

# Ethical Dilemmas When Working with Survivors of Trauma



**Presented by:**  
**Elizabeth Bach-Van Valkenburgh, LISW-S**  
**6200 SOM Center Rd D-20**  
**Solon Ohio 44139**  
**216-407-1205**  
**malory214@yahoo.com**

# Note about how I teach...

I am a firm believer in experiential learning and I hope that that value comes through in my presentation today. To me experiential learning is about dialogue, connection to the material and your co-learners as well as integrating and challenging the material as you come into contact with it.

The purpose of these slides/handout is to aid me in teaching you the material in a understandable manner. So that you, the participant, do not have to try and track my stream of consciousness around teaching this material that I love. To that end there are times where we may skip around a bit because of the interest of the group or in the interest of time. So I ask you to use this hand out as a guide and to approach it as support to your learning as opposed a strict guideline.

I commit that together we will meet the educational objectives as described in the evaluation but I ask that we have the flexibility to do so in a manner that best serves you and your co-learners.

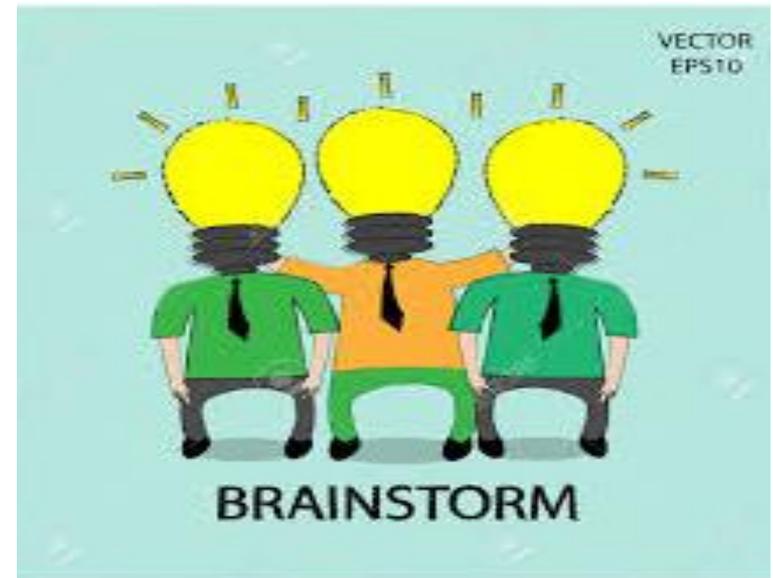
Thank You and I look forward to learning with you today...EBV

# Some initial thoughts...



# Thinking Behind Ethical Evaluation

- Good deal of transference and countertransference
- Process oriented work can look unbounded
- The family systems
- False memory syndrome
- A commitment to Trauma informed approaches



# **A Word on Self Care and Ethics**

**In the last few years we have come to realize...**

**“Counselor self care is simply not a luxury or a selfish activity but rather an ethical imperative.”**

**and**

**Trauma informed care means understanding that “it is unethical to not attend to your self care as a practitioner, because sufficient self care prevents us from harming those we serve.”**

**(TIP 57 page 210)**

# Why is this population different?

- **Symptoms** are often constant, impairing and in the moment ex: can not sleep...intrusive thoughts
- Organized **behavior** and view of the world is deeply influenced by fear and lack of trust
- **Boundaries** and ethical practice are essential with all clients but ...with survivors the potential for a violation (intentional or accidental) is higher and their ability to self protect is often impaired
- Adding an additional layer: meaning these issues are on top of what most clients bring to therapy as “ordinary misery”

# Considerations and Challenges

- Rate of re-traumatization (intentional and unintentional)
- Clinical reluctance “can of worms”
- Therapists getting triggered by client content
- Crisis stance breeding a sense of over dependence...
- Disturbance of basic trust/safety leaves survivors more vulnerable
- Lack of self protection...boundaries



