

# Organizational Ethics in the SUD Treatment Field

## Navigating the Gap Between Individual and Organizational Accountability

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# INTRODUCTIONS AND PERMISSIONS

- **About us**
- **Why this training?**
- **Questions...?**
- **Interactive**

# TODAY'S JOURNEY

- Introduction and Foundations
- From Mission to Operations
- Ethical Hotspots in SUD Treatment

## **BREAK (10 min)**

- Ethical Decision-Making Framework
- Individual vs. Organizational Ethics Conflicts
- Building Ethical Infrastructure
- Organizational Ethics Audit

## **BREAK (10 min)**

- Action Planning & Advocacy
- Peer Consultation Practice
- Closing & Commitments

# WHAT YOU WILL GAIN TODAY

- 1) Describe organizational ethics and differentiate between them and individual professional ethics.
- 2) Distinguish between professional scope of practice and individual scope of competence and identify the unique scope considerations in addiction treatment settings
- 3) Analyze organizational and systemic pressures that compromise scope adherence and articulate the legal, ethical, and clinical risks
- 4) Apply a structured decision-making framework to evaluate scope-related ethical dilemmas in real-time
- 5) Demonstrate effective communication strategies for maintaining competence boundaries with supervisors, colleagues, and administrators
- 6) Develop supervision and consultation models that support competence development while protecting clients

# OPENING REFLECTION

**Think of an organization you have admired.**

**What made it ethical in your eyes?**

## A TOO COMMON COMPLAINT...

**Have you ever worked somewhere that pressured you to do something that conflicted with your professional values?**



Show of hands

## A TOO COMMON COMPLAINT...

Have you ever worked somewhere that pressured you to do something that conflicted with your professional values?

***YOU ARE NOT ALONE!***

# WHAT ARE ORGANIZATIONAL ETHICS?

Organizational ethics represent the collective values, principles, and standards that guide how an entity operates at every level—from boardroom decisions to front-line service delivery.

**Unlike individual ethics, organizational ethics are:**

- **Systemic and structural**
- **Embedded in policies and culture**
- **Reflected in resource allocation**
- **Demonstrated through leadership behavior**

# INDIVIDUAL PROFESSIONAL ETHICS

Licensed/credentialed professionals are bound by **mandatory, enforceable** codes:

- American Counseling Association (ACA)
- American Psychological Association (APA)
- National Association of Social Workers (NASW)
- NAADAC
- Pennsylvania Certification Board (and other state boards)

**Violations = License revocation, sanctions, loss of credentials**



**You** are personally accountable



# ORGANIZATIONAL ETHICS

**Organizations are NOT bound by any mandatory ethics code**

- **No external enforcement body**
- **No licensing board for organizations**
- **No mandatory ethics compliance**
- **Organizations must choose to be ethical**

# WHEN WORLDS COLLIDE

**Individual practitioners MUST follow ethics codes**



**CONFLICT**

**Organizations CAN operate without them**



**RESULT**

**Licensed staff caught in the middle**

**You can risk your license OR risk your job—but not both**

# BUILDING BLOCKS OF ETHICAL ORGANIZATIONS

- **Mission and vision alignment** — Actions match stated values
- **Stakeholder accountability** — Clients, staff, community, funders
- **Transparency and openness** — Honest communication
- **Justice and equity** — Fair treatment for all
- **Financial integrity** — Ethical use of resources
- **Quality over profit** — Care comes first



# WHAT DIFFERENTIATES SUD TREATMENT

- **Vulnerable populations with trauma and marginalization**
- **Complex funding streams (insurance, Medicaid, grants, private pay)**
- **Persistent stigma and public perception challenges**
- **High staff burnout and turnover**
- **Pressure to meet census requirements**
- **Tension between clinical best practices and business sustainability**
- **Risk of exploitation in for-profit models**

# THE STAKES ARE HIGH...

## CLIENTS

- Safety and dignity
- Effective treatment
- Protection from exploitation

## STAFF

- License protection
- Professional integrity
- Job security vs. ethics

## ORGANIZATION

- Legal liability
- Reputation and trust
- Long-term sustainability

# FROM MISSION TO OPERATIONS

*How Values Cascade Through Organizations*

# HOW ETHICS FLOW



# MISSION AS NORTH STAR

- Defines **WHY** the organization exists
- Guides decision-making at all levels
- Holds leadership accountable
- Differentiates ethical from unethical choices

