

Ruth Riddick: Thanks, so much.

Jessie O'Brien (NAADAC): Hi, everyone! We'll get started in one second. I just want to give people a chance to get here.

Jessie O'Brien (NAADAC): All right.

Jessie O'Brien (NAADAC): Well, good afternoon. Oh, it is noon so good. Noon to you all.

Jessie O'Brien (NAADAC): Welcome to today's webinar, peer, recovery support series.

Jessie O'Brien (NAADAC): peer, passionate professionals, dispassionate practice, ethical boundaries, and non clinical roles, and we are joined by Ruth

Jessie O'Brien (NAADAC): Riddick. My name is Jesse O'brien, and I am our director of training and professional development here at Nadac. The Association for addiction professionals, and with me behind the scenes is Doreen Lee, who will be answering any questions that you have that are not specifically for Ruth.

Jessie O'Brien (NAADAC): And Ruth will be taking questions towards the end of our webinar today. So feel free to put any questions you have in the Q&A. Box, and we will get those ready for her. Just a reminder that we are using Zoom Webinar for today's webinar. So just a couple of features, I want to point out to you.

Jessie O'Brien (NAADAC): The 1st is the chat box which I see most of you are using right now. You can use that to chat with each other. If Ruth throws out any open ended questions, then, and ask for your response. Please put those responses in the chat box.

Jessie O'Brien (NAADAC): We also have the Q&A box in the QA. Box. We really try to reserve for questions for either us. If you're having issues, or for Ruth that we will have towards the end of the webinar. If we see a comment, we might just move it out of the way, just to kind of keep it clean, and if we catch a question in the chat box, we may ask you to put them in the Q&A box, because the chat can really get running, and sometimes we miss your questions, which we don't want to have happen.

Jessie O'Brien (NAADAC): Lastly, we do use zoom for closed captioning if you would like to have captions. You can just click over the live transcript button and click show subtitles, and that will activate the captioning for you.

Jessie O'Brien (NAADAC): Once you finish watching this live webinar, or if you're watching it recorded, you will be eligible to take the Ce quiz.

Jessie O'Brien (NAADAC): Complete the survey evaluation and get your ce certificate. If that's what you would like to do, you do need to be here for the duration of the of the live or recorded events. Once you're done. You go to the Ce quiz, and Doreen is going to go ahead and put instructions for how to get your Ce. Quiz into the chat box. You can download those and save those.

Jessie O'Brien (NAADAC): But the C quizzes live within the courses in our Nadac Education Center. They're right below either the live or recorded event, and you just click on that. You would make a purchase. The Ce quiz is free for members and a nominal fee for non-members.

Jessie O'Brien (NAADAC): and then it'll just guide you easily through the process. But go ahead and download those instructions. If you need those for later. Lastly, for the live event attendees, we do have a little shortcut. You came in to this webinar through what we call a live events.

Jessie O'Brien (NAADAC): Enter here. When this ends there'll be a thank you message in that live event that looks like the one on my screen, and there'll be a hyperlink that says, click here to access the sequence, and you can just click there to access sequence and claim your ce certificate.

Jessie O'Brien (NAADAC): All right, let's meet Ruth. She is a two-time Irish American healthcare pioneer. Ruth added. A recovery specialization to her sobriety together. Coach training, practice in 2,004 per standard, she established in her native Ireland. Ruth is a certified addiction. Recovery, Coach

Jessie O'Brien (NAADAC): Advisory Council, member of the International Association of Recovery Coach Professionals and founding member of the Asap. New York Certification Board Training Registry, where her training programs and workshops are approved. She offers technical assistance for trainers at Asap.

Jessie O'Brien (NAADAC): Nycb. Ruth is also an authorized Ccar trainer under the Rcp. Facilitator program. She's a nationally recognized recovery subject matter expert and serves on panels at substance, abuse and Mental Health Service Administration and on the board of the New York Association of Treatment court professionals. She is a recipient of multiple industry and community service awards. Ruth was having a little issue with her camera earlier, so she can't actually

Jessie O'Brien (NAADAC): join you visually, but she is here audibly, and I will stop sharing my slides and let her take over.

Ruth Riddick: Thanks so much, Jesse, and if I have successfully shared my screen I'll be delighted to get started.

Jessie O'Brien (NAADAC): You did good job.

Ruth Riddick: Okay. Good afternoon, everybody. What a thrill for me to be with you! This is the 1st webinar I've done with Nadac. It's about a topic that I'm absolutely passionate about, and those of you who know us Irish will know that when we get our Irish up we are passionate indeed.

Ruth Riddick: it's a thrill for me to be with you today. Thank you so much for having me, and I hope you find that the material that I have to bring to you today will be useful to you, not only theoretically, but in your practices as non-clinical professionals.

Ruth Riddick: So our program for today is ambitious.

Ruth Riddick: We'll start by getting ourselves into the frame here

Ruth Riddick: before proceeding to look at the question, what is non-clinical practice

Ruth Riddick: at looking at our motivation for being part of the peer recovery profession.

Ruth Riddick: Next, we'll explore boundaries before looking at how we might balance our personal commitment or our motivation with our professional boundaries

Ruth Riddick: while staying true to our purpose.

Ruth Riddick: we'll conclude by looking at some hard questions arising from putting these principles into practice

Ruth Riddick: before ending with a review of our work together

Ruth Riddick: so formally in this workshop or in this webinar, we will explore principles of non-clinical practice.

Ruth Riddick: We'll ask ourselves, among many other questions.

Ruth Riddick: what is the value of letting go of outcomes.

Ruth Riddick: By the end of the workshop we'll be ready to delineate and describe the elements of non-clinical practice

Ruth Riddick: will be ready to evaluate personal attitudes and values towards dispassionate service.

Ruth Riddick: and we'll be able to develop personal strategies for balancing passionate motivation with dispassionate service.

Ruth Riddick: And if that all sounds like a mouthful. That's because it is a mouthful.

Ruth Riddick: But we have 90 min together to work together. Tease out some of these questions. Some of these issues.

Ruth Riddick: I strongly suggest, and that you have a notebook ready.

Ruth Riddick: Don't forget to date your work in your notebook. It'll be useful to you when you read back over your notes.

Ruth Riddick: And just a quick reminder that today we'll be looking at the big picture.

Ruth Riddick: We won't be working with specific scenarios.

Ruth Riddick: but you will be copying worksheets into your notebooks, and you will be answering questions for yourselves. There.

Ruth Riddick: I did attach some fillable Pdf

Ruth Riddick: to the chat box to our hosts this afternoon, they may be able to pass those on. Forward, those on to you in the chat box. If so, if you can download a Pdf.

Ruth Riddick: There's there are fillable Pdfs available for these worksheets. Otherwise we'll just go back to the tried and trusted way of working with our own notebooks and.

Jessie O'Brien (NAADAC): I'm gonna interrupt you for one sec. Do you mind stopping, sharing and trying again? For some reason people aren't able to see your slides.

Ruth Riddick: Yes, of course.

Jessie O'Brien (NAADAC): I'm not sure what happened. But

Jessie O'Brien (NAADAC): oh, yes, of course, technical challenges are us, Jesse. How about that?

Jessie O'Brien (NAADAC): I know.

Ruth Riddick: Okay.

Jessie O'Brien (NAADAC): One, see.

Ruth Riddick: Right back.

Jessie O'Brien (NAADAC): Alright.

Jessie O'Brien (NAADAC): I see that.

Jessie O'Brien (NAADAC): Okay, they are back.

Ruth Riddick: We're back. And are we on a slide that says, program.

Jessie O'Brien (NAADAC): Yes, you're on a slide that says program. You were right. I had her pinned, but then I unpinned her. But now we just needed to reshare. So we're good. Yay.

Ruth Riddick: Thank you you very much.

Ruth Riddick: And Jesse has just done a terrific job of modeling. And how we get our needs met in these different environments

Ruth Riddick: simply by speaking up. And let's seeing if we can try something different.

