Agenda

- Basic ethical principles
- Ethical Violations, what are they?
- Duty to Warn
- Touch/Transference/Countertransference
- Peer/mentor ethics
- Counselor Burn Out
- Case Studies
- Report Out - Open discussion
Counseling Field is Diverse

- A diverse field in terms of age, race, culture, religion, sex, sexual orientation, education, professional training, and life experience.
- Such diversity is a source of vulnerability as well as enrichment.
- Vulnerability - lack of shared system of values guiding personal/professional decision-making and conduct.
- Service recipients have evolved into professional roles of service providers.
- This practice has raised complex ethical issue.
History and Transience of Field

- History and industrialization of field emerged with the legitimization of addictive disorders via their inclusion in public and private health care reimbursements systems
  - The rapid proliferation of addiction treatment programs in criminal justice and private field
  - The emergence of addiction treatment as a profitable business venture
  - Competition within the field
  - 1980-1990’s the addictions field experience challenges to its character and its existence
What are the key areas of risk?

- #1 Complaint heard by state ethics boards against clinicians (Dual Relationship)
- #2 Conflict of Interest
- #3 Fraudulent or discrepant records
- #4 Abrupt termination/abandonment of client
- #5 Counselor impairment (Powell, 2010, Boundary Issues and Supervision)
Recent Survey Findings

- 29% of counselors have VERY frequent sexual fantasies about clients
- 26% have frequent sexual fantasies
- 46% on rare occasions (Powell, 2010)
Ethical Abuses in Field

- Ethical issues lead to explosion of legal and regulatory controls
- Ethical issues shifted from clinical issues to examination of ethical issues in business practices
Rethinking Our Assumptions about Personal and Professional Ethics

- The failure to address ethical and professional practice standards rests on a foundation of unarticulated and unexamined assumptions that have long governed the practices of supervisors and managers of prevention and treatment organizations.
Assumption One

- Workers bring with them personal standards of morality and ethical conduct that can be relied upon to assure the ethical conduct of the agency.
Assumption Two

- Workers have common sense
  - “Common sense” in the professional arena must be developed and nurtured rather than assumed
  - “Common” sense is the internalized wisdom that flows from cumulative experience
  - To assume that all workers have common sense, thus can think their way through ethical dilemmas assumes that staff bring a shared body of life experience
  - What is seemingly logical out of life experience can be clinically inappropriate, unethical, and illegal.
Assumption Three

- Workers have been Trained in Ethical Issues and Ethical Standards as part of their academic and professional training
  - The training I attended was more about “Thou Shall Not” rather than ethical problem-solving processes
  - Rarely address the complexity of ethical issues currently encountered in professional practice
  - Volunteers that have non-clinical roles usually have little orientation to ethical issues encountered in addictions field
Assumption Four

- There is no need for the agency to concern itself with ethical standards development because workers are bound by ethical codes tied to their professional certification/licensure
  - Problem - not all staff have same code of ethical conduct
  - Can you think of different codes of conduct??
  - Some codes are difficult to operationalize in complex real life situations.
Assumption Five

- Ethical dilemmas are concerns for those staff in counseling roles
Assumption Six

- Ethical dilemmas are personal/professional issues, not an institutional issue
- Ethical standards rarely address ethical issues involving administrative, fiscal, clerical, maintenance, prevention, transportation, education, consultation, research.
- Ethics is an institutional issue
Assumption Seven

- Workers who violate ethical principles are bad people
  - Ethical breaches can reflect knowledge and skill deficiency, and ambiguity or conflict in agency policies, environmental stressors such as excessive overload, or the personal impairment of a worker
Assumption Eight

- A high caliber of professional and ethical conduct is assured because of the values and skills of our supervisors who place great emphasis in this area.

- Is the high caliber of ethical conduct based on the supervisors role modeling and monitoring?
- What happens if the key supervisor leaves?
- There must be organizational values that transcend the unique characteristics of persons occupying key organizational roles.
Assumption Nine

- If workers get in trouble (encounter a difficult ethical or professional practice issue), they’ll ask for help. If we as supervisors and managers don’t hear about ethical conflicts, there must not be any.

