PROFESSIONAL ETHICS AND THE TREATMENT OF TRAUMA

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Returning Veterans Project
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Positive Ethics

"Laws control the lesser man…..

Right conduct controls the greater one."

Mark Twain

"The goals of positive ethics are to shift the ethics of psychologists from an almost exclusive focus on wrongdoing and disciplinary responses to…… encouraging psychologists to aspire to their highest ethical potential"

(Handelsman, Knapp, & Gottlieb, 2002, p. 731)

We are all ethics educators

- In our roles as supervisors, educators, administrators, consultants, and colleagues engaging in peer consultation
- In our clinical work - we can include our clients in ethical dialogue
- Collegial collaboration to address important issues facing our professions
- Interprofessional education in health care settings

Development of Professional Ethics

The development of professional codes of ethics arose after WWII responding to the increased demand for psychological services for war veterans returning home from duty.

- American Psychological Association adopted the first Code of Ethics in 1952 – based on “critical incidents”
- A Code of Ethics allows a profession to self-regulate and be autonomous

Self-Reflection

- What ethical issues or dilemmas do you encounter most frequently?
- What ethical issues cause the most anxiety, distress, or conflict?
- Reflect on a recent ethical situation you handled well.

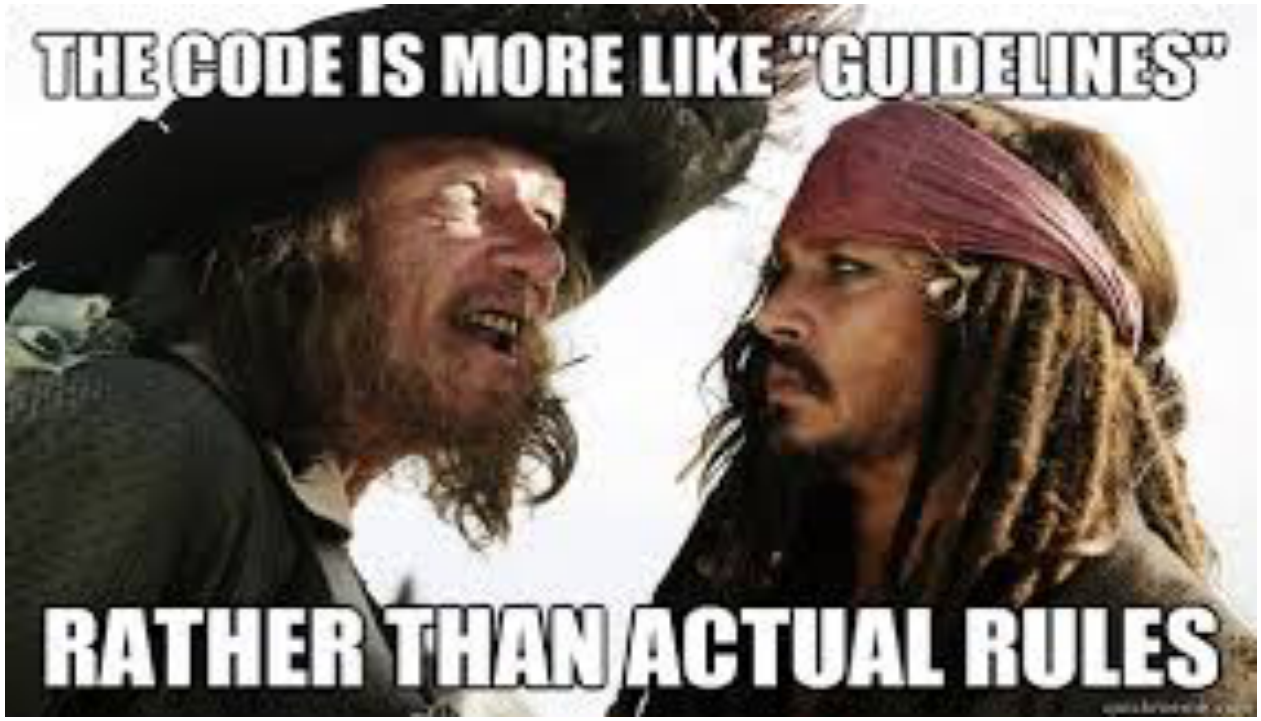
Ethical Standards, Policies & Laws

- Professional Codes of Ethics
  - APA, NASW, & ACA, AANP
- Licensing Laws – statutes, administrative rules
- Federal and State Laws, HIPAA, case law
- Organizational policies, Contracts - insurance

Practice Guidelines

APA Practice & Treatment Guidelines

www.apa.org/practice/guidelines/index



Clinical Practice Guidelines

APA Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (2017)
www.apa.org/ptsd-guideline/index

VA/DoD Guideline on Management of PTSD and Acute Stress Reaction (2017)
www.healthquality.va.gov/guidelines/MH/ptsd/

Professional Resources

- What ethical-legal resources, or professional guidelines do I use or refer to regularly?
- Who can I consult with?

