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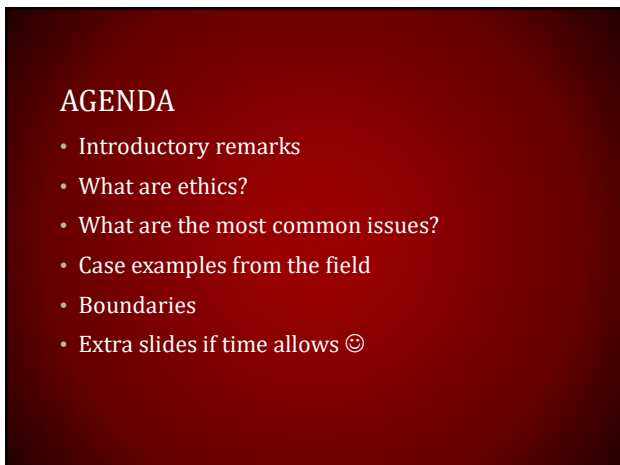
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## LET'S BE HONEST

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

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## INTRODUCTORY REMARKS



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## 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

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## 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

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## SAFETY

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

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## 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?

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# LET'S TALK SOME ABOUT TRAUMA

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## 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.

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### How does the British Psychological Society Define trauma

Perplexity

Sources · 13

Tasks

The British Psychological Society

Are lessons I've learned on trauma - British...

The British Psychological Society

Can we salvage the concept of psychological trauma? |

Isotung

What 'trauma' means today | BPS - British Psychological...

The British Psychological Society

'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. 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. 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.
- 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.
- 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.

Ask anything...

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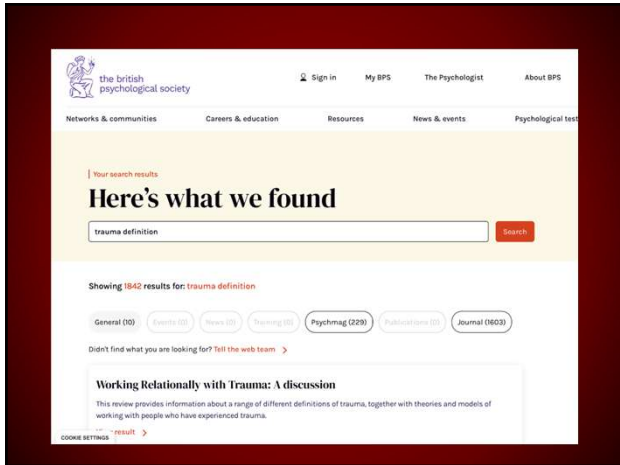
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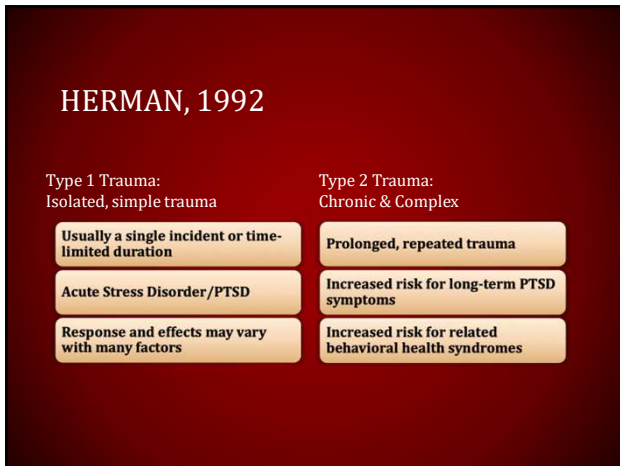
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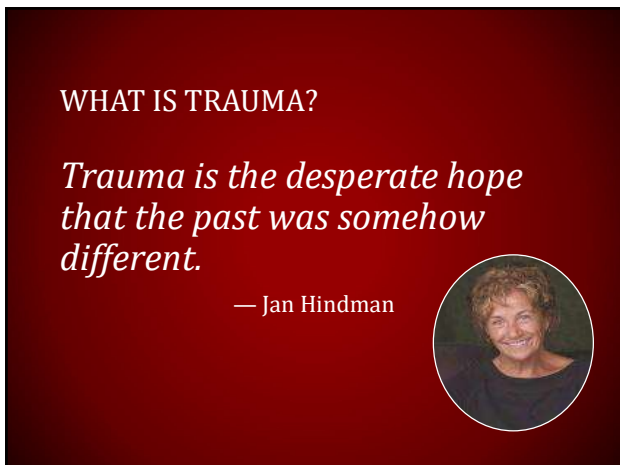
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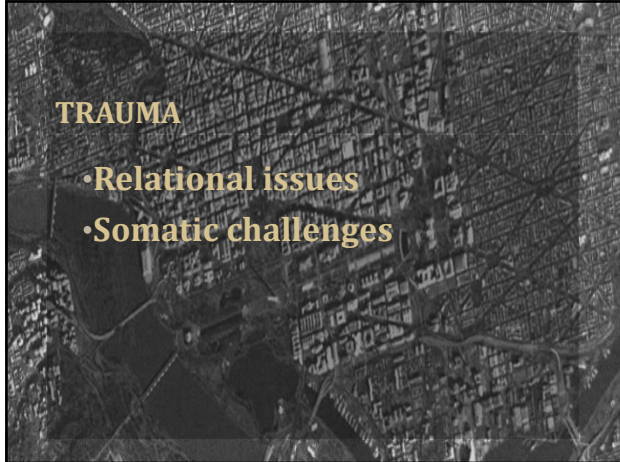
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## TRAUMA

