**AGPA Connect 2023 Presenter Information**

**Course Code:** 24 (Virtual)

**Course Title:** Your Professional Will: The Ethical Care of Your Practice and Yourself

**Course Times:** 2:30 PM - 5:00 PM

**Course Dates:** Thursday, March 9

**Instructors:** Ann Steiner

**Course Description:** COVID continues to be a wakeup call and reminder that we all, regardless of age, health and socio-cultural location, need to have backup systems in place. Illnesses, retirement, relocation and sudden emergencies happen. Plus, the Ethics Codes for every discipline require that you have a Professional Will. This workshop helps you plan who will contact group members if you cannot, and ways to minimize the impact of your absence on your patients, colleagues, and community. All levels of experience welcome!

**Learning Objectives**

The attendee will be able to:‎

1. ‎‎List the essential ingredients of a comprehensive Professional Will.‎
2. ‎Analyze when and whether it is appropriate to be self-disclosing regarding the leader's health, ‎reasons for canceling sessions and termination, factoring in differences in these areas: social-‎economic, power, privilege, racial, cultural differences, as well as differences in beliefs and attitudes ‎toward illness, death and dying, as well as healthcare disparities.‎
3. ‎List three common problems and complications created for group members when the leader cancels ‎or is ill.‎
4. ‎Describe your plan for minimizing the trauma caused to group members when the therapist has to ‎cancel, transfer or terminate group earlier than expected.‎

**Significant Articles:**

1. Kooperman, D. (2013). When the Therapist is in Crisis: Personal and Professional Implications for Small ‎Community Psychotherapy Practices American Journal of Psychotherapy, Vol. 67, No. 4, 385-403.‎
2. Steiner, A. (2011). The Therapist's Professional Will: A Back-Up Plan Every Clinician Needs. GROUP, ‎‎35(1), 33-39.‎
3. Reamer, F.G.( 2013) Planning Ahead — Drafting a Professional Will Social Work Today August: ‎‎(https://www.socialworktoday.com/news/eoe\_081213.shtml)‎
4. Sue, D. W., & Sue, D. (2019). Counseling the culturally different: Theory and practice (3rd ed.). New ‎York: Wiley Tsai, M., Plummer, M.D., Kanter, J.W. et al,. (2010). Therapist Grief and Functional ‎Analytic Psychotherapy: Strategic Self-Disclosure of Personal Loss. J Contemp Psychother 40, 1–10. ‎Online: https://doi.org/10.1007/s10879-009-9116-6‎

**Agenda:**

1. Overview of the Therapist's Professional Will (4 min. lecture Learning Objectives: #1 Discussion)
	1. Participants introduce themselves, briefly state what they want from the workshop. If online this will be done via poll.(6 minutes max)
2. Overview of common countertransference reactions to informing group(s) about illness in the therapist, or changes in availability. To include the role privilege, intersectionality, social identities and socio-cultural differences as well as cultural differences in beliefs and attitudes toward death and dying as they impact and play out in your groups as well as with colleagues. (10 min Learning Objectives: #2 and 3 PwrPnt/Lecture with questions/Discussion interspersed)
	1. How to talk about unwanted therapist absence and termination. The importance of ensuring that, as groups leaders, especially of psychoeducational groups, we are culturally congruent in terms of language, examples shared, and general awareness of socio-cultural influences and differences, especially as regards both healthcare disparities as well as values and beliefs about death and dying in all groups, will be addressed in this section, and referred to throughout as appropriate.
3. Common resistances, personal obstacles to completing one's Professional Will (10 min - Learning Objective #3 PwrPnt/Lecture = 4 minutes Discussion time = 6 minutes) A. First discussion section, personal sharing encouraged IV. Self-Disclosure: Definitions and Guidelines in the Group Setting (20 min Learning Objective #3 PwrPnt/Lecture = 10 minutes plus total of 10 minutes for questions and Discussion )
	1. Didactic and discussion about Self Disclosure including discussion of how this challenging issue varies depending upon the group leader’s power, privilege, social identity, and other differences are likely to impact group members. In this discussion, participants will be encouraged to review whether and how they share and model values of social justice, and/or anti-oppressive practices in group, and consider the impact of different types of self-disclosure has on their clinical practice, factoring in socio-economic realities, abilities, disparities and difference in age, race, sexual orientation, gender identities, body size, etc.
	2. Discussion of application of self- disclosure presentation to participants groups
	3. Self-Assessment Inventory of Leader Roles/ Values (Handout)
	4. Discussion of personal, countertransference issues raised. Participants will be encouraged to list their countertransference issues for further exploration in other settings. The importance of group leaders being clear about their own cultural, spiritual, religious influences on their beliefs and values re death, dying, mourning, and termination will be emphasized.
4. How to create your own Emergency Response Team: (20 min Learning Objective #4 - PwrPnt/Lecture = 15 minutes with questions and 5 designated for Discussion)
	1. Didactic re key ingredients and considerations in putting together this back-up team
	2. Selection criteria: How to select, create and recruit potential candidates to form a functioning, supportive group of trusted colleagues to ask to participate as Emergency Response Team Members. Participants will be reminded to consider looking outside of their familiar circle of colleagues
5. Overview: Sample letters, scripts for answering machines to be used if you are unable to terminate in person. (10 min Learning Objective #4 PwrPnt/ Lecture = 7 minutes with questions and 3 minutes set aside for Discussion)
6. Writing the first draft of your personal Therapist’s Professional Will (20 min Learning Objective #4 PwrPnt/Lecture =12 minutes with questions interspersed and 8 minutes designated for Discussion.)
	1. Using the presenter’s materials, participants will start the process of putting together their own first draft of their Professional Will and supporting documents.(Handout)
	2. Normalization of emotions stimulated by doing this work
	3. List of candidates for Emergency Response Team, discussion
	4. Instructions to Emergency Response Team regarding contacting group members
	5. Templates for patient summaries, realistic schedule for keeping them current, presentation of sample of letter template written now, to be sent to members in the leaders’ temporary or permanent absence (handout)
7. Break-out into small discussion groups (20 min Learning Objective #4 and #2 = 4 minutes for discussion of emotions stimulated by issues presented/ 15 minutes dedicated to Break out group Discussion) Private practice section and agency sections to start designing their own:
	1. Discussion of which aspects feel challenging to participants, brainstorming and sharing of ideas
8. Plan, using group’s input, realistic time-line, for completion of each participant’s Professional Will. (20 min. Learning Objective #4, PwrPnt/ Lecture/ Discussion – this segment is highly interactive with the presenter reviewing sampe time lines and asking participants to think about and share with others how much time they want to allow for each phase)
	1. Discussion of participants’ questions, concerns and dilemmas raised by writing out one’s Therapist's Professional Will.
	2. Experiential/ Discussion/ Personal Sharing of emotions, conflicts and concerns about unexpected temporary absences, retirement and death
	3. Discuss/ plan, using group’s input, realistic ways to encourage and reward oneself for completing each phase of this challenging project
9. Wrap-up: Discussion, evaluation of workshop and CE questions completed. (10 min Learning Objective #3 This time will be purely open discussion)

