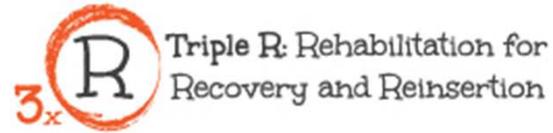# Be-ethics

A behaviors+ethics driven model
for total recovery of (drug)
addicted users

Rome, May 17° 2016

MASSIMO DI RIENZO
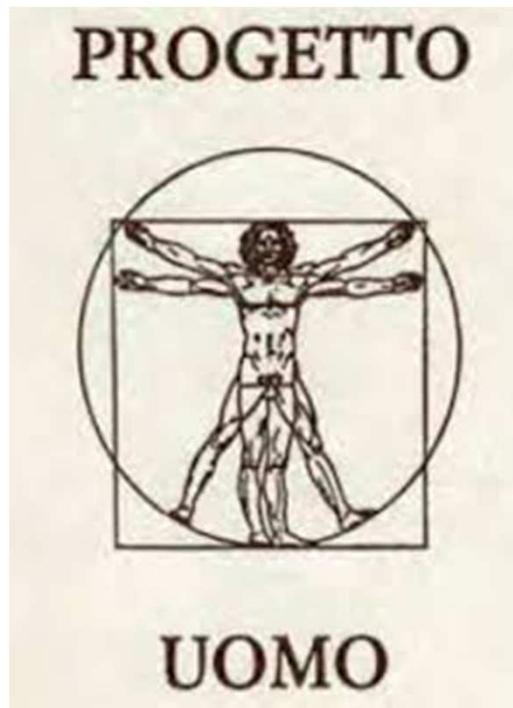Centro Italiano di Solidarietà don Mario Picchi

BE-ETHICS

FIRST PART
THE MODEL

PROGETTO

UOMO

- In terms of drug-related issues, Centro Italiano di Solidarietà don Mario Picchi approach has always been focused on the value of the **PERSON**.
- The method is worldwide spread and it is known as "**Progetto Uomo**" (Project Man).
- The therapeutic Programme is **not against drugs or other addiction symptoms**, but it is for humans.

San Carlo Community
(Pope Francis visit)

- **Case manager (staff), in a position of ethical leadership, leads users through the transition from addiction to autonomy.**
- **This is achieved by changing the lifestyle of an individual who uses the COMMUNITY (*set of people interested and involved, organizations, structures, activities, educational and therapeutic approaches*) as a tool for enhancing individual autonomy.**
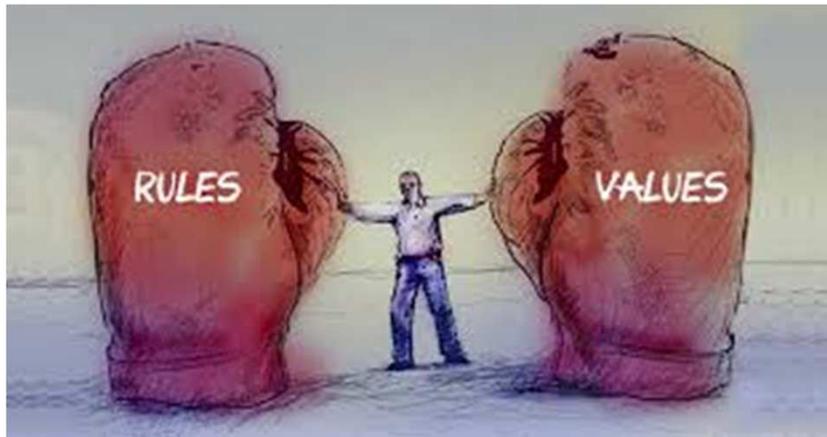
- From the conceptual point of view the intervention model is inspired by the deep rooted cultural tradition of its founder **Don Mario Picchi**.
- In addition, it is inspired by new approaches in promoting **integrity** in the public sector developed by OECD, which has led to a number of public sector reform, for example, anti-corruption and transparency legislations.
- The model adopts a point of view widely shared at the international level, according to which, a strategy for the promotion and **management of integrity** (*meant as the virtue of acting upon an internally consistent framework of principles*) **SHOULD NOT IMPLY A CHOICE** between a **rules-based approach (behaviors)** and a **values-based approach (ethics), but an adequate and flexible combination of both.**

- There is a connection between what we think and feel and what we do, but in many situations **that connection is weaker than we think**.
- Why? It seems that our expressions of attitudes and our behaviors are each subject to **many influences**.
- Our attitudes will predict our behavior if these "other influences" are **minimized** and if the **attitude is STRONG ENOUGH or** (because we strongly believe that what we do it is the right thing to do) or **TRAINED ENOUGH**.
- Also, we acquire attitudes in a **MANNER** that makes them **sometimes strong, sometimes not**.

