



W·I·S·E
Workforce Integration Support and Education



OSHPD Office of Statewide Health
Planning and Development



WELLNESS · RECOVERY · RESILIENCE

Ethics, Boundaries, and Confidentiality in the Workplace

Pre-Training Survey

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- Please take a moment to fill out your pre-training survey
- Important: Nothing in this presentation supersedes any policy of your agency

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Keep up while groups fills out pre-training survey.
Call attention to agency policy

Trainer Info

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- My name
- My role in **W·I·S·E** Program
- How long employed @ NorCal MHA
- Why I work in the mental health field

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Refer to slide

THIS SLIDE CAN BE CUSTOMIZED

About NorCal MHA

W·I·S·E
Workforce Integration Support and Education



- Founded in 1946
- Oldest consumer advocacy agency in Northern California
- Peer-run organization that specifically hires people with lived experience:
 - Over 50% of our Board
 - Over 90% of our staff, including all of our managers and Executive Leadership team

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Member of CAMHPRO

Work throughout Northern California Have peer employees embedded in Amador County, Placer County, and Sacramento County

Work with many other Counties and CBOs across the state

About W·I·S·E

W·I·S·E
Workforce Integration Support and Education



- **W·I·S·E** stands for Workforce Integration Support and Education
- **W·I·S·E** is a program of NorCal MHA, administered by the Office of Statewide Health Planning and Development (OSHPD), and funded by the California Mental Health Services Act (MHSA/Prop 63), as a component of OSHPD's statewide WET plan

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What W·I·S·E Does

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- **W·I·S·E** provides **technical assistance** and **training** to help PMHS employers recruit, hire, retain, and support consumer and family member employees
- We focus on genuine workforce integration through the transformation of organizational culture

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Technical Assistance

For Providers:

organizational assessments - **Assessments look at:**

- Key informant interviews
- Peer staff focus groups
- Self-reported needs
- Workplace culture
- Policies and procedures
- Job descriptions, hiring, onboarding, supervision, evaluation of peer staff
- What's working? What could be improved? What do you need to do your job better?

Identification of strengths and opportunities

Implementation planning

Crafting peer roles and career paths

Supportive coaching and mentoring

Best practices and recommendations

Trainings

Organizational trainings for leaders and management (work culture and managerial competencies)

Professional development trainings for peers (technical and behavioral skills)

Creation of special trainings and educational materials, as needed

NOTE: Both training lists should be included with handouts. Refer attendees to these lists



- **W·I·S·E** provides job coaching, training, mentoring, and career support services to peer staff working in the public mental health system
- We work with peers to identify, address, and overcome workplace challenges
- We help peers strengthen their connections to the workforce, sustain employment, and enhance their employment experience

Refer to slide

About You

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- Your name
- Your job title/position
- Your agency/employer/department
- Why you are interested in this training and what you hope to get out of it

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ASK: Why are you interested in this training and what do you hope to get out of it?

RECORD responses to last question on flipchart (what each audience member hopes to get out of the training)



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NOTE: Beginning of first unit

Today We'll Learn About W·I·S·E

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1. Ethical guidelines for Peer Support workers in service delivery
2. Recognizing potential boundaries and how to react
3. Confidentiality in an ethical context

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PART 1

What are ethics?

SAY: *Ethics* are moral principles that govern a person's or group's behavior. As the use of peer support and the number of peer providers increase in our Public Mental Health System, ethical and legal issues arise in the performance of these roles. It is important to practice ethical standards to prevent negative impacts and increase successful outcomes for both peer staff and the individuals they are serving.

Why Do We Need Ethics Training?

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Assumption: People in recovery can be counted on to act ethically as peer support staff

Fact: We are all vulnerable to errors in judgment, particularly when we find ourselves in situations we have not faced before

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SAY:

Assumption: People who have a long and by all appearances quality recovery can be counted on to act ethically as peer support staff

Fact: Recovery, no matter how long and how strong, is not perfection; we are all vulnerable to isolated errors in judgment, particularly when we find ourselves in situations unlike any we have faced before.

Why Do Peers Need a Code of Ethics?

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- Sets professional standards
- Increases confidence in our profession
- Defines acceptable behaviors
- Identifies core values of Peer Support
- Creates accountability through self-evaluation

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SAY: Why do ethics exist?

Set a professional standard

Increase confidence in a profession by showing others that members of the profession are committed to following basic ethical guidelines in the course of doing their work

Define acceptable behaviors

Identify core values which underlie the work performed

Create accountability through self-evaluation

We do this to establish occupational identity and maturity and legitimize the profession of Peer Specialists

Ethical Guidelines for Peers

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1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supports are open minded
4. Peer supporters are empathetic
5. Peer supports are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-driven

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SAY: As Peer support evolves into a profession, a review of best practices has identified 12 Core Ethical Guidelines for peer support service.