Assessment Questions: Question 1 (include possible answers)

Question 1 (include possible answers)

1. Please choose one correct answer: A. Employees of agencies or hospitals do not need to think about termination issues for their groups. B. Only group therapists who lead private practice groups should consider writing their own Professional Wills. C. All clinicians can benefit from either having their own Professional Will, or having made provisions for handling their patients in the event of their expected and unexpected absences.

Correct Answer 1

C

Question 2 (include possible answers)

It is never appropriate for a group leader to invite discussion of differences in socio-cultural beliefs, values and attitudes towards death, dying, and loss. (T/F)

Correct Answer 2

False

Question 3 (include possible answers)

Which of these answers is correct? A. Group members should never be given information they ask for about the leader's reasons for the group being cancelled. B. There are some situations where it is clinically appropriate to share information about the therapist’s health and ability to continue working. C. Therapists should never share any information about their sociocultural location.

Correct Answer 3

C

Question 4 (include possible answers)

Which of these answers is correct? A. Sharing the reasons for the group therapist's absence does not need to take into consideration the group make up, history or context. B. Sharing the reasons for the group therapist's absence is neither an ethical or clinical issue. C. When considering how much information to share with a group about the reasons for the leaders absence, it is important to take into consideration the group make up, history and/ or context.

Correct Answer 4

C

Question 5 (include possible answers)

Which of these answers is correct? A. It is unethical for an Emergency Response Team member to offer follow up debriefing sessions if the therapist dies unexpectedly. B. Even if only a few group members are interested in having a session with a group therapist to process the loss of the leader, it is ethical and may be clinically indicated to arrange to have a colleague familiar with group work lead such a group. C. Debriefing sessions with a licensed clinician, that are offered after a group leader has died is a violation of every mental health organization’s ethics.

Correct Answer 5

B

Question 6 (include possible answers)

Which of these answers is correct? A. Psychodynamic psychotherapy groups benefit from the group therapist accepting or inviting member’s feelings of anger towards them, including questions about noticeable changes in their appearance, especially if it creates concern. B. The fact that the group leader has a Therapist’s Professional Will or back-up team, should never be discussed with group members or patients. C. When a group leader unexpectedly cancels one or more session, the leader should redirect any discussion or questions about the absence away from the issue.

Correct Answer 6

A

Question 7 (include possible answers)

Which one of these answers is correct? A. It is never advisable to include information about your back up system in your Office Policies. B. Discussion of the therapist’s possible future absences should be dismissed and identified as either hostility or projection. C. It is recommended that all clinicians include information about their back up system in their Office Policies.

Correct Answer 7

C

Question 8 (include possible answers)

Which one of these answers is correct? A. Members of your Emergency Response Team, ie the back up team for your practice, do not need to know anything about whether or not you self-disclose reasons for your cancelling sessions when you are ill. B. Your Emergency Response Team, ie the backup team for your practice will be better able to help group members when you are unavailable, if they know what your general practice is about self-disclosure. C. Your Emergency Response Team, ie the backup team for your practice can include chiropractors.

Correct Answer 8

B

Question 9 (include possible answers)

Which of these answers is correct? A. Welcoming or encouraging discussions of the therapist’s absence is always harmful to group members. B. Inviting discussion of the feelings that arise for group members is clinically valuable and can enhance connection and self-understanding. C.Inviting discussion of feelings, including negative emotions, that arise for group members is never uncomfortable for group leaders.

Correct Answer 9

B

Question 10 (include possible answers)

Which one of these answers is correct? A. The ethics codes of all mental health disciplines require their members to have the equivalent of a professional will. B. The American Psychological Association does not address the issue of providing continuity of care in the event of a psychologist’s absence. C. The American Counseling Association does not address the issue of providing continuity of care in the event of licensed counselor’s absence.

Correct Answer 10

A