MENTAL HEALTH EMERGENCIES, PUBLIC BEHAVIORAL HEALTH, & ETHICS

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Training Overview

Table of contents

- Ethical Practice as Process
- Foundations & Principles
- Balancing Interests: Past to Present
- Balancing Interests: Mental Health Emergencies
- Ethics & Documentation

Aims

- Provide functional knowledge
- Contextualize public mental health ethics
- Underscore ethical practice is a process

Ethical Practice as Process

Ethical Practice is a Process

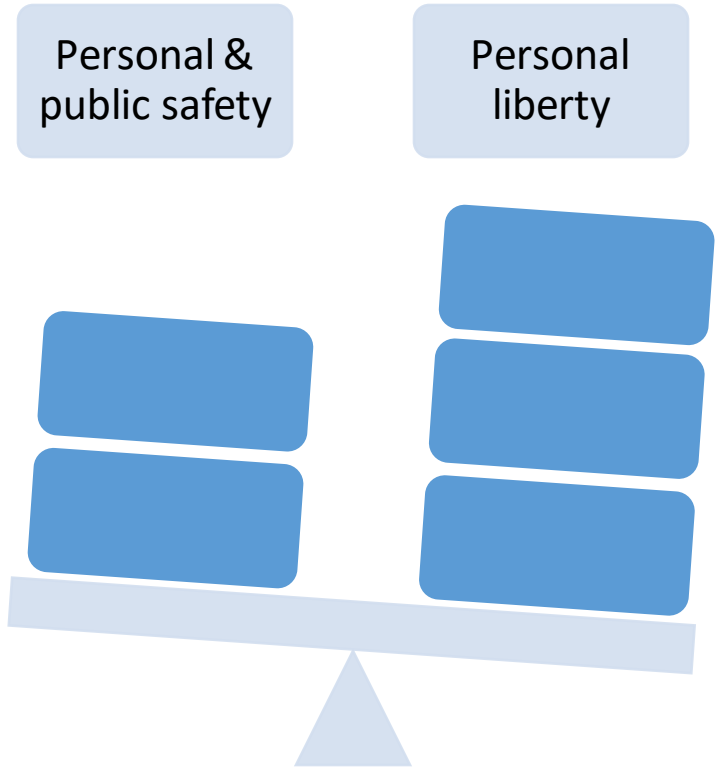
- Ethics is not just about reaching an endpoint that is ethical, it is about the process and procedures followed to reach such decisions too.

- "Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues." -NASW Code of Ethics

- I.1.b. Ethical Decision Making (ACA Ethics Code)
  - When counselors are faced with an ethical dilemma, they use and document, as appropriate, an ethical decision-making model that may include, but is not limited to,
    - consultation;
    - consideration of relevant ethical standards, principles, and laws;
    - generation of potential courses of action;
    - deliberation of risks and benefits; and
    - selection of an objective decision based on the circumstances and welfare of all involved.

Applying Ethics Often Means Balancing Interests

- Besides extreme cases and defined rules, there are few set answers for many cases
- Cases involve the conduct and interests of multiple people, groups, and/or authorities
- So, many issues and cases require balancing of interests that are at odds
- Ethical practice is a process



Foundations & Principles

Importance of Ethical Practice and Policy

- Because Ethics.
  - Ways of understanding and examining moral life
  - Norms about right and wrong human conduct that are widely shared and therefore form stable social compact
    - Standards of conduct like moral principles, rules, ideals, and rights

- A little more concretely:
  - Civil rights of clients
  - Standards of practice
  - Risk management
  - A major defense against complaints

Importance of Ethical Practice and Policy

Health care services

- Professions have professional morality with standards of conduct that are acknowledged and encouraged by those in the profession → *Standards of practice*
- "Reasonableness" standard
  - E.g., "The prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time."

Health care policy

- Ethical values underlie all policy
  - When making a policy choice, are presupposing a prioritization of values
  - When there is disagreement, likely has roots in differing prioritization of values
- Ethics can enrich and improve policy--e.g., encouraging fair, transparent deliberative policy process
  - PwMI are historically disadvantaged, disenfranchised citizens

Ways to Frame (and Sources of) Ethical Guidance in Mental Health Practice

Health practice

- Ethics codes
- Practice guidance
- Literature
- Colleagues
- Etc.

Legal

- Federal and state law
- Federal and state regulation
- Case law
- Etc.

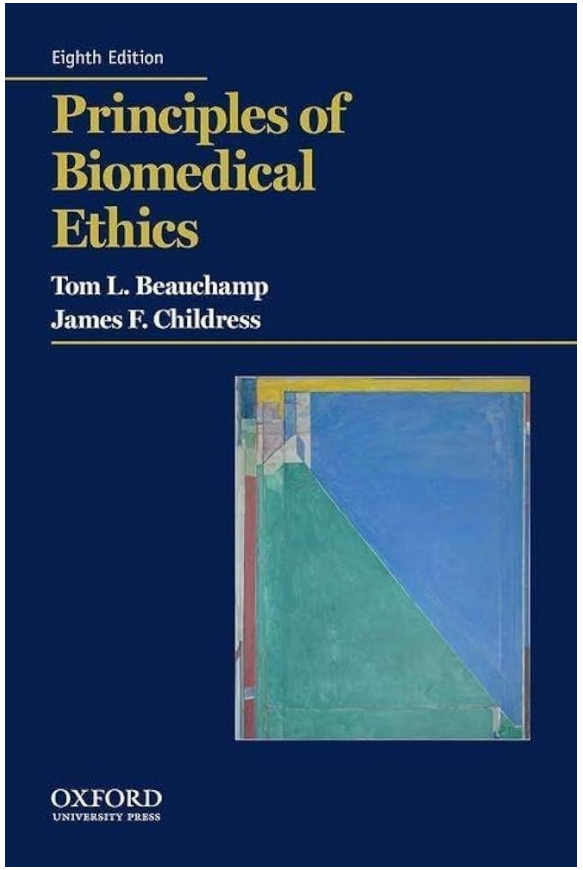
Public health

- Moral considerations
- Role of government in health
- Practical, clinical ethics
- Etc.

Normative Moral Principles

Core Biomedical Ethical Principles

- Respect for autonomy
  - Moral decision-making assumes rational agents making informed, voluntary decisions
- Non-maleficence
  - Do not intentionally cause harm, through commission or omission; standard of care that avoids or minimizes harm
- Beneficence
  - Duty to be of benefit, and to take steps to prevent and remove harm
- Justice
  - Fairness, fair distribution of goods, distributive justice



Ethics Principles in Professional Codes

APA

- Beneficence and Nonmaleficence
- Fidelity and Responsibility
- Integrity
- Justice
- Respect for Rights and Dignity

ACA

- Autonomy
- Nonmaleficence
- Beneficence
- Justice
- Fidelity
- Veracity

NASW

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

Professional Ethics Codes

- Embody fundamental principles, though different groups may use different verbiage or applied definitions

- ACA and American Psychological Association Codes both note fundamental principles in their preamble material then go on to set out concrete standards
  - Principles are aspirational and guide professionals
  - Standards set forth enforceable rules

- Professions may also set out guidelines, which would not be enforceable like standards but which certainly inform standards of practice

Ethical Principles, Practice Standards

- Ethics codes typically define *principles*
- Then operationalize further into *practice standards*

Mission

The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

Contents

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

CONTENTS

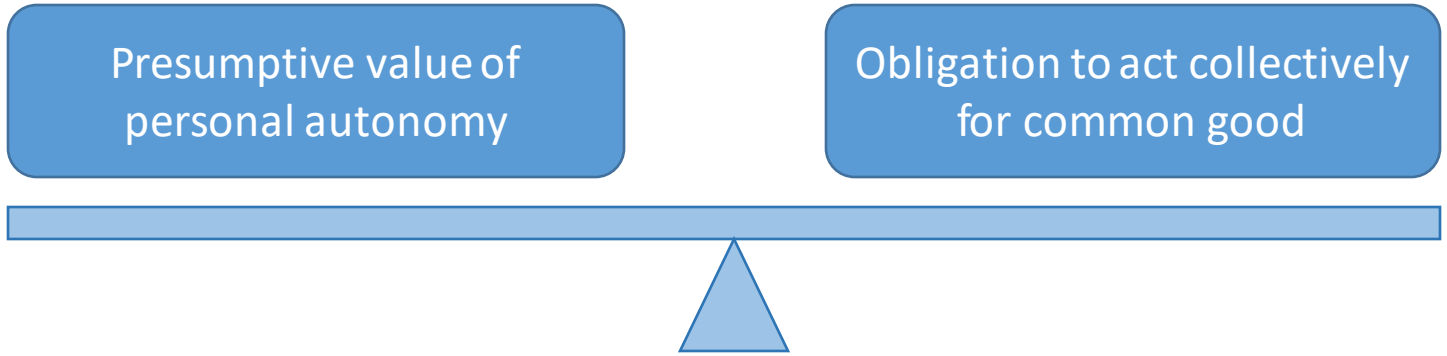
A Public Health Lens on Ethics

- Less about right vs. wrong, more about assessing the *collective ethical valuation*
  - Which ethical values are involved, how they are prioritized by stakeholders, whether there is consensus

> "[B]ecause ethical decision making depends on context (e.g., on local circumstances, community stakeholders, and decision makers), no formula can determine the most relevant ethical principles."
>
> - Ortmann et al., 2016, p. 13

Ethics with a Community/Population Focus

- Public health ethics
  - Can overlap with individual-focused clinical ethics
  - Key principles of beneficence, nonmaleficence, respect for persons, and justice just as foundational
    - But expanding scope of thinking to address public health interventions
  - Frameworks reflect counterbalance between:



