

WELCOME to the Residential Substance Abuse Treatment (RSAT) Training and Technical Assistance (TTA) National Resource Center

Ethical Issues in Offender Treatment

Part 1: Professional Boundaries

*Roberta Churchill, M.A., LMHC
Advocates for Human Potential, Inc.*



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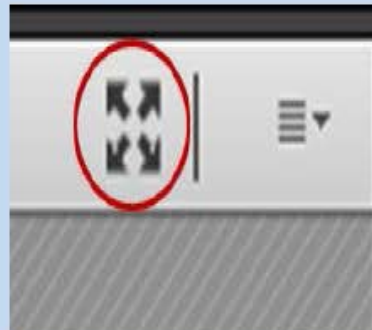
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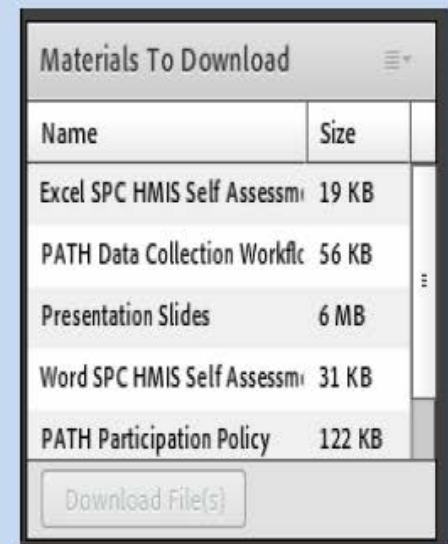
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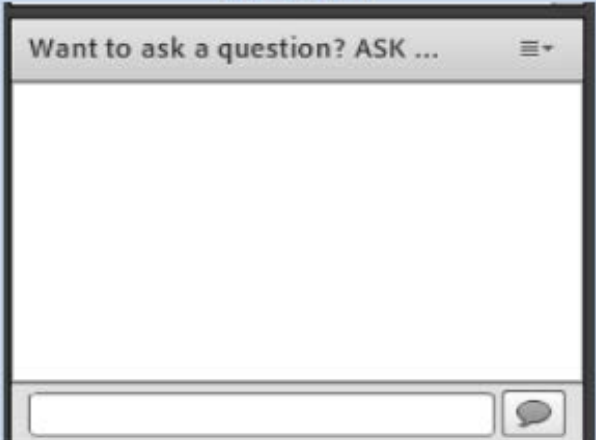


Housekeeping: Communication

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and Technical Issues**

If you have questions for either the presenters or our Technical Support Staff, enter them in the Q&A box.

Our support staff will assist you with your technical issues, and our moderator will present as many questions as possible to the presenter.

A screenshot of a Q&A interface. It features a header bar with the text "Want to ask a question? ASK ..." and a menu icon. Below the header is a large, empty text input area. At the bottom of the input area is a small text box and a speech bubble icon.

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If you have general comments, please post them in the participant chat box.

A screenshot of a chat window. The window has a title bar that says "Chat (Everyone)". The main area is a large, empty text input area. At the bottom of the input area is a small text box and a speech bubble icon. Below the input area is a tab labeled "Everyone".