Ruth Riddick: So thank you so much for that. Jesse

Ruth Riddick: Jesse has already invited you folks

Ruth Riddick: to put your questions and your comments in the chat box

Ruth Riddick: and listen out. I would invite you to listen out for a discussion of your issues. As I say, we have a lot of material today, and it may well be that the questions that you have will arise organically in the flow of this presentation.

Ruth Riddick: Of course, if there's time, I'd be delighted to get to any unaddressed items before we complete our review of our time together and move on to apply any lessons in our practices moving forward.

Ruth Riddick: So to begin.

Ruth Riddick: I wanted to introduce the overarching theme of our work together.

Ruth Riddick: And it's not only our work together today.

Ruth Riddick: but our work together and our work as professionals generally, is finding a balance.

Ruth Riddick: And there's a graphic of a balance that we're looking at here. It's perfectly balanced right now.

Ruth Riddick: I like to present information visually. This visual of the balance speaks to me of what we're looking for in our practice is finding that stability.

Ruth Riddick: the or that enough

Ruth Riddick: of passionate professionals balanced against our dispassionate practice.

Ruth Riddick: so that we're not, you know, sort of leaning over too much on one side and then having to take drastic corrective action to get back in balance.

Ruth Riddick: What we're looking for in our daily practice is is balance between the 2.

Ruth Riddick: And, as I say, that's our overarching topic or theme for the day is finding that balance.

Ruth Riddick: because as we move through this presentation, we'll see that there's a very great deal of other considerations on both sides.

Ruth Riddick: When we look at our motivation.

Ruth Riddick: When we look at what we're committed to doing in our practice that maybe tends to unbalance us in one direction.

Ruth Riddick: Then we have to look at what's over on the other side of the scale.

Ruth Riddick: What does this passionate practice actually mean?

Ruth Riddick: And how can we try to maintain a good enough balance between the 2 in our practice?

Ruth Riddick: So 1st up.

Ruth Riddick: Let's begin by focusing our minds on our personal motivation.

Ruth Riddick: This is what makes us those passionate individuals that we bring to our practice.

Ruth Riddick: So here's a sentence stem. I want to invite you to complete in your notebooks.

Ruth Riddick: I am a non-clinical practitioner, because it's a given

Ruth Riddick: that everyone in this room wants to help people.

Ruth Riddick: So the 1st part of our answer to that sentence stem, I am a non-clinical practitioner

Ruth Riddick: because I want to help people, and what else.

Ruth Riddick: So let's take. Let's take a moment in our notebooks

Ruth Riddick: to write a couple of sentences on what else?

Ruth Riddick: I am a non-clinical practitioner. I'm a peer support specialist. I'm a peer advocate. I'm a recovery coach.

Ruth Riddick: because I want to help people, and what else?

Ruth Riddick: And I see folks writing in the chat box already talking about purpose.

Ruth Riddick: a life worth living with purpose, being of service with purpose.

Ruth Riddick: I am passionately advocating for for folks without a voice

Ruth Riddick: to help those who are where I once was to make a difference and help people become the best version of themselves, to build community

Ruth Riddick: to help my community and make a difference

Ruth Riddick: to give back, to help folks find their voice, to give back what was freely given to me, to help people live abundantly.

Ruth Riddick: It's the rent I pay for the life gifted to me. What a wonderful idea! To be an advocate! To be of service.

Ruth Riddick: to share my personal experience and inspiration that recovery is possible.

Ruth Riddick: Yes, indeed it is.

Ruth Riddick: It's amazing to watch restoration, to help people know that we are not alone.

Ruth Riddick: So it's very clear

Ruth Riddick: from your immediate, on the tip of your tongue, on the top of your mind, and responses to this sentence stem that everyone in this room is indeed a passionate, a passionate professional.

Ruth Riddick: For myself. This is how I completed this exercise, and I did write it with passion same as yourselves. I'm deeply committed to the non-clinical model, and I hope you can feel my passion here.

Ruth Riddick: I want to help people, of course, and I bring my unique knowledge, skills and abilities with me, as all of you do.

Ruth Riddick: and my interest in communications and conversation.

Ruth Riddick: I'm not interested in charts and diagnosis or medication, or such like. I'm interested in people, and communicating back and forth.

Ruth Riddick: and being in purposeful conversation with another human being, sparks, my curiosity energizes me, keeps me present to life, and connects me with an opportunity to maybe be useful

Ruth Riddick: not to like.

Ruth Riddick: and I and I get the sense from all of your responses in the chat box that we are united

Ruth Riddick: in in our motivation, we are united in our identity as passionate professionals.

Ruth Riddick: So how do we bring that passion of ours to our practice?

Ruth Riddick: Where do we bring that motivation into our practice? Let's dive into what we mean by non-clinical practice.

Ruth Riddick: Non-clinical practice is often defined by what it's not.

Ruth Riddick: And certainly when I was training as a recovery coach. That's all I ever heard about non-clinical practices. You know the negative. For example, I don't diagnose. Well, that's very true. I don't diagnose anything.

Ruth Riddick: but that's not a positive statement.

Ruth Riddick: It's a statement of what I don't do. What about A statement, a positive statement about what we do.

Ruth Riddick: what we do as non clinical practitioners.

Ruth Riddick: So for yourselves.

Ruth Riddick: everyone in this room is probably a non-clinical practitioner, or you're a supervisor of non-clinical practitioners, or you're interested in non-clinical practice.

Ruth Riddick: Be that as a peer, support specialist, as a recovery coach, as a peer advocate, what is your definition

Ruth Riddick: of non clinical practice.

Ruth Riddick: Take a moment to write a few sentences in your notebooks in the chat box.

Ruth Riddick: Let's see where we're at. With this question, this nice, wide open question.

Ruth Riddick: So providing hope is part of non-clinical practice.

Ruth Riddick: According to one of you, supporting others and meeting them where they're at.

Ruth Riddick: I connect and bond with people.

Ruth Riddick: I help people in recovery connect to resources.

Ruth Riddick: It's by nature a more lateral practice. That's an interesting concept.

Ruth Riddick: Modeling behavior as part of non-clinical practice, support, advocacy, listening, engaging, non-judgmentally, addressing immediate needs, consulting

Ruth Riddick: with others to support, helping, giving people a voice, building relationships that support needs and goals.

Ruth Riddick: So again, it seems that everyone in this room has a very clear idea of what's involved in non-clinical support.

Ruth Riddick: Absolutely. None of your answers here suggest that you're mistaken in any way about the scope or limits of non-clinical practice.

Ruth Riddick: I'm not seeing any answers that suggest roll, creep into more clinical roles.

Ruth Riddick: and this is a very strong understanding of what's involved in non-clinical practice.

Ruth Riddick: So translating that into how we actually proceed in those purposeful conversations that we have with our clients.

Ruth Riddick: non-clinical practice starts with what Phil Valentine calls the 1st great question.

Ruth Riddick: how can I help you with your recovery today?

Ruth Riddick: Phil, of course, is one of the authors of the key trainings in non-clinical practice

Ruth Riddick: the C car recovery Coach Academy.

Ruth Riddick: and he's just retired this year, that is, in 2024, just a couple of months ago.

Ruth Riddick: after more than 20 years at the helm of the Connecticut community for addiction recovery.

Ruth Riddick: And I want to point out to folks that there are several webinars with Phil in the Nadac Archive. You can catch up with his teachings here.

Ruth Riddick: But how can I help you with your recovery?

Ruth Riddick: Is Phil's great opening question.

Ruth Riddick: And I'd like us to spend a little bit of time delving into that question.

Ruth Riddick: I have 2 questions about the question.

Ruth Riddick: and that's very Irish of me. We often answer one question with another question.

Ruth Riddick: But my question to you folks today is, how

Ruth Riddick: how is this question so powerful?

Ruth Riddick: Let's examine it more closely via this worksheet, something you can reproduce in your notebooks

Ruth Riddick: and look at it from 2 perspectives.

Ruth Riddick: What does this question actually mean?

Ruth Riddick: What am I showing up for?

Ruth Riddick: When I ask this question, what is my purpose in asking this question?

Ruth Riddick: What I what do I think is going to happen when I ask this question.

Ruth Riddick: and that's the second question is, what is the effect?

