

# Psychotherapy & Therapeutic Ethics In The Movies Handout

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# Standard of Care

- ❖ The qualities and conditions which **prevail, or should prevail**, in a **particular** mental health service, and that a reasonable and **prudent** practitioner follows
- ❖ The standard of care is **Context** based!
- ❖ **Beyond** ‘no sex’ with current clients and ‘do not exploit’ or ‘intentionally harm clients’ there is **no one textbook** or set of rules that define the standard of care



# Standard of Care is **NOT!**

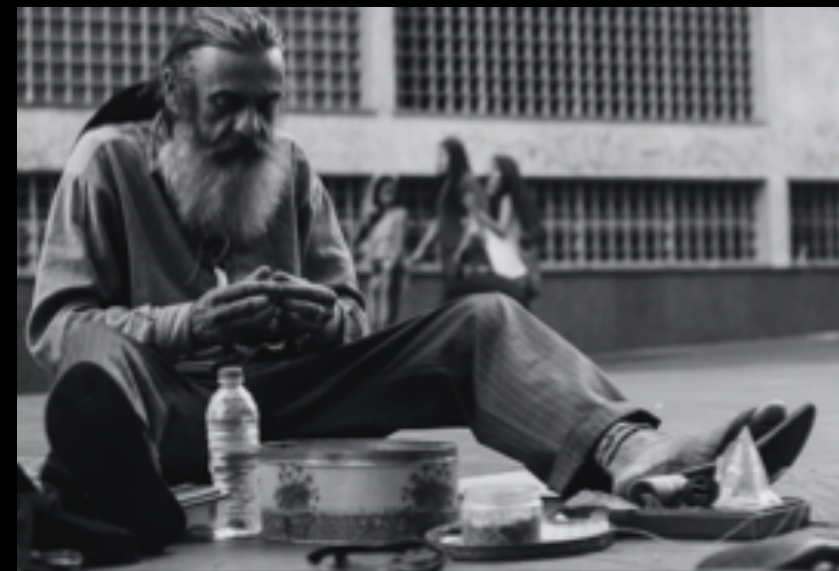
(Not about CYA)



- ❖ A standard of **perfection**
- ❖ An A- standard - It is a C+ standard
- ❖ Free of **mistakes** – Mistakes are human
- ❖ Following rigid **risk management** principles of “Don’ts”
- ❖ Ruled by **majority** (i.e. EMDR in the 1990’s)
- ❖ Following **psychoanalytic** principles
- ❖ **Permanent** or **fixed**
- ❖ Determined by **outcome** or **cost**



# Standard of Care Is **Context** based





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# Boundary Violation

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**When therapists cross the line of decency**

Intentionally, carelessly or recklessly, violate, exploit or harm their clients

Operate outside the standard of care

Examples:

- \* Exploitative business dual relationships
- \* Sex with a current client





# Boundary Crossings

Within the SOC

Out-of-the-Box

Creative-Effective Therapists





# Therapeutic Boundaries





# Traditional Therapeutic Boundaries

- ❖ Gifts
- ❖ Touch
- ❖ Self-Disclosure
- ❖ Dual/Multiple Relationships: Concurrent & Sequential
- ❖ Bartering: For Goods & Services
- ❖ Out of Office Experiences: Home visits, 'Walk & Talk', etc.
- ❖ Home office
- ❖ Time & length of sessions. Proximity, Clothing, Silence & Language



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# Boundary Crossing

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Odd term.....

Neutral, appropriate, ethical,  
legal, benign, helpful, or part of  
clinically effective interventions







**Boundary crossings are within the standard of care**

**Differentiate:  
Boundary Crossings vs. Boundary Violation**





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# Ethical Gifts

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Ethical gift-giving by therapists has a clear clinical rationale and has the client's welfare at heart.







# Touch in Psychotherapy





# Unspoken Western Culture Taboos

- ❖ “Don’t touch the opposite gender!”
- ❖ "Don't touch same gender friends!".
- ❖ "Don't touch yourself!"
- ❖ "Don't touch strangers!"
- ❖ "Do not touch the elderly and the sick!"
- ❖ “Don’t touch those who are dying!”
- ❖ "Don’t touch those who are of higher status!"
- ❖ **Corona Virus: Don’t touch the un-vaccinated**





# Myth: Non-Sexual, casual touch, is often the first step to sexual touch

- ❖ The US is a 'touch phobic' culture
- ❖ Most cultures do not hold the (paranoid) association between touch and sex
- ❖ Research findings: The # of times two people sharing coffee in a restaurant **touch each other, per hour,**

