Not the Usual Ethics Training: Navigating Difficult and Challenging Situations

Frances Patterson, PhD, LADAC II, MAC, BCPC, CCJAS, SAP, QCS

Katherine Benson, LADAC II, NCAC II, SAP, QCS
Objectives

- Describe how to make decisions regarding "grey areas" of ethics
- Examine personal core values and beliefs
- Discuss difficult ethical situations and apply practical ethics to every day practice
Chiseled in Stone or Guidelines?
Types of Ethics

Mandatory Ethics:
- basics
- Must do or must not do
- Actions that are safe and legal

Aspirational Ethics:
- the highest standards that are sought
- More than meeting basic code
Types of Ethics

Principle Ethics:

“Is this situation unethical?”
“What should I do?”

Obligations and methods of solving ethical dilemmas

Virtue Ethics:

“Is what I am doing the best thing for the client?”

“Who should I be?”

Counselor/therapist character traits and ideals that are not required
The Code as a guide

- Ethics are NOT absolute in all situations
- Ethical codes are not cookbooks
- Need professional, ethical, informed judgment
- Consider the code within the “culture” of counseling
- Each client is unique
- Each situation is different, needing different solutions
Primary purpose is to:

- Protect the welfare of clients
- Protect the public
- Guide professionals in daily work
- Provides guidance in make decisions when problems arise
Limits to Codes of Ethics

- Some issues can’t be handled relying on ethic codes by themselves.
- Sometimes lack clarity/precision, makes assessing ethical dilemma blurry.
- Simply learning codes and guidelines won’t always lead to ethical practice.
- Conflicts can be within codes and among various organizations’ codes.
- Members of more than one profession, hold state license and national certifications have numerous codes of ethics which may not be uniform.
More Limits

- Codes need to be reactive not proactive
- Personal values may conflict with a standard within ethics code
- Codes may conflict with institutional policies and practices
- Codes need to be understood within a cultural framework; must be adapted to specific cultures
- Codes may not be in line with state laws or regulations regarding reporting requirements
- Not all members within a professional organization will agree with all elements of an their code

Adapted from Corey, Corey and Callahan p7
Making Ethical Decisions

A Glance at some decision making models
SAMPLE DECISION MAKING MODELS

- The RESOLVED Method, by Jonathan Kvanig
- Twelve Questions, by Laura Nash
- A Format for Ethical Decision Making, by Michael Davis
- A Framework for Ethical Decision-Making: Version 6.0 Ethics Shareware (Jan. '01), by Michael McDonald
- A Framework for Ethical Decision Making, Collaborative Project from the Markkula Center for Applied Ethics at Santa Clara University
Samples

- A Simple Guide to Ethical Deliberation for Professionals, by Vanya Kovach
- The Ethical Worksheet, by Thomas Bivins
- Ethical Decision Making Plan, United States Department of Defense
- Transcultural Integrative Model (Universalist philosophy): Frame and Williams, 2005
- The Seven Step Method for Analyzing Ethical Situations

Compiled by Alex Wellington, Department of Philosophy, Ryerson University, June 2009
7 Step Model

1. Identify the problem
2. Apply the appropriate code of ethics
3. Determine the nature of the dilemma
4. Generate potential course of action
5. Consider the potential consequences of all options and choose a course of action
6. Evaluate the selected action
7. Implement the course of action

(Forester-Miller and Davis)
1. Identify the problem
2. Identify the potential issues involved
3. Review the relevant ethics codes
4. Know the applicable laws and regulations
5. Obtain Consultation
6. Consider possible and probable courses of action
7. Enumerate the consequences of various decisions
8. Choose what appears to be the best course of action
What and When Do I Report?

