

22ND ANNUAL MIDWEST CONFERENCE ON PROBLEM GAMBLING
AND SUBSTANCE ABUSE

Tuning Up Your Ethical Game!

JUNE 17, 2025

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Agenda

- Define the Problem
- Research priorities
- Ethical Practice
- Protecting the Clinician
- Final takeaways

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A Bit of A Problem....

- Over the last 8-10 years there has been a sharp increase in meta-research
 - Research of research
 - Highlighting a host of poor practices used by scientists when conducting and reporting their research
 - *P*-hacking - manipulating data and statistics to achieve a desired outcome,
 - S)HARKing - presenting results as if they were predicted by a hypothesis that was created to explain the observed data undermining study reliability
 - Biased publication decisions, selective outcome reporting, and the use of small, underpowered sample sizes
- Resulting in serious concerns for our confidence in science and responsible for the inability to replicate many of the findings obtained in earlier studies - particularly in psychology.
- Creates a narrative adopted by the media and academics such as sensationalist, increasing uses of the term “*crisis*” and calls for “*revolutions*.”

Drs. Robert Heirene & Sally Gainsbury, 2021



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- **Gambling Research has additional unique problems:**
 - Accusations of bias that involves in-kind or direct support from gambling industry or local governments
 - Concerns that funding sources will influence research questions, designs, or reporting
 - Bias in terms of anti-gambling moralistic ideology
 - Resistance to publishing research that demonstrates any benefits of gambling
- **Many of the theories/principles used to understand gambling behavior and problem gambling were developed from now outdated research (i.e. slot machines and older populations)**
 - new technologies and transformations
 - virtual and augmented reality gambling
 - Blockchain and Cryptocurrency
 - Gambling *within* online games
 - Skill elements of gaming machines
 - International mobile and internet gambling

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ETHICS: A set of principles that guide our actions

Criteria for defining ethics:

- (1) Ethics require other people
- (2) Intent makes a difference*
- (3) Ethics aim to resolve dilemmas
- (4) Thinking is necessary for ethics and morality
- (5) Ethics ask you to be impartial
- (6) Ethics require you to care about the suffering of others
- (7) Ethics judge human behavior

Taleff (2010)

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Addiction Professional Ethics are Unique

- (1) the lack of communication and continuity between research and clinical practice;
- (2) the lack of agreement over the necessary professional credentials;
- (3) the questionable propensity of group work in the addictions field
- (4) special issues of confidentiality and privileged communication;
- (5) boundaries of professional practice in making treatment decisions
- (6) unusual circumstances of informed consent*



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Scott (2000)

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Foundational Ethical Principals found in all ethical codes

Principle 1: Client Welfare

Principle 2: Cultural Diversity

Principle 3: The Counseling Relationship

Principle 4: Proper Use of Written Clinical Material

Principle 5: Proper Use of Spoken Clinical Material

Principle 6: Responsibility

Principle 7: Competency

Principle 8: Workplace Standards

Principle 9: Professional Rapport

Principle 10: Societal Obligations

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What comes into play.....



Morals: your personal values, sense of “right” and wrong, etc.



Principles: professional practice standards



Ethical Values: autonomy, beneficence, justice, fidelity, non-malficience, etc.



Scope of Practice: definitions and limitations of what services a professional is qualified to provide

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Ethics – the law and morality

- ***Ethics versus the Law:*** Law is a clear set of predefined rules that are punishable in a court, - defined at the state or federal level (Barsky, 2010; Washington & Demask, 2008).
 - Law is intentionally definitive, and ethics are general guidelines - the least of what we must do and because something is legal, it is not necessarily ethical.
- ***Ethics versus Morality:*** Morals are basic, core feelings of right and wrong.
 - Consider how guilt and shame are differentiated - they are distinct emotions.
 - **Guilt** refers to an emotion about a committed action: For example, you may feel guilty about lying to your mom.
 - **Shame** refers to an emotion about who you feel you are: You may feel shame because you are a liar who lies to his or her own mom.

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The major problem with ethics... ..
is that it is not taught



If you have been in the field even 10 years – you have likely attended at the VERY minimum 25 hours of ethics trainings.

