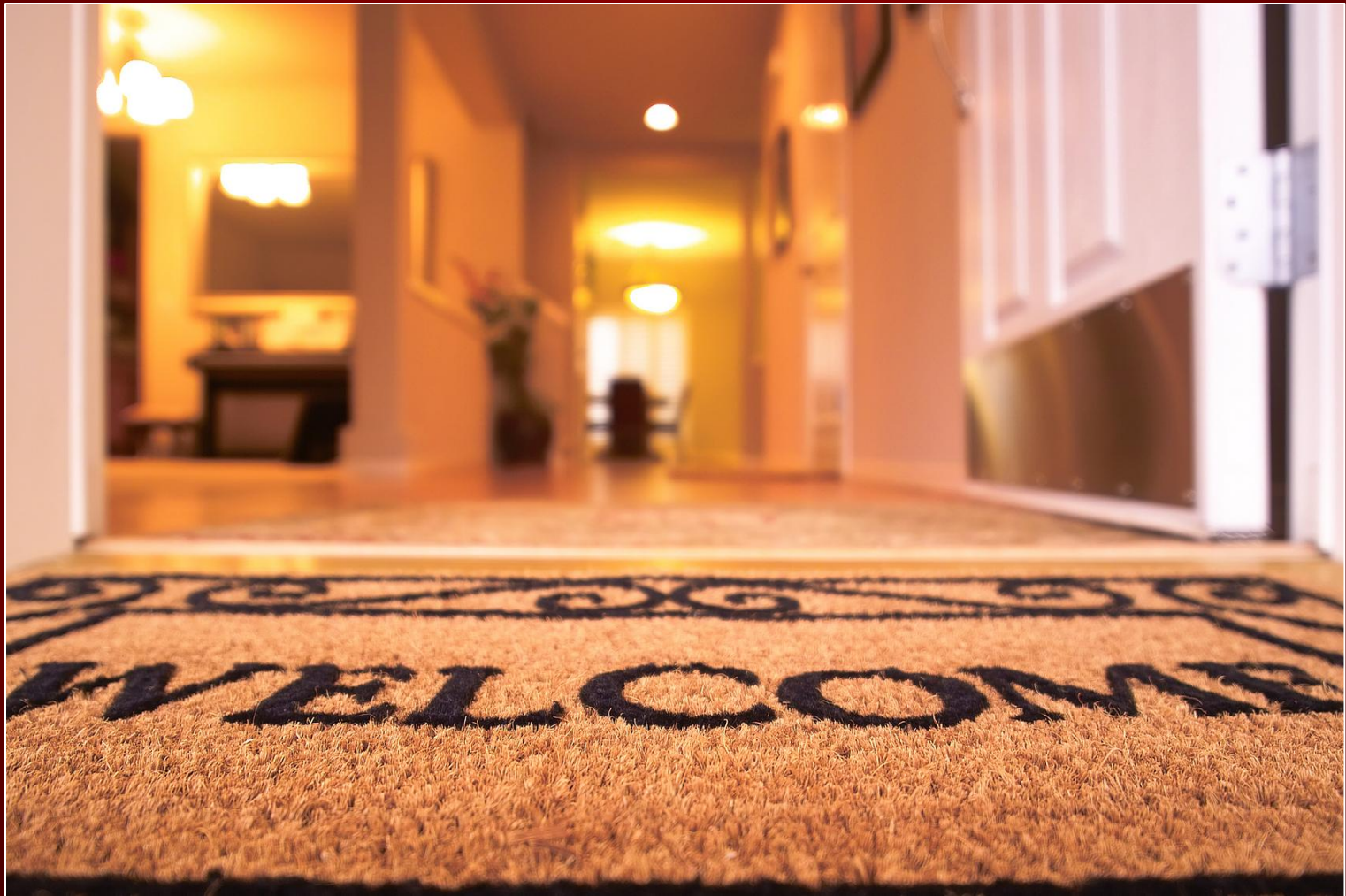


A full-page background image featuring a dark, textured surface, possibly water, with a small, dark, boat-like object in the lower-left foreground. A bright, glowing crescent moon is positioned in the upper-right quadrant, casting a shimmering, golden reflection across the surface. The overall mood is serene and contemplative.

ETHICAL CONSIDERATIONS IN WORKING WITH PEOPLE WITH TRAUMA AND ADVERSITY

David S. Prescott, LCSW, LICSW
2025
Welcome!

HELLO, HELLO, WELCOME!



AGENDA

- Introductory remarks
- What are ethics?
- What are the most common issues?
- Case examples from the field
- Boundaries
- Extra slides if time allows 😊

LET'S BE HONEST

- Everyone is at a different place in their professional development
- This presentation is for all audiences

INTRODUCTORY REMARKS



PLEASE BE PATIENT

- We live in troubled times
- I am going to be very provocative
- I am going to be highly irreverent
- This is a training for professionals only
- I come in peace and believe in human dignity
- I mean no harm
- Please take everything I say in the spirit in which it is intended

WARNING!

- This will be provocative
- It is intended to be relevant to survivors generally as well as survivors who go on to abuse others
- We should come down on only one side:
 - Thoughtful, ethical practice

SAFETY

- Keep it simple!
- Our work is hard enough
- Be careful out there!
 - (With apologies to Hill Street Blues...)

TRIVIA QUESTIONS

- What is the number one crime committed by treatment providers?

If you thought that was easy...



- What is the second most common crime committed by therapists?

LET'S TALK SOME
ABOUT TRAUMA

WHAT IS TRAUMA?

- APA:
- **Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions.

How does the British Psychological Society Define trauma

Perplexity Sources · 13 Tasks

The British Psychologi...
Five lessons I've learned on
trauma - British...

The British Psychologi...
Can we salvage the concept
of psychological trauma? |...

bps.org
What trauma means today |
BPS - British Psychological...

The British Psychologi...
'Trauma is playing out in the
theatre of the body' | BPS

British Psychological Society Definition of Trauma

Core Definition

The British Psychological Society (BPS) defines trauma as *an overwhelming experience that undermines our ability to cope*.¹ Trauma is understood as a response of the nervous system, where a surge of fear and shock disrupts normal brain functioning, particularly impacting the ability to think logically, remember, and process information effectively.¹ This definition emphasizes that trauma is not just a psychological event but also a physiological one, affecting both body and mind.