- But he’s my friend!
- I don’t want to ruin her career!
- Someone else will do it.
- Nothing will happen anyway...
Steps for addressing and reporting unethical behavior

- **Obligation** to deal with unethical conduct, we hold each other responsible.
- **Talk** to the person, intervene, if possible.
- Try to **resolve** at lower, informal level.
- May talk to **supervisor**.
- Seek **consultation**, if unsure.
- If egregious act, **reporting** is necessary.
- If a **client reports** to you, **advise** how to proceed.
- If you see professionals as clients, **encourage** them to **self report**.
Reporting Obligations

- We are the **Gatekeepers**: Peer monitors
- **Don’t assume** someone else will do it
- Responsibility to **confront** recognized unethical behavior
- Legal and ethical obligation/responsibility to **report** egregious or unresolved violations
- Ignoring ethical misconduct is an ethical violation
- Seek supervision/consultation, document, report, if necessary
There were four people named Everybody, Somebody, Anybody, and Nobody. There was an important job to be done, and Everybody was sure Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that because it was Everybody’s job. Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn’t do it. In the end, Everybody blamed somebody when Nobody did what Anybody could have done.
Personal Beliefs and Values

Influence our Professional Decisions
Influence of Personal Values: Knowing Ourselves

! Are you aware of how your personal values influence the professional choices you currently make?

! As we go through today, consider how your values influence your decisions in case examples

! Challenge yourself for self exploration
Activity: Challenging Topics, Values & Client Care

- List the 3 most difficult topics for you to be objective about with a client
- What personal values or beliefs are challenged with each topic
- List at least one type of client that you find challenging.
- Think of one situation when you had one of these clients or topics. How did you handle it?
- What personal value or belief was part of your struggle about?
- Were you able to continue to work with this client?
- Did you seek supervision or talk to a colleague?
- Did you seek personal therapy?
What’s our job??

- To help clients adopt “better” values?
- To know what is “best” for the client?
- To be “a robot” (rigid) so we won’t “contaminate” the therapy process?
- To indoctrinate clients?
- To teach clients proper behavior?
- To prescribe happiness?
- To be a guru and share our infinite wisdom?
- To preach, instruct, pontificate, persuade?
- To be Dr. Laura or Dr. Phil?
- To just reflect and clarify without any direction?
Some situations to ponder...

Where do you stand?

The Dinner Party

Abortion

Religious Client
Who will you invite to dinner?

Situation 1

The Dinner Party
Values and Honesty

How honest should we be?

*Sometimes* we have to interfere when clients are making poor, harmful or destructive decisions.

Then:

“*We need to be honest and open about our views, collaborate with the client in setting goals that fit his or her needs then step aside and allow the person to exercise autonomy and face consequences.*”

(Corey, Corey and Callahan, p79)

For example: working in addictions, domestic violence, high risk behaviors, etc.
Imposing vs. Exposing Values

- **Imposing values**
  - Forcing counselor values on client

- **Exposing values**
  - Helping client to recognize his/her own values and discuss

- **Encouraging different perspectives**
  - Offering a bouquet of flowers

- **Knowing when to discuss values conflict between therapist and client**
  - Use of professional judgment
Neutrality in Counseling
Is this truly possible?

Questions:

- Express our beliefs in the work we have chosen? (Value Laden)
  Domestic violence, drug use, child abuse, marriage....

- Where do you place your values in session?
  non-verbal cues, body language
Further questions...

- Do counselors direct what clients choose to explore?
- If the client brings up an issue that is not in line with your beliefs, what do you do?
- Client behaviors that challenge your belief of right and wrong, how do you address it without being judgmental or shaming?
- Know issues that bring up your “stuff”. Can you keep them out of the session?
The bias shelf

✓ Focus on client
✓ Explore conflict – behaviors, values and beliefs
✓ Professional addresses their own personal values outside the session
✓ Values and beliefs can create biases

You know they are there but are they in the box on the shelf?
Values Enhancement Plan (VEP)

A. Qualified Supervision
   a) Do your research
   b) You are responsible even if you follow poor advise
   c) Be proactive to develop values awareness

B. Competent Supervision
   a) Different views, culturally diverse perspectives
   b) Check credentials, training and experience
   c) Ethical, professional

C. External professional development
   a) Learn ways to integrate values and counseling practice
   b) Resources, workshops, reading from qualified resources

D. Internal professional development
   a) Self-reflection, self- analysis
   b) Holistic approach
   c) Activities that are enjoyable, stimulating reflectively
   d) Creative expression
Help me understand!
Striving for Cultural Awareness

- Be sensitive to, acknowledge and confront differences directly
- Ask questions
- Talk with colleagues of different race, sex, age, sexual orientation, religion, regional origins, etc.
- Examine your own biases...and fears

We are never a blank slate!
Cultural Humility

Definition (Wikipedia 2015)

...the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.” Cultural humility is different from other culturally-based training ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness.
Most of culture is below the waterline

- What is below the surface ebbs and flows
- We have to dive below the surface to find deepest values and beliefs
- What is below your waterline?
Understanding Culture helps us understand:

- Cultural filters clients bring into therapy
- How clients view the world and function
- Cultural personal and group values and attitudes about therapy
- Perceptions: what does and does not work or make sense, what is helpful

Impacts the therapeutic environment and relationship
Communication  (Kavanagh and Kennedy, pp. 41-43)

“Awareness and sensitivity are requisites to effective cross-cultural communication.”