Ethics training is attended more than on any other topic because it is the only specific topic that **must** be included in the recredentialing process

Despite the significant requirement, ethics education has used more of the “water-cooler technique” of teaching, discussing ethical principles through vignettes *after* they have occurred with the implied assumption it has been mastered

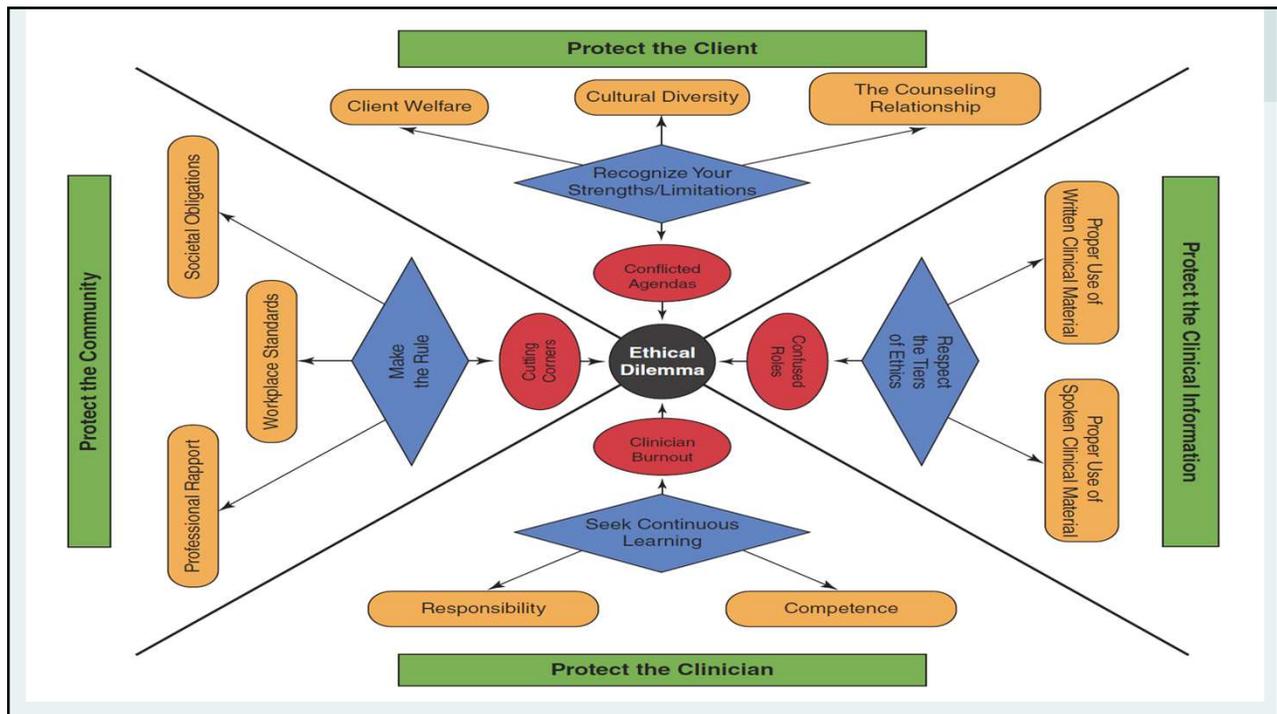
Ethics is the one area of clinical practice a new clinician is expected to know *before* becoming a credentialed clinician and innately understand the ethical decision (Taleff, 2010)

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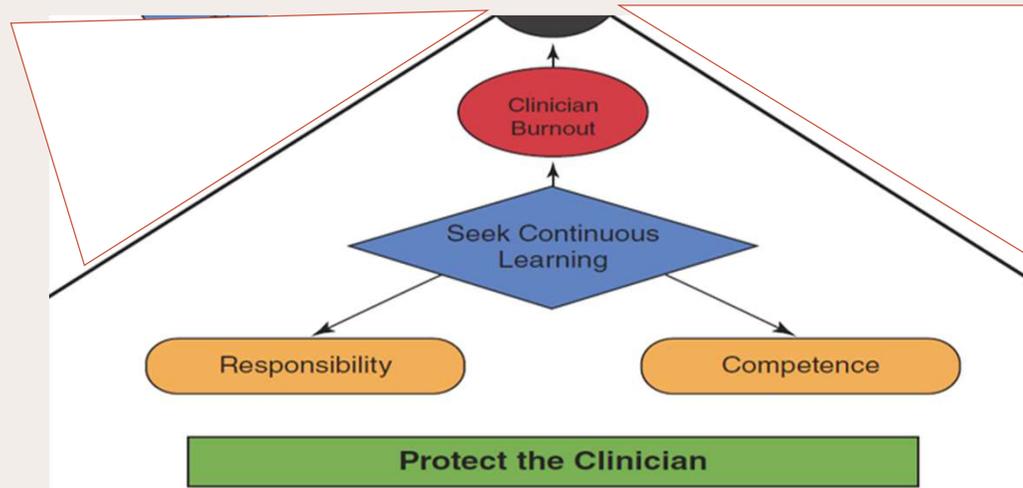
These realities support the importance of the practice of counseling ethics moving to the forefront of our conscience.

