

Ethically Navigating Policies and Laws Restricting Self-Determination

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Disclosures

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There are no financial disclosures related to this presentation

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Learning Objectives

At the conclusion of this activity, participants will be able to:

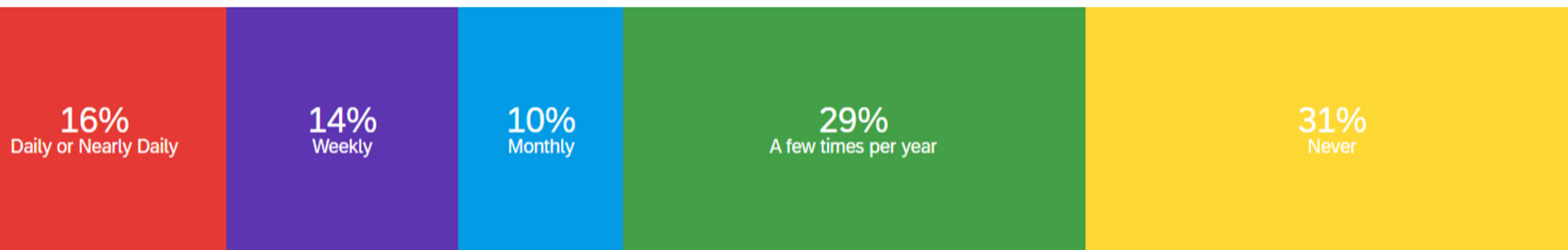
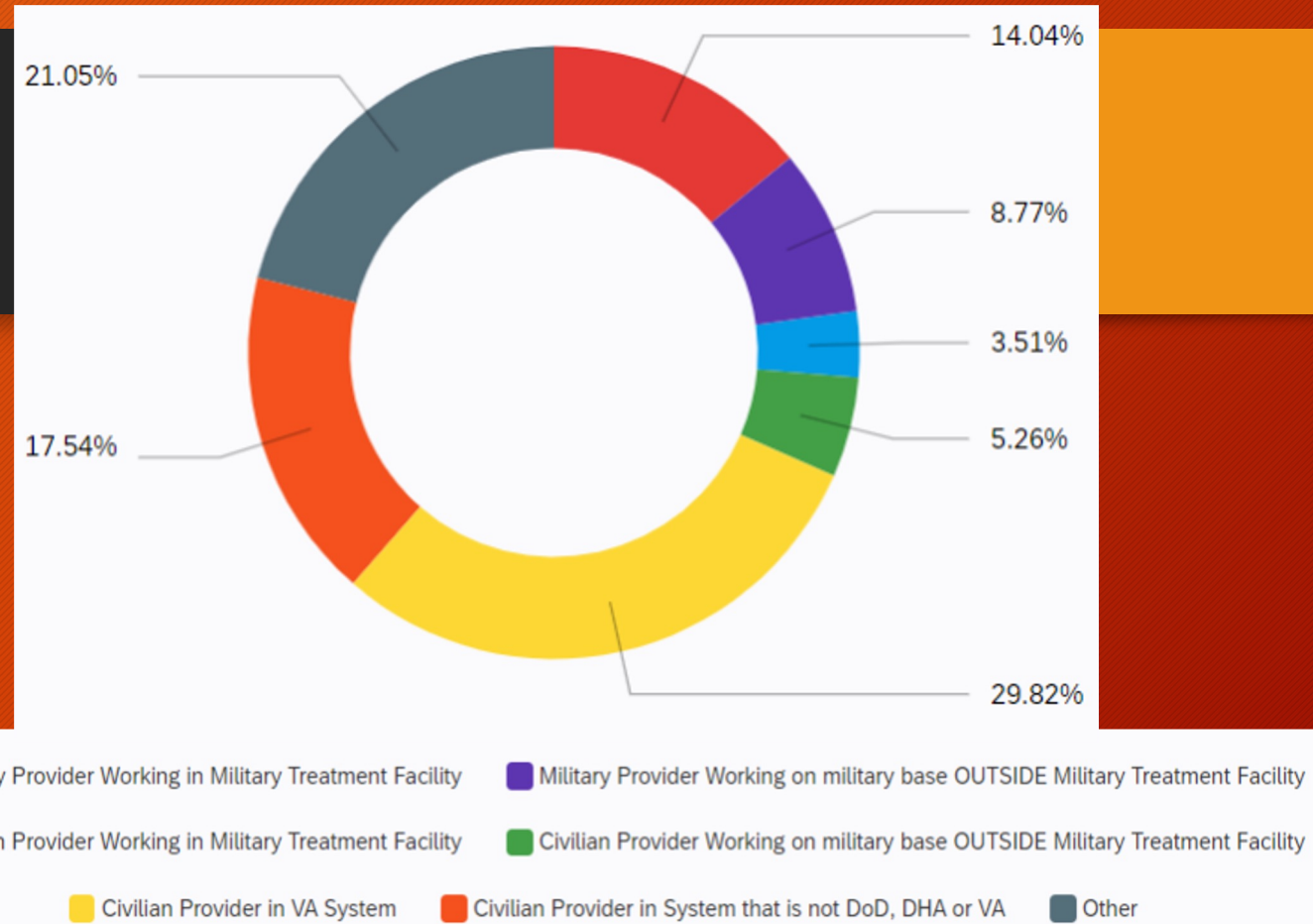
1. Identify values, policies, and laws that risk restricting clients' self-determination
2. Reference professional ethical resources to guide decision-making
3. Engage in intentional consultation to improve insight, gather multiple/different perspectives, determine organizational or legal implications, and evaluate options' fit within professional ethics
4. Develop goals to most effectively navigate future ethical challenges

