

1 **Not the Usual Ethics Training: Navigating Difficult and Challenging Situations**

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2 **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

3 **Chiseled in Stone or Guidelines?**

4 **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

5 **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

6 **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

7 **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

8 **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

9 **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

10 **Making Ethical Decisions**

A Glance at some decision making models

11 **SAMPLE DECISION MAKING MODELS**

- The RESOLVEDD 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

12 **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

13 **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.

14 **Corey, Corey and Callahan, 2011**

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

15 **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...*

16 **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

17 **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

18 **Why Many People Don't Report:*****Everybody, Somebody, Anybody, Nobody***

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.

19 **Personal Beliefs and Values****Influence our Professional Decisions**20 **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

21 **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?

22 **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?

23 **Some situations to ponder...**

Where do you stand?

The Dinner Party

Abortion

Religious Client

24 **The Dinner Party**

Who will you invite to dinner?

25 **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.

26 **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

27 **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

28 **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?

29 **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?*

30 **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
 - e)
 - e)

31 **Personal Values and Culture**

32 **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

33 **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.

34 **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?

35 **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

36 **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
-

37 **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

38 **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

39 **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

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40 **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

41 **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.....

42 **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...

43 **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?

44 **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

45 **Tough cultural topics**

1 *Views of life and death*

2 Right to die

Euthanasia

Dying with dignity

Suicide

Unforgivable

Assisted
Accepted
Honor Suicide

3 Afterlife

Heaven
Nirvana
Valhalla
Reincarnation
Purgatory
Brahma

46 **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

47 **Texting and Emailing With Clients**

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

48 **E-mailing Reminders**

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

- Therapeutic opportunities

49 **Social Networking**

Problems with Facebook, Twitter, Myspace, etc.

- Self-disclosure
- Dual relationship

We are not our clients' friends

Professional boundaries

Security safeguards

50 **Boundary crossing vs. Boundary violation**

51 **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...

52

- ✘ Can lead to "blurring" of the counselor's role
- ✘ Well intentioned boundary crossing can lead to serious violation
- ✘ Can lead to the "slippery slope"

53 **The 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

54 **Boundary violation**

- ✘ Exploitation of client to some extent
- ✘ Can cause harm to client

- ✘ Serious breach of boundaries
- ✘ Generally repeated
- ✘ Definitely unethical

55 **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

56 **Seeing Clients outside of office**

57 **Social Contact**

58 **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.....

59 **Dual Relationships**

60 **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

61 **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?*

62 **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

63 **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)

64 **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

65 **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

66 **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

67 **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

68 **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?

69 **MANAGING TRANSFERENCE AND COUNTERTRANSFERENCE**

70 **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

71 **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
-

72 **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?

73 **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

74 **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

75 **Acting on Sexual Countertransference**

76 **This Situation Involves:**

1 *Personal values*

Dual relationship

Insurance fraud

Exploitation of power

Harm to client

Impairment: asking for drugs

Legal charges

Possible imprisonment

2 *Issues/Behaviors*

3 *Ethical Code/Principle*

4 *Professional development*

Avoid dual relationships

Obedience to the law

Client relationship

Do no harm

Self-care

Professionalism

Professional responsibility

77 **Sexual Attraction:
What do I do?**

78 **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

79 **Other Ethical Challenges**

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

80 ***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

81 **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?

82 **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

83 **The Power Struggle**

Power:

The ability to influence or control

84 **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
 - o acting out of deep-seated conflicts in the therapy
- Display of physical strength.
- There are many other ways that clients attempt to gain power

85 **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

86 **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.

87 **Touch in Therapy**

Is it OK?

Is it Not OK?

88 **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

89 **To Touch or Not to Touch?**

Questions:

- Is it ever OK?
-
- Who's agenda?
-
- Why are you touching?
-
- Are there "Rules"?

90 **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

91 **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.

92 **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

93 **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)

94 **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

95 **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

96 **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

97 **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.

98 **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?

99 **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?

100 **If I Don’t Take Care of Me, How Can I Take Care of You?**

101 **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...

102 **Got Sleep?**

- Promotes Healing
- Better skin tone
- Encourages Healthy Eating
- Feeling better mentally

6-8 hours is best

103 **Oscar Wilde**

To Love oneself is the beginning of a life-long romance

104 **Caretaking**

vs.

Caregiving

Which one fits you?

Fantasy vs. Reality

105

1 Caretaking

2 Out of guilt

To feel needed

To increase self esteem

Take on others problems

Take responsibility for others feelings, well-being

Attempt to control others

Attempting to be perfect

At our own expense

Not caring for own needs

Martyrdom

Never say "no"

Burnout

3 Calm, loving way

Empower other people

Encourage self-sufficiency

Empathy and compassion

Allow others to take personal responsibility

No need to feel in control

Allowing yourself to be "human"

Good self care

Acknowledge own needs

Setting healthy boundaries

Knowing when to say "no"

Knowing when to "re-fuel"

4 Caregiving

106

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 persons problem solving than they are?"

107 **Lack of self care**

burnout

lack of professionalism

poor customer service

Loss of clients, reputation, credibility

108 **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

109 **Quote: (The Therapists Workbook, p143 & 145)**

"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."

110 **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!

111 **What's the Message?**

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

112

▶ *"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?

113

Present the way you
want to be remembered!

114 **WRAP UP Questions?**

Thank you for spending the day with us

115