Ruth Riddick: What does this question do when I ask her?

Ruth Riddick: And how does it impact the professional relationship in which it's asked.

Ruth Riddick: These are the 2 pieces that make up the power of this question.

Ruth Riddick: And I'm just wondering again, looking in the chat box.

Ruth Riddick: and we are empowering another person to reflect on what they need.

Ruth Riddick: And we're creating a safe space to be in the. Now it's personalized.

Ruth Riddick: It's their recovery.

Ruth Riddick: We're just here to support.

Ruth Riddick: It's welcoming.

Ruth Riddick: It's an invitation.

Ruth Riddick: It invites us to active listening.

Ruth Riddick: Each person is uniquely different in their situation.

Ruth Riddick: being present and asking, How can I help you? Allows the person our client to feel, seen.

Ruth Riddick: heard, and supported, and these are all terrific responses.

Ruth Riddick: So how do?

Ruth Riddick: How do we? How do we feel that this question impacts the professional relationship?

Ruth Riddick: There we are. We're peer support specialists. We're peer peer advocates. We're addiction, recovery coaches. We ask this question.

Ruth Riddick: how does that impact the relationship? If this is the 1st question.

Ruth Riddick: well, you folks seem to believe that it builds trust.

Ruth Riddick: and it shows willingness to accompany folks on their journey.

Ruth Riddick: It, and

Ruth Riddick: It changes according to the environment within which the relationship exists. Certainly.

Ruth Riddick: And I think that for our purposes this afternoon we're talking very specifically about the environment of peer to peer or Bozo to Bozo.

Ruth Riddick: This question means we can discuss issues to help folks with and identify underlying issues, perhaps.

Ruth Riddick: and issues they can bring to other resources.

Ruth Riddick: But it establishes the people of choice and do what they

Ruth Riddick: are motivated to do. What an interesting question

Ruth Riddick: that the interesting response that the question invites

Ruth Riddick: the the clients we work with to think

Ruth Riddick: about their own situation more broadly.

Ruth Riddick: and it puts the focus very firmly on recovery, on the solution and not the problem.

Ruth Riddick: So here's a couple of additional comments that I would like to bring to you folks

Ruth Riddick: and take what you can use. Leave the rest.

Ruth Riddick: It's an open question.

Ruth Riddick: That means we don't know how it's going to be answered. We've no idea what we're inviting into the room, what kind of conversation we're going to have.

Ruth Riddick: but it also confirms that you're passionate but disinterested. At the same time

Ruth Riddick: it confirms the passionate disinterest of the professional by inviting an or unforeseeable response.

Ruth Riddick: It demonstrates that you actually don't have an agenda coming into the room.

Ruth Riddick: You're here to hear the answer to the question.

Ruth Riddick: You're clarifying that the focus of the relationship is on your recovery.

Ruth Riddick: not my plan for your recovery.

Ruth Riddick: And this, of course, is a crucial difference.

Ruth Riddick: not my plan for your recovery, your recovery.

Ruth Riddick: and it establishes separate responsibilities, the separate responsibilities of the professional and the individual.

Ruth Riddick: The professional listens. And this is a point you've all been making in the chat box.

Ruth Riddick: The professional listens for what help would be useful

Ruth Riddick: that can come in the form of people, places, and things.

Ruth Riddick: but it also invites the individual to take responsibility for personal recovery.

Ruth Riddick: So these are some very powerful attributes of this one seemingly simple question.

Ruth Riddick: What does this question do?

Ruth Riddick: But of course, the question itself and the asking of it has an effect in the relationship in the room, in the moment.

Ruth Riddick: in inviting the individual to set the agenda for the conversation.

Ruth Riddick: This question confirms that you are open to whatever the individual brings into the room.

Ruth Riddick: It also sets up the idea that, unlike many helping relationships.

Ruth Riddick: You recognize that each of your participants

Ruth Riddick: is the expert on his or her own life, and that recognition

Ruth Riddick: of expertise vested in the individual and not in me as the professional.

Ruth Riddick: That's the basis of our mutual respect

Ruth Riddick: and the basis on which we offer support.

Ruth Riddick: So again, as we delve into this question, how can I help you with your recovery? Today?

Ruth Riddick: We're seeing very many aspects of it that are of key importance when, in establishing a unique

Ruth Riddick: peer to peer individual to individual Bozo, to Bozo relationship that is non clinical.

Ruth Riddick: To take this idea of an agenda-free conversation a little deeper.

Ruth Riddick: I'd like to introduce you to the idea, the Irish idea of one arm as long as the other. The idea here is

Ruth Riddick: that I have to bend an elbow to carry something.

Ruth Riddick: but both arms will be down at my sides if I'm not holding anything in my hands

Ruth Riddick: one arm as long as the other. I'm not carrying anything.

Ruth Riddick: which means that I have no agenda or program for you.

Ruth Riddick: I have no notes and no file on you.

Ruth Riddick: I have no idea how I can help you with your recovery today.

Ruth Riddick: Please tell me I have no plans for what you'll do next.

Ruth Riddick: But we can talk and research and plan together.

Ruth Riddick: I have no expectations for outcomes of our conversation.

Ruth Riddick: You will do whatever it is you will do.

Ruth Riddick: and I'm good with that. Whatever it is.

Ruth Riddick: I have no demands of you.

Ruth Riddick: and yes, I believe that you are the expert, the prime and primary resource on your own life.

Ruth Riddick: If both of my arms are down at my side.

Ruth Riddick: It means I have no agenda, no checklist, no file, no expectations, no demands.

Ruth Riddick: But I do believe that you are the expert, the prime and primary resource on your own life.

Ruth Riddick: So that's the concept of one arm as long as the other.

Ruth Riddick: And it's my shorthand of way of thinking about what is non-clinical practice.

Ruth Riddick: Of course there's a very great deal more to it than that.

Ruth Riddick: William White, another important author of the Seekar Recovery Coach Academy.

Ruth Riddick: identifies what he calls non-clinical roles.

Ruth Riddick: or what we might think of as functions. 10 of them listed out here.

Ruth Riddick: This is an inventory of what we do in our non-clinical practice.

Ruth Riddick: That is, we're a motivator and cheerleader. We're an ally and confidant. We're a truth teller. We're a role model and motivator. And we're a problem solver. We're a resource broker.

Ruth Riddick: We're advocates, we're community organizers, we're lifestyle consultants. We're friends and companions.

Ruth Riddick: And every one of these roles or functions.

Ruth Riddick: Have been captured in some of the notes that you've written in the chat box.

Ruth Riddick: William White is simply putting a more formal construct on what we know instinctively, and what we practice consciously

Ruth Riddick: as peer support specialists, as peer advocates, as recovery coaches.

Ruth Riddick: Obviously, we're more familiar and perhaps more comfortable with some of these roles rather than others.

Ruth Riddick: We're better at being a motivator or a role model, for example.

Ruth Riddick: but we might be a bit shaky on being a resource broker or an advocate.

Ruth Riddick: Everyone has strengths, and everyone has places where our practice could be better resourced.

Ruth Riddick: It isn't that we do all of these functions at this

Ruth Riddick: at the same time, although we kind of do.

Ruth Riddick: But we do stand by to step into the role or function as the need or usefulness of it

Ruth Riddick: arises.

Ruth Riddick: It seems to me that what William White has laid out for us here when we look at it this way, and this is the way that we look at it in the Recovery Coach Academy. Of course

Ruth Riddick: it seems like a very tall order.

Ruth Riddick: Seems like a very big deal.

Ruth Riddick: It seems like there's a lot to it

Ruth Riddick: that there's a lot of moving parts.

Ruth Riddick: Well, I would say, Yeah, yes.

Ruth Riddick: it is a very big deal.

Ruth Riddick: What we do is a very big deal and and it's important.

Ruth Riddick: And it has an effect.

Ruth Riddick: And it's something that is purposeful and useful.

Ruth Riddick: And maybe your life's purpose.

Ruth Riddick: It's certainly what we're doing today to be of service in our professional lives.