- Relational issues
- Somatic challenges

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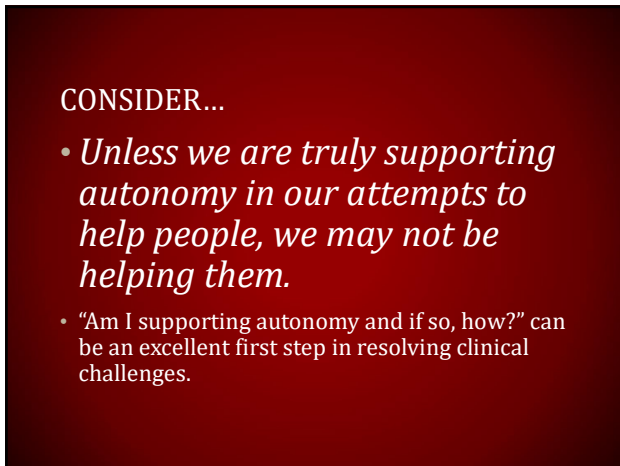
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## CONSIDER...

- *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.

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## BENISH, IMEL, & WAMPOLD, 2008

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



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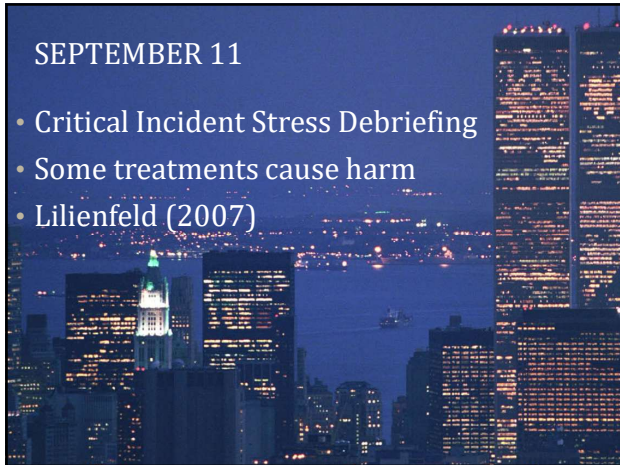
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SEPTEMBER 11

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

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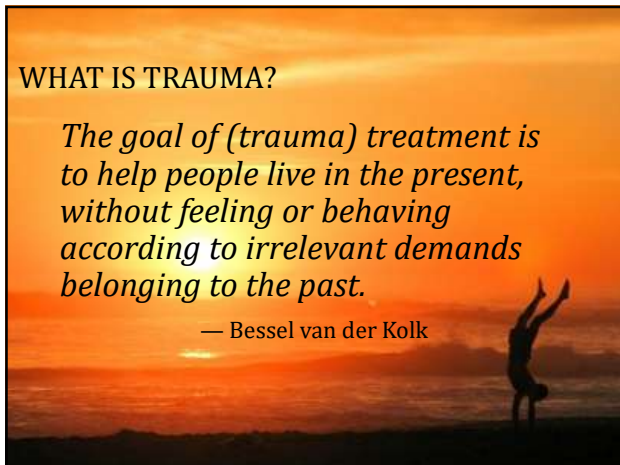
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WHAT IS TRAUMA?