Key Elements of the BPS Perspective

- Trauma is an experience that overwhelms an individual's coping mechanisms, making it difficult or impossible to process or integrate the event at the time it occurs.^{1 7}
- The impact of trauma is both psychological and physical, with the body reacting first—often through intense fear and shock—before the mind processes the event.^{1 4}
- Trauma is not limited to specific types of events; it is defined by the individual's subjective response. Events that are experienced as physically or emotionally harmful or life-threatening, and that have lasting adverse effects on functioning and well-being, are considered traumatic.⁷



Ask anything...





the british
psychological society

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| Your search results

Here's what we found

trauma definition

[Search](#)

Showing **1842** results for: **trauma definition**

General (10)

Events (0)

News (0)

Training (0)

Psychmag (229)

Publications (0)

Journal (1603)

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Working Relationally with Trauma: A discussion

This review provides information about a range of different definitions of trauma, together with theories and models of working with people who have experienced trauma.

[View result](#) >

[COOKIE SETTINGS](#)

HERMAN, 1992

Type 1 Trauma:
Isolated, simple trauma

Usually a single incident or time-limited duration

Acute Stress Disorder/PTSD

Response and effects may vary with many factors

Type 2 Trauma:
Chronic & Complex

Prolonged, repeated trauma

Increased risk for long-term PTSD symptoms

Increased risk for related behavioral health syndromes

WHAT IS TRAUMA?

*Trauma is the desperate hope
that the past was somehow
different.*

— Jan Hindman



An aerial, black-and-white photograph of a city grid, likely New York City, showing a dense pattern of streets and buildings. A semi-transparent dark rectangle is overlaid on the left side of the image, containing the text.

TRAUMA

- Relational issues
- Somatic challenges

CONSIDER...

- *Unless we are truly supporting autonomy in our attempts to help people, we may not be helping them.*
- “Am I supporting autonomy and if so, how?” can be an excellent first step in resolving clinical challenges.

BENISH, IMEL, & WAMPOLD, 2008

- Treatment for PTSD is effective
- “Bona fide psychotherapies produce equivalent benefits for patients with PTSD”
- Much controversy



SEPTEMBER 11

- Critical Incident Stress Debriefing
- Some treatments cause harm
- Lilienfeld (2007)



WHAT IS TRAUMA?

The goal of (trauma) treatment is to help people live in the present, without feeling or behaving according to irrelevant demands belonging to the past.

— Bessel van der Kolk



IMPLICATIONS FOR ETHICAL PRACTICE

- Understanding the physical aftereffects
- Preventing even subtle re-traumatization
- Not assuming we have optimal relationships with clients
 - How do you fit into the client's life from their perspective?
- Avoiding nonmaleficence (client perspective)
- Promoting Beneficence (client perspective)
- Ensuring Justice (client perspective)

CASE EXAMPLE

- EBT roll-out
- JCCO directed client into treatment
- Client reluctant to attend
- Harm



ULTIMATELY

No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest.

— Judith Herman

Reframe: Interventions that empower survivors
foster recovery

HOW DOES TRAUMA AND
ADVERSITY AFFECT
DEVELOPMENT?

**And Risk Factors?
And Good Lives Goals?**

DEVELOPMENTAL EFFECTS OF CHILDHOOD ADVERSITY

Attachment

- Trauma impacts child & caregiver relationship
- Impairs trust and ability to form secure attachments

Cognition

- Brain selectively focuses on maintaining safety rather than planning, learning, or future-oriented activities
- Expectations and Interpretations

Self-regulation

- Frontal lobe development is disrupted, can result in long-term effects on emotional and behavioral self-control

Cascade Effects

- Early deficits in one domain of functioning impede subsequent development in other areas

DEVELOPMENTAL EFFECTS OF CHILDHOOD ADVERSITY AND RISK

Attachment

- Intimacy deficits
- Dismissive or disorganized attachment style
- Negative peer/social influences
- Hostility towards women
- Emotional congruence with children

Cognition

- Attitudes and beliefs that support child abuse, criminality, violence against others
- Schemas/core beliefs: Dangerous world, children as sexual, women as unknowable

Self-regulation

- Coping style focusing on problems instead of solutions, focus on the emotions that problems generate, etc.
- General self-regulation, sexual self-regulation, etc.
- Can appear as ADHD, Conduct Disorder, etc.

Cascade Effects

- Early deficits in one domain of functioning impede subsequent development in other areas
- Risk factors as obstacles to achieving developmental tasks and – ultimately – Good Lives Goals.

WE DON'T ALWAYS HAVE A
GREAT TRACK RECORD

Minnesota sex offender program guard accused of sex with patient

Mankato, Minn. · Feb 9, 2019

Issues



A security guard at the Minnesota Sex Offender Treatment Program in St. Peter is accused of having a sexual relationship with a patient.



Claudia Kogo, 57, of Mankato, was charged Friday in Nicollet County District Court with felony counts of criminal sexual conduct, the Mankato Free Press reported.

Authorities say a patient who was committed as a sexually dangerous person reported that he had sex with Kogo more than two dozen times in late 2017. The patient said the relationship started with flirting and progressed to sex.

Prosecutors allege that Kogo told a state investigator she kissed and groped the patient but denied having sex with him. A St. Peter police detective who listened to recordings of phone calls between Kogo and the patient said many of the calls included conversations about their sexual activities, according to court documents.

Kogo no longer works at the facility, a Minnesota Department of Human Services spokesman said. A phone number for Kogo could not be found.

A PIONEER IN OUR FIELD

Dear Parties:

Enclosed please find the Determination and Order (No. 00-30) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate. Delivery shall be by either certified mail or in person to:

Office of Professional Medical Conduct
New York State Department of Health
Hedley Park Place
433 River Street - Fourth Floor
Troy, New York 12180

Based on the evidence in this case the Hearing Committee concludes that the conduct resulting in the Oregon Board's disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to:

1. New York Education Law §6530(2) (practicing the profession fraudulently);
2. New York Education Law §6530(16) (failure to comply with federal, state, or local laws, rules, or regulations governing the practice of medicine);
3. New York Education Law §6530(20) (moral unfitness); and
4. New York Education Law §6530(21) (willfully making or filing a false report).

