

Ethics in Action: Best Practices for Serving Military-Connected Clients

Jennifer Nevers, MSW, LCSW
Lead, Subject Matter Expert Office
Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.



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Learning Objectives

- Evaluate the definition of ethics and how it relates to the role of mental health providers who work with military-connected individuals
- Analyze ethical challenges common to mental health providers working with the military population
- Apply knowledge of an ethical decision-making process to military case examples

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What are ethics?



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Ethics vs. Ethical

Ethics:

1. A system of moral principles: the ethics of a culture
2. The rules of conduct recognized in respect to a particular class of human actions or a particular group, culture, etc.
3. Moral principles, as of an individual

Ethical:

1. pertaining to or dealing with morals or the principles of morality; pertaining to right and wrong in conduct
2. being in accordance with the rules or **standards for right conduct or practice, especially the standards of a profession**



www.Dictionary.com

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Ethical Practice

- Therapists must integrate their personal ethical and value traditions with their profession's
- Two major variables:
 - 1) Maintenance refers to the degree to which we retain the ethical and value traditions of our culture of origin
 - 2) Contact and participation refers to the degree to which new therapists adopt the traditions, norms, values of their new professional culture



(Gottlieb et al., 2008)

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Dilemma vs. Conflict: Which is it?



© Navy photo by Mass Communication Specialist 1st Class Michael Russell/Released
(Johnson et al., 2010)

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Why Ethical Practice with Military Clients Can Be Darn Hard



U.S. Navy photo by Mass Communication Specialist 1st Class Eric Dietrich/Released



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“ETHICS” Decision Making Model

- E { • Examine the facts & values involved
- T { • Think about Code of Ethics
- H { • Hypothesize options
- I { • Identify risks & benefits
- C { • Consult
- S { • Select options and get support



(Congress, 2000)

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Issues we will cover today:

- Informed consent/confidentiality
- Boundaries of Competence
- Disposition Driven Diagnoses



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Informed Consent



Image by Drazen Zigic on Freepik. Free use.

A process that involves the provider sharing sufficient information with the client so the they can make an informed decision about participation in the proposed course of evaluation and treatment

Informed Consent in the Codes

ACA (2014)

A.2.a: Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions.

APA (2017)

3.10(a): When psychologists conduct research or provide assessment, therapy, counseling, or consulting services, they obtain the informed consent of the individual.

AAMFT (2015)

1.2: Informed Consent. MTFs obtain informed consent to therapy or related procedures, using language that is reasonably understandable to clients.

NASW (2021)

1.03(a): Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent.

Confidentiality

- Confidentiality is a sub-category of privacy
- The right to confidentiality is the right to prevent information about oneself from being made available to others



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Confidentiality in the Codes

ACA (2014)

B.1.c: Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.

APA (2017)

4.01: Psychologists have a primary obligation and take reasonable precautions to protect confidential information.

AAMFT (2015)

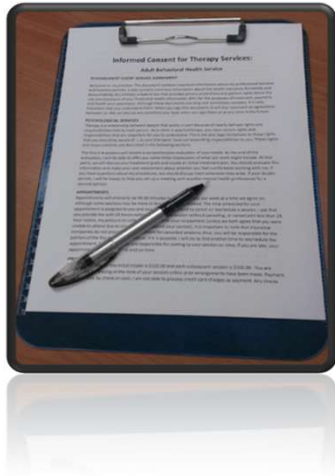
2.1: MFTs disclose to clients and other interested parties the nature of confidentiality and possible limitations of the clients' right to confidentiality.

NASW (2021)

1.07(a): Social workers should respect clients' right to privacy. Once private information is shared, standards of confidentiality apply.

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Informed Consent



- When to cover
- Detailed consent form
- Verify understanding & document
- Event vs. process approach



(Beahrs & Gutheil, 2001; Knapp et al., 2017)

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Commanders “Right to Know”

What is a commander’s “right to know”, and where does it come from?

- Need to know if members are fit for duty
- Military Command Exception to HIPPA

Regulation that limits disclosures to service members commands:

- DoDI 6490.08



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DoD Command Notification Standards (per DoDI 6490.08)

Military providers do NOT disclose to commands unless one of these is present:

- Harm to self
- Harm to others
- Harm to mission
- Special personnel (e.g., PRP)
- Inpatient care
- Acute medical conditions interfering with duty
- Substance abuse treatment program
- Command-directed evaluations (DoDI 6490.04)
- Other special circumstances



U.S. Air Force photo by Senior Airman Stephanie Saderan. Public domain.