- An extensive series of experiments by Russell Fazio and Mark Zanna show that when **attitudes arise from EXPERIENCE**, they are far more likely to endure and to guide actions.
- In our view, to understand BEHAVIORS and ATTITUDES and their RELATIONSHIP we need a crucial element which is ”**ETHICS**".
- Both attitudes and behaviors are driven by (or in some way supported) by an "**ethical position**".
- Only a powerful "**ethical position**" can predict behaviors even in complicated contexts (**ETHICAL DILEMMAS**).

Lord Moulton

- **Ethical positions only arise if Programmes conceive the building and maintenance of users' so-called "ETHICAL SPACE".**
- **The definition of "ethical space", introduced by Lord Moulton through the famous paraphrase "obedience to the unenforceble" gets the point of one of the most interesting aspects of fragility of Rehabilitation Programmes that use behavioral approaches as means to reduce relapses**

- The programmes works as a **strong structure** that regulates users through specific practices and rules of conduct.
- But **outside the Programme** everything changes.
- There's **NO STRUCTURE** anymore, as much as there's no more **behavioral cages** founded on RULES, on peer and leadership relationship.
- And here comes into play "**the obedience to the unenforceble**" that is, the ethical space.

If this space is not trained, maintained, if it is not empowered, for example, through the activation of a strong mindset and a strong ethical stance made on daily choices discussion, user is likely to shift back again from rule addiction to substance addiction.

The conquest and maintenance of one's own ethical space, therefore, is parallel to the conquest of AUTONOMY.

- The deep meaning of autonomy, infact, lies in the **self-ruling capacity** [from Greek **αὐτόνομος**, αὐτός «self» and νέμω «rule»] which is the capacity of an individual to live "**according to his own set of rules**",
- not as an extraneous from context and from community, but **fully aware of the meaning and implications of his choices.**
- In this sense, "**autonomy**" is the exact opposite of "**addiction**".

- **How to change users' attitudes towards autonomy**, then, becomes the key question.
- **How to lead people to "self-ruling" and to make "ethical choices"**, which means choices made for users' best interest.
- A therapeutic Programme should, therefore, promote a **"holistic approach"** in the sense of **guiding its users to build a sound behavioral shield** (normative cages and physical structures of containment as therapeutic communities) and to **develop ethical decision-making capacity** (the strengthening of the so-called "ethical space").

- This is what we call "the double key":
1. to reinforce the behaviors on one side
2. and to strengthen the ethical space on the other side,
- in order to do the right thing and to be convinced that it is the right thing to be done, even outside a protected environment.

- When we come to terms like "ethics" we need to agree on the meaning of the concept.
- As a branch of philosophy, ethics investigates the **rational foundations that assign a deontological "status" to a human behavior or a choice**.
- In practice, ethics seeks to resolve questions of human morality, by defining concepts such as **good and evil, right and wrong**, virtue and vice, justice and crime
- The French philosophers Paul Ricœur and Guy Bourgeault, for example, generally reserve the term "ethics" for fundamental reflection on essential questions of human behavior.
- **ETHICS tells us what is right and what is wrong, while RULES tell us how we should behave.**