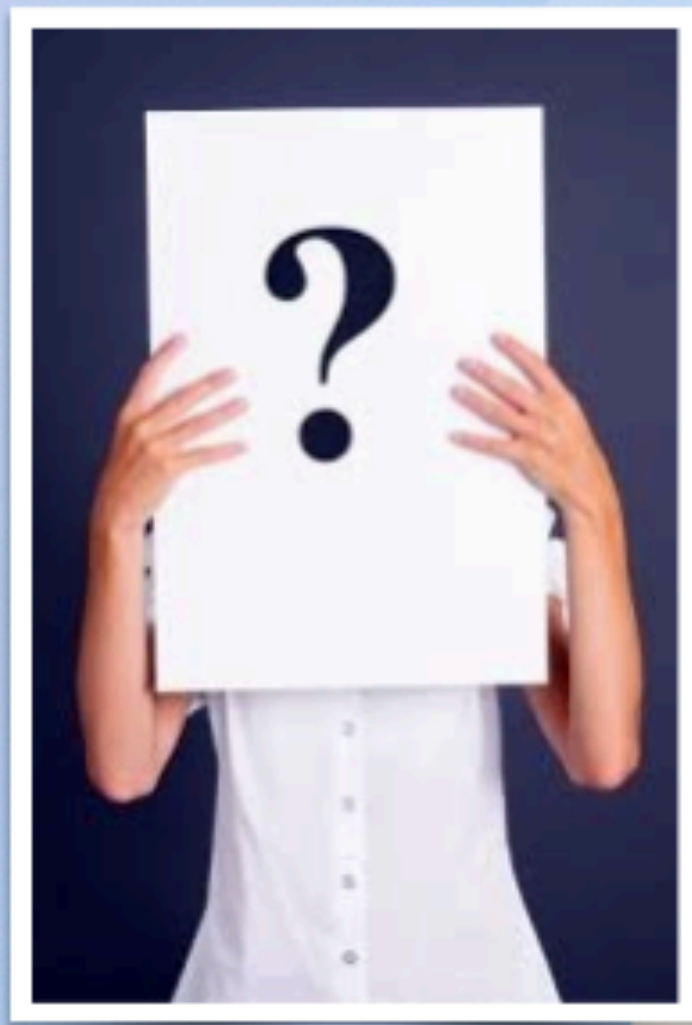
**In:**

London:	0	Florida:	2
Jerusalem:	100	Paris:	110
San Juan:	180		





# Self-Disclosure



Self-disclosure is the revelation of personal rather than professional information about the therapist to the client





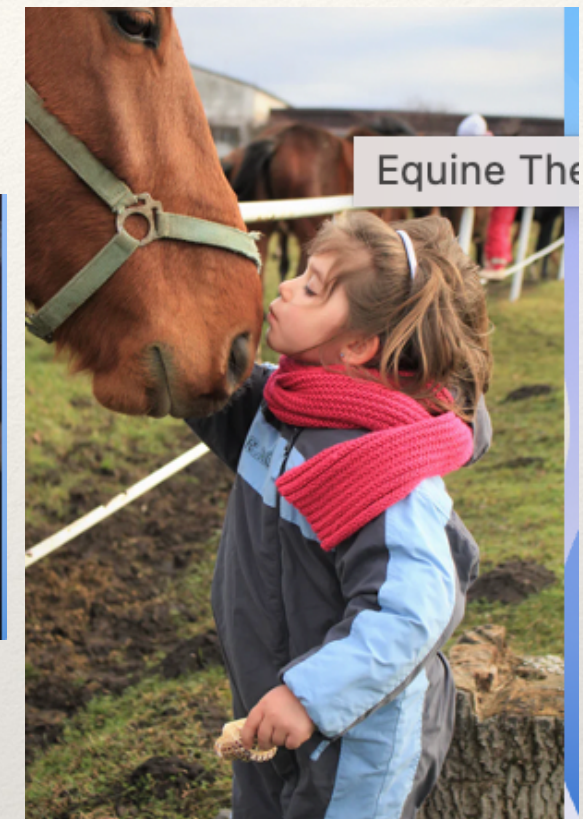
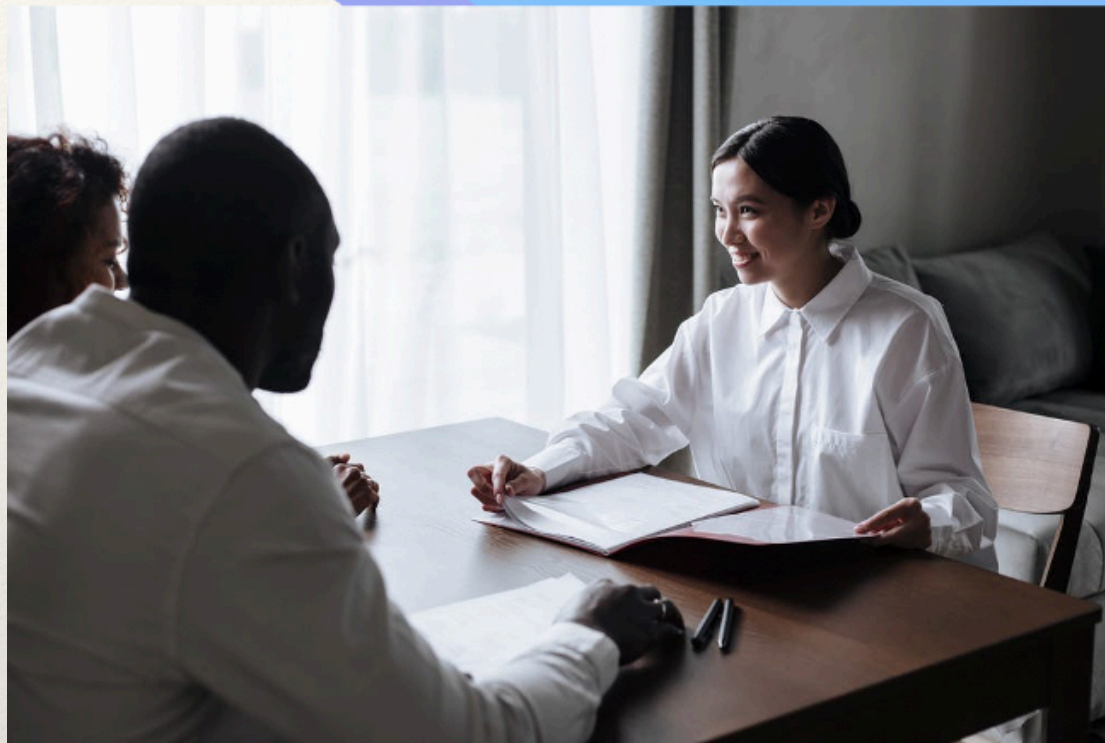
# Unavoidable Self Disclosure

- ❖ Rural & Small communities
- ❖ Small Ethnic, Spiritual, LGBTQIA, AA, NA
- ❖ Disabled communities
- ❖ Military & Police
- ❖ Home visits
- ❖ Sport psychologists
- ❖ **TeleMental Health – Online Therapy**
- ❖ **Age of Google, LI, Meta, TikTok . . .**





# Out of Office Experiences w/ Clients





# Dual or Multiple Relationships Concurrent vs. Sequential

- ❖ **Dual Relationship:**
- ❖ When a therapist has a relationship with a client in addition to the therapeutic one
- ❖ **Differentiate:**  
**Concurrent vs. Sequential**