# Kant Was Wrong...(at least in this case)

- A great informer of fairness and ethical practice
- His concept of the “categorical imperative” which he wrote about in *Groundwork for Metaphysics of Morals*
- To act in an ethical manner towards others people must be treated universally the same
- We use this in practice
- Yet for this population it is not true
- Ex Sept 11th



# What is Trauma?

“... the unique individual experience, associated with an event or enduring conditions, in which the individual’s ability to integrate affective experience is overwhelmed or the individual experiences a threat to life, bodily integrity, or sanity...”  
(Pearlman & Saakvitne, 1990)

Trauma is defined by the *experience of the survivor*.

# Trauma Can Be...

Trauma is defined by the *experience of the survivor*.

“It is the subjective experience of the objective events that constitutes the trauma...The more you believe you are endangered, the more traumatized you will be...Psychologically, the bottom line of trauma is overwhelming emotion and a feeling of utter helplessness. There may or may not be bodily injury, but psychological trauma is coupled with physiological upheaval that plays a leading role in the long-range effects” (Allen, 1995)

# A Definition of Trauma

An event that is so overwhelming in nature that it causes significant distress in almost anyone who experiences it. These events are often sudden and encased in an overwhelming amount of fear and terror that is unmanageable in the moment of the event. As a result of this event the survivor experiences symptoms and behaviors that are often organized around management of the intense fear and loss.

**The DSM-V is not sufficient or appropriate to accurately diagnose survivors of prolonged, ongoing, or repetitive traumatic events.**

**Complex PTSD (C-PTSD)  
Symptom Clusters:**

1. Alterations in affect regulation
2. Alterations in consciousness
3. Alterations in self-perception
4. Alterations in perception of perpetrator
5. Alterations in interpersonal relationships
6. Alterations in systems of meaning

**PTSD Symptom  
Clusters:**

1. Re-experiencing (intrusion)
2. Avoidance
3. Hyper/hypo arousal
4. Alterations in affect

# Complex- PTSD

This slide is compliment (Dr. Jennifer King)

## Description

Complex post-traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g., torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). The disorder is characterized by the core symptoms of PTSD; that is, all diagnostic requirements for PTSD have been met at some point during the course of the disorder. In addition, Complex PTSD is characterized by...

# Complex PTSD continued

This slide is compliment (Dr. Jennifer King)

## Description

1) severe and pervasive problems in affect regulation; 2) persistent beliefs about oneself as diminished, defeated or worthless, accompanied by deep and pervasive feelings of shame, guilt or failure related to the traumatic event; and

# Lastly...

This slide is compliment (Dr. Jennifer King)

- 3) persistent difficulties in sustaining relationships and in feeling close to others. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

# Conceptualization

This slide is compliment (Dr. Jennifer King)

**DOSE-RESPONSE relationship** –the higher the dose of trauma, the more potentially damaging the effects; the greater the stressor, the more likely the development of various psychological disorders or addiction.

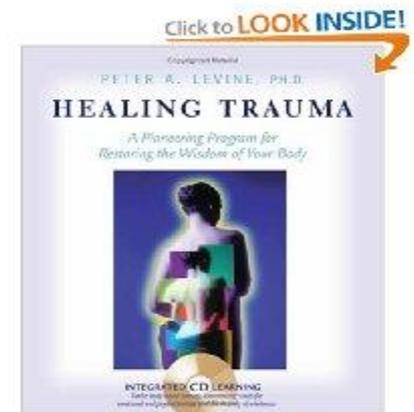
- Human Caused
- Betrayal or Hummiliation
- Sadistic
- Chronic
- Multifacited

