

Private Practice

Section Connection

ISSUE ONE – 2010

NAVIGATING ETHICS IN RURAL COMMUNITIES

Libby Stortz, MSW, LCSW

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Sitka by the Sea/Sheet K'Kwan lies on the Pacific coast of Baranof Island. With a population just over 8,000, all nestled like Petrushka dolls on 17 miles of road, it is almost entirely uninhabited by humans. Baranof Island also has two smaller communities – Port Alexander (pop. 100) on the southern tip and Baranof Warm Springs (pop. 10) on the east side of the island. In between are forest, mountains, grizzlies, deer, and the sea with an abundance of life – much of it harvested commercially and for subsistence by locals and, most importantly, the indigenous Tlingit people who have been here 10,000 years. Upon moving here from Fairbanks (pop. 60,000) in 1988, there was only one other mental health practitioner. And this remained the case for many years before the non-profits and the private sector grew. Accessible only by boat or plane, continuing education in Sitka used to be a logistical nightmare. Fortunately, we can now go online to get continuing education (CE) credits.

There are a myriad of situations that concern ethics when working in a rural setting. People stop on the street and in shops and proceed to discuss their problems loud enough for all to hear. Friends become clients. Clients become friends. At social gatherings, one may realize that half or more of the people

in the room have been clients. A spouse or partner wants to socialize with folks who have passed or are passing through the office as clients. How to handle it? What about confidentiality?

Clients offer fish or game in exchange for services. Gifts are offered as thanks. Would it be culturally offensive not to accept? One hears things outside of the office that may be helpful or perhaps awkward during work with clients; or, vice versa, information is given in confidence that complicates one's personal or professional life. This can range from social conversation about who is having an affair with whom to voicing suspicions about domestic violence or insinuations of sexual abuse, and it is likely that the clinician knows all concerned parties.

In rural and isolated locales, it is important to attend the ritual celebrations, the weddings, and the funerals of clients or their family members. The highs and the lows of the community cross the threshold of the therapy office seeking support, direction, and answers. Clients may be personal physicians, local shopkeepers, your child's teacher, your spouse's boss, or a colleague. In my own experience, my child would tell me 'so-and-so' told her that they were seeing me in therapy as they passed each other in school.

(Navigating Ethics in Rural Communities, continued on page 3)



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Retractions

The NASW Specialty Practice Sections program would like to acknowledge Warren Skye Jr., PhD (c), LMSW (Tonawanda Seneca) and Sara Booth, MSW for helping to write the article on Private Practice and the Native American Client. The article was published in the 2009 Issue One *SectionConnection* newsletter. Their contributions were omitted. NASW Specialty Practice Sections offers our sincere apology.

There was an editorial mistake in the *From the Chair* column for the 2009 Issue One *SectionConnection* newsletter, CPT is defined as Current Procedural Terminology not Cognitive Processing Therapy. The NASW Specialty Practice Section program takes full responsibility for this error.

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It is a small fishbowl – one that can inflate or deflate the ego on any given day if one does not stay centered on just doing the best one can to be helpful to others. Dual relationships are rife, confidentiality challenging, and boundaries a juggling act. What constitutes good ethics in one situation may not in another. Cultural imperatives may impale the National Association of Social Worker’s (NASW) *Code of Ethics* on the spear of tradition.

The Preamble to NASW’s *Code of Ethics* (2008) tells us, “Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. ...decisions and actions should be consistent with the spirit as well as the letter of this *Code*.” The dilemmas in the rural setting encompass confidentiality, service delivery, boundaries, dual relationships, conflicts of interest, supervision, training, consultation, client referral, and others. As rural providers, we more often need to make our decisions based on the “spirit” of the *Code*.

In the NASW continuing education teleconference of March 10, 2009, *Difficult Ethics Cases in Social Work*, Frederic Reamer asks, “Is the practitioner meeting the professional standard of care? ...What [would] an ordinary, reasonable, and prudent professional with the same or similar training have done under the same or similar circumstances?” He makes the following suggestions for actions that can help avoid professional negligence:

- Identify who is likely to be affected by your decision.
- Tentatively identify all possible courses of action [and] participants involved, with possible benefits and risks.
- Examine reasons for and against each possible course of action, considering ethical, legal, social work practice, theory, and principles; personal values (religious, cultural, ethnic, political); agency policies; and regulation.