Ruth Riddick: The one role or function that gives all of us pause

Ruth Riddick: is the idea here that we might be friends and companions in the non-clinical relationship.

Ruth Riddick: And this is where we begin to start

Ruth Riddick: thinking about ethical dilemmas and ethical dimensions.

Ruth Riddick: One way of thinking about this function. However, I would suggest front and center before we start talking about ethics and boundaries

Ruth Riddick: is to think of our conversations

Ruth Riddick: with our clients, with our participants with the individuals we work with.

Ruth Riddick: to think of those conversations as

Ruth Riddick: being the way we talk with friends.

Ruth Riddick: They're informal to a degree, but with an eye on what needs to be done?

Ruth Riddick: What's the problem we might be solving here?

Ruth Riddick: What's the issue we might be talking through? What's the what's the brainstorming. We need to be doing. Here.

Ruth Riddick: however, we see these conversations. This is potentially an area of ethnic ethical vulnerability.

Ruth Riddick: and it is potentially an area of boundary violation.

Ruth Riddick: It's definitely somewhere where we need to consciously exercise that balance between our passionate motivation

Ruth Riddick: which might lead us to balance or to tip the scale

Ruth Riddick: on the side of being a friend and companion.

Ruth Riddick: and to remember that we need to keep that balance

Ruth Riddick: with our professional or our more dispassionate practice.

Ruth Riddick: there's a lot in what we've said already. There's a lot in already in the work that you've done in the notes that you've added to the chat box in the notes.

Ruth Riddick: and that I hope you've added to your notebook. There's a lot of really good stuff there.

Ruth Riddick: So let's take a moment and pause and take. Take a breath

Ruth Riddick: here we've got our 1st poll.

Ruth Riddick: and it revolves around 2 questions.

Ruth Riddick: I introduced the Irish idea of one arm as long as the other.

Ruth Riddick: Well, what do you think about that being a truth teller?

Ruth Riddick: What do you think about that? It's completely unrealistic in my practice.

Ruth Riddick: Get over yourself, Ruth, it's completely unrealistic in my practice.

Ruth Riddick: Is that true for you? This statement?

Ruth Riddick: Do you agree with it?

Ruth Riddick: Do you disagree with it?

Ruth Riddick: Are you going to try it?

Ruth Riddick: Or is it already the case

Ruth Riddick: that you do this all the time?

Ruth Riddick: I think Jessica is inviting everybody to actually vote in this poll?

Ruth Riddick: And that's the 1st question.

Ruth Riddick: The second question is to think about William White's model

Ruth Riddick: of the different roles and functions.

Ruth Riddick: There's too much going on in William White's model. I can't do all that.

Ruth Riddick: Do you agree with this statement?

Ruth Riddick: Do you disagree with it?

Ruth Riddick: Are you confused by the model.

Ruth Riddick: or do you find this model really validating

Ruth Riddick: that what I, what I, what you wrote in the chat box is actually validated by William White's marvel.

Ruth Riddick: I can't see what's happening with this poll I have to defer to Jessica

Ruth Riddick: and Dorian. I'm not quite sure which of you to credit with this, but thank you both for your help here.

Ruth Riddick: We seem to be pretty evenly matched. I'm very encouraged at the idea that

Ruth Riddick: 36% of you going to give the idea of one arm as long as the other.

Ruth Riddick: A try and this is so great news. But when in white 47% of you

Ruth Riddick: agree with with White's model. You're saying, Yeah, I can do all that.

Ruth Riddick: There isn't too much going on in William White's model. Yeah, I can do all that.

Ruth Riddick: And 50% of you, fully 50% of you are saying

Ruth Riddick: that that William White's model is really validating.

Ruth Riddick: Well, that's very encouraging, and I will be sure to pass that poll result on to White himself.

Ruth Riddick: Thank you so much for for

Ruth Riddick: responding to the to this poll, and for picking the answer that suits you, the I in these sentences.

Ruth Riddick: So now that we're moving on to take a look at boundaries.

Ruth Riddick: I just wanted to bring you this observation from Elizabeth Cranston.

Ruth Riddick: here at the New York Certification Board, Elizabeth Cransen, who is the director of certification at Nyccb.

Ruth Riddick: Elizabeth says that the majority of formal complaints about unethical behavior come down to issues around boundaries.

Ruth Riddick: the majority of formal complaints.

Ruth Riddick: Well, that's if I might use the expression, that's a sobering so, and it may well be

Ruth Riddick: that tipping the balance around, being a friend and companion.

Ruth Riddick: leaves us vulnerable in this way, leaves us vulnerable to role boundary violation.

Ruth Riddick: and certainly role boundary violation is a real concern, as Elizabeth is, you know, sort of is telling its

Ruth Riddick: she's telling us straight here. It's a real concern, a real ethical concern.

Ruth Riddick: So let's move on to the to this section

Ruth Riddick: where we're. It's obviously time to look more deeply at boundaries.

Ruth Riddick: Let's begin with this statement that echoes Elizabeth Cranston.

Ruth Riddick: I don't know if this statement is provocative.

Ruth Riddick: I don't often hear it in our field, and but I personally strongly believe

Ruth Riddick: that professional practice and ethical professional practice is based on role boundary integrity. I believe that that's a key value that we hold in our professional lives.

Ruth Riddick: So let's look at what we're talking about here, boundaries.

Ruth Riddick: what is the purpose of boundaries?

Ruth Riddick: What do they do for us? What do boundaries do for us

Ruth Riddick: what is the positive value of boundaries?

Ruth Riddick: And let's see if we can agree, some kind of working definition of what boundaries mean.

Ruth Riddick: This is a workshop for you folks, and I see people working away in the chat box

Ruth Riddick: talking about keeping professionalism, keeping it, professional setting expectations that boundaries are protections protecting everyone involved.

Ruth Riddick: That boundary set limits to protect. They show that we aren't trying to control. How interesting!

Ruth Riddick: Somebody says very openly and honestly, I really struggle with boundaries. Yes, we do. We all struggle with boundaries, and that's the passionate.

Ruth Riddick: passionate person in us.

Ruth Riddick: But we all seem to be aware that

Ruth Riddick: that boundaries are helpful for protecting us.

Ruth Riddick: not only protecting us as professionals, but protecting the folks. We work with

Ruth Riddick: boundaries that let people know what is acceptable and unacceptable in a relationship.

Ruth Riddick: So let's bring all that together.

Ruth Riddick: And let's say that the purpose of boundaries

Ruth Riddick: is to delineate the scope and limits of personal and professional space, emotional engagement and role responsibility.

Ruth Riddick: identifying boundaries as applying in both our personal and professional lives, speaks here to our passion.

Ruth Riddick: our passion in that emotional engagement

Ruth Riddick: and our equal responsibility to ethical or dispassionate practice, which is our role responsibility.

Ruth Riddick: So here I think that we've taken what you folks have written in the chat box and just brought it all together in one statement of the purpose

Ruth Riddick: of boundaries.

Ruth Riddick: What about the possibility of developing a working relationship

Ruth Riddick: of boundaries. Working definition, I should say, of boundaries.

Ruth Riddick: Well, again, building on what you folks have said in the chat box, here's a quick definition.

Ruth Riddick: This is. This is where I end, and you begin as determined by our relationship and its context.

Ruth Riddick: And I think here of my shoes facing outwards towards your shoes.

Ruth Riddick: with your shoes facing towards mine.

Ruth Riddick: The space between your toes and mine

Ruth Riddick: is the space between between us.

Ruth Riddick: It's the space of our boundaries.

Ruth Riddick: This is a popular visualization. You will often see shoes and a yellow strip line between them as a visual representation of boundaries.

Ruth Riddick: The space that's between between us may be big or a small space

Ruth Riddick: that's going to depend on the nature and context of our relationship, as somebody did mention in the chat box.

Ruth Riddick: And it may change over time.

Ruth Riddick: The space between you and me may change over time, no relationship, including professional relationships.

Ruth Riddick: Day static.

Ruth Riddick: So here we've got a definition of the purpose.

Ruth Riddick: And what and a definition of what are boundaries?

Ruth Riddick: We're going to have personal boundaries.