Poll Review

- n = 59
- 79% female

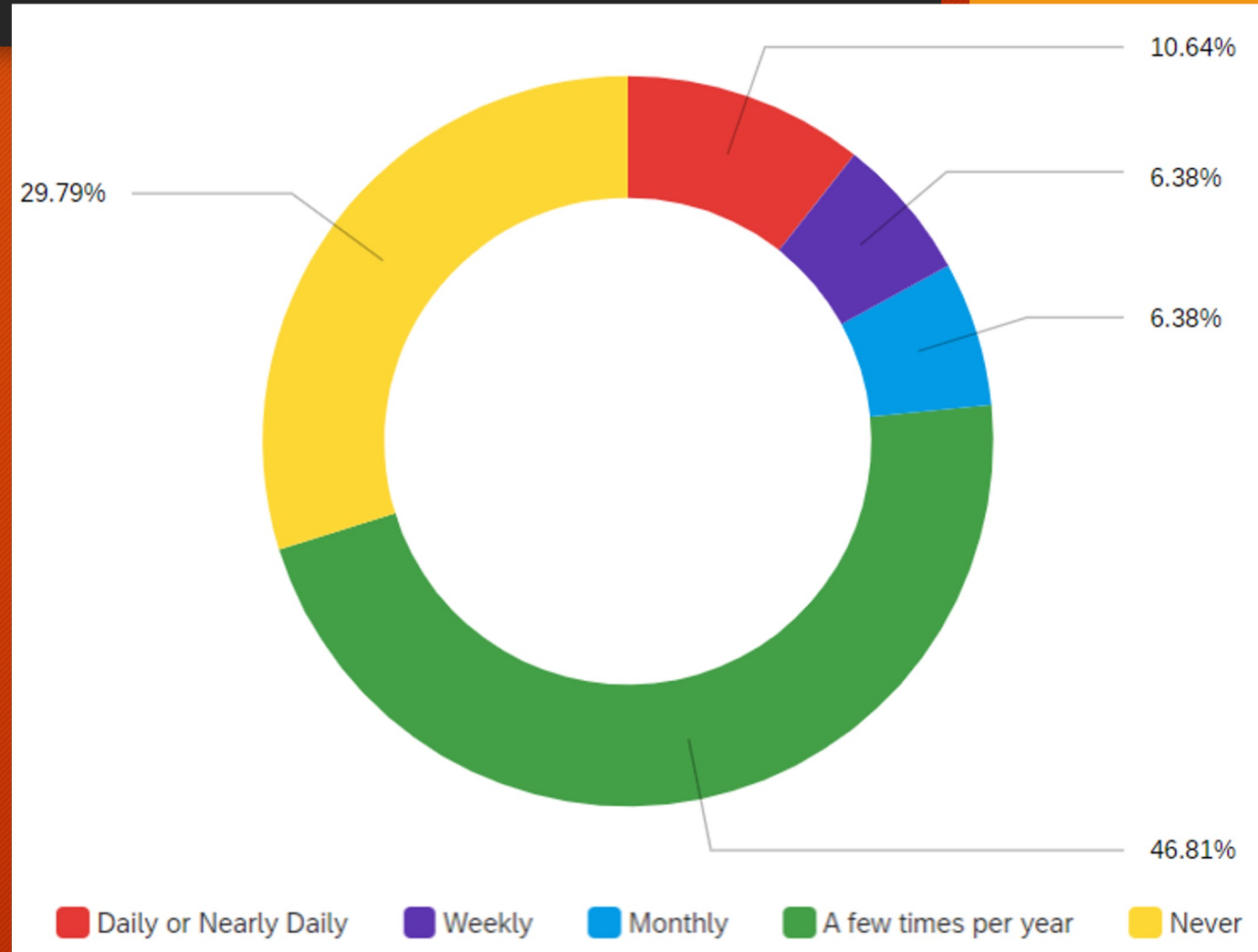
In your current organization, how frequently have you experienced policies that restrict your clients' right to self-determination?