*"When mission and profit conflict, which wins in your organization?"*

# REAL LIFE EXAMPLE



## OUR MISSION

**We who recognize God's providence and fidelity to His people are dedicated to living out His covenant among ourselves and those children we serve, with absolute respect and unconditional love.**

**That commitment calls us to serve suffering children of the street, and to protect and safeguard all children. Just as Christ in His humanity is the visible sign of God's presence among His people, so our efforts together in the covenant community are a visible sign that effects the presence of God, working through the Holy Spirit among ourselves and our kids.**

# CASE STUDY: Serenity Hills Recovery Center

## Mission Statement:

"We provide compassionate, evidence-based care to all individuals seeking recovery, regardless of ability to pay."

## Recent Changes:

- New policy: 50% upfront payment for uninsured clients
- Marketing shifted to high-end private pay only
- Scholarship program budget cut 75%
- Staff bonuses tied to census numbers, not outcomes

# SMALL GROUP DISCUSSION

## Questions:

- 1) Where do you see misalignment between mission and practice?
- 2) What organizational factors might drive these changes?
- 3) How would you address this as a staff member? As a leader?
- 4) What are potential consequences for clients, staff, and the organization?

# WHAT THIS TELLS US

- **Mission drift occurs gradually** through incremental decisions
- **Financial pressures do not justify** abandoning core values
- **Leadership must actively reinforce** mission alignment
- **Staff notice disconnects** before leadership does
- **Ethical organizations find creative solutions** vs. compromising values



# RED FLAGS TO WATCH FOR

- **Policies contradict stated values**
- **"Business necessity" routinely overrides mission**
- **Leadership can't articulate mission without looking it up**
- **New initiatives selected for revenue, not mission fit**
- **Staff cynicism about mission statements**
- **Declining morale and turnover**
- **Client complaints increase**



# QUICK SELF-ASSESSMENT

*Reflect on your organization:*

- Can you recite your organization's mission from memory?
- When was the last time it was referenced in a meeting?
- Do resource allocation decisions cite mission alignment?
- Has your organization declined an opportunity because it didn't fit the mission?



# ETHICAL HOTSPOTS IN SUD TREATMENT

*Where Organizations Most Commonly Go Wrong*

# HOTSPOT #1: Financial Management

## ✓ Ethical Practices

- Transparent billing and fees
- Appropriate grant use
- Reasonable executive pay
- Investment in staff development
- Reasonable profit margins

## Red Flags

- Incentivizing unnecessary services
- Hidden fees/surprise billing
- Excessive executive compensation
- Inadequate supervision investment
- Admitting inappropriate clients



# THE MONEY QUESTION



*"Can an organization be financially successful AND ethically sound?"*

# HOTSPOT #2: Marketing and Admissions

## ✓ Ethical Practices

- Honest service representation
- Appropriate client matching
- Transparent admissions criteria
- Truthful success rates
- Ethical testimonials (full consent)

## Red Flags

- Misleading success claims
- High-pressure sales tactics
- Patient brokering/  
kickbacks
- Inappropriate admissions
- Exploiting vulnerability

# THE ETHICS TEST FOR MARKETING

## *Ask yourself:*

- Would I want my own family member recruited this way?
- Does this claim reflect actual outcomes?
- Are we being fully honest about limitations?
- Does this exploit fear or desperation?
- Would I be proud to defend this publicly?