“Knowledge promotes understanding.”

“Commitment to mutual communication is based on four assumptions:”

• Recognize and value human dignity
• Cultural relativism: an acceptable/preferred condition
• Willingness to alter personal behavior in response to the communication process
• Willingness to decrease personal resistance and defensiveness
Cultural Communication

**General differences:** don’t assume all people from a particular group communicate in this way

**Many White/European:** uncomfortable with long silences leading to belief that nothing is happening

**Native Americans:** value listening, find long silences a time for gathering thoughts or being open to the other talking

**Latinos:** value *personalismo:* warm, gentle communication, prefer personal rather than professional relationship. May use small talk to evaluate relationship before moving to more serious discussion
Behaviors to avoid

Addressing clients informally:
- get to know them, ask what they prefer

Failure to adjust to client communication style:
- pace, eye contact, etc.

Using therapy jargon

Making statements based on stereotypes or ideas

Using gestures that may have a different cultural context
Improving Cross-Cultural Communication

Health disparities have multiple causes. One specific influence is cross-cultural communication between the counselor and the client.

Weiss (2007): six steps to improve communication with clients:

1. Slow down.
2. Use plain, non-psychiatric language.
3. Show or draw pictures.
4. Limit the amount of information provided at one time.
5. Use the “teach-back” method. Ask the client, in a nonthreatening way, to explain or show what he or she has been told.
6. Create a shame-free environment that encourages questions and participation.
Assessing communication awareness

How to Assess Differences in Communication Styles
TIP 59

Have culturally relevant treatment materials
e.g. Lakota Version of the 12 Steps
Counselor matching: Reality or Fiction?

Match on:

Race then what about religion?
Ethnicity then what about age?
Gender then what about sexual orientation?
Socioeconomic then what about education level?
Marital status, addictions, mental illness.....
Matching?

Shared life experience....is it really shared?

Unique individuals: My experience is not yours!

Do Not have to share the experience to be effective and even understand it... rather to be sensitive to differences

Flawed Assumptions: “everyone is the same because they come from that culture/background” or whatever background...
Addressing tough cultural topics

**Religion and Spirituality:**
Addressing these issues is part of culturally competent services

Defining difference between spirituality and religion – how are these viewed culturally?
Tough cultural topics

**Sexuality**: Culturally defined:

What is the norm, how are LGBTQ persons viewed?

- e.g. some Latino cultures view homosexuality as curable illness or immoral behavior

Heterosexual behaviors are also defined by culture

- e.g. what is acceptable for men may be unacceptable for women
Tough cultural topics

**Views of life and death**

**Right to die**
- Euthanasia
- Dying with dignity

**Suicide**
- Unforgivable
- Assisted
- Accepted
- Honor Suicide

**Afterlife**
- Heaven
- Nirvana
- Valhalla
- Reincarnation
- Purgatory
- Brahma

*Generational racism*
Understanding cultural differences

- View of respect and how children interact with parents
- Child rearing practices
- Perception of time and promptness
- View of racial/ethnic differences
- Variations in spiritual/religious beliefs
- Gender roles
- Value of education
- Perception of family unit – who is included
- View of addiction
- Views of various drug use e.g. marijuana is ok but heroin is not
Texting and Emailing With Clients

- Written permission
  - To include statement of “not secure transmission”
- Recorded in file
- Policies
  - Availability, content, emergencies
- Informed consent
- Boundaries
- Discoverable in court
E-mailing Reminders

- Encrypt
- De-identify
- E-mail therapy a no-no
- Clients having e-mail addresses
  - Set boundaries
  - Therapeutic opportunities

http://www.zurinstitute.com/e-mail_in_therapy.html
Social Networking

Problems with Facebook, Twitter, Myspace, etc.