- A broad range of clinical practice settings:



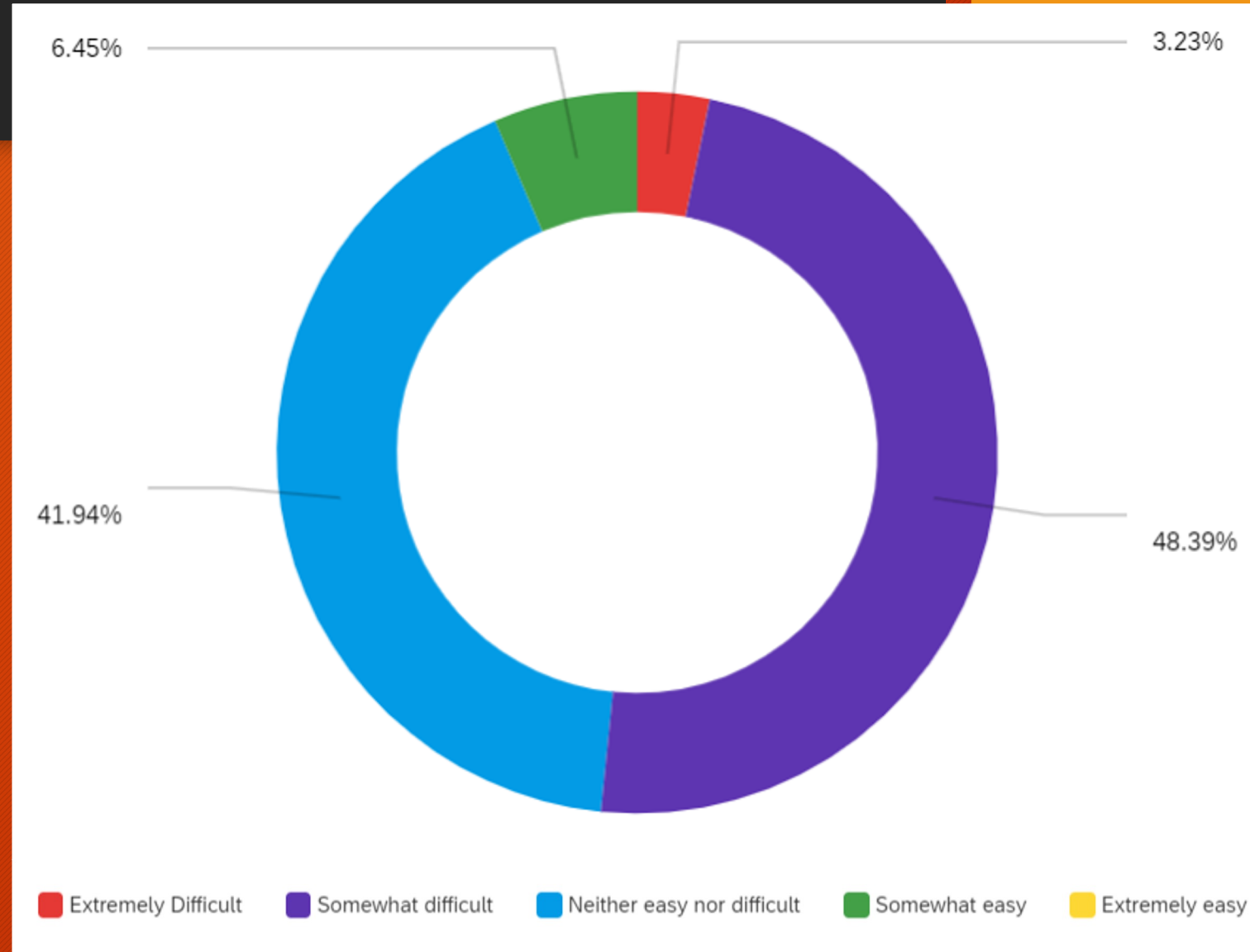
■ Daily or Nearly Daily ■ Weekly ■ Monthly ■ A few times per year ■ Never

