



EMPOWER

IDAHO

BY JANNUS



The Dance With Ethical Boundaries In Peer Support

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- Clinical Director, Illumination Counseling - 12+ yrs
with Bachelors' & Masters' level interns
- LPC, CPCS - 15/6+ yrs
- TV and Radio, podcast Personality - 5+ yrs
- Business Consultant, Coach - 5+ yrs.
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- Legal Consultant *specializing in Boundary Violations*

OBJECTIVES

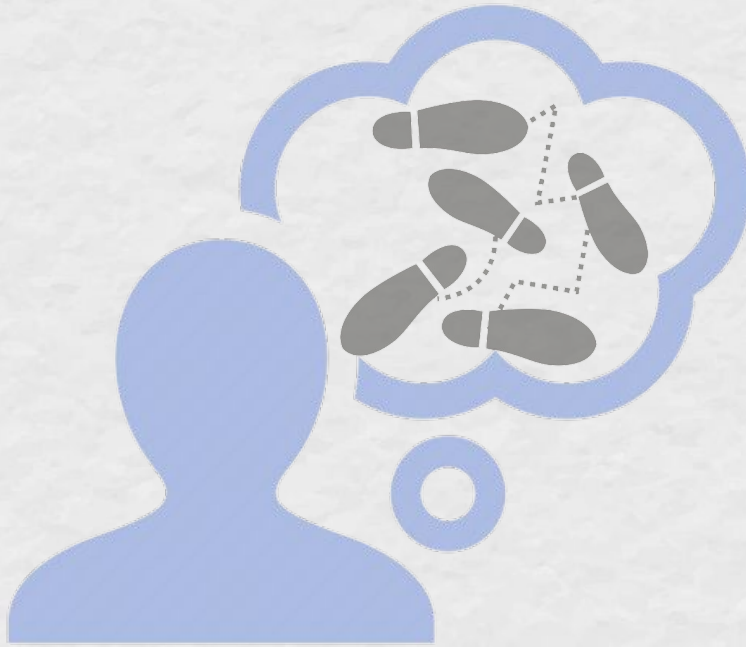


- Recognize the importance of ethical professional boundaries
- Understand the importance of emotional safety in the helping relationship
- Identify strategies to establish professional boundaries



The dance between advocating & providing support, and setting healthy boundaries

What dance comes to mind when you think about setting boundaries with clients?



PEER SUPPORT RELATIONSHIPS

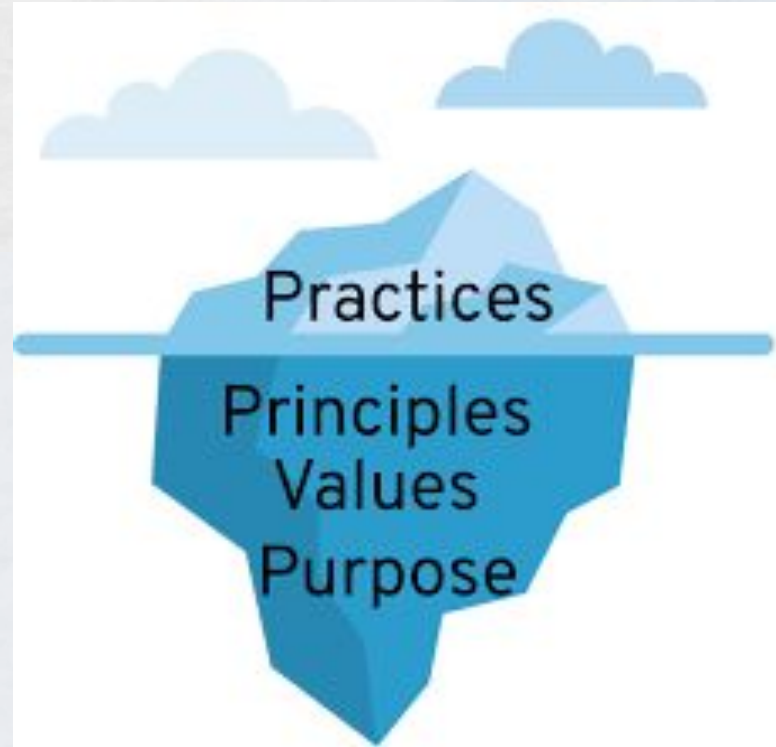


“Peer support relationships are grounded in the knowledge that neither person is the expert, that mutually supportive relationships provide necessary connection, and that new contexts offer new ways of making meaning.”

