

Managing Professional Conduct and Workplace Culture in Healthcare

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Disclosure of Financial Relationship

I am a full-time employee and the Chief Clinical Officer of All Points North which is a private, for-profit mental health and substance use disorder treatment organization.

I am a paid faculty member at LSUHS-Department of Psychiatry and the principal of Hemphill Consulting, LLC.

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OUTLINE

- Overview and definition of professionalism and disruptive behavior in the workplace
- Impact of disruptive behavior on organizations
- Interventions
- Presentation of Clinical and Business cases for discussion
 - » What is this?
 - » Who is being affected?
 - » What is your role and responsibilities?
 - » Is this illegal, bullying, accreditation compliance, cultural, organizational?
 - » Is this diagnosable, treatable, professional, etc.?

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The Power of Perspective

The Way I See It

.....The Way You See It

.....The Way It Really Is

4

THE MORE RISKS YOU RUN, THE MORE INTERESTING AND IMAGINATIVE YOUR THEORY IS, THE MORE YOU STAND TO LEARN THROUGH ITS FAILURE.

Popper

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Cultural Awareness in Medicine

Include	Be	Allow	Acknowledge
Assessment must include cultural factors and impact imperative for providing secure base	Relationships, techniques and interventions may need to be paced differently and co-created	Allow acculturation to unfold at its own pace keeping and discarding when ready	Acknowledge one's match or mismatch to patient

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The POWER of
RELATIONSHIPS

Restoring
mentalizing in
attachment
relationships- Ch.5
Plain old therapy.
Allen, Jon. (2013)

Patient's characteristics

Provider's characteristics

Manner of relating- empathy, positive regard, authenticity

Care **alliance**- trust, collaboration, capacity to repair ruptures

Treatment methods and procedures
(Approach)

Social engagement, life cycle, self-guided change

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**Trusting Relationship
and Working Together**

“encompasses a **positive** affective bond, **consensus** about goals and **means** to achieve the goals, sense of **partnership**, shared **commitment** and engagement, acceptance of **complimentary** roles and responsibility.”

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Profession - Definition



AN OCCUPATION WHOSE CORE ELEMENT IS WORK BASED UPON THE MASTERY OF A COMPLEX BODY OF KNOWLEDGE AND SKILLS



VOCATION IN WHICH KNOWLEDGE OF THE LAW AND LEARNING THE PRACTICE IS AN ART IS USED IN THE SERVICE OF OTHERS



ITS MEMBERS ARE GOVERNED BY A CODE OF ETHICS AND PROFESS A COMMITMENT TO COMPETENCE, INTEGRITY, MORALITY, ALTRUISM, AND THE PROMOTION OF THE PUBLIC GOOD WITHIN THEIR DOMAIN

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What is Professionalism?



Professions exist because society *needs* and *wants* them to exist



Society must feel and see the profession's trustworthiness



Professional status is given in trust by society



Professionalism is about both individuals and groups of professionals

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Psychology of Professionals



Perception of Intellectual Superiority

- Brightest of the Bright
- Anointment

High Tolerance for Competitive Pressure

- Years of Conditioning

Superhuman Expectations

- Volume of Learning
- Study/work hours
- Sleep deprivation

Illusion of Objectivity

- Trust
- Fiduciary Responsibility
- Denial of affect
- Displacement of fear/anxiety/grief

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Resistance

Why Professionals Resist Feedback :

- Accustomed to Control
- Manipulation of Rules
- Grandiosity
- Intellectualization
- Discounting Own Feelings and Needs
- Fear of Self-Disclosure/Exposure
- Overprotection of the Client
- Fear of rage, aggression or withdrawal from feedback process
- Fear of disapproval
- Peers, Colleagues, Institutions

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Problems in Training



- Difficult decisions
- Lack of limits
- Suppressed emotions
- Operating a business
- Living up to the position
- Lack of balance
- Adversarial nature of the work
- Don't share vulnerabilities
- Extreme competition
- Social isolation
- Sleep deprivation
- Pressure to excel
- Self-neglect
- Cynicism
- Family discord
- Expectations of perfection
- Conflict of values

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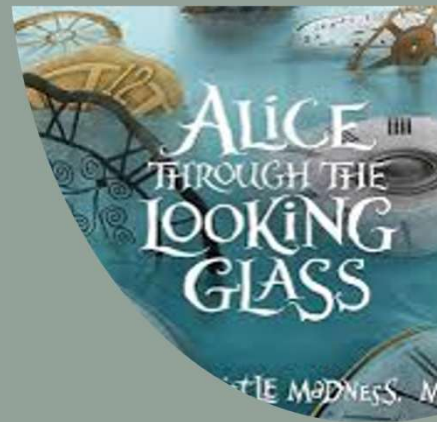
There was nothing so VERY remarkable in that; nor did Alice think it so VERY much out of the way to hear the Rabbit say to itself,

'Oh dear! Oh dear! I shall be late!'

(when she thought it over afterwards, it occurred to her that she ought to have wondered at this, but at the time it all seemed quite natural); but when the Rabbit actually TOOK A WATCH OUT OF ITS WAISTCOAT-POCKET, and looked at it, and then hurried on,

In another moment down went Alice after it, never once considering how in the world she was to get out again.

(Lewis Carroll)



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The Rabbit Hole

The rabbit-hole went straight on like a tunnel for some way, and then dipped suddenly down, so suddenly that Alice had not a moment to think about stopping herself before she found herself falling down a very deep well.

- Age 18
- College
- Professional School
- Rotations/Internship/Residency



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Evolution of Stress in Professionals



- Competing needs
- Relationships
- Family
- Work
- Self
- Poor Preparation for Balance

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Failure to know the *rules and consequences*

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The "Perfect" Professional Trainee

Obsessive Compulsive

Preoccupation with details, rules, lists
Perfectionism
Excessively devoted to work/productivity to exclusion of leisure and friendships
Over conscientious scrupulous, and inflexible
Reluctant to delegate tasks
Rigidity and stubbornness

Narcissistic

Expects to be recognized as superior
Fantasies of unlimited success, power
Believes that he or she is "special" and unique
Requires excessive admiration
Expectations of especially favorable treatment
Shows arrogant, haughty behaviors

Schizotypal

Constricted affect
Lack of close friends or confidants
Behavior or appearance that is odd, eccentric, or peculiar

Borderline

Intense interpersonal relationships
Unstable self-image
Anger or difficulty controlling anger

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Characteristics of Professionals

- External rewards
- Esteem, status, privilege, power, income
- Internal rewards
- Legacy of relationships, service to others, choosing one's vocation
- Self-efficacy and ability to be goal-directed
- Capacity or endurance
- Sense of responsibility
- Intellectual abilities
- Help others



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Failure = Lack of effort

Inability to ask for or receive help



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Professionalism

Black

White

It's not a Problem ,

Until

It's a *Problem.*

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Woman in Healthcare

At increased suicide risk than general population

Possible contributors include:

1. Male dominate sector until 2021
2. Under-recognition for similar work and achievements,
3. Inequitable pay and opportunities for promotion,
4. Greater domestic responsibilities leading to work-life imbalance,
5. Higher risk of sexual harassment.

The “cost” of choosing A is missing out on B.
(Relationship, identity, lifestyle, consumption, and status goods)

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Kilpatrick, K., et.al. (2019)

Team Functioning
And Beliefs About
Team Effectiveness In
Inter-Professional
Teams: Questionnaire
Development And
Validation.

*Journal of Multidisciplinary
Healthcare, 12, 827–839.*
[https://doi.org/10.2147/JM
DH.S218540](https://doi.org/10.2147/JM
DH.S218540)

PTE-Overall	
Role Clarity	The roles of members of the healthcare team are well defined I am happy with the way work is divided among members of the healthcare team
Boundary Work	I trust other members of the healthcare team
Team Meeting	The healthcare team meets as needed to address complex care issues that arise Regular inter-professional team meetings are scheduled to plan patient care
Team Processes	My healthcare team is effective to provide patient care (BE) Team members share relevant information to inform patient care decisions My ideas, information or observations are used to solve patient care issues Healthcare team members know the goals of patients' plans of care The patient's health record is updated as required The flow of information between team members and patients and families is constrained The healthcare team adjusts treatments according to changes in the patient's condition The care provided by the healthcare team is well organized Team members work together to solve patient care issues Disagreements among team members are dealt with fairly by team members Differences of opinion among team members are respected I have a role to play in the team My contributions are valued by my healthcare team Working with families to solve patient care issues is not part of the team's mandate
Outcomes	Patient care is delivered in a timely manner The healthcare team can easily access a provider who can order tests or medication Potential or actual patient complications are dealt with quickly by the team Patients return home with as many unanswered questions about their medication Patient transfers to other care facilities include all relevant patient information Patients return home with all their questions answered about their care Members of the healthcare team possess in-depth knowledge and the skills required to provide care

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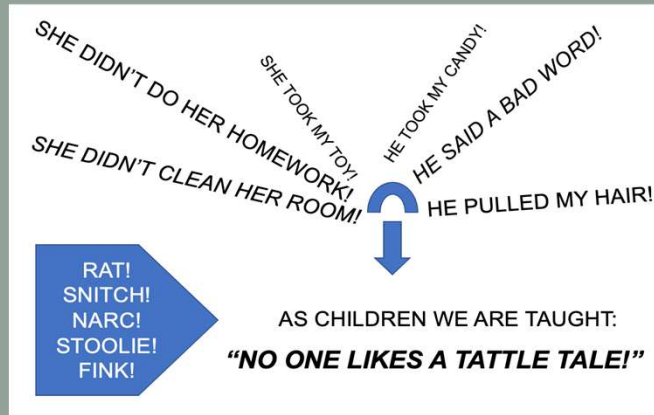


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The "Tattle Tale" Factor



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***Before we change things, we
must call them by their real
name.***

Confucius

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TAME

- To moderate something
- To become less harsh or extreme

NOT

- Domesticate
- Subdue
- Repress
- Subjugate

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Definition of Disruptive Behavior

Disruptive behavior is any inappropriate behavior, confrontation, or conflict, ranging from verbal abuse to physical or sexual harassment. Disruptive behavior causes strong psychological and emotional feelings, which can adversely affect organizations.

Employers should be aware that workplace violence can also be identified as discriminatory behavior under Title VII of the Civil Rights Act of 1964, the Age Discrimination Act and the Americans with Disabilities Act

Kloss, Bobbi. "Preventing Violence and Mitigating Stress in the Workplace." *Benefits Magazine* 57.1 (2020): 40–6; Rosenstein A, O'Daniel M. (2008). Managing disruptive physician behavior: Impact on staff relationships. *Neurology*, 70, 1564-1570.

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To you, which of these behaviors are "crossing the line"?

- Physical confrontation
- Use of profanity
- Condescending manner
- Intimidation
- Lack of sexual boundaries
- Racist remarks

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Crossing the Line- Verbal/Electronic

withholding,
bullying,
defaming,
defying,
trivializing,
harassing,
diverting,
interrogating,
accusing,
blaming,
locking,
countering,
lying,

berating,
taunting,
put downs,
abuse disguised as a joke,
discounting,
threatening,
name calling,
yelling,
raging,
shouting,
gossiping,
obscene language

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SCOPE OF THE PROBLEM

- Survey by the ACPE (n=1,600)
- 95% reported encountering these behaviors on a regular basis
- **1 in 3** said they observe problems with professional behavior either weekly or monthly
(Keogh & Martin, 2004)
- Healthcare Survey (n=2,821)
- 51% Verbal; 12% Electronic; 20% Physical
(Small, Porterfield, & Gordon, 2015)

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Breakdown of typical problems

Disrespect	83%
Refusal to complete tasks or carry out duties	52%
Yelling	41%
Insults	37%
Other	13%
Physical abuse (includes throwing items)	9%

ACPE Professional Behavior Survey

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Underreported for the following reasons:



Lack of awareness about the reporting process.



Fear of retaliation for reporting.



History of lack of responsiveness by organization, resulting in learned helplessness.



Perceived inequity in how disruptive behavior is addressed by leaders and board members.



Identifying with the individual alleged to have engaged in inappropriate or disruptive behavior.

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Disruptive Behavior Items

- Avoids taking responsibility for actions
- Inappropriately blames others
- Places other interests above the safety and welfare of one's professionalism
- Suspects, without sufficient basis, that others are exploiting, harming, deceiving, or out to "get" them
- Seems to have a preoccupation with unjustified doubts about the loyalty or trustworthiness of others
- Reads hidden, demeaning, or threatening meanings into benign remarks or events
- Perceives attacks on his character/reputation not apparent to others and is quick to react angrily/counterattack
- Displays a sense of entitlement
- Shows perfectionism that interferes with task completion
Behaves in a sexually inappropriate manner (verbally or physically)
- Lacks empathy
- Intimidates others or attempts to intimidate others
- Shows rigidity and stubbornness
- Displays an unpredictable mood
- Responds to constructive criticism in an immature/irresponsible fashion
- Takes too long to requests from others
- Arrives late
- Fails to complete paperwork in a timely manner
- Responds to requests in an avoidant, unreliable, and/or uncooperative manner

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Disruptive Behavior Items

- Exhibits physically aggressive or assaultive behaviors
- Exhibits arrogant behaviors and/or has an arrogant attitude
- Demonstrates an inflated sense of self-importance
- Takes advantage of others in order to get what they want
- Is reluctant to delegate tasks or to work with others unless they submit to exactly their way of doing things
- Expresses anger/hostility inappropriately
- Exhibits passive-aggressive behavior
- Uses abusive, belittling, condescending, demeaning, and/or threatening language
- Uses sarcastic or flippant language
- Belittles or disrespectfully confronts others
- Exhibits a menacing or intimidating body posture and/or other nonverbal
- Provides an insufficient or inadequate explanations to others
- Treats peers with disrespect, rudeness, and/or a lack of professionalism
- Treats staff with disrespect, rudeness, and/or a lack of professionalism
- Treats other staff with disrespect, rudeness, and/or a lack of professionalism
- Discounts or ignores the concerns or opinions of others

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“This is not charm school” or “People just have to have tougher skin” or “We deal with freedom, confinement, life and death here.”

- Legal risks
- Regulatory risks
- Accreditation risks
- Public relations risks
- Morale risks
- Client risks
- Financial risks
- Corporate reputation/image/brand risks
- Career risks

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TABLE 2-1: Costs of Disruptive Behavior¹⁸

Production Costs

- Time lost due to being distracted from work or even preoccupied with disruptive behavior.
- Absenteeism and presenteeism. [Presenteeism is defined as workers being physically present but not productive, not performing, and not engaged.]
- Voluntary turnover.
- Internal transfers.

Quality Costs

- Focus lost due to being distracted from work and being preoccupied by thoughts of the disruptive behavior.
- Rework due to fear of being a victim of disruptive behavior.

Wage Costs

- Replacement of employees who quit because of disruptive behavior.
- Interruption of work for the target to address the situation.
- Lack of engagement at work.

Associated Costs

- Investigating allegations of disruptive behavior.
- Training new staff members.
- Fines, penalties, and damage awards.

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Lieber, in an article entitled “**HR’S Role** in Preventing Workplace Violence,” offers examples of acts of workplace aggression:

“Some acts that can constitute inappropriate workplace aggression include both active and passive behaviors, such as ostracism, sabotage, certain acts of sexual harassment, workplace pranks, bullying situations, yelling or screaming, swearing, throwing objects, slamming doors, withholding necessary information, use of derogatory names, aggressive eye contact, negative rumors, ridicule, explosive outbursts of anger, and so on.”

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Key phrases that you want to include in the definition are the following:

• “...including but not limited to...”

• “...ranging from physical to verbal...”

• “...single, isolated events or multiple events...”

• “... a pattern of [fill-in-the-blank] behaviors or outcomes...”

• “...as defined, expected, and communicated by our organization...”

• “...applies to all members of the organization including members/staff, temporary, and contractors...”

• “...even if a violation of another policy or procedure occurred, these behaviors are still not tolerated at our organization...”

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Organization's Perspective

When conduct:

1. **disrupts** the operation of the organization
2. **affects** the ability of others to get their jobs done
3. **creates** a "hostile work environment" for employees or other staff
4. begins to **interfere** with the ability to practice competently

Courts have held that organizations have a duty to take action in such situations.

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Why is a diagnosis important?

"Should this disruptive behavior reflect a health problem, the JC standards go further to require the staff to implement a process to identify and manage the individual's health-related matters... disruptive behavior may be reasonably interpreted to require anger and/or stress management or formal behavioral counseling and monitoring."



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Differential Diagnosis

- Addiction
- Medical illness
- Stress
- Psychiatric illness
- Personality disorder



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Basic Assessment Needs



Psychiatric, psychological, social including family dynamics and roles, workplace, educational, cultural histories are a must



Sexual and trauma histories should be extensive (PATHOS screen, HBI, and others for compulsivity)



Risk assessment (low, moderate, high); as always, immediate danger to self or others is the priority



Collateral including police reports, victim statements, colleagues, family, etc.



Full psychological testing, and physical exams are important

Neurocognitive

Attachment

Psychopathy

Medical/Neurological/Hormonal/

Medications

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Features Shared by Substance Dependence and Personality Disorders

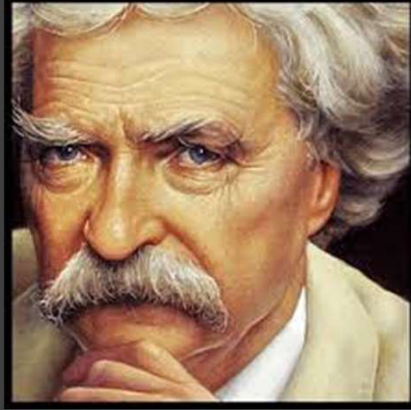
- 1) Diagnosis
- 2) Continuum
- 3) "Poly" Disorders
- 4) Denial
- 5) Immaturity
- 6) Accepting feedback
- 7) Expense of Treatment

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A Clinical and Business Case

- 20 years within the organization and provides a specific area of expertise within the group
- High generator, producer, referral source, and public figure
- Involved in outside activities with numerous staff
- Conflict with one specific staff member which irretraceable
- Some history of similar conflicts
- Question about substance use (dramatic measures to avoid + drug screen)
- Difficult for Administration to hold accountable due to staff turnover and/or personality of Administrators
- Family engaged in community activities
- Recent life-cycle stressors

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“To be good is noble. To tell others how to be good is even nobler and a lot less trouble.”

Mark Twain

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BOUNDARIES AND THE CONTINUUM OF PROFESSIONAL NURSING BEHAVIOR

- The nurse's responsibility is to delineate and maintain boundaries.
- The nurse should work within the therapeutic relationship.
- The nurse should examine any boundary crossing, be aware of its potential implications and avoid repeated crossings.
- Variables such as the care setting, community influences, patient needs and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where they have a personal, professional or business relationship with the patient.
- Post-termination relationships are complex because the patient may need additional services. It may be difficult to determine when the nurse-patient relationship is completely terminated.
- Be careful about personal relationships with patients who might continue to need nursing services (such as those with mental health issues or oncology patients).

<https://www.ncsbn.org/video/professional-boundaries-in-nursing>

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Types of Professional Boundaries



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Head nurses boundary spanning items	Team effectiveness items
Feedback utilization	Purpose and goals
Clarifying the position	Roles
Buffering	Team process
Informing and persuading	Team relationship
Cooperation and coordination	Inter group relationship
Connecting	Problem solving
Overall	Passion and commitment
	Learning and skills
	Overall

Abdelaziz, S., Ghadery, S., & Sorour, M. (2024). Relation between Head Nurses Boundary Spanning Leadership and Nursing Team Effectiveness. *Tanta Scientific Nursing Journal*, 35(4), -. doi: 10.21608/tsnj.2024.406198

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Abdelaziz, S., Ghadery, S., & Sorour, M. (2024). Relation between Head Nurses Boundary Spanning Leadership and Nursing Team Effectiveness. *Tanta Scientific Nursing Journal*, 35(4), -. doi: 10.21608/tsnj.2024.406198

Tanta Scientific Nursing Journal (Print ISSN 2314 – 5595) (Online ISSN 2735 – 5519)

Figure (5): Correlation between head nurse boundary spanning leadership and team effectiveness

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Level of Care Determinations



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Creating and Maintaining a Culture of Safety

- Setting expectations for behavior
 - Working in teams
 - Respecting self and others
- Code of Conduct for all hospital workers
 - Education
 - Define desirable behaviors
- Incident Reports
 - Created by any person, employee, practitioner, patient, or visitor who observes disruptive behavior
 - JC/OSHA standards says policy includes disruptive behavior by “ANYONE” who works in the organization. (e.g. board members, management, volunteers, clinical staff, etc.)

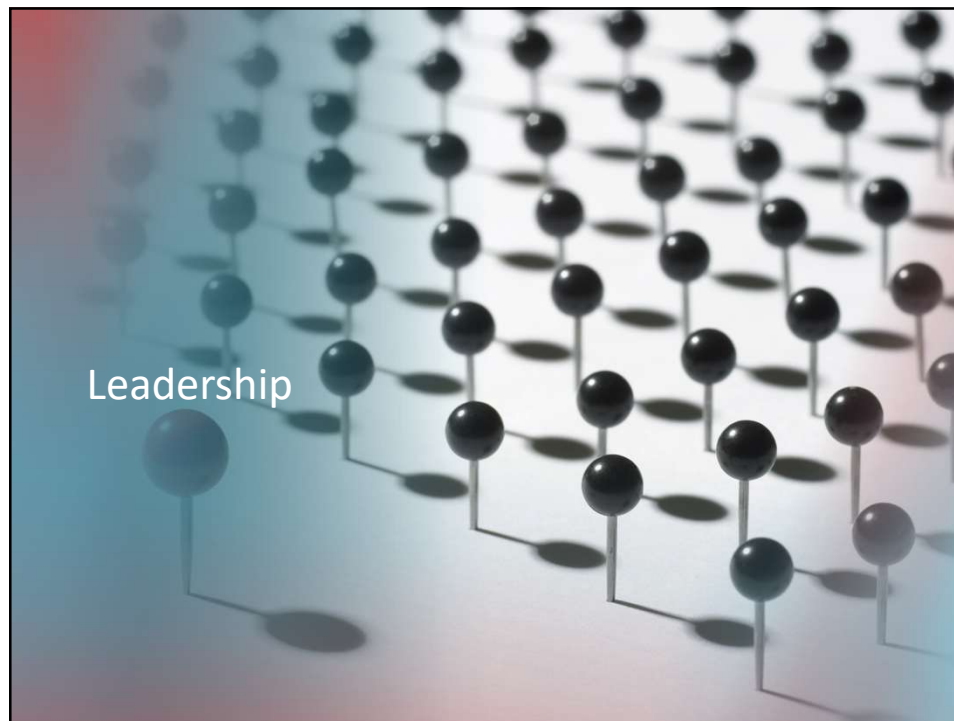
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Legal/Regulatory

TABLE 2-2: Four-Step Model of Managing the Risks of Disruptive Behavior

STEP	DESCRIPTION
1. Identify the hazard and sources of disruptive behavior.	Sources of potential harm can include: <ul style="list-style-type: none"> • lack of awareness • disrespectful behavior • negative leadership styles • organizational change • changes in technology • workforce characteristics • poor workplace culture and relationships • lack of appropriate work systems, such as staff shortages and poorly defined job roles.
2. Assess the risk.	The information you gathered in the identification step can be used to determine the specific behaviors and circumstances where incidents of workplace bullying may occur.
3. Control the risk.	Comprehensive approach is the best solution. You can control the risks of bullying through: <ul style="list-style-type: none"> • senior management commitment • leadership initiatives • workplace culture initiatives • organizational initiatives • early intervention strategies.
4. Monitor, evaluate, and review.	Measure and report against agreed targets and performance indicators and review against strategy goals. Encourage reporting of bullying incidents. Employees must be willing to report incidents if intervention is to be accurately assessed. You should aim for continuous improvement, rather than dramatic or uniform improvement.

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Elements of Performance

1. **Leaders regularly evaluate the organizational culture of safety and quality** using valid and reliable tools.
2. **Leaders prioritize and implement changes identified by the evaluation.**
3. **All individuals who work in the organization have the opportunity** to participate in safety and quality initiatives.

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Elements of Performance

4. **The organization has a code of conduct that defines disruptive and inappropriate behaviors.**
5. **Leaders create and implement a process for managing disruptive and inappropriate behaviors.**
6. **Leaders provide educational programs that focus on safety and quality for all individuals.**

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Elements of Performance

7. **Leaders** establish a team approach among all levels of staff.
8. All individuals who work in the organization openly discuss issues of safety and quality.
9. Literature and advisories relevant to safety are available to individuals who work in the organization.
10. **Leaders** define how members of the population(s) served can help identify and manage issues of safety and quality and quality within the organization.

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~~common leadership errors~~

1. Hoping the problem will work itself out without any active effort.
2. Not taking the first step.
3. Trying to prove that the disruptive staff member is incompetent.
4. Inadvertently using pejorative language when trying to deal with the behavior.
5. Going to the medical staff bylaws or staff guidelines/policies and/or using legal means to deal with the problem. While a disruptive person

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~~common leadership errors~~

- 6. Giving certain kinds of staff special treatment.**
- 7. Trying to conceal the problem from the board.**
- 8. Bringing in external consultants and turning the whole matter over to them.**
- 9. Believing that disruptive behavior is forever.**

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Table 5-2 Physician Leader Competencies⁷

1. High ethical standards of conduct;
2. Treats patients' needs ahead of themselves;
3. Can positively influence patients, fellow physicians, and other health care specialists to provide the very best care;
4. Understands his/her practice within the larger system of health delivery;
5. Can work effectively in cross-functional teams;
6. Demonstrates effective communication skills; and
7. Has a high appreciation and understanding of cultural differences in the organization as well as each patient.

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Corporate Responsibility

TABLE 7-1: Disruptive Board Member Types

TYPE	DESCRIPTION
Dominator	Controls the agenda.
Non-contributor	Suffers from presenteeism.
Ghost	Comes and goes.
Empire Builder	Self-interest is #1.
Disrupter	Diverts attention away from the strategy.
Bore	Goes “on and on” about the “same ole’ thing.”
Dinosaur	Invests energy in the past solely.
Representative	Advocates on behalf of others, not the organization.

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Performance expectations for Leaders and Board Members

1. Being prepared for the meeting, which is having read the materials beforehand.
2. Actively listening and contributing to discussions.
3. Respecting the boundaries of confidentiality.
4. Knowing when you find yourself in a situation in which a conflict of interest arises.
5. Disagreeing with the interest or position of another but never focusing on the individual and his/her person.
6. Taking responsibility for your own actions and decisions.

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The Profile of a Derailed Executive

- Bogged down in thought.
- Mired in process at the expense of action.
- Unable to develop effective relationships.
- Exhibiting ineffective responses to change or feedback.
- Reacting arrogantly to success.
- Overwhelmed by complexity.
- Lacking strategic perspective.
- Unable to handle pressure well.
- Shifting blame and failure onto others.
- Failure to honor boundaries.
- Failure to display empathy and sensitivity toward others.

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Five Steps To Protecting and Accelerating Your Career as a Leader

- 1. Develop a feedback system.***
- 2. Hire a “blind spot” coach.***
- 3. Protect your organization against hiring executives with a high potential to derail.***
- 4. Establish safeguards for yourself.***
- 5. Engage in deliberate reflection.***

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Why use MSF/360?

Facilitate	Enhance	Provide	Evaluate	Improve	Identify	Make	Measure
Facilitate insight of strengths and weaknesses for an individual.	Enhance organizational cultural change.	Provide summative assessment of performance.	Evaluate potential.	Improve team effectiveness.	Identify training & coaching needs.	Make organizational values explicit.	Measure progress after training & coaching.

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Civility

(Kaufmann, 2017)

“Civility is about more than just politeness, although politeness is a necessary first step. It is about disagreeing without disrespect, seeking common ground as a starting point for dialogue about differences, listening past one’s preconceptions, and teaching others to do the same. Civility is the hard work of staying present even with those with whom we have deep-rooted and fierce disagreements. It is political in the sense that it is a necessary prerequisite for civic action but it is political, too, in the sense that it is about negotiating interpersonal power such that everyone’s voice is heard, and nobody’s is ignored.”

(United States’ Institute for Civility in Government)

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Civility

(Kaufmann, 2017)

- Respect
- Humility
- Mindful self-awareness
- Cultural awareness
- Barriers to awareness
- Effective communication(digital)
- Listening/Feedback
- Praise



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Who manages the white spaces in between the boxes on the organizational chart?

Here is a little story about four people named Everybody, Somebody, Anybody, and Nobody.

There was an important job to be done and Everybody was sure that Somebody would do it.

Anybody could have done it, but Nobody did it.

Somebody got angry about that because it was Everybody's job.

Everybody thought that Anybody could do it, but Nobody realized that Everybody wouldn't do it.

It ended up that Everybody blamed Somebody when Nobody did what Anybody could have done.

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Staying Healthy and Avoiding Trouble

- Do not seek emotional support from clients.
- When in doubt about self-disclosure, don't.
- No personal services.
- Use witnesses.
- Be careful of gifts and fees.
- Cautious physical touch.
- Keep records.
- Get second opinions.
- Use your office for work.
- Be willing to write it in the record.
- Beware of the desire to make exceptions.
- Recognize your own vulnerability.

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Life Purpose

1. What makes you smile?
2. What are your favorite things to do in the past? Now?
3. What activities make you lose track of time?
4. What make you feel great about yourself?
5. Who inspires you?
6. What are you naturally good at?
7. What do you typically ask for help with?
8. If you had to teach something, what would I be?
9. What would you regret not fully doing, being, or having in your life?
10. Why not Act now?

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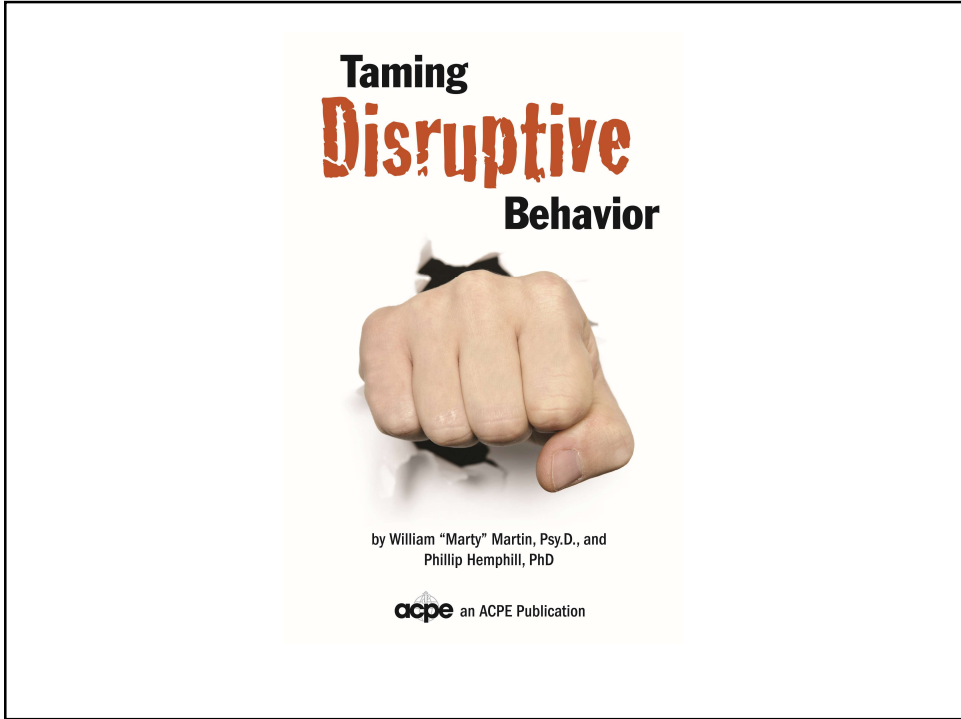


"I give myself such good advice,
I just never listen."

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*"Catch them doing something
good."*

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Resources

- www.psych.org
- www.socialworkers.org
- www.alcoholics-anonymous.org
- www.nursingworld.com
- www.ama-assn.org
- www.apa.org
- <http://www.apa.org/ethics/code/principles.pdf>
- www.iaomc.org

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CHAMPIONS OF Presented by **WELLNESS** WELLBEING

 **Virtual Conference**

May 13th
Join Us Online

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DISCUSSION AND QUESTIONS?

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