Ruth Riddick: We're going to have professional boundaries.

Ruth Riddick: and we're going to have boundaries within very specific contexts.

Ruth Riddick: Boundaries are explicitly or implicitly contractual

Ruth Riddick: and are appropriate to the relationship and its context.

Ruth Riddick: Many of these contracts are formal, you know, like our engagement contracts when we take a job.

Ruth Riddick: or they may be wordlessly understood how many of our personal relationships come to griefs because we don't understand that we actually do have boundaries in our friendships.

Ruth Riddick: but whether written or not, written

Ruth Riddick: boundaries fall into 3 broad categories, they are rigid, or they are formal, or they are organic.

Ruth Riddick: Rigid boundaries are inflexible and non-negotiable.

Ruth Riddick: Formal boundaries will have some negotiable negotiability, some flexibility

Ruth Riddick: and organic boundaries will be mutually negotiated, and agreed.

Ruth Riddick: They'll be regularly reviewed and amended by the parties as needed.

Ruth Riddick: Bearing in mind that while, you know, sort of rigid boundaries, for example, might sound

very negative.

Ruth Riddick: The truth is that all boundaries, as we saw a moment ago, all boundaries serve purposes

Ruth Riddick: usually purposes that are to our benefit, to protect us in some way

Ruth Riddick: visually. I like to think of boundaries in this way.

Ruth Riddick: Those rigid boundaries are like a big high brick wall that you can't see over, and that you're certainly not going to knock down inflexible and non-negotiable.

Ruth Riddick: I see formal boundaries as being more like the you know the proverbial white picket fence

Ruth Riddick: I can see through and over it.

Ruth Riddick: I probably got some negotiable flexibility there.

Ruth Riddick: and organic boundaries are like this. This rope slung between 2 points

Ruth Riddick: which will and will accommodate itself

Ruth Riddick: to the breezes or winds of change.

Ruth Riddick: So, for example, rigid barriers, an example of an inflexible boundary might be a professional code of ethical conduct

Ruth Riddick: with its rules for ethical behavior.

Ruth Riddick: This code helps to protect the public from incompetent or unscrupulous behavior, and that's a good thing.

Ruth Riddick: So a rigid boundary. There is a good thing.

Ruth Riddick: a formal but a formal boundary

Ruth Riddick: would be something like a list of services, for example.

Ruth Riddick: which advertise the competencies of the service providers.

Ruth Riddick: but will often include some and some flexibility

Ruth Riddick: whereby you will design an individually focused selection or plan.

Ruth Riddick: I'm interested in service a but I'm not interested in service. B.

Ruth Riddick: Well, we can put together a plan for you on that basis within our formal contract.

Ruth Riddick: Organic boundaries are the norm in non-clinical practice, where we appreciate

Ruth Riddick: the freedom offered by an organic model, where whereby appropriate boundaries are mutually negotiated and mutually agreed

Ruth Riddick: via a process known as working agreements.

Ruth Riddick: and remembering that I come into the room with one arm as long as the other.

Ruth Riddick: If I'm going to establish boundaries with you.

Ruth Riddick: it's going to be in the form of working agreements which you and I mutually discuss mutually develop.

Ruth Riddick: So all boundaries serve their contextual purpose.

Ruth Riddick: So here are some obvious benefits beyond. Of course, the old adage that good fences make good neighbors

Ruth Riddick: rigid boundaries, for example. This way, it's fair for everyone.

Ruth Riddick: We all know where we stand fair for everyone with some formal boundaries.

Ruth Riddick: There's an invitation to let's make our thing work for you.

Ruth Riddick: so that flexibility within its context has has benefits in the organic model.

Ruth Riddick: The obvious benefit is that we're building relationship together.

Ruth Riddick: So if we're building our working agreements with care

Ruth Riddick: will avoid falling into the trap of being overly, friendly, or presumptuous, or imposing ourselves on others.

Ruth Riddick: So working agreements can be a really useful tool

Ruth Riddick: in supporting us, maintaining that balance between our passion as professionals and our dispassionate.

Ruth Riddick: Just

Ruth Riddick: so, concluding this section on boundaries, let's bring it all together.

Ruth Riddick: We've spoken about professional codes of ethical conduct being rigid for a good reason.

Ruth Riddick: so that we all know where we stand.

Ruth Riddick: Externally imposed rules of conduct

Ruth Riddick: codified by professional and legal guidelines, mandatory for professional credentialing

Ruth Riddick: required for professional practice, and expected for public protection from incompetent or unscrupulous practices.

Ruth Riddick: Ethical codes themselves include rules, guidelines, and general principles.

Ruth Riddick: That's a a very detailed description

Ruth Riddick: of the value and purpose of a rigid code.

Ruth Riddick: such as a code of ethical conduct.

Ruth Riddick: client, client-centered clinical services. Menus, for example, are formal.

Ruth Riddick: and we probably can't provide what's outside of our menu. But we can put our menu of services together very specifically, in a way that's going to. We hope, work for you. And we're going to do that with your input

Ruth Riddick: in the organic model of working agreements.

Ruth Riddick: These are developed in the unique peer, peer to peer, or bozo to Bozo. Relationship

Ruth Riddick: and working agreements themselves have very specific characteristics.

Ruth Riddick: Their collaboratively developed statement of how the parties will conduct themselves in the relationship, their explicit boundaries

Ruth Riddick: agreed by both parties.

Ruth Riddick: They're owned by the relationship.

Ruth Riddick: Both parties are responsible.

Ruth Riddick: Either party can propose additions or amendments

Ruth Riddick: at any time in the relationship, and every working agreements

Ruth Riddick: is unique to the relationship in which it's developed.

Ruth Riddick: So working agreements will usually include role scope and limits.

Ruth Riddick: If I have any limits to the service, the support service that I can offer you.

Ruth Riddick: I'm going to be telling you about that up front in our 1st meeting.

Ruth Riddick: When we develop our working agreements together.

Ruth Riddick: working agreements will usually include any duty to disclose.

Ruth Riddick: If I am a mandatory reporter, for example, for any reason.

Ruth Riddick: I will tell you about that.

Ruth Riddick: As we are developing our working agreements, I will tell you what my duty to disclose is. I will tell you what I have to disclose.

Ruth Riddick: And it's something that we can think about together. It's something we can discuss together.

Ruth Riddick: But I will want to be very sure that you understand my duty to disclose before ever we get into a conversation

Ruth Riddick: where you might very well want to tell me something that I am duty bound to disclose, either by law

Ruth Riddick: or because of the my responsibilities to my employer.

Ruth Riddick: So this is a very important element to bring to our our conversations around working agreements.

Ruth Riddick: and of course there are legal and reporting responsibilities. We must make those very clear to our clients, to our participants as part of our of our conversation to develop working agreements

Ruth Riddick: until we have thrash out all of these issues.

Ruth Riddick: Until we have the agreement of both parties.

Ruth Riddick: we don't have a basis on which to proceed. We do not have a peer to peer relationship until we have these agreements in place.

Ruth Riddick: So there we are, an overview of boundaries. Boundaries are personal.

Ruth Riddick: They're professional. And they're contextual.

Ruth Riddick: Rigid boundaries include professional codes of ethical conduct.

Ruth Riddick: This way. It's fair for everyone.

Ruth Riddick: Include some formal contracts, including client-centered clinical service menus.

Ruth Riddick: And where the invitation is to let's make our thing work for you

Ruth Riddick: and those organic working agreements where we're building a relationship together.

Ruth Riddick: So again, there's a lot in this material.

Ruth Riddick: Let's pause for another breather and think where think about where we stand with this material.

Ruth Riddick: Please pick the one response that best captures how you feel right now about this material, and remember that the I in these statements, that's you.

Ruth Riddick: There's more involved in boundaries than I thought lots of moving parts here.

Ruth Riddick: I agree with that statement.

Ruth Riddick: I disagree with that statement.

Ruth Riddick: I'm confused by the the options.

Ruth Riddick: I love the working agreements.

Ruth Riddick: Pick one of those as being the best

Ruth Riddick: descriptor of where you stand right now.