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Protecting the Clinician



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Seasoned clinicians can be less sensitive to ethical dilemmas due to their experience.

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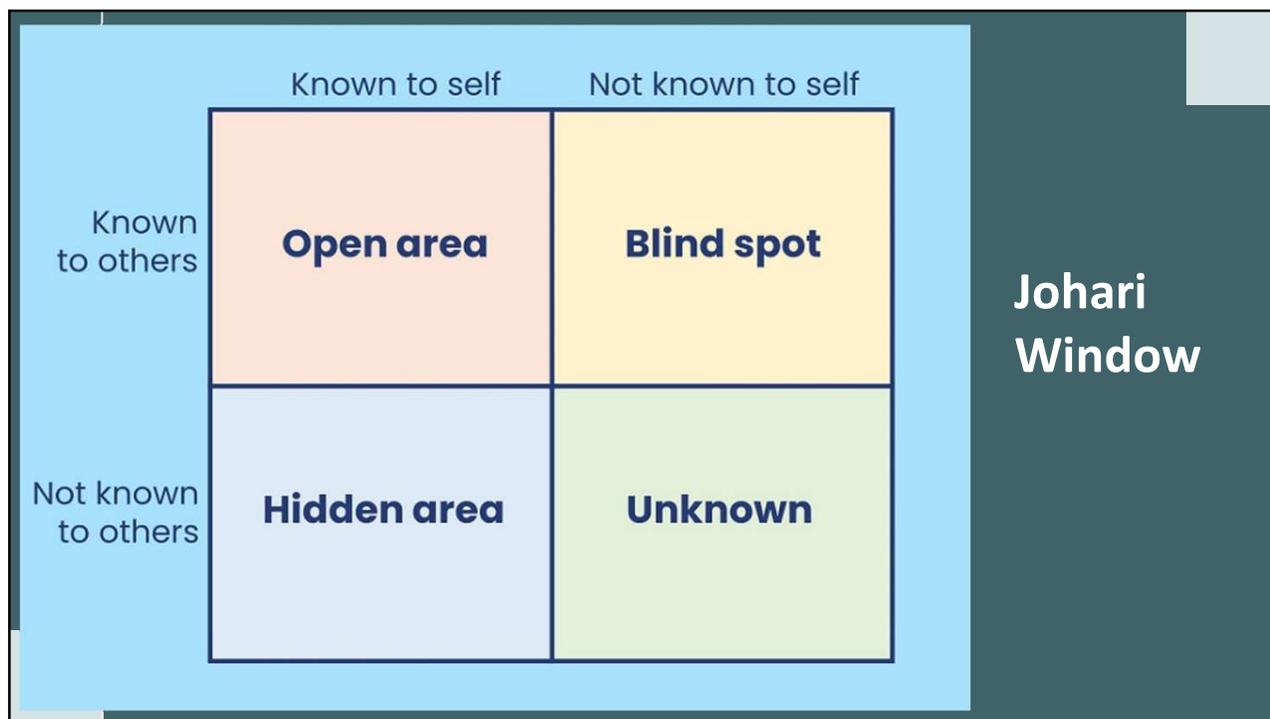
professionals who do a heap of good in the lives

of the clients they serve.