These guidelines may not be how you currently think about peer support service, but as you move forward they will be important to your advancement to professionalism. These core values that create an environment for healthy, therapeutic and responsible peer support that honors our relationship with the people we serve. We will look at each one in depth during this training.

READ OR HAVE AUDIENCE READ EACH ONE

ASK: Does this list remind you of anything you learned in Recovery 101 (i.e., the 10 Guiding Principles of Recovery)?

- Hope
- Empathy
- Respect
- Change
- Strengths/responsibility
- Person-driven

Guideline 1: Support is Voluntary

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- Recovery is a personal choice
- People freely choose to give or receive support
- Being coerced, forced or pressured is against the nature of genuine peer support
- The voluntary nature builds trust and connections with another

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SAY: In Practice: Supports choice

1. As Peer supporters, we do not force or coerce others to participate in peer support services or any other service.
2. We respect the rights of those they support to choose or cease support services or use the peer support services from a different peer supporter.
3. We also have the right to choose not to work with individuals with a particular circumstances if the peer supporter's personal issues or lack of expertise could interfere with the ability to provide effective support to these individuals. In these situations, the peer supporter would refer the individuals to other peer supporters or other service providers to provide assistance with the individuals' interests and desires.
4. We advocate for choice when we observe coercion in any mental health or substance abuse service setting.

Guideline 2: Peers are Hopeful

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- Hope is the catalyst of recovery
- Peer supporters demonstrate that recovery is real
- Peer supporters make a commitment to continue to grow and thrive as they “walk the walk”

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SAY: Our belief that recovery is possible brings hope to those feeling hopeless. Peer Supporters are evidence that people can and do overcome mental health, traumatic or substance use challenges.

In Practice we Share hope

1. We tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported.
2. We model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work.
3. We help others reframe life challenges as opportunities for personal growth.

Guideline 3: Peers are Open Minded

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- “Meet people where they are at”
- Embrace differences as potential learning opportunities
- Hold others in unconditional positive regard, with an open mind, a compassionate heart
- Fully accept each person as a unique individual
- Respect an individual’s right to choose their own pathways to recovery

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SAY: Peer supporters “meet people where they are at” in their recovery experience even when the other person’s beliefs, attitudes or ways of approaching recovery are far different from their own.

In Practice: Withhold judgment about others

1. We embrace differences of those they support as potential learning opportunities.
2. We respect an individual’s right to choose the pathways to recovery individuals believe will work best for them.
3. We do not evaluate or assess others.

Guideline 4: Peers are Empathetic

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- Empathy is “putting yourself in the other person’s shoes”
- Do not assume they know exactly what the other person is feeling
- Ask thoughtful questions and listen with sensitivity

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SAY: In Practice: Listen with emotional sensitivity

1. Peer supporters practice effective listening skills that are non-judgmental.
2. Peer supporters understand that even though others may share similar life experiences, the range of responses may vary considerably.

Empathy is an emotional connection that is created by “putting yourself in the other person’s shoes.”

Peer supporters do not assume they know exactly what the other person is feeling even if they have experienced similar challenges.

Ask thoughtful questions and listen with sensitivity to be able to respond emotionally or spiritually to what the other person is feeling.

Guideline 5: Peers are Respectful

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- Treat people with kindness, warmth and dignity
- Accept differences, encouraging people to share the gifts and strengths
- Honor everyone's ideas and opinions
- Believe every person is equally capable of contributing to the whole

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SAY: In Practice: Be curious and embrace diversity

1. We embrace diversity of culture and thought as a means of personal growth for those they support and themselves.
2. We encourage others to explore how differences can contribute to their lives and the lives of those around them.
3. We practice patience, kindness, warmth and dignity with everyone they interact with in their work.
4. We embrace the full range of cultural experiences, strengths and approaches to recovery for those they support and themselves.