*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

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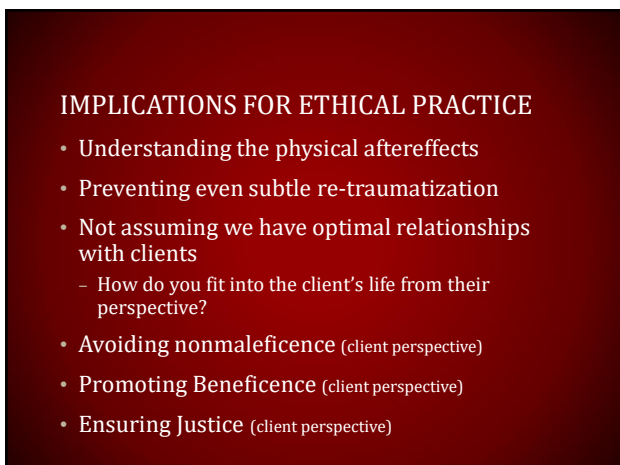
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IMPLICATIONS FOR ETHICAL PRACTICE

- 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)

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## CASE EXAMPLE

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



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## 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

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HOW DOES TRAUMA AND  
ADVERSITY AFFECT  
DEVELOPMENT?

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

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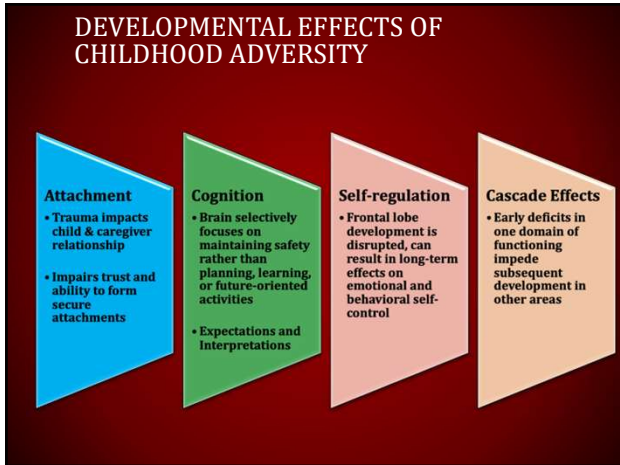
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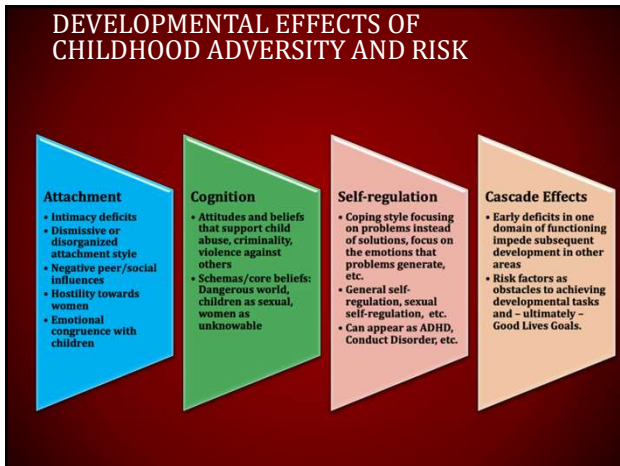
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**WE DON'T ALWAYS HAVE A GREAT TRACK RECORD**

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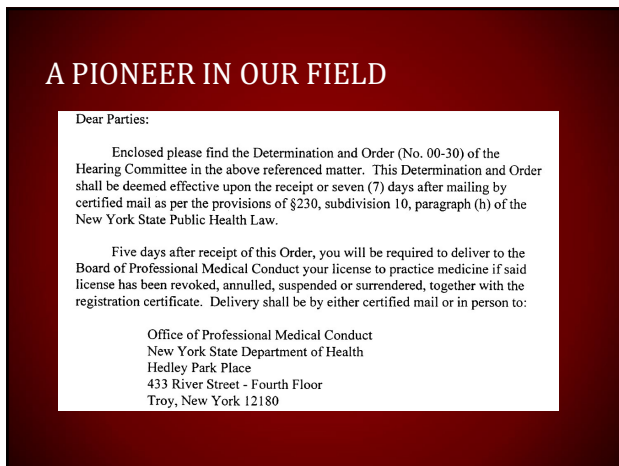
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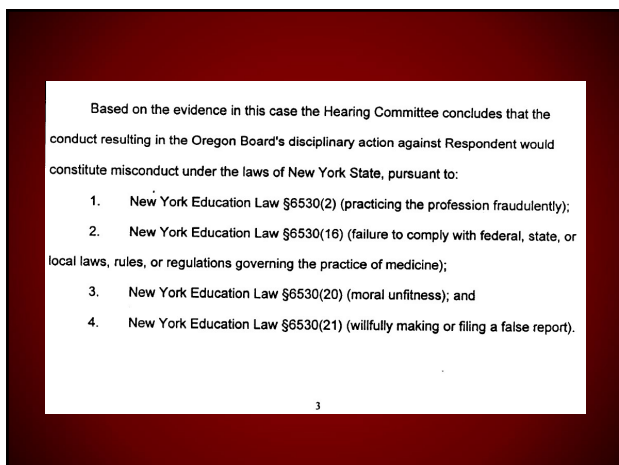
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### Seattle Times special report: Twisted ethics of an expert witness

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.