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DoD Command Notification Standards (per DoDI 6490.08)

What information should you release to a commanding officer if you do need to notify following a routine evaluation?

- Diagnosis, disposition, treatment plan and prognosis (restrictions/impact on mission), implications for safety to self/others
- Ways they can support SM

What if they ask for more?

- Never give the whole record. Seek a compromise, e.g., sending a memo that summarizes the care received
- If push comes to shove, can the C.O. access the entire medical record?

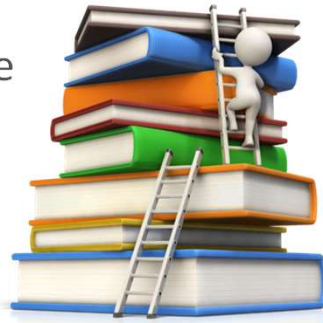


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Boundaries of competence

Competence has been defined as: the knowledge and skills, and attitudes, values, and judgment needed to perform the work of a provider



(Barnett et al., 2007)

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Boundaries of Competence in the Codes

ACA (2014)

C.2.a. 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.

APA (2017)

2.01 Boundaries of Competence(a)
Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience

AAMFT (2015)

3.10 Scope of Competence.
Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

NASW (2021)

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.



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Boundaries of Competence: Military Culture

- Language
- Demographics
- Rank and organizational structure
- Manners and normative behaviors
- Beliefs, mission, and values
- Military psychosocial stressors
- Military protective factors



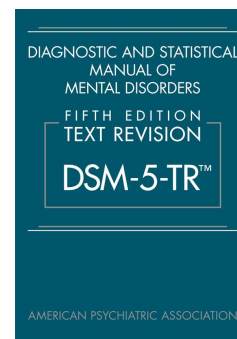
(Luby, 2012; Reger et al., 2008)

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Disposition Driven Diagnosis

Disposition driven diagnosis refers to when a provider changes a diagnosis in order to give a patient or another party a particular disposition



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Problems with Administratively Driven Diagnoses

“Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings”

-APA (2017)



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“Relief Valve”

- Related to the idea that your diagnoses indirectly affect Service members’ careers, the mental health provider is sometime directly the agent of change. When can this happen?
 - MEB, ADSEP, others...
- There is a tradition of mental health providers serving as the “relief valve” on the system, allowing Service members to get out



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Where Does this Pressure Come From?

- The service member
- Chain of Command
- Providers Chain of Command (on-base)



U.S. Army Cadet Command Photo by SSG Ken Scar. Public Domain.



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Problems with Administratively-Driven Diagnoses

The provider as administrative broker can have unintended consequences for Service members

- Over-diagnose (to include incorrect)
- Under-diagnose



Perpetuates view of providers and mental health diagnosis as imprecise and psychiatric disorders as meaningless or silly



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Case Application



U.S. Air Force photo by Airman 1st Class Megan Delaine/Released



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“ETHICS” Decision Making Model



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(Congress, 2000)

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Mitigating Military Ethical Issues

Release of information

Involve your client in decisions and obtain ROIs when needed

Informed Consent

Have clear guidelines that you follow & release only required information

Documentation

Chart defensively but with enough detail to meet requirements

Monitor Outcomes

Document the steps taken, changes made, and any additional information relevant to the ticket

Diagnose Accurately

Avoid changing diagnoses to achieve particular outcomes. You can advocate while maintaining your ethical code

Expand Competencies

Seek out formal training for disorders and practices areas you know you will encounter and seek consultation. Refer out when needed



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Preventing Ethical Dilemmas

- Know the ethics code, relevant state, federal and military laws, and relevant military instructions
- Build a network of mentors, peers, and other pertinent professionals
- Take advantage of every training opportunity
- Adopt a personal ethical decision-making model

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A Reminder on Ethical Conflicts

NASW	APA Standard 1.02	ACA Standard 1.1.c	AAMFT
<ul style="list-style-type: none"> If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision. 	<ul style="list-style-type: none"> Psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the Ethics Code. 	<ul style="list-style-type: none"> If the conflict cannot be resolved, counselors, acting in the best interest of the client, may adhere to the requirements of the law, regulations, and/or other governing legal authority. 	<ul style="list-style-type: none"> MFT's make known to the organization their commitment to the Code of Ethics and take reasonable steps to resolve the conflict in a way that allows the fullest adherence to the Code.

Be vigilant of self and other providers to ensure ethical and safe practice.