Armstrong & O'Hagan, 2011

Seattle Times special report: Twisted ethics of an expert witness

Stuart Greenberg was at the top of his profession: a renowned forensic psychologist who in court could determine which parent got custody of a child, or whether a jury believed a claim of sexual assault. Trouble is, he built his career on hypocrisy and lies, and as a result, he destroyed lives, including his own.

By **Ken Armstrong** and **Maureen O'Hagan**

Seattle Times staff reporters

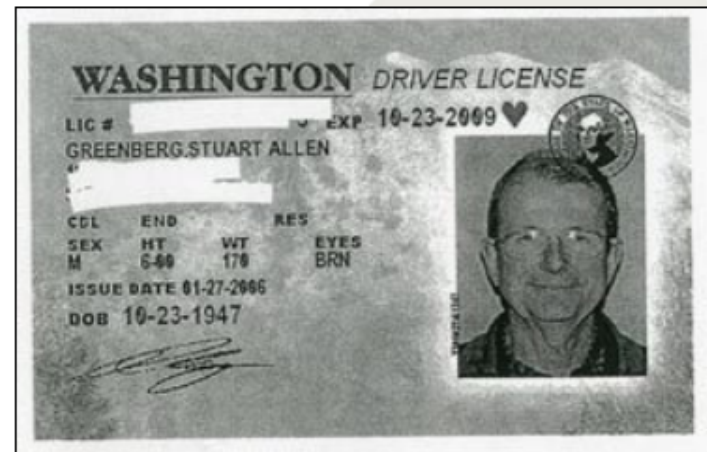
Earlier this year, a four-page document with a bland title, "Stipulation for Dismissal with Prejudice," was filed in a civil matter percolating on the King County Courthouse's ninth floor. Hardly anyone took notice. Most everyone had moved on.

But that document — filed by lawyers tangled up in the estate of Stuart Greenberg, a nationally renowned psychologist whose life ended in scandal — signaled the end of a tortuous undertaking.

Greenberg had proved such a toxic force — a poison coursing through the state's court system — that it took more than three years for lawyers and judges to sift through his victims and account for the damage done.

For a quarter century Greenberg testified as an expert in forensic psychology, an inscrutable field with immense power. Purporting to offer insight into the human condition, he evaluated more than 2,000

◀ [PREV](#) 1 of 5 [NEXT](#) ▶



[+ enlarge](#)

Stuart Greenberg

The reporting for this story

To uncover the secrets Stuart Greenberg had buried, The Seattle Times got court files unsealed in the superior courts of King and Thurston counties. Through a motion filed by the state Attorney General's Office, the newspaper also got an order lifted that barred public inspection of Greenberg's disciplinary history. Reporters obtained other documents — for example, Greenberg's emails at the University of Washington — through public-records requests, and



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JANUARY 23, 2009 FARGO, ND

N.D. psychologist for sex offenders sentenced to 7 years in prison for receiving, possessing thousands of child pornography images

FARGO, N.D. - A psychologist previously employed by the State of North Dakota to work with sex offenders was sentenced to seven years in prison Friday for child pornography crimes. The sentencing was announced by U.S. Attorney Drew Wrigley, District of North Dakota, and resulted from an investigation by U.S. Immigration and Customs Enforcement (ICE).

Dr. Joseph Belanger, 61, of Jamestown, N.D., was sentenced before U.S. District Court Judge Ralph R. Erickson to 84 months in federal prison to be followed by a lifetime of supervised release for receiving and possessing materials involving the sexual exploitation of children. Belanger pleaded guilty Oct. 3 to possessing more than 3,000 images and 200 videos of child pornography.

ICE launched an investigation of Dr. Belanger in 2006 after agents determined that he had purchased access to commercial websites containing images and videos of child pornography. ICE agents subsequently obtained a search warrant for Dr. Belanger's Jamestown, N.D., residence and seized various electronic media containing thousands of child pornography images.

Upon his arrest, Dr. Belanger told ICE agents that he was a psychologist with the North Dakota State Hospital and admitted that during his work with sex offenders he developed an interest in child pornography. He said that this interest eventually led to downloading and viewing child pornography.

Michael Mach, resident agent in charge of the ICE Office of Investigations in Grand Forks said, "ICE aggressively targets those who prey on innocent victims, especially those who hold positions of public trust. We will continue to work closely with the U. S. Attorney's Office to aggressively investigate and prosecute those who sexually exploit children by collecting these illicit materials."

2013: NEW HAMPSHIRE

For the purposes of this appeal, the following facts are undisputed. At the time of the alleged crimes, the defendant was a licensed psychologist, who provided therapy to the complainant in 2007. Less than a year after the therapy ended, the two became sexually involved. In April 2010, the defendant was charged with thirty counts of aggravated felonious sexual assault (AFSA) for engaging in sexual penetration with the complainant between February 1, 2008, and December 9, 2008. The indictments alleged that by engaging in sexual penetration with the complainant “within one year of the termination of their therapeutic relationship,” the defendant “act[ed] in a manner which is not professionally recognized as ethical,” thereby violating RSA 632-A:2, I(g)(1).

In December 2010, the defendant moved to dismiss the indictments, arguing, inter alia, that RSA 632-A:2, I(g)(1) violated his state and federal rights to substantive due process because it “criminalizes the private sexual conduct

2013: FLORIDA

Arcadian | Page 8

www.sunnewspapers.net

The Sun / Thursday, May 20, 2010

FCCC employee arrested on sex charge

By **SUSAN E. HOFFMAN**
ARCADIAN EDITOR

DESOTO COUNTY — The DeSoto County Sheriff's Office reported on Wednesday that an employee of the Florida Civil Commitment Center was arrested for allegedly engaging in sexual activity with a resident.

According to the sheriff's arrest report, Leanne Paynter, 42, of Sebring, was charged with sexual misconduct and is being held

without bond in the DeSoto County Jail. FCCC is a facility for treatment of convicted sexual predators who have served time for their crimes but have been determined too dangerous to release.

According to the report, an employee at FCCC called DCSO regarding a video allegedly showing Paynter, a clinician at



PAYNTER

FCCC, engaged in inappropriate sexual activity with a 42-year-old male resident. The video reportedly shows the resident and then Paynter entering her office, a room divided into cubicles, and going to the floor behind a partition. The report said the video shows Paynter's head moving up and down consistent with the act of intercourse.

Similar behavior was allegedly discovered on video on four instances in April and May

between Paynter and the same resident.

When confronted, Paynter first said no one was in her office with her, then later said he had come in to remove trash, according to the report.