How Frequently Federal or State Laws Restrict Self-Determination



Poll Review

- *Considering the most common (or recent) situation in which your organization's policies restricted clients' rights to self-determination, please rate your degree of ease or difficulty of delivering care in that situation:*



Warm Up Poll

🌐 When poll is active, respond at Pollev.com/erikaking296

📱 Text **ERIKAKING296** to **22333** once to join

A veteran who is currently homeless, has a history of suicide attempts, and appears under the influence. The veteran is coherent, but also appears to be responding to internal stimuli (potentially voices or images) though he denies it. When asked about suicide risk, the veteran reports SI with plan, but refused to answer whether he has imminent desire for suicide. He reports access to means (admitting overdose is a means he's utilized in the past -- if "shit doesn't quit bothering me"). When discussing the option of voluntary hospitalization, he becomes guarded and requests to leave stating, "I never wanted to come here and I said I don't want to die; I just want it all to stop. Let me be."

Should the provider involuntarily hospitalize this veteran?

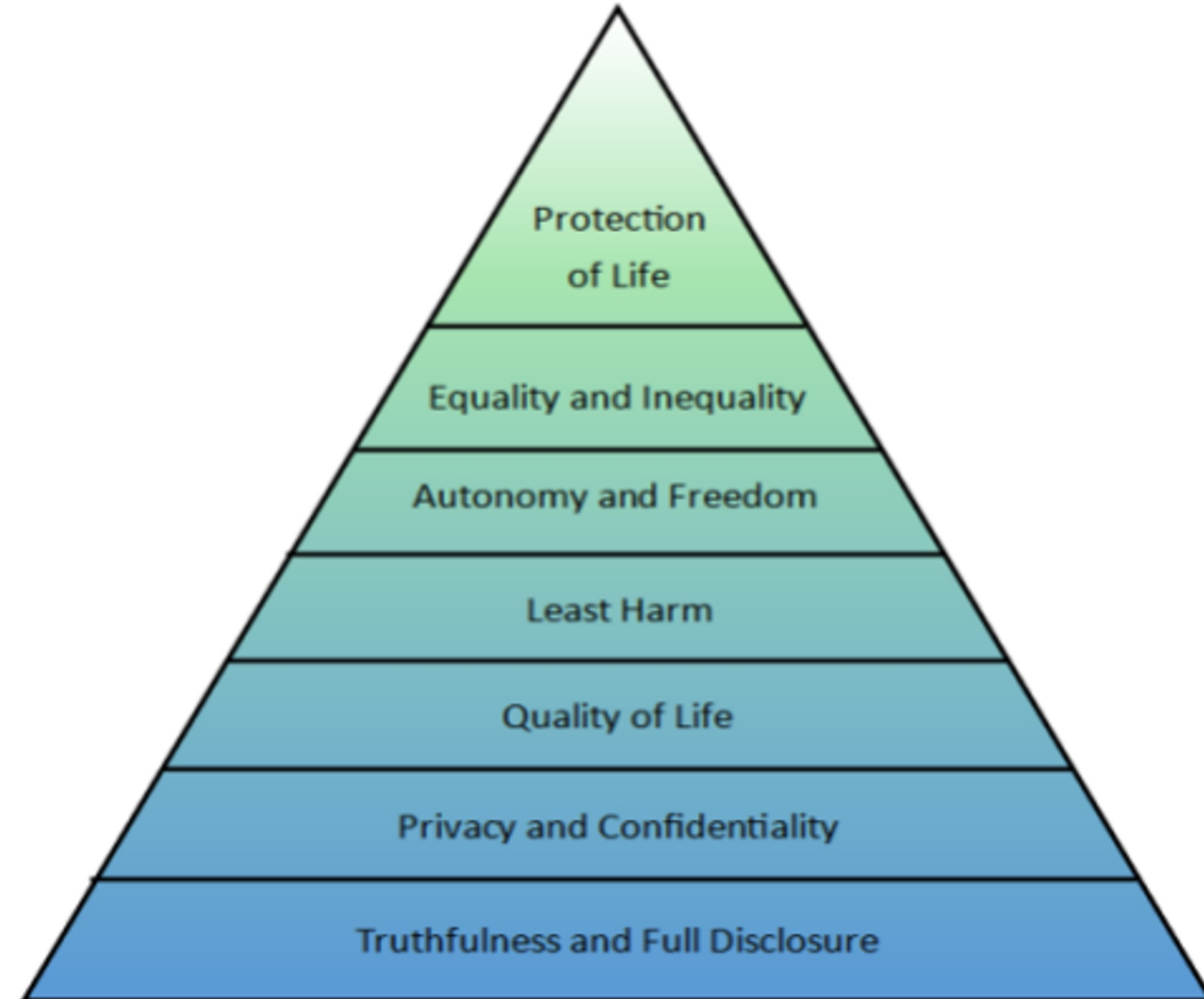
A. Yes

B. No

C. I don't know

Poll Everywhere Results

Ranking Ethical Principles of Priority



Dolgoff, Loewenberg, & Harrington (2005).

Role Strain Theory (Goode, 1960)

- In life, various roles conflict - that's normal.
- We negotiate to fulfill each/all role obligations.
- More institutionalized roles carry heavier pressures to fulfill and perform.
- When we prioritize one role over another we usually experience discomfort.
 - Often conflicting values, pressure from others.
- We adjust energies and skills to reduce strain to bearable levels.
- Over time, we develop fairly consistent role allocation patterns
- We cannot perform to our full satisfaction in any strained role.