Clinical Ethics and Public Health Ethics

Table 1.2 Comparison of areas of focus/tendency in clinical ethics and public health ethics

Clinical ethics focus/tendency	Public health ethics focus/tendency
Treatment of disease and injury	Prevention of disease and injury
Medical interventions by clinical professionals	Range of interventions by various professionals
Individual benefit seeking and harm avoidance based on health care provider's fiduciary relation to a patient	Social, community, or population benefit seeking and harm avoidance based on collective action
Respect for individual patients	Relational autonomy of interdependent citizens
Professional duty to place the interests of the patient over that of provider	Duty to the community to address health concerns that individuals cannot solve and that require collective action
Authority based on the prestige and trustworthiness of the physician and the medical profession as a whole	Authority based on law, which is a principal tool of public health policy for creating health regulations
Informed consent sought from an individual patient for specific medical interventions	Community consent and building a social consensus through ongoing dialogue and collaboration with the public
Justice concerns largely limited to treating patients equally and ensuring universal access to health care	Central concern with social justice regarding health and achieving health equity

Ortmann, et al. (2016). Chapter 1 in D.H. Barrett et al. (eds.), Public Health Ethics: Cases Spanning the Globe,Public Health Ethics Analysis 3

3-Step Framework

- Geared toward helping policymakers consider a policy in its context
- The framework is not designed to find what the 'right' option is
- Rather it helps determine what option(s) is most justifiable
  - Rarely can all ethical values, stakeholder norms and claims, be accommodated or equally prioritized
- Steps
  1. Assess the Issue
  2. Moral Considerations in Public Health
  3. Justificatory Conditions

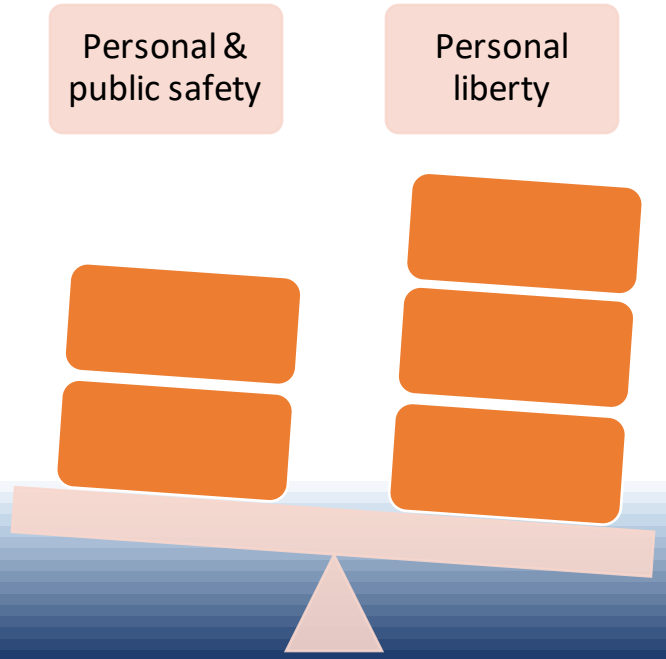
Bernheim, R.G., P. Nieburg, and R.J. Bonnie. 2007. Ethics and the practice of public health. In Law in public health practice , 2nd ed, ed. R.A. Goodman, 110–135.
Childress, J.R., R.R. Faden, R.D. Gaare, et al. 2002. Public health ethics: Mapping the terrain. Journal of Law, Medicine & Ethics 30(2): 170–178.
Ortmann, et al. (2016). Chapter 1 in D.H. Barrett et al. (eds.), Public Health Ethics: Cases Spanning the Globe, Public Health Ethics Analysis 3

2. Moral Considerations in Public Health

- Producing benefits
- Avoiding, preventing, and removing harms
- Producing maximal balance of benefits over harms and other costs (often called utility)
- Distributing benefits and burdens fairly (distributive justice) and ensuring public participation including the participation of affected parties (procedural justice)
- Respecting autonomous choices and actions, including liberty of action
- Protecting privacy and confidentiality
- Keeping promises and commitments
- Disclosing information as well as speaking honestly and truthfully (often grouped under transparency)
- Building and maintaining trust

Childress, Faden, et al. (2002) *J. Law, Medicine & Ethics*, 30:169-177.

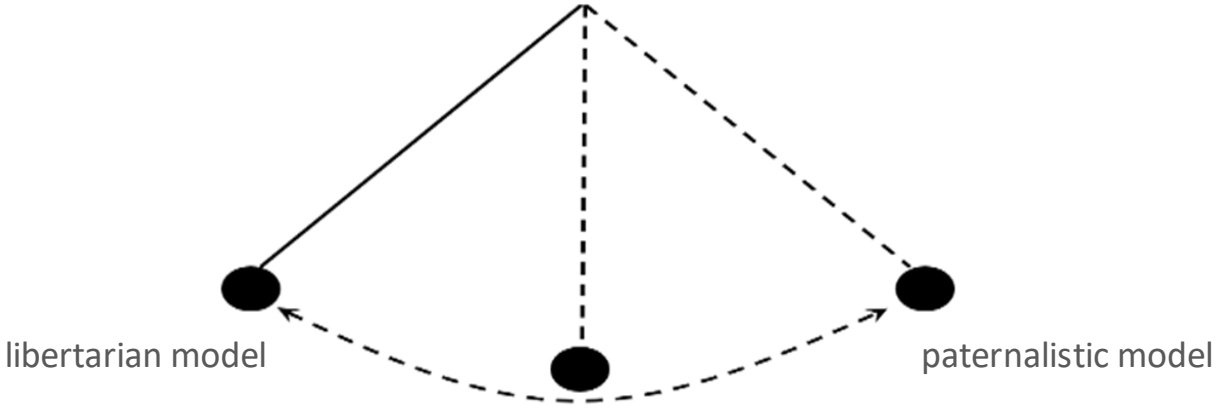
Balancing Interests: Past to Present



Government Powers to Restrict Liberty

- Police power
  - Impose upon or restrict liberty for the sake of public welfare
  - Restrict people in order to protect public

- Parens patriae
  - “Parent of the country”
  - Government as parent or guardian of those unable to make decisions on own
  - Restrict people in order to protect them



Liberty vs. Safety/Benificence Balance: Brief Historical Context

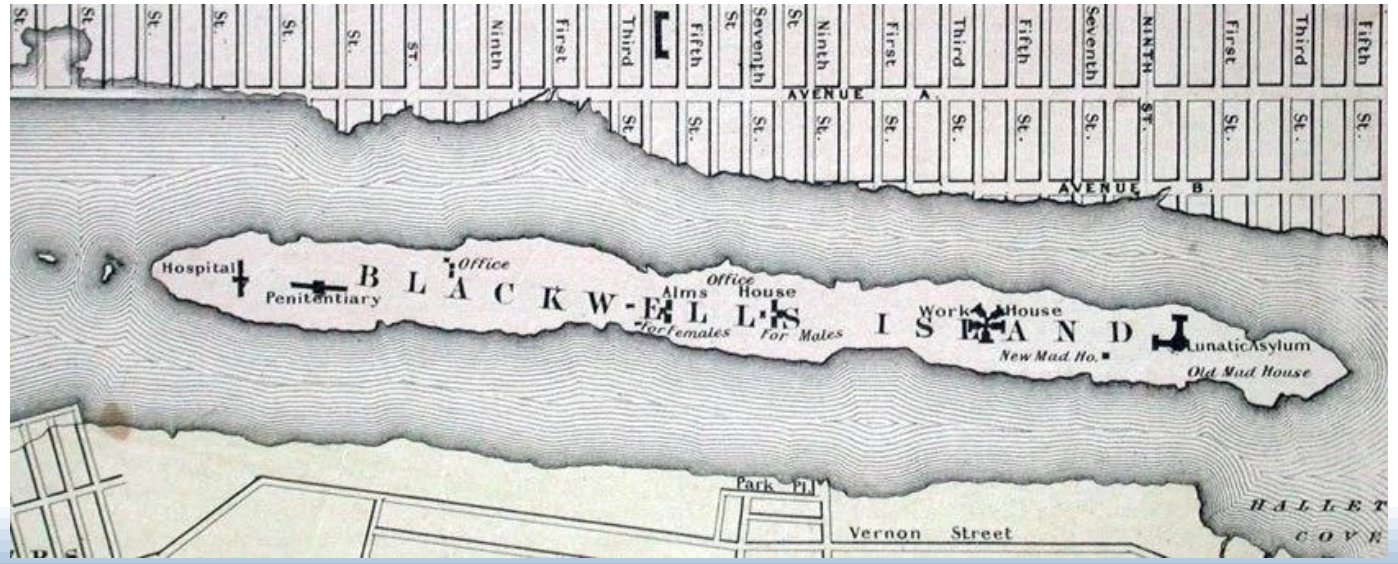
- Inpatient mental health facilities since colonial times
  - Though often still viewed as a family or community issue to address needs of the person