When asked if the activity was consensual, the resident told investigators that "nothing was forced."

A warrant was issued on May 19 and Paynter was then arrested at FCCC, after submitting her resignation.

Psychiatric & Mental Health Rape Reporter

Up to 25% of psychiatrists & psychologists use their patients for sex

[HOME](#) [ABOUT](#)



[← State revokes counselor Kristin Marchese's license for sex with client](#)

[Missouri suspends social worker Brett Young, had relationship with and married former patient →](#)

State prohibits social worker Stacy Schauer from treating female patients

Posted on [May 21, 2013](#) | [Leave a comment](#)

On October 25, 2012, the Kansas Behavioral Sciences Regulatory Board suspended the license of social worker Stacy Schauer but stayed the suspension and imposed several terms and conditions on her. According to the Board's document, Schauer self-reported to the Board that she'd entered into an intimate relationship with a former client approximately a month after ending the patient-therapist relationship. The terms and conditions placed on Schauer include a prohibition on treating female clients without another adult present

RECENT POSTS

- [Missouri suspends social worker Brett Young, had relationship with and married former patient](#)
- [State prohibits social worker Stacy Schauer from treating female patients](#)
- [State revokes counselor Kristin Marchese's license for sex with client](#)
- [Texas psychiatrist David Cardwell arrested on sexual assault charge](#)
- [State suspends license of psychiatrist Ali Salim, indicted in rape, murder of pregnant woman](#)
- [U.S. government mental health institute dumps the DSM](#)

PRACTICE AND ALL IS COMING

ABUSE,
CULT DYNAMICS,
AND HEALING
IN YOGA AND BEYOND

MATTHEW REMSKI

"Unpacks the shadow of abuse ... and power dynamics ...
while also recommending best practices ...
ESSENTIAL to the evolution of yoga."
—Shiva Rea



The Guru Papers

**MASKS OF
AUTHORITARIAN
POWER**

Joel Kramer & Diana Alstad



[HTTPS://WWW.YOUTUBE.COM/WATCH?V=FXL-CBPEGRA](https://www.youtube.com/watch?v=FXL-CBPEGRA)

ETHICS OF SELF-CARE

- Enshrined in many codes of ethics
- Comes in many forms
 - *"So pizza with friends may be as healthy as a salad alone."*
- "Engaged self-care"
- Can never forget the corrosive effects of this work.

THE PROBLEM WITH EMPATHY

- Connecting with others when we're not connected to ourselves

PRESCOTT, DIGIORGIO-MILLER, & HASKELL (2024, FEBRUARY)

- Safer Society survey
- 313 professionals working in the field
- Overall level of self-care was good!
- 45% of respondents described a high or very high level of stress in the previous six months
- 80% described having symptoms of burnout
- Smaller trends showed more pronounced effects among younger professionals

(Prescott et al., 2024)

PRESCOTT, GINESIN, & HASKELL (2025, IN PREPARATION)

- What gives you joy?
- Client growth and progress
- Colleagues
- Friends and family
- Spirituality/mission & purpose
- Being outside/in nature

THE CASE OF DARNELL

- EBP rollout
- “Can I videotape our session as part of our treatment implementation project?”
- “Sure, I’ll do that for you.”
- “But David, clinicians will do anything to avoid being monitored for fidelity.”
- Where are the ethical challenges?

CONSIDER...

- *Unless we are truly supporting autonomy in our attempts to help people, we may not be helping them.*
- “Am I supporting autonomy and if so, how?” can be an excellent first step in resolving issues.

MAJOR CONSIDERATIONS IN TRAUMA

1. Distinguishing facts from appearances
2. Objective reality/findings and client experience
3. Questions about our role and who the client is:
 - Autonomy support versus righting wrongs/fixing things
 - Seeking disclosures of trauma based on therapist beliefs

MAJOR CONSIDERATIONS IN TRAUMA

- Scanning the environment for evidence of wrongdoing
 - (and adjusting our approach accordingly)
- Reduced curiosity
 - Intervention framework:
 - Just notice
 - Practice making choices based on what you notice
 - See what happens next

ETHICS OR BOUNDARIES?

- The case of the trauma therapist who...
 - bought emotional support equipment...
 - to bring his dog onto airplanes
-
- How does integrity factor into our work?
 - How might our our integrity blunders become retraumatizing?

MAJOR PROBLEM

- Ethical and boundary problems happen to people who think they're at no risk.
- Being a little anxious about boundaries and ethics can be a good thing.
 - Good people can do bad things
- For managers, our ethics should include providing an excellent workplace as well as outstanding treatment

GOT
ETHICS?

WHAT ARE ETHICS?



WHAT ARE ETHICS?

- Principles for behavior.
- The moral correctness of conduct
- Ethical codes protect the client and guide the professional

ETHICAL PRACTICE

- We have a duty to ourselves, our clients, and our fellow citizens to maintain ethical practice at all times.
- Breaches of professional ethics always lead to harm.

The AMHCA Code of Ethics is on the American Mental Health Counselors Association (AMHCA) website

AMHCA
Code of
Ethics

<https://www.amhca.org/events/publications/ethics>

This page provides access to the complete code of ethics, which outlines the ethical principles and standards that guide the professional conduct of clinical mental health counselors. It covers:

- **Commitment to clients:** Confidentiality, informed consent, dual relationships, and other ethical considerations in client care.
- **Commitment to other professionals:** Professional relationships, collaboration, and ethical consultations.
- **Commitment to students, supervisees, and employee relationships:** Responsibilities in supervision, training, and employment settings.
- **Commitment to the profession:** Maintaining competence, upholding the integrity of the profession, and engaging in ethical research and publication.
- **Commitment to the public:** Advocacy, social justice, and responsible use of technology.

NASW Code of Ethics

The NASW Code of Ethics is on the National Association of Social Workers (NASW) website.

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

This page provides access to the complete code of ethics, which outlines the values, principles, and ethical standards that guide social workers' professional conduct. It's a comprehensive document that covers a wide range of topics, including:

- **Social workers' ethical responsibilities to clients:** This section addresses confidentiality, informed consent, conflicts of interest, and other important considerations in the client-social worker relationship.
- **Social workers' ethical responsibilities include** respecting colleagues, maintaining professional boundaries, and addressing ethical concerns with colleagues.
- **Social workers' ethical responsibilities in practice settings:** This section covers ethical conduct in agencies, organizations, and other practice settings.
- **Social workers' ethical responsibilities as professionals:** This addresses competence, professional development, and upholding the profession's integrity.
- **Social workers' ethical responsibilities to the social work profession include** promoting ethical standards, engaging in ethical research, and contributing to the profession's knowledge base.
- **Social workers' ethical responsibilities to the broader society:** This section emphasizes social justice, advocacy, and social responsibility.