- Unless there are policies and procedures to address ethical issues within the framework of supervision, supervisors are left unaware of such issues until they detonate.

- No news is good news or bad news??
Ethical Sensitivity

- Ethics sensitivity is the ability to step outside oneself and perceive the complexities of a situation through the needs and experiences of the client, the agency, and the public.

- Ability to determine if you are in ethical terrain - are you in conflicting territory?

- Ethics should be addressed as a Personal-Professional Issue
Ethical Decision-Making

- Whose interests are involved and who can be harmed? Who are the potential winners and losers?
- What universal or cultural specific values apply to this situation and what course of action is suggested by these values? Are they in conflict?
- What standards of law, professional propriety, organizational policy or historical practice applies to this situation?
National Association of Alcoholism and Drug Abuse Counselors (NAADAC)

- Non-discrimination
- Responsibility
- Competence
- Legal and Moral standards
- Public statements
- Publication Credit
Continued (NAADAC)

- Client welfare
- Confidentiality
- Client Relationships
- Inter-professional Relationships
- Remuneration
- Societal Obligations
Exceptions to Confidentiality Conditions

- The good of the client
- The protection of the public
- The law requires you to breach a client confidentiality
- Such issues as suicide, child abuse, or elderly abuse would be grounds for breaching confidentiality
- A discussion of the limits of confidentiality should occur in orientation process
- Facilities staff policy manual
Duty to Warn

- Client is dangerous to others
  - California Supreme Court decision in Tarasoff v. Regents of the University of California
  - A therapist has a duty to warn both the intended victim and the appropriate officials of the danger.
- Client is danger to self - client threatens suicide
- Crimes at program or against program staff
- Child abuse/Elderly abuse
Do No Harm

- Dual Relationship - leading cause of malpractice lawsuits (Corey and Corey, 1993)
- Frequent cause of professional sanctions
- Dual relationships is not just “sex with clients”
- Dual relationship: any relationship with a client or former client other than that of counseling
Guidelines for Ethical Practice

• Be aware of what your needs are, what are you getting from the work, how are your needs and behaviors influencing the client.

• It is essential and critical the your own needs not be met at the expense of the client’s well-being.

• Be aware of the boundaries of professional competence, seek qualified supervision or refer, refer, refer
What are Boundaries?

- Boundaries define space
- Treatment boundary is a psychological containment field (Bridges, 1999)
- Boundary is the edge of appropriate behavior in a given situation (Gutheil, 1999)
Breaches of Boundary

- Boundary crossing
  - Action does not harm
  - May advance treatment

- Boundary violation
  - Exploitative or harmful
  - (Gutheil, 1999)
Where is the line between a Boundary Crossing and Violation?

- Is it a repetitive pattern for the counselor?
- To what extent is the behavior out of context or the culture in which counseling is provided?
- Time, place, purpose, and intent are key indicators of a potential violations (sessions lasting longer for certain clients, sessions held after hours, contact between session, out of office contact, inappropriate self-disclosure)
Boundary Crossing (cont.)

- Therapy is adrift or repetitive
- The client becomes a friend (we are to be friendly in therapy but not a friend)
- There are discrepancies between the counselor’s behavior and the clinical record
- The patient is treated as “special”
- Sexual fantasies about clients
Supervision and Boundary violations

- Monitor performance
- Set limits of counseling
- Watch for warning signs
- Help clinician identify issues, conflicting values, duties, alternative course of action
- Ethical standards, agency policy and procedures
- Be clear, it is the counselor’s responsibility to set boundary, NOT THE CLIENT
What is Touch?

- Five typical touch-related experiences in counseling: inadvertent touch, conversational markers, socially stereotyped touch, touch as an expression of the therapeutic relationship, and touch as a technique.

- What form(s) of touch do you believe to be appropriate in counseling?

