

Free ethics and intervention practice term paper example

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Introduction

Handling drugs and alcohol addicts require specialized care. The therapeutic approach requires that the members of the patients' social circle confront the person with regards to the damages experienced as a result of the drinking behavior. Families normally procure services of interventionists to assist them, and advice on the actions that the members should take if the patients are to under a given treatment. Mainly, it is the family members and close friends who confront the addict. During the conversation, the patient is informed about the negative impacts of the drinking habit to the family and what the behavior is likely to lead to. For example, the patient may, for the first time, hear about the possible death caused by drunk driving or possibility of having long term diseases or that the family will no longer sit back and watch the behavior destroy the life of one of their own. As a result of the confrontation, the family members get to learn more about the addiction of the patient and design effective intervention tools. However, the interventionists' value is based on the ability to ensure an effective engagement and retention of the clients. The foundation of the model is anchored on ethical principles. However, moral and ethical issues have risen with regard to the actions and behaviors of some of the interventionists. They are not only known for acquiring celebrity status, but also offering questionable services that end up worsening the situation further. The best remedy for the unethical and unprofessional behaviors of the interventionist is to obtain clinical licenses, just like the addiction professionals through bodies like the National Certification Commission for Addiction Professionals. Currently, field is free for all with virtually no limitations to be an

interventionist. People randomly sell the interventionist's license while efforts like CIP grand parenting programs are ineffective. Importance of obtaining clinical license in Intervention Practice

Lack of regulations of the interventionists leads to serious negligence that affect the outcome of the treatment process. Because of poor skills and lack of a professional body, the interventionists not only lack and omit clinical components they are also narrowing minded. Many of them use the surprise model and invitational models without carrying out any clinical assessment on the patients (Knopf, 2013). They, therefore, end up acting unethically by blaming the addicts. However, ethics demands that people are treated fairly, without any blame. Some of the models they use focus more on the negative aspects of the behaviors, and heaping blames on the addict and eventually hurting their feelings. For example, the traditional confrontational Intervention Model advanced by Harry Tiebout in 1940s postulates that drunkenness is entrenched in character malformation comprising of ego inflation, self-encapsulation, pressure and aggression. According to White and Miller (2007), the traditional confrontational Intervention Model advanced by Harry Tiebout, viewed an alcoholic as a person who is not capable of " accurate self-perception due to an elaborate system of defense mechanisms that simultaneously justified drinking and buttressed self-esteem". It is very unethical to try to force an addict to submit to a given thought. However, if the interventionists had a license, they would know that they must act within a given standard of behavior. In a tough situation, they would act by putting soft pressure on the patient by reminding him or her about the negative consequences of the habit and why the family, and not

the patient, feels hurt

Obtaining clinical license in intervention practice will force the therapists to undergo a rigorous examination and certification process they will also be required to undergo regular trainings to improve their skills and know emerging issues and knowledge gap in the industry. While the intervention field has some good-intentioned actors use Johnson method of intervention, the “ method does not work with great efficacy, is clinically compromised, lead a gap in this industry” (Kropf, 2003). An effective and ethical therapy focuses on motivation for behavior change. The change must be inwardly initiated and sustained by continued support of the family and the therapist. The basic principle of Johnson method of intervention is the focus on education and motivation for change. The model acknowledges the fact that the addicts are unlikely to change without some elements of confrontation. However, the confrontation must be carried out in an ethical and respectful manner. If the interventionists are trained and certified, they will understand the gaps in Johnson method of intervention model. The regulators would then design new models and incorporate them in the curriculum and therapeutic procedures.