The link to the Ethical Principles of Psychologists and Code of Conduct from the American Psychological Association (APA) can be found here:

<https://www.apa.org/ethics/code>

This page gives you access to the complete ethics code, which is essential for psychologists and anyone involved in the training or supervision of psychologists. It covers a wide range of ethical principles and standards related to:

- **Resolving Ethical Issues:** How to approach and handle ethical dilemmas.
- **Competence:** Maintaining expertise and practicing within one's area of qualification.
- **Human Relations:** Navigating relationships with clients, colleagues, and students ethically.
- **Privacy and Confidentiality:** Protecting client information and respecting privacy.
- **Advertising and Other Public Statements:** Ensuring accurate and responsible communication.
- **Education and Training:** Ethical considerations in teaching and training.
- **Assessment:** Using assessments responsibly.

Ethical Concerns

Importance of ethical decision-making

Ethical decision-making is crucial in maintaining trust, integrity, and professionalism in all aspects of supervision.

Ethical decisions uphold standards of conduct, fairness, and respect for all individuals involved.

Ethical decision-making guides supervisors in navigating complex situations and dilemmas with integrity and accountability.

Prioritizing ethical considerations promotes a positive work environment, fosters trust, and ensures the well-being of supervisees and clients.

THE BIG THREE

- Beneficence
 - Kindness, wellbeing, mercy, etc.
- Autonomy
 - Client right to self-determination
- Nonmaleficence
 - Avoiding harm or unacceptable risk of harm

WHY SHOULD WE CARE ABOUT THIS?

- Threat to safety of clients, staff, and public
- Known high-risk contexts for escape
- Venues for contraband and drug traffic
- Contaminates the treatment environment
- Illegal, unethical, and policy violation
- Disaster for employee, family, and facility or organization

RELATIONSHIPS & BOUNDARIES

- Do you look forward to seeing a particular client when you come to work?
- Have you done anything with a client you would not want your supervisor or your family to know about?
- Would you be reluctant to have a coworker observe your behavior for a whole day?
- Do you talk about personal matters with clients?
- Do you believe you can ask a client to do personal favors for you?
- Have you ever received personal advice from a client?

RELATIONSHIPS & BOUNDARIES

- Have you said anything that you wouldn't want recorded?
- Do you have thoughts or fantasies of touching a particular client?
- Do you have the right to touch a client wherever and whenever you want?
- Do you have a feeling of not being able to wait to share good/bad news with a client?
- Do you think clients are not allowed to say no to you, no matter what you ask?
- Have you ever allowed clients to talk about past sexual experiences or sexual fantasies, or tell sexual jokes in your presence outside of treatment?

RESPONSIBILITY

Generally speaking

- Our client is:
 - The clients themselves
 - Their families
 - The programs
 - The community

- *The therapist has an ethical responsibility to the client, a legal responsibility to the court, and a moral/ethical responsibility to the community*



(Sawyer & Prescott, 2010)

SELF-DISCLOSURE

- The case of the pierced ear
- The case of the hickey
- The case of the wedding ring
- “Are you the president?”
- “What music do you listen to?”



VULNERABILITIES

- It is easy to minimize vulnerability when:
 - Clients are ambivalent about treatment
 - Their crimes are severe
 - They have exploited the vulnerabilities of others

SMITH & FITZPATRICK, 1995

- Three principles underlying therapist-client relationships:
 - Abstention: refraining from self-seeking and personal gratification
 - Neutrality: Focusing on the client's therapeutic agenda
 - Therapists strive for client independence and autonomy

WHAT ARE THE MOST
COMMON ISSUES?

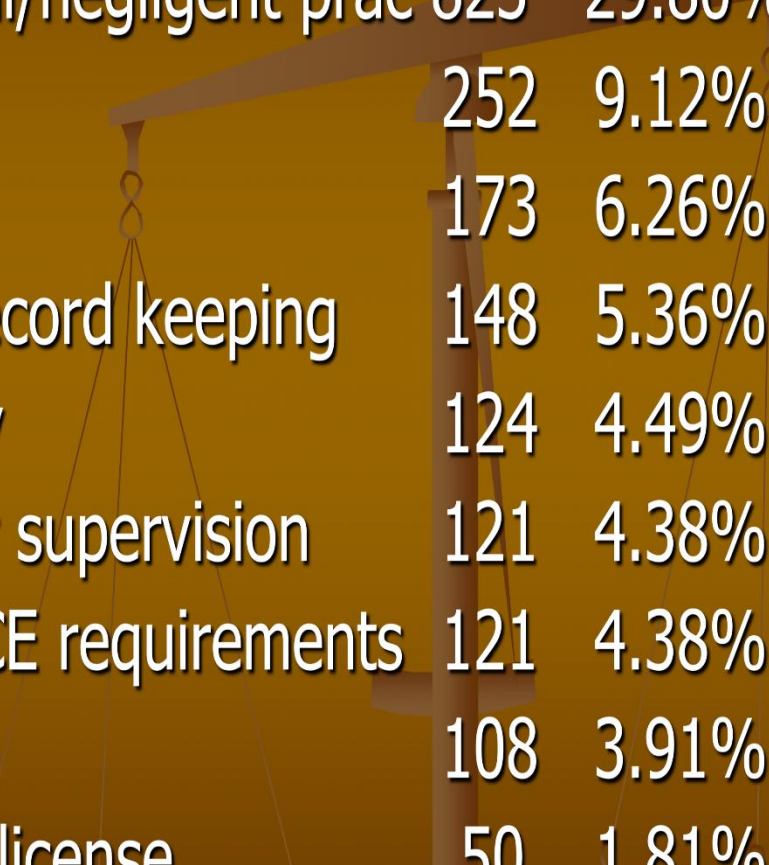


TRIVIA QUESTION

- What are the two most common ethical complaints in our field?
- Coercive treatment
- Misuse of assessments

