



Ethics in Behavioral Health

Anne Horgan

LCSW

Anne Horgan

LCSW

Anne Horgan is a Licensed Clinical Social Worker (LCSW) and board approved Clinical Supervisor, with more than 20 years of experience in outpatient/inpatient mental health services and hospital management. She has served on hospital ethics committees and is currently a private practice therapist. Anne has authored various continuing education courses on behavioral health topics.

Purpose Statement

In practicing a profession, three interrelated but distinct areas come into play: professional values, ethics, and the law. Although all three areas are related to one another, sometimes they can conflict with one another. Sometimes, also, values can conflict with other values, as can ethics. When ethics conflict, an ethical dilemma results.

Purpose Statement

When professional values conflict with professional ethics, the organized and generally agreed-upon framework of an ethical code is vital. When ethics and the law collide, it may be necessary to consult the relevant professional organization.

This course will dive into the complexity of ethics in behavioral health practice.

Course Learning Outcomes

1

Explain the importance of professional values and ethics in mental health practice.

2

Identify boundary violations in mental health practice.

3

Describe ways mental health practitioners can prevent unethical behaviors in daily practice

Course Learning Outcomes

4

Identify elements and conditions of informed consent.

5

Restate the basic requirements of HIPAA and the Privacy Rule as they relate to practice.

6

Identify a protocol for ethical decision-making.

Three Interrelated Areas of Practice

- **Professional values—**
Guiding beliefs
- **Ethics—**
Organized standards of conduct
- **Law—**
Legal mandates; may conflict with ethics



Defining Ethics

- The word “ethics” is derived from both the Greek word “ethos,” which means character, and the closely related concept of “morals” derives from the Latin word “mores,” meaning customs.
- Ethics defines what is good for both society and the individual.



Consequentialism

- According to National Health Service (NHS; Scotland, 2018), consequentialism in its most basic form is utilitarianism, in which the end justifies the means.
 - Outcome-focused ("greatest good")
 - Utilitarian roots
 - Weigh benefits vs. harms in practice
- Examples:
 - If a lie would save a life, it would be the right thing to do.
 - A government that implements policies like taxing polluters or promoting renewable energy because these actions lead to better public health and environmental outcomes

Deontology

- This system of ethics, associated with the philosopher Immanuel Kant, values intentions and “focuses on rules, obligations and duties”
(Birmingham Community Healthcare, 2018).
- This theory suggests an individual should act based on what they believe to be morally right, regardless of consequences.



Virtue Ethics

- Holds that a person acts ethically by developing these good character traits, rather than simply following rules or focusing on outcomes.
- This system relates to “the internalized moral characteristics, rational thought and practical wisdom of a virtuous person who possesses and lives the virtues”

(Birmingham Community Healthcare, 2018).



Virtue Ethics *(continued)*

- The problem with virtue ethics is that it fails to offer clear guidance on how a virtuous person really would act.



Principlism in Healthcare

- This theory is commonly used in healthcare which states that bioethical decisions can be made by the application of four principles.
- Four Principles
 1. Autonomy—Self-determination
 2. Beneficence—Do good
 3. Nonmaleficence—Do no harm
 4. Justice—Fairness and equity



Ethics vs. Law

- Law and ethics do not necessarily have a reciprocal relationship. Origins of law can often be based upon ethical principles, but the law does not prohibit many unethical behaviors. Likewise, adherence to certain ethical principles may challenge a mental health practitioner's ability to uphold the law (American Association for Marriage and Family, 2023).
- Example: documenting that a service has occurred when it hasn't may be unethical but not subject to prosecution. Unfortunately, it may take high-profile adverse consequences of unethical behavior, such as the discovery that a child under protective custody has been missing for months, to create new laws that support ethical standards of behavior (Florida Legislature, 2025).

Why Ethical Standards Matter

- 1.** Guide decision-making.
- 2.** Protect clients and the public.
- 3.** Foster professional integrity.
- 4.** Build public trust.

Self-Assessment Question 1

Which ethical theory emphasizes that the outcome is all that matters, and the best outcome is characterized as “the greatest good for the greatest number”?

- A. Consequentialism
- B. Deontology
- C. Virtue ethics
- D. Principlism

Self-Assessment Question 1 – Answer

Which ethical theory emphasizes that the outcome is all that matters, and the best outcome is characterized as “the greatest good for the greatest number”?