 - We adjust when role system changes and/or strains occur (e.g., marry, PCS).
- Constant strain leads to role pattern changes OR accepting ongoing role conflict.

Moral Distress/Injury May Occur When...

- In Servicemembers (Shay, 1994; Litz et al., 2009; Brock & Lettini, 2011):
 - Member perpetrates a transgressive act or betrays a moral or ethical code
 - Member bears witness to or fails to prevent someone else from perpetrating a transgressive act
 - Member is betrayed by persons of authority or witnesses someone in authority betray their moral code
- In healthcare (Jameton, 1984; Dean et al., 2019; Ozeke et al., 2019; Wu, 2000)
 - A provider violates their code of ethics and/or Hippocratic Oath to put patients first and “do no harm” due to system constraints
 - A provider becomes a “second victim” following a serious adverse event with a client

Connecting the Dots

- Personal experiences, values, organizational policies, state/federal laws, and role strain all influence ethical decision making
- When we feel compelled to act in ways that are incongruous with our values, risk for moral distress/injury increases
- Intentional reflection and consultation can improve our ethical decision making
 - With proper support, providers can experience growth amid straining situations
 - Without proper support, providers may experience distress, burnout or moral injury

Small Group Breakout with Vignettes

Read the vignette and then:

1. Individually:

- a. Identify values, policies, and laws that risk restricting clients' self-determination
- b. Determine how you would respond to this situation as a clinician.

2. As a group discuss:

- Which ethics are at play? Personal, Organizational, Legal?
- Are there differences between group members' approaches?
- Consult with others who would take a different approach than you.

Ethical Checklist (Wallace & Pekel, 2002)

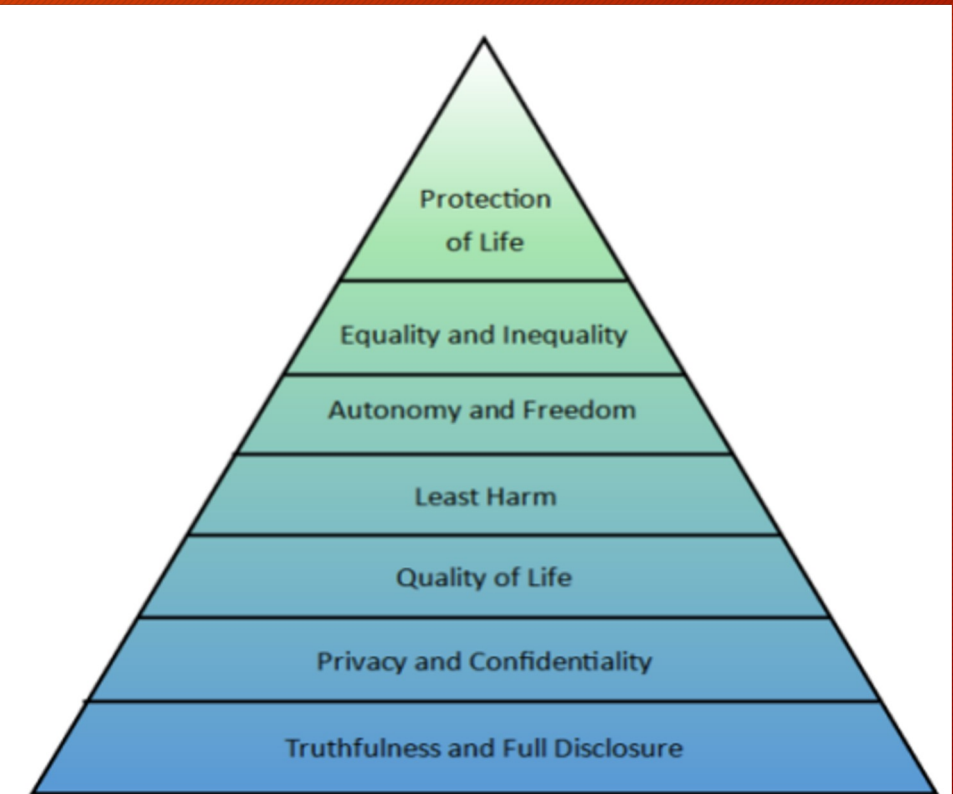
Read each item and rank it on the scale of 1-5 (1 = not at all, 5 = totally yes).

- 1. Relevant Info Test.** Have I obtained as much info as possible to make an informed decision & action plan?
- 2. Involvement Test.** Have I involved all who have a right to input and/or involvement in this decision/plan?
- 3. Consequential Test.** Have I anticipated and attempted to address the consequences of this decision/plan?
- 4. Fairness Test.** If acting on behalf of stakeholders, would I perceive this decision/plan to be fair?
- 5. Enduring Values Test.** Does this decision/plan uphold my priority values that are relevant to this situation?
- 6. Universality Test.** Would I want this decision/plan to become applicable to similar situations/to myself?
- 7. Light-of-Day Test.** How would I feel and be regarded by others (working associates, family, etc.) if the details of this decision/plan were disclosed?

- 1-4 Not confident
- 5-14 Somewhat confident
- 15-21 Somewhat confident
- 22-28 Quite confident
- 29-35 Very confident

Small Group Breakout - Practice Consultation

- One member describe a complex scenario they or a teammate faced.
- Other members serve as consultants.
 - You may reference the pyramid, organizational rules, or any other resources you typically use in your ethical decision-making



Dolgoff, Loewenberg, & Harrington (2005).

Large Group Discussion

- What did it feel like hearing the scenario?
- What values or experiences influenced your reaction?
- What strategies did you find yourself and others using as consultants that worked well?
- What strategies felt helpful as a consultee?



Check Yourself

- Recognize indicators you're facing an ethical dilemma
- Assess if you are experiencing Role Strain, Moral Distress, or PMIE
 - How do these impact your care delivery?
- Identify values, policies and laws that risk restricting clients' self-determination
- Reference available tools: Ethical Decision-Making Framework
 - Ex: MCSW Ethical Checklist

Individual Goals

Consider what you and others identified as helpful during your consultation exercise.

1. What main concepts, strategies or perspectives resonated with you?
2. How will you incorporate this into your clinical and/or leadership practice?
3. Develop a SMART goal or implementation plan

Key Takeaways

- Most clinicians face ethical dilemmas with organizational policies or laws affecting clients' self determination at least a few times each year.
- Difficulty in navigating these situations is a sign of performing ethically.
- Consult & support others during ethically difficult situations is a needed skill.
- We encourage you to develop an intentional personal consultation practice:
 - Normalize both ethical challenges and role strain for yourself and others
 - Recognize risks of enduring role strain, including moral distress and moral injury
 - Identify tools/resources for navigating ethically complex situations that work for you

JUST BECAUSE
YOU'RE TRASH
DOESN'T MEAN
YOU CAN'T DO
GREAT THINGS.

IT IS CALLED
GARBAGE CAN,
NOT GARBAGE
CANNOT.



Questions?