

Dual Relationship Dilemmas

Parachute Peer Integration Project

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Welcome & Introduction

- Today's topics identified as "high priority" in initial Parachute Survey (related to dual relationships):
 - Difficulties for ALL staff struggling to define appropriate boundaries
 - *The biggest challenges have arisen with helping peers navigate boundaries, both with consumers and with other staff/supervisors;*
 - What "hat" are you wearing if peers struggle in their own recovery?
 - *Learning to "roll with relapses"; How to support peers in managing job pressures while maintaining resilience and emotional health*

Learning Objectives

- Provide an overview of questions which may arise regarding dual relationships when expanding the peer workforce
- Share examples, practical guidance, and lessons learned in addressing dual relationships in the peer workforce
- Create a safe space for mutual learning in a rapidly evolving practice/field
 - We are all learning as we go. Today is less about offering answers, and more about helping one another ask the right questions!

Schedule

10:00-10:15	Welcome and Intros
10:15-10:45	Overview regarding potential conflicts/dual relationships
10:45 – 11:15	Small Group Exercise; Vignettes Part I
11:15 - 11:30	Break
11:30 – 12:00	Small Group Exercise; Vignettes Part II
12:00 – 12:30	Large Group Report-Out & Role Plays (volunteer/around select vignettes); Wrap-up
12:30 – 1:00	Optional Continued Dialogue/Q&A (For those who elect to stay until 1pm)

What is a Dual Relationship and Why is this a Hot Topic?

- A “dual relationship” exists when a professional has more than one type of relationship (for example, social, business, or financial) with a person they serve.
- Most professions have historically cautioned AGAINST dual relationships due to the risk of exploitation of/harm to the service recipient.

What is a Dual Relationship and Why is this a Hot Topic?

- When hiring peers, agencies are MOST often concerned about the dual relationships that occur when peer staff provide and receive services at the same agency
 - Between peer staff and service recipients
 - **Between peer staff and other professionals at the agency**
- Dual relationships introduce many questions regarding professional ethics and boundaries
 - *Do the same rules apply for peer specialists as other direct care staff? Can we socialize outside of work if we previously had a treatment relationship? Is confidentiality handled the same way, or is it different because peers are, or were, service recipients? What if a peer stops coming to work?*

How Do Agencies Respond?

- Some agencies prohibit “hiring from within” altogether out of concern that dual relationships may compromise both the service recipient’s and the peer employee’s experience of care.
 - Applicant/employee should be made aware/given option to transfer services where possible; some agencies develop “exchange agreements”
- Other agencies practice “selective assignment” of duties so that the peer is not employed within the same agency program that she/he is receiving services.
- Other agencies feel that their most talented and effective peer specialists often come from within, and they hire freely and provide supportive supervision (to the peer and non-peer staff) to negotiate any tensions which arise.
- **How are YOUR agencies currently handling this?**

Are Dual Relationship Issues Specific to Peer Providers?

- NO! Peer staff who live, work, and receive services within the same community may have a higher potential for dual relationships (with service recipients and co-workers), but these concerns are relevant for ALL professionals regardless of discipline
- Tensions may be less about “peer” work and more about the changing nature of recovery-oriented, community-based services as a whole
 - Emphasize reciprocity, mutuality, authenticity, increased use of self in healing relationships , etc.
- Remember the golden rule...

The Golden Rule

- When faced with challenging ethical or boundaries dilemmas, before you set up special circumstances or policies for peers, we would suggest you first consider how you would want to be treated yourself, or how you would respond in a respectful and professional manner to any other valued employee.
- Once you answer those questions, why wouldn't you do the same for the peer specialist?
- Implication: Look first to your established agency policies, procedures, & guidelines AND reflect on the equally important, but “informal” cultures and traditions of your Team

Old Standards, New Dilemmas

- You may find that your existing policies and procedures are inadequate to help you navigate the emerging terrain of innovative peer-based work and recovery-oriented practice as a whole
 - Traditional Systems:
 - Institutionally-based; Concept of professional distance; clear segregation between staff and “patient”
 - Recovery Oriented System:
 - Community Based; Concepts of mutuality, reciprocity, authentic connection; Integration and people first, that is, like everyone else.
- P&P may need to be revisited and updated to keep pace with your transformation efforts!



Old Standards, New Dilemmas: Ethics and Boundaries in Community Support Service
by Laurie C. Curtis and Martha Hodge, 1994

In the Meantime...

- Agency handling of boundaries and ethical questions should be more:
 - Flexible
 - Contextual
 - Focused on proceeding on a case by case basis
 - Open to consultation/supervision with competent senior staff familiar with emerging recovery-oriented best-practices and policies
- Recognize that much of what may have been considered to be a “boundary issue” in a more traditional system might be seen as a healthy tension within the context of recovery-oriented relationships
 - Giving/receiving a hug; giving receiving small gifts; disclosing personal information; accepting an invitation to visit the person at home, etc.