Guideline 6: Peers Facilitate Change

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- Treat people as human beings
- Alert to any practice (including the way people treat themselves) that is dehumanizing, demoralizing or degrading
- Use language that is supportive, encouraging, inspiring, motivating and respectful
- Use our story and advocacy to be an agent for positive change

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SAY: In Practice: Educate and advocate

1. We recognize and find appropriate ways to call attention to injustices and how it may affect people.
2. We encourage, coach and inspire those they support to challenge and overcome injustices.
3. We use language that is supportive, encouraging, inspiring, motivating and respectful.
4. We help those they support explore areas in need of change for themselves and others.
5. We recognize injustices peers face in all contexts and act as advocates and facilitate change where appropriate

Guideline 7: Peers are Honest and Direct

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- Address difficult issues with those who are directly involved.
- Respect privacy and confidentiality.
- Engage in candid, honest discussions about stigma, abuse, oppression, crisis or safety
- Do not make false promises, misrepresent themselves, others or circumstances
- Exercise compassion

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SAY: In Practice: Address difficult issues with caring and compassion

1. We respect privacy and confidentiality.
2. We engage, when desired by those they support, in candid, honest discussions about stigma, abuse, oppression, crisis or safety.
3. We do not make false promises, misrepresent themselves, others or circumstances.
4. We strive to build peer relationships based on integrity, honesty, respect and trust.

Honest communication moves beyond the fear of conflict or hurting other people to the ability to respectfully work together to resolve challenging issues.

Guideline 8:

Support is Mutual and Reciprocal

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- Each person gives and receives in a fluid, constantly changing manner
- Encourage peers to fulfill a fundamental human need -- to be able to give as well as receive
- Evokes power-sharing and mutuality

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SAY: In Practice: Encourage peers to give and receive

1. We learn from those they support and those supported learn from peer supporters.
2. We facilitate respect and honor a relationship with peers that evokes power-sharing and mutuality, wherever possible.

Guideline 9:
Support is Equally Shared Power

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- By definition, peers are equal
- Share power, providing equal opportunity for each person to express ideas and opinions
- Use language that reflects a mutual relationship
- Do not diagnose or offer medical services, but do offer a complementary service

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SAY: In Practice: Embody equality

1. We use language that reflects a mutual relationship and behave in ways that reflect respect and mutuality with those they support.
2. We do not express or exercise power over those they support.
3. We do not diagnose or offer medical services, but do offer a complementary service.

Guideline 10:

Support is Strengths- Focused

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- Each person has skills, gifts and talents
- What's strong, not what's wrong in another's life
- Encourage others to explore dreams and goals
- Don't fix or do for others

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SAY: In Practice: See what's strong not what's wrong

1. We encourage others to identify and focus on their strengths and use them to improve their lives.
2. We use their own experiences to demonstrate the use of one's strengths, and to encourage and inspire those they support.
3. We encourage others to explore dreams and goals meaningful to those they support.
4. We operate from a strength-based perspective and acknowledge the strengths, informed choices and decisions of peers as a foundation of recovery.
5. We don't fix or do for others what they can do for themselves.

Guideline 11: Support is Transparent

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- Set relationship expectations with each person about what can and cannot be offered
- Share personal recovery experiences to inspire hope and the belief that recovery is real
- Provide support in a professional yet humanistic manner
- Only make promises you can keep and use accurate statements

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SAY: In Practice: Set clear expectations and use plain language

1. We clearly explain what can or cannot be expected of the peer support relationship.
2. We use language that is clear, understandable and value and judgment free.
3. We use language that is supportive and respectful.
4. We provide support in a professional yet humanistic manner.
5. Our roles are distinct from the roles of other behavioral health service professionals.
6. We make only promises they can keep and use accurate statements.

Guideline 12: Support is Person-Driven

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- Inform people about options, provide information about choices and respect their decisions
- Encourage people to move beyond their comfort zones
- Encourage personal growth in others
- Help others learn from mistakes
- Encourage those served to try new things

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SAY: In Practice: Focus on the person, not the problems

1. We encourage those they support to make their own decisions.
2. When appropriate, offer options to those they serve.
3. We encourage those they serve to try new things.
4. We help others learn from mistakes.
5. We encourage resilience and growth.
6. We encourage and coach those they support to decide what they want in life and how to achieve it without judgment.

Ethical Decision Making

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Four questions:

1. Who has the potential of being harmed and how great is the risk for harm?
2. What is the goal and what is your role in helping to reach that goal?
3. Are there any core recovery values and what course of action would these values suggest be taken?
4. What laws, organizational policies or ethical standards apply and what actions would they suggest or dictate?

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New Topic –

SAY: When sorting through the complexity of a situation and determining the best course of action that one could take in that situation, ask four questions:

Who has the potential of being harmed in this situation and how great is the risk for harm?

What is the goal with our consumers? What is your role in helping consumers reach that goal?

Are there any core recovery values that apply to this situation and what course of action would these values suggest be taken?

What laws, organizational policies or ethical standards apply to this situation and what actions would they suggest or dictate?

Multi-Party Vulnerability

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Multiple parties can be injured by what a Peer Supporter does or fails to do.

These parties can include:

- the person receiving recovery support services
- that person's family and intimate social network
- the recovery coach
- the organization for which the recovery coach is working
- the recovery support services field
- the larger community of recovering people
- the community at large

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SAY: This slide shows how multiple parties can be injured by what a peer support person does or fails to do.