Ethical Issues in Offender Treatment

Part 1: Professional Boundaries

Moderator

Stephen Keller

Training/TA Coordinator, RSAT-TTA

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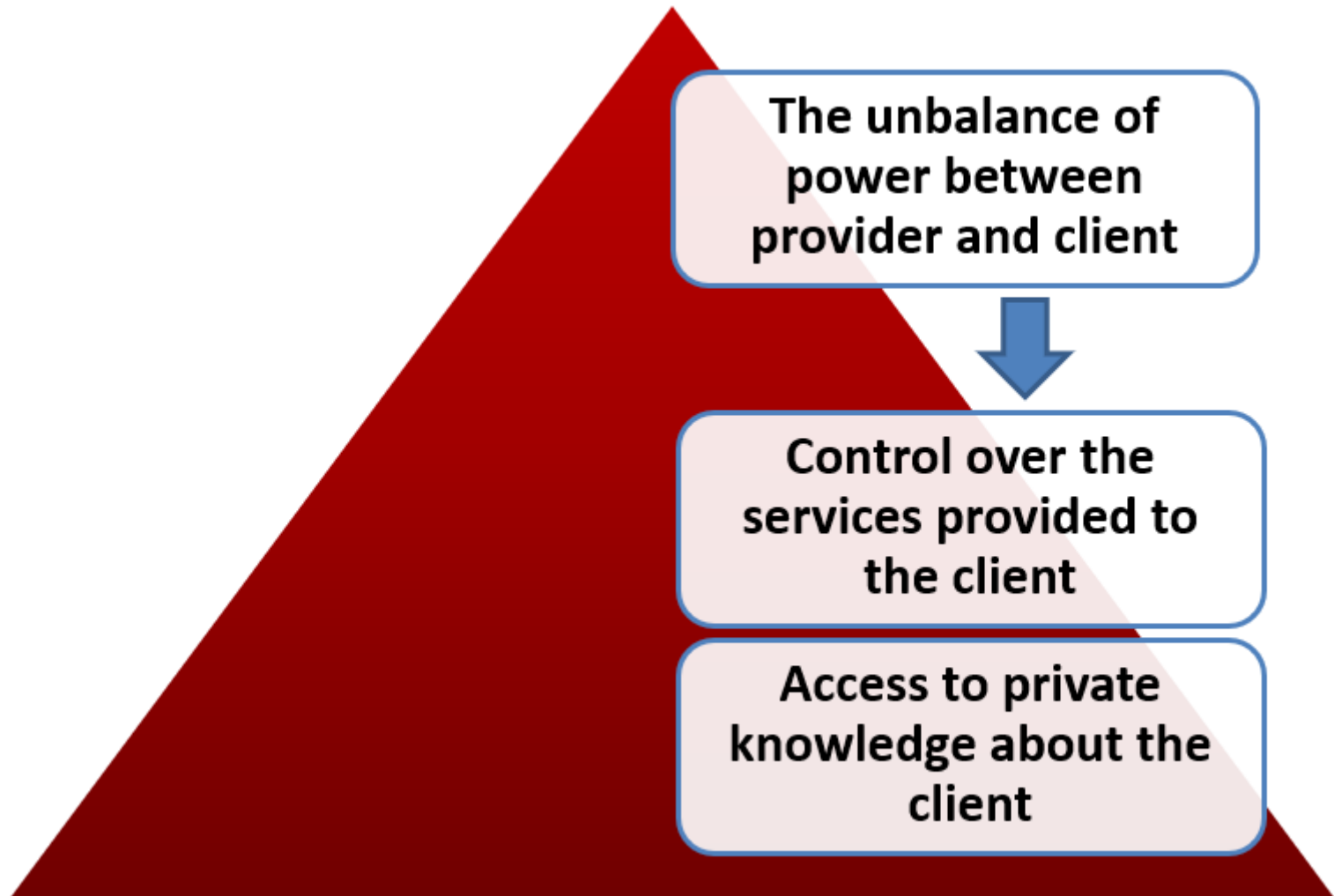
Course Objectives

Upon completion of this presentation, participants will be able to :

- Define the concept of “power differential”
- Identify three types of boundaries and their relevance when working with justice involved individuals
- List three warning signs that boundaries may be at risk of being crossed / compromised
- Develop a plan of action if boundaries are in danger of becoming unprofessional / boundaries have been crossed

THE PROVIDER-CLIENT RELATIONSHIP

The Power Differential



Examples of the Power Differential

- **Staff set the time and place:** Set / changes schedules, begin / end classes, decide where / how to run groups, when / how drug testing occurs
- **Staff set the stage:** Can arrange seating, change classroom, allow / deny participants to leave classroom, etc.
- **Staff have the right to ask questions:** Ask clients questions in the course of their work, but do not necessarily answer all clients' questions

Examples of the Power Differential

- **Staff maintain anonymity:** Know much more about justice involved clients than they know about staff
- **Staff have power to label, name and diagnose:**
Interpret, analyze, recommend and review progress of clients; this can affect eligibility for parole, classification and aftercare recommendations
- **Staff have authority to determine the rules of the relationship:** Review program rules, classification guidelines, probation / parole conditions, and “set the tone” for interactions

*"Because **a relationship begins with a power differential**, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships."*

