

*Chicago Social Work Conference*  
*Presents*  
*Ethics in the Clinical Relationship*  
  
*Presenter*  
*Mark Sanders, LCSW, CADC*

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*8 Principles that Guide Ethical Decision Making*

- The client's right to self determination – clients have a right to make their own decisions in life including bad decisions. Counselors have to accept the fact that clients have that right. To impose their will would be unethical.*
- Non – malice – the counselor will not intentionally harm their clients. Most harm done to clients is done unintentionally. This is called the Iatrogenic Effect.*

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*Iatrogenic Effect*

*Diagnosis*

- Misdiagnosis – 30%*
- Overdiagnosis*
- Treating clients as if they are their diagnosis*

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*Iatrogenic Effect  
Harm in the Name of Helping*

- *Heavy confrontation*
- *Unwelcome touch*
- *Treating Aftercare as an "afterthought"*
- *Not addressing trauma and co-occurring disorders*

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*Iatrogenic Effect Continued*

- *Ignoring the most addictive drug*

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*Nicotine*

- *Kills more people than alcohol, all illicit drugs and HIV combined*
- *Increases relapse rates x 3*
- *A trigger to return to alcohol*
- *Can trigger a return to heroin, methamphetamines, crack and marijuana use*

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*Iatrogenic Effect*

- *Paternalism*
- *Discharge for confirming the diagnosis*
- *Increasing medication as a countertransference reaction*
- *Iatrogenic poverty*

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*Iatrogenic Effect Continued*

- *Not addressing burnout - depersonalization*
- *Biases effecting clinical work*

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*8 Principles Continued*

- *Justice and fairness- providing equal treatment to all people*
- *Fidelity- honoring commitments to those we service*
- *Individualization*

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*8 Principles Continued*

- *Clients have a right to services in a supportive therapeutic environment*
- *The client is the director of his/her plan*

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*4 Factors That Increase Engagement and Therapeutic Change*

- *Model/ Approach*
- *Hope (counselor)*
- *Relationship*
- *Client factors*

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*8 Principles Continued*

- *Truthfulness concerning*  
*Diagnosis*  
*Confidentiality (and its limits)*  
*Refusal of services*  
*Therapeutic approach*  
*Areas of expertise*

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*8 Principles Continued*

- *The clinician has an ethical responsibility to advocate for clients*

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*The Five Things It Takes to be a Great Advocate for Clients*

- *Passion*
- *Courage*
- *Faith*
- *Love*
- *Inspirators*

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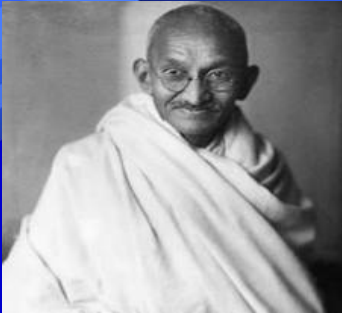
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**Gandhi**

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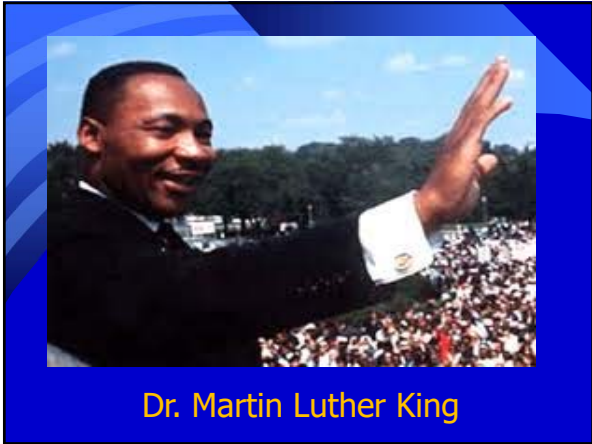
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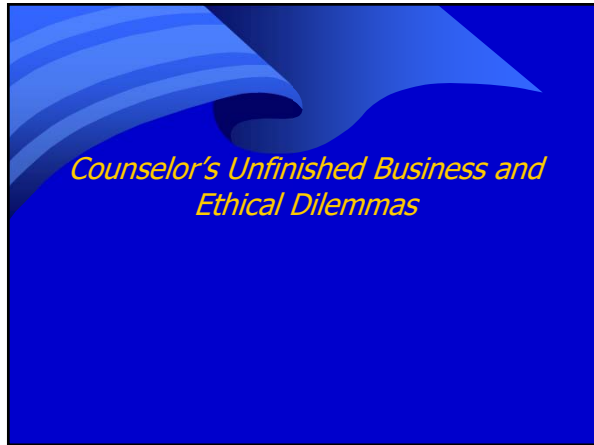
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*Terminating Ethically*

*Ask yourself the following questions.*

- 1. Is the decision to terminate mutual?*
- 2. Is there a sound clinical reason to terminate?*

*Freud said the client is ready to terminate when they can:*

- A. Work*
- B. Love*

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*Terminating Ethically Continued*

- 3. Am I delaying termination because I like this client personally?*
- 4. Am I terminating quickly because I don't like this client?*
- 5. Am I terminating because this client is succeeding and many recent clients have had bad outcomes and I want to "Quit while I am ahead?"*

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*Terminating Ethically Continued*

- 6. Am I ready to terminate because this client overwhelms me?*
- 7. Am I ready to terminate because this client bores me?*
- 8. Am I ready to terminate because I think this client is progressing too slowly?*
- 9. Am I delaying termination for financial reasons?*

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Terminating Ethically Continued

10. Am I delaying termination because of a countertransference reaction?
11. Am I delaying termination because I am a perfectionist?
12. Am I delaying termination because of a physical attraction?