Principles of Trauma Informed Care

- Trauma Awareness – prevalence and impact
- Safety – physical and emotional
- Empowerment, Voice and Choice
- Strengths Based – resilience
- Trustworthiness & Transparency
- Collaboration & Mutuality
- Peer Support
- Cultural, Historical and Gender Issues

Trauma Informed Oregon

www.traumainformedoregon.org

"Trauma-informed care" (TIC) addresses organizational culture and practice.

"Trauma-specific services" (TSS) are clinical, evidence-based interventions to address trauma-related symptoms and PTSD and co-occurring disorders that may develop during or after trauma.

- requires specialized knowledge and skills for assessing and treating trauma with specific techniques

Types of Trauma

- Military – combat, operational stress, injuries, MST
- Natural Disasters
- Accidents such as MVA
- Child Sexual Abuse
- Assault, rape
- Domestic Violence/ witnessing DV
- Immigration
- Human Trafficking
- “Culture of hate” - cruelty, hate crimes, mass shootings

Common symptoms in military vets

Readjustment problems

Mood and anxiety disorders

Self-directed harm

Anger management problems

Trauma-related disorders, PTSD

Substance use disorders

Family life strain

Traumatic Brain Injury

Medical sequelae, Chronic pain

Center for Deployment Psychology

Common ethical challenges working with veterans

- Do no harm – risk of re-traumatization
- Boundaries of competence
- Informed consent
- Safety – self-directed harm or violence towards others
- Multiple relationships, boundaries, dual roles
- Vicarious traumatization for therapist
- Professional impairment

Shift towards community treatment

Call for Comments:

- Proposed Guidelines for Psychological Practice with Military Service Members, Veterans, and their Families

- Link to Comment – deadline is June 7, 2019
- http://apps.apa.org/commentcentral2/default.aspx?site=40

Core Ethical Principles and Virtues

Doing No Harm (Nonmaleficence)

Benefitting Others (Beneficence)

Respecting Autonomy

Being Faithful (Fidelity and Responsibility)

Respect for People's Rights and Dignity

Being Just (Justice)

Core Ethical Principles and Virtues

Nonmaleficence – Do no harm

Avoid actions that might cause harm

- Demonstrate competence
- Risk of re-traumatization of the client
- Maintain professional boundaries

- Resolve ethical conflicts to minimize harm

Beneficence

- Work for the good of the individual and society
- Promote the welfare and health of those whom we work with professionally.

Respect for Autonomy

- Support the autonomous decision-making ability of the client – the right to control the direction of one's life.
  - Careful and sensitive informed consent process
  - Assisting clients to evaluate the implications of their decisions in the context of their personal goals

Fidelity and Responsibility

- Be faithful to commitments, keep promises
- Engender trust in professional relationships.
  - Maintain confidentiality,
  - manage conflicts of interest that could lead to harm.
  - Concern with ethical compliance of colleagues and responsibility to consult.

Respect for People's Rights and Dignity

- Respect the dignity, worth and potential of all people, honor the right to self-determination.
- Safeguard and protect the rights and welfare of vulnerable populations.
- Respect for cultural diversity, individual and role differences.

Justice/Social Justice

- Treat people with fairness and equality.
- Avoid prejudices and unfair discrimination.
  - Access to services

Vignette #1

Barbara White, Ph.D. worked with Mark on readjustment issues after two deployments that created intense strain in his marriage. He completed therapy when "things were better at home". A year later his wife has a miscarriage. He is not sleeping and having nightmares about losses he experienced while on active duty.

Mark sees in the RVP provider directory that Dr. White is not taking new clients. He doesn't want to start over with a new therapist, so he contacts Dr. White and offers to use his insurance so he can see her again.

Barbara listens to the voice mail and is torn how to respond. She already has two pro bono clients and yet she knows Mark is currently in distress. What does she need to consider?


