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If you are in an emergency situation, you should do one of the following:

1. Call 911
2. Go directly to an emergency room
3. Call your doctor or therapist for help
Agenda

1. Definition of ethics
2. Primary categories of ethical concern for peer specialists
3. Comparing peer specialist and clinician codes of ethics
4. Effective communication in advocating for change
5. Group review of real-world situations with the potential for ethical violations – determining ethical decision-making and potential actions to change policies and procedures
Learning objectives

Upon completion of this activity, participants should be able to:

1. Name five primary categories of ethical challenges for peer specialists.
2. Explain similarities and differences between clinician and peer specialist ethics.
3. Describe and apply a system peers can use to productively resolve ethical conflicts and change policies when needed.
PEER SUPPORT ETHICS: DOING THE RIGHT THING, MAKING CHANGE

SEPTEMBER 17, 2020
PEERS’ UNIQUE ROLE IN SUPPORTING RECOVERY AND WELLNESS

RESEARCH SHOWS THAT BENEFITS OF PEER SUPPORT MAY INCLUDE:

✓ AN INCREASED SENSE OF CONTROL AND ABILITY TO BRING ABOUT CHANGES IN [PEERS’] LIVES  (DAVIDSON, ET AL, 2012)
ETHICS ARE **NORMS FOR CONDUCT** THAT DISTINGUISH BETWEEN ACCEPTABLE AND UNACCEPTABLE BEHAVIOR
PEER SUPPORT ETHICAL CHALLENGES: PRIMARY CATEGORIES

• PRIVACY AND CONFIDENTIALITY
• BOUNDARIES AND DUAL RELATIONSHIPS
• INFORMED CONSENT
• COMPETENCE AND EXPERTISE
• CONTINUITY OF SERVICE

(REAMER, F., EYE ON ETHICS: THE CHALLENGE OF PEER SUPPORT PROGRAMS, SOCIAL WORK TODAY, VOL 15, NO. 4, 2015)
CERTIFIED PEER SPECIALIST CODE OF ETHICS
SOURCE: GEORGIA MENTAL HEALTH CONSUMER NETWORK

1. THE PRIMARY RESPONSIBILITY OF CERTIFIED PEER SPECIALISTS IS TO HELP INDIVIDUALS
   ACHIEVE THEIR OWN NEEDS, WANTS, AND GOALS. CERTIFIED PEER SPECIALISTS WILL BE GUIDED
   BY THE PRINCIPLE OF SELF-DETERMINATION FOR ALL.

2. CERTIFIED PEER SPECIALISTS WILL MAINTAIN HIGH STANDARDS OF PERSONAL
   CONDUCT. CERTIFIED PEER SPECIALISTS WILL ALSO CONDUCT THEMSELVES IN A MANNER THAT
   FOSTERS THEIR OWN RECOVERY.

3. CERTIFIED PEER SPECIALISTS WILL OPENLY SHARE WITH CONSUMERS AND COLLEAGUES THEIR
   RECOVERY STORIES FROM MENTAL ILLNESS AND WILL LIKewise BE ABLE TO IDENTIFY AND
   DESCRIBE THE SUPPORTS THAT PROMOTE THEIR RECOVERY.

4. CERTIFIED PEER SPECIALISTS WILL, AT ALL TIMES, RESPECT THE RIGHTS AND DIGNITY OF THOSE
   THEY SERVE.

5. CERTIFIED PEER SPECIALISTS WILL NEVER INTIMIDATE, THREATEN, HARASS, USE UNDUE
   INFLUENCE, PHYSICAL FORCE OR VERBAL ABUSE, OR MAKE UNWARRANTED PROMISES OF
   BENEFITS TO THE INDIVIDUALS THEY SERVE.

6. CERTIFIED PEER SPECIALISTS WILL NOT PRACTICE, CONDONE, FACILITATE OR COLLABORATE IN
   ANY FORM OF DISCRIMINATION ON THE BASIS OF ETHNICITY, RACE, SEX, SEXUAL ORIENTATION,
   AGE, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, POLITICAL BELIEF, MENTAL OR PHYSICAL
   DISABILITY, OR ANY OTHER PREFERENCE OR PERSONAL CHARACTERISTIC, CONDITION OR STATE.
7. Certified peer specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.

