PUBLIC BEHAVIORAL HEALTH, MENTAL HEALTH EMERGENCIES, & ETHICS

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Institute of Law, Psychiatry and Public Policy

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Training Overview

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- Ethical Practice as Process
- Foundations & Principles
- Balancing Interests: Past to Present
- Balancing Interests: Mental Health Emergencies
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- Law as a Source of Ethical Practice

Ethical Practice as Process

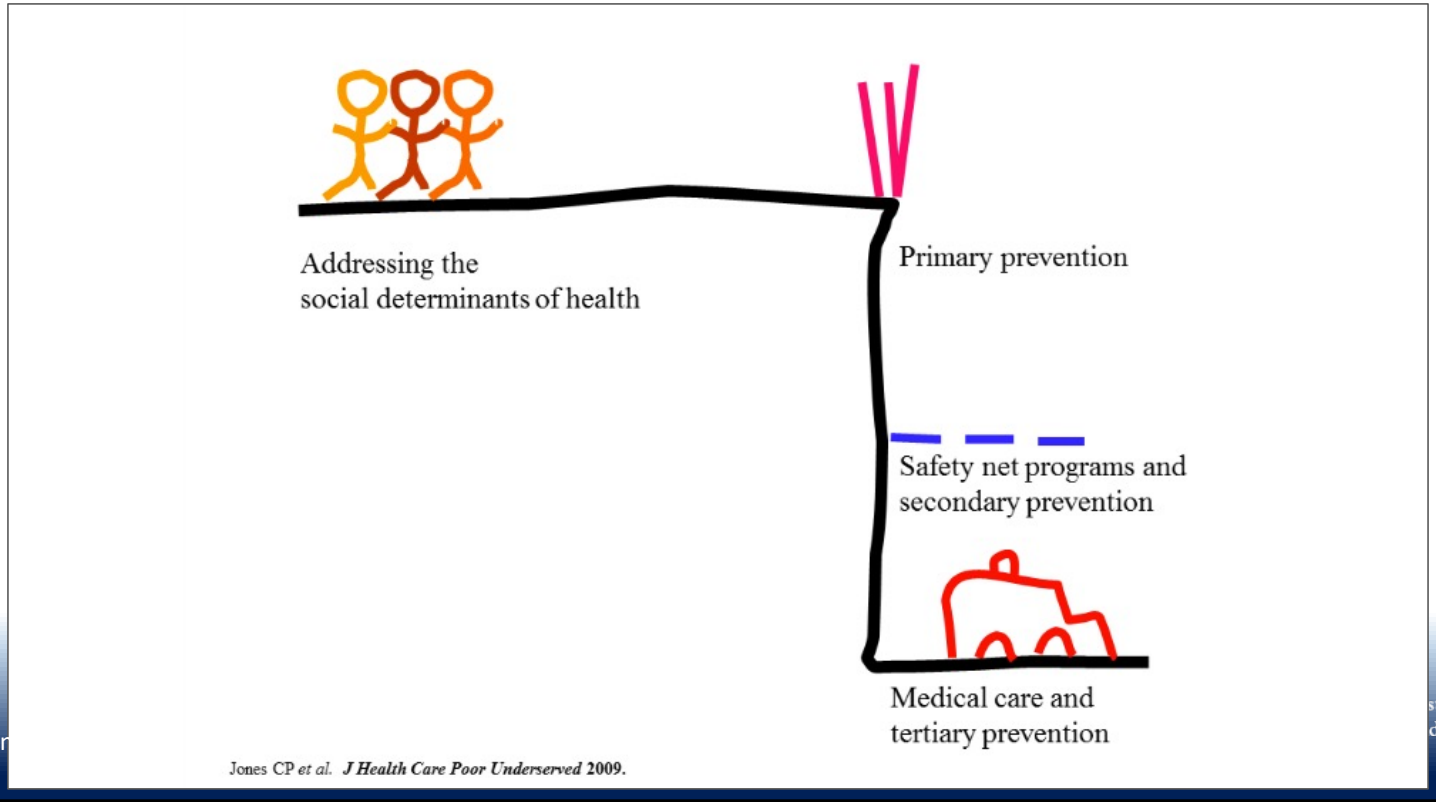
Ethical Practice is a Process

- 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

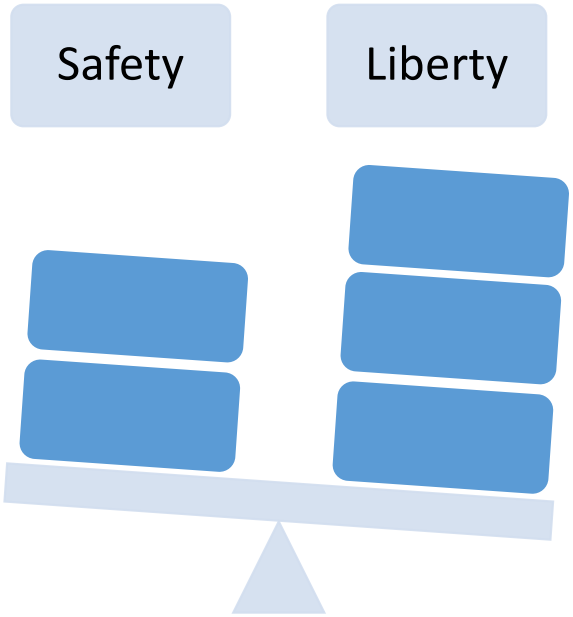
Ethical Practice is a Process

- "Preventive ethics" – the process can begin before a case arises



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



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

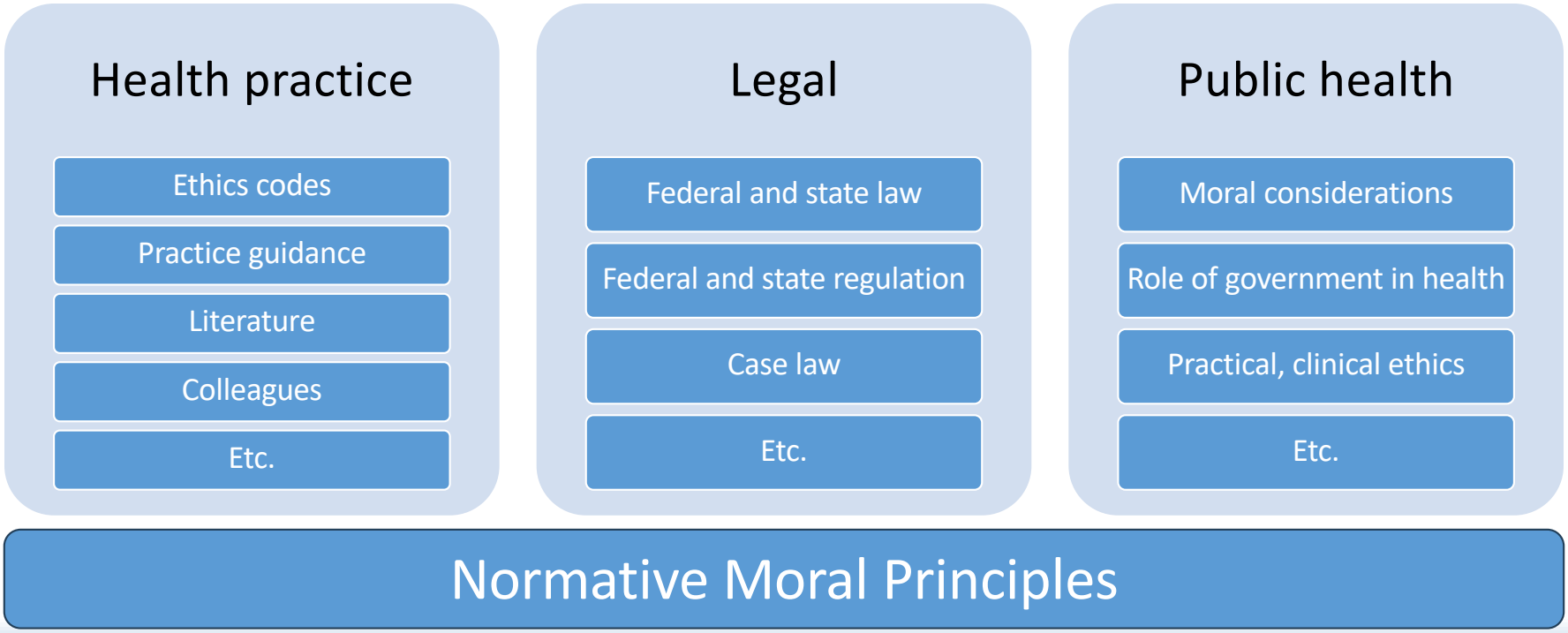
Health care services