# The Standard of Care is **Context Based** – Small Town Dual Relationships



**Old:** “Non-sexual dual relationships, while not unethical and harmful per se, foster sexual dual relationships” (1990)



# Common Dual Relationships





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# Unavoidable Dual Relationships

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- ❖ **Rural Communities**
- ❖ **Small Towns/Cities**
- ❖ **Small Communities:**
  - ❖ **LGBTQI, AA, NA, Alanon, NAMI, Spiritual**
- ❖ **Military**
- ❖ **Police**
- ❖ **Jails/Prisons**
- ❖ **Sport Psychology**



# **Creative - Ethical- Boundary Crossings**

**Within the SOC**

**NOT Boundary Violations**

**Out-of-the-Box Effective Therapists:**





# Standard of Care is **Context** Based

Different than private practice downtown NYC, LA or Chicago:  
Small & Isolated Communities, AA, Univ. Campus, Military, Prisons

**Apply the following extreme examples to your  
everyday practice**





# Is it Ever Ethical for a Psychologist/Psychiatrist

- To be **Naked** with a Client?
- To fascilitate/cause the **Death** of a Client?





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It is ever ethical for a therapist to be naked with a client?

Think **CONTEXT**:

- ❖ **Locker room** of a small town gym
- ❖ **Nudist beaches**
- ❖ **Hot tubs** @ Esalen, CA