8. Certified peer specialists will respect the privacy and confidentiality of those they serve.

9. Certified peer specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Certified peer specialists will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.

10. Certified peer specialists will not enter into dual relationships or commitments that conflict with the interests of those they serve.

11. Certified peer specialists will never engage in sexual/intimate activities with the consumers they serve.

12. Certified peer specialists will not abuse substances under any circumstance.

13. Certified peer specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.

14. Certified peer specialists will not accept gifts of significant value from those they serve.
COMPARING PEER SPECIALIST AND CLINICIAN ETHICS

PEER SPECIALISTS

3. CERTIFIED PEER SPECIALISTS WILL OPENLY SHARE WITH CONSUMERS AND COLLEAGUES THEIR RECOVERY STORIES FROM MENTAL ILLNESS AND WILL LIKEWISE BE ABLE TO IDENTIFY AND DESCRIBE THE SUPPORTS THAT PROMOTE THEIR RECOVERY.

SOCIAL WORKERS*

1.04 COMPETENCE

(A) SOCIAL WORKERS SHOULD PROVIDE SERVICES AND REPRESENT THEMSELVES AS COMPETENT ONLY WITHIN THE BOUNDARIES OF THEIR EDUCATION, TRAINING, LICENSE, CERTIFICATION, CONSULTATION RECEIVED, SUPERVISED EXPERIENCE, OR OTHER RELEVANT PROFESSIONAL EXPERIENCE.

*SOURCE: NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS
COMPARING PEER SPECIALIST AND CLINICIAN ETHICS

PEER SPECIALISTS

2. CERTIFIED PEER SPECIALISTS WILL MAINTAIN HIGH STANDARDS OF PERSONAL CONDUCT. CERTIFIED PEER SPECIALISTS WILL ALSO CONDUCT THEMSELVES IN A MANNER THAT FOSTERS THEIR OWN RECOVERY.

SOCIAL WORKERS*

4.05 IMPAIRMENT

(A) SOCIAL WORKERS SHOULD NOT ALLOW THEIR OWN PERSONAL PROBLEMS, PSYCHOSOCIAL DISTRESS, LEGAL PROBLEMS, SUBSTANCE ABUSE, OR MENTAL HEALTH DIFFICULTIES TO INTERFERE WITH THEIR PROFESSIONAL JUDGMENT AND PERFORMANCE OR TO JEOPARDIZE THE BEST INTERESTS OF PEOPLE FOR WHOM THEY HAVE A PROFESSIONAL RESPONSIBILITY.

(B) SOCIAL WORKERS WHOSE PERSONAL PROBLEMS, PSYCHOSOCIAL DISTRESS, LEGAL PROBLEMS, SUBSTANCE ABUSE, OR MENTAL HEALTH DIFFICULTIES INTERFERE WITH THEIR PROFESSIONAL JUDGMENT AND PERFORMANCE SHOULD IMMEDIATELY SEEK CONSULTATION AND TAKE APPROPRIATE REMEDIAL ACTION BY SEEKING PROFESSIONAL HELP, MAKING ADJUSTMENTS IN WORKLOAD, TERMINATING PRACTICE, OR TAKING ANY OTHER STEPS NECESSARY TO PROTECT CLIENTS AND OTHERS.

SOURCE: NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS
COMPARING PEER SPECIALIST AND CLINICIAN ETHICS

PEER SPECIALISTS

13. CERTIFIED PEER SPECIALISTS WILL KEEP CURRENT WITH EMERGING KNOWLEDGE RELEVANT TO RECOVERY, AND OPENLY SHARE THIS KNOWLEDGE WITH THEIR COLLEAGUES.

SOCIAL WORKERS*

4.01 COMPETENCE

(A) SOCIAL WORKERS SHOULD ACCEPT RESPONSIBILITY OR EMPLOYMENT ONLY ON THE BASIS OF EXISTING COMPETENCE OR THE INTENTION TO ACQUIRE THE NECESSARY COMPETENCE.

(B) SOCIAL WORKERS SHOULD STRIVE TO BECOME AND REMAIN PROFICIENT IN PROFESSIONAL PRACTICE AND THE PERFORMANCE OF PROFESSIONAL FUNCTIONS. SOCIAL WORKERS SHOULD CRITICALLY EXAMINE AND KEEP CURRENT WITH EMERGING KNOWLEDGE RELEVANT TO SOCIAL WORK. SOCIAL WORKERS SHOULD ROUTinely REVIEW THE PROFESSIONAL LITERATURE AND PARTICIPATE IN CONTINUING EDUCATION RELEVANT TO SOCIAL WORK PRACTICE AND SOCIAL WORK ETHICS.