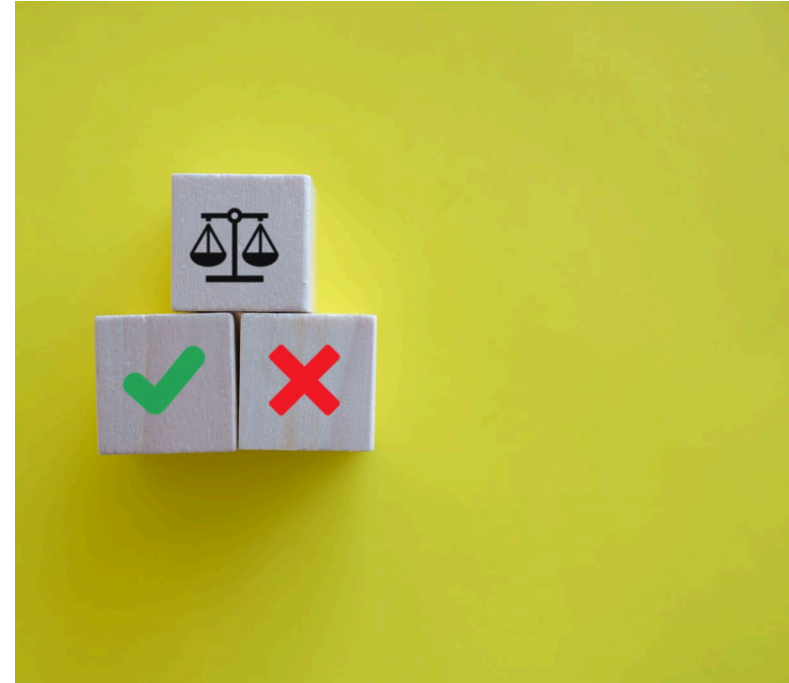
A. Consequentialism

Consequentialism is an ethical theory that emphasizes that the outcome is all that matters and the best outcome is characterized as “the greatest good for the greatest number.”

Can you recall examples of this?

Moral Distress Defined

- Perceived compromise of one's values (Jones-Bonofiglio, 2020)
- Threatens professional integrity.
- Creates crisis of conscience.



Types of Moral Responses

- Moral distress
- Moral uncertainty
- Moral stress
- Moral outrage—Justified anger



Measuring Moral Distress

- Moral Distress Scale (MDS)
- MDS-Revised—All professions
- Moral Distress Thermometer (0–10)



Moral Distress Scale and the Moral Distress Scale Revised

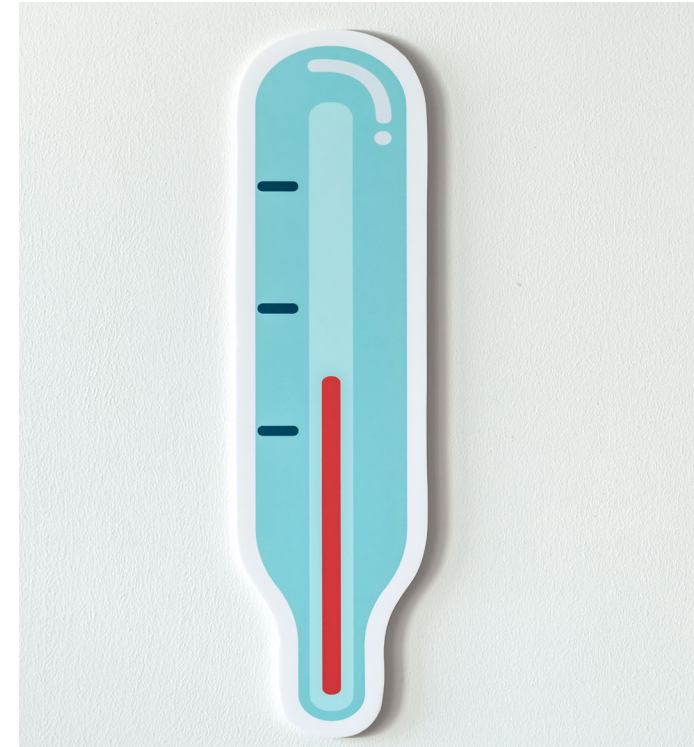
- The Moral Distress Scale was a 32-item scale developed to study moral distress among critical care nurses in end-of life situations (Epstein et al., 2020). When the instrument was revised in 2012, it became known as the Moral Distress Scale Revised (MDS-R). The revision made the scale applicable to noncritical care nurses and other healthcare professionals. The scale included items to capture the root causes of the moral distress (Epstein et al., 2020).