- 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



Professional Ethics Codes

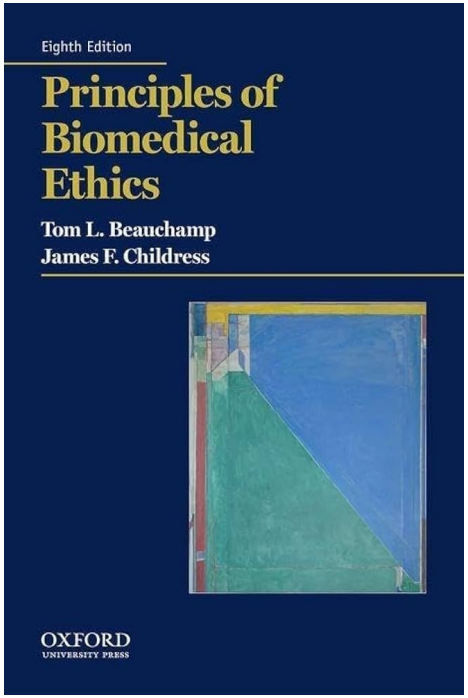
- Embody fundamental principles, though different groups may use different verbiage or applied definitions

- 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

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

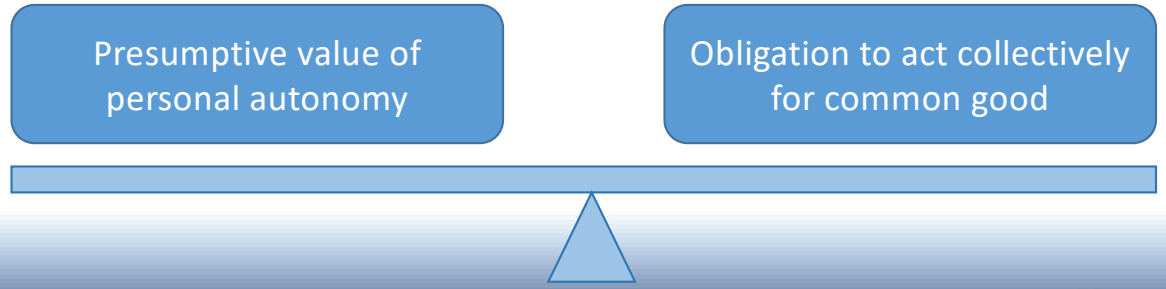
A Public Health Lens on Ethics

- 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:



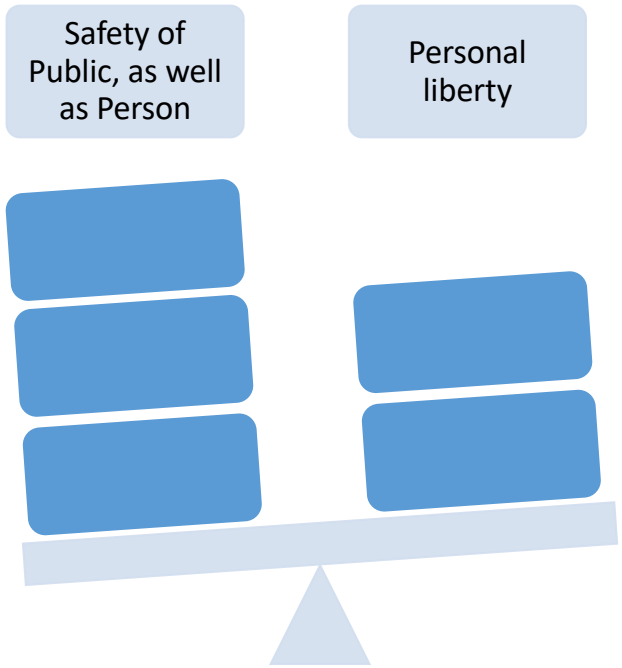
Clinical Ethics and Public Health Ethics

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

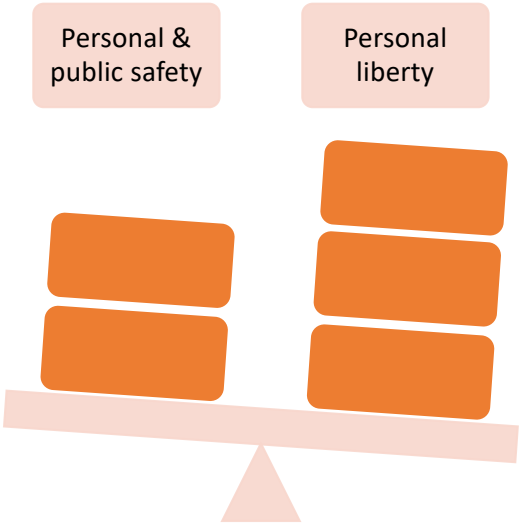
Clinical ethics focus/tendency	Public health ethics focus/tendency
Treatment of disease and injury	Prevention of disease and injury
Medical interventions by clinical professionals	Range of interventions by various professionals
Individual benefit seeking and harm avoidance based on health care provider's 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