Eastern State Hospital
1773

Liberty vs. Safety/Benificence Balance: Brief Historical Context

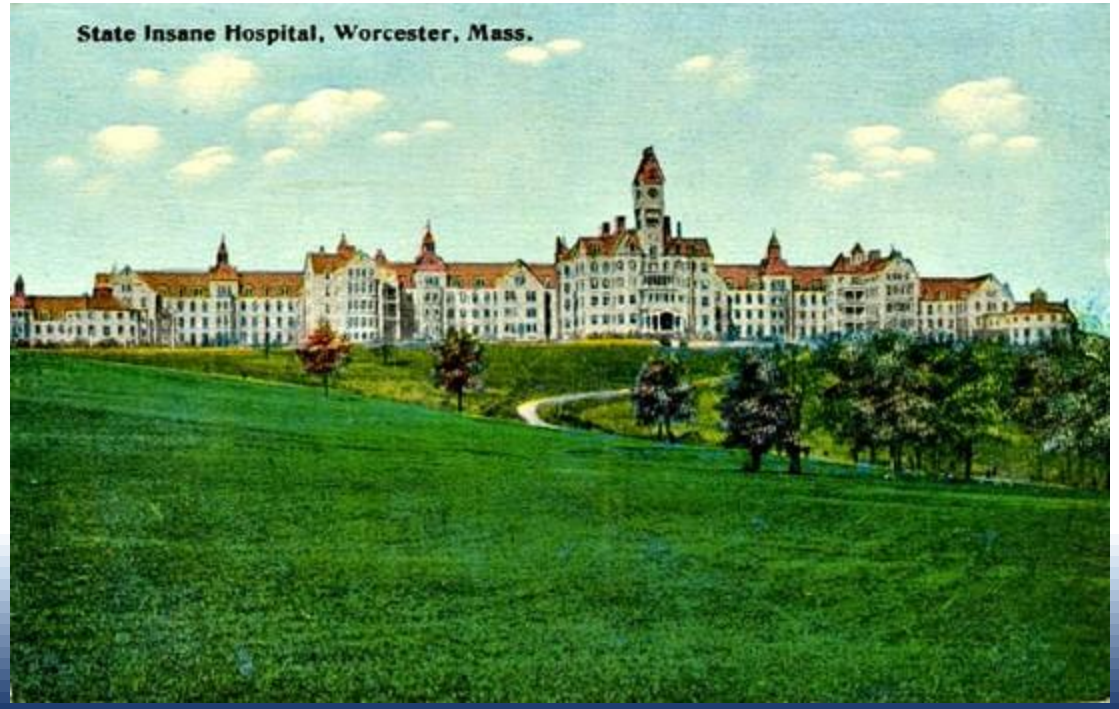
- 19th Century: primary goal of states was to care for those unable to care for themselves
  - Informal admission procedures (e.g., application to hospital)
  - Often no way to challenge admission

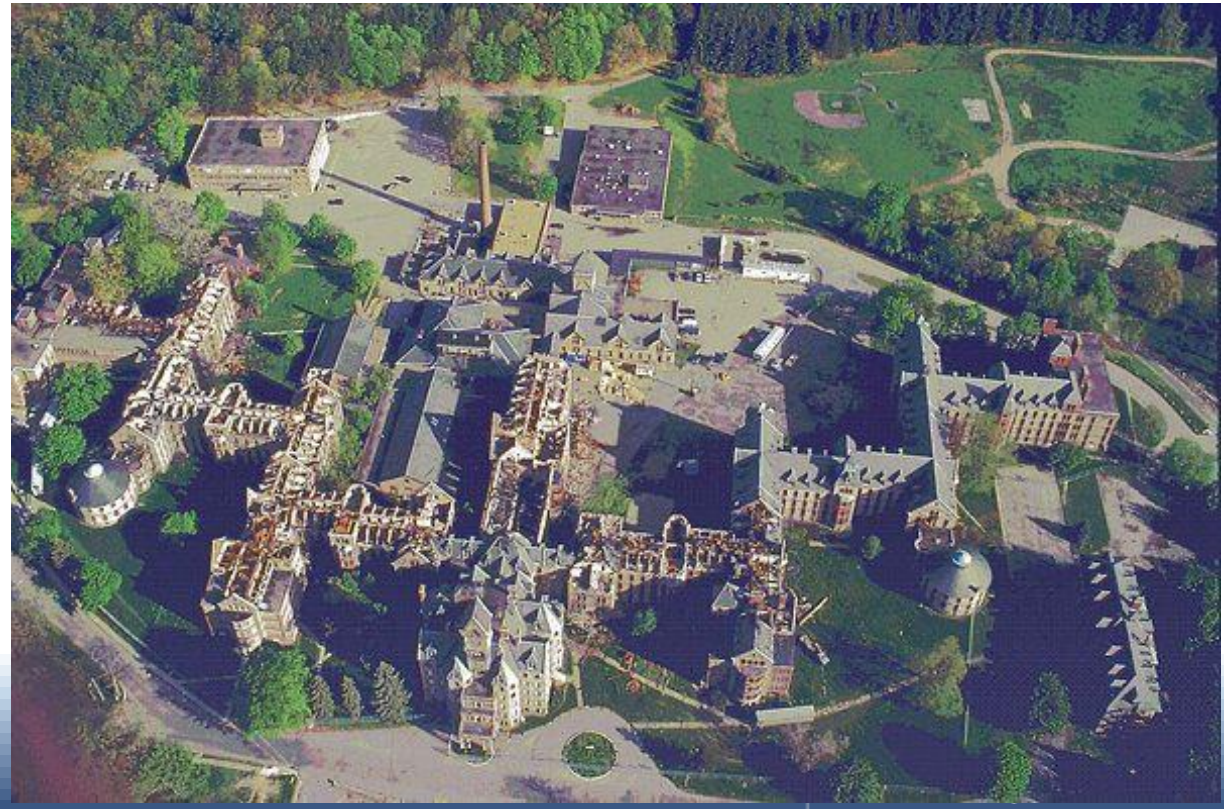
Blackwell's Island Asylum
1839-1894



Liberty vs. Safety/Benificence Balance: Brief Historical Context

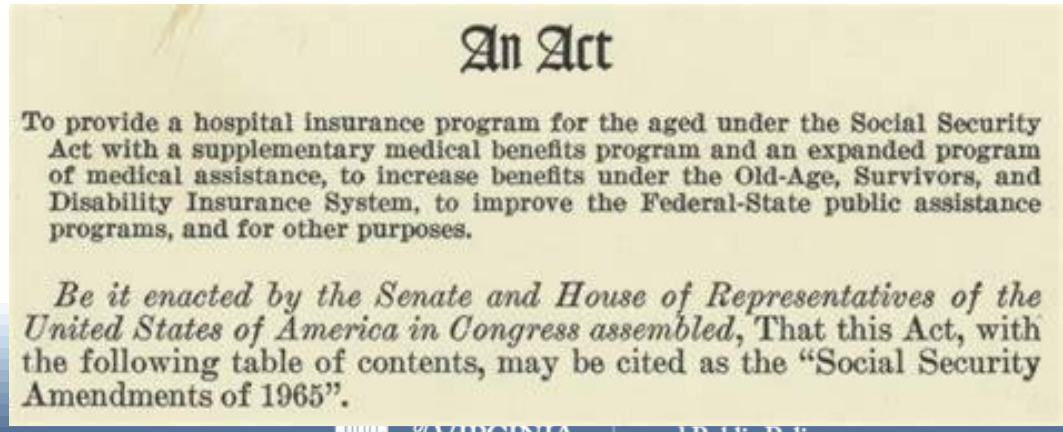
- Early to mid-20th Century: Semi-formal procedures
  - Person's presence often excused if doctor decided it would be harmful to attend
  - Legal representation was often perfunctory
  - Only one or two physicians needed to hospitalize person indefinitely
  - Based upon "need for treatment"





Mid-1960s to present

- 1950s-1960s
  - Improvements in medications and psychotherapy
  - Clinical and legal attention to unnecessary commitments, overcrowded facilities, lack of treatment, abuse and neglect
  - Focus on civil rights
    - Also, though, fear of violent crime by 1970s put emphasis on predicting violence
- 1963 – Community Mental Health Act
  - Federal grants for community mental health centers (CMHCs)
- 1965 - Medicaid established
  - With prohibition on covering inpatient psychiatric care of adults with mental illnesses ("Institutions for Mental Disease (IMD) Exclusion")
- Deinstitutionalization
  - Downsizing and closing of state psychiatric hospitals



An Act

To provide a hospital insurance program for the aged under the Social Security Act with a supplementary medical benefits program and an expanded program of medical assistance, to increase benefits under the Old-Age, Survivors, and Disability Insurance System, to improve the Federal-State public assistance programs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act, with the following table of contents, may be cited as the "Social Security Amendments of 1965".

Mid-1960s to present

- 1970s - Federal litigation a primary tool for advocates
  - *Jackson v. Indiana* (1972)
  - *Lessard v. Schmidt* (E.D. Wis. 1972)
  - *O'Connor v. Donaldson* (1975)
  - *Addington v. Texas* (1979)

- Leading to establishment of, e.g.:
  - Due process in civil commitment proceedings
  - Freedom from coerced treatment in absence of dangerousness
  - Right to treatment upon commitment

Recent Past and Potential Future

- 1980s: challenges to medical model of treating mental illness
- 80s & 90s: emergence of services operated by primary consumers
- Psychiatric rehabilitation movement
  - More than treating symptoms; attend to holistic psychosocial needs
- Mental health consumer movement
  - Emphasized importance of basic human rights; consumer-managed care

→ Recovery Model

- United Nations Convention on Rights of Persons with Disabilities

With Historical Context in Mind: Some Particularly Relevant Ethical Principles, Considerations, Conditions