These parties include everyone on this list, from the person receiving services to the community at large.

It is easy for organizations providing recovery support services to make assumptions about ethical behavior and misbehavior that turn out to be disastrously wrong.

Ethical Decision Making



Who has the potential of being harmed in this situation and how great is the risk for harm?

Vulnerable Party	Significant Risk of Harm (√)	Moderate Risk of Harm (√)	Minimal Risk of Harm (√)
Individual/Family Being Served			
Recovery Coach			
Service Organization			
Recovery Support Services Field			
Image of Recovery Community			
Community at Large			

Philadelphia Department of Behavioral Health and Mental Retardation Services. (2007). Ethical Guidelines for the Delivery of Peer-based Recovery Support Services. Retrieved from: <http://www.bhrm.org/recoverysupport/EthicsPaperFinal6-8-07.pdf>

HANDOUT – Ethical Decision Making Worksheet – Activity

Create a scenario of a “bad example” of peer support, then ask the group how each party would be impacted – 3 minutes

Step One – On Your Own: Use handout to record “Risk of Harm” in this scenario– 5 minutes

Then – Take responses

Step Two – As a Group: Identify the Core Recovery Value that applies and what actions should be taken – 8 minutes

Step Three – On Your Own: Use handout to identify what laws, standards or historical practices are a guide – 5 minutes

Then – Take a few responses for Step Three

Step Four – As a group, go over the questions on the worksheet – 5 minutes

KEEP SLIDE UP TILL END OF DISCUSSION



PART 2

What are boundaries?

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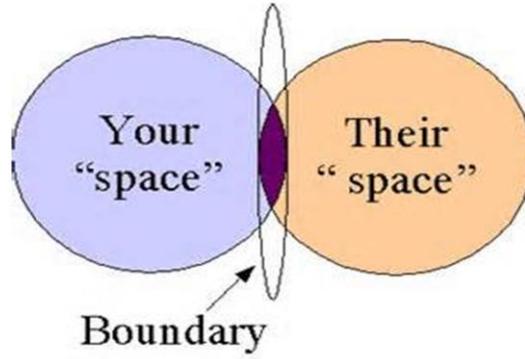
Unit 2

SAY: *Boundaries* define effective and appropriate interactions between peer providers and the people they serve.

Identifying and adhering to strong interpersonal boundaries help peers recognize and accept the power imbalance in their relationships with clients and act in clients' best interests. It is important that we take personal responsibility for managing boundary issues and balancing the power.



Professional Boundaries



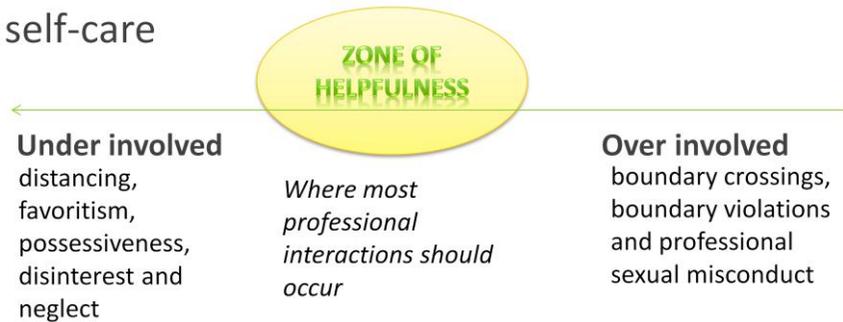
REFER TO SLIDE

Continuum of Professional Behavior

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- Model healthy boundaries and practice self-care



(National Council of State Boards of Nursing ,1996)

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--3 minutes--

Facilitator notes: POINT OUT THE HEALTHY BOUNDARIES DIAGRAM AND THE POTENTIAL CAUSES FOR UNDER INVOLVEMENT AND/ OR OVER INVOLVEMENT.

THEN SAY: Either extreme may result in:

- Client may not be given appropriate or helpful services, which could affect his/her willingness to accept future services
- Client may feel betrayed, abandoned, and/or poorly served
- Service provider may act unethically
- The reputation of the service provider's agency and/or profession may be compromised
- Service provider and/or client may be emotionally traumatized and/or put in physical danger

Why Have Boundaries?

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- Protects the professional/ peer support person
- Protects the clients
- Creates a safe and respectful environment
- Sets clear roles and rules in the peer support relationship

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--8 minutes--

Read the four bullet points, then asks participants "Why are professional boundaries important?"