# THE DOUBLE-KEY (i.e., "The combination of approaches")
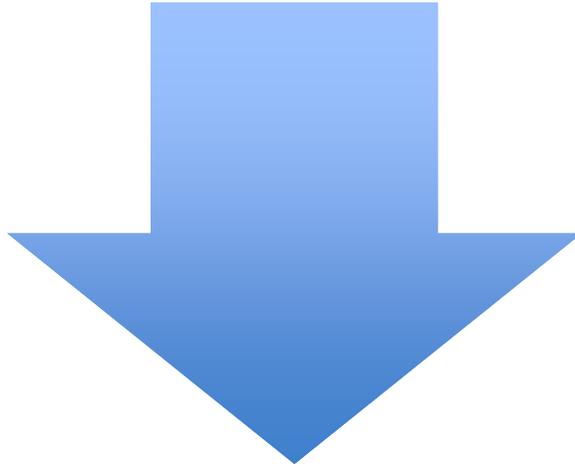
The "**rules-based**" approach to Rehabilitation emphasises the importance of EXTERNAL CONTROLS on the behavior of users (RISK MANAGEMENT). It prefers formal and detailed rules and procedures as means to reduce relapses.

KEY-WORD: **COMPLIANCE**

The "**values-based**" approach focuses on guidance and "INTERNAL CONTROLS", i.e. control exercised by the users on themselves. This approach aims to stimulate "understanding" and daily application of values underlying behaviors and choices and to improve ethical decision making (ETHICAL DILEMMA TRAINING).

KEY-WORD: **UNDERSTANDING**
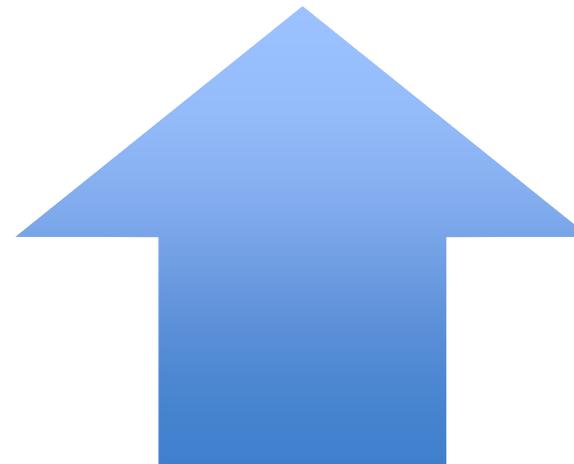
SECOND PART
TOOLS FOR RULES-BASED APPROACH

RISK MANAGEMENT

We mean:

- **RISKS CONNECTED TO A LOSS OF AUTONOMY (RELAPSES, BUT NOT ONLY…).**

- In a process of risk analysis, the person in charge of a user (or group of users) that we will call "case manager" will map both risk behaviors directly related to drug-abusing and other behaviors (so-called) "deviant"
- including decision-making processes that are put in place, as well as the risk factors linked to the relational dimension,
- and even the risk factors linked to so-called "socialization agencies" such as the family or the world of work.

(RE)-SOCIALIZATION AGENCIES	MAPPING DINAMYQUES REFERRED TO...
REHABILITATION PROGRAMME	• **Relationship with case manager/staff** • **Relationship with the TC working sector peers** • **Work organization** • **Free-time organization** • **etc.**
PEERS	• **Peers level of acceptance** • **Peers autnomy level** • **Relationship with spontaneous leaders** • **Relationship with spontaneous followers** • **etc.**
FAMILY	• **Relationship with birth family** • **Relationship with partner** • **Relationship with sons and daughters** • **etc.**
JOB/SCHOOL	• **Relationship with boss or teacher** • **Relationship with work colleagues** • **Relationship with clients** • **etc.**
OTHER SOCIAL CONTESTS	• **Relationship with friends** • **etc.**

RISK MANAGEMENT

We mean:
- **RISKS CONNECTED TO A LOSS OF AUTONOMY (RELAPSES, BUT NOT ONLY...).**

- **Submitting these elements to an in-depth analysis (or diagnosis) we identify the points where there could be particular vulnerabilities.**
- **This analysis will then be the basis for building a path to increase the resilience of the users in respect of the above vulnerabilities.**
- **The answers, as a rule, consist of behavioral standards for "mitigating" (CONTROLLING) the risk through a range of specific MEASURES.**

We mean:
- **RISKS CONNECTED TO A LOSS OF AUTONOMY (RELAPSES, BUT NOT ONLY…).**

RISK IDENTIFICATION
- **Risk identification** is a process of research, identification and description of the risk.
- The identification objective is to generate a list of events that may have a negative impact on the user.
- In this phase, case manager, together with the user, must identify the sources of the risk of loss of autonomy (risk of relapse and / or risks related to a behavior/choice incompatible with the autonomy), the impact, the causes and implications of the risk rising event, occurring in both residential and non-residential phase.