VAN HORNE ET AL. 2005

August 1983 - January 2005



Sexual/Dual Relationship with patient	842	30.49%
Unprofessional/unethical/negligent prac	823	29.80%
Conviction of crimes	252	9.12%
Fraudulent acts	173	6.26%
Improper/inadequate record keeping	148	5.36%
Breach of confidentiality	124	4.49%
Inadequate or improper supervision	121	4.38%
Failure to comply with CE requirements	121	4.38%
Impairment	108	3.91%
Fraud in application for license	50	1.81%

AMERICAN PSYCHOLOGICAL ASSOCIATION, 1992, ON ETHICAL QUANDARIES

Category	n	%
Confidentiality	128	18
Blurred, dual, or conflictual relationships	116	17
Payment sources, plans, settings, and methods	97	14
Academic settings, teaching dilemmas, and concerns about training	57	8
Forensic psychology	35	5
Research	29	4
Conduct of colleagues	29	4
Sexual issues	28	4
Assessment	25	4
Questionable or harmful interventions	20	3

APA, CONT.

Competence	20	3
Ethics (and related) codes and committees	17	2
School psychology	15	2
Publishing	14	2
Helping the financially stricken	13	2
Supervision	13	2
Advertising and (mis)representation	13	2
Industrial-organizational psychology	9	1
Medical issues	5	1
Termination	5	1

STEPS IN ETHICAL DECISION-MAKING

Pope & Vasquez (2011)

1. State the dilemma, question, or concern as clearly as possible
2. Anticipate who will be affected by the decision
3. Figure out who, if anyone, is the client
4. Assess whether our areas of competence – and missing knowledge, skills, experience, or expertise – are a good fit for this situation

STEPS IN ETHICAL DECISION-MAKING

5. Review relevant formal ethical standards
6. Review relevant legal standards
7. Review relevant research and theory
8. Consider whether personal feelings, biases, or self-interest might affect our ethical judgment.
9. Consider whether social, cultural, religious, or similar factors affect the situation and the search for the best response.

STEPS IN ETHICAL DECISION-MAKING

10. Consider consultation

11. Develop alternative courses of action

12. Think through the alternative courses of action

13. Try to adopt the perspective of each person who will be affected.

14. Decide what to do, review or reconsider it, and take action.

15 Document the process and assess the results.

EXAMPLES



CONFIDENTIAL

TO DISCLOSE OR NOT TO DISCLOSE?

- Client doesn't know if she should confront the male family member who abused her.
- Resolving ambivalence versus providing advice.

CONFIDENTIAL

TO DISCLOSE OR NOT TO DISCLOSE?

- Youth in treatment discloses molesting his mother while she sleeps.
- What are the limits of confidentiality?
- What are obligations to disclose?

CONFIDENTIAL

CONFIDENTIALITY

- 12-year-old: What we talk about is confidential, right?
- Clinician: Yes, and...
- 12-year-old: Good, 'coz my dad's been taking pictures of me with no clothes on, only necklaces. What should I do?
- What's the ethical dilemma?

Key aspects of informed consent



INFORMED CONSENT – CIVIL COMMITMENT

- 1) A client signs consent to treatment but he spells his name backwards
 - 2) The same client then signs his name upside down
-
- 3) A client signs informed consent and adds “Signed under duress and threat of returning to prison”

Key aspects of informed consent



CHILD SEXUAL ABUSE IMAGERY

- A client in treatment discloses having viewed child sexual abuse imagery. He is not subject to court orders or supervision conditions.

VIOLENCE



THREAT

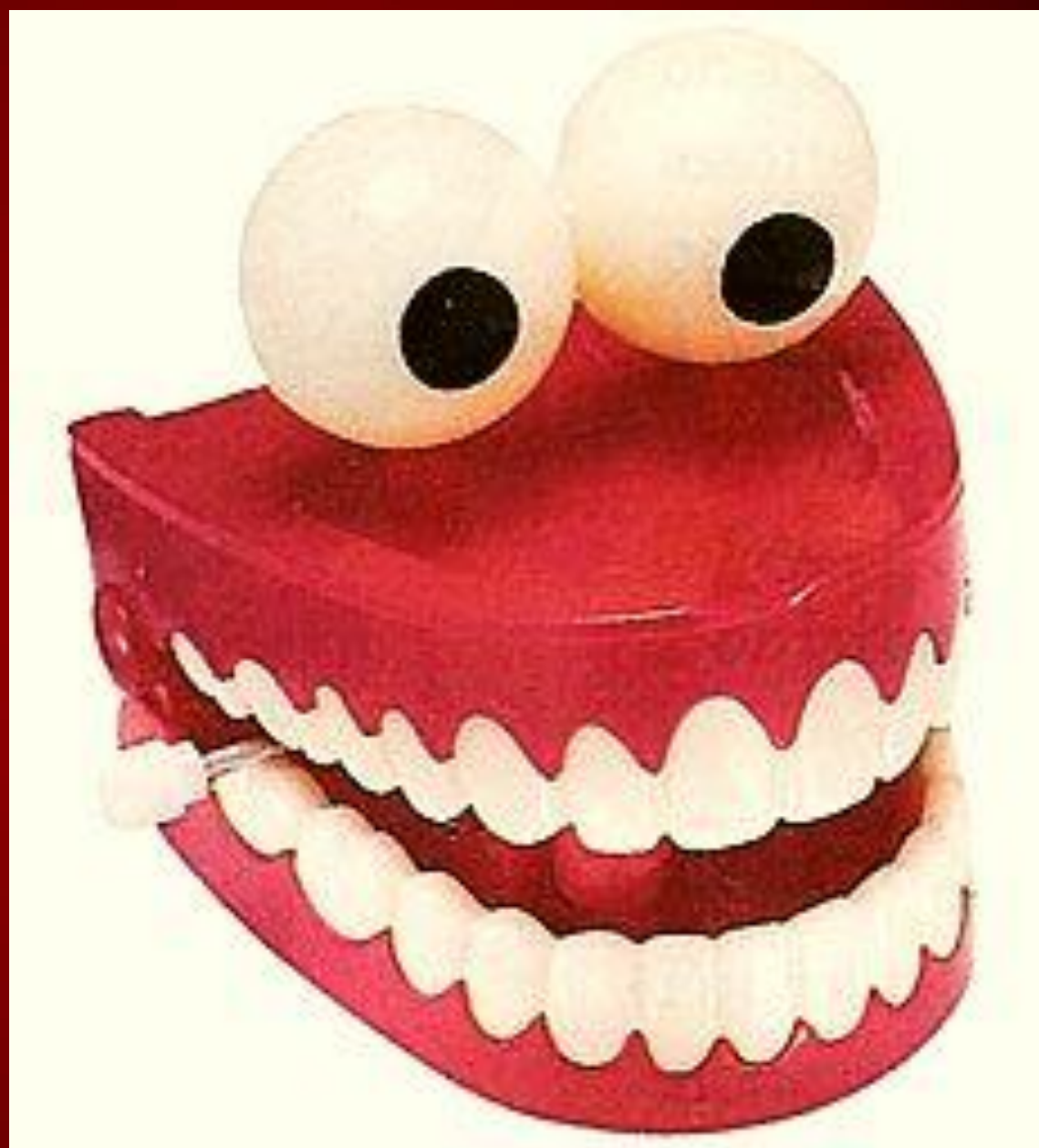
- 14-year-old
- Privacy is everything
- Conversations with guardian happen only in his presence
- Threatens to kill his 3-year-old sister
- What's the ethical dilemma