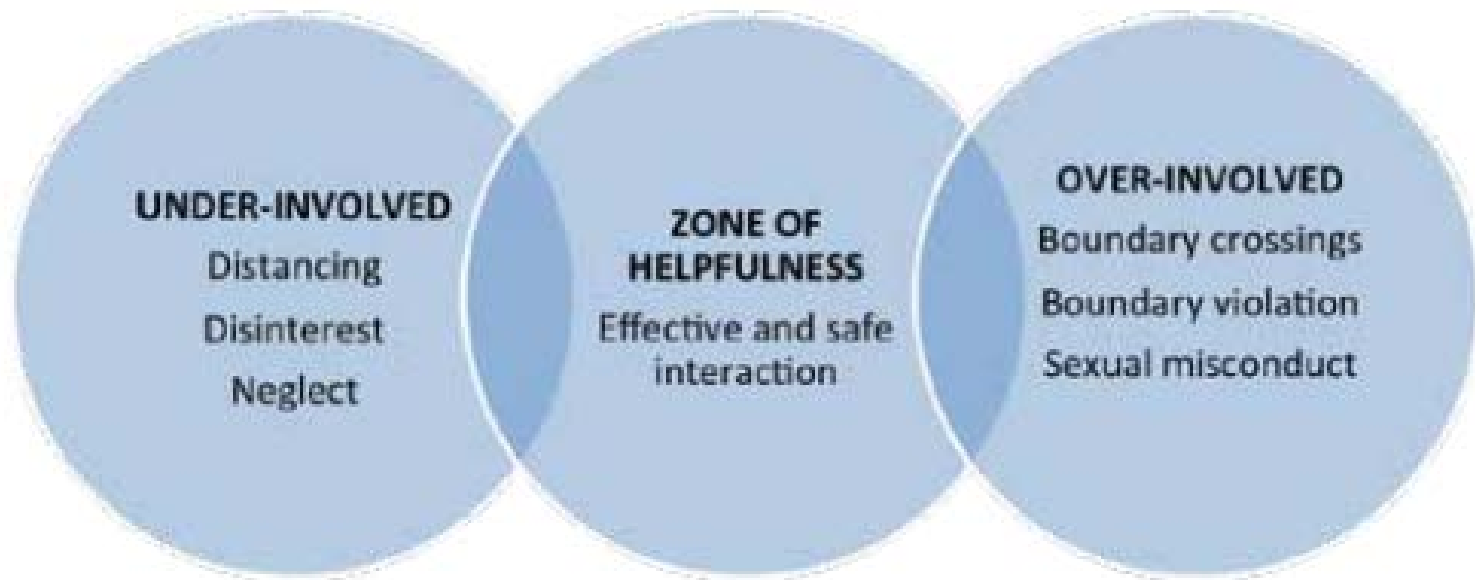
(National Association of Alcoholism and Drug Abuse Counselors, Code of Ethics, 2009)

BOUNDARIES

What are they?
Where are they?
When are they at risk?

Zone of Helpfulness

**Staying within the “zone”
helps you to stay “in bounds”.**



Context is Key

*Context –
not content –
often determines
the appropriate
boundary.*



Physical Boundaries

- Hugging, hand holding, any type of intentional touching
- Aggressive / violent intent behaviors
- Invading another's "space" or personal property



Physical Boundaries

- **An educator leans over a seated client touching his shoulder while looking over his written work**