SOURCE: NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS
COMPARING PEER SPECIALIST AND CLINICIAN ETHICS

SOCIAL WORKERS*

3.09 COMMITMENTS TO EMPLOYERS

(A) SOCIAL WORKERS GENERALLY SHOULD ADHERE TO COMMITMENTS MADE TO EMPLOYERS AND EMPLOYING ORGANIZATION.

(C) SOCIAL WORKERS SHOULD TAKE REASONABLE STEPS TO ENSURE THAT EMPLOYERS ARE AWARE OF SOCIAL WORKERS' ETHICAL OBLIGATIONS AS SET FORTH IN THE NASW CODE OF ETHICS AND OF THE IMPLICATIONS OF THOSE OBLIGATIONS FOR SOCIAL WORK PRACTICE.

(D) SOCIAL WORKERS SHOULD NOT ALLOW AN EMPLOYING ORGANIZATION'S POLICIES, PROCEDURES, REGULATIONS, OR ADMINISTRATIVE ORDERS TO INTERFERE WITH THEIR ETHICAL PRACTICE OF SOCIAL WORK. SOCIAL WORKERS SHOULD TAKE REASONABLE STEPS TO ENSURE THAT THEIR EMPLOYING ORGANIZATIONS' PRACTICES ARE CONSISTENT WITH THE NASW CODE OF ETHICS.

(E) SOCIAL WORKERS SHOULD ACT TO PREVENT AND ELIMINATE DISCRIMINATION IN THE EMPLOYING ORGANIZATION'S WORK ASSIGNMENTS AND IN ITS EMPLOYMENT POLICIES AND PRACTICES.

PEER SPECIALISTS

???

SOURCE: NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS
LET’S TAKE A LOOK …

YOUR EXPERIENCES
WHEN FACED WITH ETHICAL DILEMMAS
POSED BY ORGANIZATIONAL POLICIES
ADVOCATING FOR POLICY AND PROCEDURE CHANGE

1. OBSERVE AND AFFIRM THE OTHER’S POSITION, VALUES, AND CONCERNS

2. RELATE THE OTHER’S POSITION, VALUES, AND CONCERNS TO YOUR EXPERIENCES

3. OFFER A “WE” STATEMENT THAT ACKNOWLEDGES THE COMMON GROUND AND PROMOTES PARTNERSHIP IN CREATING ANOTHER WAY OF DOING THINGS

ADAPTED FROM THE PROCESS OF EFFECTIVE COMMUNICATION IN SITUATIONS WITH POTENTIAL CONFLICT, APPALACHIAN CONSULTING GROUP, INC.
LET’S LOOK AT SOME ETHICAL DILEMMAS

KEEP IN MIND:

1. WHO IS INVOLVED IN THE SITUATION, AND WHAT ARE THEIR CONCERNS?

2. HOW CAN I AFFIRM THE OTHER PARTY’S (OR PARTIES’) CONCERNS WHEN ADDRESSING THE SITUATION?

3. HOW CAN I RELATE THESE CONCERNS TO MY PEER SPECIALIST ETHICS AND MY OWN LIVED RECOVERY EXPERIENCE?

4. HOW CAN I ACT TO CREATE A PLAN FOR CHANGE BASED ON A WIN-WIN PARTNERSHIP?

ADAPTED FROM THE PROCESS OF EFFECTIVE COMMUNICATION IN SITUATIONS WITH POTENTIAL CONFLICT, APPALACHIAN CONSULTING GROUP, INC.
ETHICAL DILEMMA 1

AGENCY POLICY PROHIBITS ACCEPTING ANY GIFTS FROM CLIENTS. YOUR AGENCY SERVES MANY NATIVE AMERICANS, AND YOU KNOW THAT THEY PLACE A HIGH VALUE ON GIVING AND SHARING. REJECTING A GIFT IS SEEN AS REJECTING THE GIVER. THERE HAVE BEEN HARD FEELINGS AND MISUNDERSTANDINGS WHEN STAFF HAVE REFUSED GIFTS IN THE PAST. FEWER NATIVE AMERICANS ARE COMING TO YOUR AGENCY FOR SERVICES, AND YOU SUSPECT THIS IS THE REASON. YOU BELIEVE THE GIFTS POLICY NEEDS TO BE CHANGED.