Obtaining clinical license in intervention practice is important in developing public policies and laws needed to address the addicted issue. Had there been licensing of the interventionists, the infamous MADD Victim Impact Panel could not have been used in the industry. The model, Victim Impact Panel, was developed by Mothers against Drunk Driving (MADD). The model has some sessions where drunk drivers are challenged with the real-life outcomes caused by the actions offenders, and victims volunteer to speak to

an audience of drink driving offenders. However, on the negative side, the offender “are court-ordered to attend the educational bit” with an intention to allow them patient to reduce their defenses and behavior rationalization (C'de Baca, Lapham, Liang, & Skipper, 2001). The model suggests that by being positive and listening, the patients would reform. The aspect of listening and staying positive is considered as ethical methodology to treatment. However, studies have established that the model and Victim Impact Panel is not effective as the confrontation is not only blame oriented but also coerced. According to Woodall, Delaney, Rogers and Wheeler (2000) a study on effectiveness of the model, Victim Impact Panel showed that “among first offenders there was no effect on the likelihood of recidivism, but for those with more than one prior offense, attending the VIP was associated in both men and women with significantly higher rates of repeat offense”. The Victim Impact Panel attempts to make the addicts feel frightened, embarrassed, and humiliated; the efforts are likely to fail. For example, “in the Woodall study, exit interviews with offenders leaving the MADD-VIP experience confirmed that in general they felt terrible about themselves-embarrassed, ashamed, humiliated, and guilty”. However, “the result was not less, but more drunk driving” (Woodall, Delaney, Rogers and Wheeler, 2000). In this scenario, regulating the industry could have led to the professionals lobbying the courts and the government to stop relying on the MADD Victim Impact Panel. Regulation would state that the main goal of behavior therapy is to help patients to move away from self-destructive practices associated with anxiety disorders and addiction problems. Engaging a specialist in any field to deal with a specific problem entails

realization of the role of ethics and transparency in the profession. Professional codes of conduct and ethics only come with licensing and regulation of the interventionists. For example, the Johnson method of intervention requires that a family hires a qualified specialist. However, according to Knopf (2013) because of “lack of clinical requirements for interventionists, [some do not] spell out everything in their contract agreements”. If the interventionists are registered just like the addiction specialists, they specialist will automatically adhere to ethical and professional codes of conduct. By default, the treatment process will be ethically carried out. A professional therapist will also be transparent and share with the issues of pay and cost of intervention. However, because of lack of licensing, some interventionists act unethically; directing families to specific treatment centers. . some charge the families while at the same time get paid by the centers. Some rich fund the centers through trust funds. Dilemma also arises from the fact that financial based treatment centers are regulated, but the interventionists are not. A conflict of interest arises. The growth of the field presents an ethical dilemma. While shows such as A&E opened the industry and market for most of the interventionists, the shows are sometimes misleading. The role of the therapist is to come up with a treatment plan following the specific condition presented by the patient. However, because of many quacks, some therapists are not able to design tailor-made treatment plans for different individuals based on their conditions. In the shows, “sometimes interventionists may make statements that are clearly non-therapeutic, only for shock value” thus affecting the process (Knopf, 2013). Dilemma for programs occurs to people who accept a

referral because the interventionists are not credentialed. With proper regulations, there would be no dilemma in referrals since the profession would be ethically developed. A well developed and certified interventionist is able to discuss with the patient regarding different coping mechanisms and activities that enhance his or her focus during treatment. Professional therapists would also play an active role in patient management and be able to modify the treatment plan with respect to patient responses, such as fear, anger, and pain. They would encourage patients to think positively about their condition to encourage them to shun bad behaviors and adopt positive ones. Conclusion

Efforts must be made to stop the interventionists and bring in a regulatory and licensing framework. They act unethically and unprofessionally through quick judgment. Medical approach to treatment and clinical psychology devour punishment-based approach in handling a patient. Even if a patient suffers from a condition that is self-inflicted such as attempted suicide, he, or she should not be punished. A regulator regime should propose that only a therapy program that leads to true healing is administered by having the addicts get treatment, and the family members learn to communicate positively and be supportive to the patient. Consequently, the patient can make an informed decision that is free from any ultimatum.

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