# HOTSPOT #3: Programming and Clinical

## ✓ Ethical Practices

- Evidence-based modalities
- Adequate staffing ratios
- Appropriate credentialing
- Full informed consent
- Client *autonomy*
- Culturally responsive services

## ⚠ Red Flags

- Insufficient sessions
- Inadequate medical supervision
- Unrealistic caseloads
- Cookie-cutter treatment
- Punitive relapse response
- Insufficient discharge planning

# WHAT "ADEQUATE STAFFING" MEANS

## Compliant Caseloads:

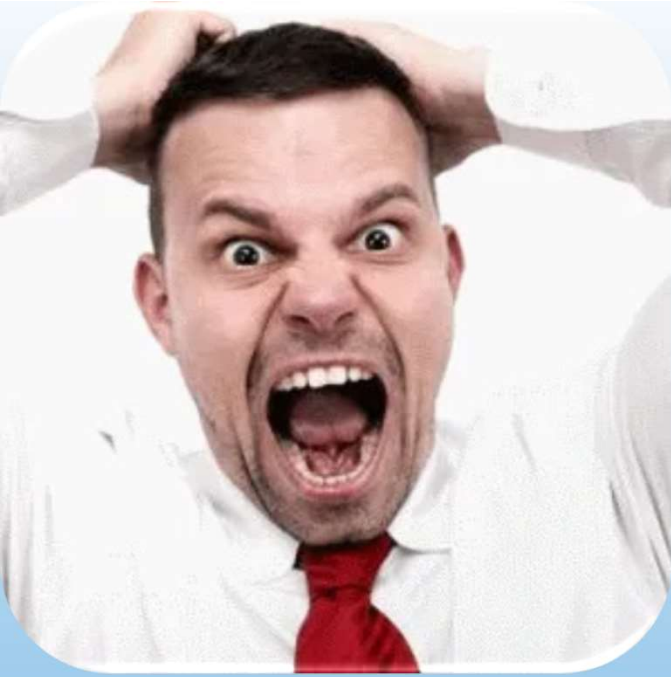
- Inpatient counselor: 8 active clients
- Partial hospitalization: 10 active clients
- Outpatient counselor: 35 active clients
- Case manager: 15-20 clients
- Group therapist: 8-12 per group
- Clinical supervisor: 8 supervisees (28 Pa. Code § 704.6)

28 Pa. Code § 704.12. Full-time equivalent (FTE) maximum client/staff and client/counselor ratios

Retrieved from: <https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/chapter704/s704.12.html>



**REMEMBER....**



**If everyone is drowning, no one is providing quality care!**



# HOTSPOT #4: Workforce Ethics

## ✓ Ethical Practices

- Fair compensation
- Reasonable workloads
- Robust supervision
- Professional development
- Anti-discrimination policies
- Support for staff in recovery
- Protection of ethics codes

## ⚠ Red Flags

- Exploiting staff in recovery
- Chronic understaffing
- Whistleblower retaliation
- Pressure to compromise judgment
- Inadequate supervision
- Policies conflicting with codes

# WHEN YOUR JOB DEMANDS THE UNETHICAL

**Scenario:** A licensed counselor is told to discharge a client after 30 days because insurance authorization ended, even though clinical assessment shows high relapse risk and need for continued care.

*The ACA Code (A.1.a) requires counselors to "honor dignity and promote welfare of clients."*

## QUESTIONS:

- What are the counselor's obligations?
- What are the organization's?
- Who is liable if harm results?



# YOU **CANNOT** HIDE BEHIND POLICY

*"I was just following organizational policy"  
is NOT a defense before your licensing board*

- Your ethics codes hold YOU personally accountable
- You can lose your license even if following boss's orders
- Document when organizational demands conflict with ethics
- You may need to refuse to comply
- Know your whistleblower protections

# FOUR KEY AREAS OF RISK

**Financial Management**

“Following the money”

**Marketing & Admissions**

“Promises and pressure”

**Clinical Programming**

“Quality vs. Quantity”

**Workforce Ethics**

“Protecting the protectors”



# Where Does Your Organization Fall?

Think about your own organization.  
Which hotspot area concerns you most?



# 10-Minute Break



NETWORK



STRETCH



REFLECT

# The ETHICS Model

*A Framework for Navigating  
Organizational Dilemmas*

# SIX STEPS TO ETHICAL DECISIONS

**E**

Examine the situation thoroughly

**T**

Think about values and principles

**H**

Hypothesize potential courses of action

**I**

Identify consequences

**C**

Consult and collaborate

**S**

Select and implement with accountability

# E: Examine the Situation Thoroughly

## Questions to ask:

- What are the facts (vs. assumptions)?
- Who are all the stakeholders?
- What policies or regulations apply?
- What is the context and history?
- What information is missing?