ETHICAL DILEMMA?
FREE ADVICE
JOAN
REISMAN-BRILL
IS IN
SCHWADRON

Ethical Decision Making

Complex ethical situation – a clinical case that involves multiple ethical, legal and/or moral issues

Ethical Dilemma – a clinical case where there are two or more equally valid ethical choices or actions

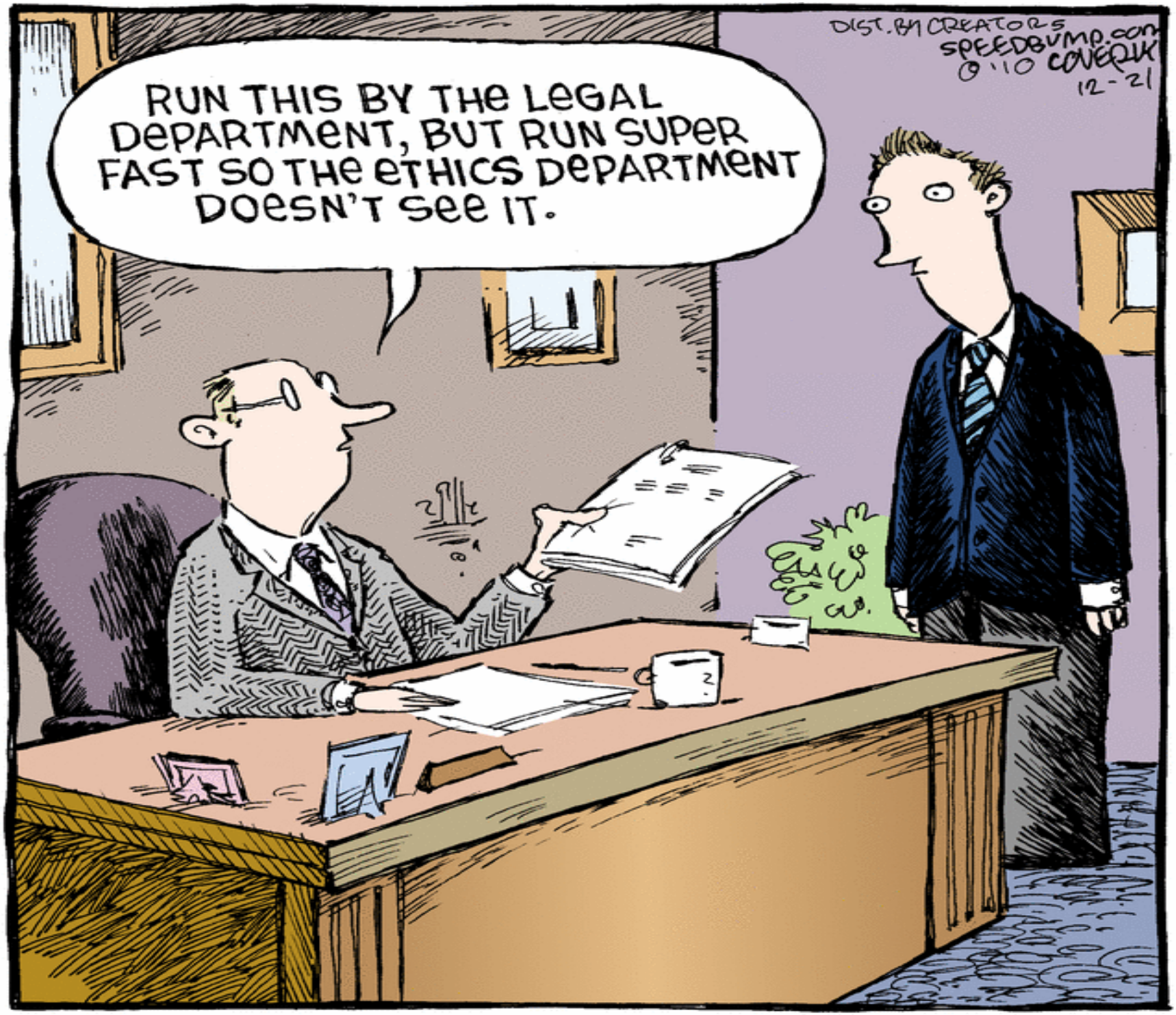
Ethical Conflict – legal obligations and duty to Code of Ethics are mutually exclusive

Don’t worry alone!
Creating a “safe space” for ethical dialogue

- How well do your current resources for ethical dialogue meet the criteria for “safe space”?
- Available time, nonjudgmental feedback, room for self-reflection, tolerance of uncertainty and multiple perspectives, multi-disciplinary respect
- Often, designated resources for ethical decision making i.e. ethics committees, consultants, impaired professional committees, are not perceived as safe spaces to disclose ethical dilemmas
- How could you influence avenues for dialogue in your setting?