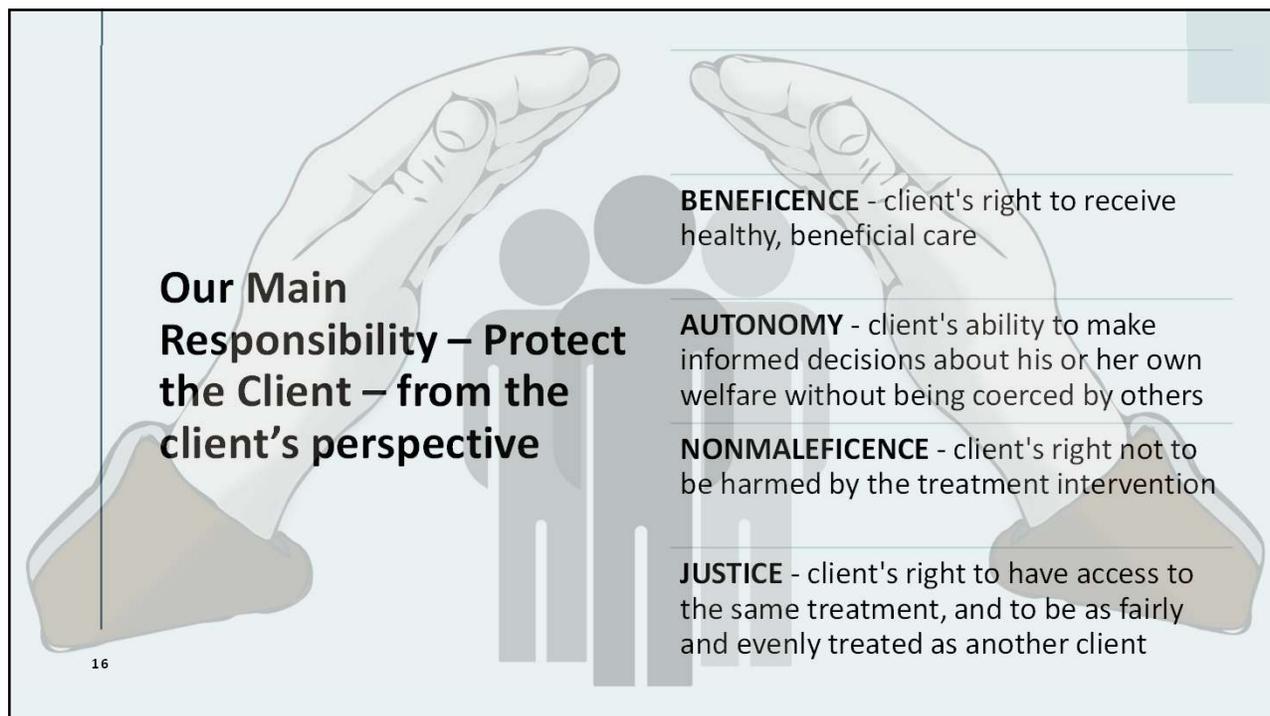
AN EXAMPLE



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Small Group ACTIVITIES

1. Why did you get into this profession?
2. Who are you really good at helping?
3. Who are you not good at helping?
4. Who is your professional hero and why?
5. What keeps you in this work?

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Johari Window Model

Three Key Benefits of using the Johari Window as an individual development tool.

- . Increased self awareness
- . Enhanced personal relationships
- . Clear personal development opportunities



