Slide 1

Navigating Ethics and Boundaries

Tim Saubers

SAMHSA
Substance Abuse and Mental Health Services Administration

PEER RECOVERY CENTER OF EXCELLENCE

1

Slide 2

2

Slide 3

Technical Assistance Request and Delivery

1. Submit your TA request

2. A TA Manager will contact you to discuss your request

3. PR CoE creates a plan for delivering your TA

4. PR CoE delivers TA

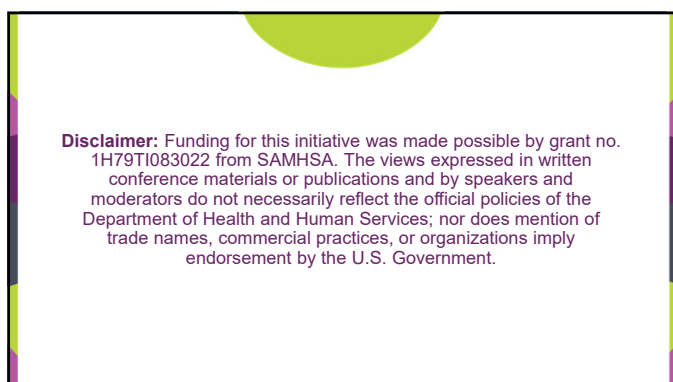5. You receive a survey to provide feedback

PEER RECOVERY

3

Housekeeping Notes

- This presentation will not be recorded.
- Please mute yourselves when the presenter is speaking.
- When you speak, please identify yourself by name to help others recognize you.
- During the presentation, submit questions and feedback in the chat box.
- You will receive the slides for this presentation via email.
- We value your feedback! An evaluation link will be provided; please submit your response within 1 week.

4

Agenda

- Orienting to the space
- Exploring why these topics are important
- Understanding Personal Ethics and Boundaries
- Professional Ethics and Boundaries
- Systemic Ethics and Boundaries
- Equity and Justice as Ethics
- Moral Injury
- Scenario Work (Throughout)

5

Orienting to the Space

- The purpose of this training is to support the development of skills related to navigating ethical situations
- It is intended for people who are already trained and working as PRSS
- This is not a 101-level training; there is an expectation that you have a base level of understanding of peer history and ethics

6

Why are Ethics Important?

- Peer-based ethics are radically different than clinical and existing systemic ethics
- Most certification ethics have undertones of clinical understandings of ethics if not complete co-optation
- We as peer workers have an obligation to shift understandings of ethics
- Equity and justice are ethics

PEER RECOVERY

7

Why are Boundaries Important?

- Boundaries play a crucial role in our ability to provide effective services
- We need to understand the difference between personal, professional, and systemic boundaries
- Effective and fluid boundary setting benefits us both personally and professionally

PEER RECOVERY

8

What comes to mind when you think about ethics and boundaries?

9

Scenario #1

You've been assigned to start working with a new person who is currently using drugs intravenously in a way that has caused harm to them. When you start working with them, they let you know that they're not interested in decreasing their drug use but are instead interested in learning ways to continue using drugs in a safer manner. The rest of the team providing services to this person feels that this is unacceptable and that they need to find ways to reduce or stop their drug use before even considering moving forward with considering other goals that the person is interested in.

As a PRSS how might your own values impact your ability to provide services to this person? How could you go about supporting this person while also working effectively with the rest of the team?

10

Understanding Personal Ethics and Boundaries

What values and morals guide my decision-making?
- Equity, justice, and accessibility
- Collectivism and community wellness
- Individual and expanded understandings of healing and wellness

Where are my boundaries?
- Participating in non-consensual interventions
- Working with law enforcement
- Coercing people into medical-model treatment
- Elevating one recovery pathway (e.g. abstinence) above others

11

Breakout Rooms:

What values and morals guide your decision-making?

Where are your boundaries?

12

History of Peer Movements

13

Both Mental Health and Substance Use Peer Work is Rooted in Community Empowerment

Mental Health
- Consumer, survivor, ex-patient (CSX) movements

- Rooted in systemic harm and oppression, psychiatric incarceration

- Nothing about us without us

Substance Use
- Mutual aid groups, 12 step groups

- Rooted in systemic neglect, ideas of "moral failures"

- Recovery is possible

14

Why this is Important to Keep in Mind

- Peer support is rooted in social justice movements such as psychiatric survivor, consumer, mad pride, mutual aid and disability justice movements

- By employing PRSS, organizations and those who supervise them have consented to participating in systemic disruption and reform

- "Informal peer support" has been practiced in marginalized communities throughout history and intersects with the formal certification in a myriad of ways

15

How does this impact the way in which we understand ethics and boundaries?