Five Bin Framework for Analysis

- Clinical/Context
- Ethical
- Legal/Policy
- Risk Management
- Moral/Spiritual/Values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Vignette #2

Laura Jones, MSW is a recently licensed social worker who joined RVP in order to give back to the community, an important value of her graduate program.

She begins work with Carol, a female vet who has had trouble maintaining employment due to depression, anxiety and poor concentration. In her last job, Carol describes an uncomfortable situation with her male supervisor who would make innappropriate comments about her body.

After two months of unemployment Carol's depression is worsening, and she discloses that she is experiencing intrusive thoughts and nightmares about a sexual assault she experienced while working in a medical unit in Iraq.

Laura becomes anxious in session hearing about Carol's assault, which triggers some of her own past trauma experience with a date rape in college. Laura has not had any specific training in military sexual trauma, and is feeling overwhelmed.

What ethical issues do you see? What steps should she consider next?

Boundaries of Professional Competence

- ***Knowledge*** - degrees, licensure or certifications, continuing education and lifelong learning
- ***Skill*** - supervised training, treatment and assessment
- ***Judgment*** – emotional competence, applying skills appropriately, awareness of emotional limits

Competence is Dynamic!

Cultural Competence

Cultural, individual and role differences may be based on:

Age, gender, gender identity, national origin, culture, disability, ethnic group, race, language, religion/spirituality, sexual orientation, socioeconomic status.

Military Cultural Competence

- Military history, terminology and culture
- How much does the client identify with military ethos?
- Sensitive to personal values and biases towards veteran populations

- Self Reflection and Self Awareness exercise www.deploymentpsych.org/self-awareness-exercise

Ex: “I regularly examine my own values for ones that may conflict or be inconsistent with miliary culture values, if they are different from my own.”

Resources for Military Culture Training

- Center for Deployment Psychology
  - www.deploymentpsych.org
- Star Behavioral Health Provider trainings
- National Center for PTSD www.ptsd.va.gov
  - -PTSD Consultation Program
- VA Community Provider Toolkit
  - www.mentalhealth.va.gov/communityproviders/

Informed Consent for Trauma Therapy

Discuss at the beginning of therapy –

- Description of goals and methods
- Working through trauma-related memories/emotions will involve exposure and possibility of increased distress

Assess readiness – status of coping skills, current life context, motivation, resources, support

Risk of re-traumatization – would treatment be over-stimulating? Greater risk of substance abuse, acting out towards self and other?

Dynamic and ongoing process - revisited when circumstances change

Confidentiality

Confidentiality is both an ethical and legal obligation to keep private information shared in confidence, to the extent that it is embodied within legislation, licensure law and case law.

- Limits to confidentiality
- Who may have access
- If person is active military – Forseeable needs to release information? Implications of diagnoses?

<u>The Law of No Surprises</u>

Take every reasonable step to inform a client about the circumstances that will warrant a disclosure of confidential information to a third party.

(Behnke, Perlin & Bernstein, 2001)

Informed consent exercise

Break into dyads, or triads

Have one person role-play a trauma client – coming in for the first session (you can improvise!)

The “therapist” will discuss relevant issues of informed consent.

One person can be the “observer’

Notice how each person feels in this process

Awareness of Professional Boundaries

- Touching
  - Self-disclosure
    - Socializing
      - Financial involvements
        - Gift and favors
          - Sexual attraction
            - Social media
              - Scope of practice

Vignette #3

Dylan sees Bob Smith, LPC for PTSD issues related to injuries in Afghanistan when his truck drove over an IED. He is also receiving massage treatment from Mary Jones, LMT for chronic pain.

Dylan expresses appreciation for the benefits of the massage which helps manage his pain. He feels comfortable talking to Mary and confides in her that he has been struggling with intense depression and nightmares recently as his anniversary of being wounded is coming up.