Possible responses:

- Helps the professional/ helper manage themselves and their emotions.
- Helps the professional/ helper to not personalize other people's bad or negative behaviors.
- Allows for the professional/ helper to have empathy for others without taking responsibility their them.
- Helps the professional/ helper create a good balance between helping others and taking care of themselves.
- Helps both the professional/ helper and client to know what to expect.
- Maintains confidentiality.

Boundaries

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Regulated by:

- Federal, State and local laws and statutes
- Professional codes of ethics and standards
- Organizational codes of ethics, policy, and procedures



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Refer to slide
--2 minute--

Types of Boundaries



1. Physical/personal boundaries
2. Intellectual boundaries
3. Emotional boundaries
4. Spiritual boundaries

Physical/Personal Boundaries

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- The protection of our physical body
- Setting comfortable limits on how close others can get
- “To touch or not to touch”

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--5 minutes—

SAY: Next we look at the five boundary types. Each of these boundaries set in peer relationship protects us from being controlled, manipulated, abused, or exploited.

Facilitator notes: Have volunteers read one or two boundary types. Briefly discuss. Explain the rest

Intellectual Boundaries

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- Thoughts and opinions
- Beliefs
- Decisions
- Choices
- Ability to learn and process information

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--5 minutes—

Facilitator notes: Have volunteers read one or two boundary types. Briefly discuss.
Explain the rest

Our thoughts and opinions and how much we want to share with others.

Beliefs

Decisions

Choices

Ability to learn and process information

Emotional Boundaries

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- Feelings
- Life Experience = how much share
- Self-esteem
- Use of Humor?

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--5 minutes—

Facilitator notes: Have volunteers read one or two boundary types. Briefly discuss. Explain the rest

Our feelings and how we experience life/ sets parameters of how much information we want to share with someone and/ or how much emotional connections we want to have with others. Acknowledge that a personal preference might also be a limitation. Be aware of, and take ownership of, your personal preferences.

Learn to express personal preferences to clients in an appropriate / respectful manner

Self-esteem

Use of Humor?

Spiritual Boundaries

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- Protects our beliefs and sets limits on how much we want to share with others about our spirituality

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--5 minutes—

Facilitator notes: Have volunteer read boundary. Briefly discuss.
May include moral issues/preferences

Power Imbalance

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- Recognize that there is a power imbalance
- Do what's in the best interest of the client
- Take responsibility for balancing the power

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--1 minute--

SAY The power imbalance is natural and exists in peer/ consumer relationships.

Recognize and accept that there is a power imbalance

Use your power as a professional/ helper to do what's in the best interest of the client

Take responsibility for managing boundary issues and balancing the power

Intimacy Continuum



3 Zones of Safety:

1. A zone of safety in which actions are always okay
2. A zone of vulnerability in which actions are sometimes okay and sometimes not okay
3. A zone of abuse in which actions are never okay

SAY: We could view the relationship between the peer supporters and those they serve as an intimacy continuum, with 3 zones of safety

A zone of safety in which actions are always okay

A zone of vulnerability in which actions are sometimes okay and sometimes not okay

A zone of abuse in which actions are never okay

The zone of abuse involves behaviors that mark too little or too great a degree of involvement with those we serve.

Boundary Management



Behavior of Those in Peer Support Roles in a Recovery Support Relationship	Zone of Safety (Always Okay)	Zone of Vulnerability (Sometimes okay; Sometimes not okay)	Zone of Abuse (Never Okay)
Invitation to holiday dinner			
Accepting gift			
“You’re a very special person”			
Hiring person to do work at your home			
Giving a hug			

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Philadelphia Department of Behavioral Health and Mental Retardation Services. (2007). Ethical Guidelines for the Delivery of Peer-based Recovery Support Services. Retrieved from: <http://www.bhrm.org/recoverysupport/EthicsPaperFinal6-8-07.pdf>

ASK: In each case what are correct answers?

Potential Boundaries Issues



- Excessive self-disclosure
- Dual relationship
- Physical contact
- Offer assistance outside of provider's role
- Sharing personal phone numbers, after hour calls
- Provider "venting" about fellow service providers
- Unable to sleep due to anxiety related to client's situation

-- 5 minute—

Facilitator notes: Read over the potential boundaries issues list and provide examples how these issues can occur.

Boundaries in Helping Relationships



Decide whether for you, each of the situations is clearly: "Always Ok" or "Never Ok" and depending on the circumstances "Sometimes Ok/When?"

Behavior	Always Ok	Never Ok	Sometimes Ok/ When?
1. Share religious/ spiritual beliefs with client			
2. Keep client's attraction to you secret from your supervisor/ team			
3. Keep boundary concerns from supervisor/ team			
4. Bend the rules for an individual client			
5. Loan money to a client			
6. Accepting a gift from a client			
7. Share after-hours social time with a client			
8. Take a client to your self-help meeting			
9. Ride in a client's vehicle			
10. Accept a hug from a client			
11. Visit your client at home			
12. Bring a client to your home for any reason			

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(Adapted from Section 6.1 Supervising Peers of the toolkit Building Blocks to Peer Success, August 2009)

--5 minutes-- Handouts (Activity)

Facilitator notes: Have participants complete "Boundaries in Helping Relationship" worksheet

--15 minutes-- Group discussion

Facilitator notes: Ask participants how they will respond to the client in each behavior so that they can continue to honor the special nature of the relationship without compromising the role of the professional/ helper and the agency they represent?

What Do You Think?

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- Think about a situation where you set a limit with someone and it really helped the relationship in the long run
- How did you negotiate it?
- How did that create greater safety for both of you?

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NOTE: *Take 3 responses to first bullet and work through each example with responder*

“Frenzied Savior” Response



SHALLOW OPTIMISM BUZZWORDS:

- “IF YOU JUST ...”
- “ALL YOU HAVE TO DO IS ...”
- “AT LEAST ...”

SAY: People who are struggling often have people in their lives who love them so much they want to do everything so them, including making choices for them. This may come from a sponsor, clinician, peer supporter, caretaker, or family member.

SAY: Because we as the helper think we understand what the other person needs, we want **to do it for them** or direct their recovery step-by-step. We all went into this field because we want to help as much as possible. Maybe we even think we can “save” someone. If our desire to help goes too far, the target of our help feels incapable of doing those things for themselves, babied. Yet, we often find ourselves throwing solutions at the symptoms, not the underlying problems, because the symptoms are easier to address.

EXPLAIN: “When faced with a person lost in anguish and apathy, a frequent response is what I call the ‘frenzied savior’ response. We have all felt like this at one time or another in our work. The frenzied savior response goes like this: The more listless and apathetic the person gets, the more frenetically active we become. The more they withdraw, the more we intrude. The more will-less they become, the more willful we become. The

more they give up, the harder we try. The more despairing they become, the more we indulge in shallow optimism. The more treatment plans they abort, the more plans we make for them. Needless to say we soon find ourselves burnt out and exhausted. Then our anger sets in.” – Pat Deegan, The Conspiracy of Hope

ASK, RHETORICALLY: What’s another way to describe the “frenzied savior response”? (Codependence. Idiot compassion.)

“Idiot” Compassion

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Doing good to somebody rather than for them

- Chogyam Trungpa, Buddhist scholar

- Inwardly-focused
- Rescuing, enabling, and/or controlling behaviors
- Lack of understanding; solving the wrong problem
- Self-indulgent/subtly aggressive
- Disillusionment, shame, anger

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EXPLAIN

Helper-focused. The helper (without realizing it) focuses on his/her own gratification/satisfying own needs and how the helper views him-/herself. Not about what the person being helped really needs. It's about the helper getting his/her needs met through the appearance of selflessness.

Rescuing is doing something for someone when it has not been asked for but is based on our guess at another's wants or needs. This course of action always includes our continued involvement and importance as rescuer. The main beneficiary of such actions are not those in need but those who come to give rescue.

Enabling. Helping and enabling are often confused with each other. Enabling is doing something that the person could and should be doing for themselves, or assisting them to do something non-beneficial for one's own purposes. Enabling prolongs suffering and leads to co-dependency. Enabling is an insult to another's capabilities and dignity and is only ego gratification for the need-to-be-needed individual.

Controlling. It's more about controlling our own comfort levels than helping. The “giver” of the idiot-compassion becomes the controller of the situation with the ability to withdraw their support at any time. This encourages dependence upon the controlling party. The controlling party then encourages further dependence in order to maintain

that sense of control. It is a typical co-dependent cycle.

Lack of understanding. There is often little time or effort made in understanding a situation before interfering with it. We start supporting other people's real or imagined dramas as a way of bolstering our own little heroic drama, without first determining whether lending such advice or energy is appropriate. It is all about "me". While one is engaged in imagining what is required rather than assessing the real situation any opportunity to act in a genuinely compassionate way is lost.

Self-indulgent. Idiot compassion will not often say no to another or to its own involvement in an activity. There is an assumption that others cannot get along without some intervention. And the intervention is based on self-indulgence. And there is often a subtle aggression to idiot compassion that is not evident in actual compassion.

Disillusionment One of the features of idiot compassion is that it is accompanied by feelings of disillusionment. Whatever we do for someone doesn't seem to "satisfy". We must do more, continue on the same road, push harder, be completely successful at our person-saving or world-saving endeavor, and this generates even greater expectations. And greater disillusionment and discomfort.