- Self-disclosure
- Dual relationship

We are not our clients’ friends

Professional boundaries

Security safeguards
Boundary crossing vs. Boundary violation

Sometimes you have to cross a boundary to know where it is!
Boundary Crossing

- Change in role
- Not a commonly accepted practice
- Most likely to benefit the client
- One time event
- Discussed with client setting healthy boundaries
- Can be therapeutic
- Include in informed consent if this is a normal part of how you practice

But...
But.....

✗ Can lead to “blurring” of the counselor’s role

✗ Well intentioned boundary crossing can lead to serious violation

✗ Can lead to the “slippery slope”
The Slippery Slope

- Results from poorly defined boundaries
- Attempting to blend roles that just don’t mix
- Can lead to progressive violations
- May foster harmful relationship to client
- Need good rationale for all boundary crossing
- Look closely at questionable behaviors
  - e.g. are they consistent with counseling modality?
- Those less seasoned professionals should avoid multiple relationships
Boundary violation

✗ Exploitation of client to some extent
✗ Can cause harm to client
✗ Serious breach of boundaries
✗ Generally repeated
✗ Definitely unethical
Modeling Boundary Setting

Issues to consider:
- Seeing client outside of office
- Social contact
- Follow-up/friends with former clients
- Small Communities
- Dual Relationships
- Gift Giving
- Conflict of Interest
- Self-disclosure
- Multiple Clients
Seeing Clients outside of office
Social Contact
Other considerations of Financial Dealings

Employment
- Hiring former clients
- Using clients for community service work
- What issues are present?
- What about peer counselors and peer support specialists?

Compromise the therapeutic relationship...
How?

Then there is the issue of bartering........
Dual Relationships
Examples of Dual Relationships

- Accepting services in lieu of monetary fees
- Providing services to a friend/relative
- Doing business with a current/former client
- Friendship with a current/former client
- Socializing with a client
- Sexual involvement with a current/former client
- Children in same school/on same sports team
- Therapist working in rural hometown
- Involvement in same community interests
Thoughts: Friendships with Former Clients

- What is our job?
- Help them have closure?
- Is client base a good place to seek out friendships?
- Friend vs. therapist roles

Considerations: Would any of these make a difference?

- Ongoing or occasional social interactions with former clients
- Nature of the function
- Client’s diagnosis, problem, etc.
- Client population
- Work environment: e.g. private practice vs. jail counselor
- Therapeutic modality employed
- Does the client understand professional vs. personal boundaries

What does our ethical code state about friendship with former clients?
Dual Relationships

Some Cultural Considerations:

- Sharing tea prior to conversation – Some Asian cultures
- Sharing coffee and homemade pastries when you visit a client’s home during in-home services
- Culture of rural community
- Religious views
- View of community with Native Americans
  - More time to develop trust
  - Holistic view of health involves community
    - may need to attend community events

Refer to Tip 59 Chapter 5 – Advice to counselors sections for further information
Dual Relationships in Rural Communities

**Roles:** Counselor/therapist, neighbor, friend, community member, spiritual leader, community activities leader, school room mother, sports coach, business owner, chamber of commerce member

- Doing business with clients who are business owners
- Want to give back to community/loyalty to local business owners
- Bartering in small communities
- Live in community that operates routinely on swaps rather than cash

Resource: *Ethical Practice in Small Communities: Challenges and Rewards for Psychologists* (Schank & Skovholt, 2006)
Other Small/Closed communities:

- Deaf
- Military
- Religious
- Small college
- Corrections/Law Enforcement
- Ethnic groups within large community
- GLBTQ

Often have to be part of to be accepted
Similarities in small communities

- Overlapping relationships
- Limited resources
- Limits of competence
- Community expectations
- Interagency issues (turfdom?)
- Working with peers
- Maintaining confidentiality
- Lack of client and therapist privacy
- Often live and socialize in community
Minimizing Risk

1. Recognize ethics codes are necessary but not sufficient
2. Know relevant codes, regs, laws
3. Obtain informed consent
4. Involve prospective clients in decision making
5. Talk directly with clients about likelihood of out-of-therapy contact
6. Consider type/severity of client’s presenting problem
7. Set clear expectations
8. Set clear boundaries with yourself and clients
Minimize...