Ruth Riddick: And the second poll question here is, aren't we overthinking ethics, I mean, really, shouldn't we just be kind?

Ruth Riddick: Do I agree with this question this statement?

Ruth Riddick: Do I disagree with this statement?

Ruth Riddick: Do I think of it as a case by case thing.

Ruth Riddick: or am I worried? I'll get it wrong and be unethical

Ruth Riddick: that I'll tip that balance in the wrong direction.

Ruth Riddick: So pick one choice that best captures where you're at right now, and Jesse and

Ruth Riddick: and Jesse will keep an eye on the poll.

Ruth Riddick: And let's see where we land with these questions.

Ruth Riddick: well, 53% of you love the working agreements. And I do, too. I do, too.

Ruth Riddick: Yeah, there's a lot more involved in boundaries than I thought

Ruth Riddick: as 37% of you say, yeah.

Ruth Riddick: yeah, there are lots of moving parts here, absolutely.

Ruth Riddick: And let me give you a hint on this.

Ruth Riddick: How do you spell ethics? Anybody?

Ruth Riddick: Ethics can be spelled as a 4 letter word W.

Ruth Riddick: O.

Ruth Riddick: Are K.

Ruth Riddick: Ethics is work.

Ruth Riddick: And here's your answer to the second question, aren't we overthinking ethics?

Ruth Riddick: No, we're not overthinking ethics. 62% of you say.

Ruth Riddick: although some of you temper that by saying, yeah, yeah, we've got to. Also be careful. It's a case by case thing.

Ruth Riddick: And I would agree with that that. Yes.

Ruth Riddick: we do have to pay a very great deal of attention to ethics and boundaries.

Ruth Riddick: And we're doing that. And we're doing that on a case by case basis as well.

Ruth Riddick: So thank you. Everybody for participating in in this poll.

Ruth Riddick: And these are really interesting results. Very much appreciate the feedback.

Ruth Riddick: So moving into moving into

Ruth Riddick: the next piece of that. This I want to talk a little bit about.

Ruth Riddick: how we've spoken about rigid, formal, and organic boundaries.

Ruth Riddick: But I want to take a look at the difference between boundaries agreed internally within the relationship.

Ruth Riddick: that is, the working agreements and the many external boundaries imposed on us.

Ruth Riddick: which form the inescapable context in which we offer our non-clinical practice.

Ruth Riddick: I call these external authorities external because I have no input into them.

Ruth Riddick: Unlike with working agreements where I am, 50% of the development of the working agreements.

Ruth Riddick: I have no input whatsoever into the external authorities. I'm just about to lay out.

Ruth Riddick: Yet these external authorities all have the power of consequence over me.

Ruth Riddick: that is, they are external to me and our relationship. But they're powerful over both.

Ruth Riddick: So these external authorities are

Ruth Riddick: codes which govern our professional relationships.

Ruth Riddick: establish the scope and limits of professional boundaries, and carry the power of consequence, making them authoritative

Ruth Riddick: in our professional practice and our professional responsibility, again, is to balance these requirements

Ruth Riddick: in the best interests of the individuals with whom we work

Ruth Riddick: while we continue to safeguard our integrity.

Ruth Riddick: So here's the very 1st obvious one.

Ruth Riddick: In addition to our working agreements, we're going to be governed

Ruth Riddick: by whatever code of ethical conduct comes with our professional credentialing

Ruth Riddick: for me in New York State. It's the New York Certification Board.

Ruth Riddick: We know that the development of working agreements is organic, and that's conversation between me and my client

Ruth Riddick: but the New York Certification Board. I don't know what they wrote.

Ruth Riddick: I wasn't part of the committee that wrote, whatever it is they wrote.

Ruth Riddick: and I have no power to change up what they wrote.

Ruth Riddick: It's completely external to me.

Ruth Riddick: I'm powerless over it, but it is very powerful over me.

Ruth Riddick: If I contravene the requirements of the the code of professional conduct.

Ruth Riddick: I can have my certification removed.

Ruth Riddick: and then where will I be?

Ruth Riddick: But it doesn't stop there. As far as external authorities are concerned.

Ruth Riddick: they're my responsibilities as an employee.

Ruth Riddick: What are my employer's expectations of my behavior.

Ruth Riddick: and what are the consequences to me.

Ruth Riddick: If I, if I break the rules of my employer.

Ruth Riddick: your employer will insist on you following the norms of the agency's policies and procedures.

Ruth Riddick: and your employer has the power of dismissal.

Ruth Riddick: You can be fired, and of course

Ruth Riddick: we already see, and we're looking at it on this slide.

Ruth Riddick: Your profession's code of ethical conduct.

Ruth Riddick: and your employer's handbook may not always agree.

Ruth Riddick: They were written by different people, and they were written for different purposes, and they were different, written at different times.

Ruth Riddick: and the people who wrote the code of professional conduct didn't read your Employer's Handbook, and probably vice versa.

Ruth Riddick: These are 2 completely separate documents.

Ruth Riddick: What about what happens? Where conflict arises in the guidance they offer?

Ruth Riddick: You are ultimately responsible for determining the right way to proceed in any difficult situation or dilemma.

Ruth Riddick: It's what I mean by work. Ethics is work.

Ruth Riddick: And it's work being an ethical professional. No doubt about it.

Ruth Riddick: External authorities don't end there.

Ruth Riddick: The State Agency may also have a voice in determining right action in your practice.

Ruth Riddick: especially if your work is Medicaid billable.

Ruth Riddick: In New York State, for example, the Justice Center for protection of people with special needs is very powerful.

Ruth Riddick: Having the authority to operate a do not employ list

Ruth Riddick: of professionals whose practice has been found problematic

Ruth Riddick: or unethical in some serious respect.

Ruth Riddick: None of us had any input into developing the principles and procedures and protocols of the Justice Center.

Ruth Riddick: but they can put us on what is effectively a blacklist

Ruth Riddick: if we don't meet their standards of ethical conduct.

Ruth Riddick: And of course there's the law itself

Ruth Riddick: which has the power to take away our very liberty through incarceration.

Ruth Riddick: So for those of you who pointed out that there are already a lot of moving parts here, when we consider ethical boundaries.

Ruth Riddick: here's a whole heap more and we have to be mindful of these external authorities.

Ruth Riddick: just as we are mindful of our responsibilities under organically developed working agreements.

Ruth Riddick: and we have to keep all of that in balance without destroying the very passion

Ruth Riddick: which brought us to this work. In the 1st place.

Ruth Riddick: So let's look at balance.

Ruth Riddick: When we come to examine boundaries, we see that there's a lot going on, and we see that our professional responsibility to balance all of these considerations

Ruth Riddick: is, I would argue, in the truest sense, awesome.

Ruth Riddick: Let's take a look at issues around balance.

Ruth Riddick: Here we are back with our original nice, clean slide.

Ruth Riddick: Here's what we're talking about when we talk about passionate professionals and dispassionate practice

Ruth Riddick: time to define these terms and to look at considerations for finding a balance between them.

Ruth Riddick: We've already identified our motivation. What makes us passionate professionals.

Ruth Riddick: And we've also looked at some of those boundary issues

Ruth Riddick: that help us with to be dispassionate in our practice.

Ruth Riddick: Going back to Miriam Webster.

Ruth Riddick: Always a good place to start when we're looking for definitions.

Ruth Riddick: Passionate is defined by Merriam-webster as capable of affected by or expressing intense the event.

Ruth Riddick: And you folks certainly expressed intense feeling in the chat box when you talked about your motivation for being, for working in non-clinical practice.

Ruth Riddick: the definition of dispassionate to balance that

Ruth Riddick: is not affected by personal or emotional involvement.

Ruth Riddick: Yes, we have intense feeling.

Ruth Riddick: But no, our practice is not affected by it, because we are protected by our boundaries.

Ruth Riddick: So here's how that looks like

Ruth Riddick: from the work that you've already done today

Ruth Riddick: to find that intense feeling, our passion, we bring to our work. We examined our motivation for becoming a non-clinical professional, and found our passion in finishing this sentence stem, I want to help people. And and and

Ruth Riddick: you noted this down at the beginning of this webinar

Ruth Riddick: to understand the many 3rd parties involved in those highly motivated, non-clinical relationship.