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Terminating Ethically Continued

13. Am I delaying termination because I need to be needed?
14. Am I delaying termination because of abandonment issues?
15. Am I delaying termination because I don't know how to terminate?

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How to Terminate

Important points

1. The longer the relationship between the therapist and the client, the more difficult the termination.
2. The better the relationship between the therapist and the client, the more difficult the termination.
3. The more sudden and unexpected, the more difficult the termination.
4. The easiest way to prepare for termination is to understand how the client has dealt with separations in the past.

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Stages of Termination and the Role of the Counselor

1. Denial

- A. Bring it up.
- B. Expect and explain regression.
- C. If the client disappears, reach out.

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Stages of Termination Continued

2. Anger

- A. Allow open expression.
- B. Try not to take it personal.

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Stages of Termination Continued

3. Sadness

- A. Allow open expression.
- B. Feel free to express feelings of your own.

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*Stages of Termination Continued*

4. Release

- A. Discuss client progress.
- B. Discuss work that's yet to be done.
- C. Discuss your relationship.
- D. Express confidence.

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*Counselor Unfinished Business*

- Differentiation of self in the family of origin

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*Types of Boundaries*

- Loose- no one is aware of what's going on with anyone else in the family
- Enmeshed- Family members are too involved in each other's lives

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*Types of Boundaries Continued*

➤ *Healthy, Clear- The necessary distinction between the various subsystems is present; members are allowed the 5 freedoms*

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*The Five Freedoms*

- *Think what you think*
- *Feel what you think*
- *Want what you want*
- *See what you see*
- *Imagine your own self-actualization*

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*Types of Boundaries*

- *Loose – everyone doing their own thing*
- *Enmeshed – too close*
- *Healthy*

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*Types of Boundaries Continued*

- *Differentiation of self- The ability to establish the "I" position when the system pushes you towards enmeshment*

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*Unfinished Business Continued*

- *Resentments*

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*Unfinished Business Continued*

*Personal needs of the counselor can lead to ethical dilemmas*

- *To feel power*
- *To feel superior*
- *Strong need for approval*

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*Unfinished Business Continued*

- *To win acceptance and recognition*
- *Rescue fantasies*
- *Perfectionism*
- *The need to assume too much responsibility for change*

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*Unfinished Business Continued*

*Awareness of transference and countertransference*

*Feelings clients experience in the midst of transference*

- *Love*
- *Hate*
- *Anger*
- *Ambivalence*
- *Dependency*

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*Five Types of Transference*

- *Counselor as ideal*
- *Counselor as the wizard*
- *Counselor as perfect nurturer*
- *Counselor as frustrater*
- *Counselor as non-human, inadequate; figure without needs, desires, wishes, feelings or problems*

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*Countertransference*

*Definition-The counselor's emotional reactions to his/ her clients*

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*Countertransference Continued*

*Examples*

- *Being overprotective*
- *Secondary PTSD*
- *Fear of the client's anger*

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*Countertransference Continued*

*Examples Continued*

- *Cross-cultural disgust*
- *Seeing yourself in your client*
- *Needing constant reinforcement and approval*
- *Sexual feelings toward the client*

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*Countertransference Continued*

*Examples Continued*

- *Giving advice compulsively to a client*
- *Biases based on diagnosis*
- *Gender bias*

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*Unfinished Business Continued*

*Counselor Impairment*

- *Burnout*
- *Substance use*
- *Other addictions*
- *Sexually exploitative*

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*Characteristics of Sexually Exploitative Counselors*

- *Fragile self-esteem*
- *Difficulty establishing relationships in one's personal life*
- *Professional isolation*
- *A need to rescue clients*

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*Characteristics of Sexually Exploitative Counselors Continued*

- *A need for reassurance about one's own attractiveness*
- *Active substance abuse*
- *Unorthodox counseling approaches*
- *Grandiose beliefs about his/her healing abilities*

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*Case #1*

*You have decided to buy a new car, and when you get to the dealership, you are met by a former client who now works for the dealership and who offers to give you the car of your choice at cost.*

- A. What factors might be considered in your decision about whether to accept the car?*
- B. Do you accept the car?*

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*As a therapist would you engage in any of the following and under what circumstances? Which of these has the greatest potential for harm?*

- A. Accepting a client's invitation to a special occasion*
- B. Becoming friends with a client after termination*
- C. Going out to eat with a client after a session*
- D. Inviting a client to a party or social event*

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*Boundaries in the Era of COVID - 19*

- *Handshakes*
- *Smaller groups*
- *Cancellation of groups*
- *Zoom sessions*
- *Virtual intensive outpatient services*
- *EMDR Therapy Remotely*

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*Boundaries in the Era of COVID - 19*  
*Continued*

- *Drop-in center for emergencies only*
- *Virtual group meetings for alumni*
- *Visits from family suspended*
- *Increased tele-health services*

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*Case #2*

*A counselor routinely sells M&M's (candy) at work to support church functions and kids activities. Does this create an ethical dilemma?*

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*Case #3*

*Staff are starting to whisper that Jason, a counselor where you work, has been seen in public with a client and is dating the client. When confronted about this, Jason states, "She is a former client and it is therefore none of the agency's business."*

*A. Does this create an ethical dilemma?*

*B. Does a client ever lose the status of client?*

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*Case #4*

*Darryl just finished a counseling session with Denise. At the end of the session, Denise states, "I just love you, Darryl." Darryl states, "I love you, too."*

*A. Your reactions*

*B. What should a counselor say if a client says, "I love you."*

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