Emergency Evaluations as a Public Health Function



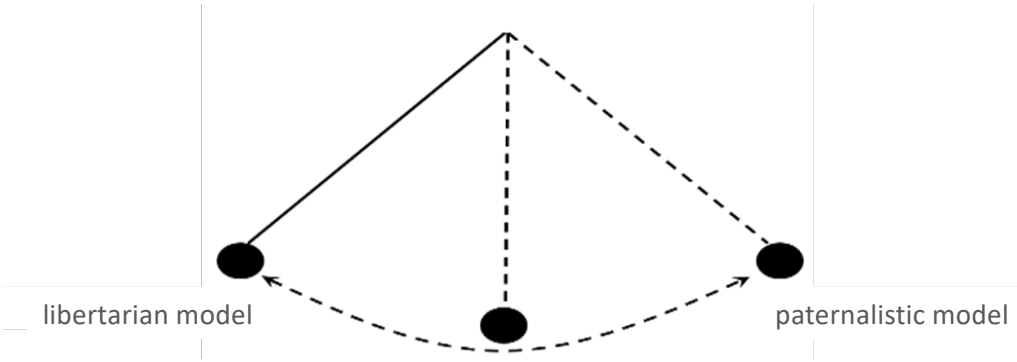
- Commitment criteria + due process procedures are in place to protect individual's liberty
- But public safety can outweigh when a danger is serious enough
- Also, time is factored in because:
  - One way to keep from depriving liberty is to refrain from doing so unless the danger is near in time
  - But also, nature of emergencies means time is of the essence



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

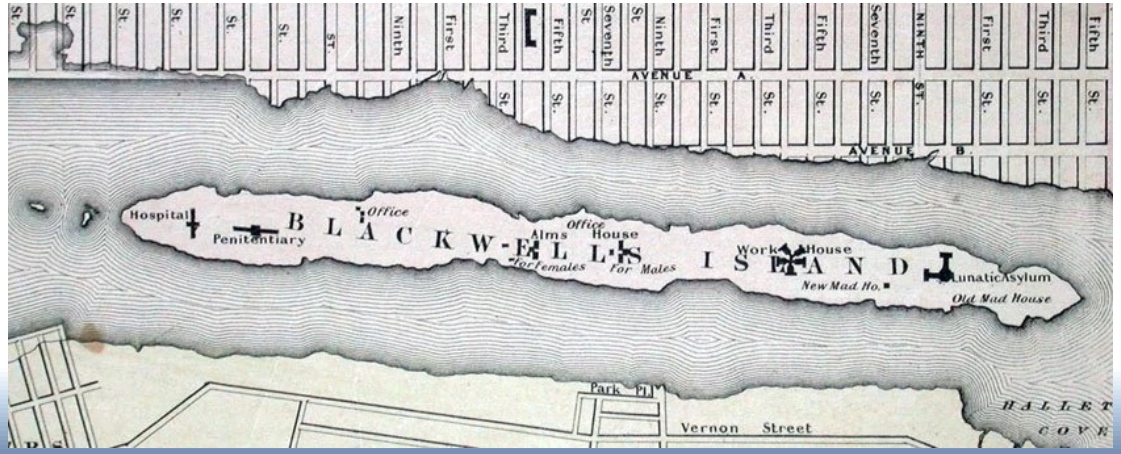
- Inpatient mental health facilities since colonial times
  - Though often still viewed as a family or community issue to address needs of the person

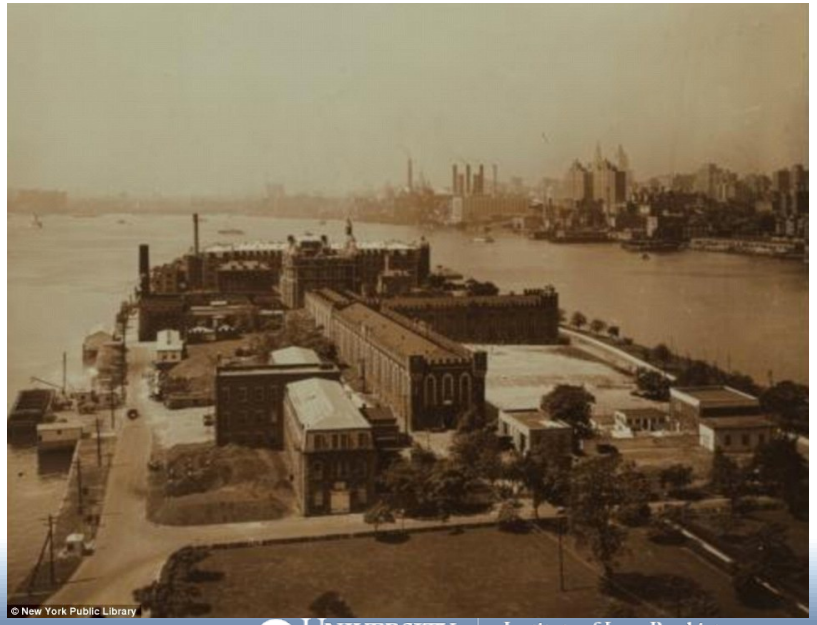
Eastern State Hospital
1773

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



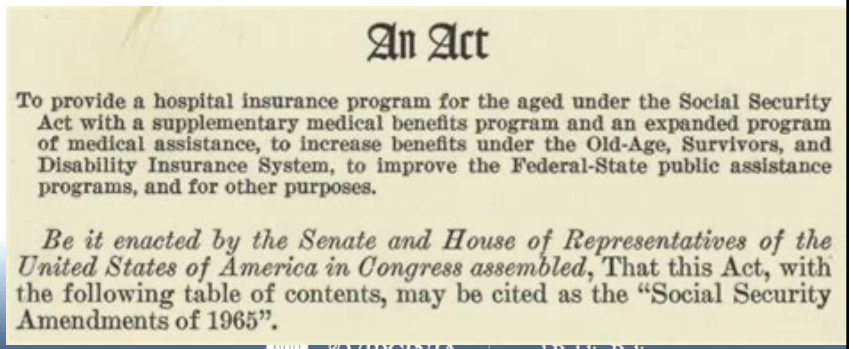


Liberty vs. Safety/Benificence Balance: Brief Historical Context

- 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
- 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

O'Connor v. Donaldson (1975)