# T: Think About Values and Principles

## Questions to ask:

- What values are in tension?
- What does our mission require?
- What do professional ethics codes say?
- What are legal and regulatory standards?
- What principles should guide us?

# H: Hypothesize Potential Courses Of Action

## Considerations:

- Generate multiple options (not just 2)
- Consider creative alternatives
- Include "do nothing" to evaluate

# I: Identify Consequences

## Consequences:

- Impact on clients, staff, org, community
- Short-term vs. long-term effects
- Intended and unintended consequences
- Who bears the risks?

# C: Consult and Collaborate

- **Seek diverse perspectives**
- **Consult ethics committees**
- **Review with legal counsel**
- **Get input from those affected**

# S: Select a Course of Action

## Implement with accountability:

- Document the process
- Communicate clearly
- Monitor outcomes
- Be willing to course-correct



# LET'S PRACTICE: Court-Referred DUI Program

Your outpatient clinic is approached by a local court to become preferred provider for DUI offenders. Contract guarantees 50+ referrals monthly and improves financial position.

## However, requires:

- Guaranteed admission within 48 hours (no clinical assessment first)
- Weekly compliance reports to court (detailed attendance and UA results)
- Immediate notification of missed sessions
- Fixed 12-week program regardless of individual needs
- Your clinic absorbing cost if clients can't pay fee

# When Organizational Demands Violate Professional Ethics

*Real Scenarios, Real Consequences*

# CASE #1: Admissions pushes Admit

Admissions supervisor pushes to have a client with active eating disorder admitted because “She has a great OON policy”. The organization has historically not admitted active ED’s because no clinicians are trained in treating this condition.

## Ethics Codes in Question:

- **ACA Code C.2.a - Boundaries of Competence**
- **NASW Code 1.04(a) - Competence**
- **NAADAC Principle 3-14 - Boundaries of Competence**
- **APA Standard 2.01 - Boundaries of Competence**



# SCOPE OF COMPETENCY DISCUSSION

## Discussion Questions:

1) How is “competence” determined?

*“Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience.” (ACA, p. 8)*

2) What is the risk to the client?

3) Who has the ultimate say on admissions in an organization?

4) Who would be held responsible in the event of a problem?



# CASE #2: Marketing Wants Contact Info

Marketing director requests contact information for five "successful" former clients to approach about testimonial videos. Director says "We need to show our success rate." Your supervisor supports this: "It's for the good of the organization."

## Ethics Codes in Question:

- **ACA Code B.1.c** - Protect confidential information
- **NASW Code 1.07(a)** - Protect confidentiality
- **NAADAC Principle 4** - Confidentiality protected
- **APA Standard 4.01** - Primary obligation to protect



# CONFIDENTIALITY CASE DISCUSSION

## Discussion Questions:

- 1) What are the risks to clients if recovery status becomes public?
- 2) How does this request commodify client outcomes?
- 3) What alternative marketing approaches would be ethical?
- 4) If you refuse, what retaliation might you face?

# One Right Way to Handle Testimonials

## Ethical Solution:

- Contact former clients through **neutral third party**
- Explain request fully and honestly
- Emphasize **completely voluntary** (no impact on services)
- Obtain **written informed consent** specifying use
- Allow clients to remain anonymous if desired
- **Never** contact current clients for marketing
- **Use discretion** in sharing client lists with marketing

# CASE #3: Therapist as Housing Monitor

Residential center asks you to supervise the recovery house where several of your current outpatient clients live. This means conducting room inspections, enforcing house rules, potentially recommending discharge—while maintaining therapist role. Director says: "You already have the relationship with them, and we can't afford to hire someone else."