# Peter Levine, PhD

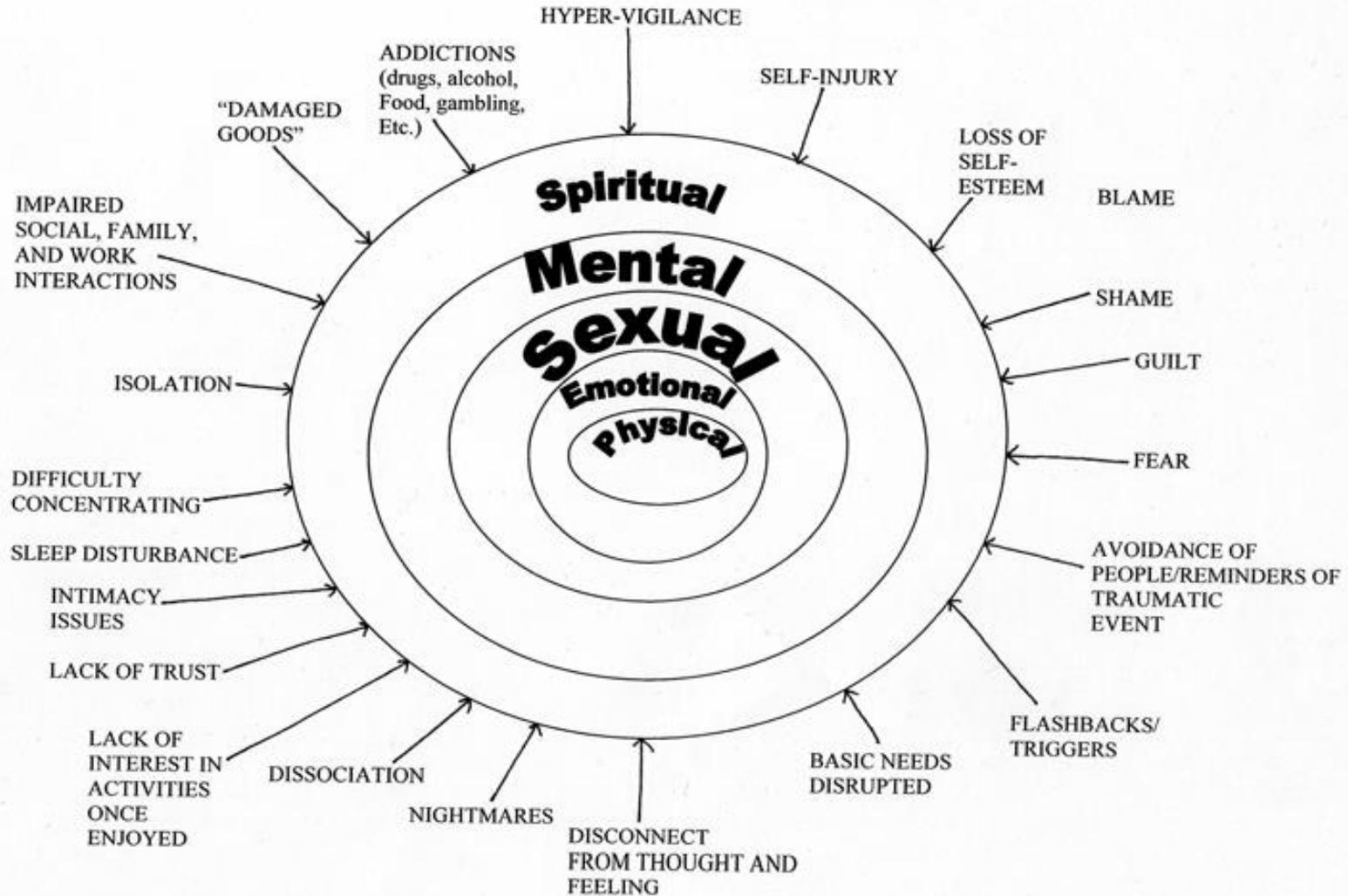
“The effects of unresolved trauma can be devastating. It can affect our habits and outlook on , life, leading to addictions, poor decision making.”

“It takes a toll on our family life and interpersonal relationships. It can trigger real physical pain, symptoms and disease. And it can lead to a range of self destructive behaviors.”