Involuntary commitment = "*deprivation of liberty*" that requires due process

Mental illness alone is insufficient to justify deprivation of liberty

Court must find that the person

- Is a present danger to self or others

  OR

- "[I]s helpless to avoid the hazards of freedom either through his own efforts or with the aid of willing family members or friends" (p. 575)

1970s: Biomedical Ethics

- 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
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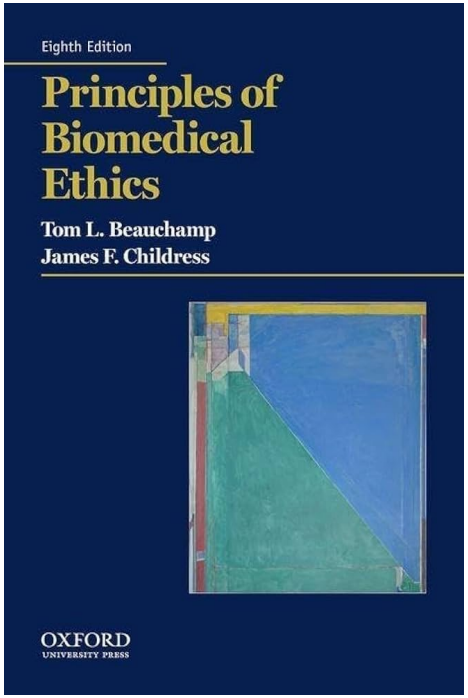

Recent Past and Potential Future

- 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

Autonomy and Capacity to Make Treatment Decisions

University of Virginia
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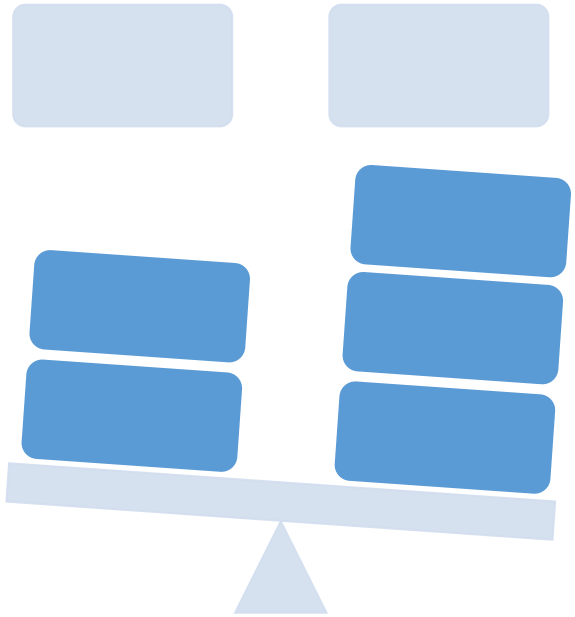
Conflicts of Interest, Dual Roles

- 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”

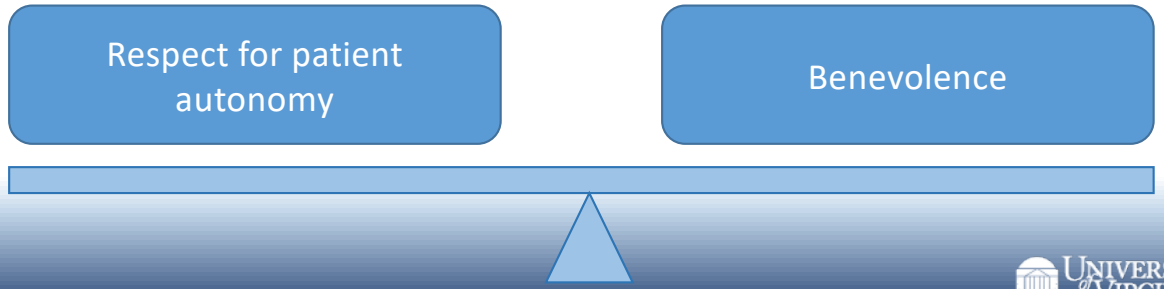
- "Designee of the local community services board" means an examiner designated by the local community services board who (i) is skilled in the assessment and treatment of mental illness, (ii) has completed a certification program approved by the Department, (iii) is able to provide an independent examination 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

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

Assessing Capacity

Criterion	Patient's Task
Communicate a choice	Clearly state preferred treatment option
Understand relevant information	Grasp fundamental meaning of information from a clinician
Appreciate the situation and its consequences	Acknowledge the medical condition and likely consequences of treatment options
Reason about treatment options	Engage in reality-based decision-making based on relevant information

Appelbaum (2007)

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

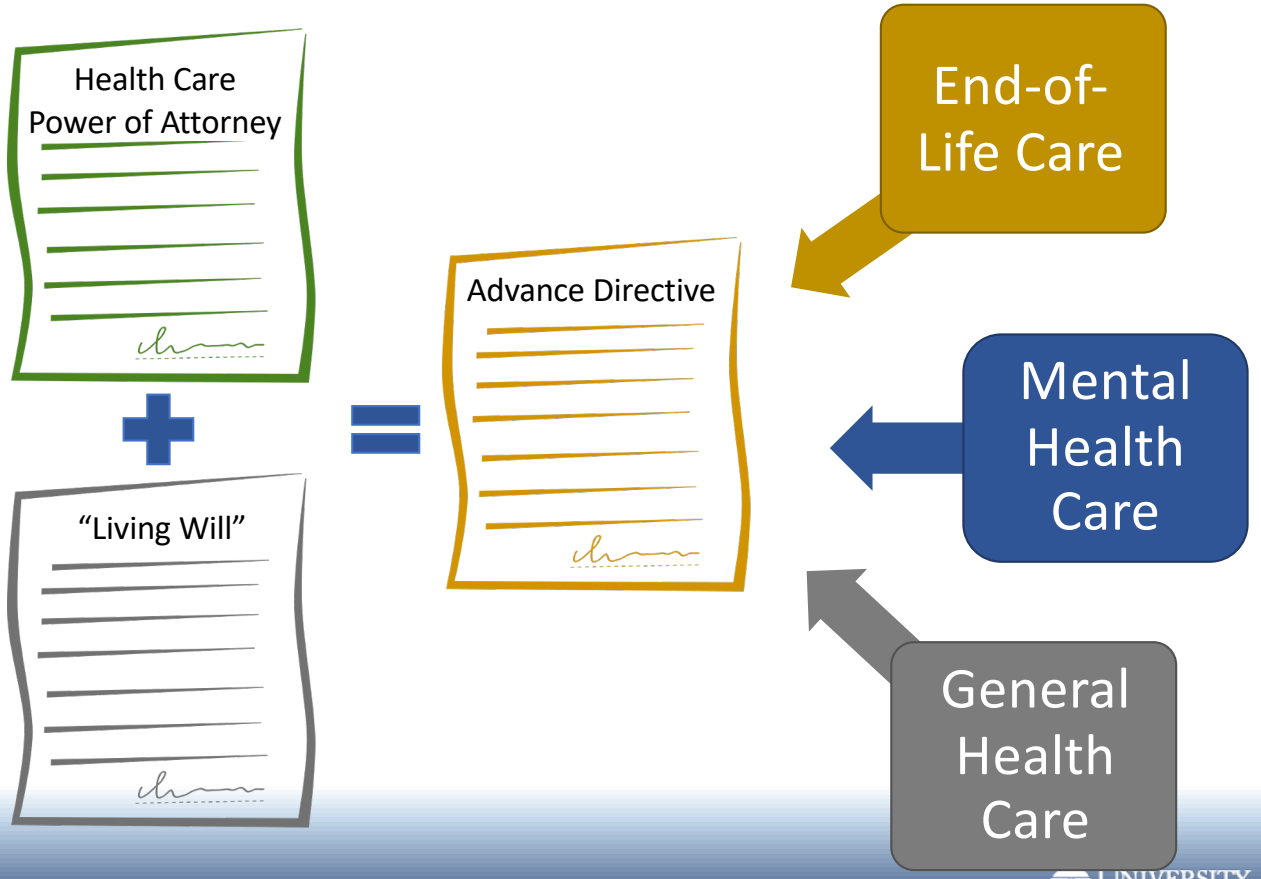
Insurance: ☐ Medicaid ☐ Medicare ☐ None ☐ Other: _____ ☐ Unknown

