Professional Ethics:
50 Shades of Gray

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Michael J. Wagner, LICSW, MAC
NAADAC Approved Education Provider, #307
mike.wagner@comcast.net
Workshop Description

Codes of professional ethics contain very few black-and-white statements on boundaries. The vast majority of the guidelines are stated in shades of gray. That fulfills the function of a code, as a set of guidelines rather than a set of hard and fast rules. Within the gray, we are purposely left to make decisions. This workshop moves from the "why" of healthy boundaries, to the "how". Participants will practice applying various ethical decision-making models to increasingly subtle ethical dilemmas. This is a hands-on, how-to, six-hour experience.
Michael J. Wagner, LICSW, MAC is a national trainer, educator, and consultant.

He is licensed by WA State as a Licensed Independent Clinical Social Worker, and nationally certified by NAADAC as a Master Addiction Counselor. As an educator, he teaches addiction courses at Edmonds CC.

Mike is Past-chair of NAADAC’s Ethics Committee, Past-president of CDPWS, past Vice-president of WACASE, and has varied experience on other volunteer boards.

He is a NAADAC Approved Education Provider, #307.
Objectives.
The successful participant will be able to:

1. Define boundaries in clinical work.
2. Describe the value of clinical boundaries.
3. Differentiate boundary crossings from boundary violations.
4. Discuss what is sacrificed by rigid boundaries.
5. Respond to: "Why aren't ethics black-and-white?"
6. Apply ethical decision-making models to boundary dilemmas.
Professional Ethics:

“...a set of guidelines for conduct.”

Keith-Spiegel & Koocher

Oh, come **on**, Wagner; it’s got to be more complicated than **that**!
Objective 1
“Define boundaries in clinical work.”

1. After reading the next 2 slides, do any boundaries come to mind? (Physical/intellectual/emotional/spiritual/psychological/academic? Other?)

2. After that, we’ll look at one more (related) slide on boundaries
Boundaries

To have or to not…

- "...healthcare professionals without boundaries are playing hopscotch in a minefield."

Brian Booth, Nurse

Re: Patients are not friends

retrieved from http://www.bmj.com/ on 9 30 2013
Different Cultures = Different Beliefs

About 2,500 years ago, when Darius was King of Persia, he summoned the Greeks (a cremation culture) who were present at his court, and asked them what they would take to eat the dead bodies of their fathers. They replied that they would not do it for any money in the world.

Later, in the presence of the Greeks, and through an interpreter, so the Greeks could understand what was said, he asked some Indians of the tribe called Callatiae, who do in fact eat their parents’ dead bodies, what they would take to burn them. They uttered a cry of horror and forbade him to mention such a dreadful thing.

Note: Some references cite Herodotus, a Greek historian who lived in the same century as Darius, for this story.

(Different beliefs = different boundaries.)
Darius and Death

- How might the previous story relate in your practice? Please go to sub-groups and discuss examples of cultural mismatch in your own work. We’re definitely not looking at “right v wrong”, simply at differences.

- Then, return and discuss in the large group.

- Watch the next slide; identify your own reactions/feelings/thoughts on it, then we’ll discuss
Healthy Boundaries Protect the:

- Patient, by...
- Clinician, by...
- Supervisor, by...

So, what’s with all this protection? Why? From what/whom?
Objective 2

“Describe the value of clinical boundaries”

1. After work you did on the previous slide, how would you describe the value of boundaries?
2. After that, we’ll look at more slides on boundaries
Objective 3
“Differentiate boundary crossings from boundary violations.”

1. Let’s look at some clinical issues, then consider whether they are crossings or violations:

2. Sex with a client

3. Sex with a key party

4. Sex with a former client or a key party (2 years?)

more on next slide
Objective 3 (cont)
“Differentiate boundary crossings from boundary violations.”

1. Let’s look at some clinical issues, then consider whether they are crossings or violations:
2. advertising which is false, fraudulent, or misleading
   RCW 18.130.180 (3) (see next slide for an example)
3. aiding or abetting an unlicensed person to practice when a license is required;
   RCW 18.130.180 (10)
• valuable consideration in connection with the referral of patients
   http://app.leg.wa.gov/wac/default.aspx?cite=246-16

1. More on next slide
advertising which is false, fraudulent, or misleading

“L.A. attorney faces suspension over doctored photos

A judge has recommended a six-month suspension for a Los Angeles attorney who posted doctored photos on her firm's website that show her arm-in-arm with high-profile people like President Barack Obama, Hillary Clinton, Leonardo DiCaprio and George Clooney.”

The Seattle Times

http://seattletimes.com/text/2024601702.html

Monday, September 22, 2014 - Page updated at 6:00 p.m
Objective 3 (cont)
“Differentiate boundary crossings from boundary violations.”