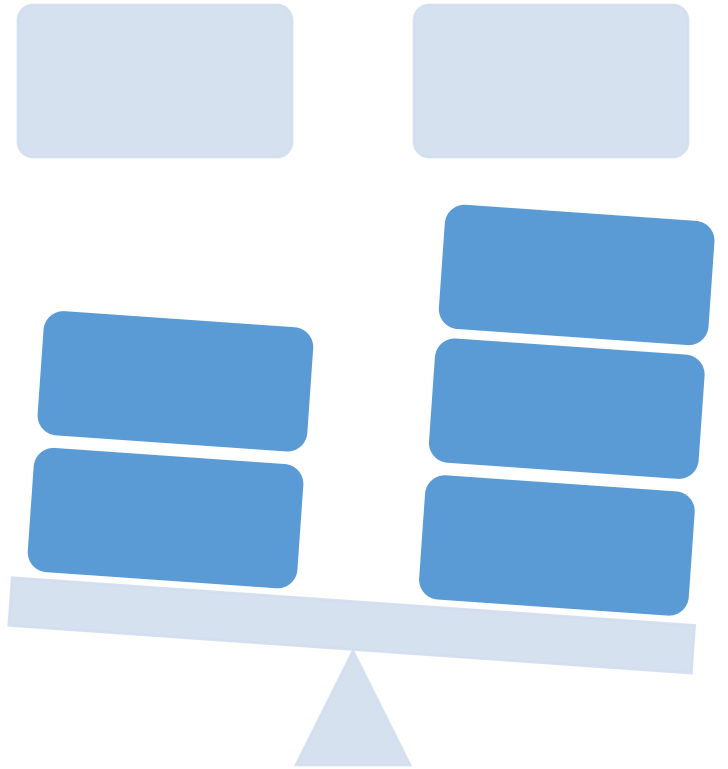
Autonomy – right to control direction of one's life	Maximize balance of benefits over harms, costs
Nonmaleficence – avoiding actions that cause harm	Disclosing information, speaking honestly and truthfully
Justice – treating individual equitably, fostering fairness	Building and maintaining trust
Strength, weight of each stakeholders' norms and claims	Necessity - of overriding ethical claims via the intervention in order to achieve public health goal
Distributive justice – distribute benefits and burdens fairly	Proportionality – benefits of action outweigh infringed moral norms and negative effects
Procedural justice – participation of affected parties	Least infringement - action that is least restrictive and least intrusive

Balancing Interests: Mental Health Emergencies

Conflicts of Interest, Dual Roles

- Person in need of emergency prescreening is
  - A family member of prescreener
  - A family member of a colleague
  - A person whose position creates a dual role – e.g., a CSB board member

- What ethics principles are implicated?
- How do you approach such scenarios?



Conflicts of Interest, Dual Roles: Ethics Code Example

From APA Ethics Code:

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

Conflicts of Interest, Dual Roles: State Law Example

- “evaluation shall be made by a person designated by the community services board”
- “an evaluation conducted ... by … a designee of the local community services board to determine whether the person meets the criteria for temporary detention”

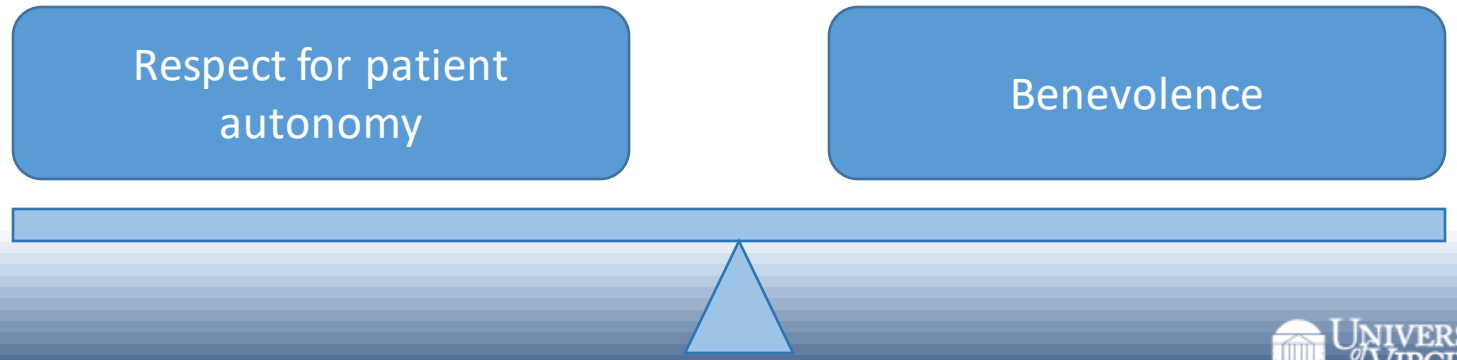
- "Designee of the local community services board" means an examiner designated by the local community services board who (i) is skilled in the assessment and treatment of mental illness, (ii) has completed a certification program approved by the Department, (iii) is able to provide an independent examination of the person, (iv) is not related by blood or marriage to the person being evaluated, (v) has no financial interest in the admission or treatment of the person being evaluated, (vi) has no investment interest in the facility detaining or admitting the person under this article, and (vii) except for employees of state hospitals and of the U.S. Department of Veterans Affairs, is not employed by the facility.

§§ 37.2-808, 809

Autonomy and Involuntary Care

- Cornerstone of research ethics since 1940s: Balancing risks and benefits to research subjects
  - *Nuremberg Code* (1947)
  - *Declaration of Helsinki* (World Medical Association, 1964, 1975)
  - *Belmont Report* (U.S. National Commission for Protection of Human Subjects…, 1978)
  - *Common Rule* (U.S. Dept. Health and Human Services, 1991, 2018)

- Influenced development of bioethics, which in turn influenced clinical ethics since 1970s
  - Previously, paternalistic and focused on providing information and care based on physician's judgment
  - But respect for autonomy emphasizes right to receive information and make own decisions



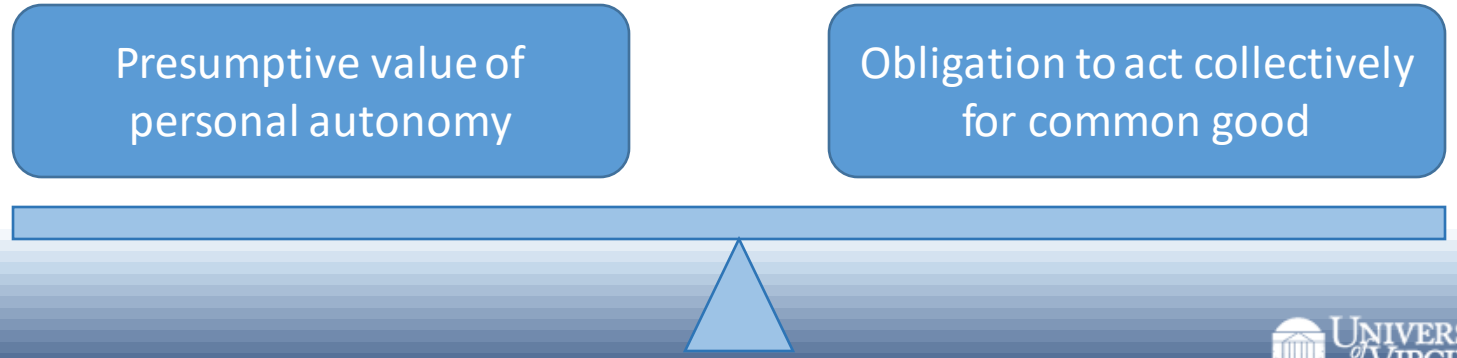
Decisional Capacity and Ethics

- The law presumes that every adult has capacity to make an informed decision unless the person is determined to be incapable of this in accordance with law
- Each person has the right to participate meaningfully in decisions regarding all aspects of treatment or services affecting the person
- Including a person in decision making demonstrates respect for a person's rights and dignity
  - If a person lacks capacity, then a substitute decision maker makes treatment decisions on the person's behalf
- Several sources of legal rules establish the need to assess capacity to consent to treatment
- Capacity is fluid – it changes over time and can vary for different decisions

Autonomy and Involuntary Civil Commitment

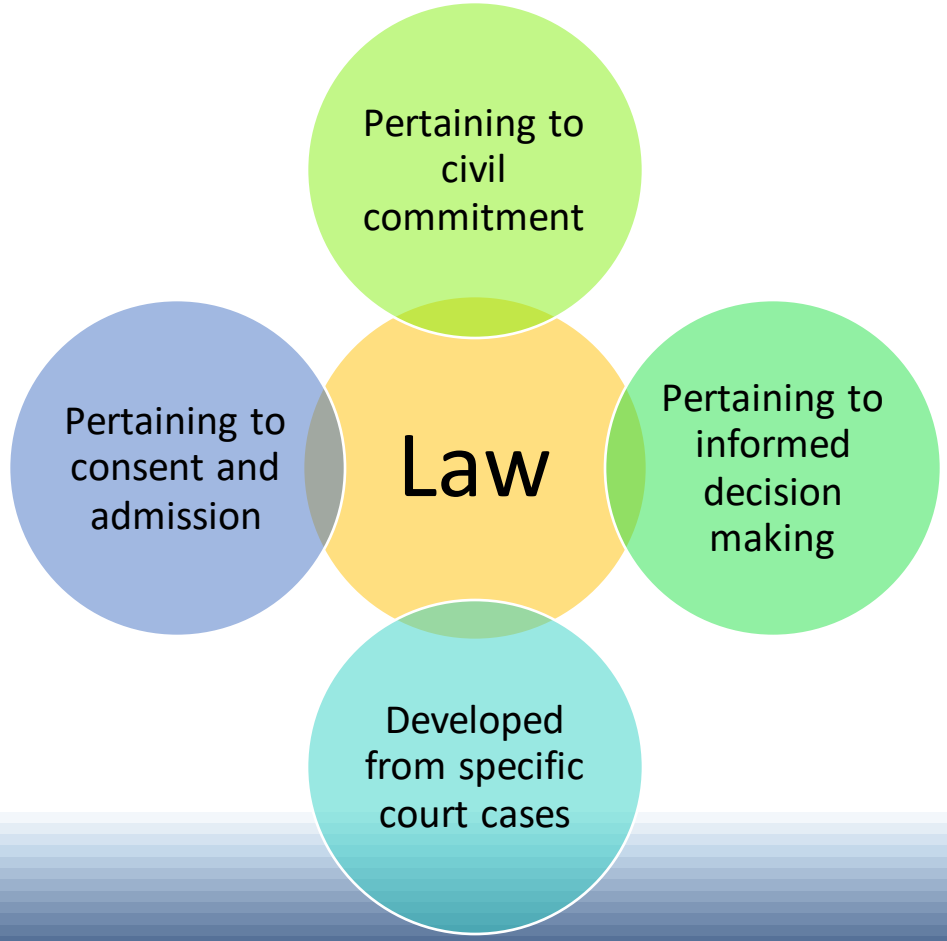
"Indeed, the degree of lack of behavioral control necessary to justify involuntary commitment is fundamentally a moral, social, and legal question—not a scientific one. Social and behavioral scientists can only provide information about the pressures affecting an actor's freedom of choice. The law must determine for itself when the actor is no longer to be treated as autonomous."