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

Income: ☐ SSI ☐ SSDI ☐ Unknown

Person evaluated: _____ Page **1** of **9**

Advance Directives in Virginia



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

Why Document to Create a Record?

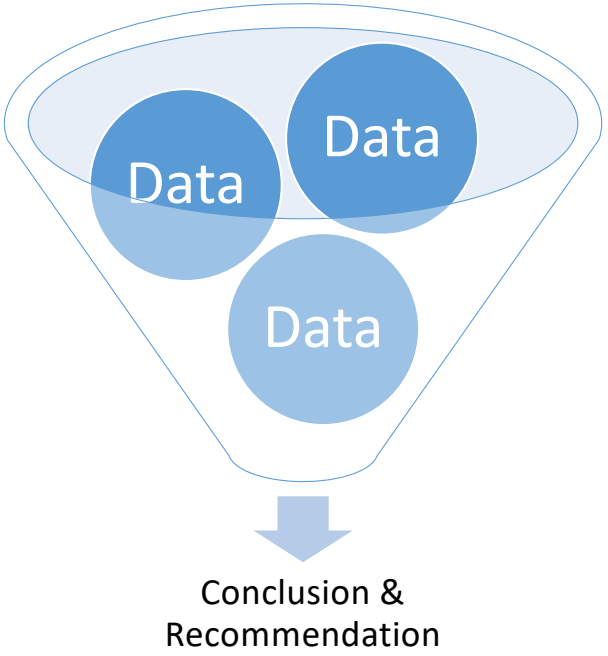
- Lack of documentation is not protection against liability
- Poor documentation can lead to misunderstanding of work, which can lead to problems should lawsuit be filed
  - At best, things will be complicated
  - At worst, erroneous verdict or unduly high settlement
- For example, jury will seek to determine if a suicide was foreseeable (an element of malpractice standard)
  - The scrutiny will be on clinical process that led to conclusion more so than your exact conclusion
    - They will look to see how thorough the clinician was, collateral information (or reasonable lack thereof)
  - Whether actions were similar to what reasonable clinicians would do under the circumstances (i.e., meet the standard of practice)
  - "Reasonableness" standard when judging a professional's actions
    - 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