(Mead & Hilton 2003, in Adame & Leitner 2008,)

PRINCIPLES AND VALUES

- Recovery-Oriented
- Person-Centered
- Voluntary
- Trauma-Informed
- Relationship-Focused



(Substance Abuse and Mental Health Services Administration, SAMHSA)



The relationship between the peer worker and the peer is the foundation on which peer recovery support and family support services are provided. The relationship between the peer worker and peer is **respectful, trusting, empathetic, collaborative, and mutual.**

(Substance Abuse and Mental Health Services Administration, SAMHSA)

“What a reasonable and prudent professional, with the same or similar training, should have done under the same or similar circumstances.”

ROLES AND FUNCTIONS OF PEER SUPPORT SPECIALIST

- **Emotional Support**
- **Informational Support**
- **Instrumental Support**
- **Companionship**



(Source: <http://rcsp.samhsa.gov/about/framework.htm>)

**What is your experience with
setting limits with people?**

How did you learn to do it?



UNDERSTANDING BOUNDARIES



“Boundaries define us. They define what is me and what is not me. A boundary shows me where I end and someone else begins, leading me to a sense of ownership. Knowing what I am to own and take responsibility for give me freedom.”

Henry Cloud

BOUNDARIES



- Establish lines
- Create safety
- Create a balance

BOUNDARY ISSUES: THE CONCEPT



- Boundary issues occur when practitioners relate to clients in more than one relationship
- A boundary is the edge of appropriate behavior at a given moment in the relationship
- Dual or multiple relationships are not necessarily unethical
 - Boundary Crossings Vs. Boundary Violations

MAKING ETHICAL DECISIONS



BASIC MORAL PRINCIPLES OF ETHICAL BEHAVIOR



Autonomy

Beneficence

Non-maleficence

Justice

Fidelity

Veracity

ETHICAL DECISIONS

Ethical Decision-Making Model



When making ethical decisions consider these areas:

- Identify the problem or dilemma
- Identify the potential issues involved
- Review the relevant ethics codes
- Know the applicable laws and regulations
- Obtain consultation
- Consider possible and probable courses of action
- Enumerate the consequences of various decisions
- Decide on what appears to be the best course of action



CASE STUDY

A peer support specialist provides services to a 28-year-old-man who struggles with co-occurring issues (clinical depression and opioid use). During a Zoom session, the client asks the peer support specialist several personal questions about his life, including whether he is married, has children, and his substance use and recovery history.



How much personal information should the peer support specialist disclose to the client?

What criteria should practitioners consider?



CASE STUDY

A peer support specialist is employed in a residential substance use disorders treatment program in Grand Island, Nebraska. One day, the peer support specialist learned that a former acquaintance of his –with whom the practitioner once used, and to whom the practitioner once sold, heroin –was admitted to the program. The peer support specialist was very concerned that his former acquaintance had relapsed. The practitioner logged into the program's electronic health record (EHR) to read the summary of the new client's admission. He also conducted a Facebook and Google search to see what information he could find online.



What are the ethical issues?

What are your opinions about them?



CASE STUDY

A 32-year-old woman has been in recovery for nearly four years. As an adolescent and young adult, she struggled with severe anxiety symptoms and alcoholism. One day, the woman learned that the substance use disorders treatment program which she completed about four years ago in Lincoln, Nebraska is implementing a new peer support services program and is recruiting personnel. The agency has received a federal grant to fund the program, which includes providing in-depth, comprehensive training to newly hired peer support specialists. The woman is excited by the prospect of working in the program that had been so helpful to her. She calls the director of the new peer support services program to inquire about the job; the director had been the woman's therapist when the woman was a client in the agency's program some years ago.



What are the ethical issues?
What are your opinions about them?

COMMON WARNING SIGNS



- Engaging in idle, non-therapeutically focused conversation
- Arguing or attempting to impose one's views
- Becoming inappropriately directive about a client's personal choice
- Attempting to impress a client
- Engaging in inappropriate personal familiarity and disclosures
- Feeling solely responsible for a client's life
- Feeling that the client has taken over the management of their case
- Selective/omission of documentation of significant occurrences
- Reluctance to discuss a case with authority to avoid disrupting the "special" relationship
- Discouraging client from obtaining consultation
- Insisting on secrecy about what goes on in treatment

RISK MANAGEMENT STRATEGY



- Set unambiguous boundaries at the beginning of the relationship.
- Evaluate possible dual relationship and boundary violations
- Consider whether a dual relationship in any form is warranted or justifiable.
- Is the relationship exploitative?
- Is the relationship likely to harm the client?
- Ask yourself “For whose benefit?”
- Pay special attention to incompatible roles
- In ambiguous circumstances seek counsel
- Discuss relevant issues with all relevant parties, especially clients.
- Work under supervision if boundary issues are complex & risk is significant.
- If necessary, refer the client to another professional to minimize risk.
- Document key aspects of the decision-making process and consultation.