(McNeil-Haber, 2004)
Historical Views on Touch

- The use of touch has long been associated with healing in many cultures.
- Touch in the therapeutic context has been controversial since Freudian times.
  - “…a means of gratifying a patient’s infantile sexual wishes, hereby keeping the patient fixated at an infantile level”

(Bonitz, 2008; Horton, Clance, Sterk-Elifson, & Emshoff, 1995)
Therapeutic Functions of Touch

1. To assist the client in focusing on the “here and now”

2. To provide a sense of safety and comfort when dealing with difficult emotional experiences

3. To bring greater awareness of self to the client through contact

4. To either restore or introduce physical contact as a positive experience and a functional aspect of relationships

(Eyckmans, 2009)
Controversy

• Increasing numbers of lawsuits, patient complaints, and high malpractice premiums
  • Have all led to increased attention on the topic of touch within the therapeutic context

• Cultural taboos

• Ethical and legal concerns
  • Currently no explicit ethical guidelines to address the use of touch in counseling

(Bonitz, 2008)
Ethical Considerations

- No consensus about the appropriate use of touch—in the literature or among professionals.

- Ethical dilemma = reasons to use touch with a client, as well as reasons NOT to touch.

- No ethical codes which explicitly address the appropriate use of physical contact between counselor and client:
  - ACA addresses only sexual contact with current and former clients.

(ACA, 2005; Durana, 1998)
Negative Impact of Touch

- Slippery slope argument
  - “…repeated stretching and blurring of boundaries might be a precursor to more serious boundary violations”

- Power differential
  - Using touch reinforces the imbalance of power, clients vulnerable to coercion
  - Disproportionate touching of women over men

(Alyn, 1988; Bonitz, 2008; Kertay & Reviere, 1993)
Positive Impact of Touch

- Touch “communicated or reinforced a sense that their therapist genuinely cared”
- Feeling worthy of physical contact helped the clients to feel better about themselves
- Less shame about revealing hidden aspects of self, greater client self-disclosure
- Counselors who use touch are viewed as more expert

(Horton et al., 1995; McNeil-Haber, 2004)
Personal Experiences

• When have you used physical contact in counseling?
  • How/why did you determine that touch was appropriate in this situation(s)?

• When did you decide NOT to use physical contact in counseling?
  • How/why did you determine it was inappropriate?
1. Nonmaleficence

- Evaluate if the physical contact would likely lead to harm.

- Consider a client’s history of abuse, previous boundary violations, and reported attitudes towards physical contact.

- Touch should meet the needs of the client, not the counselor.

(Horton et al., 1995; Kertay & Reviere, 1993)
Burnout

- Terminal Phase of Therapist Distress
- Freudenberger (1984) defined the term as “a depletion or exhaustion of a person’s mental and physical resources attributed to his/her prolonged, yet unsuccessful striving toward unrealistic expectations, internally or externally derived.”
- Symptoms include: fatigue, frustration, disengagement, stress, depletion, helplessness, hopelessness, emotional drain, emotional exhaustion, and cynicism.
2. Beneficence

- Evaluate if the touch will have any therapeutic benefit.

- Consider client’s previous counseling experiences and what has led to positive outcomes in the current therapeutic relationship.

- Would using touch with a particular client lead to a benefit that could not be obtained through another method or technique?

(Bonitz, 2008)
3. Autonomy

- Ensuring that the client’s rights have not been violated by the physical contact.

- Evaluate if the client has at all been coerced into physical contact, or if the client willingly requested and agreed to the touch.

- Informed consent for the physical contact must be granted by the client.

(Kertay & Reviere, 1993; Kitchener, 1984)
4. Fidelity

- Ensure that clients are fully informed about all treatment modalities, including the use of touch and potential outcomes of such contact.

- Using deception to convince clients of the benefits of touch violates the principle of fidelity.

(Bonitz, 2008)
5. Justice

- If touch is used with certain clients, but not with others, the counselor should be able to back up this decision with valid clinical reasoning.

- Disproportionate touching of one gender may indicate that the principle of justice has been compromised.

- Counselors must evaluate their motivations for touch, and consider whose needs are being met.

(Kitchener, 1984)
• Touch can have a number of significant benefits, but if used inappropriately, can result in substantial harm to clients.

• Lack of guidelines has led some to either use touch indiscriminately or to eliminate it as an option altogether.

• It is always the counselor’s responsibility to ensure that the use of touch is clinically appropriate and ethical.