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My experience tells me that only the most complex situations require Reamer’s last set of steps:

- Consult with appropriate experts, make [a] decision, monitor, evaluate, and document.

To do so for all complex situations would mean to do so for most situations in some communities. Reamer suggests our handling of a situation meet the criteria of an “Act of Utilitarianism: The rightness of an act is determined by the goodness of the consequences in this individual set of circumstances, or a Rule of Utilitarianism: The rightness of an act is determined by the goodness of the consequences that would occur if this one action is generalized to all similar circumstances (e.g., this case sets a precedent).” This is good guidance for those in the rural setting.

In his online continuing education course, *Therapeutic Boundaries and Dual Relationships in Psychotherapy and Counseling* (2009), Ofer Zur, PhD, advises:

Boundaries in psychotherapy refer to issues of self-disclosure, length and place of sessions, physical touch, gifts, bartering, activities outside the office (home or hospital visits, attending clients’ weddings or school plays, lunch with anorexic client, adventure therapy, etc.), incidental encounters, social and other non-therapeutic contacts, and various

forms of dual relationships. **Boundary crossings and violations** generally refer to any deviation from traditional, strict, 'only in the office,' emotionally distant forms of therapy. Basically, they may all be seen as a departure from risk management approaches.

The appropriate meaning and applicability of boundaries can only be understood within the **context** in which therapy takes place...consisting of(:

- *client factors,*
- *setting factors,*
- *type of therapy,*
- *therapeutic relationship* factors including but not limited to familiarity and interactivity in community vs. only in office; presence or absence of dual relationships, and
- *therapist factors*

Most compellingly, Zur asserts, "At the heart of all ethical guidelines is the mandate that you act on your client's behalf and avoid harm. That means you must do what is helpful, including, when appropriate, crossing boundaries. Model civility, integrity, emotionality, humanity, courage and when appropriate, duality."

As a rural provider, the work that Reamer and Zur have done provides much needed encouragement. Keeping these factors in mind, I am confident that the decisions I make about how to handle situations are clinically appropriate, ethical, and improve not only my life, but also the lives of my clients and my community. Of course, all the cautionary notes regarding treatment plans and consultations apply in any case that is more complex, but rural providers need to know that the *Code* is flexible enough to support good common sense with, at the forefront, a genuinely caring heart for the well-being of our clients.

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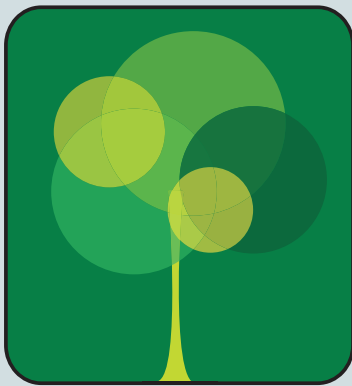
WHAT DO YOU DO WHEN A MEDICAL CRISIS HAPPENS IN THE PRIVATE PRACTITIONER'S LIFE?

Melanie J. Barton, LCSW, EdD

On August 28th, in the middle of a divorce, I was diagnosed with colon cancer and required surgery. While working to quickly close down my practice, I suffered a number of Transient Ischemic Attacks (“mini strokes”) requiring carotid artery surgery a week after my colon resection surgery. I was grateful I made some preparations for such a crisis, but I also realized how unprepared I was.

Many social workers are so engrossed in their private practice that they neglect their own health or ignore the warning signs of emerging health-related problems. Then, when a medical

crisis happens, there is often no time to prepare clients or safeguard the everyday operations of their practice. Private practice clinicians often do not participate in regular consultation which could help identify emerging physical problems or the development of professional grief. Instead, some practitioners continue, unaware of growing health or mental health problems until they are mentioned by a colleague. During the NASW Teleconference, *Managing Professional Grief*, on June 23, 2009, Elizabeth J. Clark, PhD, talked about the importance of managing professional grief. Significant problems can arise when professional grief issues persist. Anger, anxiety,



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and depression can manifest through sleep disturbance and weight problems, which can eventually affect one's overall physical health.

