

**Power in the Professional
Arena:
Ethics, Boundaries and Healing in
Addiction Professionals**

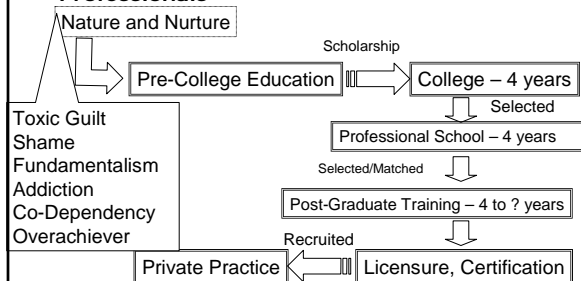
James C. "Jes" Montgomery, M.D.
October 31, 2007

**Session One:
Chosen for Danger**

The Making
of the
Addiction Professional

**Psychology of Helping
Professionals**

Roots of the Development of Helping
Professionals



The "Perfect" Resident

Obsessive Compulsive

Preoccupation with details, rules, lists
Perfectionism
Excessively devoted to work/productivity to exclusion of leisure and friendships
Over conscientious scrupulous, and inflexible
Reluctant to delegate tasks
Rigidity and stubbornness

Narcissistic

Expects to be recognized as superior
Fantasies of unlimited success, power
Believes that he or she is "special" and unique
Requires excessive admiration
Expectations of especially favorable treatment
Shows arrogant, haughty behaviors

Shizotypal

Constricted affect
Lack of close friends or confidants
Behavior or appearance that is odd, eccentric, or peculiar
Constricted affect

Borderline

Intense interpersonal relationships
Unstable self-image
Anger or difficulty controlling anger

Psychology of Medical Professionals

• Training Process

– Verifiable PTSD

- Trauma
 - Outside the Realm of Everyday life
 - Gives the PERCEPTION of risk of loss of life and limb
- Hypervigilance
- Avoidance
- Flashbacks

Denial

“ The Sergeant was wounded in the right upper arm by shrapnel. Interviewed afterward, he said, “You know, doc, it wasn’t until I was hit that I realized those bastards were out to kill me. I was just worried about doing my job. I never thought I’d get hit.

This marine had been faced with small arms and mortar fire, barbed wire, , and crossing a mine field, but he never realized he was at risk until he was wounded.”

Shale, J. Shale C. Shale, J. "Denial Often Key in Psychological Adaptation to Combat Situations." *Psychiatric Annals*, Nov 2003, 33:11725

Ethics

- “Ethics connotes deliberation and explicit arguments to justify particular actions.”
 - Resolving Ethical Dilemmas: A Guide for Clinicians, Bernard, Lo
- Also refers to a branch of philosophy that deals with principles guiding human character and professional codes of conduct.
- Relies on rules, guidelines and principles that must be interpreted in the specific context of the situation
 - Guidelines may differ in the same context
 - Exceptions are sometimes appropriate

Ethics

- Complex System of Moral Guidance
- Based on Numerous Factors
 - Personal Moral Values
 - Values derived from family, culture, religion, etc.
 - May be in conflict with ethical guidelines
 - Claims of Conscience
 - Acting congruently with our sense of wholeness and integrity
 - Can clarify or justify behavior: “I couldn’t live with myself...”
 - Claims of Rights
 - Defined Rights - Confidentiality
 - Perceived Rights – Right to die

Ethics

- Theories of Ethical Philosophy
 - Consequentialist
 - Consequences determine the right or wrong action
 - Utilitarianism – Most prominent theory
 - Appropriate actions and rules assure that the overall benefits to ALL parties outweigh the overall harms.
 - Deontologicalism
 - Appropriate actions and rules are based on more factors than harm and benefit
 - Actions can be inherently wrong and should be suspect, even if no harm occurs

Ethics

• Theories of Ethical Philosophy

– Casuistry

- Morals are not absolute
- Strategic Comparison of a specific case with clear cut paradigmatic cases

– Ethics of Caring

- Responding to the welfare and needs of the individual may be more important than abstract rules and guidelines
- Maintaining Relationships and minimizing interpersonal conflicts becomes a factor in decision

– Virtue Ethics

- Emphasizes the character, qualities, and integrity of the clinician over the specific actions
- Compassion, Integrity, fortitude, temperance are important

Ethical Decisions to Ponder

- A 41 year old married male tested positive for HIV. Despite discussing the risks and implications, he disclose this to his wife. Furthermore, to use condoms would be a dramatic change in sexual practices. He insists, “It would destroy my wife and my marriage.”
- Do you notify the wife, despite the patient’s objections?
- Which is primary: confidentiality or duty to warn?

