

Ethical Boundaries:
***Sacred Trust, Dual
Relationships and Social
Media – Part A***

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Objectives:

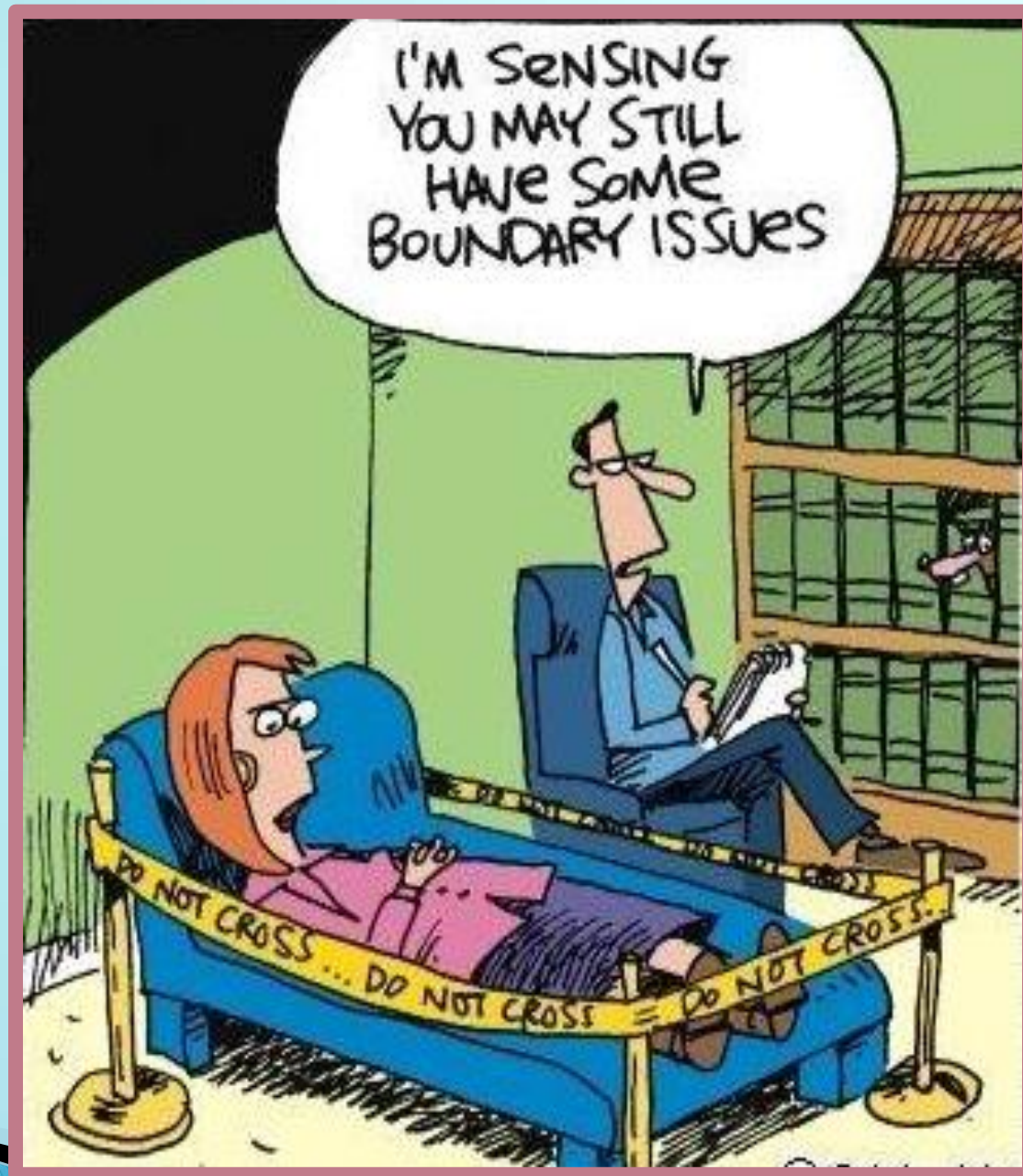
- ▶ Learn what healthy ethical boundaries are and are not.
- ▶ Discuss the sacred trust placed in us by those we serve.
- ▶ Explore the definition of what constitutes dual relationships in each profession.