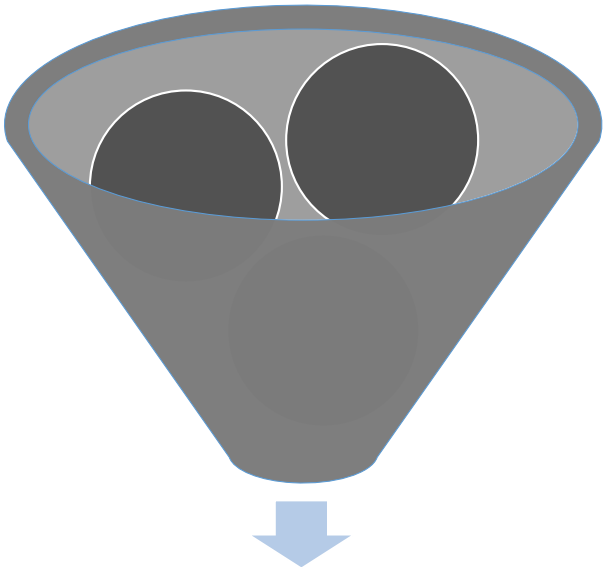
Documentation

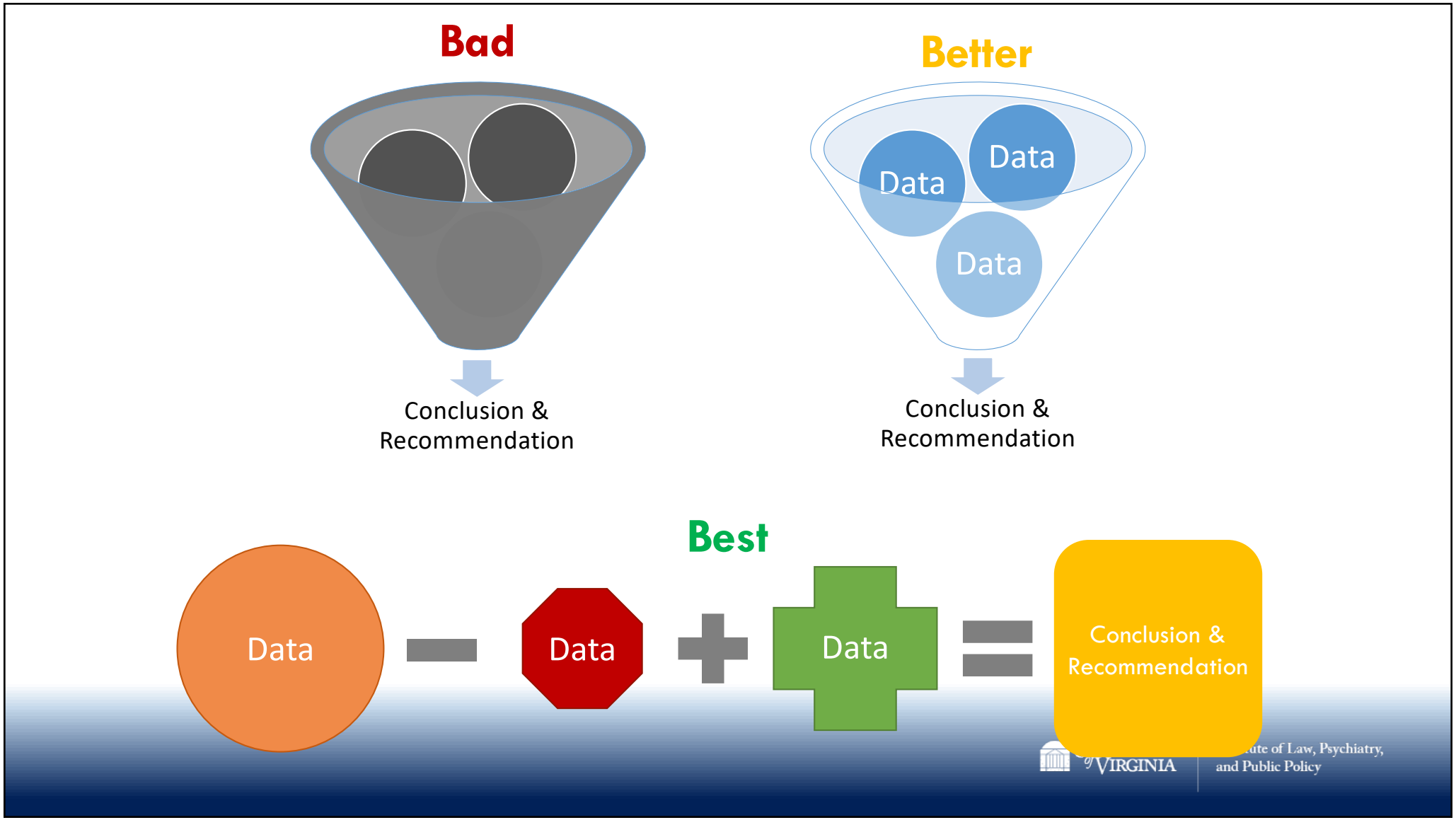
- Mental health professionals bring clinical skills and expertise
- Experts at assessing generally and for risk
  - Really good at reviewing relevant information
  - Applying tools as available and appropriate
  - And distilling all that data down to informed clinical conclusions



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

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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):

Zelle, H., VACSB, June 23, 2026

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

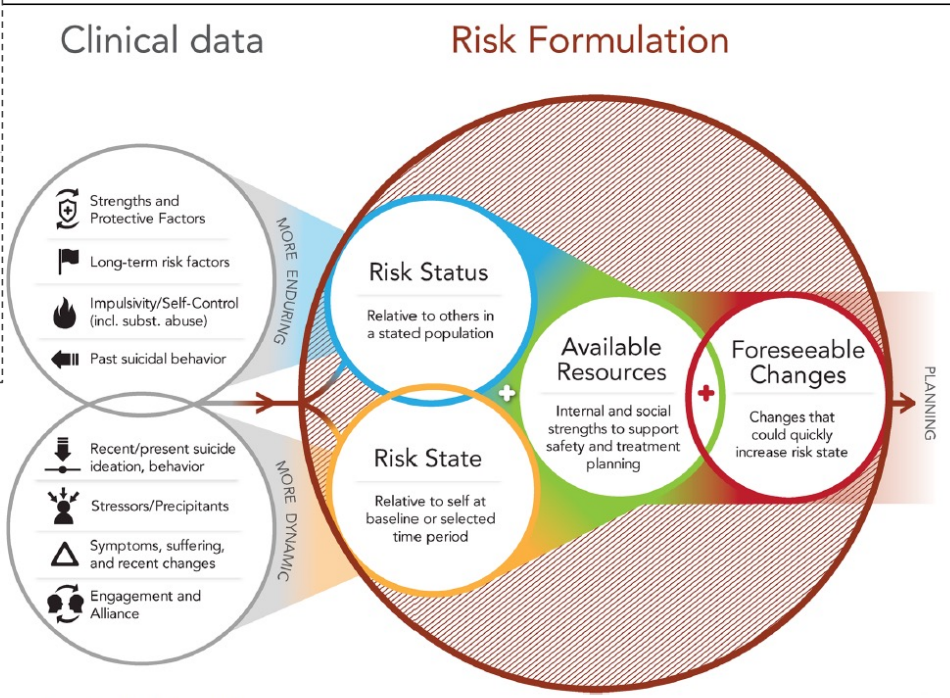


Fig. 1 Prevention-oriented risk formulation

Translating Clinical and Legal Jargon

- Statutory criteria are full of language like “substantial likelihood,” “near future,” and “serious harm”
  - Aiming to provide some sense of how bad things need to be without being too concrete or specific
  - Need flexibility to allow for infinite scenarios, clinical judgment, balancing of criteria and considerations

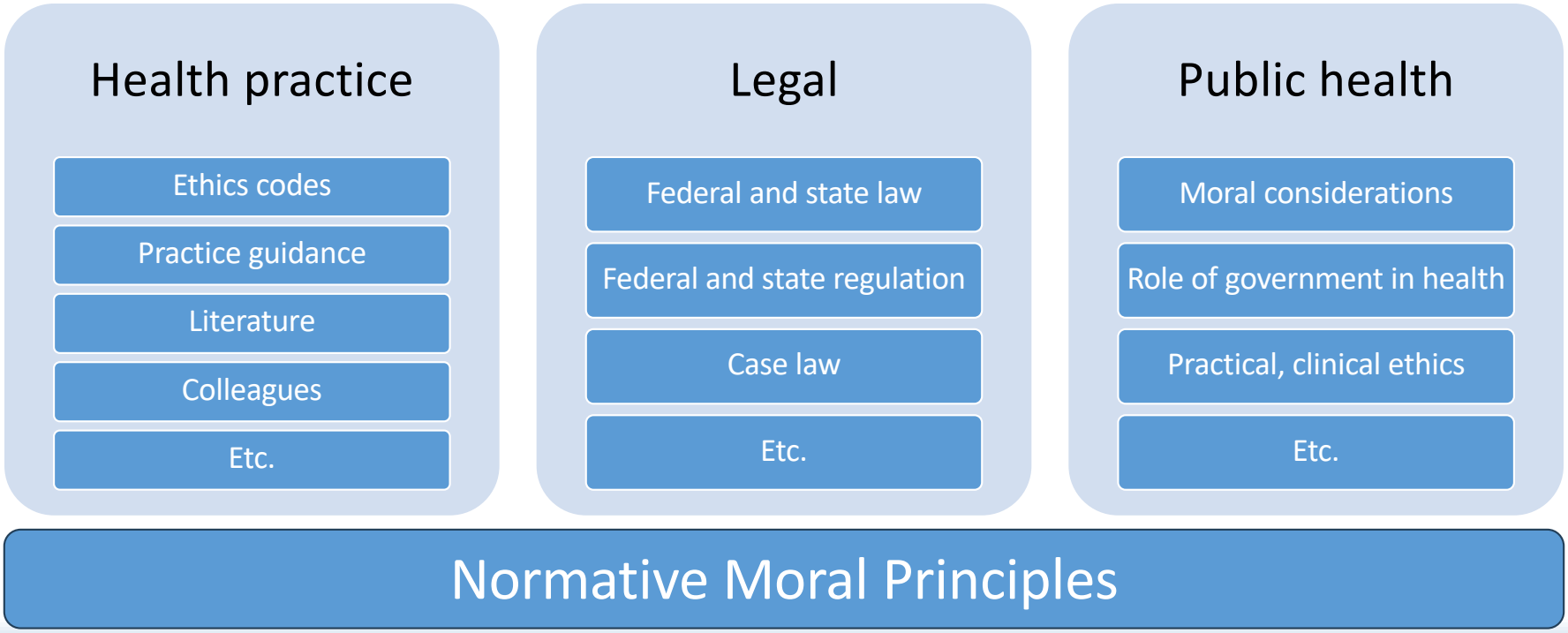
- Preadmission form is full of checkboxes and terms like “perseverative,” “insight,” and “harm ideation”
  - Aiming to succinctly communicate in widely used clinical terms
  - But even with generally agreed upon definitions, any particular symptom or other clinical term may look very different across evaluees