**What are some of your
limits or boundaries?**



**Is it sometimes hard to keep others
from violating your boundaries?**

**Why do you think that is?
How did you negotiate it?**



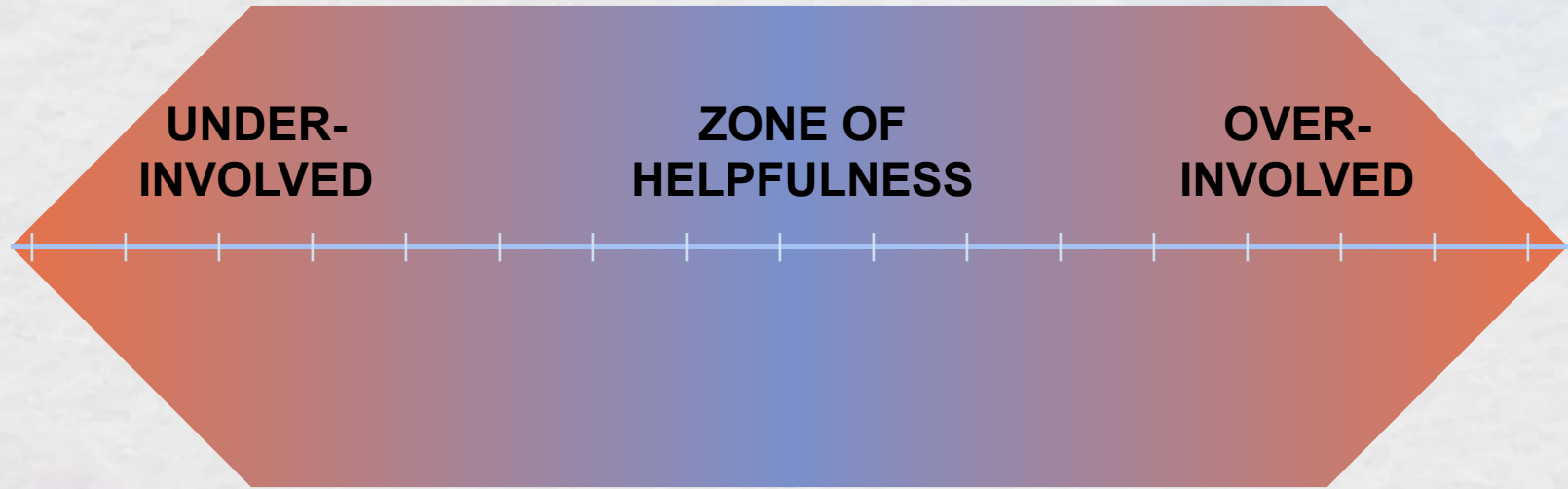
**How did that create greater
safety for both of you?**



**What are some healthy boundaries
you have set with your clients?**



A CONTINUUM OF PROFESSIONAL BEHAVIOR



Every Caregiver/Patient relationship can be plotted on the continuum of professional behavior.

May look like:

- Cynicism
- Distancing
- Undervaluing confidentiality/privacy
- Using clinical language; diagnosing or assessing
- Choosing to work with peers based on factors such as looks, age, social standing, education

May look like:

- Frequently thinking of the individual while away from work
- Sharing personal information or work concerns with the person
- Keeping secrets with or for the person
- Providing professional advice
- Becoming friends (including Social Media)
- Promoting certain recovery practices “abstinence only” or “WRAP”

Can Occur with Under/Over Involvement

1. Who has the potential of being harmed in this situation and how badly would they be harmed?
2. Are there any core recovery values that apply to this situation and what course of action would these values suggest be taken?
3. What laws, organizational policies, or ethical standards apply to this situation and what actions would they suggest or dictate?

(White, W. L. with the PRO-ACT Ethics Workgroup and with legal discussion by Poppovits, R. and Donohue, B. (2007) *Ethical guidelines for the delivery of peer-based recovery support services-William*)

ZONE OF MUTUAL STRENGTH



May look like:

- Shares lived experience
- Sees the person as a whole person in the context of the person's roles, family, community
- Supports many pathways to recovery; allows individuals to be self-directed
- Allows others to be different from me
- Allows for people to be responsible for taking care of themselves
- Shares knowledge of resources without insisting