- from his book *Healing Trauma* (2008)



# IMPACT OF TRAUMA



The Very Nature of Trauma  
Symptoms Makes Trauma  
Challenging To Treat....Because  
Trauma Has Several Built in  
Survival Mechanisms

# Trauma's Attempt to Self Preserve

- Fear
- Shame
- Disconnect
- Trust
- Boundary concerns (too much or too little)
- Introverts: "no one will get me" ... "people will think I am crazy"
- Projection: "people cannot handle it"



# A Word on Disconnection...

- Levine, Herman, van der Kolk and the others all discuss the loss of connection survivors feel.
- “...trauma is about loss of connection- to ourselves, to our bodies, to our families, to the world around us. This loss of connection is hard to recognize, because it does not happen all at once”

Levine(1997) *Waking the Tiger*

# Connection and the Field

- The reconnection process can begin for many in the field context of the therapeutic work.
- The how the work is done and the way the relationship is built becomes the work and the healing.
- Because the point of therapy anyway is the teaching of corrective experience...internalizing it and taking it out into the real world and practicing it to enhance life.

# Connection Between AOD and Trauma ....

- The connection between trauma and drug use is not a coincidence.
- “Pick up” time is developmental
- Coping skill
- Relapse for the worker...
- TIP 57



# Relational Approach

Most therapists who work with survivors of trauma as a regular part of their practice use the relational field as part of their work...whether they call it that or not

When used ethically, this approach supports recovery on many levels and increases the opportunity for corrective experience.

# Origin of Field Theory

- Kurt Lewin, PhD
- One of the founders of the social psychology movement
- Believed that all organisms interact in relation to one another and that the interaction can either support or interrupt change
- Believed that a supportive created field was not only the healing environment but a tool for growth and change.



# Field Theory: The Relational Field

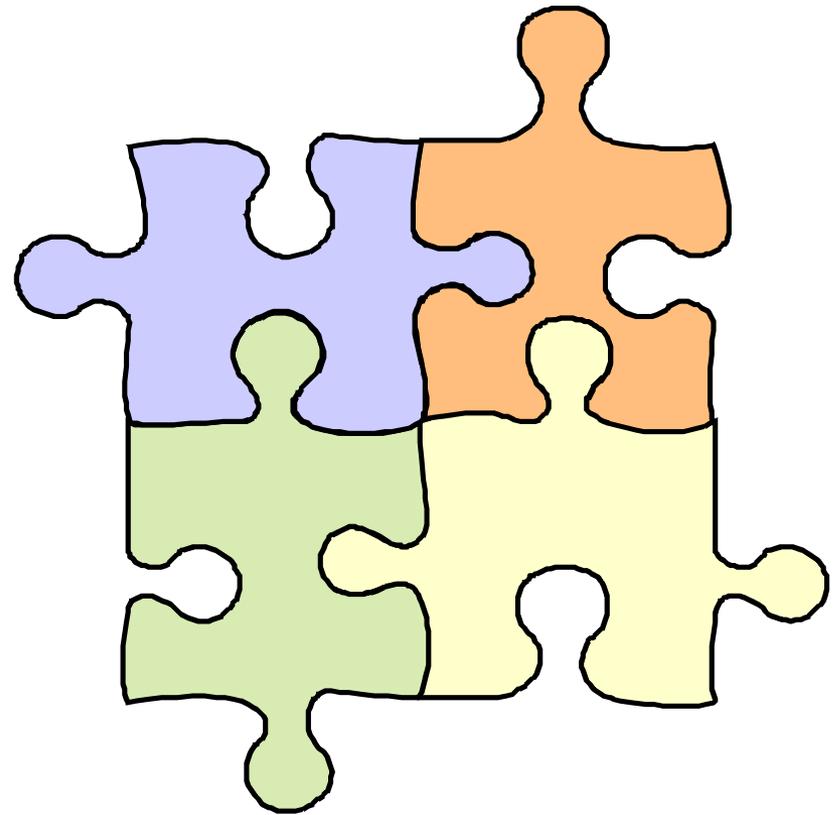
- Gestalt term about the co-created environment that any two or more people co-create.
- It is a rich environment where we bring all of “our stuff” with us but as therapists we are mindful about what we choose to reveal in the context of the therapeutic relationship field.