Shame. Expectations of gratitude can become shaming behavior when boundaries are too fluid. Phrases like "After all I've done for you." or "They are so ungrateful." are common complaints of the idiotically compassionate.

Anger. Fear of feeling it, fear of expressing it, inability to control it. Helper is angry at self because efforts have been fruitless and may be angry at the target of their "help" for not showing progress or appreciation. The target may also express anger towards the helper because of boundary transgression.

<https://enlightenmentward.wordpress.com/2010/04/28/manifestations-of-idiot-compassion/>

Real Compassion

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Engages with the situation where it is, however it is, and does so for as long as is reasonably possible

- Goal is ultimate alleviation of person's suffering
- Meets the person where they're at
- Focuses on the person being helped (not self)
- Assesses situation before responding
- Looks for outcomes that will produce the most good
- Addresses root causes and not just symptoms
- Maintains boundaries in challenging situations
- May cause discomfort in the service of growth

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EXPLAIN

When you set good boundaries, for instance, if someone is engaging in self-destructive activities, it's not the compassionate thing to keep allowing that to happen, allowing someone to keep being able to feed their self-harm. So of course, they're going to freak out and be extremely upset. And it will be quite difficult for you to go through the process of actually confronting the situation. But that's the compassionate thing to do.

Taking the time to confront the situation and its root causes is also the compassionate thing to do for yourself, rather than allow your self to waste time, effort, energy and resources on solving the problem you WISH existed rather than the problem that actually does.

And it's the most compassionate thing you can do for them too. They may not thank you for it, and they may not be happy you did it. And they may experience an immediate increase in discomfort or suffering. But if there's any chance for them take control and start to work on their problems, the roots of their suffering must be meaningfully addressed. This allows them to grow and ultimately feel empowered to take personal responsibility for making the changes they need.

<https://enlightenmentward.wordpress.com/2010/04/28/manifestations-of-idiot-compassion/>

<http://www.charlieglickman.com/2009/12/sex-positivity-and-fierce-compassion/>

<http://old-shambhala.shambhala.org/teachers/pema/qa5.php>



Tips to Create Healthy Boundaries

Self Examination



- What is in the best interest of my client?
- Does the action benefit me or my client?
- Whose needs are being met?
- Would my co-workers/other professionals act in the same manner?
- Is the information learned from the client being used for my own personal gain?
- Do my actions break any law, act, professional standards, or my agency's policies?
- Can I explain why I took the course of action?

Refer to slide

More Tips



- Establish clear roles and expectations
- Any personal information you reveal should be helpful to the client's case
- Encourage self-reliance/ independence
- Consult with your peers and supervisors
- Understand professional literature on regulations, policies and ethical standards
- Understand your agency's organizational code of conduct, policies and procedures

SAY: Establish clear roles and expectations from the beginning and let your client know the limits of your availability outside of office hours.

Make sure that any personal information you reveal (called self-disclosure) is helpful to the client's case.

Encourage self-reliance/ independence

Maintain regular supervision and consult with your peers/ co-workers

Reference professional literature regulations, policies and ethical standards as well as your agency's organizational code of conduct and policy and procedures

Facilitator notes: Healthy Boundaries are:

Being with the client, not becoming the client

Being **friendly**, not friends

Having the ability to know where you end and the client begins

Having a clear understanding of the limits and responsibilities of your role as a service provider.

Even More Tips



- Model healthy boundaries
- Avoid having a dual relationship with a client
- Practice self-care

SAY: Model healthy boundaries. When a client crosses the professional boundaries, redirect them by immediately clarifying your role and the limits of your relationship with the client.

Avoid having a dual relationship with a client. A dual relationship occurs when you have a professional/ helper relationship with the client and you have some form of interaction with him or her outside of work. For example, you may be providing professional support to a client and then discover you both attend the same church. Your options could be to ask for transfer of the client to another co-worker or to change the time you attend church services to avoid interacting with the client.

Practice self-care so you can work at your personal best.

Facilitator notes: Healthy Boundaries are:

Being with the client, not becoming the client

Being **friendly**, not friends

Having the ability to know where you end and the client begins

Having a clear understanding of the limits and responsibilities of your role as a service provider.



PART 3

Confidentiality

Unit 3



Confidentiality

Confidentiality is necessary to develop the trust and confidence important for a therapeutic relationship between consumers and providers. People are entitled to receive mental health services with the expectation that information about them will be treated with confidentiality by persons providing services. But, there are certain situations when confidential information can be disclosed.

Why Confidentiality Matters

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- Required by law
- Raise awareness of behavior
- Define responsibilities & expectations
 - What information is confidential
 - How do we protect confidential information

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SAY: Confidentiality is....