The benefits of progressive relaxation can be beneficial for practitioners before, during, and after a medical crisis, and aid in the recovery process. According to one Mayo Clinic article, *Relaxation Techniques: Learn Ways to Reduce Your Stress*, the benefits of progressive relaxation techniques, including slowing the heart rate, lowering blood pressure, slowing breathing rate, increasing blood flow to major muscles, and reducing muscle tension, can have a positive effect on chronic pain, anger, and frustration and can improve concentration and boost one's confidence to handle problems (Mayo Clinic Staff, 2009, p. 1). Journaling can also provide health benefits, according to Maud Purcell, LCSW, CEAP. In an article for the online mental health network *PsycheCentral* titled, *The Health Benefits of Journaling*, Purcell wrote, "University of Texas at Austin psychologist and researcher James Pennebaker contends that regular journaling strengthens immune cells, called T-lymphocytes. ...[W]riting about stressful events helps you come to terms with them, thus reducing the impact of these stressors on your physical health" (2008, p. 1). A practitioner's use of journaling can serve as a tool to track one's feelings and progress. Later, when appropriate, self-disclosure of the practitioner's healing process may even assist clients dealing with similar situations.

When a social worker in private practice becomes ill, he or she may not know how to cope with the aftermath. If the practitioner is forced into a period of medical disability or an early retirement, his or her attitude can be affected and determine the progression of the illness and even life expectancy. It is important for practitioners to find new direction for their lives and/or their profession if a medical condition prevents them from returning to their private practice. Janet Hively, PhD and founder of the Minnesota Vital

Aging Network, wrote about a client who said: "Work was my life, and now I have no life.' ...That negative attitude is shortening his life, based on the research finding that people with negative attitudes about aging tend to die an average of 7.5 years earlier than those with positive attitudes about aging." (Hively, 2009, p. 47). Revisioning one's personal and professional life can actually aid in the recovery process.

You may not be able to avoid a health crisis, but you can reduce the stress for yourself and those who are impacted by your medical crisis, as well as those who are left to manage your affairs, by preparing in advance.

Prepare Your Practice Have in Place:

- A living will
- A health care power of attorney
- Regular ongoing consultation with a colleague about your work with your clients
- A HIPAA-compliant person who knows where things are
- Written office practices and procedures (keep a copy safely outside your office as a back-up)
- Lists of passwords, Web sites, insurance company contact information, client names and phone numbers, and outstanding billing
- Directions on how to process claims and do billing
- Back-up of your processed insurance claims and programs
- Written instructions of what to say to your clients and how to change the voice mail message, and electronic messaging
- Sample release forms ready for clients to sign so treatment summaries can be sent to an appropriate referral

Support Yourself and Clients During Hospitalization

If you enter the hospital, clients may try to call, to visit, or to send flowers or cards. They may worry about you and feel anxious or abandoned upon learning that their therapy must be disrupted abruptly, and they may possibly be referred to another practitioner.

- Request a non-published status at the hospital.
- Record a reassuring message on your phone that instructs clients to please respect your need to heal, along with instructions on how to request their records and have them forwarded to an appropriate referral.

During the Healing Process Do the Following:

- Consult with the therapist your client chose for transitional treatment.
- Do all those things you said you would do when you got time.
- Exercise.
- Get a makeover.
- Go for psychotherapy.
- Make a gratitude list.
- Meditate.
- Read.
- Journal.
- Watch comedy.
- Redesign how you will do your practice when you start over.
- Write an article.

You can look at your medical emergency as an ending or a new beginning. Attitude can make all the difference. If you practice what you have

taught your clients, just consider the wealth of experience you will have to share when you are back in the therapist's chair.

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EMPLOYEE ASSISTANCE PROGRAMS (EAPS) IN RURAL SETTINGS: BACK TO THE FOUNDATIONS OF SOCIAL WORK PRACTICE

Rodney C. Haring, PhD, LMSW • Sandra Freeland, MA

Rural social work can be defined as social work practice in a setting where the population and resources may be scarce. Riebschleger (2007) defined rural settings as nonmetropolitan areas with fewer than 50,000 residents. The same study indicated that more than 25 percent of the U.S. population lives in rural settings and occupies more than 83 percent of the country's terrain (Riebschleger, 2007). Accordingly, rural social work may further be explained as a practice setting that is remote or geographically dispersed. In reality, rural social work practice is "social work without walls." That is, social workers practicing in rural settings may find themselves in the field more than in a traditional office atmosphere.