Ethical Decisions to Ponder

- You have seen a female client/patient for four visits and have a strong sense of therapeutic connection with her. She begins her session by telling you that, since you are not in her plan, her husband is requiring her to change to someone in her plan, namely Luna Tickler, Licensed Addictions Counselor.
- You know that this particular counselor has a very shady reputation and has had several complaints filed with the licensing agency.
- Do you tell the client to go to someone else? How
- Do you settle for “co-pay alone” reimbursement?

Ethical Decisions to Ponder

- Al Kaholik comes to your office, obviously intoxicated and impaired. After suggesting that he needs treatment, Al storms out of the office. You make every effort to convince him NOT to drive. He insists and nearly runs you over in the parking lot before going over the curb. It's 1745 and Security has gone home.
- Do you cross your fingers and let him drive?
- Do you copy his license plate and call 911?

Trust

- **Therapy is a Fiduciary Relationship**
 - A fiduciary is one who owes another the duties of good faith, trust, and confidence.
- **Foundation of the Therapeutic Relationship**
 - Trust is a two-way process
 - We can only ask patients/clients to trust us to the degree that we are willing to trust them.
 - We can only hold them Accountable to the degree to which we allow them to hold us accountable.
- **A Fiduciary Exchange of Trust IS an Exchange of Power**

Sources of Power

- | | |
|---|--|
| <ul style="list-style-type: none">• Vulnerability- Need- Urgency- Incompetence<ul style="list-style-type: none">• (Real or Perceived)- Dependence<ul style="list-style-type: none">• Financial• Social• Intellectual | <ul style="list-style-type: none">• Power- Knowledge- Tools<ul style="list-style-type: none">• Medication• Procedures• "Relief"- Outcome Awareness- Autonomy<ul style="list-style-type: none">- "Infallible"- Unquestionable- Silence |
|---|--|

Power Differentials

- **Where do they come from?**
 - **History**
 - The “Medical Legacy” → “Therapy Legacy”
 - **Culture**
 - The “Respected Therapist”
 - An American Phenomenon to some degree
 - Family Legacies and Expectations
 - **Institutions**
 - Ivy League – At what point is “Education, Education”
 - **Individuals**
 - Ego, Intellect, History, Family

Power Differentials

- **Who Causes Them?**
 - **Patients**
 - The ones over which we have little control
 - **Conscious**
 - Litigious
 - Secondary Gain (Disability, Fraud, etc)
 - **Unconscious**
 - Dependency Needs
 - Psychosomatic illness (Somatoform Illness)
 - **Unintentional**
 - Family expectations
 - Other gain

Power Differentials

- **Who Causes Them?**
 - **Professional**
 - **Cognitive Distortions that Support Professional Power Differentials**
 - Denial
 - Entitlement
 - Negotiable Boundaries
 - Minimization
 - Narcissism

Power Differentials

<ul style="list-style-type: none"> • I feel sick • I don't know what is wrong • I don't know if I can afford treatment • I can't afford the medication • I believe you can make me well • My life is in your hands • Nobody else can do what you do • Nobody could do what you DID. 	<ul style="list-style-type: none"> • I'm the Therapist • I can help you • I have the training • I have samples • You can trust me • I'll work with your insurance • This is part of my examination • Nobody else has the [technique, skills, knowledge] that I have • I've know you the longest • I know your whole family
---	--