Mary is concerned and encourages Dylan to talk about these issues with his psychotherapist. Dylan says he feels more comfortable telling her about his feelings since she is a woman and would understand without judging him.

What are some of the boundary issues?

Professional Boundaries

Professional boundaries are important in order to avoid:

- Harm to the client
- Damage to the treatment relationship
- Loss of professional objectivity
- Role conflict/Conflict of interest

Professional Boundaries
A Slippery Slope?

- Boundary: Rules of the professional relationship that set it apart from other relationships.
- Boundary crossing: Departures from commonly accepted clinical practice that may or may not benefit the client. Not unethical per se.
- Boundary violation: Departure that can involve exploitation of the client/student, loss of objectivity or foreseeable risk of harm.

Categories of Dual or Multiple Relationships between Psychotherapists and Clients:

www.zurinstitute.com/DualRelationships2.pdf

Where's my line?

- A Native American vet gives you a carving that he made to symbolize his growth in therapy and appreciation.
- At Christmas, a veteran's wife gives you a Christian calendar for your office.
- A former student asks if they can see you for therapy.
- You notice that a client has sent a friend-request on Linked-In

Virtual Boundaries

Social Media Policy

Friending

Following - blogs, or Twitter

Interacting via non-secure sites can compromise confidentiality

E-mail

Business review sites

Keely Kolmes, Ph.D.

http://drkkolmes.com/for-clinicians/social-media-policy/

Professional Quality of Life

Compassion Satisfaction

- The positive aspects of helping
- "The good stuff"

Compassion Fatigue

- The negative aspects of helping
- "The bad stuff"

ProQOL measures Compassion Satisfaction and Compassion Fatigue (Burnout & Secondary Trauma)
Free 30-item self report measure

