

Moral and Ethical Dilemmas in Housing First

Pushing the Limits of Harm Reduction and TIC

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HF Only, for Everyone, All the Time?

- Have we fallen into a dichotomy or dualistic, all or nothing thinking?
- Naturally Housing First reacted strongly to Housing Ready/Housing Worthy models.
- We would like to look at coming back toward the middle because of the realities of:
 - Severe substance abuse, Mental Health Issues, Challenging behaviors
 - Staff and Team Trauma
- Using the framework/lens of ethical decision making.

The Dichotomy of Care

Good

- Understand trauma behind behavior
- Keep persons in housing no matter what
- Housing First
- Harm Reduction
- Personal Autonomy
- Staff Tolerance/Flexibility
- Dying Indoors – In PSH

Bad

- Hold people accountable
- D/C from program/evict
- Transitional Housing/Housing Ready
- Abstinence-based program
- Personal Responsibility
- Staff Boundaries/Limits
- Dying Outdoors

Harm Reduction



- Honoring inherent dignity and facilitating a safe space
- A real path to abstinence and recovery
- Assertive interventions, moral dilemmas and personal autonomy
- The sensible alternative to a moralistic abstinence-oriented policy

Trauma Informed Care

- Understanding that 92% of homeless persons have hx. of severe trauma
- Is the tail wagging the dog? (moving those along who inhibit the greater good)
- Honoring the secondary trauma experience of staff

Examples of Daily Ethical Challenges

- Allocation of scarce resources (housing, motel vouchers, food, bus tokens)
- Building client trust vs. following laws/policies/regulations
- Balancing individual choice with good of the community/team
- Incentives vs. Coercion vs. client self-determination (providing rewards: cigarettes, lunch, alcohol)

Case Scenario

69 year old female with history of schizophrenia. No contact with family and no social supports other than Housing First Team. Has been housed in the program 4 separate times. Has been evicted (or asked to leave by the landlord) on 2 separate occasions associated with disruptive and verbally aggressive behavior. Has requested to be moved on 2 occasions associated with symptoms of paranoia. After 2 months in new apartment, is requesting to be moved again due to belief that apartment is bugged. Is verbally aggressive, demanding, and verbally abusive towards multiple staff, many of whom are now requesting not to work with her. Client has been transferred between 3 separate teams due to behaviors and as a way to minimize negative impact on staff. Behaviors are escalating related to demands that she be moved again. Staff are now exploring the possibility of discharge from the program.

Questions for Consideration

- Where do you draw the line in terms of abuse/aggression towards staff?
- If evicted, do you rehouse her?
- Do you require staff to work with her?
- Would your answers change if her behaviors were related to a substance use disorder? If she was in a wheelchair? If she refuses mental health treatment?
- What, if any, ethical framework did you use to make your decision?

Ethical Decision-Making Framework

Utilitarian	Egoistic	Common Good	Duty-Based	Rights Approach	Fairness or Justice	Virtue Approach	Divine Command
Epicurus - 341-270 BC	Thrasymachus 459-400 BC	Plato -427-347 BC	Augustine - 340-430- Kant1724-04	Locke - 1632-1704	Hammurabi - 1750 BC	Aristotle 384-322 BC Confucius551	God. Ockham 1285-1349 ..
Concerns large groups/com munities	Self-interest. Might makes right	Actions contribute to communal life-most vulnerable	Personal will and intention Universal law/reason Duty bound	Protects the rights of those affected by the action	All should be treated alike- universality of rights	Consistent with ideal human virtue	Right is what God commands
Most good/least harm	Self-interest =self-respect	General will of people	Consequence is not relevant	All humans have a right to dignity	Procedure for what counts as fair	Concerned with whole of person's life	God decides what's ethical Can change