Boundaries

<p>• Black</p>	<p>• White</p>
<p>It's not a Problem , Until It's a Problem.</p>	

Boundaries

- **Boundary**
 - The limits of a fiduciary relationship in which one person entrusts his or her welfare to another
 - A fiduciary is one who owes another the duties of good faith, trust, and confidence.
 - " The ['edge']of appropriate or professional behavior, transgression of which involves the therapist [professional] stepping out of his/her clinical role"
 - concerning such issues as time, place, money, services, gifts, clothing, language, self-disclosure and physical contact
 - Ref: Gutheil, T.G., Simon, R.I., Nonsexual Boundary Crossings and Boundary Violations, *Psychiatr. Clin. N. Am.* 25 (2002), 585-592
- **The Guardrails of Ethics**

Boundaries and Violations

- **Ethical Boundaries**
 - What you swear to
- **Institutional Boundaries**
 - Who you work for and with
- **Professional Interpersonal Boundaries**
 - Sexual Improprieties (and Sexual Transgressions)
 - Sexual Violations

Boundaries and Violations

- **Boundary Crossing**
 - Non-exploitive extension of a common practice
 - Norm: Prohibits touching patients outside limited settings
 - Crossing: Holding the hand of a bereaved patient
 - Crossing: Holding a distressed Child
 - Key: Welcomed, helpful, lack power differential as a basis.

Boundaries and Violations

- **Boundary Violations**
 - Exploitive transgression of a boundary
 - Often, no consensus
 - Harmless vs. Harmful
 - Major vs. Minor
 - Harassment
 - Sexual Contact
 - No therapeutic purpose
 - Major power differential
 - Exploitative

Boundaries and Violations

- **Boundaries may differ in Different Settings**
 - Inpatient Psychiatry
 - Inpatient Addiction Treatment
 - Residential Treatment
 - Halfway House
 - Private Practice
 - Public Setting
 - Twelve Step Meeting

Ethical Boundaries

- Defined by the ethics and principles of the profession
- Violations occur outside of professional relationships
 - “First, do no harm”
 - Patient
 - Family
 - Community
 - Nurse, trainee, student, associate, sales representative
- **AMA Principles of Medical Ethics:**
 - As a member ... a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self”
 - Benedek & Wahl, 1999

Institutional Boundaries

- **Defined by group or institution in which the professional works**
 - Misuse of institutional computer
 - Personal communication, stock trade, sales
 - Contracting with institutional employees for personal work or favors
 - “Curbside Consults”
 - “Drug Room Exams or Procedures”
 - Justify social or sexual behavior by procedure, sacrament, philosophy, or theology.

Boundary Violations

- **Cultural Variations**
 - Personal, religious, family, ethnic traditions
 - Of the Professional
 - Of the Patient/Client
 - U.S. Medical Practice Standards

Professional Interpersonal Boundaries

- Most commonly studied
- Violation is committed in the professional role, involving a broad range of victims
 - Patients, clients, nurses, students, other staff, trainees, supervisees, pharmaceutical or sales representatives
- **AMA Opinion:**
 - “. Sexual relationships between a medical trainee and supervisor, even when consensual, are not acceptable, regardless of the degree of supervision in any given situation”
 - Benedek & Wahl, 1999

Professional Interpersonal Impropriety

- **Covert or overt unwelcomed gestures or requests**
 - Involving a patient, client, trainee, supervisee, or staff member
 - Misusing the interpersonal relationship
- **Demonstrate a lack of respect for privacy**
 - Imposing Treatment Demands
 - Requests for favors
 - Special services
 - Financial favors/discounts

Professional Interpersonal Impropriety

- Covert or overt unwelcomed expression of erotic or romantic thoughts, feelings or gestures
 - Towards a patient, client, trainee, supervisee, or staff member
 - Construed as sexually suggestive or demeaning
- Demonstrate a lack of respect for privacy
 - Inappropriate comments
 - Initiating conversation about sexual matters
 - Kissing in romantic or sexual manner

Professional Interpersonal Impropriety (continued)

- Using the professional relationship to secure dates
- Using the context of meetings or retreats for sexual behaviors
- Disrobing or draping practices that reflect a lack of privacy
 - Intimate exam with an audience without consent
 - Examining patient intimately, without consent
 - Photography with or without consent
 - Consent for certain photos, others taken
 - Covert photography