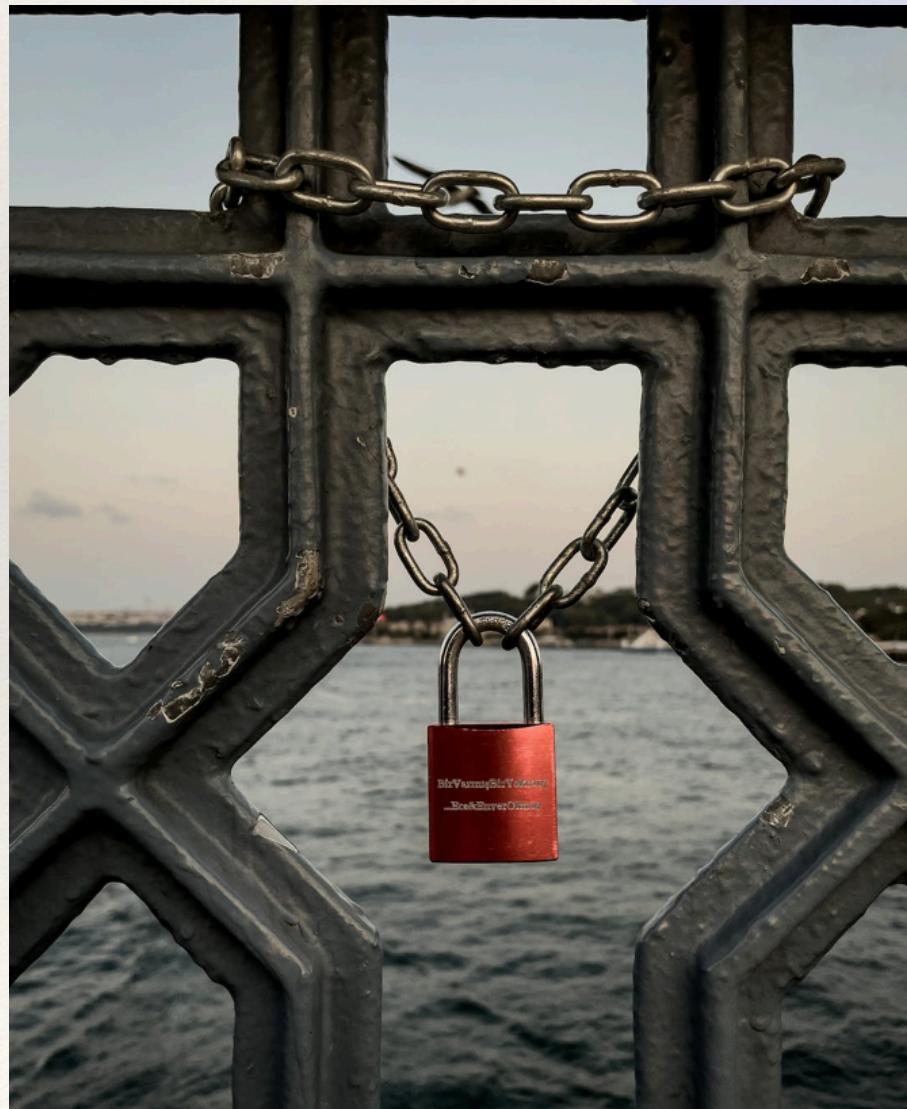




# Boundary Violations by Therapists

## Unethical & Below the Standard of Care

❖ Add image





# When Clients Cross & Violate Boundaries





# Boundary Violations





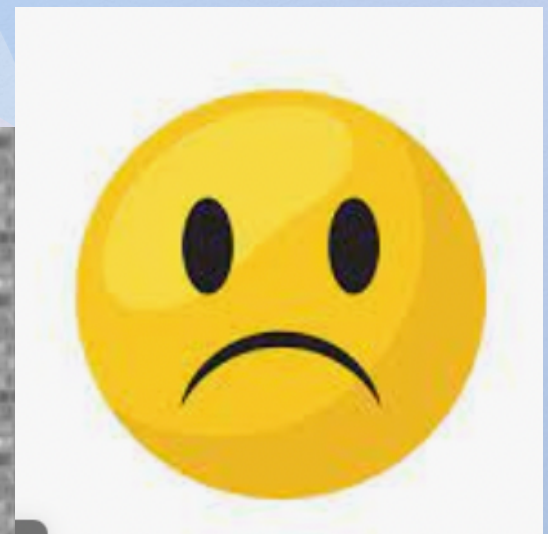
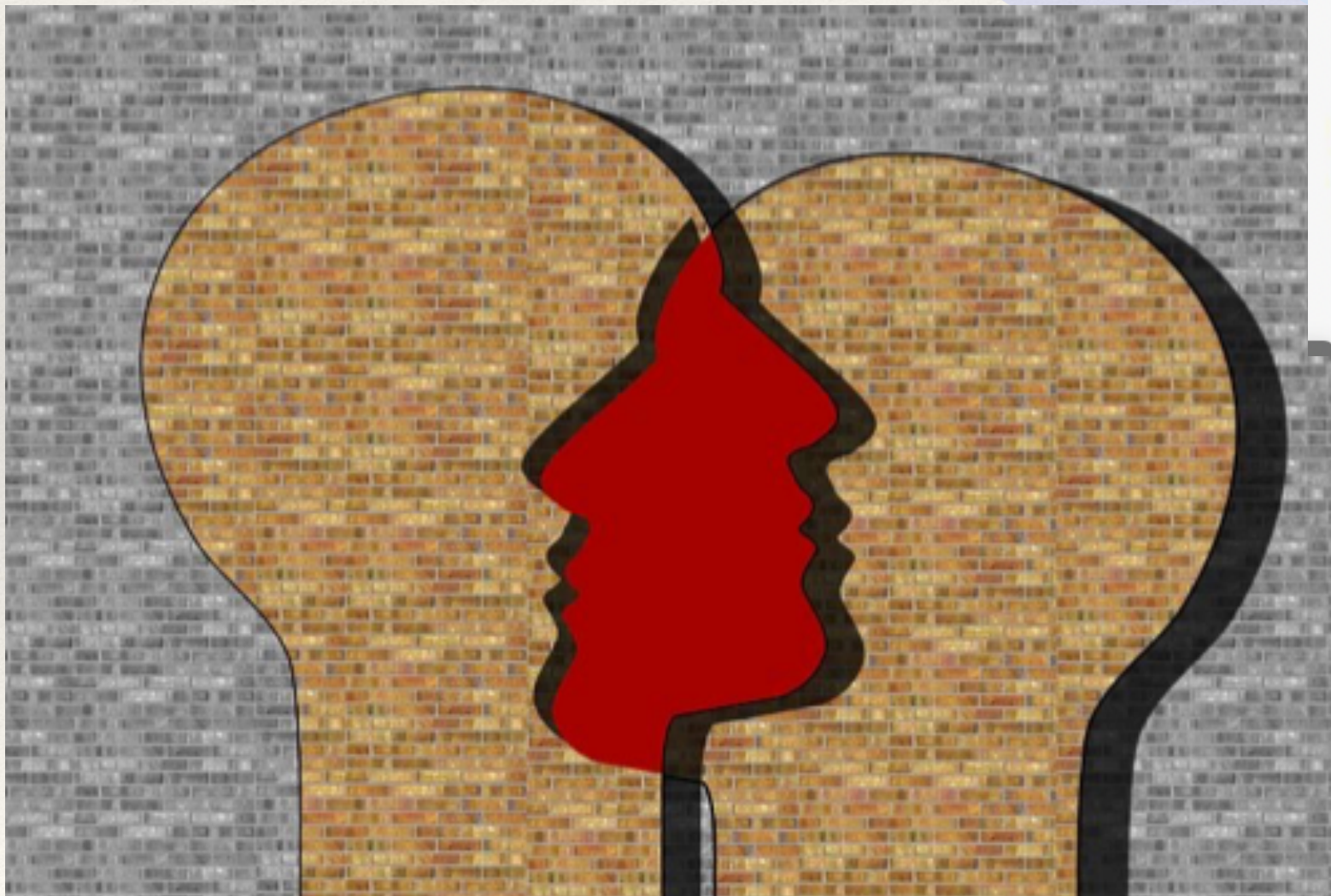
# Rethinking “Power differential”: On Powerful Clients

“The **power differential** is the **inherently** greater **power** and influence that helping professionals have as compared to the people they help.”





# The Power of BDP's: You are one Borderline away from loosing your license





# Re-Thinking Self Disclosure in the Digital Age

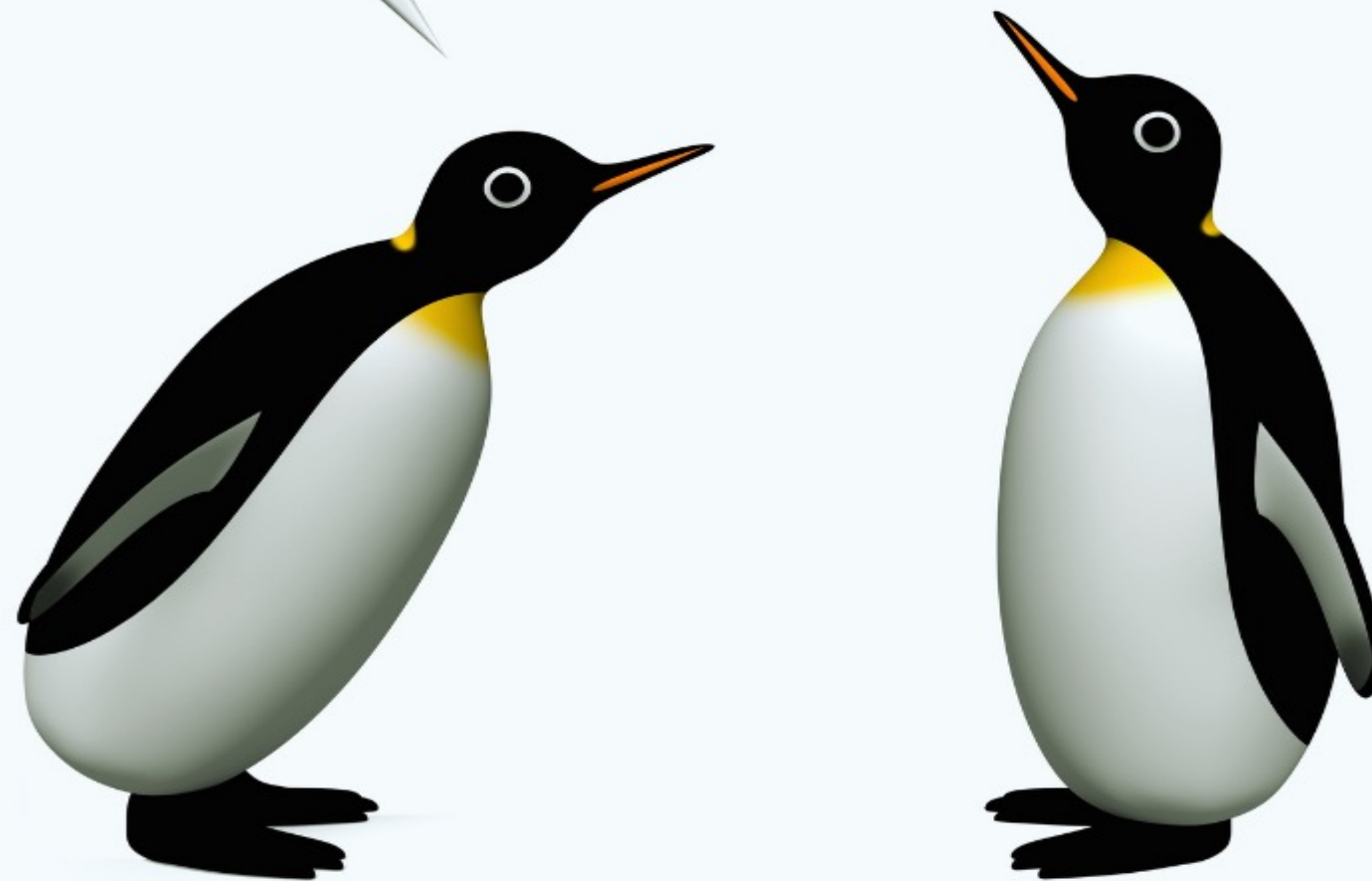
When clients **Google** or **Hack** their therapists