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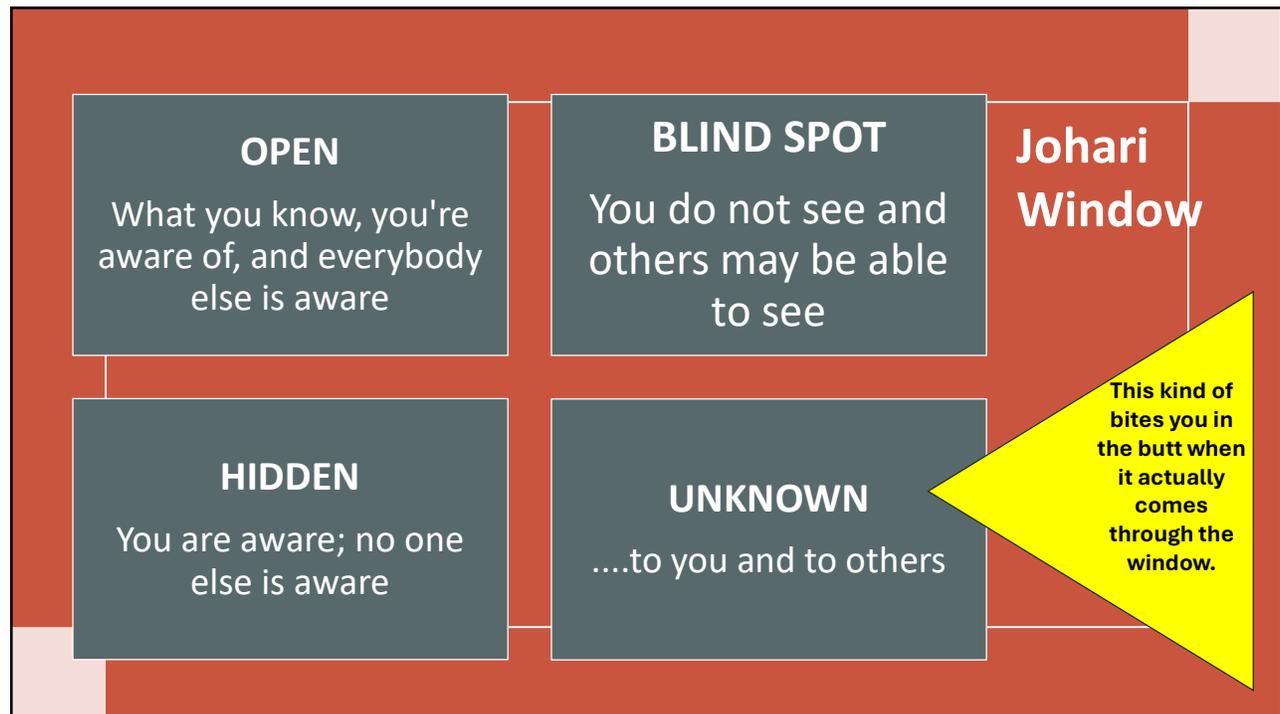
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When are professionals most vulnerable?

Professionals are most vulnerable to ethical lapses:

- In situations involving high pressure
- Unclear policies
- A lack of checks and balances
- When personal gain or a desire to help overrides professional standards
- Poor leadership/supervision
- Toxic work culture
- Lack of corporate responsibility

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Protecting the Clinician

Seek Continuous Learning
Responsibility
Competency
Clinician Burnout

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Seek Continuous Learning

We have to say: “I don’t know”
Foster learning from a variety of different areas

MAKE A LIST of 2 – 3 areas:

- 1. What are the areas of competency in which you excel?**
- 2. What are the areas of competency in which you would like additional information?**



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Responsibility

- Paying attention to **objectivity, integrity and standards** in ALL of our professional practices – not just with clients.
- **Objectivity** – Both Subjectivity and objective are valuable in clinical work
- **Integrity** – Consistent traits such as honesty, decency, fairness, sincerity and truth – and to realize that we are not perfect and growth is a process.
- **Standards** – Consistently delivering quality services which includes training – and appropriate application of evidence-based practices, appropriate use of social media, and yes... self care!

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We often use the word "integrity" to refer to people who act in ways that are consistent with their beliefs. Here consistency means that a person's actions are in harmony with his or her inner values



Competing values may interrupt moral motivation and action.

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Competency

- It is more than training for recertification – or getting your requirements met. Keep an eye out for those things you made on your list – be proactive in looking for learning opportunities that can round out your expertise.
- **Application of Theory** – what theory/s are you using – are they working effectively What are your outcomes? Are you willing to look at other approaches that may be effective.?
- **Supervision** – Workloads can get in the way of consistent supervision. Supervision is critical o sustaining and developing competencies.
- **Therapist Qualities** – there is no research that gives us the connection that if the therapist is in recovery there are better outcomes in therapy. One thing is that clinicians who are in recovery are savvy to the experiences of the clients.
- **DISCUSSION QUESTION Self-care** – How does your self care reflect in your work?