9. Be scrupulous about documentation
10. Be especially aware of issues of confidentiality
11. Be aware of broader community standards
12. Maintain hierarchy of values
13. Know yourself
14. Participate in ongoing consultation and discussion
15. Continue to educate yourself
16. Know when to stop

Modified from Schank and Skovholt pp. 178-88
Gift Giving Considerations

Is it ever OK to accept gifts?

Considerations:
- Cost of gift
- Client intent in giving gift
- Implications of accepting or not
- Where is the client in the therapeutic process?
- What are the therapists motivations in accepting or not?
- Are there cultural issues present?
- What does your ethical code state? State or National code?
Your experience with Countertransference

Consider a situation you experienced of countertransference

How did you know you were experiencing it? Was it + or -

How did you handle it? Appropriate or inappropriate
Results of not addressing Countertransference

- Difficult to feel caring or respectful toward a client
- Bored or can’t concentrate during a session
- Inaccurate interpretations of clients’ feelings due to over-identification
- Feeling helpless, frustrated, inadequate
- Forgetful of details in a certain case
- Speaking in a derogatory manner about a client
- Working harder than the client
- More Attracted to a certain client or certain characteristics of clients e.g., risk takers, redheads, well-to-do
Attraction

Think of a client you were drawn to emotionally or sexually?

What was it about this client that you were drawn to?

Was it countertransference or simple attraction?
Recognizing Countertransference

Being overprotective of a client

Treating client in benign (gentle; kindly) – not confronting anger

Rejecting the client – don’t get too close, brings up my stuff, inappropriate discharge

Needing constant reinforcement or approval – documenting to look good, discouraged when client doesn’t make progress
Recognizing...

Seeing yourself in client –
  can’t separate my feelings from that of the client – over-identification

Developing sexual or romantic feelings

Giving advice –
  leading to excessive self-disclosure, “This is what worked for me”

Develop social relationship with clients –
  client says, “I want to get to know you as a friend”

Can lead to boundary violations
Acting on Sexual Countertransference

We have an ethical and legal obligation to NOT act on it!!
This Situation Involves:

<table>
<thead>
<tr>
<th>Issues/Behaviors</th>
<th>Ethical Code/Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal values</td>
<td>Professional development</td>
</tr>
<tr>
<td>Dual relationship</td>
<td>Avoid dual relationships</td>
</tr>
<tr>
<td>Insurance fraud</td>
<td>Obedience to the law</td>
</tr>
<tr>
<td>Exploitation of power</td>
<td>Client relationship</td>
</tr>
<tr>
<td>Harm to client</td>
<td>Do no harm</td>
</tr>
<tr>
<td>Impairment: asking for drugs</td>
<td>Self-care</td>
</tr>
<tr>
<td>Legal charges</td>
<td>Professionalism</td>
</tr>
<tr>
<td>Possible imprisonment</td>
<td>Professional responsibility</td>
</tr>
</tbody>
</table>
Sexual Attraction: What do I do?
Fear: Don’t ask, don’t tell

- Start down that slippery slope of questions?
- Talking about it does not make one do it
- Sexual misconduct is a voluntary behavior
- Sexual feelings or attraction is involuntary and often “spontaneous, surprising and uncontrolled”.
- We are vulnerable to such feelings at any time!
- Seek supervision, talk to a colleague, go to therapy
Other Ethical Challenges

- Conflict of Interest
- Self Disclosure
- Multiple clients
- Power Struggles in therapy
- Touch in Therapy
- Self Care
Self Disclosure in the Culture of Therapy

• What is appropriate self-disclosure?
• Inappropriate self-disclosure?
  • “I know the basics of you religion.”
• What do you have in your office?
  • E.g. Pictures, cultural wall hangings, signs
• Self-disclose without self-disclosing
• Are there cultural implications present?
  • E.g. “chatting” prior to doing business
What is Appropriate?

“Are you in recovery?”
“Do you have kids?”
“Are you married?”
“Where are you going?”

(when you are going to be out of office)

What do you say?

How much is too much?

Who’s agenda is in the self disclosure?
Who’s need is being met?