## Ethics Codes in Question:

- **ACA Code A.5.c** - Aware of harm from multiple roles
- **NASW Code 1.06(c)** - No dual relationships with harm risk
- **NAADAC Principle 2** - No conflicts with client interests
- **APA Standard 3.05** - Refrain from multiple relationships

# WHY DUAL ROLES DESTROY THERAPY

## Impact on therapy:

- Clients censor what they share
- Trust erodes completely
- Clients feel coerced
- Power differential intensifies
- Therapeutic alliance impossible

***You cannot be both therapist AND enforcer!***



# SEPARATING ROLES CLEARLY

## Ethical Solution:

- Do **NOT** do therapy with residents you supervise
- If you must work in both areas, **separate completely**
- Advocate for proper staffing as **clinical necessity**
- Document concerns in writing
- Consult licensing board if pressure continues
- Consider: Is this organization committed to ethical practice?

# CASE #4: "Make It Billable"

Supervisor reviews your notes and says they're "not billable enough." Tells you to: add diagnoses you didn't assess, increase session time from 45 to 60 minutes, describe interventions as "evidence-based CBT" when you provided supportive counseling. "Insurance won't pay for what you're actually doing. Everyone does this—it's just working the system."

## Ethics Codes Violated:

- **ACA Code C.4.a** - No deliberate misrepresentation
- **NASW Code 4.04** - No dishonesty, fraud, deception
- **NAADAC Principle 9** - Maintain accurate records
- **APA Standard 6.01** - Accuracy in documentation

**ALSO: Insurance fraud (federal/state crime), Medicaid fraud (federal crime)**

# THIS IS INSURANCE FRAUD

**Insurance fraud is a  
FEDERAL CRIME**

## Consequences:

- Criminal prosecution
- Fines up to \$250,000
- Prison time
- License revocation
- Exclusion from Medicare/Medicaid forever

**WHO IS LIABLE: YOU ARE, regardless of supervisor's orders**



# HOW TO PROTECT YOURSELF

## Actions to Take:

- **REFUSE** to falsify records (in writing)
- Document accurately what you actually did
- Report supervisor's directive to HR/compliance
- Consult licensing board
- Anonymous reporting to insurance fraud hotlines
- Keep copies of your documentation
- **Update your resume**



# CASE #5: "Better Insurance Waiting"

Client has been in residential 28 days, making progress but still reporting strong cravings and minimal recovery capital (no job, strained family, unstable housing). Insurance authorized 45 days. Program director: "Discharge tomorrow—we have an admission who is self-pay." Your clinical judgment says client needs full 45 days.

## Ethics Codes Violated:

- **ACA Code A.1.a** - Primary responsibility to promote welfare
- **NASW Code 1.01** - Primary responsibility to well-being
- **NAADAC Principle 1** - Welfare of clients primary concern
- **APA Principle A** - Strive to benefit, do no harm

# DOCUMENT, ADVOCATE, PROTECT

## Actions to Take:

- Document clinical recommendation for full 45 days **in detail**
- Present case in clinical team meeting
- If overruled, document discharge is for **business reasons against clinical judgment**
- Provide thorough discharge plan, crisis resources, follow-up
- Consider whether this pattern requires external reporting
- Track outcomes: do prematurely discharged clients return?

# PATTERNS ACROSS CASES

## Common Themes:

- Financial pressure drives unethical decisions
- Non-clinical staff should **NOT** be making clinical decisions
- Staff pressured to compromise professional standards
- "Everyone does it" is never a defense
- Organizations put practitioners' licenses at risk
- Individual accountability doesn't disappear
- Documentation is your protection
- Some situations require saying NO



**WHAT ISSUES  
HAVE YOU  
ENCOUNTERED?**

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# BUILDING ETHICAL INFRASTRUCTURE

*From Reactive to Proactive Ethics*

# PREVENTION VS. DAMAGE CONTROL

## Reactive (Where many are)

- Address violations after they occur
- Crisis management
- Defensive posture
- Staff fear reporting
- Leadership denies problems

## Proactive (Where we should be)

- Systems prevent violations
- Continuous improvement
- Learning culture
- Staff empowered to raise concerns
- Leadership models accountability

# COMPONENT #1: Ethics Committee

## Key Features:

- **Multidisciplinary composition (clinical, admin, legal, community)**
- **Clear charter and authority**
- **Regular meeting schedule (monthly or quarterly)**
- **Accessible consultation process for all staff levels**
- **Protected from retaliation**