Measure of Moral Distress for Healthcare Professionals

- When the MDS-R instrument was revised again, it was renamed the Measure of Moral Distress for Healthcare Professionals (MMD-HP). The revisions were based on root causes of moral distress identified during the review of literature. The instrument includes 27 items. The participants rank the frequency and intensity of their moral distress for each item. During analysis, the frequency and the intensity are multiplied for each item and then totaled. This provides a composite moral distress score of 0 to 432 (Latimer et al., 2021).

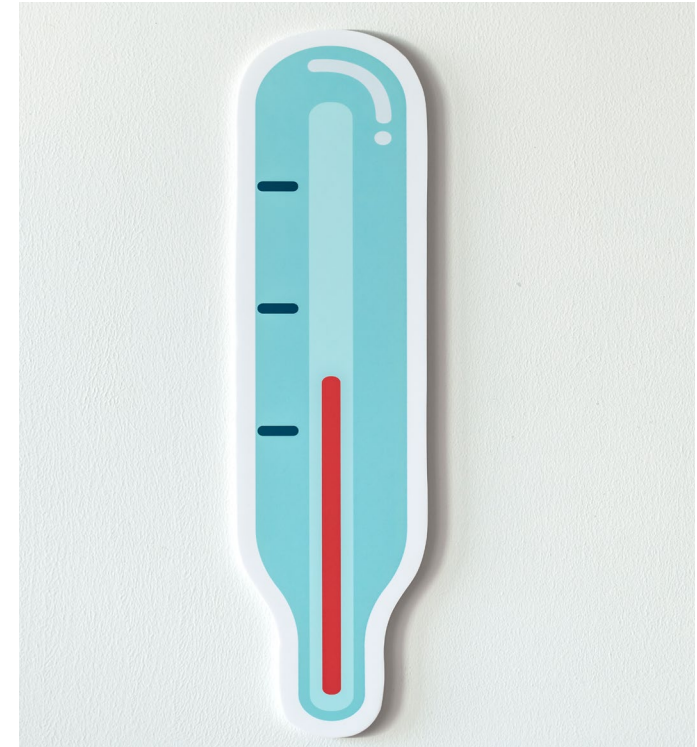
Moral Distress Thermometer

- The Individuals are directed to reflect on their current level of moral distress as it relates to their practice. The graphic representation of a thermometer has a scale of 0 to 10 with statements noted beside each degree.
- None is noted at 0, and the worst possible is noted at 10.



Moral Distress Thermometer *(continued)*

- It has been found beneficial as an instrument to measure moral distress before and after an intervention to demonstrate effectiveness of the intervention (Epstein et al., 2020).



Self-Assessment Question 2

What is the main difference between moral distress and moral uncertainty?

- A. Moral distress occurs when ethical dilemmas are fully understood, while moral uncertainty arises from unmet professional accountabilities.
- B. Moral distress is characterized by the lack of trust in one's own judgment, while moral uncertainty results from physical and emotional responses.
- C. Moral distress involves feelings of powerlessness, while moral uncertainty is associated with taking actions to mitigate the situation.
- D. Moral distress occurs when one's moral obligations are compromised, while moral uncertainty is not being certain how to proceed when confronted with an ethical dilemma.

Self-Assessment Question 2 – Answer

What is the main difference between moral distress and moral uncertainty?

D. Moral distress occurs when one's moral obligations are compromised, while moral uncertainty is not being certain how to proceed when confronted with an ethical dilemma.

The main difference between moral distress and moral uncertainty is that moral distress occurs when one's moral obligations are compromised, while moral uncertainty is not being certain how to proceed when confronted with an ethical dilemma.

Can you think of a time when you have experienced moral distress and/or moral uncertainty? How did you manage this?