Professional Sexual Violation

- Nontherapeutic or nondiagnostic attempt to touch or make actual contact with any sexual or reproductive anatomic area
 - Regardless of who initiated touch
- Touching breasts, genitals, etc. for inappropriate purpose.
- Sexual Intercourse
- Genital contact with:
 - Anus, genitals, mouth, or hands/fingers
 - Includes encouraging, coercing, or manipulating persons to touch the same areas on the clinician
- Offering practice related services in exchange for sexual favors
 - Drugs, disability, insurance fraud, fee reduction, or reports

Professional Sexual Misconduct Emotional Equivalents

- Sexually/romantically exploit the relationship
= Incest
- Sexually touch inappropriately
= Molestation
- Sexual intercourse
= Rape

Session Two: Issues in Ethics

Boundaries, Trust
And
Transference

Danger Areas

- Begins between Problem areas begin
between the exam table and the door
 - Boundaries and defenses are disarmed or
distracted
- Time
- Place
- Overidentification or overinvolvement
- Misinterpretation of the meaning of
patient/client's gestures/statements

Indicators of Vulnerability

- Tired/ stressed
- Depressed
- In crisis
- During relationship difficulties
- Practice/duties overwhelming
- Professional boredom

“Therapist Issues”

- “Special treatment”
- Time management
- Therapist’s Feelings
 - Impatience
 - Anger
 - Fear of patient/client
 - Feeling inferior to patient/client
- Therapist’s Response to the Patient
 - Triggered by patient/client material
 - Identification with perpetrator
 - Being aroused by fantasies or behaviors

“Patient Issues”

- Placing the Therapist in the Parental Role
- Eroticizing the Therapist
- Passive-aggressive Responses
- Loyalty to the Therapist
 - “Brother/sisterhood”
 - Religion/Social Organization
 - Sexual orientation
 - Nobody would tell

**Common Cognitive Distortions:
Victims of Poor Boundaries**

- Denial
- Disenfranchisement
- Fear
- Poor Self-Boundaries
- Protective
- Responsibility

**Universal Issues in Boundary
Violations**

- Boundary violations
- Shame
- Secrecy/double life
- Trauma bonding/ reenactment
- Addictive behavior/ concurrent addictions

**Factors That Promote Poor
Boundaries**

- Shared Issues
 - Addiction
 - Abuse
 - Absent Role Models
 - Religious, Gay, Race,
 - Addicted patient/clients
 - Patients who assume the professional shares the same feelings

Ethical Issues in Addictions Treatment

- **Accountability to Our Clients and their Families**
- **Accountability to the Community**
- **Accountability to Professional Community**
- **Accountability to the Recovering Community.**
- **Accountability to our own Humanness.**

Accountability

- **To Our Clients and their Families**
 - Disclosure of Secrets
 - Boundary Violations
 - Confidentiality
 - Discrimination
 - False and Misleading Statements
 - Informed Consent
 - Interviewing and Testing
 - Prohibited Clients
 - Sexual misconduct by professionals
 - Duty to Protect and Warn
 - Repressed Memory

Accountability

- **To the Community**
 - Mandatory Reporting Laws
 - Duty to Protect, Inform
 - Justice System Involvement
 - Legal Proceedings Against Therapists
- **To the Professional Community**
 - Relationship with Professional Peers
 - Supervision and Consultation
 - False and Misleading Statements
 - Research Technique and Design

Accountability

- **To the Recovery Community**
 - Boundaries with 12 Step groups
 - Avoid Dual Relationships
 - Support the Traditions and Culture

Accountability

- **For Our Humanness**
 - Ethics stands at the cross roads of science and the healing Arts
 - With a foot in each world
 - Be Honest with Self and other chosen Trusted Professionals
 - Work on your Personal Issues
 - 'What is denied gets projected on others'
 - Personal Recovery Work
 - Personal Needs of Value & Meaning
 - Denial of Our Sexual Self is trouble