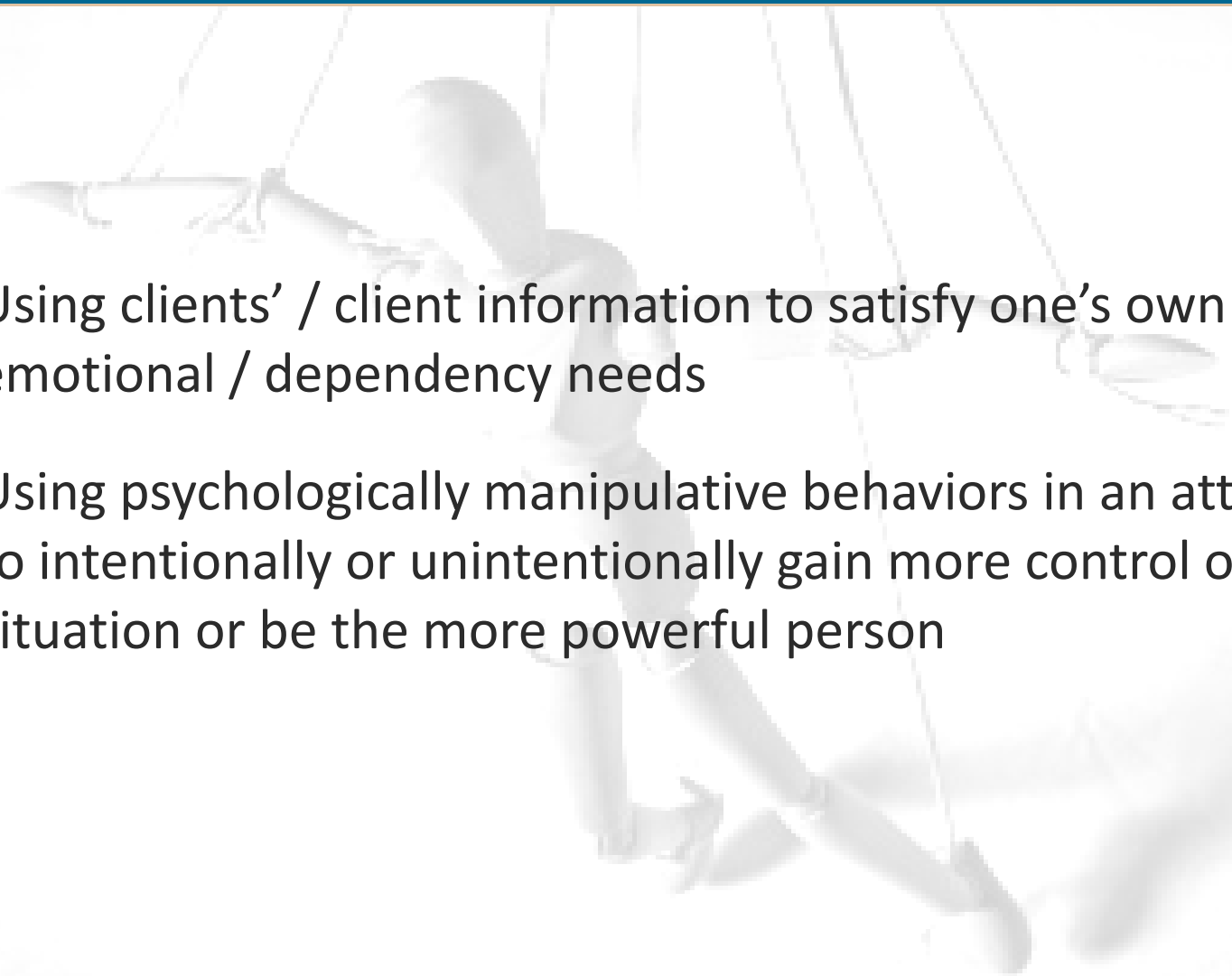
Physical Boundaries

- An educator leans over a seated client touching his shoulder while looking over his written work
- **An Officer touches a client's hand as she begins to cry when telling them about her children at home**

Physical Boundaries

- An educator leans over a seated client touching his shoulder while looking over his written work
- An Officer touches a client's hand as she begins to cry when telling them about her children at home
- **A counselor gives a hug to a client after they receive bad news from home**

Emotional / Psychological Boundaries

- 
- Using clients' / client information to satisfy one's own emotional / dependency needs
 - Using psychologically manipulative behaviors in an attempt to intentionally or unintentionally gain more control of the situation or be the more powerful person

Emotional Boundaries

- A “fill-in” Officer for the RSAT Program makes the community members call him “Daddy” whenever he is working a shift in RSAT or relieving a RSAT Officer.

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- **An educator offers to be an AA sponsor to one of the RSAT community members**

Emotional Boundaries

- A “fill-in” Officer for the RSAT Program makes the community members call him “Daddy” whenever he is working a shift in RSAT or relieving a RSAT Officer.
- An educator offers to be an AA sponsor to one of the RSAT community members
- **A facilitator shares the gruesome details of his divorce during a Healthy Relationships group with clients**

*“Are my actions more about **my** needs than about the needs of the client?”*



Psychological Boundaries

- **Shaming a Unit member in front of others - “You aren’t doing anything right in this Unit. Maybe you need some time in Segregation.”**

Psychological Boundaries

- Shaming a client in front of others - “You aren’t doing anything right in this Unit. Maybe you need some time in isolation.”
- **During an intake interview with a client, a staff member answers the phone several times.**

Psychological Boundaries

- Shaming a client in front of others - “You aren’t doing anything right in this Unit. Maybe you need some time in isolation.”
- During an intake interview with a client, a staff member answers the phone several times.
- **A staff member shares his beliefs with an Officer about anti-immigration regulations while a Muslim program participant is saying daily prayers a few feet away.**

Sexual Boundaries

- Any type of sexual behavior (touching or not) in the office
- Any type of inappropriately sexual innuendo or language with clients
- Any type of inappropriate clothing in the office



Sexual Boundaries

TABLE 1

Adult inmates reporting sexual victimization, by type of facility and incident, National Inmate Survey, 2011–12