Definitions:

- ▶ **Boundary**: Something that indicates a border or limit; To divide one entity from another; Confines.
- ▶ **Ethical Boundary**: Allow for safe connections between individuals; mutually understood, unspoken; physical and emotional limits of the relationship between pt. and caregiver.
- ▶ **Sacred**: Worthy of reverence, awe, or respect.
- ▶ **Trust**: Reliance on the character, ability, strength or truth of someone or something.

Types of Ethical Boundaries:

- ▶ **Clinical Practice Boundaries:**
 - Those defined by our respective discipline
- ▶ **Professional Practice Boundaries:**
 - Those defined by Corporate Ethics/Policies
- ▶ **Self-Care & Self-Development Boundaries:**
 - Those that maintain our quality of care, competence and fitness for duty



Motivations for Boundaries:

- ▶ Provide Self-Protection?
 - ▶ Promote Healthiest Relationships?
 - ▶ ??? What other motivations?
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- ▶ Is one better than the other?

Ethical Boundaries:

- ▶ There is much debate about what are good ethical boundaries. Essentially they share these three considerations:
 - Protect the quality & process of caregiving
 - Protect the patient from exploitation
 - Protect the caregiver from liability
- ▶ What about:

Boundary **Crossings**...**Violations**...**Excursions**?

Boundaries are NOT:

- ▶ Absolutes;... or ARE they?
- ▶ Laws
- ▶ Ambiguous, Vague
- ▶ Convenient
- ▶ Malicious; Intended to harm

Boundaries and Sacred Trust:

- ▶ Some ways we extend sacred trust to others:
 - Dining out; Paying the bill.
 - Leaving our children at a daycare.
 - We become the patient. (i.e. Car accident)
 - Exchanging wedding vows.
 - Asking friends to protect secrets.
 - How else?

Sabotaging Sacred Trust?

- ▶ Ways we erode the patient's trust in us:
 - Dishonesty (Omission vs Commission)
 - Broken Promises (Little things?)
 - Casual Listening (vs Active Listening)
 - Lack of Communication between Care Team
 - No "Accurate" Empathy
 - Not Promoting Safety (For them or others)
 - Neglecting debilitating Moral Distress
 - How else?
- ▶ Is Trust based on **Facts** or **Feelings**?



"WE'RE GOING TO DO A TRUST BUILDING EXERCISE. I WANT YOU TO HOLD YOUR CHECKS AND NOT CASH THEM FOR A WEEK."

Dual Relationships and ONA:

- ▶ A licensed nurse shall not:
 - (1) Engage in sexual conduct with a client;
 - (2) Engage in conduct in the course of practice that may reasonably be interpreted as sexual;
 - (3) Engage in any verbal behavior that is seductive or sexually demeaning to a client; or
 - (4) Engage in verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a client.
- The client is always presumed incapable of giving free, full, or informed consent to sexual activity with the nurse. [http://codes.ohio.gov/oac/4723-4\(M\)](http://codes.ohio.gov/oac/4723-4(M))

Dual Relationships and ONA:

- ▶ The 2001 ANA Code directs RN's to stay loyal and focused to those they serve.
- ▶ They need to be aware of ethical issues and conflicting loyalties/interests which can negatively affect patient care and their professionalism.
- ▶ There is a mandate to maintain the values of wisdom, courage and integrity, and respect for all persons.