Accountability

- **For Our Humanness**
 - Teach What Matters
 - Balance Conflicting Issues
 - Clients Right + Autonomy + Denial
 - Professional + Personal Disclosure
 - Client + Partner + Relationship
 - Personal Integrity + Managed Care
 - Trust Other + Trust Self

Session Three: Skiing the Slopes

How to Survive
Being
A Therapist

Core Concepts of Ethical Practice

- Consistency
- Transparency
- Competency

Consistency

- Knowing what I say
- Saying what I know
- Saying the same thing in the same situation
- Knowing clearly when to deviate
 - The Dalai Lama's Wisdom for 2005
 - "Learn Well the Rules
 - So you can choose carefully
 - And know how to break them properly."

Consistency Does Not Imply Rigidity

Consistency in Context

- Can an Addiction Professional perform adequately without being in Recovery?
- Can an Addiction Professional truly be therapeutically neutral because of Recovery?
- When is it truly appropriate to share Addiction Recovery with Patients?
- When is it a liability?

Consistency in Context

- Define and understand the Context and the Roles
 - Therapist
 - Patient/Client
 - Be willing to seek guidance – Plan in ADVANCE
 - Not wanting to talk about something it is a red flag.
 - Designate a Peer
 - Designate a Supervisor
 - Designate a Consultant

Consistency in Context

- **Anticipate Outcomes**
 - Positive – the easy ones
 - Negative – What would Attorney Joe Shark ask you on the stand that would make you nervous?
- **Have a plan for the best laid plans going awry**
- **Understand Mistakes**
 - How to identify them
 - How to admit them
 - How to correct them

Transparency

- **“The quality of being *transparent***
 - free from pretense or deceit;
characterized by visibility or
accessibility of information
especially concerning business
practices”
 - from www.merriamwebster.com
- **Practicing as though being viewed
live on a billboard on I-35**

Transparency

- **Prepare for questions in advance**
- **Be willing to answer unrehearsed questions**
- **Know the Rules**
 - Office Practices
 - Office Hours
 - Standards of Practice

Transparency

- **Refuse to tolerate secrecy**
 - In self
 - In Others
- **If any question arises, document, document and have back-up documentation.**
 - Who, what, when, where
 - Observable and measurable

Transparency

- **In Private Life**
 - Patients/Clients will ALWAYS be present when we goof.
 - Maintaining the separation between privacy and secrecy.
- **In Recovery Life**
 - Boundary Meetings
 - Open Meetings
 - To be seen or not to be seen, that is the question
 - If honest, will it be believed?
 - If guarded, will it be accepted?
 - If withholding, will it be noticed?

Competency

- **Knowing well**
 - What I CAN do
 - What I SHOULD do
 - Where I should STOP
 - When to call for help
 - Calling for Help
- **Family Practice Model**
 - Danger comes in uncharted territory

Ethical Challenges

- **The Cross Roads of Science and Art, personal and professional life.**
- **Ethics does not give the answers**
 - It continues to ask the difficult questions
- **Bearing witness to the undeniable vulnerability & resilience of life**
- **Ethical Challenges create Opportunities Tragedies and Miracles**
- **Deciding 'what really matters' to us, our clients and their families at any given moment**

Ethical Skills for Task Centered Approach

- **Ability to identify ethical issues in the Treatment of Addictions and Trauma**
- **Ability to identify healthy and appropriate boundaries with clients, professional peers and the recovery community**
- **Ability to examine personal history, feelings beliefs and experience that may influence clinical practice and decision making**

• Adapted from: Concise Guide to Ethics in Mental Health Care; Laura Weiss Roberts, MD & Allen R. Dyer, PHD.; American Psychiatric Publishing, Inc.; 2004

Ethical Skills for Task Centered Approach

- **Ability to identify limits of expertise and practice within those limits**
- **Ability to ask for help, consult, work collaboratively & refer appropriately**
- **Ability to identify personal burnout and seek support and care as needed**

• Adapted from: Concise Guide to Ethics in Mental Health Care; Laura Weiss Roberts, MD & Allen R. Dyer, PHD.; American Psychiatric Publishing, Inc.; 2004