http://www.proqol.org/ Beth Hudnall-Stamm, PhD

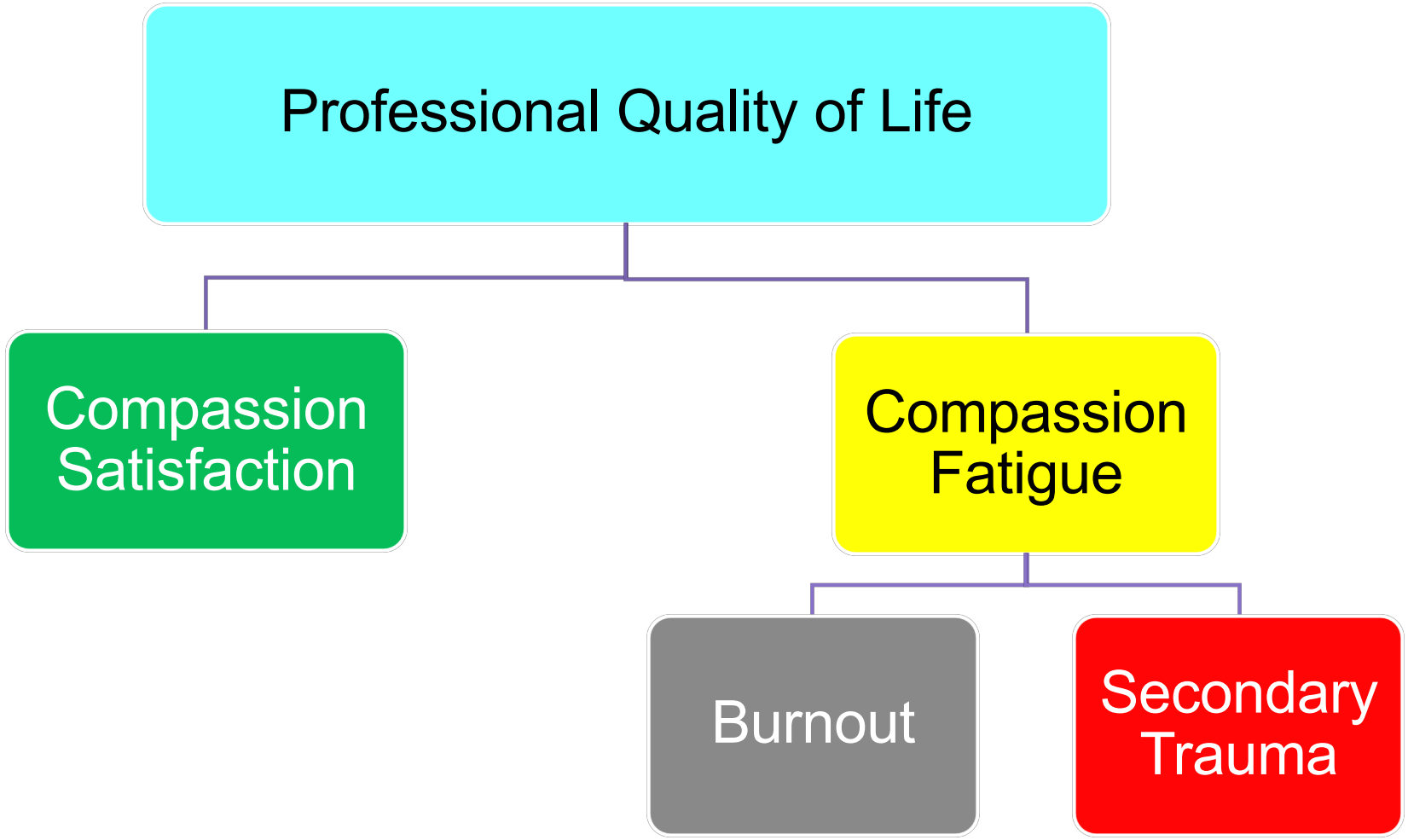
Compassion Satisfaction

What have been benefits of being a provider for RVP?

The positive aspects of helping

- Pleasure and satisfaction derived from “the mission” of helping veteran community. Providing effective therapeutic care, collegial community, altruism.

Compassion Satisfaction -Compassion Fatigue Model



Compassion Fatigue

Secondary Traumatic Stress

Professional workers' subclinical or clinical signs and symptoms of PTSD that mirror those experienced by trauma clients, friends, or family member

Vicarious Trauma

Cumulative effect of working with survivors of trauma. Includes cognitive changes resulting from empathic engagement and a change to your worldview. Impact of exposure can change affect, tolerance, perception of personal control and freedom, beliefs about self and others, sensory memory, imagery, and interpersonal relationships in the provider (McCann & Pearlmann, 1990)

What increases our vulnerability to stress?

- Inadequate opportunity for consultation
- Professional isolation
- Poor self-care, few leisure activities
- Overwork
- Unrealistic expectations
- Over-involvement in work
- Focus on others, neglect of self

ONLY YOU CAN PREVENT BURNOUT.

Burnout – “worn out”

Components:

Emotional exhaustion, depersonalization, low sense of personal accomplishment, feeling ineffective, wearing down over time

Early signs: increased frustration, impatience towards patients, lack of focus, hoping particular clients will cancel, decreased motivation and fulfillment.

Components of therapist self-care

- **Self-awareness** – of our self-needs and dynamics
- **Self-regulation** – behavioral and dynamic - management (conscious and unconscious) of our emotional impulses, drives and anxieties. Managing affect, stimulation and energy - mood and affect
- **Personal v. professional balance -** positive relationship with self & others, body mind and spirit

Caring for Ourselves - Baker (2003)

Balance

The Healthy Mind Platter, for Optimal Brain Matter

Self Care Strategies

- Keep clear personal-professional boundaries
- Have opportunities for debriefing
- Avoid isolation
- Recognize your burnout signals
- Activities that renew hope and optimism
- Regular vacations

Self-reflection

- Personal/Professional Balance:
  - Do you work regular overtime?
  - Do you take all of your vacation time?
  - Do you play as hard as you work?
  - Do you have support systems outside of work?
- Personal signs of burnout:
- Self-care strategies:
- Creativity, fun and humor:

Thank you!

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SAMHSA

- Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbated, so that these services and programs can be more supportive and avoid re-traumatization.” (SAMHSA)

General Ethical Issues

- Balancing ethical obligations to individuals, groups and to society
- Privacy, confidentiality and technology
- Role complexity/role conflicts/boundaries
- Cultural competence, respect for diversity
- Workforce burnout/Colleague impairment

Beauchamp and Childress (2001) process for when moral principles conflict Mills

- the option that one chooses should:
  - uphold the most salient moral principle (if there is reason to act on one as opposed to the other)
  - have a realistic chance of success
  - used if no morally preferable options available
  - infringe the offended normatively as possible extent (consistent with primary aims)
  - minimize the negative effects on the offended moral principle

Competence is Dynamic

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and main maintain their competence (p. 1063).