• The burden of proof is always on the counselor.
Play it Safe

- The code of ethics for some licenses say no relationship for two years
- I say: Once a client, always a client
Transference

- This is the client’s projection of past or present feelings, attitudes, or desires onto the counselor. It can be direct or indirect and will cause the client to react to you as they would in the past or present relationship.
Counter-transference

- This is the counselor’s projected emotional reaction to or behavior towards the client. It can take on many forms, from a desire to please the client, to wanting to develop a social or sexual relationship with the client. When this happens, supervision or counseling for the counselor is called for.
Peer Supports - Recovery Coach

- Legitimized by dual credentials:
  - experiential knowledge about recovery acquired by the process of recovery (one’s/others)
  - Experiential expertise: ability to transform this knowledge into skills for helping others achieve and sustain recovery

- Wounded healers in a long tradition:
  - Those who “have suffered and survived and illness or experience who use their own vulnerability and the lessons drawn from that process to minister to others seeking to heal from this same condition.” (Gutheil, 1999, p. 5)
Dangerous Assumptions 1-7

1. People who have a long, and by all appearances, quality sobriety, can be counted on to act ethically as recovery coaches.

2. People hired as recovery coaches will have common sense.

3. Breaches in ethical conduct are made by bad people. If we hire good people, we should be okay.

4. Adhering to existing laws and regulations will assure a high level of ethical conduct.
5. Ethical standards governing clinical roles (e.g., psychiatrists, psychologists, social workers, nurses, addiction counselors) can be indiscriminately applied to the role of recovery coach.

6. Formal ethical guidelines are needed for recovery coaches in full-time paid roles, but are not needed for recovery coaches who work as volunteers for only a few hours each week.
7. If a recovery coach gets into vulnerable ethical territory, he or she will let us know. If the supervisor isn’t hearing anything about ethical issues, everything must be okay.
A Peer-based Model of Ethical Decision-making

Question 1: Potential for harm for whom and magnitude of risk?

Question 2: Are any core recovery values applicable to the situation and, if so, what course of action do they suggest?

Question 3: What laws, organizational policies or ethical standards apply to this situation and what actions would they suggest or dictate? (White et al, 2007)
How Do You Ethically Handle These Scenarios?

- A friend of yours is undergoing a divorce so wrenching, you sense she can barely get up in the morning, let alone provide effective therapy.

- A colleague in your building stumbles as he walks down the hall, and you smell alcohol on his breath.

- You’ve heard that an older colleague has become forgetful, sometimes seems confused and has even fallen asleep during a session.
Counselor & Volunteer Burn Out

- Occurs when pressures of work erode a counselor’s/volunteers spirit and outlook and begin to interfere with personal life (DeBellis, 1997)

- Secondary trauma responses have been called “compassion fatigue” (Figley, 1995) referring to the toll that helping sometimes has on the helper.

- Counselor/volunteer sees large number of clients (with trauma histories), doesn’t get adequate support or supervision, doesn’t monitor reactions to clients, doesn’t maintain a healthy personal lifestyle, (Courtois, 1988)
3 Key Components of Self-Care

- Self-Awareness (uncovering)
- Self-Regulation (coping)
- Balance (centering)

Despite the myriad of theoretical definitions of “countertransference”, all have one similarity: It is the therapist who experiences it, first.
Minimize Burnout

- Should not work in isolation
- Caseload should have variety of problems (not only those who have experienced childhood trauma)
- Discuss feelings and issues with others who are working with similar clients
- Decrease isolation - shared responsibility
- Set aside time to rest and relax
Minimize Burnout

- Keep personal and professional time separate
- Take vacations
- Develop a support network
- Work with supervisor
- In-house support group to share graphic descriptions of clients’ experience
- Psychotherapy for counselor can help them work through their own limitations
Key Legal Issues

• Attorneys at Popovits & Robinson will update significant changes in the law impacting the analysis of the vignettes used in this training. They often present at Counselor conferences and specialize in ethical/legal/clinical issues. Their web site: www.popovitslaw.com and is updated annually in February.

• Critical Incidents by William White & Renee Popovits (ethical and legal dilemmas)
References


References