Is it necessary to “make the client comfortable” to have them “relate” to you?
What to consider:

Ethical issues present:
- Client welfare
- Do no harm
- Confidentiality
- Professional responsibility

Seek supervision with supervisor or peer
Consider personal values
Consider ethical responsibilities
Power:
The ability to influence or control

The Power Struggle
Clients Try to Gain Power

- Limit-testing or pushing boundaries
  Such as developing dual relationships
  Many don’t understand nature of therapeutic relationship
- Use coping skills learned in the outside world and perceive work
- Seduction as a power play
  - acting out of deep-seated conflicts in the therapy
- Display of physical strength.
- There are many other ways that clients attempt to gain power
How Do Clients Test Limits to Gain Power?

- Early for appointment
- Trying to stay after time is up
- “Doorknob therapy”
- Questioning your credibility/ethics
- Money
- Gift giving
- Personal questions
- Being seductive
Therapist Appropriate Use of Power (Influence)
Elicit constructive behavior and encourage openness to growth

Knowing when and how to use therapeutic seduction

Definition of seduction:
Influencing someone to do something they wouldn’t otherwise do.
Touch in Therapy

Is it OK?

Is it Not OK?
Physical Contact

A Controversial Topic!!

What is appropriate touch?

Nothing should be done in private that could not be done in public

Research does NOT support the idea that non-sexual physical contact leads to sexual involvement with clients
To Touch or Not to Touch?

Questions:
• Is it ever OK?
• Who’s agenda?
• Why are you touching?
• Are there “Rules”?
Establishing Boundaries around Touch

Clients need/want boundaries

What is the client’s experience with physical touch?

We model boundaries

- Healthy or unhealthy?

Our job is to teach

Appropriate touch is often misunderstood by clients...even when it is done with the best of intentions
Ethical Consideration: Non-Sexual Touch

Touch in counseling is not inherently unethical

Our professional code of ethics does not view touch as unethical

Touch can be used to have positive therapeutic effect

Ethical touch:
- employ considering context of counseling relationship
- sensitivity to clients' variables: gender, culture, history, diagnosis, etc.
Ethical considerations (Cont’d)

Seek ethical consultation

Critical thinking, through ethical-decision making, a must prior to ethical use of touch in counseling

Documentation!!!!

Professional: Thoroughly process feelings, attitudes, thoughts regarding touch in general and the often, unavoidable attraction to particular clients
Ethical Considerations: Unethical

- Practicing risk management by rigidly avoiding touch
  - Counselors are not paid to protect themselves, they are hired to help, heal, support, etc.

- Avoiding touch in counseling due to fear of reporting or suit

- Stopping counseling in order to engage in sexual touch or sexual relationships (illegal too)
Ethical Considerations: Unethical
(Cont’d)

- Rigidly withholding touch from children and other clients who can benefit from it
  - e.g. those who are anxious, dissociative, grieving or terminally ill

- Sexual, erotic or violent touch in counseling is **ALWAYS** unethical

“To Touch or Not to Touch”, Zur Institute 2014
Guidelines For Appropriate/Ethical Touch

✓ Used according to the counselor’s training and competence

✓ Thorough deliberation of the clients' potential perception/interpretation of touch

✓ Having foundation of client safety and empowerment before using touch
Guidelines for Appropriate/Ethical Touch
(Cont’d)

- Clarity regarding boundaries
- Clients' perception of:
  - being in control of physical contact
  - that touch is for his/her benefit rather than counselors
- Stated clearly “no sexual contact”
- Clear about type of touch to be used
Special Care

“Touch is usually contraindicated for clients who are highly paranoid, actively hostile or aggressive, highly sexualized or who inappropriately, implicitly or explicitly demand touch.”

Special care with people who have experienced:

- assault, neglect, attachment difficulties, rape, molestation, sexual addictions, eating disorders, intimacy issues.
Summary of Physical Touch Considerations

- Agency/practice policies
- Counselor’s experience and comfort level with touch
- Client’s: Personal history, Diagnosis, Culture
- Have client’s permission
- Not a way to gain trust
- Who’s needs are being met?
Protecting ourselves

- All situations and behaviors should be open to supervision
  - Do you have resources?
- Talk to colleagues
  - Network of people you trust
- Unwilling to talk to someone? What is that about?
If I Don’t Take Care of Me, How Can I Take Care of You?
Sources of Stress

**Client induced**: angry outbursts, intense emotions, presenting overwhelming problems, suicidal threats, triangulation, lies, manipulation...