In the early days of social work's foundation, this division of duties was very common, even in more populated environments. The first social workers followed the "friendly visitors" model, going to the clients instead of waiting for the clients to come to their offices. In his seminal work derived from historical writings, Rauch (1975) documented the friendly visitors model in 1880s Philadelphia. Social work in this early framework was a means to strengthen family ties and to encourage people to make their homes pleasant and attractive environments. During this period, social workers made their visits in a serious effort to deal with community concerns that were rampant at the time. Their primary clientele were the victims of industrial poverty, and, unlike most agencies in which women worked at that time, these victims included men as well as women and children. Although a number of shortcomings were associated with the early structural operations of the friendly visiting model, in theory, the premise of its utility is certainly relevant to current work in rural areas, which, in today's turbulent economic times, are swaying back and forth between stability and uncertainty.

In some respect, this friendly visiting foundation to social work has its benefits. It allows the social worker to meet the client in her or his own space. This is advantageous because the social worker can assess people's lifestyles and characters in their natural environments. Meeting a client in his or her home also permits the social worker to interact with the client's family and observe the family's place in the community.

Employee Assistance Program: Social Work in Remote Practice Settings

Employee Assistance Programs (EAPs) are human service programs for workplaces, organizations, and communities. Their function is to address employees' concerns that fall outside of employment. EAPs recognize that employees' personal problems can carry over into the workplace. The core of the EAP professional is toward a focus on job performance (Tisone, 2008). Employees may come to an EAP for help with mental health concerns, substance use disorders, financial problems, or legal issues, for example. These issues, if not addressed, can affect work performance, job duties, and staff dynamics. The role of an EAP professional is to help employees to resolve their private concerns and learn how to maintain the balance of responsibilities between their personal lives and their job duties, as prescribed by their employers.

EAPs may fit well with rural social work foundations. For example, in desolate or remote workplaces, such as coal mines, timber operations, tribal areas, oil rigs in the middle of the ocean, or employment settings in the far reaches of a desert, the concept of rural social work practice can be the key to EAP success.

Rural social workers in EAP practice understand the complexity of the service required and the importance of fostering community relationships in the absence of multiple service providers and resources. It is also critical for the rural EAP social worker to understand the cultural nuances of that specific environment and the people being served. In rural or remote workplaces, social workers use their skills to better understand the values, beliefs, and lifestyles of individuals in rural workforces.

The work-life relationship may also be influenced by the degree of remoteness of the work environment. That is, the encroachment of urban and suburban workplace behaviors may affect employees' lifestyles. Field EAPs staffed by social workers who are indigenous to rural communities (who may currently be an untapped source of care) may strengthen existing service practices and allow a network of professionals to influence policy in their region.

Ultimately, EAP programs that promote rural practice models can serve workforces in a field setting. Redefining an EAP professional's mobility and functioning can increase the value of the EAP service for the workforce. This is especially relevant for critical incident stress debriefing responses because the EAP program, if it practices from a rural social work stance, can provide valuable on-site assistance at a comfort level for the base of a workforce. Furthermore, it can increase a mental health care professional's effectiveness by allowing him or her to meet clients where they are, in their own settings, rather than forcing them to leave the comfort and security of their environments. Rural EAP practice therefore encourages employees to open up and helps them feel at ease, which can lead to better communication, improved social work intervention, and more productive job performance.

Conclusion

In areas where clients or workforces are being underserved because of agency constraints or the lack of traditional brick-and-mortar office space, rural social work practice can be a valuable asset to any organization or private practice endeavor. This unique style of practice is based in the early foundations of social work. In fact, most rural practitioners possess distinctive but intangible qualities essential to practice and to maintain sustainability in a rural setting. They are often seen as front-line, "in the trenches" practitioners. They meet clients in mutually agreed upon settings and show up at work sites or on doorsteps willing to help. More important, social workers who include rural practice in their "tool kit" must have the ability to cover large geographic areas and regions. Whether one practices in a big city or on top of a mountain, the philosophy of friendly visiting for societal improvement certainly meets the aims and goals of social work practice.

Rodney C. Haring, PhD, LMSW, is an enrolled member of the Seneca Nation of Indians with a private practice located on the Cattaraugus Indian Reservation. Dr. Haring is the founder of One Feather Consulting, LLC, which provides Employee Assistance Program services across North America. He can be contacted at rodney.haring@onefeatherconsulting.com.

Sandra Freeland, MA, is an enrolled member of the Navajo Indian Nation. She is a One Feather Consulting Employee Assistance Program professional working in remote regions of the Southwest.

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WHY WE DO IT: REFLECTIONS FROM A 30-YEAR PRACTICE, AND A REQUEST FOR FEEDBACK

SaraKay Smullens, MSW, BCD

I have often wondered what drives us. By that I mean those of us who continue day after day and year after year to work in the most difficult and draining settings, persist, and keep at it.

