Ethical Dilemmas Facing Substance Use Counselors During the COVID-19 Pandemic

Caravella McCusian, PhD¹, J. Konadu Fokuo, PhD², Emily A. Arnold, PhD¹, Jaime Dumoit-Smith, BA¹, Sania Elahi, BS¹, James L. Sorensen, PhD¹

1. University of California, San Francisco 2. University of Illinois at Chicago

Introduction

- During the COVID-19 pandemic, substance use disorder (SUD) treatment settings experienced several abrupt changes including decreased admissions, reduction in services, and modified requirements for medicated assisted treatment⁵⁻³
- Even during these rapid changes, the maintenance of ethical standards by frontline staff (i.e., SUD counselors) was crucial to ensure treatment remained effective for clients
- In the current study, we sought to understand the impact of protocol changes due to COVID-19 on the ability of substance use counselors to navigate ethical dilemmas

Methods and Participants

- Eighteen 60-90 minute in-depth interviews were conducted with SUD counselors in two treatment programs (n = 10 residential, n = 8 outpatient)
- Interviews explored COVID-related protocol changes and ethical dilemmas related to these changes
- Interviews were conducted via Zoom and were recorded and transcribed
- A trained team of analysts coded transcripts following thematic analysis
- Counselors varied in age (31-72 years) and years of counseling experience (1-8 years)
- They were diverse in race/ethnicity (44% White, 33% African American, 22% Hispanic) and 67% were women
- Eleven self-identified as persons in recovery from substance use

Results

Public health mandates (e.g., social distancing, mandatory testing) were implemented quickly and iteratively. However, many programs were not always able to carry out mandates due to lack of resources, program structure, or other barriers.

- “There’s absolutely no way they’re [clients are] housed six feet apart... most of the rooms are like a jail cell, like with bunk beds...they could hold hands.” (Residential SUD counselor)
- “They also didn’t require staff to get tested at first...when we were testing the clients...they’re [the clients] are like, well we are in the house all the time, you guys [the staff] are the ones that are going in and out.” (Residential SUD counselor)

Public health mandates also undermined/complicated the ability for SUD counselors to offer treatment

- “I can’t be as close to clients as I’d like to be... six feet is kind of an impersonal distance to me.” (Residential SUD counselor)

Mandates also resulted in unique ethical dilemmas not commonly faced by SUD counselors

- “Just trying to continue to respect the boundaries of the workday. I’m getting multiple calls a week late into the evening or into the night, but still trying to respect that boundary.” (Outpatient SUD counselor)
- “The person [having a telehealth counseling session] is seeing into your home, potentially seeing your children walk by...We’re kind of bleeding into each other’s personal space in a different way.” (Outpatient SUD counselor)

While COVID-related changes seemed to undermine treatment for some clients, for others they allowed for more flexibility in reaching treatment goals. This flexibility was achieved, in part, by effective interdisciplinary staff collaboration.

- “It seems to have offered people some control. Which I think for some people was very freeing. To be on their own turf in their own pajamas in their own house on their own couch... for a quarter of my case load, I would say it’s been a positive change... I feel like people have opened up in a deeper way.” (Outpatient SUD counselor)
- “I think the take homes [multiple doses of medication assisted treatment] is something that could’ve potentially been an ethical issue, but I was actually felt really good about how the clinic handled it. I felt there was good coordination from the medical staff identifying people who would be eligible. And then they coordinated with clinical staff to make decisions that felt appropriate and safe.” (Outpatient SUD counselor)

Discussion and Conclusions

- It was difficult for frontline staff to maintain the necessary public health mandated protocols without feeling that the therapeutic alliance was compromised or that the goals of SUD treatment were undermined
- When frontline staff were consulted regarding protocol changes, the changes were less likely to impede treatment for clients
- There were some protocol changes that participants felt were beneficial, such as telehealth, and having more flexibility in treatment, including extensions on medication assisted treatment
- Additional research on the efficacy of these protocol changes (e.g., telehealth and take-home regimens) would be useful. Implementation studies on how public health mandates changed clinic workflow can also inform future responses should respiratory viruses drive another global pandemic

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References: