

## CLINICIAN HEAL THYSELF: ETHICAL CONSIDERATIONS TO ACHIEVE BEST PRACTICE AND SELF CARE



NCA Institute for Better Mental Health Outcomes



Approved National Children's Alliance  
The National Alliance for Public Child Welfare

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National Children's Alliance

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## AGENDA



- Discuss how clinicians can identify and utilize their best skills to be most effective.
- Developing the awareness of our own biases and judgement errors that impede our ability to provide our best approaches to helping clients
- Develop strategies to increase confidence and competency and reduce burnout
- Discuss the ethical implications of these topics and how it impacts best practices and clinical skills

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## Take Away

Learning with me, not just from me


### Be Humble

Be Open To Being Challenged/Feedback, Have Comfort With Discomfort



### Be Curious

Ask Questions, Consume Knowledge, Challenge Others



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## Competence



- Members
  - have the obligation to engage in continuing education and professional growth activities **on a regular basis**
  - Refrain from practicing outside the recognized boundaries of their specific professional discipline or training

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## Are we practicing outside our area of expertise ?

- NASW
  - Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.
- APA
  - In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.
- ATSA
  - Any deviation from the ATSA Standards (published in the ATSA Standards and Guidelines document) shall be considered an ethical violation, except to the extent that a Standard conflicts with applicable law or professional regulations that pertain to a member's practice.\*

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## The Ethics of confidence and competence

- How to:
  - Possess the necessary competence to provide a service
  - Not to place yourself to exceed your expertise
  - Responsibility to act with the appropriate level of skill and knowledge
- So how do we do that?
  - Regularly evaluating personal limitations and biases
  - Not informing clients about potential limitations (yours) in treatment
  - Seeking guidance and supervision
- Balance:
  - Demonstrating confidence and competence
  - Acknowledging limitations
  - Act ethically by seeking necessary support when needed

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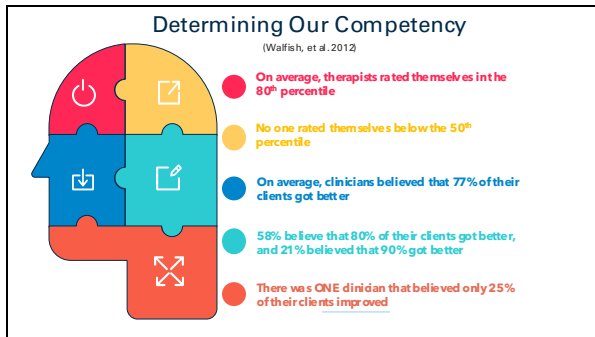
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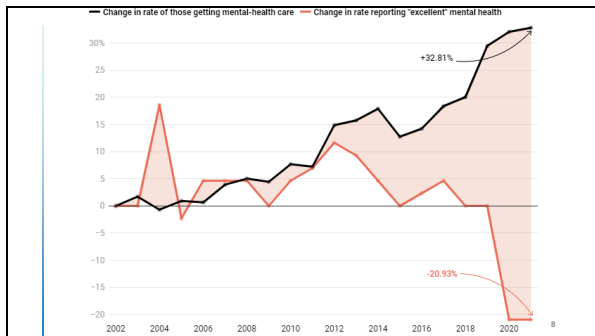
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*How do we address being wrong?*

*Until We Know We Are Wrong, Being Wrong Feels Exactly Like Being Right*

-Kathryn Shultz

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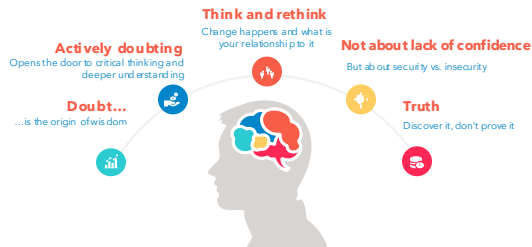
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## Knowing what we don't know... and there's a lot of it.




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## Quiz: communication style



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## Getting it right or being right



Preachers: feel they have the truth  
and persuade



Prosecutors: right and wrong



Politicians: believe one thing but  
tells you what you believe



Scientist: Find out either right or  
wrong but don't set out to prove it

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## What skill are you most confident in? activity

- <https://www.mentimeter.com/app/presentation/alibbe7ystnehxc6z3ejwa9ui325x7o/edit?source=share-modal>



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## Over Confidence Cycle

Proving The Truth




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## Rethinking Cycle

Finding The Truth




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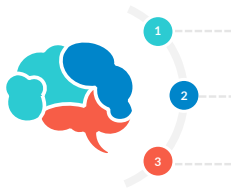
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## Rethinking Structure



### Develop the Habit of Thinking Again

- Think like a scientist
- Define your identity in terms values, not opinions
- Seek out information that goes against your views

### Calibrate Your Confidence

- Beware of getting stranded at the summit of Mount Stupid
- Harness the benefits of doubt
- Embrace the joy of being wrong

### Invite Others to Question Your Thinking

- Learn something new from each person you meet
- Build a challenge network, not just a support network
- Don't shy away from constructive conflict

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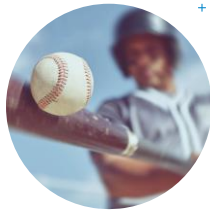
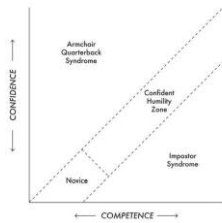
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## Finding the Sweet Spot

### CONFIDENCE vs. COMPETENCE




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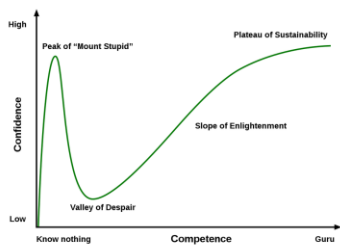
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## Avoiding Mt. Stupid

### Dunning-Kruger Effect




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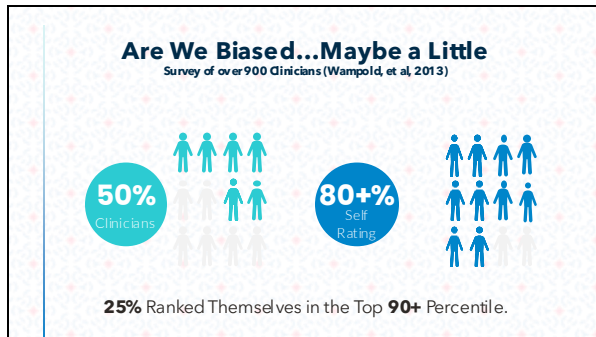
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### Identifying your most significant bias

- **Confirmation bias:** focusing on information that confirms their pre-existing beliefs
- **Affinity bias:** favoring clients similar to themselves
- **Gender bias**
- **Halo effect:** overall impression influencing perception of specific traits
- **Hindsight bias:** seeing past events as more predictable than they were
- **Cultural bias:** interpreting client experiences through their own cultural lens
- **Victim blaming:** Attributing responsibility for negative experiences to the client
- **Overconfidence bias:** Exaggerating one's own understanding or expertise
- **Anchoring bias:** Relying too heavily on initial information when making decisions
- **Optimism bias:** Underestimating the potential for negative outcomes
- **Similarity bias:** Favoring clients with similar backgrounds or experiences

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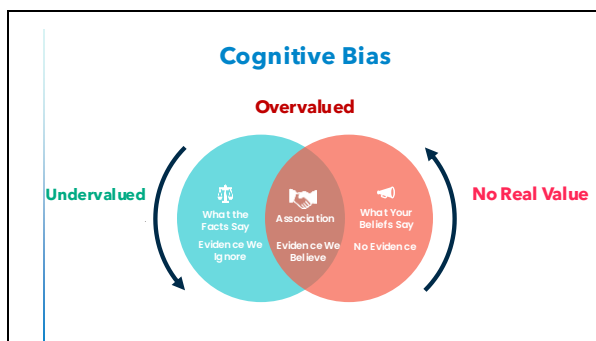
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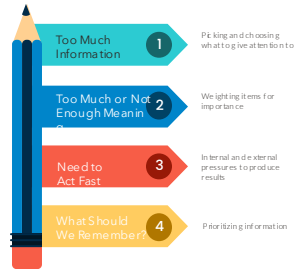
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## Four Problems That Biases Help Us Address




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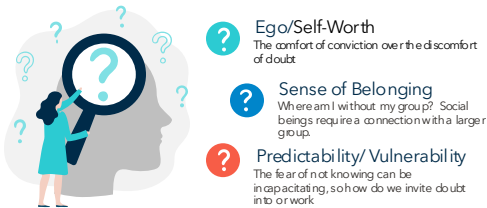
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## Clinical Judgment and Bias

What stops us from challenging what we believe?




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## Ways to improve judgment

Consult early and often (don't be your own reality)  
<https://thedecisionlab.com/>



- Continue to assess throughout process (Re-think)
- Awareness of biases (Challenge thought processes, don't confirm them)
- Be humble (confidence and experience is not correlated with accuracy)
- Use systematic/comprehensive approach (use structured procedure)

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But maybe we get better over time?



Think Before You Speak,  
But Listen Before You Think



Of course, I am a good listener!

12 kinds of responding that are not listening (roadblocks) by Thomas Gordon

- Ordering, directing, or commanding
- Warning, cautioning, or threatening
- Giving advice, making suggestions, or providing solutions
- Persuading with logic, arguing, or lecturing
- Telling people what they should do, moralizing
- Disagreeing, judging, criticizing, or blaming
- Agreeing, approving, or praising
- Shaming, ridiculing, or labeling
- Interpreting or analyzing
- Reassuring, sympathizing, or consoling
- Questioning or probing
- Withdrawing, distracting, humoring, or changing the subject



• We think three to four times faster than people speak.

## What to know, about what they tell us

Branche et al. (2015)

### 547 adult psychotherapy patients report

- 93% of respondents reported having lied to their therapist
- 84% said this dishonesty continued on a regular basis.
- 72.6% reported lying about at least one therapy-related topic



### What?

- How bad I really feel (54%)
- The severity of my symptoms (39%)
- My thoughts about suicide (31%)
- Pretending to like my therapist's comments (29%)
- My use of drugs or alcohol (29%)
- Pretending to find therapy more effective than I do (29%)
- Pretending to be more hopeful than I really am (27%)
- Things I have done that I regret (26%)

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## What is it that makes the biggest impact on treatment?

- Think, pair, share

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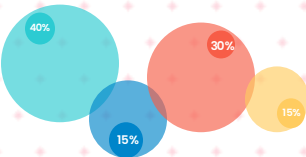
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## What makes an Effective Intervention,

Duncan, Miller, Wampold & Hubble, 2011

Client Characteristics: Strengths, Resources, Protective Factors



Relationship (Warm, Empathetic, Genuine, Non-Judgmental)

Instilling Hope & Expectation for Change

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## Improving Clinician Qualities

"It's not that I am so smart, I just stay with the question longer" Albert Einstein



### Effective Therapists:

- Openness and Receptiveness
- Willingness to accept positive and negative feedback (humble)
- More self-critical and made more mistakes (open to vulnerabilities)
- Pay attention to feedback that surprises you and adjust

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## Psychological Safety in the Workplace

### When you have it

- 1 See mistakes as opportunities to learn
- 2 Willing to take risks and fail
- 3 Speaking your mind at work/meetings
- 4 Openly sharing your struggles
- 5 Trust in your teammates and supervisors



### When you don't

- 1 See mistakes as threats to your career/job
- 2 Unwilling to rock the boat
- 3 Keeping your ideas to yourself
- 4 Only trusting your strengths
- 5 Fear of your teammates and supervisors

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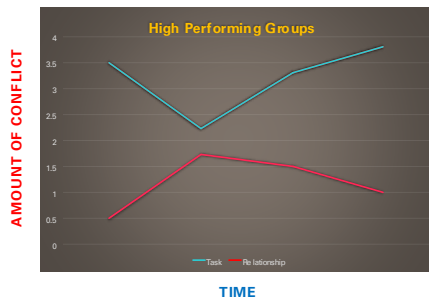
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## PERSONALITY CONFLICT VS. TASK CONFLICT




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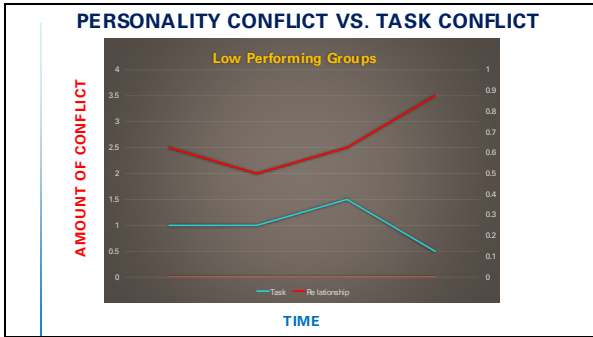
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### Resource: Assessing the Therapeutic Relationship

- FIT requires:
  - AN ALLIANCE MEASURE
  - A PROGRESS MEASURE
- At a minimum consider
  - Client felt heard
  - Client goals were addressed
  - Client felt respected
  - Client liked approach
  - Overall experience
- Have some feedback informed approach embedded in your treatment

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## FEEDBACK INFORMED TREATMENT: A SUMMARY OF THE RESEARCH

Outcome measures need to be integrated to get best improvements in therapy  
(Prescott, Maeschalck & Miller, 2017)

Therapy is very effective  
(Smith & Glass, 1977)

Alliance is biggest  
predictor of client  
outcome  
(Wampold, 2001)



Therapist effectiveness  
plateaus after 2 years  
(Clement, 2008;  
Goldberg et al., 2016)

Improvement within 4  
sessions is associated with  
end of treatment  
improvement  
(Hubble, Duncan & Miller,  
1999)

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# THANK YOU



NCA Institute for  
Better Mental Health  
Outcomes



A part of  
National  
Children's  
Alliance  
The National  
Children's Alliance Center

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