Professional Values

- These are guiding beliefs that influence your work and behavior and extensions of personal values (Birmingham Community Healthcare, 2018).
- Examples include:
 - Integrity
 - Honesty
 - Striving for social justice

Five Moral Principles

1. Autonomy—Choice
2. Nonmaleficence—Avoid harm
3. Beneficence—Promote welfare
4. Justice—Fairness
5. Fidelity—Loyalty and faithfulness



Moral Distress Thermometer

- The core values espoused by mental health ethics codes incorporate a wide range of overlapping morals, values, and ethical principles that lay the foundation for the profession's unique duties.
- What values can you think of that relate to your practice?



Examples of Core Values

- Autonomy
- Responsibility to clients
- Responsibility to the profession
- Responsibility to social justice
- Responsibility for doing no harm
- Dignity and worth of the person
- Confidentiality

Examples of Core Values *(continued)*

- Importance of human relationships
- Professional competence
- Integrity
- Engagement with appropriate informational activities
- Treating people in accordance with their relevant differences
- Helping people in need
- Challenging social injustice

Examples of Core Values *(continued)*

- Respecting the inherent dignity and worth of the person
- Recognizing the central importance of human relationships
- Behaving in a trustworthy manner
- Practicing within areas of competence and developing and enhancing professional expertise
- Responsibility to students and supervisees
- Responsibility to research participants
- Financial arrangements that conform to accepted professional practices

Ethical Responsibilities

- To clients
- To colleagues
- To practice settings
- As professionals
- To a particular mental health profession focus
- To the broader society

Ethical Responsibilities to Clients

- This illustration highlights the complexity of ethical responsibility to clients:
 - *A depressed 80-year-old client, suffering from the painful, debilitating effects of arthritis, asks Rene, his mental health therapist, for information on ending his life (death with dignity). He tells her that he only needs help downloading information from the internet and then it is his right to weigh the options of proceeding. Rene believes the client's depression is directly related to the pain, because the client is otherwise cognitively stable, and therefore has a right to determine his future.*
- What are your initial thoughts?

Let's explore this...

- **Commitment**
 - Client interests are primary.
 - This is an example of when the principles of law, personal belief, professional codes of ethics, client need, and cultural and societal norms intersect and at times contradict one another.
 - The practitioner is faced with a conundrum that offers a multitude of potential decisions, actions, and consequences.

Let's explore this...

- **Self-Determination**
 - Professionals have an obligation to support and assist clients in accomplishing their goals, only deviating from this standard when a client's goal puts them or others imminently at risk.
 - Defining risk can be difficult.

Right to Choose vs. Duty to Protect

- Understand laws and rules pertaining to scenario (Death with Dignity, n.d.).
 - Legal variation by state
- Autonomy vs. nonmaleficence
- NASW Code of Ethics, Standard 1.07(c) allows disclosure of information when such disclosure “is necessary to prevent serious, foreseeable, and imminent harm to a client or others” (NASW, n.d.).

Right to Choose vs. Duty to Protect

- It is recommended that workers not only do everything to assist clients in taking advantage of any options to alleviate their distress, but also rely on practice guidelines that call for:
 - Careful evaluation, such as the client's ability to make rational choices based on their medical and mental state and social situation
 - A good therapeutic alliance
 - Consultation

Informed Consent

“Social workers should provide services only in the context of a professional relationship based, when appropriate, on valid informed consent” (NASW, n.d.).

Informed Consent

- Informed consent with minors
 - State regulations
- Included in informed consent document
 - Potential benefits and risks of engaging in treatment
 - Nuances of technology use
 - Limitations on confidentiality
 - Mandated reporting

Informed Consent



What does your informed consent documentation include?

Competence

Competence is defined as *the possession of required skill, knowledge, qualification, or capacity*. Accordingly, in terms of ethics, the psychotherapists are expected to be aware of their competence and limitations (Avasthi et al., 2022).

Competence



Possess skill and knowledge required to carry out a particular kind of therapy.



Have awareness of own emotional state while dealing with their clients.



Irrespective of the level of training, seek supervision from colleagues.