Let’s look at some clinical issues, then consider whether they are crossings or violations:

1. Self-disclosure

*Def:* “At its most basic, therapist self-disclosure may be defined as the revelation of personal rather than professional information about the therapist to the client.” Self-Disclosure & Transparency In Psychotherapy And Counseling, by Ofer Zur, Ph.D., 2011


An addictions counselor discloses personal recovery status (= personal or professional info?)

[1. More refs on next slide](#)
Self-disclosure refs

- **Ethical Issues in the Use of Self-Disclosure for Substance Abuse Professionals**, by Charlotte Chapman, LPC, CAC, CCS published in NAADAC’s January/February 2000, Vol. 18, No. 1, issue of The Counselor magazine. *(I can send you a copy.)*

- **Self-Disclosure: Temptations and Alternatives**, by Judith A. Harrington, Ph.D.

Objective 3 (cont)
“Differentiate boundary crossings from boundary violations.”
Let’s look at some clinical issues, then consider whether they are crossings or violations:

1. Self-disclosure
2. Gifts (to/from)
3. Touch
4. Other examples?
Objective 3

“Differentiate boundary crossings from boundary violations.”

1. After the work you did on the previous slides, how would you describe the importance of being able to differentiate boundary crossings from boundary violations? And, why is it important to distinguish? (One minute to consider, then we’ll sub-group)

2. After that, we’ll look at one more slide on the differences.
“The responsibility for maintaining boundaries is the responsibility of the therapist -- even if the patient doesn’t want the boundaries.”

LeClair Bissell, MD, CAC
NAADAC Annual Conf, 1996
Maintain Appropriate Boundaries

"It is always the therapist's responsibility to maintain appropriate boundaries, no matter how difficult or boundary testing the patient may be.... The conduct of psychotherapy is an impossible task because there are no perfect therapists and no perfect therapies. Knowing one's boundaries, however, makes the impossible task easier."

Robert Simon & Daniel Shuman
Clinical Manual of Psychiatry & Law,
= 11 years after LeClair Bissell’s statement
“A 13-year-old girl cannot be held at fault for having sex with her teacher, the state Supreme Court ruled Thursday, rejecting a school district's argument that it shouldn't have been sued because the girl was partially responsible.”

Friday, December 9, 2005 in The Seattle Times.

http://seattletimes.com/html/localnews/2002673357_teacher09m.html
Responsibility for Maintaining Boundaries

- WAC 246-16-100

6) “Patient, client or key party initiation or consent does not excuse or negate the health care provider's responsibility.”

(Note: This WAC does not directly relate to the violation of the 13-year-old girl in the previous slide, but it does remind us that we are responsible.)
Objective 4

“Discuss what is sacrificed by rigid boundaries..”

1. After reading the next slide, do any boundaries come to mind that might be considered rigid?
Any thoughts about reviewing your own practice for rigid boundaries?

Have you ever been subjected to the rigid boundaries of others?
Pop Quiz

“Good fences make …”

a. Property lines clear
b. People stay in their own yard
c. Good neighbors

(With thanks to Robert Frost, for the closing quote in his poem, "Mending Wall“.)

What does this have to do with our topic?
And, what are examples of clinical “fences”?
Objective 5
Respond to: "Why aren't ethics black-and-white?"

- Let’s briefly look at some questions on this Objective, then we can discuss them:
  - Would our life be easier?
  - Would our patients be better off?
  - Why don’t we simply “fire” these gray people who impose these gray codes of ethics on us? (“It’s not fair, man.”)
  - Ultimate question: Do we really want a black-and-white code of ethics carved in stone, for eternity?
  - Sub-group and discuss
Boundaries: Black and White?

1. Is there any B&W boundary in codes of ethics?
2. How about any gray ones? Examples?
3. Why different answers between #1 and #2? What’s the logic, reasoning, justification?
Objective 5
Respond to: "Why aren't ethics black-and-white?"

How would you reply to this question from a new clinician you were supervising? (A moment of silence, to consider, then we'll discuss.)
Objective 6

Apply ethical decision-making models to boundary dilemmas.

Let’s look at a few ethical decision making models. *We will briefly look at each, then come back and see how/if they can help us in our work.*
Wm White: **Critical Incidents**

1. Who are potential winners/losers?
2. Can universal values* shed light?
3. What law/professional propriety applies?

* Autonomy, Justice, Veracity, Fidelity, …
Sheila McGuire: Subtle Boundary Dilemmas

1. Review your code of ethics
2. Seek input from a second party
3. Determine the values (motives) involved
4. Evaluate long-term effects of your choice on your client
Ethical Decision-making Model: “ETHIC”

**E** = Examine values of all parties involved

**T** = Think laws/ethics, policies/procedures,…

**H** = Hypothesize actions that might fit this

**I** = Identify winners/losers in each action

**C** = Consult with others

ref: Elaine P. Congress
Loewenberg, Dolgoff, & Harrington, in: Ethical Decision Making for SW Practice

1. Identify problem & contributing factors.
2. Identify all parties involved.
3. Determine who’s in Decision Making process.
4. Identify relevant values of parties in 2, above.
5. Identify goals & objectives that might resolve this.
6. Identify alternative strategies/targets.
7. Assess effectiveness/efficiency of each item in 6, above.
8. Select most appropriate.
10. Monitor for unexpected consequences.
11. Evaluate results.
NAADAC’S Ethical Decision Making Model

1) Identify and define the problem.
2) Review the NAADAC Code of Ethics to determine which principles are applicable.
3) Consult with a supervisor and/or colleagues.
4) Consider any potential legal concerns and identify if consultation with an attorney is needed.
5) Identify all courses of action and their consequences.
6) Decide on a course of action.
7) Implement the course of action and document it appropriately.
8) Reflect on the outcome of the course of action.
Common Threads in the Models?