# COMPONENT #1: Ethics Committee

## Functions:

- Policy review before implementation
- Case consultation for ethical dilemmas
- Ethics training development
- Organizational assessments



# COMPONENT #2: Formal Ethics Review

## Types of Review:

- New program/policy ethics review **before implementation**
- Annual ethics audit of key practices
- Client grievance procedures with independent review
- Ethics impact assessments for major changes
- Regular stakeholder feedback mechanisms

# COMPONENT #3: Whistleblower Protections

## Essential Elements:

- Anonymous reporting mechanisms (hotline, portal, third-party)
- Clear non-retaliation policies **in writing**
- Legal protections for good-faith reporting
- Regular communication that reporting is **valued**
- Documentation of investigation and resolution

Message to staff: "We WANT to know when things are wrong"

# COMPONENT #4: Training and Education

## Elements:

- Onboarding ethics training for all new staff
- Annual refresher training on organizational ethics
- Case consultation groups for gray areas
- Access to external ethics consultation
- Resources easily accessible to all staff
- **Leadership participation** in all training

# COMPONENT #5: Transparent Accountability

## Practices:

- Published ethical standards and expectations
- Regular ethics metrics reporting to board
- Public documentation of conflict resolution
- Clear consequences for violations **at ALL levels**
- Executive leadership modeling ethical behavior

**Leadership must hold themselves to the highest standard!**



# COMPONENT #6: Routine Ethics Touchpoints

## Integration into daily work:

- Ethics component in clinical supervision sessions
- Ethics as standing agenda item in leadership meetings
- Mission-alignment check-ins during strategic planning
- Client satisfaction surveys include ethics questions
- Exit interviews ask about organizational ethical climate
- New hire interviews assess ethics alignment



# INFRASTRUCTURE GAP ANALYSIS

## Individually identify:

- Which components exist in your organization?
- Which are partially developed?
- Which are completely absent?
- Which ONE would have biggest impact if implemented?

# BUILDING INFRASTRUCTURE TAKES TIME

- You don't need to build all six components at once.
- Start with ONE that would make the biggest difference.



**Progress, not perfection!**

# ORGANIZATIONAL ETHICS AUDIT

*Assessing Your Organization's Ethical Health*

# HOW TO USE THE AUDIT TOOL

## Instructions:

- Rate your organization 1-5 on each dimension
  - ❖ 1 = Major concerns/serious problems
  - ❖ 2 = Significant issues/inconsistent practice
  - ❖ 3 = Meets minimum standards
  - ❖ 4 = Strong practice/above average
  - ❖ 5 = Exemplary/best practice
- Note specific examples for low scores
- Identify patterns across domains
- Be honest—this is for your learning



# DOMAIN #1: Mission Alignment

Rate your organization (1-5):

- Our daily operations reflect our stated mission and values
- Staff can articulate the organization's mission from memory
- Resource allocation decisions reference our mission
- We decline opportunities that don't align with mission, even if profitable

Domain 1 Total: \_\_\_\_\_ / 20



# DOMAIN #2: Financial Integrity

## Rate your organization (1-5):

- Our billing practices are transparent and honest
- We have appropriate checks and balances on financial decisions
- Executive compensation is reasonable and disclosed
- We invest adequately in staff development and clinical supervision
- Financial pressures do not drive inappropriate clinical decisions

Domain 2 Total: \_\_\_\_\_ / 25



# DOMAIN #3: Client Care

## Rate your organization (1-5):

- Clients treated with dignity regardless of payment
- True informed consent, not just signatures
- Treatment planning individualized
- Clients have meaningful voice
- We support client autonomy

Total: \_\_\_\_\_ / 25

# DOMAIN#4: Workforce

## Rate your organization (1-5):

- Fair compensation and benefits
- Reasonable, sustainable workloads
- Robust clinical supervision
- Staff feel safe raising concerns
- Leadership responds constructively
- Support for following ethics codes

Total: \_\_\_\_\_ / 30



# DOMAIN #5: Transparency

## Rate your organization (1-5):

- Acknowledge mistakes openly
- Ethics concerns investigated fairly
- Consequences for violations at all levels
- Honest communication with stakeholders
- Data and outcomes reported accurately