Type of incident ^c	Number of victims ^a		Percent of inmates	
	Prisons	Jails	Prisons	Jails
Total	57,900	22,700	4.0%	3.2%
Inmate-on-inmate	29,300	11,900	2.0%	1.6%
Nonconsensual sexual acts	15,400	5,100	1.1	0.7
Abusive sexual contacts only	13,900	6,800	1.0	0.9
Staff sexual misconduct	34,100	13,200	2.4%	1.8%
Unwilling activity	21,500	10,000	1.5	1.4
Excluding touching	15,400	7,400	1.1	1.0
Touching only	5,600	2,500	0.4	0.3
Willing activity	19,700	6,200	1.4	0.9
Excluding touching	17,000	5,200	1.2	0.7
Touching only	2,700	900	0.2	0.1

Note: Detail may not sum to total because inmates may report more than one type of victimization. They may also report victimization by both other inmates and staff.

Allen J. Beck, Ph.D., Bureau of Justice Statistics, Marcus Berzofsky, DrPH, Rachel Caspar, Christopher Krebs, Ph.D., RTI International, "Sexual Victimization In Prisons And Jails Reported By Inmates, 2011-12-Update", 12/9/14, NCJ 241399

Sexual Boundaries

Staff sexual misconduct includes any sexual behavior or act directed toward an inmate by staff, including romantic relationships. Such acts include—

- intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire; or
- completed, attempted, threatened, or requested sexual acts; or
- occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.

Staff sexual harassment includes repeated statements or comments of a sexual nature to an inmate by staff. Such statements include—

- demeaning references to an inmate's sex or derogatory comments about his or her body or clothing; or
- repeated profane or obscene language or gestures.

Allen J. Beck and Ramona R. Rantala, Bureau of Justice Statistics, "Sexual Victimization Reported by Adult Correctional Authorities, 2009-2011," January 2014

Sexual Boundaries

- **A staff member winks at a client seductively during group**

Sexual Boundaries

- A staff member winks at a client seductively during group
- **A counselor asks about a client's past sexual history that have nothing to do with current treatment**

Sexual Boundaries

- A staff member winks at a client seductively during group
- A counselor asks about a client's past sexual history that have nothing to do with current treatment
- **An Officer wants to know about a client's sexual preferences; talks to the client about his sexual frustrations with his spouse**

Prevention and Avoidance of Sexual Misconduct

Do not use:

- Gestures, tone of voice, expressions or any other behavior that a client could interpret as seductive, sexually demeaning or sexually abusive

Refrain from:

- Treating a client with whom you have had a previous intimate relationship

Do not:

- Make sexualized comments about a client's body or clothing; sexualized or sexually demeaning comments to a client

Do not:

- Criticize sexual orientation; ask details of sexual history – unless it's part of your job

Prevention and Avoidance of Sexual Misconduct

Do not:

- Engage in inappropriate “affectionate” behavior with a client; talk about your own sexual preference, fantasies, problems, etc.

Do not:

- Request a date with a client; engage in any sexual conduct

Learn:

- To detect and deflect seductive clients

Maintain:

- Good records that reflect any intimate questions of a sexual nature and document any and all comments or concerns made by a client relative to alleged sexual abuse, and any other unusual incident that may occur during the course of the work day

THE GRAY AREAS

The Warning Signs

The Gray Areas

Self Disclosure



- Using personal experience as guiding life lessons can add credibility and be helpful on a more personal level



- **Inappropriate disclosure may occur because of deep-seated emotional or dependency needs**

The Gray Areas

- Is it consistent with client's treatment needs and goals?
- Is it consistent with Treatment Unit's / Facility's Mission and theoretical orientation?
- Does it mainly reflect or express your own personal needs?
- What is your assessment of the possible risks, costs and downsides of self-disclosure?
- Does self-disclosure represent a significant departure from your usual practice?
- Would you hesitate to discuss this disclosure with your supervisor or document it in the client's record? If so, why?

The Gray Areas

Slippery Slope

- Over-familiarity
- Gift giving and receiving
- Keeping secrets
- Favors



The Gray Areas

Dual Relationships

- When staff and client are engaged in relationships other than that of staff-client
 - Social, professional, sexual / emotional
- Staff should never engage in any role and/or relationship with a client that may:
 - Impair their judgment and objectivity
 - Affect their ability to render effective services
 - Result in harm and/or exploitation to clients

Corey, G., Schneider-Corey, M., & Callanan, P. (2011). *Issues and ethics in the helping profession* (8th ed.). Belmont, CA: Brooks & Cole, Cengage Learning.