# Relational Field

- The ethical stance would suggest that the choice to reveal should be in the service of the relationship ex: self disclosure of own trauma.
- It is our professional, ethical and often legal responsibility to maintain the boundary of the relational field.
- What do you think?

# How this relates...

- The relational field is a key piece of work with survivors of trauma.
- No matter what your clinical orientation the relationship between therapist and survivor is an important element of trauma treatment.
- Used ethically the relational aspects of therapy will maximize the recovery.
- If used in an unethical/un-bounded manner it will likely re-traumatize the client.



# Nel Noddings

- Nel Noddings said “ethical life includes both caring personal relationships and a benevolent concern for people generally”
- This evolved into the “ethics of care” in her work Caring a Feminine Approach to the Ethics of Moral Education



# Relational Ethics Help Create Appropriate Professional Boundaries

- To help us manage the boundaries of this approach and appropriately work with those who are suffering
- Their suffering will impact us (another lecture for another day)
- MLK discussed relational ethics in *Letters From a Birmingham Jail*
- Nel Noddings and her theory and creation of the ideas of the ethics of care

# Understanding Moral/Ethical Development

Relational vs. Non-relational Approach

Carol Gilligan



Lawrence Kohlberg



# Ethics of Care

Noddings teaches that to make decisions not based on the care of the relationship is in fact unethical. That people must care for one another and that this is of the highest virtue

The theory of reciprocity in application recognizes all caring relationships have elements of give and take in both directions.

But what is given and what is received is not the same!

# Trust in Relationship

- When working with survivors do not underestimate the importance of trust.
- While breaking clients trust is always poor practice and unethical...when working with this population you may never recover the ground lost
- Because of what they are already bringing to the field

# What we Bring to the Field...

- Ethics, Morals, Values
- Professional training
- Our history
- Our own coping skills
- Personality
- Our unfinished business
- Our beliefs about the therapeutic process
- Our personal and professional boundaries
- Conflict skills
- Agency policies
- Our recovery
- Practice wisdom
- Our here and now experience
- What we ate for breakfast



# Counter transference

Definition: When a therapist's own unresolved issues emerge as a result of working with a particular client on that client's issues. Counter transference is best examined in the course of clinical supervision and may occur consciously or subconsciously. It is a clinician's responsibility not to let her/his counter transference get in the way of work with clients.

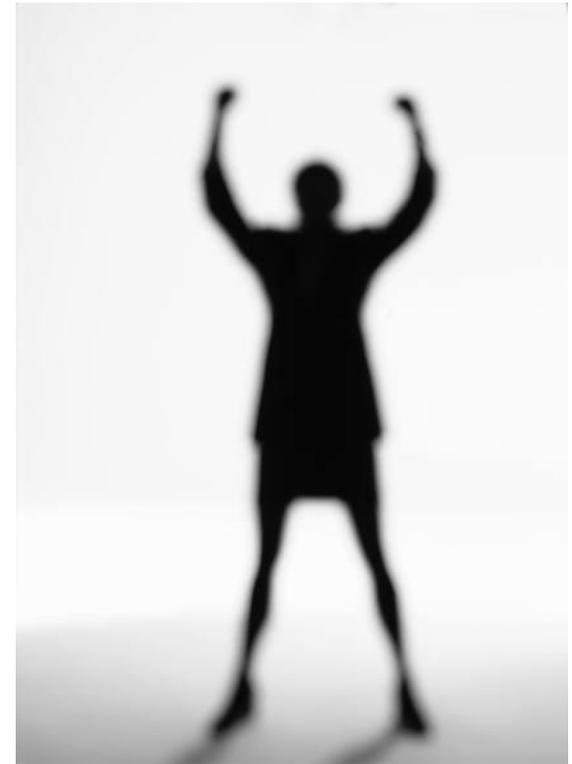
The reason it is important to the ethical decision making process is that your counter transference issues are often a obvious place to spot where/why you might be tempted to change some of your own boundaries and act in a non ethical manner.