Total: \_\_\_\_\_ / 25



# DOMAIN #6: Compliance

## Rate your organization (1-5):

- Meet or exceed licensing requirements
- Staff credentials strictly followed
- Maintain accurate, complete records
- Cooperate fully with oversight
- View regulation as minimum, not target

Total: \_\_\_\_\_ / 25



# WHAT DO YOUR SCORES TELL YOU?

## Questions for reflection:

- Which domain scored lowest?
- Which domain scored highest?
- Are there patterns across domains?
- Were you surprised by any scores?
- What specific examples came to mind?
- What's one area needing immediate attention?

Overall Total Score: \_\_\_\_\_ / 150



# SHARE YOUR FINDINGS (5 minutes)

## In groups of 3-4, share:

- One area of strength in your organization
- One area of most concern
- One surprising finding
- One concrete change you could influence

# Take a Break



## See you in 10 minutes



# Action Planning and Advocacy Strategies

*From Awareness to Action*

# KNOW YOUR ROLE, KNOW YOUR POWER

**You have more influence than you think—  
no matter your role**

Front-Line  
Clinicians

Clinical  
Supervisors

Program  
Managers

Executive  
Leadership

# WHAT CLINICIANS CAN DO

- Document ethical concerns **in writing**
- Request ethics consultation for gray areas
- Use clinical supervision for ethics discussions
- Build alliances with like-minded colleagues
- Know your whistleblower protections
- Maintain copies of your documentation
- Understand when you must **refuse** unethical directives

**Your professional obligation doesn't end at your office door**



# WHAT SUPERVISORS CAN DO

- Create space in supervision for ethics discussions
- Advocate upward for resources and policy changes
- **Protect supervisees** from unethical pressure
- Document patterns of organizational ethics concerns
- Model ethical courage in your practice
- Connect supervisees with external ethics consultation

**PROTECT THOSE WHOM YOU SUPERVISE!**

# WHAT MANAGERS/DIRECTORS CAN DO

- Conduct regular ethics audits of your program
- Build ethics review into policy development
- Create feedback mechanisms for staff concerns
- Advocate at leadership level for infrastructure investments
- Make ethics a **standing agenda item** in staff meetings
- Recognize and reward ethical behavior publicly

**Set the tone for your program**



# WHAT EXECUTIVE LEADERS CAN DO

- Establish ethics committees with **real authority**
- Ensure board-level oversight of organizational ethics
- Model transparency about ethical challenges
- Invest in ethics training and infrastructure
- Create protected reporting mechanisms
- Hold all levels accountable, **including yourself**
- Make ethics a strategic priority, not just compliance

**Be an Example: Ethics flow from the top**



# YOUR PERSONAL ACTION PLAN (10 minutes)

On your worksheet, complete:

- 1) My sphere of influence:
- 2) Most pressing ethical concern:
- 3) Barriers to change:
- 4) Potential allies:
- 5) First step (within 48 hours):
- 6) 30-day goal:
- 7) Support needed:
- 8) Plan B if strong resistance:



# SHARE YOUR COMMITMENT

Pair up with someone nearby.

Take 2 minutes each to share:

- Your primary action commitment
- One barrier you anticipate
- How your partner can support you

**Purpose: Creates accountability and connection**

# PEER CONSULTATION PRACTICE

*Building Your Ethics Support Network*

# ETHICAL CONSULTATION TRIADS (8 minutes)

Form groups of three. Each person gets 2-3 minutes to:

- **Present:** Share a current/recent ethical concern (keep details confidential)
- **Receive feedback** using this structure:
  - "What I hear you saying is..." (reflection)
  - "Have you considered..." (alternatives)
  - "Your ethical obligation seems to be..." (clarification)
  - "One resource that might help is..." (support)

# WHY THIS MATTERS

## Benefits:

- Reduces isolation
- Provides reality-checking
- Generates creative solutions
- Validates concerns
- Clarifies personal vs. ethical issues

## Resources:

- State professional associations
- Licensing boards
- Ethics consultation services
- Peer supervision groups
- Online ethics communities