Required by Law

Maintaining Confidentiality raises awareness to potential concerns

Helps define Responsibilities & Expectations

What information is confidential?

How do we protect confidential information?

Why Confidentiality Matters

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Without confidentiality, clients may experience:

- Stigma
- Embarrassment
- Discrimination
- Tangible Harm
- Privacy protective behaviors

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NOTE: Pick one to discuss with group

Say: Without our commitment to confidentiality, clients may experience:

Stigma

Embarrassment

Discrimination

Tangible Harm

Privacy protective behaviors – Keeping quiet for fear they what is said will be repeated outside of the setting

Why Confidentiality Matters

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Confidentiality promotes other fundamental values:

- Personal autonomy
- Individuality
- Respect
- Dignity and worth as human beings

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Bloustein, 1967; Gavison, 1980; Post, 2001; Solove, 2006; Taylor, 1989; Westin, 1966

Say: Confidentiality promotes other fundamental values, including ideals of personhood such as:

Personal autonomy (the ability to make personal decisions)

Honors the Individuality of the person

Shows respect and acknowledges the dignity and worth as human beings

Confidentiality as Engagement

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Confidentiality provides safe opportunities for clients to:

- Disclose
- Effectively communicate
- Maintain and control various social relationships

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Bloustein, 1967; Gavison, 1980; Post, 2001; Solove, 2006; Taylor, 1989; Westin, 1966

SAY: Confidentiality provides safe opportunities for clients to :

Disclose their most private thoughts and feelings

Effectively communicate those thoughts feelings

Helps the person to maintain and control social relationships without fear of judgment

How to Avoid Breaches

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- Think confidentiality and privacy at all times
- Don't share what you don't need to share
- Don't share information if you don't have permission
- Don't access information for unauthorized uses
- Safeguard all client documents and files
- What happens in groups/meetings STAYS THERE*
- Know when and how to speak about clients
- Don't gossip about clients
- Store and dispose of documents properly

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- = YOU CANNOT PERSONALLY ENFORCE THE "VEGAS RULE" AGAINST OTHERS, SO MAKE SURE THIS IS UNDERSTOOD BY ALL PARTICIPANTS

Explain each item:

Safeguard all client documents and files. Store them in a secure location and don't leave them laying around

Vegas Rule: What happens in groups/meetings STAYS THERE

Know when and how to speak about clients. When is it okay to speak about clients outside of the session?

Don't gossip about clients

Dispose of documents properly

HYPOTHETICAL #1



Lisa, a parent partner, goes out to dinner with a group of friends after work one night. They ask Lisa how her job is going and she gives an example of a typical workday, describing her favorite client, Sylvia, and the IEP for Sylvia's son Jason at Franklin High School that Lisa has been working on lately.

ASK: Whose privacy interests are at issue? Did a privacy violation occur? Why or why not?

HYPOTHETICAL #2

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Marco works in the senior peer counseling program and he has grown close to one particular client, Edna. Edna mentions she will be turning 80 soon, and is sad because her family might not make it to her birthday party. Marco wants to make sure Edna has a great birthday, so he looks up her DOB and address in her client file to send her a card and some flowers. Edna receives them and writes a letter to Marco's manager to tell him what a wonderful employee Marco is.

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ASK: Whose privacy interests are at issue? Did a privacy violation occur? Why or why not?

HYPOTHETICAL #3



BigPharma, Inc. requests a list of contacts from the office manager, Jenny. BigPharma wants to send out emails about their new prescription discount program that will save members 80% off the retail cost of common medications. Since many of the agency's clients are low income, Jenny sends BigPharma a list that includes all client email addresses, but not names. Several clients later mention that they got BigPharma's email and signed up for the plan.

ASK: Whose privacy interests are at issue? Did a privacy violation occur? Why or why not?

HYPOTHETICAL #4



Alan, a wellness center employee, is dating Monique, who is going through an ugly divorce. Monique wants the judge to award her possession of the couple's two dogs because she thinks her husband, Rick, is abusive. She asks Alan to confirm that Rick has attended N.A. meetings at the wellness center and that Rick has admitted during an anger management group that he verbally abused and hit Monique in the past. Alan has seen Rick at the N.A. meetings and heard Rick admit to the abuse, so he agrees to sign a declaration verifying this for Monique's divorce case.

ASK: Whose privacy interests are at issue? Did a privacy violation occur? Why or why not?



QUESTIONS AND DISCUSSION

ASK audience if this training met the needs they identified when the training began

Post-Training Survey

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Please take a moment to fill out your post-training survey

W·I·S·E Contact Info

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