



Northeast & Caribbean (HHS Region 2)

**ATTC**

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# *WEBINAR SERIES*

## Professional Boundaries for Peer Advocates

(Part One)

Presented live January 24, 2019



# *Mary McCarty-Arias, M.A., CRC*

More than 25 years experience training in co-occurring disorders, HIV, and vocational rehabilitation.



*This webinar training is provided under New York State Office of Alcoholism and Substance Abuse Services (OASAS) Education and Training Provider Certification Number 0115. Training under a New York State OASAS Provider Certification is acceptable for meeting all or part of the CASAC/CPP/CPS education and training requirements.*



## ***Important Information about CASAC Hours:***

- Everyone must attend both sessions in their entirety
- Participants will receive a link for an evaluation after the 2<sup>nd</sup> session
- When we receive the evaluation, we will generate a certificate for 3 CASAC hours within a few days
- We cannot give partial hours if you only complete one session
- If some of you are sharing computers, please type in your names and make sure that everyone fills out an evaluation





## *Goals – Part One*

- Increase knowledge about the importance of adhering to a code of ethics
- Encourage participants to examine your own values and beliefs about appropriate work behaviors



## *Objectives – Part One*

- List the possible job responsibilities of a peer
- Describe the categories in the Code of Ethical and Professional Conduct for Peer Advocates



# *What is a Peer?*

## Performance Domains

- Advocacy
- Mentoring/Educating
- Recovery/Wellness Supports
- Ethical Responsibility



## *Write in...*

What are examples of:

- *Advocacy*
- *Mentoring/Educating*
- *Recovery/Wellness Supports*
- *Ethical Responsibility*





# Peer Advocate vs. Sponsors

## Peer Advocate

- Service organization
- Adjunct to treatment
- Recovery support across multiple frameworks  
“Recovery by any means necessary”
- Broad range of supportive services (education, employment, health care, housing, transportation)

## Sponsors

- Voluntary mutual aid
- Isolation from professional helpers
- Support in a particular program of recovery
- 12-Step Tools used (story sharing, meetings, sober activities)

*(Rosenberry, CRPA, 2017)*





# Peer Advocate vs. Counselors

## Peer Advocate

- Facilitate ongoing lifestyle reconstruction
- Self-disclosure as a tool
- Power inequity, but less hierarchical
- Maintaining contact after discharge acceptable
- Relationship may continue for months (even years) post treatment

## Counselor

- Facilitate recovery initiation
- Self-disclosure discouraged
- Power differential
- Contact outside clinical setting frowned upon
- Relationship had defined beginning, middle, and end

*(Rosenberry, CRPA, 2014)*



# *Module 2:*

## *Code of Ethical Conduct and Disciplinary Procedures*





# *What Are Ethics?*

What does that word mean to you?

Where did you learn your ethics?





# *Ethics Defined*

Ethics are a code of behavior that guides our actions on and off the job.

*How does ethics apply to boundaries?*



# *Categories in the Code of Ethical and Professional Conduct*





# *1. Unlawful Conduct*

- No convictions for any misdemeanor or felony
- No crimes involving possession, sale, or use of a controlled substance



## 2. *Sexual Misconduct*

- One of the most violated policies
- No sexual activity with clients, families of clients, or former clients
- Why is it harmful to the client if you have a sexual relationship with them?

**NO**



## *Why is it Harmful to Have Sex with Clients?*

- Breaks down the therapeutic relationship
- Our population is vulnerable
- Creates role reversal – creates boundary confusion
- Increases suicidal risk & depression for clients





## *When a Client Initiates...*

- They may feel “love”
- They may feel dependent
- They might look at you as a savior
- They might look at you as a parent



## *Peer Role*

- Set limits!
- Document any advances
- Use the team at case conference



### 3. *Fraud-Related Misconduct*

- Includes false claims
- Shall not use a title or credential that you don't have
- Includes false advertisements





## 4. *Exploitation of Clients*

What does that include?

- No relationships with clients for financial gain
- No commissions, rebates, etc. for a client referral





## 5. *Professional Standards*

Standards include...

No discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political beliefs, psychiatric impairment, or physical disability.





## 6. *Safety & Welfare*

### Important Information

Peers are mandated to report  
abuse and neglect & comply with  
mandatory reporting requirements





## 7. *Record Keeping*





## 8. *Assisting Unqualified/Unlicensed Practice*







## 9. *Discipline in Other Jurisdictions*





## *10. Cooperation with the Board*





# *Questions?*

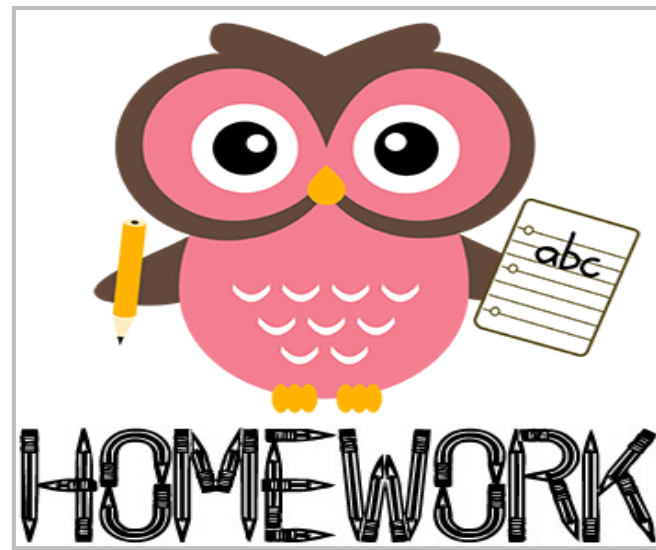




# *Homework*

For tomorrow, think  
about...