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“Sometimes the last person social workers nurture is themselves.”



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Provider Sustainment in the Codes

ACA (2014)

- Ethical Standard C.2.g
- Counselors should self monitor for signs of impairment and seek help. Refrain from duties if needed
- Assist colleagues in recognizing own struggles

APA (2017)

- Competence – 2.06 (a,b)
- Refrain from activities due to personal problems
- Take appropriate measures

AAMFT (2015)

- Ethical Standard 3.3
- Seek assistance for issue that may impair work or clinical judgement

NASW (2021)

- Ethical Standard 4.05
- SW should not allow personal problems (mental health, legal, substance abuse) to interfere with work
- Should take immediate remedial action



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Training Tiers

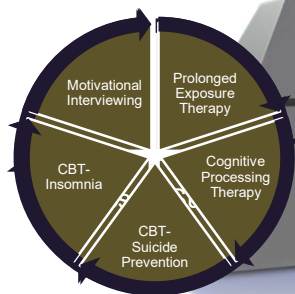


Prerequisites:
Completion of
Tier One and
Directory
Membership

Tier Three (Two days)
Evidence-based psychotherapies

Tier Two (One day)
Overview of Military-Related
Behavioral Health Challenges

Tier One (One day)
Introduction to Military
Culture & Deployment



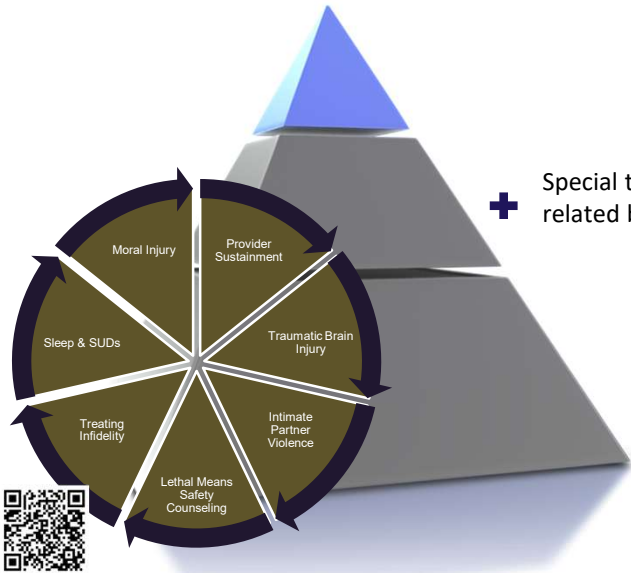
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Tier S: Special Topics



Prerequisites:
Completion of
Tiers One and
Two and
Directory
Membership



+ Special topics on military-related behavioral health



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Contact SBHP



Opt-in to receive training information:
<https://deploymentpsych.org/content/sbhp-training-opt>

For more information, contact the SBHP Team:

sbhpsupport-ggg@usuhs.edu



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Questions?



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Emergency Resources

Military/Veteran Crisis
Line:

Phone: **988** (press 1)

Text: **838255**

Chat:

988lifeline.org



(Stanley et al., 2008; Substance Abuse and Mental Health Services Administration, 2024)

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deploymentpsych.org

- Blog updated daily with a range of relevant content
- Articles by subject matter experts related to deployment psychology, including PTSD, suicide prevention, depression, and insomnia
- Other resources and information for behavioral health providers
- Links to CDP's Facebook page and Twitter feed
- CDP Presents - Monthly Webinar Series
 - Live and archived
 - CEs free for live, small fee for on-demand CEs
 - View archived webinars free for no CEs



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Provider Support

CDP's "Provider Portal" is exclusively for individuals trained by CDP in evidence-based psychotherapies–Tier Three Trainings (e.g., CPT, PE, CBT-I, etc.)

- Consultation resources
- Printable fact sheets, manuals, handouts, and other materials
- FAQs and 1:1 interaction with answers from SMEs
- Videos, webinars, and other multimedia training aids



Participants who complete Tier Three will automatically receive an email instructing them how to activate their username and access the "CDP Provider Portal" section at deploymentpsych.org.

To view Tier Three training opportunities, visit: starproviders.org/providers-home



**Center for Deployment Psychology
Uniformed Services University of the Health
Sciences
4301 Jones Bridge Road
Bethesda, MD 20814-4799**

Contact Us

Email: cdp-ggg@usuhs.edu

Website: deploymentpsych.org

Facebook: <http://www.facebook.com/DeploymentPsych>

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