Managing Boundaries: An Important Distinction

“It Depends”

- **Issues/Tensions:**
 - Inevitable in community-based work
 - Not right or wrong
 - Ongoing
 - Agency culture and personal preference

“Never OK”

- **Violations:**
 - Abuse
 - Sexual Relationships
 - Drugs & Alcohol
 - Usually clear laws, policies or rules
 - Fails “11:00 News” Test

See Boundaries/Ethics & Peer Specialist Services, Matthew Frederici @ http://www.mhrecovery.org/library/view.php?libraryitem_id=205

Sample...



Certified Peer Specialists’ Code of Ethics

The principles in the following Code of Ethics guide Texas Certified Peer Specialists in their roles, relationships and levels of responsibility in which they function professionally.

1. The primary responsibility of Certified Peer Specialists is to help individuals achieve their own needs, wants, and goals. Certified Peer Specialists will be guided by the principle of self-determination for all.
2. Certified Peer Specialists will maintain high standards of personal conduct. Certified Peer Specialists will also conduct themselves in a manner that fosters their own recovery.
3. Certified Peer Specialists will openly share with consumers and colleagues their recovery stories from mental illness and will likewise be able to identify and describe the supports that promote their recovery.
4. Certified Peer Specialists will, at all times, respect the rights and dignity of those they serve.
5. Certified Peer Specialists will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
6. Certified Peer Specialists will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.
7. Certified Peer Specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.
8. Certified Peer Specialists will respect the privacy and confidentiality of those they serve.

Sample...



Certified Peer Specialists' Code of Ethics

9. Certified Peer Specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Certified Peer Specialists will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
10. Certified Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they serve.
11. Certified Peer Specialists will never engage in sexual/intimate activities with the consumers they serve.
12. Certified Peer Specialists will not abuse substances under any circumstance.
13. Certified Peers Providers will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
14. Certified Peer Specialists will not accept gifts of significant value from those they serve.

Tips for Navigating Dual Relationship Dilemmas:

- Start with the Golden Rule
- Have clear, well-communicated policies that are informed by ethical standards and reliably enforced with consistency across all staff
- Develop (update) those policies with input from multiple stakeholders, especially peer specialists
- If you are not experiencing some tensions, you are likely not pushing the envelope! INNOVATION = TENSION
- Go to the source and investigate professional ethics code and accreditation standards to address staff concerns
 - “Its against my ethics code and I could lose my license” can be an (mis)interpretation or a means of expressing discomfort with change

Tips for Navigating Dual Relationship Dilemmas

- Recognize that rigid interpretation of roles and boundaries can foster a culture that promotes micro-aggressions and undermines peer integration
 - *I had been a patient in a mental hospital. Some time later I returned as a worker to the same hospital. My paid, full-time job was to work with patients as a peer educator. I overheard staff grumbling that my very presence on the unit was a violation of professional boundaries.*
 - *Some staff expressed concern about which bathroom I could use. They questioned if I should use the staff bathroom or the patient bathroom.*
 - *I was working at a clubhouse and they had a holiday party. There was a keg of beer but they said only staff could have the beer. I figured that meant me so I went and served myself and they said I couldn't have any.*

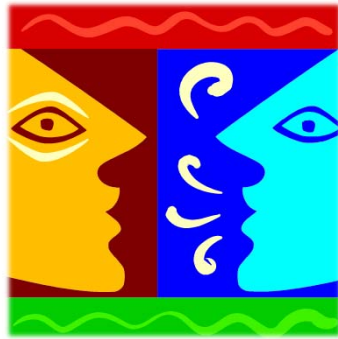
*Mentalism, Micro-Aggression and the Peer Practitioner, by Patricia Deegan.

See: <https://www.patdeegan.com/blog/posts/mentalism-micro-aggression-and-peer-practitioner>

Tips for Navigating Dual Relationship Dilemmas:

- Ask yourself: *What hat am I wearing in this situation and am I responding accordingly?*
- Training of non-peer staff, as well as peer staff, is essential.
- Routinely provide opportunities for staff to discuss and gain clarity about their boundary dilemmas.
- SUPERVISION and CONSULTATION are essential!
- Don't recreate the wheel! Learn from local colleagues in NYC and national peer organizations as well
 - e.g., International Association of Peer Specialists *National Practice Standards*
 - <http://inaops.org/national-standards/>

What Would You Do??:
Dual Relationship Dilemmas in
Peer Integration



*Small Group Discussion &
Interactive Exercises*

Thank You!