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work work-related activities. (p. 1064)

Boundaries of competence

Early career therapists/providers may over-identify or become more easily immersed

- “Experienced” therapists may minimize impact of client trauma having “heard it all” before

But…. Duty to Report

ORS 676.150 Duty to report unprofessional conduct

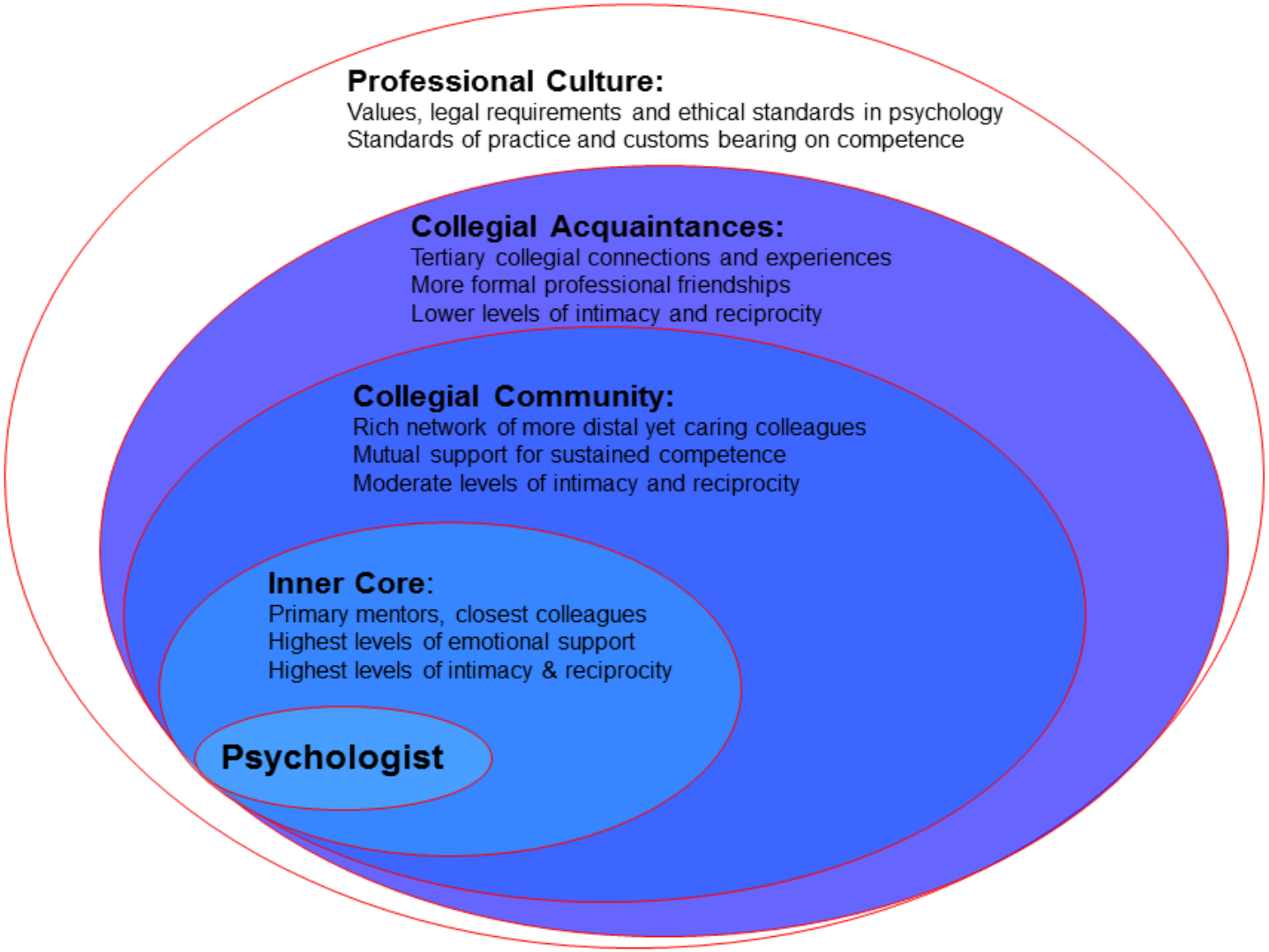
Unless prohibited by state/federal laws related to confidentiality……if reasonable cause to believe another licensee has engaged in prohibited or unprofessional conduct shall report……..