# What counter transference may look like in practice...

- Being over protective of a client
- Treating client in benign ways due to feeling uncomfortable around client
- Rejecting client
- Fostering over dependence - Guru status
- All knowing advisor
- Romantic feelings
- Seeing self in client...client becoming your corrective experience
- Needing constant affirmation from the client
- Acting aggressively toward a client ex: prison population

# What Survivors of Trauma Bring to the Field...

- Violated trust
- An experience of terror
- Boundary issues
- Shame, guilt, blame
- Their symptoms and coping skills
- Resiliency
- A sense of self that is damaged
- Anger
- A desire to relate differently
- Grief and loss (self or other)
- Objective and Subjective Fear experiences



# However

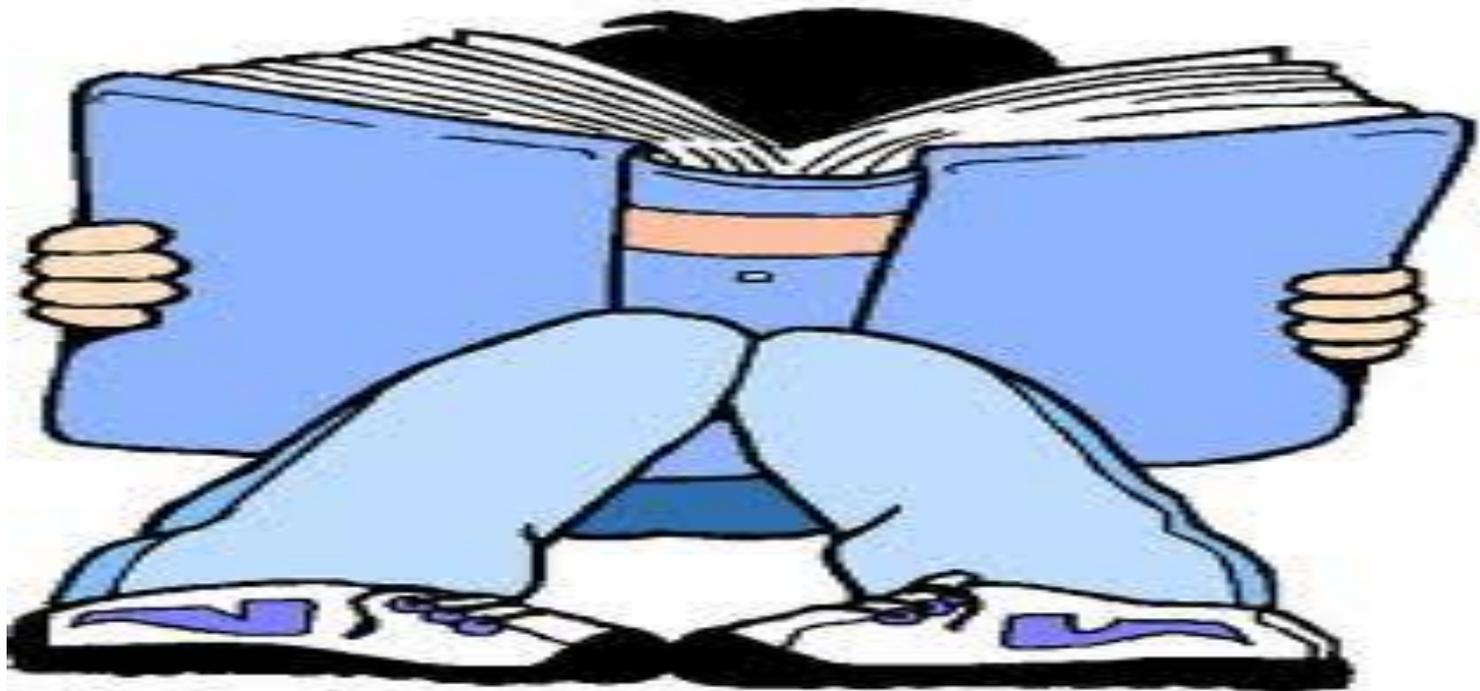
- As great as the *Field* dynamic is for healing it can also be abused...
- Unethical Behavior can be justified using *Field Theory*.
- Lets look at the therapeutic field in the following clip and discuss the ethical of Dr Berman's Behavior.
- What ethical dilemmas do you see?