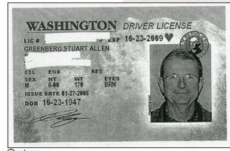
By Ken Armstrong and Maureen O'Hagan  
Seattle Times staff reporters

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



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 filed 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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## 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

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## 2013: FLORIDA

Aradison | Page 6 [www.sunnewspapers.net](http://www.sunnewspapers.net) The Sun / Tuesday, May 28, 2013

### FCCC employee arrested on sex charge

By SUSAN E. HOFFMAN  
ARADISON EDITOR

DISCO COUNTY — The DeFato 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, Lesanne Paynter, 42, of Sebring, was charged with sexual misconduct and is being held without bond in the DeFato County Jail. FCCC is a facility for treatment of convicted sexual predators who have served time for their crimes but have been determined not dangerous to rene.

According to the report, an employee at FCCC called DCSO regarding a video allegedly showing Paynter, a clinician at FCCC, engaged in inappropriate sexual activity with a 42-year-old male resident. The video reportedly shows the incident 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.




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### 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


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### PRACTICE AND ALL IS COMING

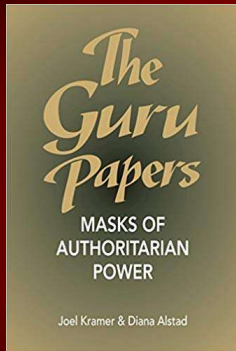
ABUSE, CULT DYNAMICS, AND HEALING IN YOGA AND BEYOND

MATTHEW REMSKI

"Unpacks the shadow of abuse ... and power dynamics ... while also recognizing their presence ... ESSENTIAL to the evolution of yoga."  
—Deep Blue



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

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## 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.

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## THE PROBLEM WITH EMPATHY

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

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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)

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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

(Prescott et al., 2025)

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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?

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### 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.

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### 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

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### 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

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## 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 integrity blunders become retraumatizing?

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## 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

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WHAT ARE ETHICS?

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

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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.

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

<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.

**AMHCA  
Code of  
Ethics**

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**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.

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**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.

**American  
Psychological  
Association  
(APA)**

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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.

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### THE BIG THREE

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

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### 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

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## 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?

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## 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?

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## RESPONSIBILITY

Generally speaking

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

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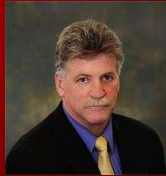
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- *The therapist has an ethical responsibility to the client, a legal responsibility to the court, and a moral/ethical responsibility to the community*



(Sawyer & Prescott, 2010)

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## 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?"

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## VULNERABILITIES

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

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## 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

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## WHAT ARE THE MOST COMMON ISSUES?



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## TRIVIA QUESTION

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

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## 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%

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## 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

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## 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

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## 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

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## 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.

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## 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.

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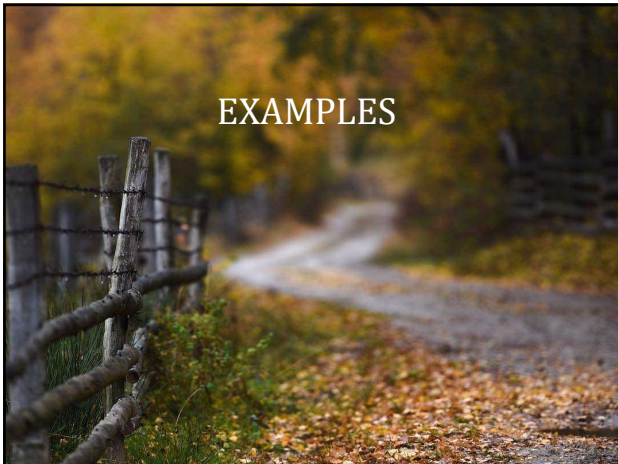
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## EXAMPLES



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### 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.

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### 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?

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## 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?

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## Key aspects of informed consent



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## 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
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- 3) A client signs informed consent and adds “Signed under duress and threat of returning to prison”

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## Key aspects of informed consent



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## 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.