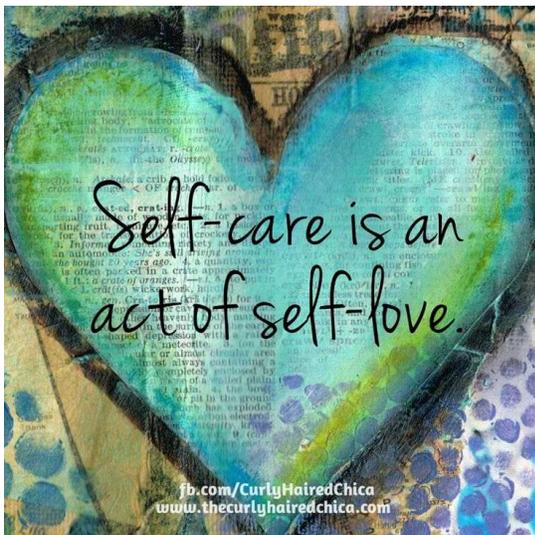
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Clinician Burnout



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Self Care is Important



Provider Wellbeing



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Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary Traumatic Stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professionals. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the terms is not used to describe the effects of indirect trauma exposure specifically.

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Secondary Traumatic Stress (STS)

- Bearing witness to another's story
- "Secondary trauma" is **trauma-related stress reactions and symptoms** resulting from **exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event.**
- Can occur among service providers across all settings and among professionals who provide services to those who have experienced trauma (e.g., healthcare providers, peer counselors, first responders, clergy, and intake workers).



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Secondary Traumatic Stress



- Fear
- Sleep problems
- Hypervigilance
- Intrusive images
- Feeling helpless regarding clients
- Piglet (Winnie the Pooh) - "I'll get some help. Oh dear, I am the help."

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Possible Signs of STS

- Missing work
- Increased use of alcohol/drugs
- Avoiding clients
- Avoiding or missing work
- Difficulty making decisions
- Relationship problems
- Pigeonholing, labeling, and/or losing compassion for clients
- Silencing response in an effort to not hear more traumatic experiences



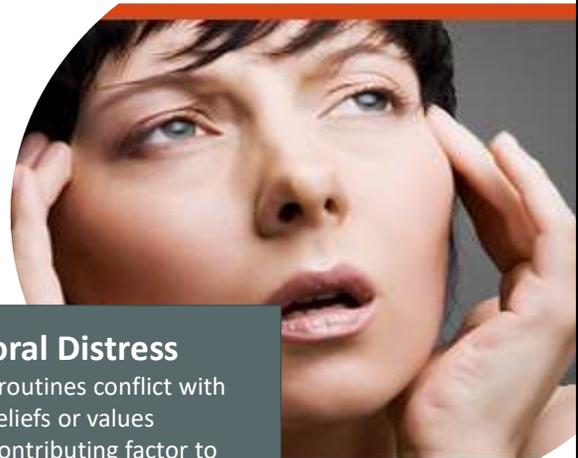
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Compassion Fatigue

- Unfolds over time
- Because you care
- You feel committed or responsible
- More common with high workload or in non-supportive environments
- Physically and emotionally exhausted
- Gradual erosion of hope, empathy, compassion

Moral Distress

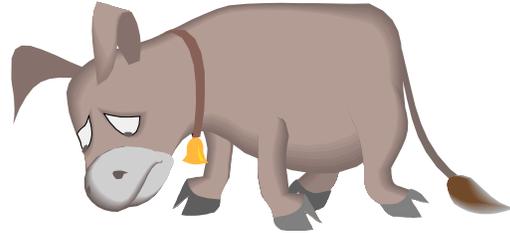
- Policies or routines conflict with personal beliefs or values
- May be a contributing factor to compassion fatigue



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Burnout

- Workload/Workplace
- Exhausted, Frustrated, Depression, hopelessness, difficulty working effectively
- Doesn't really matter
- Situation feels hopeless
- Pessimist/Cynical
- Feel detached
- No sense of accomplishment
- Eeyore - "End of the road. Nothing to do, and no hope of things getting better."



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Research on Impacts of Intimacy with clients

Several studies have been conducted that unanimously show “severe damage” can result from such behavior. (Lovett, Paxton & Riggs, 2001)

90% of clients who were in sexual relationships with their therapists were damaged further as a result. Impacts ranged from distrust of the therapeutic process, to severe depression, hospitalization, and suicide.