“Prohibited conduct” – a criminal act against a patient or client, or criminal act that creates a risk of harm to client

“Unprofessional conduct” – conduct unbecoming a licensee or detrimental to the best interests of the public….contrary to recognized standards of ethics….or endangers the health, safety or welfare of the client……..

Communitarian Constellation Model

- Professional Culture: Values, legal requirements and ethical standards; standards of practice and customs bearing on competence
- Collegial Acquaintances: Tertiary collegial connections and experiences; More formal professional friendships; lower levels of intimacy and reciprocity
- Collegial Community: Rich network of more distal but caring colleagues; Mutual support for sustained competence; moderate levels of intimacy and reciprocity
- Inner Core: Primary mentors, closest colleagues; highest levels of emotional support; highest levels of intimacy and reciprocity



The Competence Constellation Model: A communitarian approach to support professional competence

Johnson, Elman, Barnett, Forrest & Kaslow (2013)

Telehealth

Think of Telehealth Competence in two ways:

Competence with regard to technology itself –

- Do you have the knowledge to troubleshoot if technology fails during session?
- Can you evaluate the security of communication?

Competence with regard to use of the technological treatment modality –

- What is your level of experience and training in telepsychology?
- Is there adequate research support for this method?

Informed consent – readiness for work

- Readiness to begin processing trauma
- Status of coping skills-effectiveness, flexibility, resources, no additional processes (e.g. practical)
- Wants to do the work
- Not engaging in acting out that impairs coping (substances, violence, etc.)
- Not lethal
- History of treatment experiences
- Tolerance of regression
- Mills -

Informed consent

APA Ethics Code

- 3.10 Informed Consent
- 9.03 Informed Consent in Assessments
- 10.01 Informed Consent to Therapy

HIPAA – Informed consent

Notice of Privacy Practices

Psychotherapist-patient agreement/ Acknowledgement and Consent

Interpersonal process

- Provide opportunity for client to ask questions and receive answers
- Ongoing dialogue with the client

Documentation of Informed Consent (APA EC 3.10d)

Informed Consent - Technology

Sets boundaries for provider and patient and manages expectations of patient

Essential elements:

- Identify limitations of using technology
- Potential risks to confidentiality
- Availability and response time
- Emergency situations, alternative forms of communication

Small World Ethics and Social Networking

- Analogous to rural settings
- Online boundaries –
  - beneficence, nonmaleficence, integrity

Technological competence, ex: privacy settings

Limit self-disclosure

Multiple relationship issues: incompatibility of expectations, increased commitments in non-therapeutic roles, power differentials

Digital Boundaries & Social Media

Maintain awareness of what information you make available online.

Make a distinction between professional and personal online profile

Digital natives are more likely to seek information about clients online.

Accidental vs intentional discovery of client information on the Internet

Erosion of confidentiality - Use of non-secure sites

Do you Google your clients? Emerging standard of care?

Overlapping Roles

Professional

Therapeutic

Evaluative/Forensic

Supervisory roles

Educator/student

Business/collegial

Research

Employer/employee

Personal

Social

Friend

Relative

Financial

Barter

Business dealings

Receiving gifts

Multiple Relationships

Types of Professional roles: therapist, assessment, supervisor, administrator, researcher, student

3.05 Multiple Relationships "A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologists's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm…. …. multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical."

Multiple relationships for primary care behavioral health providers

- Embedded clinicians in primary care
- Dominant culture is medical
  - Ex: treating multiple family members
  - Greater overlap within “community” – patients who know each other
  - Role expectations

Ivey, L., & Doenges, T. (2013). Resolving the dilemma of multiple relationships for primary care behavioral health providers. Professional Psychology: Research & Practice, 44(4), 218-224.

Interprofessional Relationships

- Mutual Respect
- Cooperation & Communication
- Scope of Practice issues
- Interdisciplinary Teams
- Conflicts in Values

Third party requests: Who is the client?

Military, employer or legal referrals:

Clarify your relationship with each party.

Define your role.

Define limits to confidentiality and use of information.

Is there a risk of conflicting roles?

Peer Review & Consultation

- "Standard of care" to review complex treatment decisions or ethical-legal issues.
- Formal consultation involves case review and personal reflection. Clinician maintains responsibility for decisions.
- Common fears of disclosing errors or countertransference.
- Avoid "curbside consults" – insufficient detail
- Maintain documentation of the consult.
- Organizational supports – clinical seminars, consultation teams