Stephen Morse (1982; quoted in Slobogin et al., 2020, p. 829)



Legal Basis for Assessing Capacity

- Beyond the importance of respecting a person's self-determination, many legal sources also establish the need to assess capacity to make health care decisions



The Federal Case that Highlighted Capacity

Zinermon v. Burch (494 U.S. 113 (1990))

- Darrell Burch was admitted "voluntarily" to a state hospital in Florida
- At the time he signed the voluntary admission forms, though, he was heavily medicated, disoriented, and suffering symptoms of psychosis
- Mr. Burch filed suit, arguing that the hospital had deprived him of his liberty by admitting him "voluntarily" when he was in fact unable to give informed consent

The U.S. Supreme Court found in favor of Mr. Burch

- The Court suggested that voluntary commitment of an incompetent person is unconstitutional
- A state must comply with state procedures for admitting involuntary patients, or determine whether a patient is competent to consent to voluntary admission.
- Therefore, some assessment of capacity should be made prior to commitment to determine whether voluntary option is possible

Capacity and Informed Consent

Capacity = the ability to make an informed decision about providing, continuing or withholding healthcare treatment

Informed decision = a decision by someone who is able to understand the nature, extent and likely consequences of the proposed healthcare decision and who makes a rational evaluation of the risks and benefits of alternatives to that decision

Consent = the voluntary agreement of a person (or the person's agent or authorized representative) to specific treatment or services

5. CURRENT SYMPTOMS AND MENTAL STATUS

Diagnosis (ICD-10; (P) for provisional, (H) for historical)

Symptoms (Check all that apply)

☐ High anxiety, stress, emotional pain ☐ Hopelessness ☐ Anger ☐ Feeling burdensome to others

☐ Negative appraisal of illness or recovery ☐ Social withdrawal ☐ Increased depressive symptoms

Capacity (For adults and minors age 14 and older)

☐ The individual appears to have capacity to consent to voluntary psychiatric admission because able to:

- ☐ Maintain and communicate choice,
- ☐ Understand relevant information, and
- ☐ Understand consequences

☐ The individual appears to lack capacity

Honoring Decisions when Capacity is Absent

Information	☐ Collateral sources were unavailable **>> Explain:**

4. HEALTHCARE INFORMATION AND MEDICAL HISTORY

Advance Directive: ☐ No ☐ Yes ☐ Unknown If yes, obtained? ☐ No ☐ Yes

If not obtained, location: _____

If obtained, AD includes: ☐ Medical ☐ Mental health ☐ End-of-life

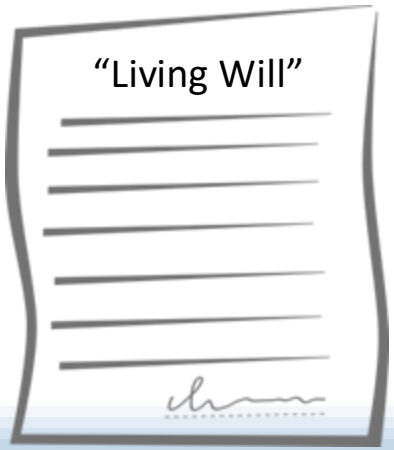
Insurance: ☐ Medicaid ☐ Medicare ☐ None ☐ Other: _____ ☐ Unknown

First plan # _____ If applicable, second plan #: _____

Income: ☐ SSI ☐ SSDI ☐ Unknown

Person evaluated: _____

Advance Directives in Virginia



End-of-Life Care

Mental Health Care

General Health Care

Advance Directives & Ethics

- Advance directives = exercise of autonomy
  - "Pre" informed consent
  - Surrogate consent via agent

- Prescreeners are an intercept point for least restrictive alternatives
  - Less restrictive alternatives may be available via an agent and/or details in the AD

- Law requires notification of agent
  - § 37.2-804.2

Advance Directives

- Mental health elements can include:
  - Authority of an agent to consent to admission to inpatient mental health care
  - Authority of an agent to consent to admission to inpatient mental health care even over objection
  - Authority of an agent to consent to medications
  - Alternative transportation information
  - Interventions and medications that are most effective in crisis
  - Contact information, indication of preference about notifying others about condition and location
  - Etc.

One-Provider Activation for Admission to Mental Health Inpatient Facility

- As of July 1, 2017
- “Opt-in” choice to have one provider (rather than two) assess for capacity in mental health emergency

- Assessing for capacity to make informed decision about just one specific treatment decision:
  - admission to inpatient mental health facility

One-Provider Activation for Admission to Mental Health Inpatient Facility

- Wider range of health care providers may assess capacity in this case:
  - Physician
  - Clinical psychologist
  - Psychiatric nurse practitioner
  - Licensed clinical social worker
  - Designee of local CSB (i.e., emergency services prescreener)

- If individual admitted, return to 2 physicians (or 1 physician + 1 psychologist) capacity assessment for all other treatment decisions in hospital

5. To consent to my admission to a mental health care facility when it is recommended by my health care providers.

The admission can be for up to the maximum time permitted by current law. At the time I made this advance directive the maximum was ten (10) calendar days.

☐ Power 5 option: My agent may exercise this power after one of the following professionals determines that I am not able to make an informed decision about admission: an attending physician, a psychiatrist or clinical psychologist, a psychiatric nurse practitioner, a clinical social worker, or a designee of the local community services board who is trained and certified to assess capacity.

Ethics & Documentation

Ethical Practice as Process and Risk Management

- For example, jury will seek to determine if a suicide was foreseeable (an element of malpractice standard)
  - They will look to see how thorough the clinician was
  - Collateral information (or reasonable lack thereof)

- The scrutiny will be on clinical process that led to conclusion more so than the conclusion
  - To determine whether actions were in line with accepted professional standards, i.e., what reasonable clinicians would do under the circumstances
  - "Reasonableness" standard
    - E.g., "The prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time."

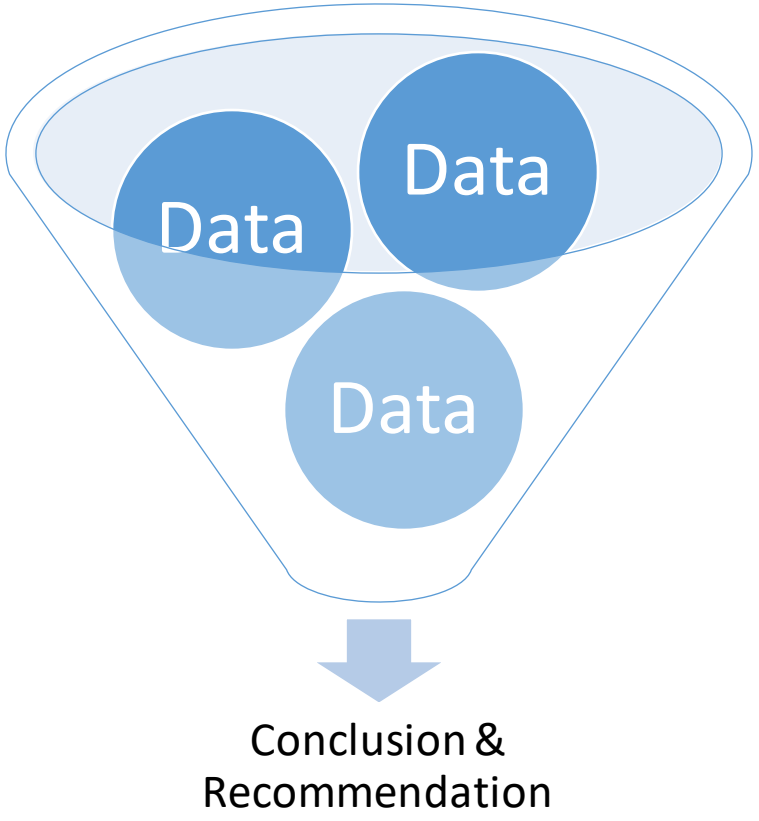
Documentation and Risk Management

- Lack of documentation is not protection against liability
- Poor documentation can lead to misunderstanding of work, which can lead to problems should lawsuit be filed
  - At best, things will be complicated
  - At worst, erroneous verdict or unduly high settlement
- Good care + good documentation = the best defense

