

## October 2023 Newsletter

Greetings friends and colleagues,

Happy fall. Although, as I write this the Northeast is experiencing a bit of a heatwave—it's 82° and humid-- in October. As always, it's bittersweet to say good-bye to summer; I'll miss the long, warm days but look forward to apple and pumpkin picking (and digging out my nana's pie recipes), hiking through the fall foliage and bonfires in the backyard (with s'mores of course). As you are aware, this spring I committed to "four in four in fall"—four workshops, over four months in fall 2023. One down (Minors' Vs. Parents' Rights in NJ) and three to go (Boundaries, Documentation for NJ Social Workers and Audit-Proof Progress Notes). To be honest, over Labor Day Weekend I found myself questioning my sanity and reprimanded my administrative team for "allowing" me to make this pledge. These wise souls reminded me why we concocted this plan in the first place—I love training and my goal is to dedicate as much time to conducting workshops and offering individual and group consultations as I spend providing psychotherapy in my private practice. Won't you help me reach my goal? Rooting for you to reach your goals too!

Leslie

After a recent workshop an attendee asked me how I come up with ideas for my case scenarios. I paused and said: "from SOS calls I receive from clinicians asking for ethical guidance and mostly from Facebook". That's right-Facebook. Facebook groups comprised of mental health professionals are chock full of ethical quandaries. What



seems to come up most often lately (besides the never-ending struggle with insurance and reimbursement)? Boundaries, boundaries and more boundaries.

Here's just a sampling of (modified) examples of what's popped up in my feed over the past 2 weeks—

Just gotta vent. I'm really frustrated. I recently hired and started training an office manager to answer phones, schedule appointments, collect payments and to do billing. Today she dropped a bombshell—her daughter-in-law is a client at my practice. Can you believe it? She was by far the best candidate and I really need help; I'm drowning. She promised she wouldn't look at her DILs chart or diagnosis when billing, so I am going to keep her on staff.

Not sure what to do. I will be having surgery in a few weeks that will significantly change my appearance over a short period of time. I advised my clients that I would be out of the office and due to being unsure of the recovery period, I could not give them an exact date of return. So, they know it's surgery. I want to be sure I am holding good boundaries, but I don't know what to say if they ask? Or should I bring it up first. It's going to be the pink elephant in the room at some point.

Hey hive mind. Weird thing just happened. Does anyone conduct therapy sessions outside of the office? I'm not referencing walk and talk therapy. For example, inviting couples therapy clients out to dinner or coffee? Why am I asking this? well, my brother and his wife are in counseling and after just a few sessions, the therapist, who happens to be a male, invited them out for drinks and dinner. I'm new to the field and I have not heard of this type of therapy before. Am I wrong, or is this a red flag?

I'm really annoyed. Today my supervisor told me that I was "wrong" for using social media to get referrals. She said that I should be using a business account and not my personal Facebook, TikTok and Instagram, but that's how people know me. I've been on social media forever and have thousands of followers/friends. I'm right, right? I don't need two separate accounts.

A current client just got published and is doing a book reading & signing. I'd really like to attend, as the book is about her journey to recovery. They haven't asked me to come, but I know they wouldn't mind. It will be in a large auditorium, so they wouldn't see me. I wouldn't get the book signed (she already gave me a signed copy). Is it weird to go and not ask/tell her?

I'm returning to work tomorrow after a week-long absence due to the sudden death of my niece who died from a botched, routine surgery. Because I was so distraught, my supervisor called my clients for me, telling them I had a "family emergency". When my clients ask what happened, do I tell them actually what happened? How much information should I share? I feel that I should tell them the truth, so they understand that I may not be at my best right now. I pride myself on transparency.



Interested in exploring case examples like these? I invite you to join me for "Warning: Boundary Crossing Ahead." Together, we'll examine the challenges mental health practitioners face maintaining and managing appropriate boundaries in their various personal relationships and professional roles. We will review how to resolve complex ethical dilemmas stemming from boundary crossings, boundary confusion and conflicts of interest. We will do this by applying the NASW Code of Ethics and other supporting social work documents to common case examples that address a variety of boundary issues that will lead us to ask---

- Can I do this?
- Should I do this?
- Why should I do this?
- Is this clinically, ethically and legally sound?
- Who does this benefit?

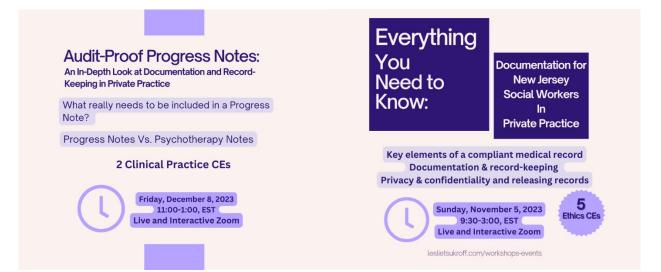
When: Friday, October 20, 2023 Where: Live, interactive, synchronous on Zoom Time: 9:30 AM-3:00 PM EST Investment: \$125.00 CEs: 5 Ethics for social workers in all states except WV and NY

For more information and to register <u>https://www.leslietsukroff.com/warning-</u> boundary-crossing-ahead





Additional live, synchronous workshops on Zoom you might be interested in



For more information

https://www.leslietsukroff.com/audit-proof-progress-notes https://www.leslietsukroff.com/everything-you-need-to-know-documentation-in-privatepractice

## **Ethics Matters**

## Tread Cautiously: Boundary Crossings and Dual Relationships

While at the 2023 NASW-NJ conference, I had a lively discussion with a group of individuals who asked my opinion about working with more than one family member, either simultaneously (at the same time) or sequentially (after one service relationship has ended). Before sharing my thoughts, I reflected that they had posed a well-debated topic, and noted that clinicians often fall into one of two camps- "there's nothing wrong



with it" and "it's an ethical, legal and clinical minefield". For those who know me, you can guess which camp I'm in. For the rest of you, read on to find out.

As part of the informed consent process, at the outset of the service relationship, mental health professionals are tasked with explaining each person's rights and responsibilities and an important piece of informed consent is clarifying what role each will play. When working with couples (or families and minors), determining who holds "client status"- is it the couple, one part of the couple or both individuals- is an important step and one that should not be overlooked. The NASW Code of Ethics states: "When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services." (1.06 d).

To read the full article (originally appeared in the May 2023 Newsletter)

https://www.leslietsukroff.com/post/common-dual-relationships-that-can-go-south-fast

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