RISK MANAGEMENT

We mean:
- **RISKS CONNECTED TO A LOSS OF AUTONOMY (RELAPSES, BUT NOT ONLY...).**

RISK CATALOGUE
- **The results of the risk identification phase should be summarized in a "risk catalogue" for each individual user, a list of loss of autonomy riskful events that might occur along the way.**
- **The risk catalogue provides an overview of the "risk profile"**

We mean:

- **RISKS CONNECTED TO A LOSS OF AUTONOMY (RELAPSES, BUT NOT ONLY...).**

RISK MANAGEMENT

- **Risk management becomes specific and selective. The case manager must choose which events of loss of autonomy is necessary to prevent, for example, in a residential phase and which in the reinsertion phase and begin to define RISK TREATMENT PLAN.**
- **The risk treatment plan contains a set of "standards of behavior" that the user must observe during the therapeutic programme.**
- **Standards can be considered as "behavioral cages" that determine an external control and that, even in the absence of ethical behavior understanding to hold, protect from situations that could cause loss of autonomy, relapses, or even the interruption of the Programme.**

For example,

- If a risk factor is associated, due to risk analysis, with the persistence in destructive family dynamics that undermine research or autonomy consolidation, the application of protective MEASURE could be putting in place all the appropriate behaviors to stay out from those dynamics.
- Which means... organize time off from the community in a way that does not have the need/urge to return to those dynamics, always notice the staff or group members of incoming requests by family members, etc.
- The action to "comply" to the standards is the activity promoted by user to adapt to the expected behavior (the expectation about a specific behavior that Programme has set for each user).
- Compliance (to the expected behavior) is the result of such action.

RISK MANAGEMENT

For example,

- **Interruption** of a specific riskful relationship is to be considered as the result of "complying" to behavioral standards
- It can be **operated** through, for example, a formal communication (when possible) to the targeted person
- And **enforced** through forms of external control operated by the peer group,

RISK MANAGEMENT

- **Behavioral standards are normally discussed within the group and validated by the case manager.**
- **On the basis of the selected standard, a training set is promoted "ad hoc". It is associated to each or more behavioral risk factor with the aim of mitigating the possibility/probability that this event will occur.**
- **Within these trainings particular attention is given to organization of time and the strengthening of planning capacity, since these two elements are transversal to any behavioral standards.**