Dual Relationships and ONA:

- ▶ The ANA Code (2001) states, When acting within one's role as a professional, the nurse recognizes and maintains boundaries that establish appropriate limits to relationships.
- ▶ Boundary violations suggest the patient is harmed in some way.
 - Therapeutic constraints are disregarded
 - Usually involves onset of keeping secrets
 - Who is caring for whom is often inverted
 - Patient's needs are less of a focus

Dual Relationships and ONA:

- ▶ Nursing Boundaries dictate that RN's preserve that space between his/her professional power and their patient's relative lack of power. (Vulnerability)
- ▶ Those relationship-centric boundaries provide each party their own sense of control, and keep the relationship "safe".
- ▶ A damaging Dual Relationship then is one that invites a potential threat to that safety by some form of harm, risk or exploitation.

Dual Relationships and ONA:

- ▶ Blurred Boundaries, especially in a Power-skewed relationship, begin as subtle and unrecognizable at first.
- ▶ Only in the past decade or so has there been a more aggressive focus on researching and developing of “Boundary Theory” for Nursing.

Dual Relationships and SW:

- ▶ Code of Ethics states that if a dual relationship is exploitative, whether it begins before, during or after a professional relationship, it should be avoided. The interpretation of that is the “gray area”.
- ▶ It is the potential for exploitation or harm that is the focal point.
- ▶ Being too rigid can add to distancing and reduce authenticity of the Social Worker.
- ▶ Attend a funeral of a Hospice patient? Yes/No

Dual Relationships and SW:

- ▶ Any options a SW pursues may be acceptable provided they are given thoughtful analysis and the Social Worker can justify his or her decision based on foreseeable risk.
- ▶ The contexts in which dilemmas arise do not easily fit into the guidelines of the code.

Dual Relationships and SW:

- ▶ **5 Considerations in Dual Relationships:**
 - Intimacy
 - Personal benefit (monetary gain)
 - Emotional/Dependency needs
 - Unintentional/Unplanned relationships
 - Altruism

Dual Relationships and SW:

- ▶ Questions regarding whether to enter into a second relationship:
 - How will this dual relationship change the power differential in the tx relationship?
 - How long will this relationship last? Is it a one-time occurrence vs last indefinitely?
 - How will ending one relationship affect the other relationship?
 - How much will objectivity be impaired?
 - What is the risk of exploitation?

Dual Relationships and MH:

- ▶ Dual relationships or Multiple Relationships in psychotherapy refers to any situation where multiple roles exist between a therapist and a client.
- ▶ Boundary violations and boundary crossings in psychotherapy refer to any deviation from traditional, strict, 'in the office,' emotionally distant forms of therapy.
- ▶ It is recommended that the rationale for boundary crossings be clearly articulated and, when appropriate, included in the treatment plan.

Dual Relationships and MH:

- ▶ The meaning of boundaries & their appropriate application can only be understood & assessed within the **"Context of Therapy"**.
- ▶ This consists of four main components:
 - Clients–Dx, Hx, Sx, GAF, etc.
 - Setting–OP vs IP, Locat'n, Context
 - Therapy–Ind vs Grp, Tx Plan, Stage, Reparte
 - Therapist–Scope of Pract., Demogr., Exper.

Dual Relationships and MH:

► Types of Dual Relationships:

- Social
- Professional
- Treatment Professional
- Business
- Communal
- Institutional
- Forensic
- Supervisory
- Sexual
- Social Media

Dual Relationships and MH:

- ▶ **Dual Relationships Can Be:**
 - Voluntary–Avoidable
 - Unavoidable
 - Mandated
 - Unexpected
- ▶ **Dual Relationships Can Be:**
 - Concurrent
 - Sequential
- ▶ **Level of Involvement:**
 - Low–Minimal; Medium; Intense

Dual Relationships and MH:

- ▶ Exploitative therapists will exploit with or without dual relationships.
- ▶ The prohibition of dual relationships may be unconstitutional as it may infringe on people's constitutional rights of freedom of association.

In Summary:

- ▶ Healthy ethical boundaries protect the patient, the caregiver and the care.
- ▶ The sacred trust placed in us by those we serve, is indispensable to all.
- ▶ Dual relationships are unique for each profession, but similar for us all.



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