Disclosure

- Professional
- Personal
- Disclosure Issues

Professional Disclosure

- **Purpose of Professional Disclosure**
 - Informed Consent
 - Establish Professional Boundaries
 - Establish Credibility
 - Clarify Expectations
- **Professional Disclosure Items**
 - Business Name & Address
 - Philosophy & Approach
 - Purpose of the Services
 - Formal Education & Training

Professional Disclosure

- **Guidelines**
 - Clear & Understandable Language
 - Limits to Services
 - Hours of Service
 - Fees & Costs
 - Opportunity to Ask Questions
 - Clients Rights
 - Clients' right to refuse or withdraw consent
 - Risks Related to the Services
 - Ethics Codes
 - Licensing Board Contact Info
 - Reasonable Alternatives

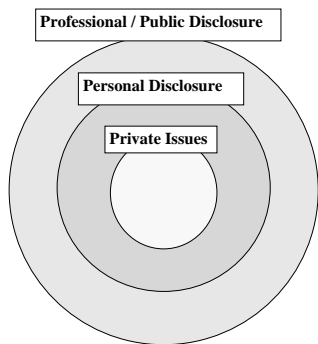
Factors That Affect Disclosure

- Professional Training
- Professional Orientation
- Professional Licensing
- Personal Experience

Addiction Professional Disclosure Issues

- Informed Consent
- Limits of Confidentiality
- Mandated Reporting
- Family & Partner Involvement
- Professional Certification
- Risk to Harm to include Transmitting STD, HIV, and Aids
- Harm-Reduction VS Abstinence Model
- Treatment Contracts
- Advocacy of Full Disclosure
- Friend of Bill W. & Self Help Groups

Professional Boundaries



The Process of Professional Disclosure

- Ongoing Process
- Dynamic Process based on the needs of the Client and their Family
- Intended to Model Healthy, Mutual, Respectful Relationships and Boundaries

Personal Disclosure

- Personal Experience is a Vital part of who we are
- What you do with your Experience is your Wisdom & Truth
- Qualifications that make you who you are
- Gifts to clients that you & you alone can give
- Supporting Informed Consent
- Joining Client
- Building Rapport
- Put Client at ease

Purpose of Personal Disclosure

- Setting Boundaries
 - This is your experience and this is mine
 - Sharing personal feelings about boundary violations
- Establish Credibility
 - Context-based decision
- Reduce Shame
 - Empathy from what we learn from similar experiences
- Building Trust
 - Modeling safe, unconditional intimacy
 - Unconditional Positive Regard

Personal Disclosure

- The Art of Disclosure is based on the highest good for client
 - Builds an authentic experience for therapist and client.
- Self Disclosure can reduce the projection of idealized parent with simple honesty and vulnerability.
- Disclose about yourself only when it will directly benefit the Client.
- Disclose only personal experiences that you have worked through in your own therapy/Recovery.
- Self disclose only when you are clear about what you hope to accomplish.

When not to Disclose Personal Information

- When your client is violating your boundaries in therapy or out of therapy.
- When client comes to treatment intoxicated or under the influence of mood altering chemicals
- When you feel uncomfortable about it.
- When client's serious mental health issues make it difficult for them to understand the meaning of metaphor.
- Never disclose your sexual feelings for a client, their family or their friends.

Documentation

- If it's not written, it wasn't done.
- Document clearly and concisely
- Remember, every word may be read aloud in court!
 - References can be clearly covert
 - HIPAA allows for communication "in the patient/client's best interest"
- Never trust your memory!

Self-Care

- **A dead battery sheds no light.**
- **Exercise, Nourishment, Rest**
 - Physically – Every Body Needs
 - Emotionally – Everybody Needs
 - Spiritually – Everybody Needs

Ethical Questions

- When may it be appropriate to withhold information?
- When might it be wise to NOT tell a patient the "truth?"
- What is the "right answer" with family secrets?
- Does anyone ever have NO dual relationships?
- How long does a client have to be NOT a client for the power differential to go away?