DISCLOSURE



EXCITED UTTERANCE

- Doc, there's something I gotta tell you...
- I killed a guy in a barfight...



THOSE PESKY DISCLOSURES

- I was 13
- At a party
- I saw an 18 year old shoot dope
- He died
- They took him out to the woods and buried him
- What's the ethical dilemma? How to resolve?

What's your level of cultural competence?



ETHNICITY

- Civil commitment
 - Allegations of institutional racism
 - Led to the unfortunate nickname...
 - *Prescott Hair Initiative*
-
- What's the dilemma? How to resolve?

GET READY, HERE IT COMES...



POLYGRAPH FAILURE

- [illegible]



RECORDS

- DJJ
- Records are confidential
- Outpatient providers can't access inpatient records
- What's the dilemma? How to resolve?

ADDITIONAL CONSIDERATIONS

(THANKS TO POPE AND VASQUEZ)

- Being ethical is an ongoing process
- Being ethical is a verb, not a state or trait
- Formal codes don't take the place of thoughtful approaches
- Legal standards should not be confused with ethical responsibilities
- The overwhelming majority of professionals are conscientious and caring
- Many of us are better at spotting ethical issues in others than in ourselves

WHAT ARE BOUNDARIES?



WHAT ARE BOUNDARIES?

- Protected and connected
 - Both are required for the safety of all

PROTECTED AND CONNECTED





EMAIL IS DISCOVERABLE

- You only think they need probable cause...
- DOC investigation turns up ties to others employed elsewhere
- Administrator affair with supervisee
- Leaked emails regarding Harvard cheating
- “confidential” incident report leaked to home addresses
- ATSA listserv restrictions
- Spilled cup of coffee

TWO KINDS OF BOUNDARIES...

Structural:

- Clarity and consistency of
 - Time
 - Place
 - Fees
 - The service itself

TWO KINDS OF BOUNDARIES...

- Interpersonal:
 - Physical contact
 - Gifts
 - Self-disclosure
 - etc.



Timeline ▾

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Intro

Ce Ador: ❤️ Vlad Grigorescu, Motanul ❤️
Fiul, romanele de dragoste, oamenii, arta, natura,
muzica. ❤️

Psiholog clinician si Psihoterapeut adlerian. at
[redacted] - Cabinet individual
de psihologie

Lives in Bucharest, Romania

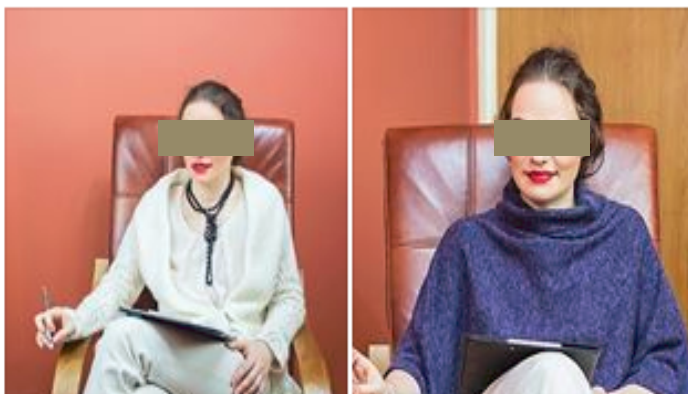
Single

From Bucharest, Romania

Joined November 2012

Followed by 1,161 people

Manages [redacted] - Cabinet
individual de psihologie and Jokerel Rommie



10 hrs · Bucharest, Romania · 🌐

Bună! Cine comentează aiurea primește BLOCK.Vă pup ❤️ !
Începând cu 1 Ianuarie 2018 o să accept invitații în oraș, condiția este
binețles să îmi placă.O să accept o singură invitație, o să mă întâlnesc cu un
singur BARBAT.Dacă te consideri destul de bărbat pentru mine, aștept un
semn.Nu accept profil fără poza reală, nu gras,vârsta să fie între 30-40 ani,
brunet sau șaten, din orice zodie, să aibe un venit ,fără probleme psihice în
prezent ,nu accept nici un lefter, să nu... [See More](#)

Hello! Whoever's trippin ' gets block. Kiss you ❤️!

From 1 January 2018 I will accept invitations to the city, the condition is
absolutely to like you. I'll accept one invitation, meet one man. If you think
you're man enough for me, I expect a sign. I don't accept profile without real
picture, not fat, age to be between 30-40, dark or brown, of any sign, to have
an income, no mental problems currently, I don't accept any broke, not to
play on either Some kind of Playstation or a computer game (man, not a kid
who knows to play), to want kids, not wanting to move in with me... to afford
to stay at his place, Not a football player or a performance sport, likes to read
and like sex in three -- > I'm kidding, to love to make love only with me until
the end of life. I don't mind if he lives with the family, but to have a door to his
room and not sleep with sister, Father and mother in the same room.
Preferably not snoring, not having a handicap, being a parasite fan.

On January 1, 2018, I'll announce who I'm going out with for a future
relationship.

Who wants to help can give a share!

CONSIDER...