THIRD PART
TOOLS FOR VALUES-BASED APPROACH

ETHICAL DILEMMA TRAINING

- The opportunity to learn from others' mistakes and dilemmas is lost if users are not given adequate scope to exchange, analyze and discuss their experiences (discuss-ability).
- One example of this would be DILEMMA TRAINING SESSIONS.
- Dilemmas are situations where values and norms are at stake and where a choice has to be made between several alternatives, while good reasons can be given for each of these alternatives.
- Badaracco (1992) refers to these competing sets of principles as `spheres of responsibility' that have the potential to 'pull in different directions' (p. 66) and thus create ethical dilemmas for them. An ethical dilemma, then. can be described as a decision that requires a choice among competing sets of principles, often in complex and value laden contexts. Kidder (1995, p. 16).
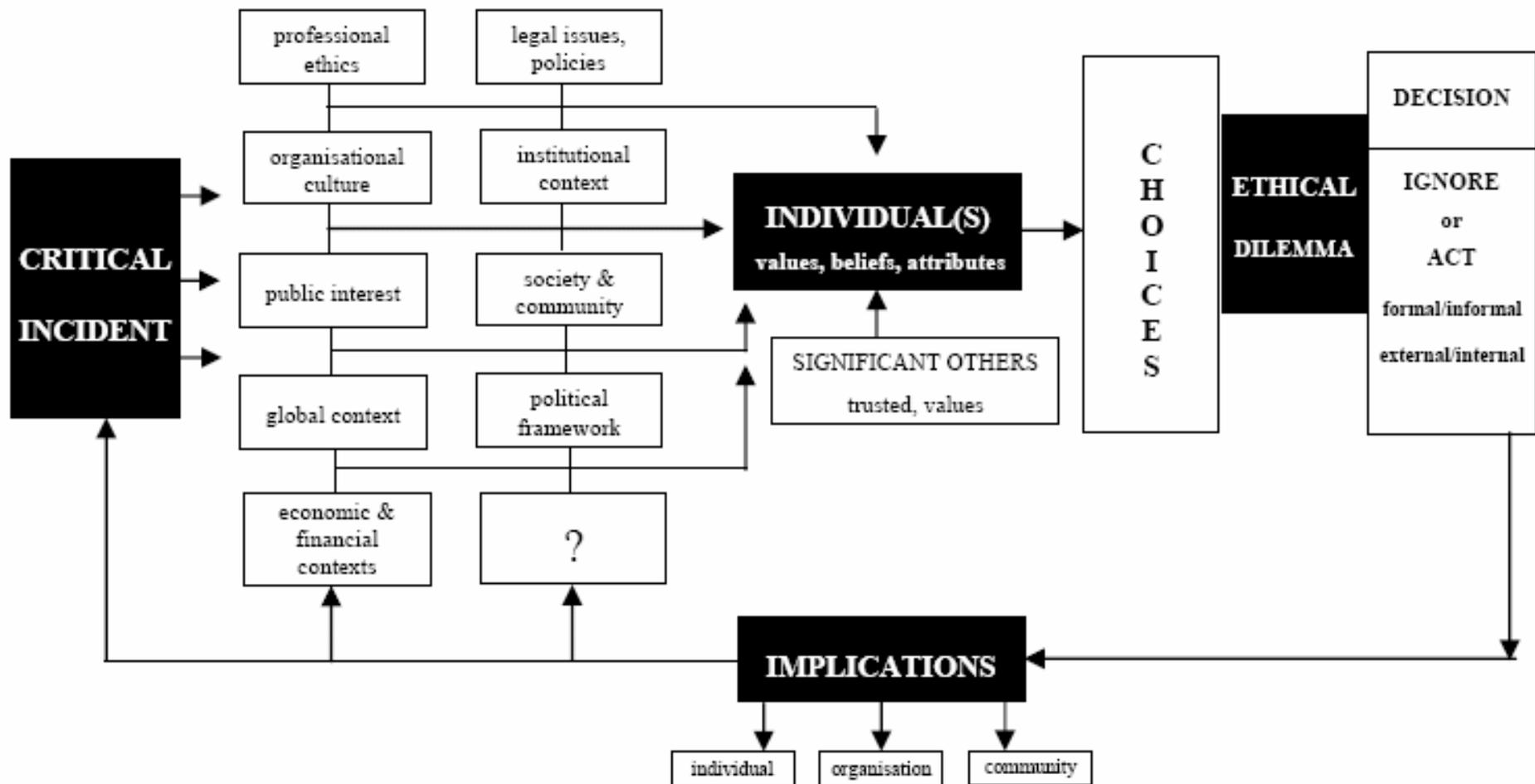
ETHICAL DILEMMA TRAINING

- The aim of dilemma training is to recognise that such situations are inevitable,
- to send the message that users are not alone when they face these dilemmas
- and to provide them with techniques and advice on how to deal with these situations.
- Typically, these techniques would include a stepwise model for ethical decision making.
- For instance, PUBLIC SECTOR MANAGERS AND ETHICAL DILEMMAS, Lisa Ehrich, Neil Cranston & Megan Kimber (Australia).

PUBLIC SECTOR MANAGERS AND ETHICAL DILEMMAS,
By Lisa Ehrich, Neil Cranston & Megan Kimber (Australia).

ETHICAL DILEMMA TRAINING

- The **maintenance of users' ethical space** is a practice designed to develop ethical decision making by users.
- Progressively, it helps users to develop autonomous ethical positions able to **influence behavior in a critical event**.
- The **supervision sessions** should be frequent and should be based mainly on the examination of **specific cases**.
- It should be provided through, for example, the organization of focus groups, composed of a small number of users and driven by facilitator,
- In which are examined and addressed **ethical issues** declined in the context of the programme (both in the residential sector and in the reintegration phase) in order to bring out the appropriate behavioral principle in different situations.