• WHAT ETHICAL PRINCIPLE IS AT STAKE?
• HOW DO YOU PROCEED?
ETHICAL DILEMMA 2

You completed Peer Specialist training and earned State Certification. You were hired by the ABC organization to provide Peer Support services and love your job, but the demand for these services is overwhelming. At a staff meeting, the Program Manager announces that John Doe, a former agency client, will begin providing Peer Support services for ABC next month. You know that John is not a certified Peer Specialist and ask your supervisor about this. She says that John is a great guy and familiar with the organization, and everyone feels he will be a good addition to the staff. She notes the need for more Peer Support services capacity and asks why you are concerned.

• What ethical principle is at stake?
• How do you proceed?
ETHICAL DILEMMA 3

YOU ARE A PEER SPECIALIST WHO IS STRONGLY OPPOSED TO INCREASED REGULATION OF GUN OWNERSHIP. YOU WORK FOR AN AGENCY WHERE MOST OF YOUR CO-WORKERS HOLD MORE LIBERAL POINTS OF VIEW. A PERSON DIES FROM GUNFIRE IN YOUR COMMUNITY, AND YOUR AGENCY BOARD OF DIRECTORS PLANS TO PUBLISH A STATEMENT VIA LOCAL MEDIA CALLING FOR STRICTER GUN REGULATION MEASURES. ALL EMPLOYEES ARE ASKED TO CIRCULATE THIS STATEMENT VIA THEIR PERSONAL SOCIAL MEDIA ACCOUNTS AND ENCOURAGE THEIR FRIENDS AND FAMILY TO SUPPORT THE STATEMENT.

• WHAT ETHICAL PRINCIPLE IS AT STAKE?
• HOW DO YOU PROCEED?
ETHICAL DILEMMA 4

YOUR AGENCY IS OPEN MONDAY-FRIDAY, 9 AM - 5 PM, AND ONE SATURDAY MORNING PER MONTH. MANY OF THE CLIENTS NOW SERVED BY YOUR OFFICE WORK FIRST SHIFT, ENTRY-LEVEL JOBS AT A LOCAL FACTORY AND CAN ONLY BE SEEN FOR APPOINTMENTS LATE IN THE DAY OR ON SATURDAYS. YOUR AGENCY IS LOCATED FAR AWAY FROM THE FACTORY, AND MOST WORKERS DEPEND ON THE UNRELIABLE REGIONAL BUS SERVICE FOR TRANSPORTATION TO AND FROM YOUR AGENCY. THERE ARE NOT ENOUGH APPOINTMENT SLOTS TO MEET DEMAND, AND THIS HAS RESULTED IN WEEKS-LONG DELAYS TO BE SEEN. YOU SEE THE NEED FOR CHANGES TO BE MADE TO ACCOMMODATE CLIENTS.

• WHAT ETHICAL PRINCIPLE IS AT STAKE?
• HOW DO YOU PROCEED?
Questions and discussion

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Bibliography

Lisa Goodale, MSW

Lisa Goodale is a social worker and healthcare consultant with special expertise in mental health, peer support services, and healthcare integration. She currently consults with Westat and serves as Training Maven/Senior Director with Humannovations, Inc. Goodale was a long-time senior staff member for the Depression and Bipolar Support Alliance (DBSA) national headquarters where her experience included spearheading a nationally-recognized peer specialist training program, preparing people living successfully with mental health conditions to support the recovery of their peers. She played a lead role in securing and managing a groundbreaking national peer specialist training and certification contract with the Department of Veterans Affairs.

Goodale’s research experience includes:
- Co-Investigator, Pilot Trial of Peer Support for Bipolar Disorder; Group Health Cooperative/Center for Health Studies/Center for Intervention and Services Research; Gregory Simon, Ph.D., Principal Investigator; National Institute of Mental Health (Grant R34 MH073605)
- Expert Panel Member, Peer Specialist Services in the VA: Fidelity of Implementation; VISN 4 MIRECC; Matthew Chinman, Ph.D., Investigator

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