Ruth Riddick: We looked at all the codified boundaries tempering our passionate motivation.

Ruth Riddick: Here they are on the other side of the scale.

Ruth Riddick: And this is how we balance

Ruth Riddick: being passionate professionals with our dispassionate practice.

Ruth Riddick: All of these pieces that we've looked at from an overview perspective in our time together this far.

Ruth Riddick: so as if these factors weren't enough to have to balance, we also have to be concerned that our commitment to being a friend and companion.

Ruth Riddick: From what? William White's a definition of our roles or functions.

Ruth Riddick: Let's look at some scenarios with the potential for that friend and companion piece.

Ruth Riddick: Tip these scales in the direction of passion, and away from our passionate practice.

Ruth Riddick: Here are some some situations

Ruth Riddick: where we might be as friends and companions, we might immediately go to the yes.

Ruth Riddick: here's a worksheet that invites us to remember

Ruth Riddick: that boundaries are the foundation of ethics or ethical practice.

Ruth Riddick: It could be a rigid, a formal, or an organic boundary depending on context.

Ruth Riddick: We've also looked at some of the external authorities with the power of consequence over our certifications, our jobs.

Ruth Riddick: our career, and our liberty.

Ruth Riddick: Here are 5 situations where we might be tempted to go all in

Ruth Riddick: on one direction or the other

Ruth Riddick: to err on the side of the individual, or to err on the side of the boundaries.

Ruth Riddick: This worksheet invites us to examine our Yes or our No.

Ruth Riddick: from the perspective of our rationale.

Ruth Riddick: For where we land, that's the because piece

Ruth Riddick: and which authority we're relying on.

Ruth Riddick: That's the says who a column

Ruth Riddick: we look at the balance between. Because and says what authority, before we come down firmly

Ruth Riddick: on, whether it's a yes or a no to give advice.

Ruth Riddick: whether it's a yes or a no to accompany an individual to a meeting, a 12 step meeting, for example.

Ruth Riddick: whether it's a yes or a No to meet individuals in the diner.

Ruth Riddick: whether it's a yes or a No to hear a 5th step.

Ruth Riddick: whether it's a yes or a no to report an individual's using incident

Ruth Riddick: each time one of these scenarios, or one of these ethical dilemmas, presents itself.

Ruth Riddick: We have to look for the balance.

Ruth Riddick: We have to find the balance between a rush our rationale

Ruth Riddick: for what it is we want to do, and the authority tempering

Ruth Riddick: and what it is we want to do, so that we find that balance between our passion

Ruth Riddick: on behalf of the individuals we work with and are dispassionate practice.

Ruth Riddick: So this isn't called a worksheet for nothing.

Ruth Riddick: Ethics is spelled. WOR, okay.

Ruth Riddick: which is all very fine in theory. In fact, it's a lot of theory.

Ruth Riddick: How does it play out in practice? Very specifically, in your practice

Ruth Riddick: in your practice. If it's a private practice in your practice, if it's a job in your practice.

Ruth Riddick: it's all very well for me to claim that I walk into a non-clinical encounter with one arm as long as the other.

Ruth Riddick: but my practice takes place in a bigger world than the meeting room

Ruth Riddick: or the diner where I do meet a lot of my clients.

Ruth Riddick: that bigger world will have inescapable expectations for desired outcomes from my work.

Ruth Riddick: That bigger picture includes questions such as these.

Ruth Riddick: and I'm going to put money on it

Ruth Riddick: that you folks deal with these questions on a daily basis, in your jobs, in your agencies in your practices.

Ruth Riddick: There are expectations of non-clinical engagements.

Ruth Riddick: Who sets the agenda for your non-clinical conversations?

Ruth Riddick: Who decides? If the conversation has been successful?

Ruth Riddick: How is that decision made?

Ruth Riddick: What are the expectations for follow-up?

Ruth Riddick: How is successful? Follow-up, determined?

Ruth Riddick: What happens if the individual doesn't act on anything that's been discussed?

Ruth Riddick: How will you feel if the individual continues to behave in a way that's not supportive of recovery.

Ruth Riddick: or that you don't think is supportive of recovery.

Ruth Riddick: how are you going to feel if the individual's behavior does not rise to the level of a mandated reporting incident. But you still feel

Ruth Riddick: it's not a good thing.

Ruth Riddick: How are these results, or any results measured or reported management administration?

Ruth Riddick: People who decide on grants, all love metrics.

Ruth Riddick: And the question here is, all of these questions are designed around the need to build metrics.

Ruth Riddick: So again, let's define expectations and outcomes.

Ruth Riddick: What are expectations, what are outcomes, and how are outcomes achieved?

Ruth Riddick: If we look at defining these items. This exercise will give us a deeper understanding of influences on our practice.

Ruth Riddick: and an opportunity to to think about how we identify or internalize these influences.

Ruth Riddick: how invested we are in meeting these kinds of expectations and delivering these kinds of outcomes.

Ruth Riddick: How does this investment change our practice

Ruth Riddick: or make us vulnerable to burnout.

Ruth Riddick: Well, let's begin by defining our terms.

Ruth Riddick: Expectations are resentments waiting to happen. You've all heard that

Ruth Riddick: expectations on investment in a future that hasn't happened yet.

Ruth Riddick: and expectations are a gamble that the people, places, and things involved in my scenario will behave the way I want.

Ruth Riddick: Wow!

Ruth Riddick: Not sure about any of that.

Ruth Riddick: That sounds awfully like a setup for disappointment and failure to me.

Ruth Riddick: What about outcomes?

Ruth Riddick: Outcomes are what actually happened?

Ruth Riddick: Outcomes are data derived from measurable behavior.

Ruth Riddick: Outcomes are metrics used to demonstrate programs and systems efficacy.

Ruth Riddick: Oh, my God! This seems very far from from purposeful conversations between me and my client. And yet these considerations are, influence, my practice.

Ruth Riddick: So here we are. Expectations are about, the future.

Ruth Riddick: Outcomes are about the past, and outcomes are achieved by measure by beginning with smart goals.

Ruth Riddick: They're measurable. That's the M in smart, measurable.

Ruth Riddick: and meeting smart goals can be reported as metrics where required.

Ruth Riddick: So that's a lot of pressure

Ruth Riddick: on our conversations when all we want to do is ask the question, how can I help you with your recovery today?

Ruth Riddick: Getting back to taking a deep breath and remembering

Ruth Riddick: that we're looking for the the balance.

Ruth Riddick: Here's how

Ruth Riddick: The dispassionate practice side of the scales can be tipped away from our our passion.

Ruth Riddick: our our motivations. So again, we're in danger of tipping the balance

Ruth Riddick: instead of leaving myself vulnerable to overstepping the boundary of friend and companion. I'm in danger here of being invested in the individual performing according to external expectations.

Ruth Riddick: How can I get right sized about all of this?

Ruth Riddick: So there are some questions

Ruth Riddick: in my real life practice with individuals whose agenda is being served. Let me ask myself that question, to keep myself right sized.

Ruth Riddick: Let me ask myself, how do 3rd party expectations and a focus on outcomes support the individual's process?

Ruth Riddick: Let me put that in the mix.

Ruth Riddick: And how can I let go of expectations and outcomes, and get back to the principle of one arm as being being as long as the other?

Ruth Riddick: These are questions for you in your practice.

Ruth Riddick: And this is the challenge

Ruth Riddick: we've we've done all this webinar work together to end up with a very busy picture of what it is we have to balance.

Ruth Riddick: There's our passionate motivation.

Ruth Riddick: There's our commitment to being a friend and companion.

Ruth Riddick: There's a commitment to what Phil Valentine would say, erring on the side of love, and that's all

Ruth Riddick: in the scales on the side of our motivation as passionate professionals.

Ruth Riddick: But we must balance all of that against

Ruth Riddick: the demands of the organic relationship we establish with individuals through working agreements.

Ruth Riddick: but also with external authorities and 3rd party expectations and desired outcomes.