Documentation

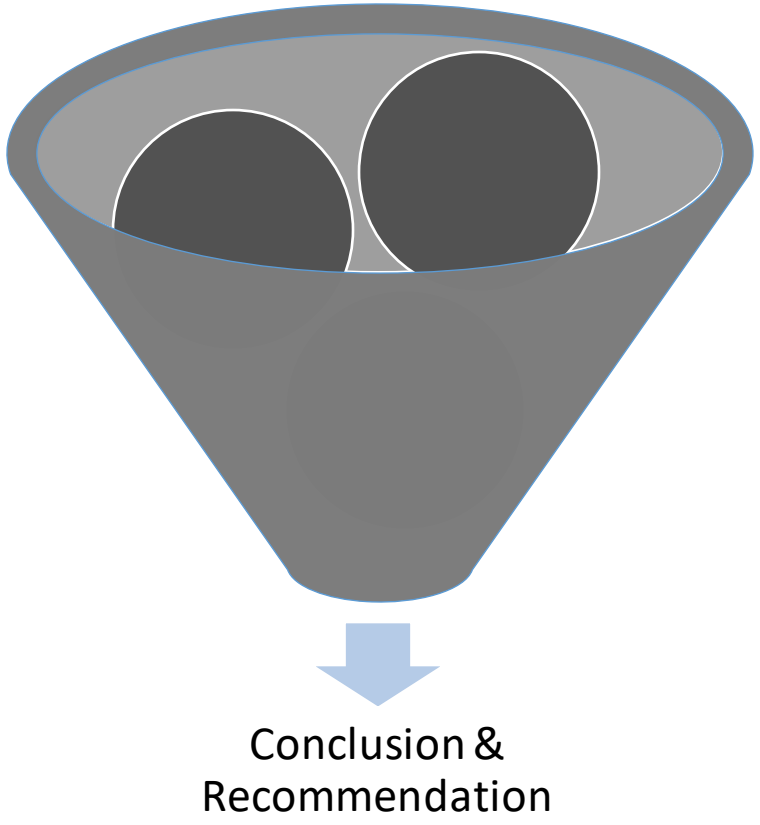
- Mental health professionals bring clinical skills and expertise

- Experts at assessing generally and for risk
  - Really good at reviewing relevant information
  - Applying tools as available and appropriate
  - And distilling all that data down to informed clinical conclusions

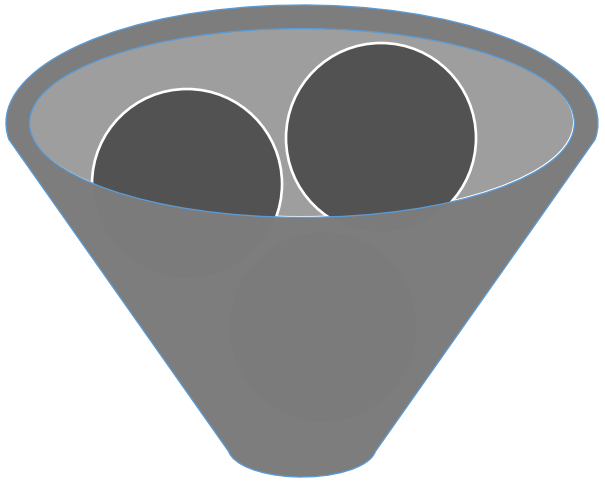


Documentation

- We’re not always as good at documenting the process
- Yet: Contemporary standards of care emphasize transparency in risk formulation and clinical decision making
- Also, documentation facilitates good clinical practice

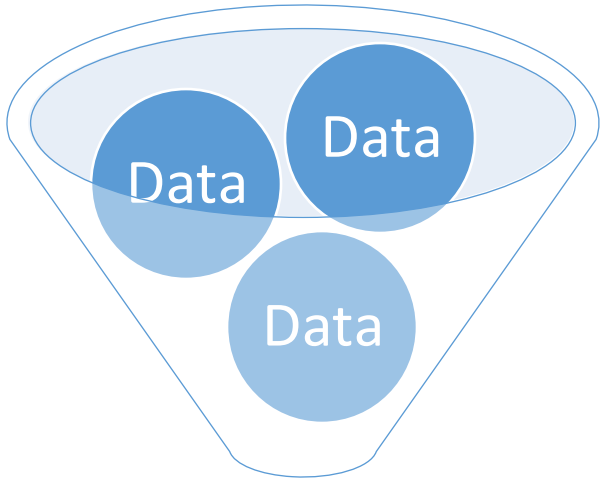


Bad



Conclusion & Recommendation

Better



Conclusion & Recommendation

Best

C. PREADMISSION SCREENING SUMMARY

1. PRESENTING SITUATION

Summary of presenting crisis (including person and collateral perspectives):

The person's most significant stressors:

Coping strategies already attempted by the person:

Person evaluated: _____ Page **6** of **9**

Strengths or moderating factors related to documented risk issues and/or concerns:

Assessment and disposition recommendation summary (including person-specific triggers that could quickly increase risk for suicidal or physical harm or quickly decrease ability to care for self and basic needs, and any available resources or protective factors):

Pisani, Murrie, & Silverman (2015). Academic Psychiatry DOI 10.1007/s40596-015-0434-6

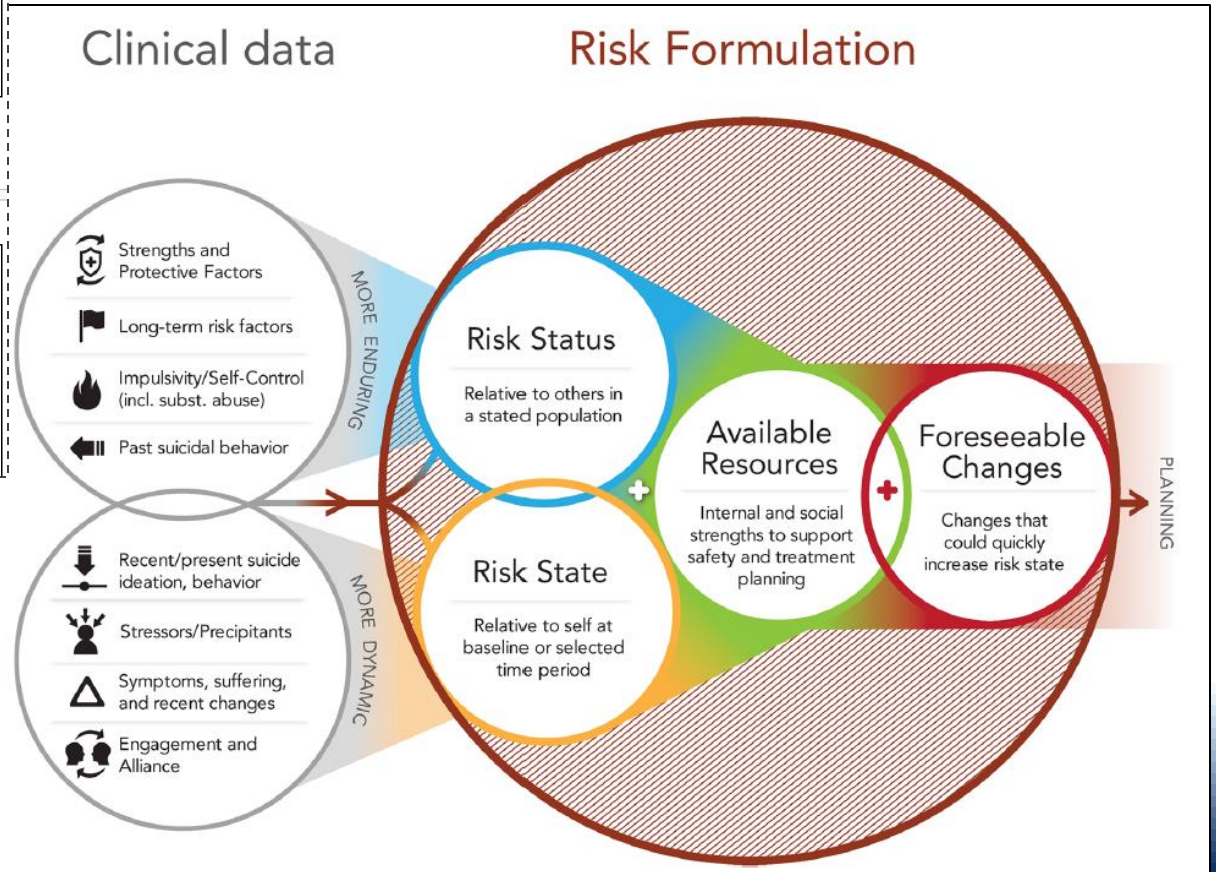


Fig. 1 Prevention-oriented risk formulation

Guide and Rationale for the Revised Form

General goals:

The primary goal of the revised form is to better support clinicians through the interview and assessment process. Of course, the form still must gather certain identifying and historical information, and must still fulfill the statutory requirements, but beyond these necessities, the purpose of the form should be to help the clinician gather the relevant clinical information and reach the best recommendation. Towards this end, the form now better follows the flow of a clinical interview, and provides space to address more empirically-supported risk factors for violence and self-harm.