16

Ethics and Boundaries
Decision-Making Triangle

- **Personal:** Your own ethics, boundaries, and values (e.g. Comfort with touch)

- **Professional:** Your profession's ethics and values (e.g. Code of Ethics, recovery-oriented, person-centered, voluntary, relationship-focused, trauma-informed)

- **Organizational:** State laws & regulations, and the policies of your agency (e.g. Documentation requirements, mandatory reporting requirements)

- **Peer Voice & Choice:** The goals, wants, needs, and boundaries of the person served

Personal

**Peer
Voice & Choice**

Professional   Organizational

17

Common Professional Ethics and Boundaries

Common Boundary Issues

- People receiving services wanting to give gifts, share space outside of work, etc.
- People receiving services declining to participate in an established treatment plan
- People receiving services wanting to connect after services end

Traditional Response

- Declining to receive gifts of, "significant value," refusing to interact outside of work hours
- Expectation that treatment team identifies how to return the participant to compliance
- The establishment of a waiting period of 1 – 2 years before connecting after services end

18

Common Ethical Requirements

- 85% specified PSS will not enter into dual relationships
- 72% specified PSS will conduct themselves in a way that fosters their own recovery
- 53% specified PSS will center self-determination as a guiding value in the services they provide
- 51% specified PSS will not present themselves in a fraudulent manner or misrepresent the services they're able to provide
- 51% specified PSS will report when the person they're working with is a threat to themselves or others
- 37% specified PSS believe that people deserve to received services in the last restrictive setting
- 28% specified PSS will pause their credential when experiencing physical, mental health, or substance use struggles
- 25% specified that PSS will cooperate with certifying entities when required

19

Core Competencies

- 78% specify PSS have the skills needed to be an effective advocate

- 53% specify PSS have an in-depth understanding of recovery

- 44% specify PSS are able to take participants through common clinical treatment tools such as stages of change assessments, safety assessments, and more

- 39% specify PSS have an understanding of the skills needed to provide effective peer support services

- 39% specify PSS are able to share their recovery story in a way that supports others

20

Systemic Ethics and Boundaries

Common Systemic Problems

- Expectations about sharing or withholding personal lived experience
- Pay and benefits for staff vs. hours and amount of work expected
- Funder requirements and understandings of successful outcomes from services
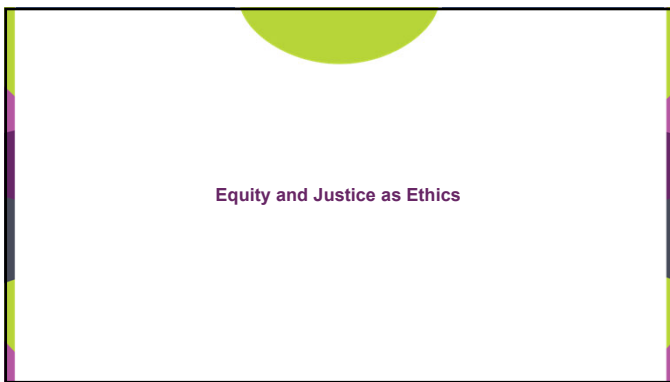
Impact on Providers

- Feeling a loss of control and autonomy over their experiences
- Quick burnout and departure for other fields
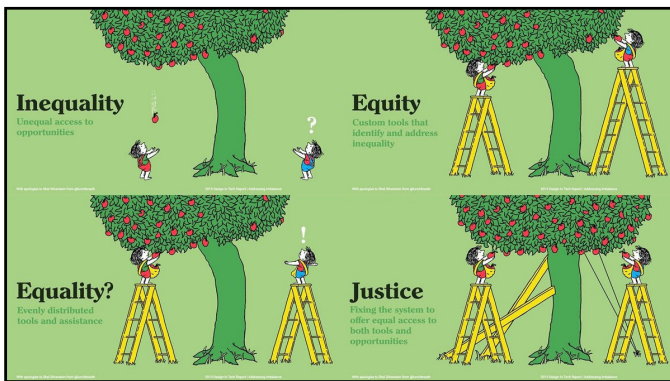- Moral injury and participation in systemic harm and oppression

21

Questions?

22

Equity and Justice as Ethics

23

Inequality
Unequal access to opportunities

Equity
Custom tools that identify and address inequality

Equality?
Evenly distributed tools and assistance

Justice
Fixing the system to offer equal access to both tools and opportunities

24

Equity and Justice as Ethics

It is crucial that we are not applying ethics in a blanket manner

- Different cultures and communities have different norms and understandings of mental health and substance use
- Different community groups have different experiences with service systems and impacts from engaging with them
- What does it mean when PRSS become part of systems and participate in practices that the workforce was founded to fight?
- What is our ethical obligation to honor the history of the peer movement and its values?