Cultural Competence and Social Diversity

- Demonstrating ethical cultural competence includes:
(U.S. Department of Health and Human Services, 2021)
 - Being knowledgeable about culture and its impact on human behavior
 - Recognizing and appreciating the strengths found in cultures
 - Considering the nature of social diversity and oppression



Five Elements of Cultural Competence

- According to the U.S. Department of Health and Human Services (2021), mental health practitioners should understand five elements of cultural competence that include:
 - Valuing diversity cross-culturally in behaviors, practices, policies, attitudes, and structures
 - Conducting cultural self-assessment
 - Managing the dynamics of difference
 - Acquiring and integrating cultural knowledge
 - Adapting to diversity and cultural contexts

Common Errors in Demonstrating Cultural Competence

- Unintentional racism
- Miscommunication
- Lack of personal awareness
- Insensitivity to nonverbal cues
- Lapse in discussion of racial/ethnic issues
- Gender bias

Common Errors in Demonstrating Cultural Competence

(continued)

- Overemphasis of cultural explanations for psychological difficulties
- Lapse in including appropriate questions within the context of acquiring background information
- Inability to appropriately present questions that elicit valuable information or feedback
- Nonparticipation in multicultural activities that facilitate cultural awareness that would include interactions among people of similar and different racial identities

Common Errors in Demonstrating Cultural Competence

(continued)

- Little or no processing of cultural difference in supervision
- Inability to identify multiple hypotheses and integrate this information in a culturally competent manner into a client's presenting problem

Microaggressions

- A lack of cultural awareness can manifest as “microaggressions,” which are a form of often unconscious racist behavior.
- Examples of microaggressions:
 - Complimenting a U.S.-born Asian American person’s English
 - “Over-identifying” by asserting that as a woman one understands the oppression suffered by African Americans
- It is important to reflect on one’s own assumptions and biases. Are there any microaggressions you have experienced or witnessed at your place of practice?

Self-Assessment Question 3

According to the U.S. Department of Health and Human Services, what does cultural competence involve?

- A. Understanding only the impact of culture on human behavior
- B. Responding effectively to people from all cultural backgrounds
- C. Exclusively valuing diversity in cultural practices
- D. Adapting to diversity in cultural contexts

Self-Assessment Question 3 – Answer

According to the U.S. Department of Health and Human Services, what does cultural competence involve?

- B. Responding effectively to people from all cultural backgrounds**

Self-Assessment Question 4

Which of the following are among the five elements that mental health practitioners should understand to achieve cultural competence?

- A. Valuing diversity, conducting cultural self-assessment, and acknowledging cultural importance
- B. Adapting to diversity, recognizing and appreciating culture, and seeking cultural knowledge
- C. Managing the dynamics of difference, recognizing cultural dynamics, and considering social diversity
- D. Conducting cultural self-assessment, acquiring and integrating cultural knowledge, and adapting to cultural contexts

Self-Assessment Question 4

Which of the following are among the five elements that mental health practitioners should understand to achieve cultural competence?

- A. Valuing diversity, conducting cultural self-assessment, and acknowledging cultural importance**

Conflicts of Interest

- Dual or multiple relationships occur when mental health professionals relate to clients in more than one relationship, whether professional, social, or business.
- Dual or multiple relationships can occur simultaneously or consecutively.

Can you think of time when you have found yourself in a situation of a potential dual relationship?

Boundary Violations

- Specifically identifies harmful dual relationships
- Who does this involve?
- Examples



Five Boundary Violation Categories

- 1** Intimate relationships
- 2** Personal benefit
- 3** Practitioner needs
- 4** Altruistic gestures
- 5** Unanticipated events

Boundary Risk Management

1. Be alert to potential or actual conflicts of interest.
2. Inform clients and colleagues about potential or actual conflicts of interest.
3. Consult colleagues and supervisors and relevant professional literature, regulations, policies, and ethical standards to identify pertinent boundary issues and constructive options.
4. Design a plan of action that addresses the boundary issues and protects the parties involved.
5. Document all discussions, consultation, and supervision.
6. Develop a strategy to monitor implementation of an action plan.

Sexual Harassment

- Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
 - Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual.
 - Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual Harassment in Practice

- In mental health practice, sexual harassment can take many forms including (not limited to):
 - Offensive or derogatory comments
 - Sexually oriented jokes
 - Requests or demands for sexual favors
 - Leering
 - Visual displays depicting sexual imagery
 - Innuendos
 - Fondling
 - Impeding someone's egress
- Employees should not sexually harass supervisees, students, trainees, or colleagues.