- Anything you saw that seemed to track through the models?
- How about consideration for the values of different parties? Don’t all cultures have the same values? (Remember Darius….)
Ethical/Legal Grid

Examples for each box?
Dilemmas

Oh, we face them; on a daily basis.
Examples? Glad you asked!
  barter
  attraction
  scope of practice
  conflict of interest
  diversity
  confidentiality
  supervision
  advocacy

Others?
Case Scenario 1

- Your client is a 34 yo F in 5th mo of O/P tx for CD. Able to find only part-time work, she is struggling to make mortgage payments on the condo where she lives with her 2 children.
- She excitedly tells you she met Mr. Right; plans to invite him to move in so he can help with expenses.
- You recognize him as a former pt of your colleague, from case consultations around his hx of abusing women.
- What do you do when she tells you? Based on what?
Case Scenario 2

- Your new client is the daughter of your Mom’s best friend.
- This client tells you she is 3 months pregnant.
- She wants that kept a total secret, and asks if you’ll agree.
- She is 15 years old.

- What do you do? Based on what?
Case Scenario 3

- You are closing up the agency after the final evening group. A fairly new patient walks back in and asks for a ride home. This patient just got a call that their regular ride had to work late, and can’t make it. Your agency has a clear policy against transporting patients.
- This patient is recovering from an assault by a taxi driver, 4 months ago. It’s 9:15pm, dark & raining.
- You find this patient physically attractive, and believe your feelings are reciprocated.
- What do you do? Based on what?
Case Scenario 4

- Your agency supervisor is a professional veteran, highly regarded in the community.
- She tells you she is opening a private practice in 2 months, which gives her time to refer some agency clients – who have good insurance – into her practice, and asks you to keep your eyes open for good clients.
  - What do you say? Why?
- Oh, and in 6 months she’ll be ready to bring you in – at nearly twice your current salary, plus benefits.
  - What do you say, now? Why?
  - What do you say, tomorrow? Why?

Might be time for a career change. Dairy farming, anyone?
Dilemmas

- Are *clinical* dilemmas the only kind we’ll encounter?
- What is an example of an administrative dilemma? Organizational? Legal?
- Others?
Why Do Patients Seek Our Services?

- Likely, because they are wounded in some way - bearing scars - and our job is to help them heal. Comments?
Our Patients’ Scars

“I believe scars can turn into beauty marks over time and make us the distinct individuals we are.”

Gardner McFall, Librettist “Amelia”
World Premiere: Seattle Opera, 2010
Self-Care

- Self-care is *not* self-ish
- We do serious work, but that doesn’t mean we have to take ourselves seriously. *See next slide…*
3 Wellness Tips from any Dog

- Run, romp and play daily.
- On hot days, drink lots of water and lay under a shady tree.
- When loved ones come home, always run to greet them. *(A comment on this....)*

What do you do to help maintain your own wellness?

The Greeks had their own ways to channel energy, 28 centuries ago, as (mis)represented on next slide
The Value of Clinical Supervision

Please don’t get focused on the genders in this picture.
Training to Treatment

Take a moment of silence to jot down some ways you can put the material from this workshop into *practical* use in your clinical setting. That is, what can you *do* with this material? How can you translate this training into your clinical setting? That is, how can you *use* it?
Professional Image

“A strong professional image is a precious thing – one that is hard to recover if ever damaged.”

Defensive Practice?

Be smart, not defensive. I believe we cannot do good clinical work if we operate from a platform of fear. “Risk” is part of our job description. There is a reason we refer to risk management, and not risk avoidance. The only way to avoid risk is to stay home - but you’d probably be sued for that, anyway!

You’ve heard of “Take your kid to work day”? Maybe that’s one day a year; but please do take your brain to work everyday!
Law and Ethics

- State licensing/certifying bodies (e.g. DOH) and many certification bodies (e.g. NAADAC) require us to earn CEUs on Law and Ethics every two years.

- How much can we cover in one workshop? The next slide gives us a glimpse:
Only the Tip of the Iceberg
Ethics require more than good intentions

“A goal without a plan is just a wish.”
Antoine de Saint-Exupery

My plan is that you leave here, today, with some practical tools, so your “good work” = good results.
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Comments/Questions?