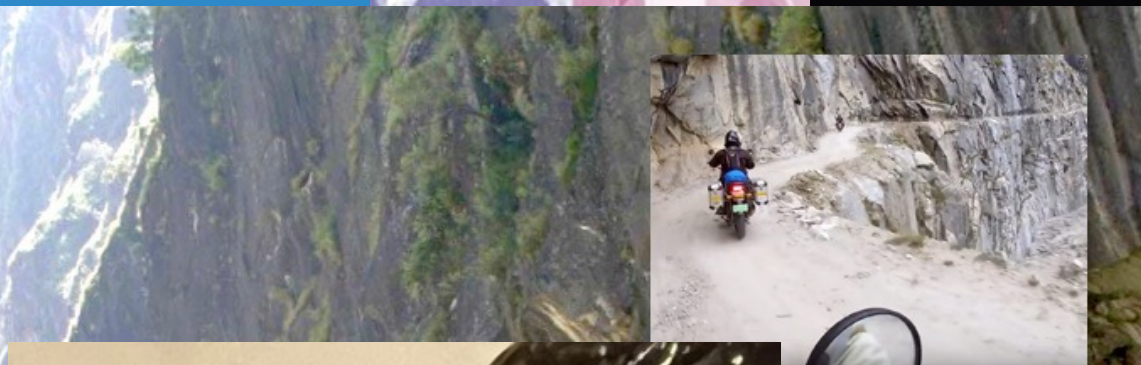
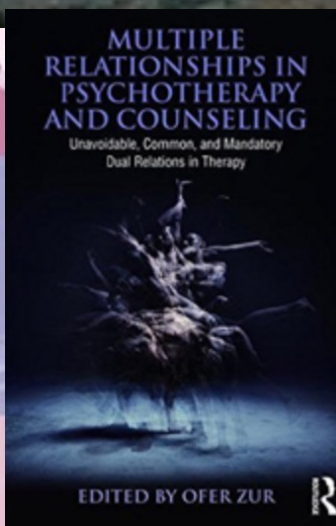
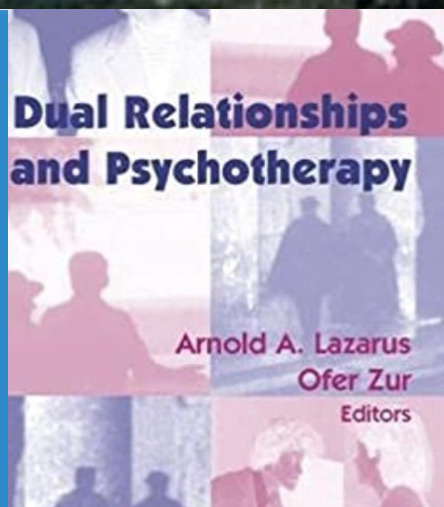
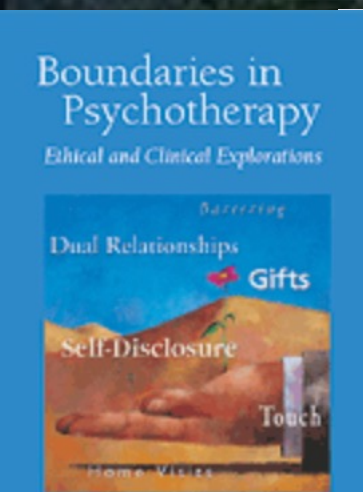
# Therapist's Transparency & Self-Disclosure in the Internet Era

*"For some reason I have a funny feeling that I'm  
being Googled."*





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# Stay Informed & Safe

Google yourself regularly

Sign up for **Google Alerts** at

**<http://www.google.com/alerts>**

Use different combinations:

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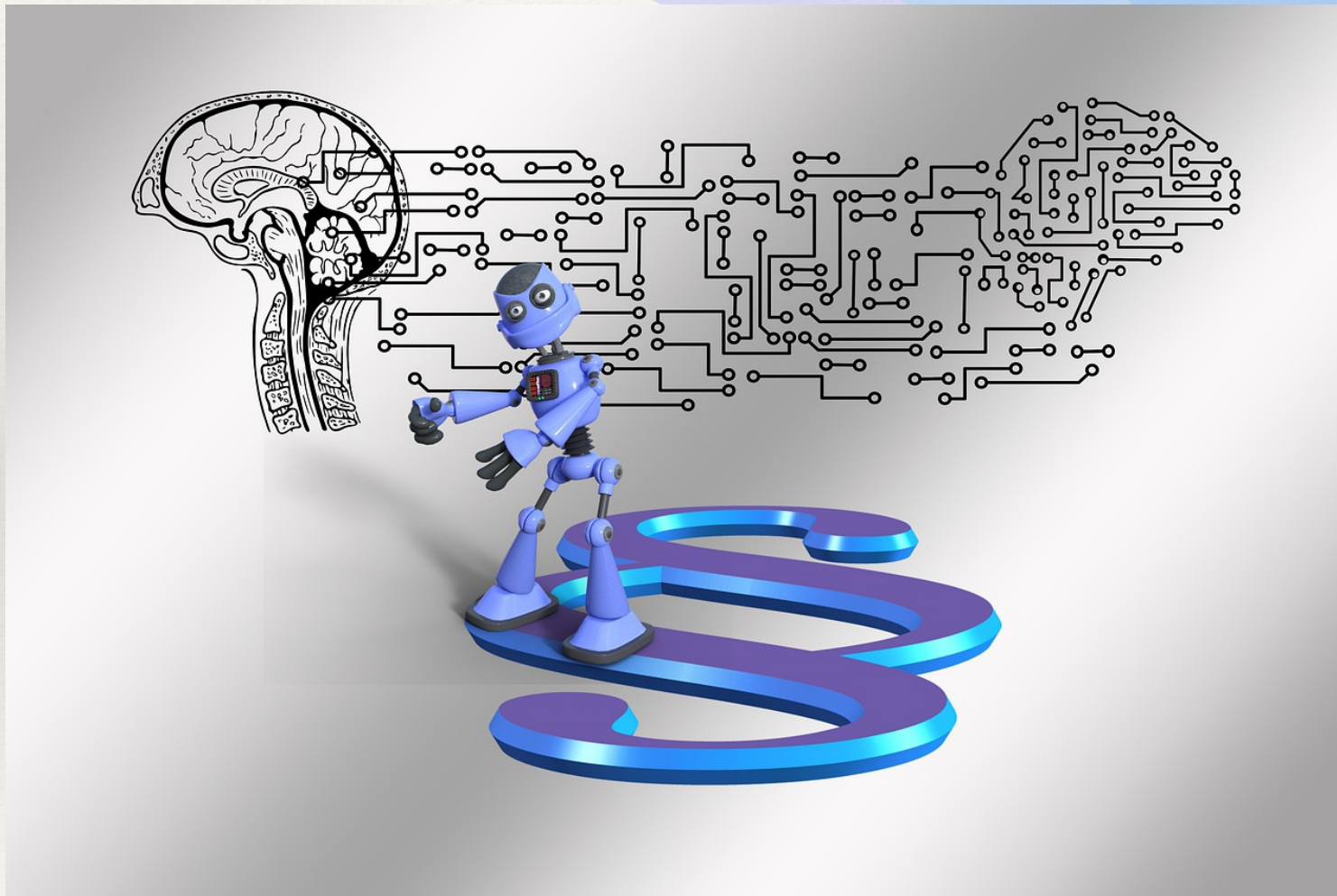
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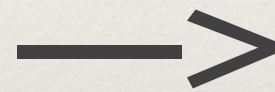


# Digital-Age Ethics





# 24/7 & Night-Time Social Media/Texting -> Sexting



Slippery slope (Disinhibition): Texting -> Social -> Sexual



# Therapy & Texting 24/7

- Texting as part of Telehealth & F2F
- Generally, *no excuse* for midnight 'session' in standard therapy -
  - 24/7 Emergency resources:
    - \* Crisis Text-Line: 741741
    - \* Suicide Hot-Line: 988
    - \* Of course: 911
- Popular Sites: **TalkSpace** - **BetterHelp**
- AI: After taking the free mental health assessment, it matches clients with a providers



# The Online Disinhibition Effect

Lack of restraint when communicating online in comparison to in-person communicating (Suler 2004)