*What are some of your  
personal boundaries?*





# *End of Part One*

## **Presenter:**

Mary McCarty-Arias, M.A., CRC  
Program Manager/Senior Trainer

## **Organizer:**

Clyde Frederick  
Technologist/Program Support



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# *WEBINAR SERIES*

## Professional Boundaries for Peer Advocates

(Part Two)

Presented live January 25, 2019



# *Welcome Back!*







## *Mary McCarty-Arias, M.A., CRC*

More than 25 years experience training in co-occurring disorders, HIV, and vocational rehabilitation.



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## *Objectives – Part Two*

- Define healthy boundaries
- Define the term “dual relationship”
- List at least 5 guidelines for professionalism on the job



*Write in...*

# Homework Review





# *Defining Professional Boundaries*





# *Boundaries*

- Limits you set on what you will accept from another person
- Guidelines/rules that a person creates to identify safe ways to behave
- May be material, physical, mental, or emotional



## *What are Boundaries?*

While ethics may be a specific code of behavior, some boundaries are based on job expectations.

Others may be based on personal values and choices.



## *What Purpose do They Serve?*

- Boundaries set parameters.
- Boundaries help protect and inform both workers and clients.
- Boundaries give workers confidence.
- Clear boundaries help to develop trusting relationships.
- Boundaries help to develop professionalism.
- Boundaries help to clarify roles.
- Boundaries help workers separate home from work.



## *Activity: Do You Believe...?*

Tells the client their own substance use status

- Always
- Sometimes
- Never

*Please write in your response & tell us a reason.*





## *Activity: Do You Believe...?*

Eats lunch or dinner with the client at a restaurant

- Always
- Sometimes
- Never

*Please write in your response & tell us a reason.*



## *Activity: Do You Believe...?*

Gives clients their personal cell number

- Always
- Sometimes
- Never



*Please write in your response & tell us a reason.*



## *Activity: Do You Believe...?*

Accepts a gift from a client (less than \$20 value)

- Always
- Sometimes
- Never



*Please write in your response & tell us a reason.*



## *Activity: Do You Believe...?*

Hugs a client as a way of greeting

- Always
- Sometimes
- Never

*Please write in your response & tell us a reason.*



# *Importance of Boundaries*

## The professional...

- is responsible for establishing and maintaining boundaries with their clients
- is in a position of power because of the knowledge he or she holds and the client's need for that knowledge or service
- must not misuse or abuse the position of power by crossing boundaries to maintain healthy trusting professional relationships



# *Boundary Considerations*

- Am I making this decision because I'm uncomfortable?
- Am I sure this is best for the client?
- Have I talked to my colleagues or supervisor about this?
- Am I denying my client an opportunity to grow?
- Am I making this decision because it's the easiest thing to do?
- Is this something I can negotiate with my client?



# *Transference*

- Feelings a client has about a counselor
- May be triggered by mannerisms, appearance, habits or by internal feelings of clients that resemble previous feeling situations with significant other in the past
- May be experienced by counselor as “client resistance”



# *Countertransference*

- Counselor relates to client as though they were someone else
- May be based on appearance, habits, behaviors and/or counselor's internal process
- May be influenced by authority figures, early caregivers, or personal history





## ***What are Dual Relationships?***

A professional enters into a dual relationship when they assume a second role with a client, becoming worker and friend, teacher, business associate, family member, employer or sex partner.



## ***Dangers of Dual Relationships***

- They can impair a worker's objectivity.
- They can be damaging to the client/worker relationship.
- They can confuse roles and responsibilities.
- They can limit a worker's ability to confront clients.
- They may be a violation of agency policy.
- They may be unethical or in some cases, even illegal.

*Remember: Be friendly with your client, but not your client's friend.*



## *Being a Friend*

- Friendships are voluntary
- Friendships are reciprocal
- Friendships are not socially sanctioned (e.g., they have no formal code of ethics)
- Friendships are not controlled (e.g., no supervisor or certification requirements)



# *Guidelines for Technology*

What are some of the challenges you face with technology and boundaries?





# ***Social Media Best Practices***

- Professionals should not permit their private conduct to interfere with their ability to fulfill their professional responsibility.
- Think about how membership on a social networking site may affect potential or current clients.
- Professionals should respect clients' right to privacy.
- Conflicts of interest (dual relationships), privacy, confidentiality
- Clinical considerations

*Facebook: Ethical and Clinical Considerations*  
[http://www.socialworker.com/feature-articles/ethics-articles/Facebook%3A\\_Ethical\\_and\\_Clinical\\_Considerations](http://www.socialworker.com/feature-articles/ethics-articles/Facebook%3A_Ethical_and_Clinical_Considerations)



## *More Practice*

- Tells the patient agency gossip
- Borrows money from a client
- Buys merchandise from a client
- Attends to the children while the client runs a “quick errand”

hope





# *Summary*

What was the most important thing you learned today?







# *Questions?*





*Thank You!*

If you are sharing a  
computer, please  
remember to type all names

in!



# *End of Part Two*

## **Presenter:**

Mary McCarty-Arias, M.A., CRC  
Program Manager/Senior Trainer

## **Organizer:**

Clyde Frederick  
Technologist/Program Support