Limited Cognitive Capacity

- The practitioner's responsibility is to safeguard the rights and interests of clients who lack decision-making capacity.
- Persons who lack this capacity include intellectually delayed or impaired individuals, some older adults, and children under the age of 18.
- It is especially important to utilize consent forms at all times, and inform and document contact with family and other service providers.

Payment Ethics

- Typical ethical standards include:
 - Clear disclosure and explanation of financial arrangements
 - reasonable notice to clients for intention to seek payment collection third-party payer fact disclosure
 - No withholding of records because payment has not been received for past services
- No Surprises Act
 - Federal law that protects consumers from unexpected medical bills, or “surprise medical bills” (Centers for Medicare & Medicaid, 2022)

*With regard to payment for services, it is most helpful to refer to your particular professional Board’s financial arrangement ethical standards as well as insurances guidelines (e.g., Medicaid recipients).

Service Termination

- The typical reasons termination occurs is when the client and practitioner agree that the:
 - Goals of treatment or service have been met.
 - Client can no longer benefit from treatment or service.
 - Client will be referred to another professional or service.
 - Client is not making adequate progress toward treatment goals.
 - Therapist is retiring.
 - There is discovery of a hitherto unrecognized conflict of interest.
 - There is client noncompliance or a client ceases to communicate.
 - The client requires a different level of care.

Termination Best Practices (Abramson, 2022)

- Start preparing for termination as early as possible.
- Be certain that the client understands why and how therapy is being terminated.
- Collaboratively plan discharge plan.
- Look back on positive growth.
- Look forward to potential challenges.

Termination Best Practices *(continued)* (Abramson, 2022)

- Offer appropriate and agreed-upon referrals, if referring.
- Document termination discussions.
- Seek consultation support, if needed.

Ethics in Practice Settings

- Administration
- Billing
- Client transfer
- Client records
- Record retention



Documentation Importance

- Medical necessity
- Documentation of risk
- Standardized notes
- Timeliness
- Stigma free language
- Completeness



Documentation Importance *(continued)*

- Golden thread
- Session details
- Clinician response/interventions
- Legal and ethical standards
- Follow-up plans



The Privacy Rule standards address who can use, look at, and receive individuals' health information (protected health information or PHI) by organizations (covered entities) subject to the rule.

HIPAA

- Access to medical records
- Notice of privacy practices
- Limits on use of personal medical information
- Prohibition of marketing
- Stronger state laws
- Confidential communications
- Complaints

Protected Health Information

- Name or address—including city, state, and zip code
- Social Security number
- Dates related to birth, death, admission, or discharge
- Telephone and fax numbers
- Email or URL addresses

Protected Health Information *(continued)*

- Medical record numbers, account numbers, health plan beneficiary numbers
- Vehicle identifiers such as driver's license numbers and license plate numbers
- Full-face photographs distributed by the agency
- Any other unique identifier, code, or characteristic used to identify clients that is protected under HIPAA

HIPAA Safeguards



Lock files and screens.



Verify email recipients.



Speak quietly in public areas.

HIPAA Penalties

- There can be severe civil and criminal penalties if procedures are not followed, and depending on the situation, an individual employee may be held responsible for not protecting a client's privacy.



Supervision Ethics

- Mental health supervision and management generally include three primary aspects of the supervisory role:

(Kadushin & Harkness, 2014)

1. Administration
2. Support
3. Clinical practice



Competent Supervision

- They need to possess the necessary knowledge/skill and work only within their area of competence.
- They must set clear, appropriate, and culturally sensitive boundaries that would include confidentiality, sexual appropriateness, and respect for other sensitive boundaries
- They should not engage in dual or multiple relationships with supervisees when there is risk of exploitation or potential harm.
- They should fairly and respectfully evaluate supervisee performance.

Competent Supervision *(continued)*

- They should avoid accepting supervisees when there has been a prior or an existing relationship that might compromise the supervisor's objectivity.
- They should take measures to ensure that the supervisee's work is professional.
- They should not provide therapy to current students or supervisees.