Anonymity \* Invisibility \* Imaginary World

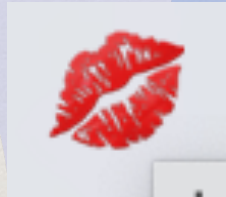

Positive + & Negative -





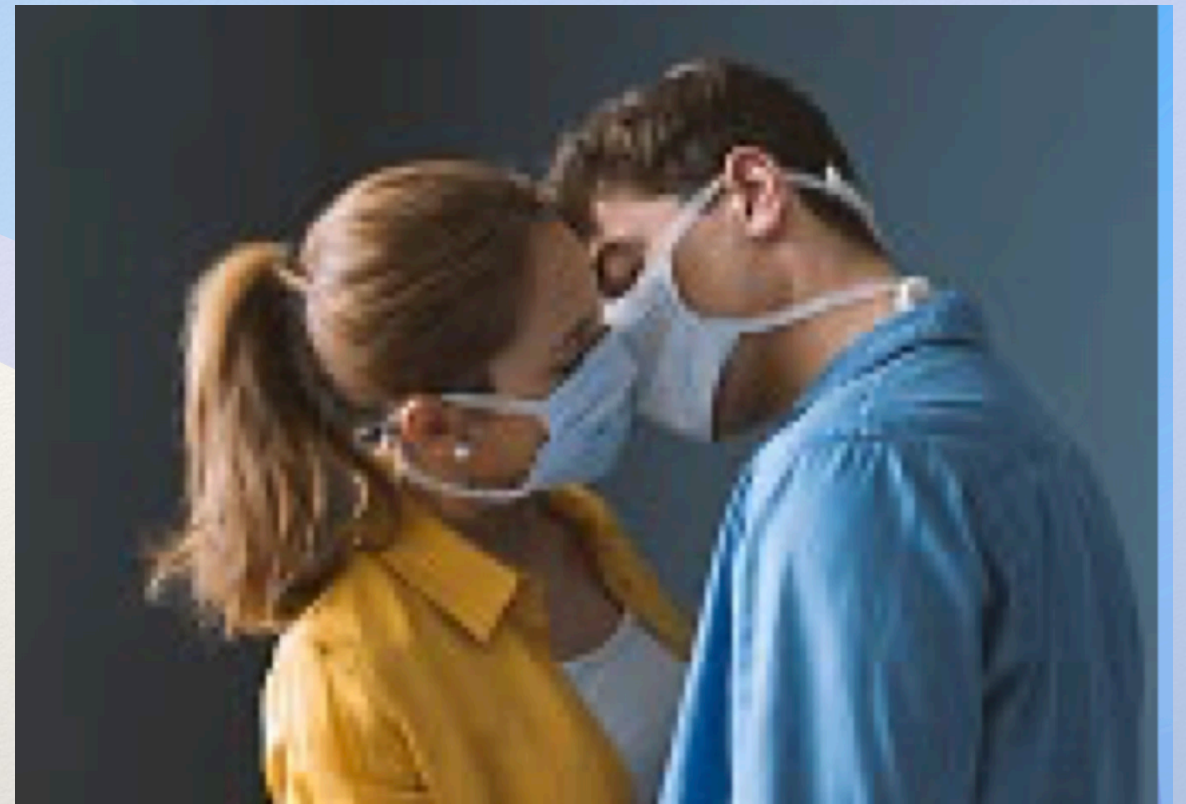
## 7. Don't get carried away with Social Media, texts or e-mails.

### No Texting... Into the night!

- ❖ Long trails of hundreds or thousands of texts, e-mails or social media communications have become prominent evidence of substandard care in board complaints & lawsuits
- ❖ Establishing digital boundaries
- ❖ Watchout for: Texting ->>> Sexting  
- ❖ Is texting part of treatment plan or just for administrative purposes?
- ❖ Discuss text content & response-time w/ clients [i.e., “No texting/e-mails after 6 pm”]
- ❖ Inform clients that texts are part of the clinical records
- ❖ Add a section in **Office Policies** regarding texts
- ❖ Include all digital communication as part of the clients' record
- ❖ **New:** National Suicide Prevention Lifeline: 988 [No Excuses]



# Digital Age: New Definition of 'Sex'



“Sex” -> “Sexual Behavior” or “Sexual Intimacy”

“**Sexual behavior**” means inappropriate contact or **communication** of a sexual nature

**Sexual Behavior: Sexting, sexy emails, sexy talk,**



# To Google or Not to Google Our Clients

## Sample of Statement in the Informed Consent

### Internet Searches:

- ❖ At times XX may conduct a web search on his/her clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss it with XX
- ❖ You may want to add:
  - ❖ If XX searched for you online, he/she will let you know and discuss the reason for it with you.





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# Develop & post **Social Media Policies** as part of your standard & telemental health Informed Consents

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## Include (also):

- Responding to friend requests from clients
- Confidentiality – Acknowledging the therapeutic relationships
- Discussing clinical issues
- Potential ‘slippery slope’ of digital dual relationships
- Googling clients
- “My posts are educational not professional advice”
- Reminds clients that their posts may jeopardize their confidentiality.
- Social media communication are part of the clinical records



**CAMFT Social Media Confidentiality Disclosures and Record Keeping:**  
<https://www.camft.org/Resources/Legal-Articles/Chronological-Article-List/social-media-confidentiality-disclosures-and-record-keeping>



# APA GUIDELINES for the Optimal Use of Social Media in Professional Psychological Practice

**APA COMMITTEE ON PROFESSIONAL PRACTICE AND STANDARDS**

APPROVED BY APA COUNCIL OF REPRESENTATIVES  
**OCTOBER 2021**

- ❖ <https://www.apa.org/about/policy/guidelines-optimal-use-social-media.pdf>



# TeleMental Health Ethics

## Concerns & Challenges in TeleMental Health The Future Is Here





# Post Pandemic:

## Pandemic Impact on Psychotherapy

### ❖ Current:

#### ❖ Hybrid model

### ❖ Done: Insurance companies, including Medicare, increased reimbursement for telemental health

### ❖ Temporarily: - Still – For now:

#### ❖ More flexibility and ease in practicing across state lines (+ PSYPACT: 25+5)

#### ❖ HIPAA rules were temporarily relaxed:

### ❖ Up & Coming: AI + Text Therapy + Mental Health App

### ❖ To Mask or Not to Mask?





# TeleMental Health

## Main Concerns



- ❖ **Separate Informed Consent** for Telemental Health
- ❖ **Cross States' Lines**
- ❖ **Verification** of clients' identity, age, location, etc.
- ❖ Clients (therapists) **on the run**: In cars, in the park, on bicycles, others presence in the room....
- ❖ **\* Social Media Policy**: Friends' Request, Googling clients +++