• Bouhoutsos, Forer, Greenberg, Holroyd & Leman (1983)

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Components of successful management of sexual feelings in the therapeutic relationship:

Trainings include honest serious discussions of this complex issue

Integrate into curriculum

Additional research is necessary to understand the complexities

Understand that attraction is human and needs to be discussed

Needs to be a safe topic to discuss

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SELF ASSESSMENT

- **Ethical Problem Solving**
- Ask yourself is what I am doing or planning to do a violation of ethics, laws, rules, or agency policy?
- If yes don't do it.
- If you are unsure:
 - Consult Supervision
 - Ask yourself what is the worst that could happen?
 - Ask yourself what would the headline be?
 - Am I proud of this course of action?
- Create a plan to lessen the likelihood of a similar situation happening to yourself or someone else in the future.

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Ethical Problem Solving



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Ethical approaches suggest that once we have ascertained the facts, we should ask ourselves these questions when trying to resolve a moral issue:

1. What benefits and what harms will each course of action produce, and which alternative will lead to the best overall consequences?
2. What moral rights do the affected parties have, and which course of action best respects those rights?

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Ethical Problem Solving



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3. Which course of action treats everyone the same, except where there is a morally justifiable reason not to, and does not show favoritism or discrimination?
4. Which course of action advances the common good?
5. Which course of action develops moral virtues?
6. How does the course of action impact human connectedness?

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Ethical Problem Solving

- This method is not meant to provide an automatic solution to moral problems.
- It is meant to help identify most of the important ethical considerations.
- In the end, we must deliberate on moral issues for ourselves, keeping a careful eye on both the facts and on the ethical considerations involved.

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Responsible Professionals

Professional's claim of skill in relieving people's pain must be based on scientific evidence of effectiveness in carrying out interventions for a good result for the client.

1. Having sufficient knowledge, skill and judgment to use efficacious interventions
2. Respecting the human dignity and freedom of the client

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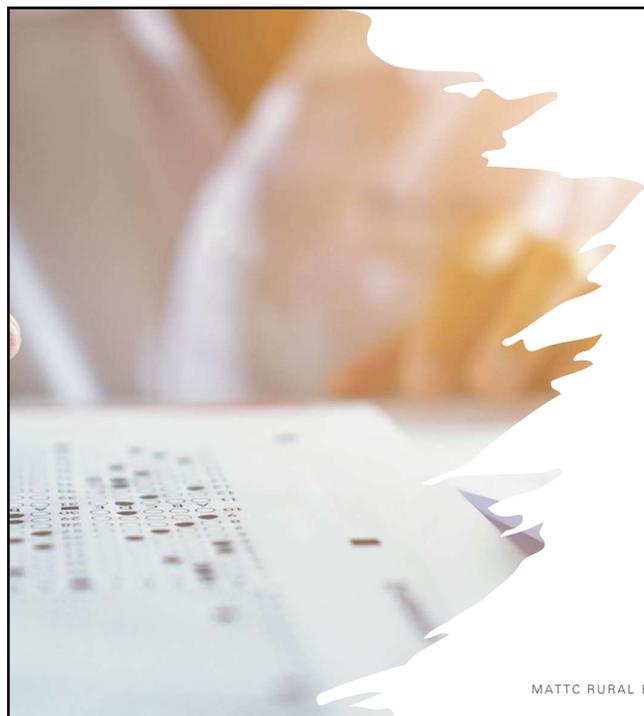


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Responsible Professionals.....

- 3. Using the power inherent in the helper's role responsibly
- 4. Acting in ways that promote public confidence in the profession of counseling

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Stadler's Three Tests

- In applying the ***test of justice***, assess your own sense of fairness by determining whether you would treat others the same in this situation.
- For the ***test of publicity***, ask yourself whether you would want your behavior reported in the press.
- The ***test of universality*** asks you to assess whether you could recommend the same course of action to another counselor in the same situation.

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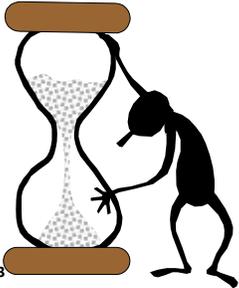
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Stadler's Three Tests....

- If the course of action you have selected seems to present new ethical issues, then you'll need to go back to the beginning and reevaluate each step of the process.
- Passing the tests of justice, publicity, and universality and satisfied that you have selected an appropriate course of action, then you are ready to move on to implementation.



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Thank you

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