- Ultimately, they are all just templates and parameters within which to work
  - Each person is going to have a unique presentation, and each emergency is going to be taking place in a unique context
  - Evaluator’s task is to be descriptive of the person, the context, and the evaluator’s reasoning in clear, plain language

Law as a Source of Ethical Practice

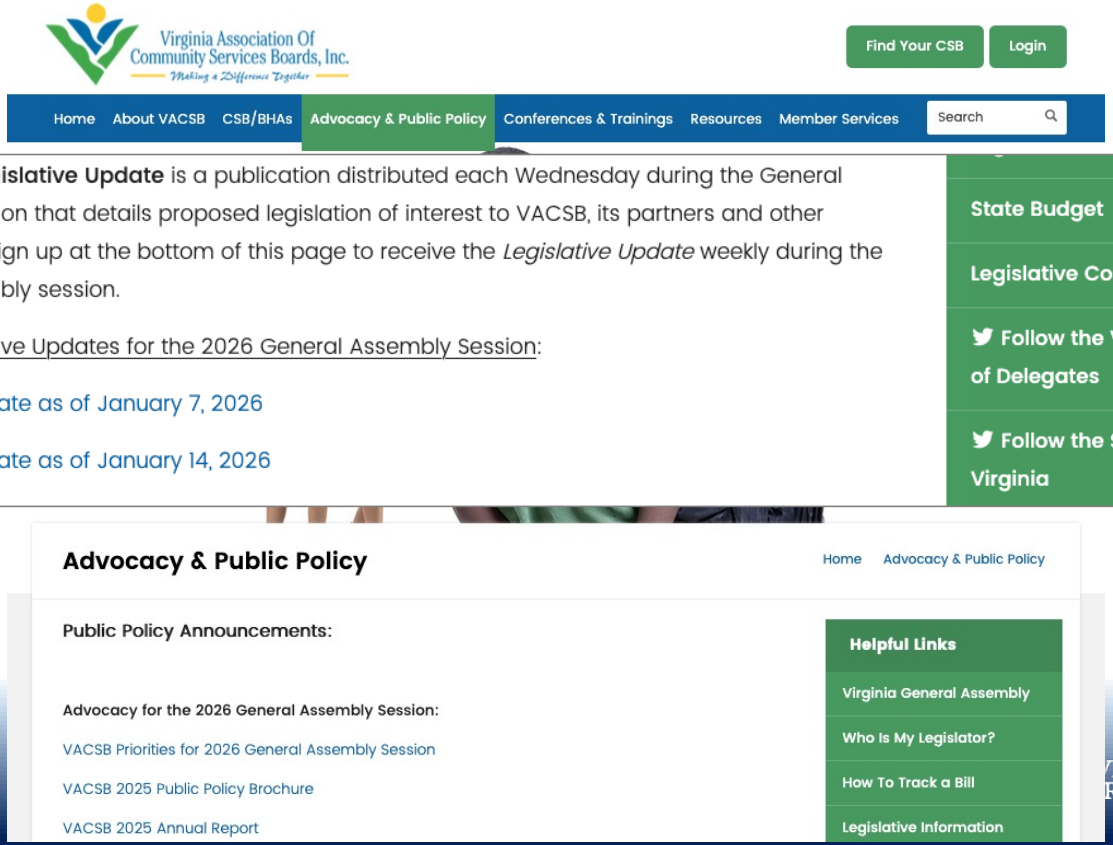
University of Virginia
Institute of Law, Psychiatry, and Public Policy

