



**NorCal MHA**  
OSHPD  
Office of Statewide Health Planning and Development

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

**Ethics, Boundaries, and Confidentiality in the Workplace**

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**Pre-Training Survey**

**W·I·S·E**  
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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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**Trainer Info**

**W·I·S·E**  
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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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## About NorCal MHA



- 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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## About W.I.S.E



- **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



- **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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## W·I·S·E



Workforce Integration Support and Education

- **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

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## 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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## Ethics, Boundaries, and Confidentiality in the Workplace

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**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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**W·I·S·E**   
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**PART 1**  
**What are ethics?**

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**Why Do We Need Ethics Training?** **W·I·S·E**   
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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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## 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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## Ethical Guidelines for Peers

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

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## 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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## Guideline 2: Peers are Hopeful



- 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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## Guideline 3: Peers are Open Minded



- “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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## Guideline 4: Peers are Empathetic



- 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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### Guideline 5: Peers are Respectful



- 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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### Guideline 6: Peers Facilitate Change



- 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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### Guideline 7: Peers are Honest and Direct



- 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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**Guideline 8:**  
**Support is Mutual and Reciprocal**



- 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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**Guideline 9:**  
**Support is Equally Shared Power**



- 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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**Guideline 10:**  
**Support is Strengths- Focused**



- 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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### Guideline 11: Support is Transparent



- 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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### Guideline 12: Support is Person-Driven



- 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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### Ethical Decision Making



#### 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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## Multi-Party Vulnerability



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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## 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              |                                |                             |                            |

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## PART 2

### What are boundaries?

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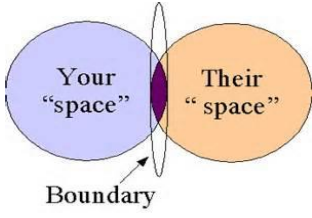
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## Professional Boundaries



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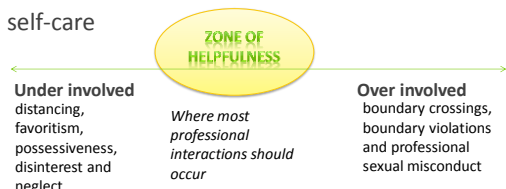
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## Continuum of Professional Behavior

- Model healthy boundaries and practice self-care



**Under involved**  
distancing,  
favoritism,  
possessiveness,  
disinterest and  
neglect

**Over involved**  
boundary crossings,  
boundary violations  
and professional  
sexual misconduct

*Where most professional interactions should occur*

(National Council of State Boards of Nursing, 1996)

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## Why Have Boundaries?

- 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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## Boundaries



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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## Types of Boundaries



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

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## Physical/Personal Boundaries



- 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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## Intellectual Boundaries



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

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## Emotional Boundaries



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

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## Spiritual Boundaries



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

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## Power Imbalance



- 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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## 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

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## 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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## 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

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## 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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## What Do You Think?



- 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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**"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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**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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## Tips to Create Healthy Boundaries

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## 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?

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## 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

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### Even More Tips



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

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## PART 3

### Confidentiality

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### Confidentiality Matters



## Confidentiality

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## Why Confidentiality Matters



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

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## Why Confidentiality Matters



Without confidentiality, clients may experience:

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

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## Why Confidentiality Matters



Confidentiality promotes other fundamental values:

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

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## Confidentiality as Engagement



Confidentiality provides safe opportunities for clients to:

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

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## How to Avoid Breaches



- 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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## 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.

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**HYPOTHETICAL #2**

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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**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.

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**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.

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## QUESTIONS AND DISCUSSION

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## Post-Training Survey

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

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## W.I.S.E Contact Info

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| <p><b>For Organizations:</b></p> <p>Dawniell A. Zavala, Esq.<br/>W.I.S.E Program Director</p> <p><a href="mailto:dzavala@norcalmha.org">dzavala@norcalmha.org</a><br/>(916) 366-4600</p> | <p><b>For Peer Staff:</b></p> <p>Stephanie Ramos<br/>W.I.S.E Peer Services Liaison</p> <p><a href="mailto:sramos@norcalmha.org">sramos@norcalmha.org</a><br/>(916) 366-4600</p> |
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