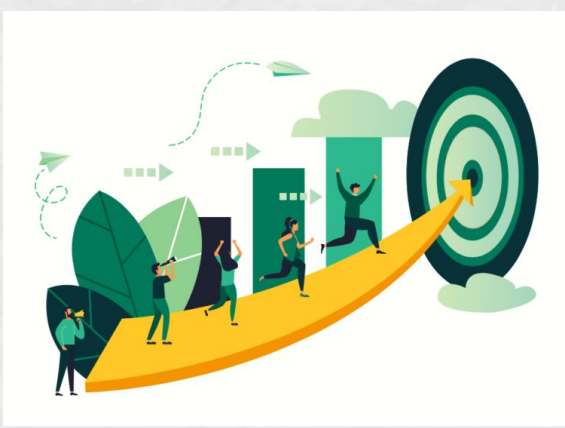
SPECIAL BOUNDARY CONSIDERATIONS



- Power Imbalance
- Setting
- Organizational Confusion

BOUNDARY VIOLATIONS: CONSEQUENCES FOR CLIENTS

- destroyed self-esteem
- destructive dependency
- mistrust of therapists
- difficulty in subsequent intimate relationships
- impaired sexual relationships
- sexual confusion
- guilt and self-blame
- suicidal ideation
- substance abuse
- loss of self-confidence
- cognitive impairment
- increased anxiety
- identity disturbances
- mood lability
- anger
- suppressed rage
- depression
- psychosomatic disorders
- rejection
- isolation
- abandonment feelings



Practice Intentional Awareness

- Self-evaluate-learn your blind spots through collaboration and supervision; accept that everyone is vulnerable (even those in long-term recovery)
- Frequently reflect on your workplace's and your profession's code of ethics
- Continually revisit the values of Peer Support/Family Partners



Develop and Nurture Your Self-Care Plan

- It's the ethical thing to do!
- Allow time for rest and restoration
- Nurture healthy relationships outside of work
- Refine the art of sharing your story; “conscious use of self”

(Jack, Stephanie CPS & Dennis, Letrice CPS. (2017). Peer Supporters: Walking the Tightrope between Forming Relationships and Practicing Healthy Boundaries)

**What cultural boundaries have you needed
to address
in your work as a peer support specialist?**



THE ELEMENTS OF DIVERSITY AND BOUNDARIES





What does culture look like?

Traditional Two-Parent, Heterosexual Households • Monocultural Nuclear Families • Multi-Ethnic Families • Same-Sex Couples • Immigrant Families • Cohabiting Couples • Single Parent Families • Multi-generational Households • Grandparents Raising Grandchildren • Families with Adopted/Foster Children • Blended Families • Stepfamilies 2nd or 3rd Marriages • Interfaith Couples

CULTURE INFLUENCES

- Racial or Ethnic Self-Identification
- Experience of Cultural Bias as a Stressor
- Immigration History and Status
- Level of Acculturation
- Time Orientation
- Social Orientation
- Verbal Communication Style
- Locus of Control
- Spiritual Beliefs
- Health Beliefs in Cultural Healing Practices



(WHays, P. (2001). Addressing cultural complexities in practice: a framework for clinicians and counselors. Washington, DC: American Psychological Association)

CULTURAL COMPETENCE

The ability to understand and interact effectively with people from other cultures.

- Understand your own culture
- Willingness to learn others
- Positively embrace diversity



Why it matters

- Changing World
(Population Demographics)
- Ethical Mandate
(Licensing Board)
- Greater Client Satisfaction & Rapport
- Greater Therapeutic Effectiveness
- Ignorance is NOT Bliss
(It can cause harm)



(Hays, P. (2001). Addressing cultural complexities in practice: a framework for clinicians and counselors. Washington, DC: American Psychological Association.)

COMMON SIGNS

YOUR BOUNDARIES NEED ATTENTION

- Feeling chronically taken advantage of in certain situations, such as emotionally, financially, or physically.
- Saying "yes" to please others at your own expense.
- You don't get your needs met because you tend to fear conflict and give in to others.
- Often feeling disrespected by others, but not standing up for yourself.
- Your fear of being rejected or abandoned leaves you accepting less than you deserve.
- Engaging in people-pleasing behaviors to be liked and to receive approval.
- Engaging in disrespectful behavior that hurts others.
- Flirting with those who are in relationships and/or flirt when you are in a relationship even when it harms others.
- Doing whatever you want to get your needs met—believing that limits don't apply to you.



BOUNDARIES AND SELF-CARE



“Daring to set boundaries is about having the courage to love ourselves even when we risk disappointing others.”

Brene Brown

HEALTHY BOUNDARIES FOR PEER SUPPORT SPECIALISTS



- Stay within the behavioral constraints of the organization's policies and procedures.
- Be able to articulate what constitutes taking too much responsibility for someone else's recovery.
- Discuss openly interactions and reactions in providing peer recovery support services with supervisors.
- Devote a similar amount of time and effort to each person served while also being aware of the possibility of exceptions when necessary (e.g., a person in crisis).
- Respect your own limits by prioritizing self-care.

TAKEAWAYS FOR BOUNDARY SETTING



1. Verbalize what impact your comfort level(s).
2. Learn when to say NO.
3. Be honest and transparent.
4. Consider the safety of the client or the family.



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