Burnout vs. Compassion Fatigue

- **Burnout**—Gradual, exhaustion
(WebMD Editorial Contributor, 2022)
- **Compassion fatigue**—Rapid, vicarious trauma
- **Causes** (Mayo Clinic staff, 2021)



Dealing with Burnout and Compassion Fatigue

- In addition to ongoing supervision, regular supportive contact with other practitioners to prevent isolation is recommended as well as the following measures to help prevent burnout or compassion fatigue:
 - Listen to the concerns of colleagues, family, and friends.
 - Conduct periodic self-assessments.
 - Take needed “mental health days” and use stress-reduction techniques.
 - Arrange for reassignment at work, take leave, and seek appropriate professional help as needed.
- What are your ways of coping with burnout and compassion fatigue?

Practitioner Impairment

According to the American Psychological Association (APA), impairment in a mental health practitioner is a condition that significantly compromises their professional functioning to a degree that it may harm clients or render services ineffective.

Practitioner Impairment



Characteristics of impairment



Impacts of impairment



Interventions around impaired colleague

Ethical Responsibilities to Colleagues

Licensed mental health practitioners should not only take responsibility for their own actions but also take actions that ensure the safety and well-being of any clients served by others in the mental health profession.

What are our responsibilities?

Ethical Responsibilities to the Broader Society

- National Association of Social Workers (n.d.) points out that social workers should remain mindful of:
 - Social welfare
 - Public participation
 - Public emergencies
 - Social and political action
- What responsibilities can you think of? What expectations does your board have?

Decision-Making Model (Freud and Krug 2002)

- Increased attention to our moral intuitions and emotions
- Institutionalized opportunities for dialogue and ethical concerns
- Open acknowledgment and respect for moral diversity within a shared body of basic values

Let's take a look at a scenario and apply this model...

Case Example

- *David, a licensed marriage and family therapist, believes a child's right to permanency would be better served by placement with an affluent, Caucasian, Christian family versus a middle-class family of the same race as the child. He believes they are a very nice couple who have been waiting far too long for a child to adopt.*

Case Example *(continued)*

- Take a few minutes to reflect on the decision-making model with this scenario:
 - Increased attention to our moral intuitions and emotions
 - Institutionalized opportunities for dialogue and ethical concerns
 - Open acknowledgment and respect for moral diversity within a shared body of basic values

Thoughts and Reflection



Ethics and Telehealth

- Telemental Health Informed Consent
- Video Conferencing Platform
- Privacy/Confidentiality
- HIPAA
- Be sure to know your Board's telehealth rules

Ethics and Telehealth

- Before providing telemental health services, social workers should check: (Camper and Felton, 2020)
 1. State licensing board of the social worker;
 2. State licensing board where the client is;
 3. Malpractice insurance/professional liability insurance carrier (e.g., ASI); and
 4. Payor (private insurance / Medicaid / Medicare)

Ethics and Telehealth

Ethical Consideration	Opportunity	Risk
Autonomy versus Beneficence	More patient input as stakeholders to tailor care to their needs and preferences	Suboptimal care if convenience prioritized over quality
Distributive Justice	Increased access for patients who struggle with mobility or transportation issues	Exacerbation of existing disparities in patient populations with limited digital access or health literacy

Conclusion

- Ethical dilemmas are varied, common, and complex. Ethical decision-making can be difficult as well as time-consuming, while sometimes mental health practitioners are still left with a little ambivalence and uncertainty following their decision. Typically, there will be more than one person involved with the ethical decision-making process. It is always important to keep in mind the power of supervision and consultation regarding any mental health practice ethical dilemma.

Conclusion *(continued)*

- Behavioral health practice can provide us with highly complex cases and scenarios which highlights the importance of utilizing support, consultation, understanding and knowing laws and your governing board's rules and policies.
- Remember you are not alone in this practice and maintain the mindset that learning and knowledge is a fluid and ongoing process.

References

Abramson, A. (2022, July 1). When therapy comes to an end. *Monitor on Psychology*.