Warning Signs that Boundaries may be at Risk

- I frequently think of this client when I am away from work
- I spend time with this client outside of work or my work area
- I share personal information with this client
- I have unnecessary or out of proportion concern for this client
- I am defensive of the client or my interaction with the client
- I advocate for this client more than other clients
- This client could / has hurt my feelings

Warning Signs that Boundaries may be at Risk

- I am flirtatious or have overt sexual content in my interactions with this client
- I feel I understand the client better than other staff
- I feel that I can help this client better than other staff
- I touch this client more or differently than other clients
- This client can only deal with me
- This client waits for me to be available rather than deal with other staff
- I am willing to accept secrets from this client

Personal Conduct

- Examine your own boundaries – how might they affect your work with clients?
- Monitor and be mindful of boundaries with co-workers ; overlapping roles with co-workers make boundary-setting even more difficult.

COMPETENT PROFESSIONALS

Making Decisions about Boundaries

Making Decisions About Boundaries

- Am I doing this for the best of the client or some other motivation? Whose needs are being served?
- Am I feeling angry? Frustrated? Resentful? Towards the client or for other reasons?
- Am I treating this client differently?
- How would my interactions be viewed by:
 - My supervisor
 - The client's family or partner
 - My family and my partner
 - My co-workers
 - A licensing agency



Making Decisions About Boundaries

- Pay attention to any uneasy feelings, doubts, or confusion you may be having during or right after a possible boundary crossing.
- Talk to another staff member, your supervisor, or your clinical supervisor about a possible boundary crossing.
- Document (as necessary), acknowledge, consider an apology.



Competent Professionals

Receive routine Clinical Supervision: be familiar with your code of ethics / agency rules and follow them

Respect Chain of Command: use Supervisors as a source of information; keep them informed of problems and/or questions

Document, Document, Document: if it's not in writing, it never happened

Crisis judgment: protect yourself, report, respond properly, document, follow procedure

Competent Professionals

- Accept the complexity of maintaining boundaries
- Admit when you have boundary dilemmas
- Wrestle with these dilemmas and discuss them with colleagues

“Who do we serve?”



“Do no harm.”



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Questions?

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Speaker Contact Info

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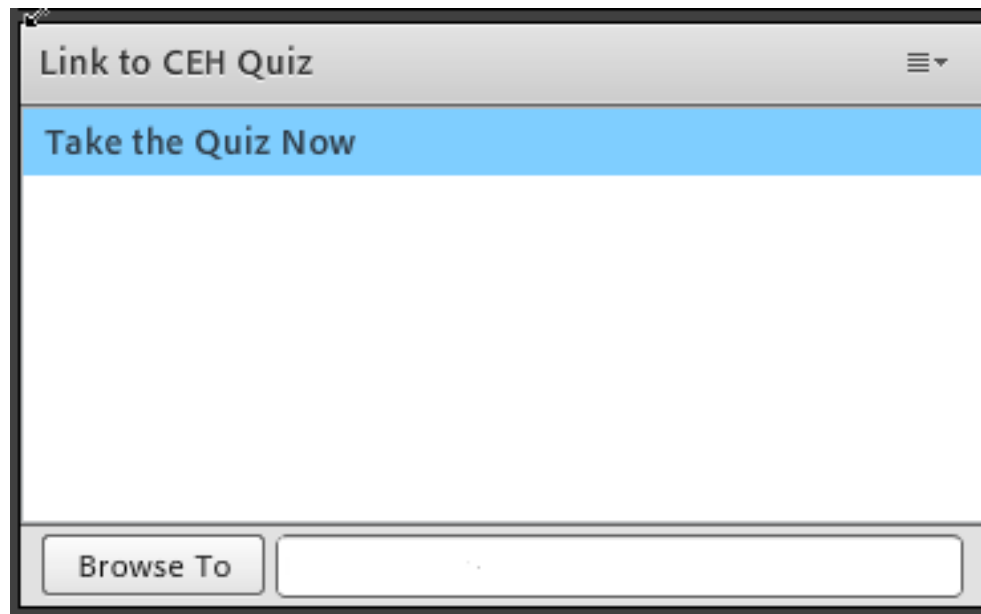
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Ethical Issues in Offender Treatment

Part 2: Ethical Dilemmas and Tools for Working Through Them

Wednesday, November 14, 2018

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<http://www.rsat-tta.com/Home>

or email Stephen Keller, RSAT TA Coordinator at skeller@ahpnet.com