Ruth Riddick: And we have to hold this balance every day in every client encounter.

Ruth Riddick: and if that is weren't enough.

Ruth Riddick: we have to be able to explain ourselves to our clients, to our supervisors. And frankly.

Ruth Riddick: to anyone who asks because we are accountable, what can I tell you?

Ruth Riddick: Ethics is work, and that's what our work, establishing a balance between

Ruth Riddick: being professional, being passionate professionals with

Ruth Riddick: having a dispassionate practice. That's what all of these pieces that you worked on in in this webinar all add up to. It's a very busy picture.

Ruth Riddick: and we are very busy professionals.

Ruth Riddick: but we do all of this, and we do all of this with a heart and a half. And we are yes.

Ruth Riddick: professionals.

Ruth Riddick: So our final poll as we begin to wrap this up for ourselves

Ruth Riddick: and review our work today, a lot of work today. Maybe a lot of questions raised, a lot of issues raised, maybe a lot of material. We want to go further into dig deeper into

Ruth Riddick: what is your primary takeaway from our time together, the last 60 min or more together?

Ruth Riddick: Is it to be more mindful of boundaries?

Ruth Riddick: Is it to experiment with working agreements.

Ruth Riddick: Is it to check out the William White papers online?

Ruth Riddick: A lot of really useful material? There

Ruth Riddick: is it to read my code of professional ethics again, whoever certifies you

Ruth Riddick: as a professional will have a code of ethical conduct to which you are subscribed, and which governs you as a professional.

Ruth Riddick: Maybe your most important takeaway from today is to go back and read that again.

Ruth Riddick: So I think we have a

Ruth Riddick: results. 50% of you are committed to being more mindful of boundaries.

Ruth Riddick: and some of you are holding to that idea of experimenting with working agreements. Some of you do want to read the William white papers, and again he will be delighted to hear that.

Ruth Riddick: And yes, it's always good practice to stay in touch with your code, your professional code of ethical conduct.

Ruth Riddick: So we set ourselves a an ambitious agenda for a limited amount of time.

Ruth Riddick: and we said that we would explore principles of non clinical practice.

Ruth Riddick: I ask you if we did that together?

Ruth Riddick: We asked ourselves, and we did it briefly. What is the value of letting go of outcomes?

Ruth Riddick: And I would suggest.

Ruth Riddick: that letting go of outcomes allows us to return to the principle of one arm as long as the other.

Ruth Riddick: and to focus on the quality of our relationships with the the individuals we're working with.

Ruth Riddick: Only you can answer the following section

Ruth Riddick: only. You can answer whether you are ready to delineate and describe the elements of non-clinical practice. Well, certainly everybody was very vocal on that at the top of our webinar.

Ruth Riddick: only you are in a position to evaluate your personal attitudes and values towards dispassionate service.

Ruth Riddick: And we do talk about ethics, and we do talk about boundaries. But we don't always put those pieces together as being part of dispassionate service.

Ruth Riddick: and we also review for ourselves. Only you can say only you can develop

Ruth Riddick: personal strategies for balancing your passionate motivation with your dispassionate therapist.

Ruth Riddick: That's your review of your work today. Certainly this webinar was designed

Ruth Riddick: to and put us all through our paces, and I know from the chat box that this has been a very active group. We've been working very hard together.

Ruth Riddick: Finally, I have a list of of acknowledgment

Ruth Riddick: people and places and things, who brought a very great deal to the material that we've worked with today, and I thank them all, and I very much. Thank Nadac for the opportunity to be with you today and for hosting this webinar.

Ruth Riddick: and that's what I've got for you formally.

Ruth Riddick: I haven't been able to monitor the chat box as rigorously as I would like. But I know that if there are issues outstanding that you didn't hear in the webinar that we do have a few minutes to toss a few more ideas around, and if I could ask Jesse to be so kind as to moderate.

Ruth Riddick: thank you.

Doreen Li (NAADAC): Hi! So Jesse lost power. So Hi, Ruth, he's stepping in.

Ruth Riddick: Thank you. Thank you so much.

Doreen Li (NAADAC): So we had a lot like, Thank you, everyone for engaging. I am seeing a lot of extremely positive comments in the chat box, and then there's also a question. Well, not question more like a comment in the Q. And a. From Michaela, saying that this has been the most interesting and most informing training. That I have experienced in my 6 and a half years of being a peer. So very positive comments. Thank you, Michaela.

Doreen Li (NAADAC): and I guess just some quick questions, since we only have a few minutes before we have to wrap up

Doreen Li (NAADAC): from Sharon. Can you provide a live example, using the worksheet? Of the yes, no, because and who says so?

Ruth Riddick: Well, in a word, no.

Ruth Riddick: because it's a worksheet for you. It's not for me.

Ruth Riddick: I will. I will answer.

Ruth Riddick: Ethics.

Ruth Riddick: Ethics are a part of my practice.

Ruth Riddick: Ethics is how I practice as a professional ethics is how you practice as a professional.

Ruth Riddick: And I would suggest that ethics are something that arise on a case by case basis.

Ruth Riddick: So I will understand where the players in my ethical dilemma are coming from.

Ruth Riddick: or I will be in direct contact with them to the extent where I can ask them. Follow up questions

Ruth Riddick: about the specific circumstances of what's going on right here right now, and why we're faced with this ethical dilemma and what our options are.

Ruth Riddick: and we'll hash that out, back and forth.

Ruth Riddick: and I'll be thinking about how you know, as a passionate professional, I want to err on the side of love here. How do I do that?

Ruth Riddick: On the other hand, I'm going to remember my dispassionate practice that you know I am accountable

Ruth Riddick: to my professional code of ethical practice.

Ruth Riddick: I'm accountable to my employer's policies and procedures. I'm accountable to.

Ruth Riddick: I'm accountable to my professional, my profession.

Ruth Riddick: I'm accountable to the justice Center. If I'm in New York State I'm accountable to the law.

Ruth Riddick: so I've got to balance all of these considerations. My, my immediate.

Ruth Riddick: passionate desire to err on the side of yes, yes, yes.

Ruth Riddick: to balance that with. Hold up just a minute. And let's think this

Ruth Riddick: particular situation through a lot more carefully.

Ruth Riddick: and the worksheet is simply an invitation to do that on a case by case basis.

Doreen Li (NAADAC): Thank you so much, Ruth.

Doreen Li (NAADAC): I think that's all the time we have for the questions. But feel free to email our Nadac, that it's the ce@nadac.org email C for cat E for elephant.

Doreen Li (NAADAC): If you have any additional questions relating to getting your ces for this webinar, and thank you again, Ruth, for all the valuable information I'm going to try to share my screen, to wrap up real quick. Please let me know

Doreen Li (NAADAC): if you can see my screen, because I'm on a new laptop, and things are just

Doreen Li (NAADAC): okay. So I guess I'm not able to share my screen because Zoom is asking me to leave and reopen to continue the recordings. But just

Doreen Li (NAADAC): to remind everyone about the Ce process, please, you can look into your inbox right after this webinar has ended, we'll be sending a email to you if you meet the attendance requirement, so you'll be directed to the Ce. Quiz.

Doreen Li (NAADAC): You can also refresh the same screen that you use to come into this webinar, and you'll be able to see a Thank you box, including the Ce quiz link as well. And we do have one last webinar that's coming up for 2024. That's going to be our last webinar for this year. It's going to be December the 11th

Doreen Li (NAADAC): with Dr. Timothy Legg on essentials of traumatic brain injury for the addiction counselor, and we would love to see you there, and just a reminder on some of the benefits of being an Adac member. You do get free access to over 360 ces

Doreen Li (NAADAC): for free. So if you were to become a member today, you can receive your ce certificate for this webinar today for free, and we would love to see you become a Nadac member.

Doreen Li (NAADAC): So yeah, thank you again, Ruth. Love seeing you again on zoom in a little box. Love, that you're so knowledgeable in your area of expertise. I'm sure everyone we're able to get something helpful from this webinar, and we hope to see you at our next webinar. If not, we'll see you next year in 2025. Thank you guys so much and have a great one.