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

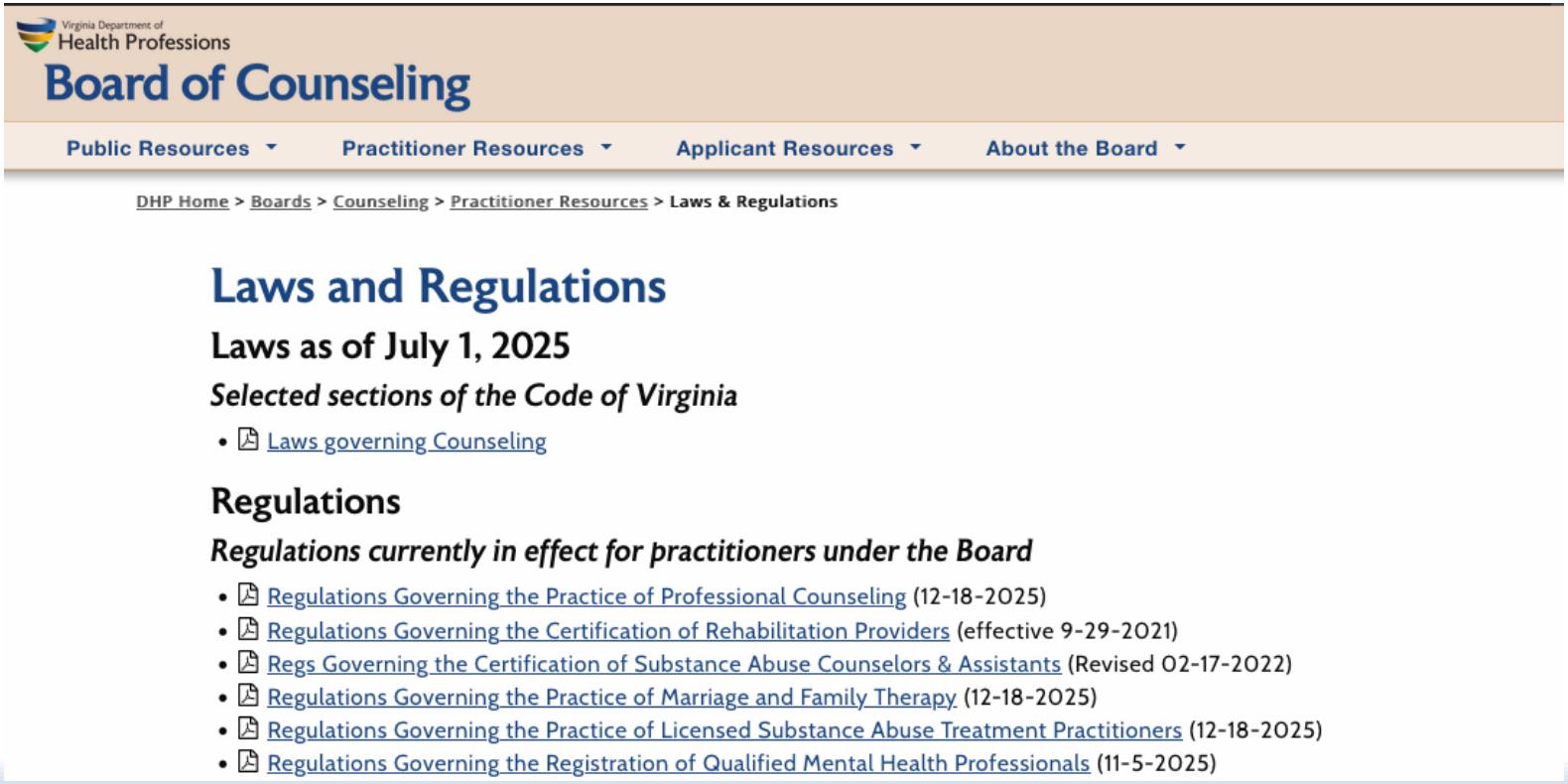


When the Law Changes

- Ethical practice entails staying apprised



When the Law Changes



Virginia Department of Health Professions

Board of Counseling

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, 2025

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 (12-18-2025)
- 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 (12-18-2025)
- Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners (12-18-2025)
- Regulations Governing the Registration of Qualified Mental Health Professionals (11-5-2025)

When the Law Changes

- Trainings like this one!

Substantial Risk Orders

- Civil court order
- Authorizes temporary removal of firearms
- Mental illness is not a criterion
- Due process required
  - Hearing, time-limited removal, appeal process

Virginia's Substantial Risk Orders

- SB 240 (2020)
  - Added to Title 19.2. Criminal Procedure:
    - § 19.2-152.13. Emergency substantial risk orders
    - § 19.2-152.14. Substantial risk orders
    - § 19.2-152.15. Return or disposal of firearms
    - § 19.2-152.16. False statement to law-enforcement officer, etc.; penalty
    - § 19.2-152.17. Immunity of law-enforcement officers, etc.; chapter not exclusive

Emergency Substantial Risk Order

House Bill 901
Senate Bill 495

- Effective July 1, 2026, people who can petition will include:
  - licensed professional counselor,
  - licensed clinical social worker,
  - licensed marriage and family therapist,
  - licensed clinical psychologist,
  - licensed clinical psychiatrist,
  - licensed psychiatric nurse practitioner,
  - psychiatric physician assistant,
  - psychiatric clinical nurse specialist,
  - doctor of medicine, doctor of osteopathy,
  - certified evaluator, designee of the local community services board,
  - immediate family or household member, intimate partner,
  - school administrator, or superintendent or superintendent's designee, who may be a representative from the threat assessment team established pursuant to § 22.1-79.4, of any school in which the person against whom the order is sought is currently enrolled or has been enrolled in the six months preceding the filing of such petition

Emergency Substantial Risk Order (cont.)

- In determining probable cause court shall:
  - consider any relevant evidence, including any recent act of violence, force, or threat …by such person directed toward another person or toward himself.*
- Upon finding probable cause, court shall issue an ex parte emergency substantial risk order

- No petition shall be filed unless an independent investigation has been conducted by law enforcement that determines that grounds for the petition exist.**

*Change effective July 1, 2026 (see next slide)

** As of July 1, 2026, the independent investigation requirement will be removed.

Emergency Substantial Risk Order (cont.)

- As of July 1, 2026, relevant evidence for court's consideration will include:
  1. Any recent act of violence, force, or threat by such person directed toward another person, himself, a group of persons, or a location;
  2. Any recent act of violence, force, or threat by the subject of the petition toward an animal;
  3. Any recent violation of any provision of a protective order…;
  4. Any order entered pursuant to [adult involuntary hospitalization code];
  5. Evidence of recent or ongoing abuse of controlled substances or alcohol; or
  6. Evidence of recent acquisition or attempted acquisition of firearms, ammunition, or deadly weapons.

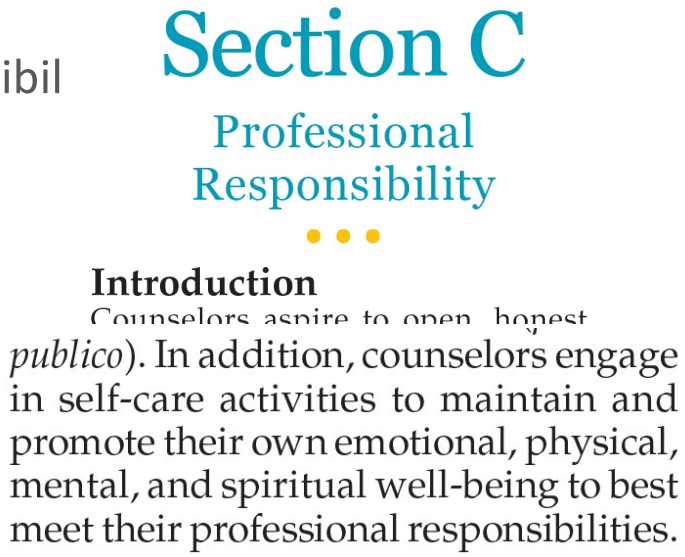
In Closing

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 Responsibil
- 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!

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www.UVaMentalHealthPolicy.org

www.ILPPP.org

www.VirginiaAdvanceDirectives.org