25

Revolution

- Revolution could be considered a step alongside or after justice
- Revolution does not have to mean completely demolishing existing systems
- It can cover a wide variety of approaches to creating new understandings of service provision, and ethics
- Having peer workers within systems is inherently revolutionary

26

Scenario #2

You're a peer worker who is providing services in a community-based program. A couple people to whom you're providing support have told you that they're interested in attending an upcoming protest about an issue that they feel passionate about and would like you to come with as their next appointment. Other staff have declined to go with them because they don't see how this issues is relevant, because "our shared lived experience of substance use is what matters most." Your organization has no formal policy about attending events like this with people receiving support.

How do you approach making a decision about attending the protest alongside the people you're providing services to? How might this change if it were an issue you didn't support or agree with?

27

What is Moral Injury?

"Moral injury can occur when someone engages in, fails to prevent, or witnesses acts that conflict with their values or beliefs. Examples of events that may lead to moral injury include:

- Having to make decisions that affect the survival of others or where all options will lead to a negative outcome
- Doing something that goes against your beliefs (referred to as an act of commission)
- Failing to do something in line with your beliefs (referred to as an act of omission)
- Witnessing or learning about such an act
- Experiencing betrayal by trusted others" ~ National Center for PTSD

Source: "Moral Injury in Health Care Workers" https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury_hcw.asp

28

Difficult Impacts of Moral Injury

- Significant and severe guilt and shame
- Anger
- Feelings of internal rupture "Being torn apart"
- Loss of trust in leaders, systems, or institutions – Usually due to sense of betrayal
- Loss of a sense of greater meaning or purpose
- Spiritual crisis
- Feelings of being trapped or stuck in their current situations – especially if the site of moral injury is tied to source of income or identity
- Suicidal thoughts or feelings

29

What Moral Injury is Not

- A diagnosis or mental illness
- A failure of an individual's own resilience or resourcefulness
- An indicator that a person experiencing moral injury has the "wrong" morals or values
- Something only military veterans experience
- A recent phenomenon only
- Something that only occurs if someone's life is on the line

30

Peer Support and Moral Injury

- Peer support workers not only bring their own moral compass and value systems to their work
- Peer support workers are held to specific values and ethical frameworks in guiding documents (Scopes of Practice, Codes of Ethics)
- However, most people working in professional peer support roles work in service systems that do not share these values or ethical frameworks

31

Moral Injury in Peer Support Continued (Direct Actions)

- A peer support worker is required by the employing agency to involve police and call 911 when the person they supported did not identify as being in crisis or consent to police involvement
- A peer support worker who values centering the humanity and personhood of the people they support are required to use pathologizing and dehumanizing language in documentation
- A peer support worker is asked to connect a person they are supporting to a recovery pathway they understand to be harmful or a recovery pathway they know the person they are supporting actively does not want
- A peer support worker who is expected to participate in developing a treatment plan for their person they support when they are not present or involved in any way
- A peer support worker is required to turn away a person seeking support because they don't have a permanent address

32

Moral Injury in Peer Support Continued (Failure to Act)

Situations where moral injury could result as a perceived failure to act:

- A person a peer support worker is supporting experiences abuse or mistreatment in service systems
- A person a peer support worker is supporting ends up dying either by suicide or substance overdose
- A person a peer support worker is supporting goes without access to supports for any variety of reasons
- A person a peer support worker is supporting is detained or institutionalized against their will

33

Moral Injury in Peer Support Continued (Witnessing Events)

- Finding out after the fact a situation has occurred in your workplace or with a person you support that violates your moral or ethical code.
- Attending events where others are promoting practices in your field that violate your moral or ethical code.
- Witnessing or hearing about workplace retaliation for people advocating for their roles as peer support workers.

What other examples do you think could be fit here?

34

Questions?

35

Upcoming Events:

Skill Development Series for Peer Recovery Support Specialists

April Community of Practice for Peer Recovery Support Specialists

- Skill Development Series for PRSS: Developing Skills as Professionals: https://utexas.zoom.us/meeting/register/tJEkd-2hqjMuHNBsI0vuxSEM_ahh2Erk-sI-
- April Community of Practice for PRSS: Exploring and Defining Lived Experience: https://utexas.zoom.us/meeting/register/tJEvfuqvrz8oH9MZ8MPOLo2ax8uqX9Ep3Nlb

36

Connect with us!

www.PeerRecoveryNow.org

Tim.saubers@Austin.utexas.edu

f
@PeerRecoveryCoE

twitter
@peer_recovery

vimeo
Peer Recovery Now

37

38