<https://www.apa.org/monitor/2022/07/career-therapy-conclusion>

American Association for Marriage and Family Therapy (AAMFT). (2023). *Code of ethics*.

https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx

Avasthi, A., Grover, S., & Nischal, A. (2022). Ethical and legal issues in psychotherapy. *Indian Journal of Psychiatry*. 64(Suppl 1), S47–S61. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_50_21

Birmingham Community Healthcare. (2018). *Professional values*. National Health Service Foundation Trust (UK). Retrieved October 05, 2025. <https://www.bhamcommunity.nhs.uk/vision-values-and-strategy>

Camper, A. B., & Felton, E. M. (2020, March). *Telemental Health: Legal Considerations for Social Workers*. NASW, National Association of Social Workers. <https://www.socialworkers.org/About/Legal/HIPAA-Help-For-Social-Workers/Telemental-Health>

Centers for Medicare & Medicaid Services. (2022). No Surprises: Understand your rights against surprise medical bills. CMS.gov. <https://www.cms.gov/newsroom/fact-sheets/no-surprises-understand-your-rights-against-surprise-medical-bills#:~:text=The%20No%20Surprises%20Act%20instead,%2Dof%2Dnetwork%20payment%20rate>.

References *(continued)*

Death with Dignity. (n.d.). *In your state*. Date retrieved, October 05, 2025.

<https://deathwithdignity.org/states/>

Epstein, E. G., Haizlip, J., Liaschenko, J., Zhao, D., Bennett, R., & Faith, M. (2020). Moral distress, mattering, and secondary traumatic stress in provider burnout: A call for moral community. *AACN Advanced Critical Care*, 31(2), 146-157. <https://doi.org/10.4037/aacnacc2020285>

Florida Legislature. (2025). The Florida 2019 Statutes. Title XLVI, Chapter 839, Section 13. Crimes. Offenses by Public Officers and Employees. Falsifying Records.

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0800-0899/0839/Sections/0839.13.html

Freud, S., & Krug, S. (2002). "Beyond the code of ethics, Part I: Complexities of ethical decision making in social work practice. *Families in Society: The Journal of Contemporary Human Services*, 83(5), 474-482. <https://doi.org/10.1606/1044-3894.55>

Hull SC, Oen-Hsiao JM, Spatz ES. (2022 Sep 30) Practical and ethical considerations in telehealth: Pitfalls and opportunities. *Yale J Biol Med*. 95(3):367-370. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9511944/>

Jones-Bonofiglio, K. (2020). *Healthcare ethics through the lens of moral distress*. Springer Nature.

References *(continued)*

Kadushin, A., & Harkness, D. (2014). *Supervision in social work* (5th Ed.). Columbia University Press.

Kitchener, K. S. (1984). "Intuition, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology." *Counseling Psychologist*, 12(3-4), 43-55.

<https://doi.org/10.1177/0011000084123005>

Latimer, A. L., Ori, M. D., Flaherty, C., & Ross, M. A. (2021). A survey of moral distress and end of life care in mechanical circulatory support nurses. *Heart & Lung*, 50(1), 65-70.

<https://doi.org/10.1016/j.hrtlng.2020.06.010>

Mayo Clinic staff. (2021). *Job burnout: How to spot it and take action*. Mayo Clinic.

<https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642>

National Association of Social Workers. (2020). Coronavirus (COVID-19): 8 Ethical Considerations for Social Workers. <https://www.socialworkers.org/About/Ethics/Ethics-Education-and-Resources/Ethics-8/Coronavirus-8-Ethical-Considerations-for-Social-Workers>

National Association of Social Workers (NASW). (n.d.). *Code of Ethics, Social Workers' Ethical*

Responsibilities to Clients. Retrieved October 05, 2025. [https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English/Social-Workers-Ethical-Responsibilities-to-Clients#:~:text=\(a\)%20Social%20workers%20should%20provide,an%20opportunity%20to%20ask%20questions](https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English/Social-Workers-Ethical-Responsibilities-to-Clients#:~:text=(a)%20Social%20workers%20should%20provide,an%20opportunity%20to%20ask%20questions)

References *(continued)*

National Health Service (Scotland). (2018). Ethical principles.

<http://www.advancedpractice.scot.nhs.uk/law-ethics/ethics/ethical-principles.aspx>

U.S. Department of Health and Human Services. (2021). Cultural competence in health and human services. <https://npin.cdc.gov/pages/cultural-competence>

WebMD Editorial Contributor. (2022, December 18). *Burnout: Symptoms and signs*. WebMD.

<https://www.webmd.com/mental-health/burnout-symptoms-signs>



You have completed the course: **Ethics in Behavioral Health**

Thank you!