# TeleMental Health – Additional Concerns

## ❖ **Emergencies:**

\* **911** is **local**, **NOT** a national system - 911 is not transferable

- ❖ **Duty to warn & to protect:** Standards are different in different states

## ❖ **Unsuitable to some Clients-Therapists-Disorders-Testing/Assessment**

## ❖ **Disinhibition Effect** - Excessive self disclosure by therapists

## ❖ **Internet disruptions**

## ❖ **Unauthorized recordings**

## ❖ **Privacy & Security**



# Therapists & Clients Self Presentation

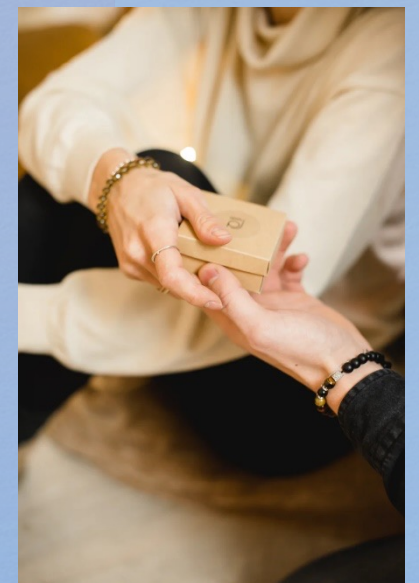
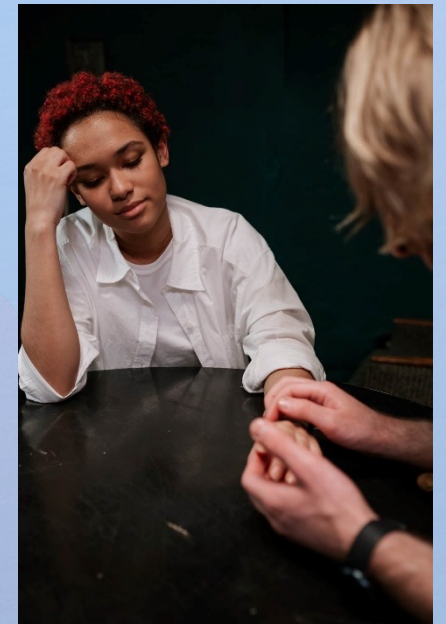
## Disinhibition 101

- ❖ **On the run - Casual**: On bicycles, in cars, walking on the trail, beach, shopping mall, etc., changing a baby, eating, TV in background, around people, animals or neighbors
- ❖ **Disinhibition effect**:
  - ❖ **Evolving casualness** in language, behavior, dress, appearance, interactions, mannerism,
  - ❖ From the **comfort** of their homes / cars / neighborhoods
- ❖ For some: **Dislike seeing one's own image** staring at you during a session on zoom (unlike F2F sessions)



# What is missing in TeleMental Health?

- **Physical touch:**
  - **Holding hands, Pats on the back, Hugs**
- **Tissue box – Kleenex**
- **Gifts of flowers, cake, book, music disk**
- **Cup of water**
- **‘Walk & Talk’**
- **Limited body language**



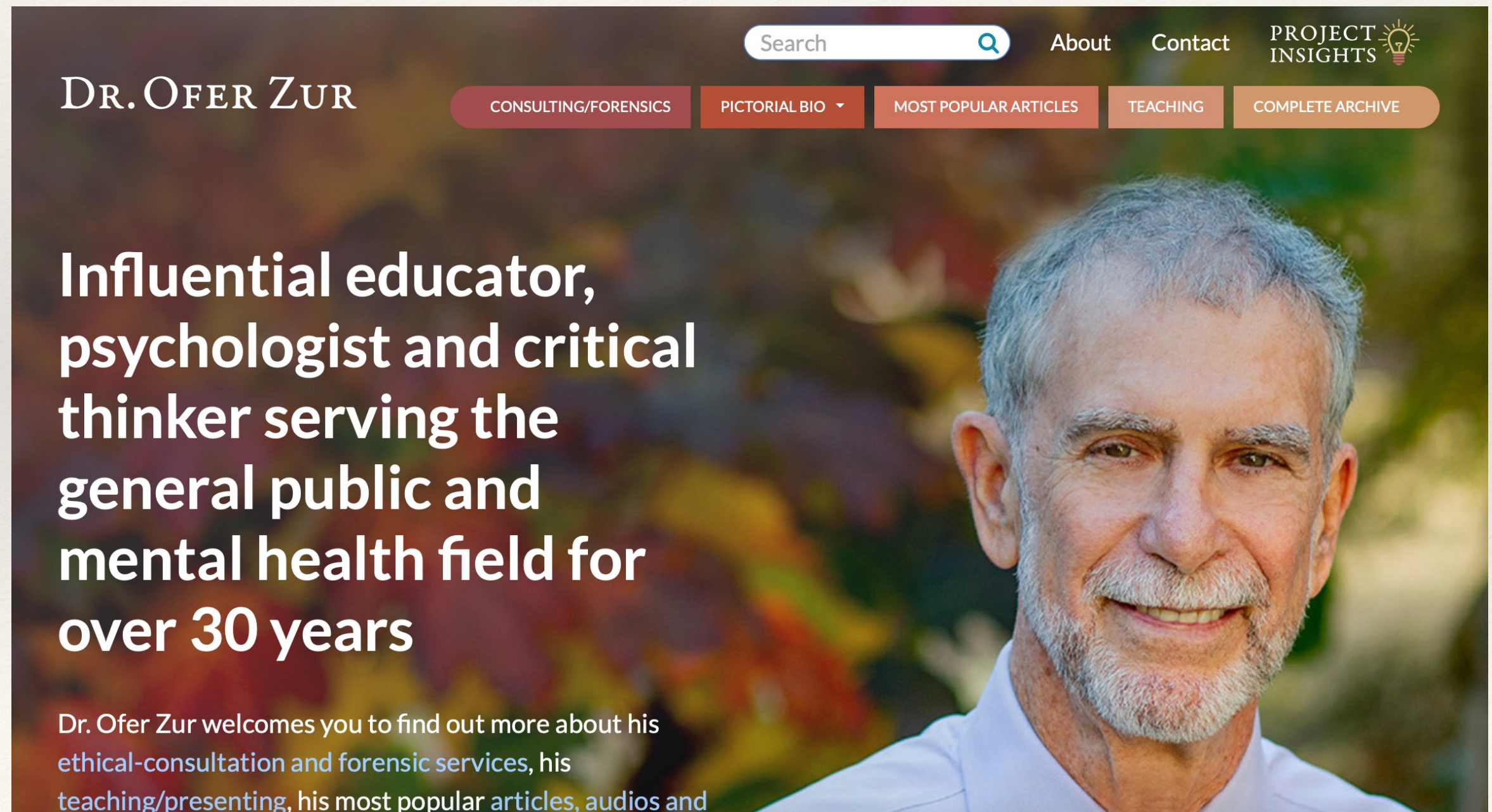


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