Specifically, the revised form helps the clinician document information in a manner that:

- Is consistent with best practices for involuntary admission evaluations.
    - Information on the form is drawn from the research on best practices in suicide and violence risk assessment, but also recognizes the time-sensitive nature of preadmission screening assessments.
- Balances safety and liberty interests.
    - The form aids the clinician in making a recommendation that balances the safety of the person and community, on the one hand, and the person's treatment preferences, on the other.
- Helps protect the clinician from liability.
    - Contemporary standards of care emphasize transparency in risk formulation and clinical decision making.

https://dbhds.virginia.gov/assets/Behavioral-Health/sj47/Revised-Preadmission-Form-explanation-5.1.17.pdf

Documentation & Self-Monitoring

- How do my findings and “rates” of findings correspond to others’?
- How do my findings vary by [insert factor that may cause conflict or bias]?
- Keep (and review) a record of cases, with relevant characteristics that could be influencers and opinions reached
- Fine-tuned reviews of past cases
- Work to eliminate common errors in judgment
  - “Training for Decision Making under the Stress of Emergency Conditions,” Phillip M. Kleespies, in Oxford Handbook of Behavioral Emergencies and Crises (2016)

In Closing

The Unique Context of Emergency Evaluations

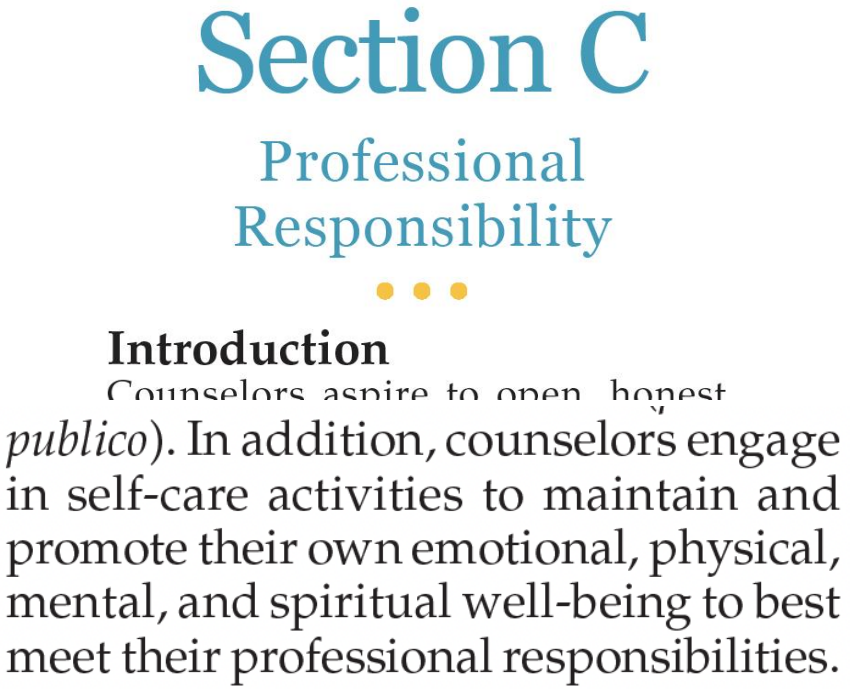
- The translation of psychology to law and vice versa can be imperfect
  - Terminology, priorities, ethics/values

- Emergency evaluators are in an intermediate space
  - A clinician acting in a legal context
  - Legal actors are relying on evaluators' clinical skills and expertise
  - …to inform questions about legal criteria
  - …but those legal criteria are trying to address mental health

- Emergency services evaluators are well situated to see the nuances and opportunities for intermediate responses
  - Balancing individual rights, public safety, and sequelae of involuntary treatment
  - Non-maleficence, beneficence support
    - Advocating for the individual, resisting overly simplified default responses to restrict liberty
    - Questioning inappropriate/unnecessary uses of emergency custody

Self-Care as an Ethical Practice

- ACA Code of Ethics Section C. Professional Responsibility
- See also, e.g.,
  - APA Code 2.06 Personal Problems and Conflicts
  - NASW Code 4.05 Impairment
- Adding some of the concepts from today
  - "Reasonableness" in the prescreening context
  - Self-monitoring – with some distance



Section C

Professional Responsibility

Introduction

Counselors aspire to open, honest

publico). In addition, counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

Thank you!

zelle@virginia.edu

www.UVaMentalHealthPolicy.org

www.ILPPP.org

www.VirginiaAdvanceDirectives.org

Appendix

Professional Guidelines

Home > About APA > Council Policy Manual >

Guidelines

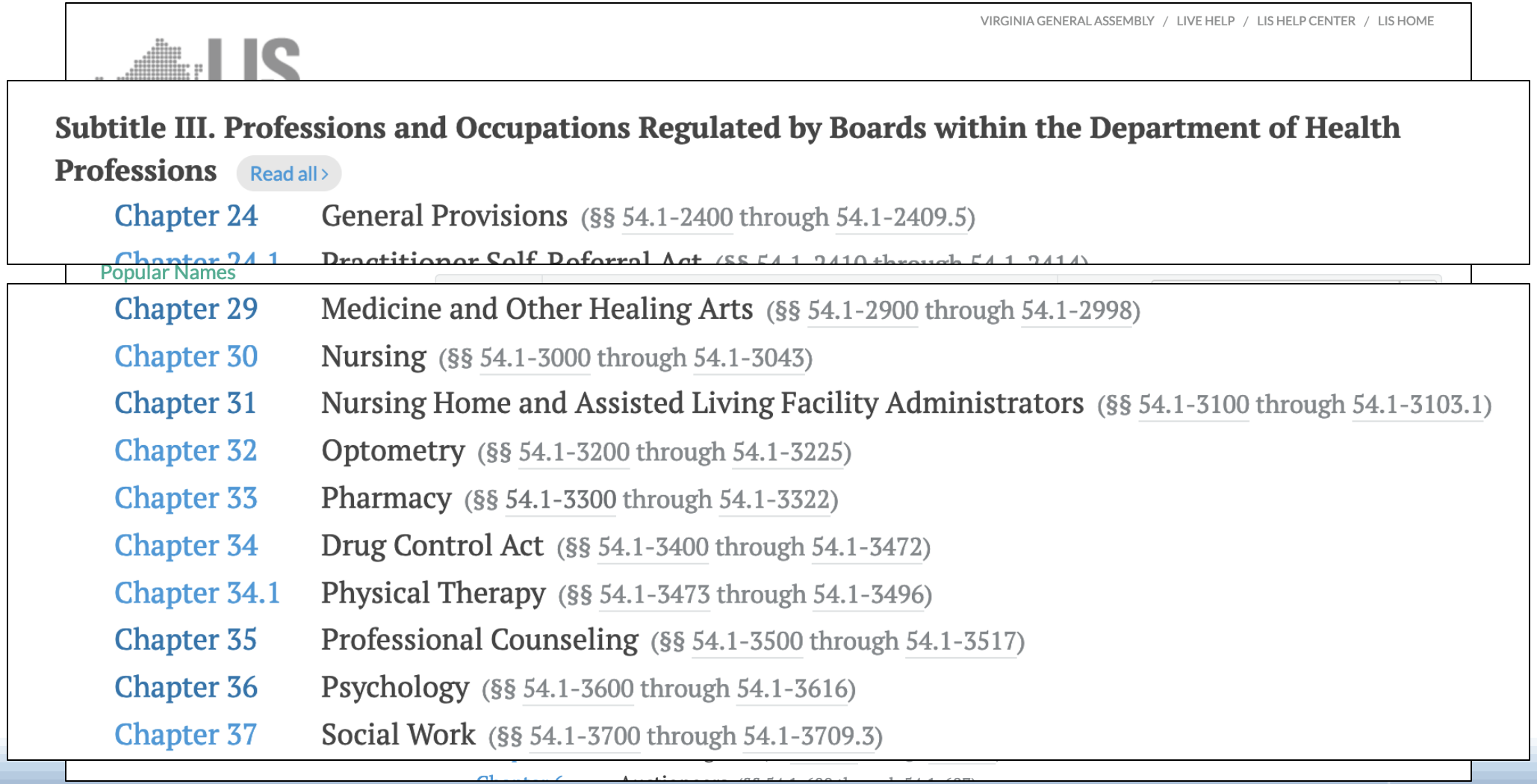
As these terms are used in APA policy, "guidelines" include pronouncements, statements or declarations that suggest or recommend specific professional behavior, endeavor or conduct for psychologists or for individuals or organizations that work with psychologists. In contrast to standards, guidelines are aspirational in intent.

- **Clinical Practice**
- **Education**
- **Professional Practice**

Professional practice guidelines are designed to guide psychologists in practice regarding particular roles, populations or settings, and are supported by the current scholarly literature but do not focus upon specific disorders or treatments.

- APA guidelines for psychological practice with boys and men (PDF, 443KB). Up for review in approximately 2028.
- APA guidelines for psychological practice with girls and women (PDF, 496MB). Up for review in approximately 2028.
- Competencies for psychology practice in primary care (PDF, 586KB). Up for review in approximately 2025.