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## 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

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## DISCLOSURE



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## EXCITED UTTERANCE

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

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## 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?

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What's your level of cultural competence?



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## ETHNICITY

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

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GET READY, HERE IT COMES...



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## POLYGRAPH FAILURE

- Polygraph w/o parental consent
- Moving forward
- Moving back
- What do we need to know?

- The case of “Angry Al”

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## RECORDS

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

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## 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

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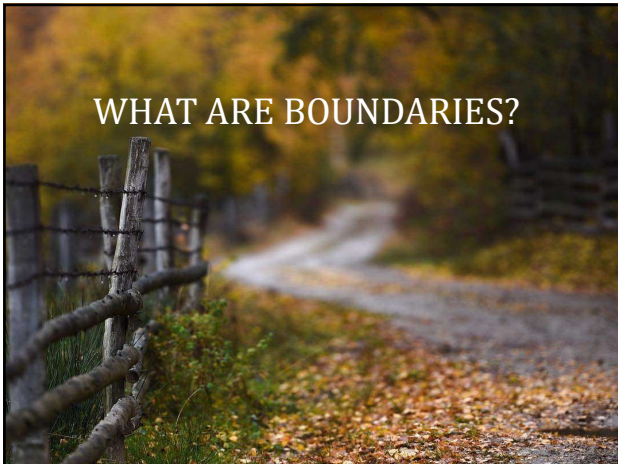
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## WHAT ARE BOUNDARIES?



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## WHAT ARE BOUNDARIES?

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

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PROTECTED AND CONNECTED



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## 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

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## TWO KINDS OF BOUNDARIES...

### Structural:

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

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## TWO KINDS OF BOUNDARIES...

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

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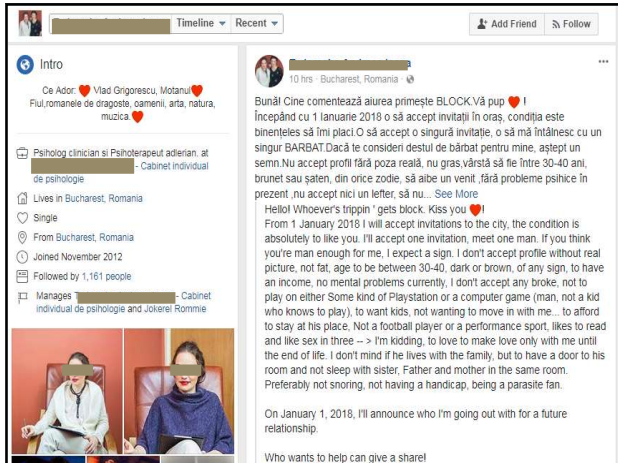
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## CONSIDER...

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

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## 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.

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## 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

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## 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

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EXTRA SLIDES 😊

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What happens in  
programs that have few  
or no complaints?

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ENCOURAGEMENT

(THANKS TO JIM WORLING)



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## 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

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DOCUMENT  
*Everything*

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## 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

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## 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.

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## #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

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## DO NO HARM

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

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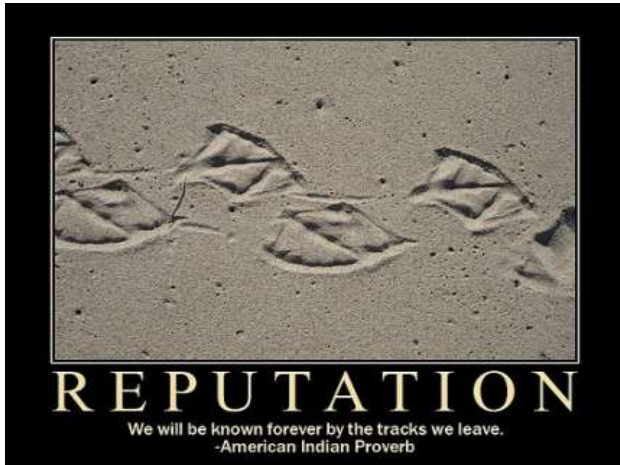


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## DUAL RELATIONSHIPS

**PLEASE  
DO NOT GO  
BEYOND THIS  
POINT**

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**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?

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**DUAL RELATIONSHIPS**

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

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## DUAL RELATIONSHIPS

- With each other
  - Privacy
  - Outside relationships
  - Harassment

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## NON-COMPETE

- Stealing cases
- Privacy beyond confidentiality
- No hiring away

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## DISCLOSURE TO ADMINISTRATION

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

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## 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

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