I would bet that those reading this have had many days like I have. Days when we return home and can barely move. Days when we are too tired to make dinner or even read. Days when there is absolutely nothing left to give to our own families.

Yet, somehow, somehow, we continue to do what we can until the homework of our own kids is checked (hopefully, or if not, they get the message that they can do it themselves), a story is read to them (maybe, and if not, they still know they are loved), and we can finally fall into bed...

But then, unable to sleep, we are haunted by what we have seen in the lives of our clients, and how little a difference we often feel we can really make as we support them in the fight for their own lives and address the inadequacies of the systems of so-called “helping professions” that are often insufficient to meet their needs.

For the past 30 years, in addition to my private practice, I have had a pro bono practice, where city resources, such as the DA's office, probation department, school counselors, teachers, as well as clients proud of their accomplishments refer individuals, couples, and families. Like you, I have seen horrors. I have entered homes and seen rats as large as kittens, and I've been bitten from head to foot by lice and bedbugs that have infested the chairs and sofas my clients sleep on as their only beds.

Like you, I have waited in crowded courtrooms to testify for my clients and gone to school meetings on their behalf. Like you, I am available 24/7 for my most difficult cases. I will not be manipulated, but when clients have a bottle of pills or a gun - saying that they cannot take the

pain of life any longer - I drop everything, and I am there. For I understand well these situations that erode the first floor of one's emotional home can be removed at these times of crisis. Or soon after, when they are very fresh. These are the moments when “being there” allows pain, anguish, rage, and terror to be released. These are moments when, finally, what I call “an emotional sense of direction” can begin to be planted.

I have often wished those who give up on our young people could be there when a high school dropout who has turned to drugs to dull his pain discusses Socrates' words about an unexamined life. And how he or she, with the support and sharing of a therapy group, comes to realize that the father or mother, who abused them, was once treated the same way. I wish these same people could be there to see clients come to an understanding that forgiveness does not mean one condones the acts, but instead reflects and understands where they have come from. I am a fortunate social worker. After my first marriage ended and I was a single parent for three years, I married a man who completely shares home responsibilities with me. He has never expected wonderful dinners after we both work hard, long hours. Cereal or eggs are fine with him for dinner, and, as the kids were growing up, so were hot dogs, spaghetti, and whatever else we could pull together.

I want to know why other social workers do it, why you hang in...Here is why I do.

For me this work is not really a job. It is something I cannot stop. The haunting eyes of my clients have a hold on me that I have come to understand, and like the waves of the ocean, I have no choice but to give in to them, and hold on, until something I can do or say, or someone my clients meet in a therapy group, or outside in their real world, can give them hope.

You see, as a child I watched my mother's endless suffering in an ill-fated and disastrous marriage. But there was no way out for her. In the 1950s few women could support themselves, and thus few could consider divorce. Plus, we were Orthodox Jews and the concept of divorce for a woman was not an option. And so my mother, late at night, as we drank tea, year after year, from my early childhood, poured her heart out to me. And later, alone in my room and helpless, I would hear her tears and her fear shake the foundation of life as we lived it...And then, as I grew older, I had a choice: to leave this "home" or to stay...I left, an act my mother never was able to forgive...

I know intellectually, of course, that I did what was right for me. But I also know that it was totally wrong for her. And I believe that her death, long before her time, was caused because her immune system just gave out.

So now, year after year, I hang on, doing what I can for others. I do for them what I was unable to do for her. And when I have those little successes that social workers know so well, I look up to the heavens. I see my mother's beautiful face, and liquid brown eyes, and I say: "This one is for you."

Please tell me why you do it. Why you hang on, refusing to give up, why for you social work is not only a profession, but a promise kept, despite everything...I would cherish knowing.

SaraKay Smullens, MSW, BCD (www.sarakaysmullens.com), has had a private and pro bono practice in Philadelphia for over 30 years. Certified as a group psychotherapist and a family life educator, SaraKay is the recipient of a Lifetime Achievement Award from NASW-PA. The treatment model that led to this award is highlighted in her article, "The Codification and Treatment of Emotional Abuse in Structured Group Therapy" (www.atypon-link.com/GPI/doi/pdf/10.1521/ijgp.2010.60.1.111), in the January, 2010 issue of the *International Journal of Group Psychotherapy*.

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