Ethics in the Law Example: Virginia Code, Subtitle III of Title 54.1

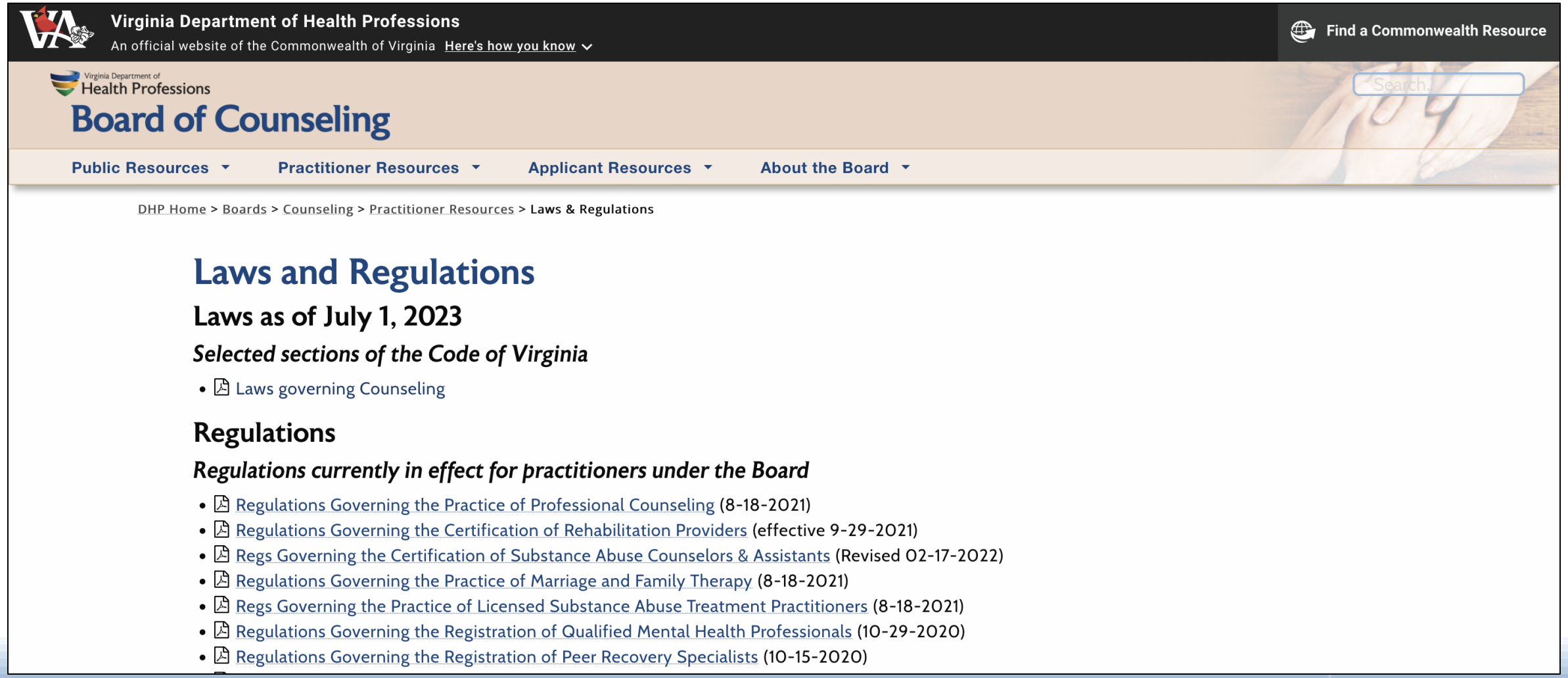


Ethics in the Law Example: Title 18 of Virginia Administrative Code

Agency 85	Board of Medicine
Agency 90	Board of Nursing
Agency 95	Board of Long-Term Care Administrators
Agency 100	Board For Opticians (Abolished)
Agency 105	Board of Optometry
Agency 110	Board of Pharmacy
Agency 112	Board of Physical Therapy
Agency 115	Board of Counseling
Agency 120	Department of Professional And Occupational Regulation
Agency 125	Board of Psychology
Agency 130	Real Estate Appraiser Board
Agency 135	Real Estate Board
Agency 140	Board of Social Work

When the Law Changes

When the Law Changes



Virginia Department of Health Professions
An official website of the Commonwealth of Virginia Here's how you know
Find a Commonwealth Resource

Virginia Department of Health Professions
Board of Counseling

Search

Public Resources | Practitioner Resources | Applicant Resources | About the Board

DHP Home > Boards > Counseling > Practitioner Resources > Laws & Regulations

Laws and Regulations

Laws as of July 1, 2023

Selected sections of the Code of Virginia

- Laws governing Counseling

Regulations

Regulations currently in effect for practitioners under the Board

- Regulations Governing the Practice of Professional Counseling (8-18-2021)
- Regulations Governing the Certification of Rehabilitation Providers (effective 9-29-2021)
- Regs Governing the Certification of Substance Abuse Counselors & Assistants (Revised 02-17-2022)
- Regulations Governing the Practice of Marriage and Family Therapy (8-18-2021)
- Regs Governing the Practice of Licensed Substance Abuse Treatment Practitioners (8-18-2021)
- Regulations Governing the Registration of Qualified Mental Health Professionals (10-29-2020)
- Regulations Governing the Registration of Peer Recovery Specialists (10-15-2020)

Public Health Ethics Framework

Public Health Ethics

- "A systematic process to clarify, prioritize, and justify possible courses of public health action based on ethical principles, values, and beliefs of stakeholders, and scientific and other information."

  - CDC, 2011

- Practical, pragmatic
- Addressing cases where no value consensus exists and/or evidence does not point to a single approach

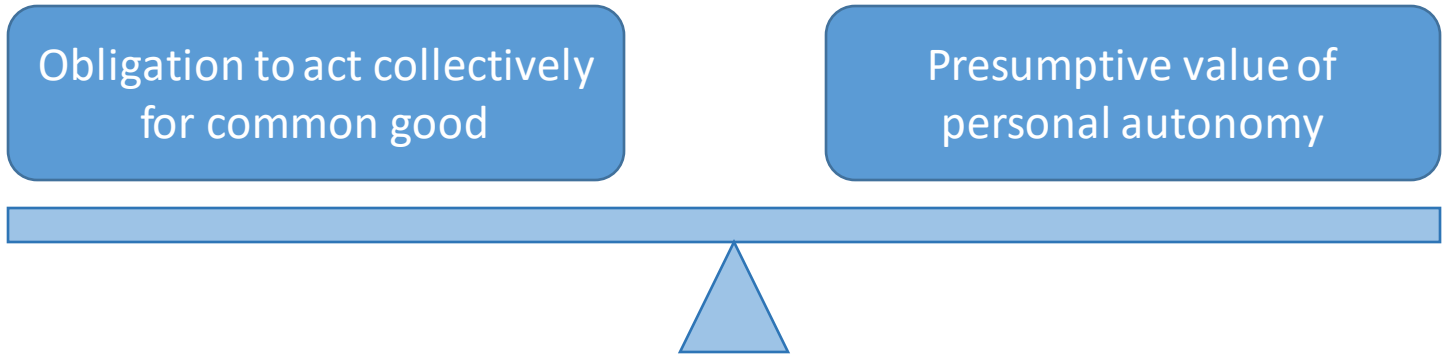
Public Health Ethics

- Less about right vs. wrong, more about assessing the collective ethical valuation
  - Which ethical values are involved, how they are prioritized by stakeholders, whether there is consensus

> "[B]ecause ethical decision making depends on context (e.g., on local circumstances, community stakeholders, and decision makers), no formula can determine the most relevant ethical principles."
>
> - Ortmann et al., 2016, p. 13

Ethics with a Community/Population Focus

- Public health ethics
  - Can overlap with individual-focused clinical ethics
  - Key principles of beneficence, nonmaleficence, respect for persons, and justice just as foundational
    - But expanding scope of thinking to address public health interventions
  - Frameworks reflect counterbalance between:



Clinical Ethics and Public Health Ethics

Table 1.2 Comparison of areas of focus/tendency in clinical ethics and public health ethics

Clinical ethics focus/tendency	Public health ethics focus/tendency
Treatment of disease and injury	Prevention of disease and injury
Medical interventions by clinical professionals	Range of interventions by various professionals
Individual benefit seeking and harm avoidance based on health care provider's fiduciary relation to a patient	Social, community, or population benefit seeking and harm avoidance based on collective action
Respect for individual patients	Relational autonomy of interdependent citizens
Professional duty to place the interests of the patient over that of provider	Duty to the community to address health concerns that individuals cannot solve and that require collective action
Authority based on the prestige and trustworthiness of the physician and the medical profession as a whole	Authority based on law, which is a principal tool of public health policy for creating health regulations
Informed consent sought from an individual patient for specific medical interventions	Community consent and building a social consensus through ongoing dialogue and collaboration with the public
Justice concerns largely limited to treating patients equally and ensuring universal access to health care	Central concern with social justice regarding health and achieving health equity

Ortmann, et al. (2016). Chapter 1 in D.H. Barrett et al. (eds.), Public Health Ethics: Cases Spanning the Globe,Public Health Ethics Analysis 3

3-Step Framework

- Geared toward helping policy makers consider a policy in its context
- The framework is not designed to find what the 'right' option is
- Rather it helps determine what option(s) is most justifiable
  - Rarely can all ethical values, stakeholder norms and claims, be accommodated or equally prioritized
- Steps
  1. Assess the Issue
  2. Moral Considerations in Public Health
  3. Justificatory Conditions

The following slides summarize the steps as described across several resources:

Bernheim, R.G., P. Nieburg, and R.J. Bonnie. 2007. Ethics and the practice of public health. In Law in public health practice , 2nd ed, ed. R.A. Goodman, 110–135. New York: Oxford University Press.

Childress, J.R., R.R. Faden, R.D. Gaare, et al. 2002. Public health ethics: Mapping the terrain. Journal of Law, Medicine & Ethics 30(2): 170–178.

Ortmann, et al. (2016). Chapter 1 in D.H. Barrett et al. (eds.), Public Health Ethics: Cases Spanning the Globe, Public Health Ethics Analysis 3

1. Assess the Issue

- What public health problems, needs, concerns are at issue?
- What are appropriate public health goals in this context?
- What is the source and scope of legal authority, if any, and which laws and regulations are relevant?
- What are the relevant norms and claims of stakeholders in the situation and how strong or weighty are they?
- Are there relevant precedent legal and ethical cases?
- Which features of the social-cultural-historical context are relevant?
- Do professional codes of ethics provide guidance?

2. Moral Considerations in Public Health

- Producing benefits
- Avoiding, preventing, and removing harms
- Producing maximal balance of benefits over harms and other costs (often called utility)
- Distributing benefits and burdens fairly (distributive justice) and ensuring public participation including the participation of affected parties (procedural justice)
- Respecting autonomous choices and actions, including liberty of action
- Protecting privacy and confidentiality
- Keeping promises and commitments
- Disclosing information as well as speaking honestly and truthfully (often grouped under transparency)
- Building and maintaining trust

Childress, Faden, et al. (2002) *J. Law, Medicine & Ethics*, 30:169-177.

3. Justificatory Conditions

Effectiveness	Is the action likely to accomplish the public health goal?
Necessity	Is the action necessary to override the conflicting ethical claims to achieve the public health goal?
Least infringement	Is the action the least restrictive and least intrusive?
Proportionality	Will the probable benefits of the action outweigh the infringed moral norms and any negative effects?
Impartiality	Are all potentially affected stakeholders treated impartially?
Public justification	Can public health officials offer public justification that citizens, and in particular those most affected, could find acceptable in principle?