

Policy: Board Members/Volunteers Needing Services
SART Listserv
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States are listed as a point of reference and do necessarily represent a statewide perspective

Issue: What policies are needed for board members or volunteers that become clients?

California

- An option is to offer referrals to therapists in the community or at another nearby rape crisis center, if the board member remains on the board. This would ensure a stronger sense of privacy – the individual may be more willing to disclose issues and do therapeutic work if he/she isn't concerned with fees, termination, etc.
- The individual shouldn't be refused services;
- Staff at rape crisis centers who use their agency's services often experience discomfort about the fact that other staff know they are receiving services. So I wonder how well confidentiality can be maintained in this scenario. In small communities, it can be hard to have absolute confidentiality anyway.
- Another concern would be the ability of the therapist to set proper boundaries and assist the survivor fully if they know that this person they are counseling could potentially get them fired, as a Board Member. These are just a few reasons why it might not be a best practice to give therapy to staff or board members

Colorado

- It is imperative that we support our colleagues and provide the care and respect that we provide our patients and clients;
- Board Members have as much a right to care with compassion as any other person;
- If the person's ability to continue on the board is in conflict with her current condition, the individual may need to take a leave of absence

Maryland

- Many of the high-caliber alcohol/drug/eating disorder/sex addiction etc. residential treatment centers across the country have agreements with other facilities of similar quality to provide services at a reduced rate to their employees.
- They do this with the understanding that many staff members are in recovery and will, at times, need services when they relapse.
- While perhaps less understood (or admitted), trauma survivors "relapse" as well from time to time - triggered by a new event, outside stressors, or their children's developmental phases.
- Also, those in the field who are not currently survivors may, sadly, at some point become a survivor.
- What about developing reciprocal relationships with sister agencies as a part of regular policy in anticipation that this situation will occur? That way employees, board members, and even our SART partners know they have options **before** they need it.
- I would bet that you would have many more people seeking the services they need and deserve if they knew that they could do so without jeopardizing their reputation or employment.

- While far from ideal, I would think that phone services may help those in rural areas without another therapist within a 100 mile radius that is not a colleague or a relative.

Michigan

- Although we have no policy regarding this, we have had volunteers and SANEs receive counseling services in the past and this has not resulted in asking for resignations.
- If anyone has any issue that negatively affects their ability to provide effective services to those we serve, they should be asked to address the concerns or resign (or be fired).
- Perhaps, while in counseling this person could take a break from board responsibilities

Additional Comments-

- Our center has a couple of outside/ independent licensed therapists that extend their professional services specifically to the aid of our sexual assault service providers.
- To date they have never charged for their services.
- On 2-occasions it was concluded that burn-out coupled with respective personal factors warranted the individuals to explore a career change, which they did.
- Service Providers and Board Members need not fear professional repercussions or unjust reprisals For us to be the most effective and helpful to clients and families AND to thwart the rapid on-set of “burn-out”, responders need to care for themselves
- Additionally, there are so many different settings of sexual assault services (hospital based, free-standing. etc.,) that layers of policy issues can be daunting.