other drugs.

(F) Refer individuals with nonchemical dependency conditions to appropriate sources of help.

4758-6-07 Scope of practice for registered applicants (RA).

An individual who holds a valid registered applicant certificate issued under Chapter 4758. of the Revised Code may engage in the practice of alcohol and other drug prevention services under the supervision of any of the following:

- (A) A prevention specialist II or prevention specialist I certified under Chapter 4758. of the Revised Code;
- (B) An independent chemical dependency counselor-clinical supervisor, an independent chemical dependency counselor, or a chemical dependency counselor III licensed under Chapter 4758. of the Revised Code;
- (C) An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;
- (D) A psychologist licensed under Chapter 4732. of the Revised Code;
- (E) A registered nurse licensed under Chapter 4723. of the Revised Code or an individual authorized to practice as a certified nurse practitioner or clinical nurse specialist under Chapter 4723. of the Revised Code;
- (F) A professional clinical counselor, a professional counselor, an independent social worker, a social worker, an independent marriage and family therapist, or marriage and family therapist licensed under Chapter 4757. of the Revised Code;
- (G) A school counselor licensed by the department of education pursuant to section 3319.22 of the Revised Code:
- (H) A health education specialist certified by the national commission for health education credentialing. 4758-6-08 Scope of practice for Ohio certified prevention specialist assistant (OCPSA).

An individual who holds a valid prevention specialist assistant certificate issued under Chapter 4758. of the Revised Code may engage in the practice of alcohol and other drug prevention services under the supervision of any of the following:

- (A) A prevention specialist II or prevention specialist I certified under Chapter 4758. of the Revised Code:
- (B) An independent chemical dependency counselor-clinical supervisor, an independent chemical dependency counselor, or a chemical dependency counselor III licensed under Chapter 4758. of the Revised Code;
- (C) An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;
- (D) A psychologist licensed under Chapter 4732. of the Revised Code;
- (E) A registered nurse licensed under Chapter 4723. of the Revised Code or an individual authorized to practice as a certified nurse practitioner or clinical nurse specialist under Chapter 4723. of the Revised Code;
- (F) A professional clinical counselor, a professional counselor, an independent social worker, a social worker, an independent marriage and family therapist, or marriage and family therapist licensed under Chapter 4757. of the Revised Code;
- (G) A school counselor licensed by the department of education pursuant to section 3319.22 of the Revised Code;
- (H) A health education specialist certified by the national commission for health education credentialing. 4758-6-09 Scope of practice for Ohio certified prevention specialists I (OCPS I).

An individual who holds a valid prevention specialist I certificate issued under Chapter 4758. of the Revised Code may engage in the practice of prevention services.

4758-6-10 Scope of practice for Ohio certified prevention specialists II (OCPS II).

An individual who holds a valid prevention specialist II certificate issued under Chapter 4758. of the Revised Code may engage in the practice of prevention services.

4758-6-11 Scope of practice for chemical dependency counselors II (LCDC II) with gambling disorder endorsement.

- (A) An individual who holds a chemical dependency counselor II license and a gambling disorder endorsement may do all of the following:
- (1) Treat gambling disorder conditions;
- (2) Perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and educational services insofar as those functions relate to gambling disorders; and
- (3) Refer individuals with other gambling conditions to appropriate sources of help.
- (B) An individual holding a chemical dependency II license shall not practice as an individual practitioner.

4758-6-12 Scope of practice for chemical dependency counselors III (LCDC III) with gambling disorder endorsement.

- (A) An individual who holds a chemical dependency counselor III license and a gambling disorder endorsement may do all of the following:
- (1) Treat gambling disorder conditions;
- (2) Diagnose gambling disorder conditions under supervision;
- (3) Perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and educational services insofar as those functions relate to gambling disorders;

- (4) Supervise gambling disorder counseling under the supervision of any of the following:
- (a) an independent chemical dependency counselor or independent chemical dependency counselor-clinical supervisor licensed under Chapter 4758. of the Revised Code;
- (b) an individual authorized to practice medicine and surgery or osteopathic medicine and surgery under Chapter 4731. of the Revised Code;
- (c) a psychologist licensed under Chapter 4732. of the Revised Code;
- (d) an individual authorized to practice as a certified nurse practitioner, clinical nurse specialist or a registered nurse licensed under Chapter 4723. of the Revised Code;
- (e) a professional clinical counselor, independent social worker, or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code.
- (5) Refer individuals with other conditions to appropriate sources of help.
- (B) An individual holding a chemical dependency counselor III license shall not practice as an individual practitioner.
- 4758-6-13 Scope of practice for independent chemical dependency counselors (LICDC) with gambling disorder endorsement.
- (A) An individual who holds an independent chemical dependency counselor license and a gambling disorder endorsement may do all of the following:
- (1) Diagnose and treat gambling disorder conditions;
- (2) Perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and educational services insofar as those functions relate to gambling disorders;
- (3) Supervise gambling disorder counseling under the supervision of any of the following:

- (a) An independent chemical dependency counselor-clinical supervisor licensed under Chapter 4758. of the Revised Code;
- (b) an individual authorized to practice medicine and surgery or osteopathic medicine and surgery under Chapter 4731. of the Revised Code;
- (c) a psychologist licensed under Chapter 4732. of the Revised Code;
- (d) an individual authorized to practice as a certified nurse practitioner, clinical nurse specialist or a registered nurse licensed under Chapter 4723. of the Revised Code;
- (e) a professional clinical counselor, independent social worker, or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code.
- (4) Refer individuals with other conditions to appropriate sources of help.
- 4758-6-14 Scope of practice for independent chemical dependency counselors-clinical supervisor (LICDC-CS) with gambling disorder endorsement.
- (A) An individual who holds an independent chemical dependency counselor-clinical supervisor license and a gambling disorder endorsement may do all of the following:
- (1) Diagnose and treat gambling disorder conditions;
- (2) Perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and educational services insofar as those functions relate to gambling disorders;
- (3) Supervise gambling disorder counseling; and
- (B) Refer individuals with other conditions to appropriate sources of help.



Always make the right decisions.

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