**You don't have to navigate ethics alone**

# CLOSING AND COMMITMENTS

*Taking This Forward –  
Improving Our Practice*

# WHAT WE'VE LEARNED TOGETHER

- 1) Licensed professionals bound by mandatory codes; organizations are not
- 2) This gap creates dangerous conflicts
- 3) Organizational ethics require constant vigilance
- 4) Mission statements must guide daily decisions
- 5) Financial sustainability and ethics aren't mutually exclusive
- 6) Ethical infrastructure prevents crises
- 7) Every role has responsibility and power
- 8) Peer consultation protects practitioners and clients
- 9) Advocacy for ethical practice is a professional duty



# YOUR PERSONAL COMMITMENT (3 MINUTES)

On your worksheet, complete:

**"Within 48 hours, I commit to..."**

(One specific action)

**"Within 30 days, I will..."**

(One larger goal)

**"I will know I've been successful when..."**

(Concrete indicators)

# RESOURCES FOR CONTINUED LEARNING

## Categories:

- Professional ethics codes (ACA, NASW, APA, NAADAC, DDAP, PA Cert Board)
- Ethics consultation services
- Licensing board contacts
- Whistleblower hotlines
- Template documents (audit tools, committee charters, policies)
- Recommended reading
- Online ethics communities

# ETHICS ARE NOT OPTIONAL

Ethical organizations don't happen by accident. They are built through the daily choices of professionals like you who refuse to compromise on what matters most: the dignity, safety, and welfare of the people we serve.

Your commitment to organizational ethics isn't just about compliance—it's about creating treatment environments where healing can actually happen.

**Thank you for your courage in doing this important work!**



# THANK YOU!

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# REFERENCES

- Bruch, J. D., Gondi, S., & Song, Z. (2020). Changes in Hospital Income, Use, and Quality Associated With Private Equity Acquisition. *JAMA internal medicine*, 180(11), 1428–1435. <https://doi.org/10.1001/jamainternmed.2020.3552>
- Chadegani, AA, Jari, A (2016). Corporate Ethical Culture: Review of Literature and Introducing PP Model, *Procedia Economics and Finance*, Volume 36, 2016, Pp. 51-61. DOI: [https://doi.org/10.1016/S2212-5671\(16\)30015-6](https://doi.org/10.1016/S2212-5671(16)30015-6).
- Corey, G., Corey, M. S., & Corey, C. (2019). *Issues and Ethics in the Helping Professions* (10th ed.). Cengage Learning.
- Hall, Robert T. *An Introduction to Healthcare Organizational Ethics* / Robert T. Hall. Oxford ; Oxford University Press, 2000.
- Johnson, C. E. (2019). *Organizational ethics: A practical approach* (4th ed.). SAGE Publications
- Kelly, J. F., & White, W. L. (2011). Addiction recovery management: Theory, research and practice. *Current Psychiatry Reports*, 13(5), 377-384.
- Reamer, F. G. (2018). *Social Work Values and Ethics* (5th ed.). Columbia University Press.
- Rickert J. (2024). On Patient Safety: The Danger of Private Equity Involvement in Healthcare. *Clinical orthopaedics and related research*, 482(6), 936–939. <https://doi.org/10.1097/CORR.0000000000003096>
- White, W. L., & Kleber, H. D. (2008). *Toward a Philosophy of Addiction Treatment*. Great Lakes Addiction Technology Transfer Center.
- Zborník, T. S., Volfová, A., Lososová, A., Nováková, E., Pokorná, V., Svěcená, K., & Miovský, M. (2025). Overview of Quality Standards for Competency-Based Addiction Training and Education Programs in Postgraduate and Continuing Medical Studies: A Systematic Review. *European addiction research*, 31(4), 232–250. <https://doi.org/10.1159/000546610>

## Professional Ethics Codes:

- ACA Code of Ethics (2014): <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- NASW Code of Ethics (2021): <https://www.socialworkers.org/About/Ethics/Code-of-Ethics>
- NAADAC Code of Ethics (2021): <https://www.naadac.org/code-of-ethics>
- APA Ethical Principles (2017): <https://www.apa.org/ethics/code>