**Work environment**: Time, excessive caseloads, lack of support, incompetency of supervisor, excessive paperwork, lack of resources, disempowerment, unrealistic demands...

**Event related**: major life transitions, past traumas, personal crises, medical problems, family problems, change in job...

**Self-induced**: perfectionism, fear of failure, self-doubt, approval seeking, compassion fatigue, lack of personal and professional boundaries, unhealthy lifestyle...
Got Sleep?

★ Promotes Healing
★ Better skin tone
★ Encourages Healthy Eating
★ Feeling better mentally
★ 6-8 hours is best
To Love oneself is the beginning of a life-long romance

Oscar Wilde
Caretaking vs. Caregiving
Which one fits you?
Fantasy vs. Reality
<table>
<thead>
<tr>
<th><strong>Caretaking</strong></th>
<th><strong>Caregiving</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of guilt</td>
<td>Calm, loving way</td>
</tr>
<tr>
<td>To feel needed</td>
<td>Empower other people</td>
</tr>
<tr>
<td>To increase self esteem</td>
<td>Encourage self-sufficiency</td>
</tr>
<tr>
<td>Take on others problems</td>
<td>Empathy and compassion</td>
</tr>
<tr>
<td>Take responsibility for others feelings, well-being</td>
<td>Allow others to take personal responsibility</td>
</tr>
<tr>
<td>Attempt to control others</td>
<td>No need to feel in control</td>
</tr>
<tr>
<td>Attempting to be perfect</td>
<td>Allowing yourself to be “human”</td>
</tr>
<tr>
<td>At our own expense</td>
<td>Good self care</td>
</tr>
<tr>
<td>Not caring for own needs</td>
<td>Acknowledge own needs</td>
</tr>
<tr>
<td>Martyrdom</td>
<td>Setting healthy boundaries</td>
</tr>
<tr>
<td>Never say “no”</td>
<td>Knowing when to say “no”</td>
</tr>
<tr>
<td>Burnout</td>
<td>Knowing when to “re-fuel”</td>
</tr>
</tbody>
</table>
Caregivers know when to work and when to play; know when to stop. Caregivers find fulfillment and enjoyment in their jobs. Caretakers have to feel in control. Caretakers burnout!

Ask yourself: “Am I putting more energy into another person’s problem solving than they are?”
Lack of self care

burnout
lack of professionalism
poor customer service
Loss of clients, reputation, credibility
Results of Burnout

1. Disrespecting clients/work
2. Neglecting paperwork/inappropriate charting
3. Making mistakes/losing interest in work
4. No energy
5. Negative feelings/lack of self confidence
6. Using work to not feel
7. Isolating from colleagues, family, friends
8. Feeling unsupported or self-important
9. Poor decision making/boundary setting
“When therapists neglect themselves to the point where they not only lose joy in what they’re doing but also lose themselves in the process, burnout may result. This is an insidious and progressive condition. …the term rustout might be more appropriate… professional doesn’t usually flame out all at once…”

“Rustout becomes chronic, or flames into burnout, when you feel reluctant or powerless to make needed changes in your work or personal life.”
Knowing When We Need Therapy

✓ Increases openness and acceptance of feelings decreasing chance of acting on countertransference
✓ Improves self awareness
✓ Improves self understanding
✓ Enhances personal relationships
✓ Decreases chance of burnout
✓ Encourages personal growth and enhances professional growth
✓ New opportunity to examine personal values and beliefs
✓ Key: knowing when you need a therapist!
What’s the Message?

Professionalism?
Burnout?
Rushed or too busy?
Uncaring?
Inexperienced?

HOW DO YOU WANT TO BE REMEMBERED?
“First Impressions are lasting so make them count”.

Initial contact with others is critical.

People judge others within the first 7 seconds of meeting.

What do people see in the first 7 seconds of meeting a burned out professional?
Present the way you want to be remembered!
Thank you for spending the day with us
Frances Patterson, Ph.D., MAC, BCPC, CCJAS, QSAP, QCS
Footprints Consulting Services, LLC
(615) 289-4905
frances@footprints-cs.com
www.footprints-cs.com

Katherine Benson, LADAC II, NCAC II, SAP, QCS
Pleiades Counseling
615-885-3615
Lightbeing@aol.com