# Self Care as Ethical Practice

- It is my belief that one of the ways that we start to lose our boundaries with this population is that clinicians often developed vicarious trauma, burnout, compassion fatigue... Which is a whole other training.
- In the field of relational ethics which began after Gilligan and Kohlberg got in their historical battle about moral development
- Nel Noddings whose work is very influential said that in relationship all members of the relationship need to take some responsibility for self care outside the relationship.
- That to not do so is unethical...

These slides are definitions that will help in better understanding your ethical practice and relate to terms we used in the training.



# Definitions

## Ethics:

A system of moral principles and perceptions about right versus wrong and the resulting philosophy of conduct that is practiced by an individual, group, profession, or culture.

## Code of Ethics:

An explicit statement of the values, principles, and rules of a profession, regulating the conduct of its members. Violation of which may have a sanction.

## Ethical Conduct:

Behavior that meets a community's positive moral standards – distinguishing right from wrong and adhering to the right. For professional social workers and other professional disciplines, ethical conduct is also following the profession's Code of Ethics, providing the highest and most skillful level of service to clients as is possible and relating to colleagues, other professionals, all people, and society in an honorable manner.

# Definitions

## Law:

A rule enacted or customary in a community and recognized as enjoining or prohibiting such actions; body of such rules; a regulation, ordinance, statute, act, measure, decree, order, directive, command, commandment, mandate; constitution, code, charter; justice, right, equity, fairness, order; lawfulness, legitimacy, legality; final, definitive, irrevocable.

## Responsible Practice/Professional Responsibility:

is a term of art referring to actions and practice standards for professionals that are considered *best practice* for the overall well-being of the therapeutic relationship. It is an off-shoot of the ethical principles of practice for a particular discipline. For example, seeking supervision when a clinician is experiencing counter transference with a client *is not* a rule or law, but it *is* a best practice and demonstrates professional responsibility.

# Definitions

## Boundaries:

Real or notional line marking the limits of an area, territory, etc; a border, parameter, limit. A therapist's personal and professional *boundaries* are important aspects of the therapeutic relationship with a client. How a therapist manages both personal and professional boundaries can directly (for example a therapist has sexual relations with a client) and indirectly (for example through unrecognized counter transference) impact ethical conduct and responsible practice, or professional responsibility, of the therapist. Poor boundary management can potentially harm both the client and the therapist (ethical violations jeopardize professional credentials/licensure, career, livelihood).

# Definitions

## Dual Relationship

When a clinician has more than one category of relationship with a patient beyond what is considered in the scope of the primary clinical relationship. Dual relationships can be harmful to clients and they often represent a power imbalance, can be coercive, or exploitive.

## Scope of Practice

The range of responsibilities and boundaries in a particular role that one has with a patient. Scope of practice may be defined by a role in the clinical relationship, one's training, or other defined professional boundary.

# Contact Information

Elizabeth Bach-VanValkenburgh, LISW-S  
6200 SOM Center Road D-20  
Solon, Ohio 44139  
216-407-1205  
malory214@yahoo.com