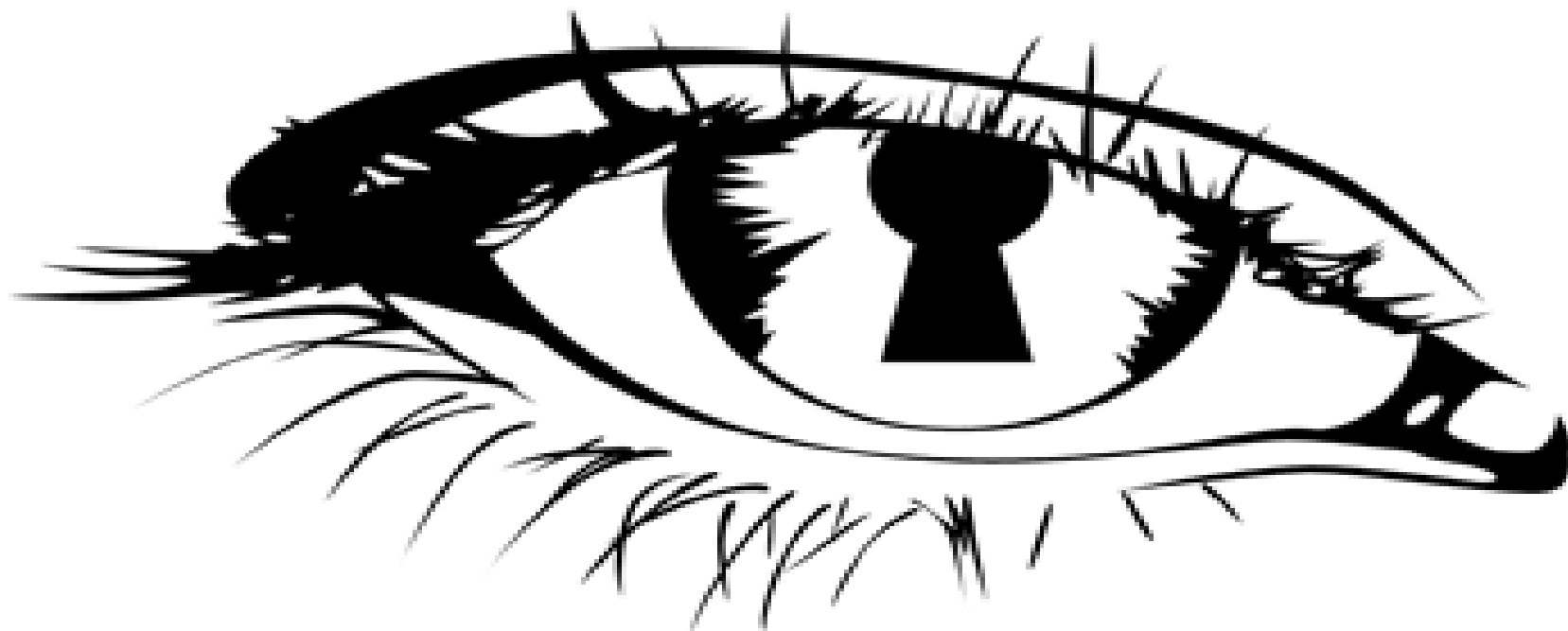
- Attempting to “save” clients
- Expectations of trust
- Physical touch
- Personal space and related boundaries
- Role of client feedback

WHAT'S WHAT?

- Boundary crossings: non-pejorative. Departures from commonly accepted practice. May or may not benefit the client.
- Boundary violation: Departure from accepted practice that places the client or therapeutic process at risk.

BEFORE WE TALK ABOUT ANYTHING ELSE

- How to manage ethical and boundary violations:
 - Culture: No secrets (repeat X3)
 - All staff make clear to others there are no secrets anywhere (repeat X3)
 - This is for the safety of clients and the program alike
 - Make every attempt to involve the other person



SECRECY IS
WEAKNESS

EXAMPLES

- I'm not sure this is such a good idea. Let's both go talk to the director.
- We both know that this can't stay secret. Would you like to speak with the director before I do, or should we both go together?
- We can't be in this situation alone. It would be bad for the kids, the program, and us. We need to talk to the director

EXTRA SLIDES 😊

What happens in
programs that have few
or no complaints?

ENCOURAGEMENT

(THANKS TO JIM WORLING)



OUR WORK ENVIRONMENTS

- Expect hard work and professional development (deliberate practice)
 - (“when do I start?”)
- Everyone is responsible for their own morale
 - Step up to the plate
- Part of drawing a paycheck is showing up to work...
 - Ready, willing able
 - Rested



Oh,
I'm sorry.
You must be
confusing
me with
the maid
we don't
have.

DOCUMENT
Everything

AN OUNCE OF PREVENTION

- Documentation
 - Why document?
 - Contractual obligations
 - If we were all hit by a bus...
 - Protection of all parties
 - If it's not on paper it doesn't exist

WHAT MAKES THE PROFESSIONAL?

- Dress Code
- Showing up – timeliness
- Follow-through
- Open Mind
- Presentation of self – manners, etc.
- Life-long commitment – who you have been to this young person and their family can never change.

#1: TEAM SPIRIT

- Everyone is depending on you
- Be on time, do what you say you'll do
- Be helpful
- Give more than you get

DO NO HARM

- No sex
- NEVER say bad things about clients or their families
- No scared straight
- Be strength-driven, not symptom-driven



DUAL RELATIONSHIPS





REPUTATION

We will be known forever by the tracks we leave.
-American Indian Proverb

DUAL RELATIONSHIPS

- Probation officer as co-facilitator
 - Observes group
 - Equal responsibility for treatment?
 - Represents court
 - Carries out orders of the court
 - Therapist can then be seen as agent of the court
 - Affects therapeutic alliance (?)
 - Increased client vulnerability due to wanting to look good?

DUAL RELATIONSHIPS

- With kids
- With families
- Self-Disclosure
- Whose needs are we meeting?

DUAL RELATIONSHIPS

- With each other
 - Privacy
 - Outside relationships
 - Harassment

NON-COMPETE

- Stealing cases
- Privacy beyond confidentiality
- No hiring away

DISCLOSURE TO ADMINISTRATION

- Medical conditions
- Psychiatric conditions
 - For protection of self as well as clients

CONCLUSION

- Offer choices, explore choices, clarify choices within all contexts
- Be the person who offers choices when all other choices have been taken away.
 - Multiple choice where possible
 - Not “do it or go to prison”
- Be very clear about assessment limitations