Three Ethical Frameworks for Housing First

	1. Consequentialist	2. Duty	3. Virtue
Deliberative Process	<p>What outcome do I want or should I try to achieve?</p> <ul style="list-style-type: none"> -get my client into this apartment -keep my client from losing housing -help my client get a job -help my client attain sobriety 	<p>What are my obligations, and what are the things I can never do?</p> <ul style="list-style-type: none"> -as an LCSW -as an RN -as a supervisor -as an employee of CCH -as a member of the Denver community 	<p>What kind of person should I (try to) be? What will my actions show about my character?</p> <ul style="list-style-type: none"> -as a landlord -as a neighbor -as a housing case manager -as a family member
Focus	<p>Consequences of an action are always the most important.</p> <ul style="list-style-type: none"> -includes all people directly and indirectly affected by the action. -“whatever it takes” approach to getting client’s housed 	<p>Primary importance is placed on the duties that exist prior to the situation. These duties will always determine prior obligations.</p> <ul style="list-style-type: none"> -honor client right to self-determination -respect client right to privacy -advocate for client needs -acknowledge and support clt right to housing and healthcare 	<p>Focuses on how character traits (virtues or vices) that are or could be motivating the people involved.</p> <ul style="list-style-type: none"> -e.g., virtues/vices motivating a neighbor, landlord, parent, CCH staff, those in recovery
Definition of ethical conduct	<p>Ethical conduct is always the action that will achieve the best consequences.</p>	<p>Ethical conduct always entails “doing the right thing,” which means doing the action which fulfills my duties and obligations.</p>	<p>Ethical conduct is whatever a fully virtuous person would do in the circumstances.</p>
Motivation	<p>Desires the most good for the greatest number of people.</p>	<p>Desires to always do the right thing.</p>	<p>Goal is to develop one’s character.</p>

Core Values/Ethical Principles of Social Work

Value	Ethical Principal
Service	Social workers' primary goal is to help people in need and to address social problems
Social Justice	Social workers challenge social injustice
Dignity and Worth of the Person	Social workers respect the inherent dignity and worth of the person.
Importance of Human Relationships	Social workers recognize the central importance of human relationships.
Integrity	Social workers behave in a trustworthy manner
Competence	Social workers practice within their areas of competence and develop and enhance their professional expertise

American Nurses Association

Code of Ethics for Nurses

Provision 1	The nurse, in all professional relationships, practices with compassion and the recognition of human dignity and worth that is present in every individual.
Provision 2	The primary commitment of the nurse is to the patient, whether the patient is defined as an individual, group, or community.
Provision 3	The nurse seeks to protect the health, safety, and rights of the patient.
Provision 4	Responsibility and Accountability.
Provision 5	The nurse has a duty to self to maintain competence and to continue professional growth.
Provision 6	The nurse facilitates improvement of the healthcare environment.
Provision 7	The nurse assists in advancement of the profession through contributions to practice, education, administration, and knowledge development.
Provision 8	The nurse collaborates with the public and other health professionals in promoting community, national and international efforts to meet health needs.

Ethical Principles in Health Care

Autonomy	Patient have autonomy of thought, intention, and action when making decisions regarding health care. Decision-making process must be free of coercion or coaxing. In order make a fully informed decision, patient must understand all risks and benefits of treatment, and the likelihood of success.
Justice	Burdens and benefits of treatment must be distributed equally among all groups in a society. Consider four main areas when evaluating justice: fair distribution of scarce resources, competing needs, rights and obligations, and potential conflicts with established legislation.
Beneficence	Promote health, maximize benefit with the intent of doing good for the patient involved. Consider individual circumstances of all patients, and strive for net benefit.
Non-Maleficence	“Do No harm”

Small Group Discussions

- Identify one current ethical dilemma that someone in your small group is facing in his/her program
- Who are the key stakeholders involved and what are your obligations/duties to them?
- What are the core values that are in conflict related to this dilemma?
- What outcomes would you like to achieve (or avoid)?
- What ethical framework are you using to drive your current decision making?
- What does your response to this dilemma reveal about your hopes and fears?

Conclusions

- Identifying dualistic thinking can lead to greater balance and more dynamic decision making.
- When faced with tough decisions or ethical dilemmas, it is important to cultivate a culture of curiosity and safe inquiry.
- Are we challenging one another to hold equal and sometimes contradictory points of view? If not, why?
- Are we honoring the inherent dignity of our staff/teams (and the greater community) to the same degree as our clients?

"The most important human endeavor is the striving for morality in our actions. Our inner balance and even our very existence depend on it. Only morality in our actions can give beauty and dignity to life."

- Albert Einstein