Professional Boundaries: Common Dilemmas and a Framework for Decision-Making

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DEFINITION: PROFESSIONAL BOUNDARIES

- Professional Boundary: Framework within which the Professional-client relationship occurs.
  - Boundaries make the relationship professional and safe for the client and set parameters for service delivery.*
  - Based on Professional Codes of Ethics

- Professional Boundaries Include:
  - Dual and Multiple Relationships
  - Social Relationships
  - Professional Presentation/Role: “Professional Use of Self”
BOUNDARY CONTINUUMS

• Boundary Inattention
  - Absence of awareness of ethics, boundaries.

• Boundary Crossing
  - Indicates a point at which some action occurred that crossed a boundary but did no harm to the family.

• Boundary Violation
  - Actions that do harm to the family (& practitioner.)

Under involved
The zone of helpfulness
Over involved
COMMON BOUNDARY BLUNDER

Professional Self Disclosure
Physical Contact
Giving and Receiving Gifts
Accepting or Providing Drinks, Snacks, Meals
Becoming Friends
Dual Relationships
COMMON BOUNDARY BLUNDEERS

- Use of Your Own Resources
- Breaking program protocol
- Interactions that undermine the "team."
CONSEQUENCES of LOOSE/POOR BOUNDARIES

- Service provider may act unethically.

- Service provider and/or client may be emotionally traumatized and/or put in physical danger.

- Compassion fatigue – the service provider’s role may not feel sustainable.

- Potential for “splitting” on teams.

- Client may be given inappropriate information or services which could affect his/her willingness to accept future services.

- Client may feel betrayed, abandoned and/or poorly served.

- The reputation of the service provider’s agency and/or profession may be compromised.
DUAL RELATIONSHIPS

• Examples of Dual Relationships:
  – Being a service provider to family or friends.
  – Seeing/working with client in other settings
  – Becoming emotionally or intimately involved with a client or former client.

• We need to be honest and self-searching in determining the impact of our behavior on families.
  We need to constantly question our motivations:
  • “Whose needs are being met?”
HANDLING DUAL RELATIONSHIPS

- If *during service*:
  - Attempt to avoid.
  - If not possible, discuss w sup/client, document, and maintain strict boundaries.

- If you had a personal relationship with a client *before* the client is assigned to you:
  - Disclose relationship immediately to supervisor. Best to assign to other staff member.
  - If no other staff, Discuss pros/cons of accepting client. Is personal relationship fully over?
  - Discuss with client and give choice of waiting for other staff or referral out.
  - If client accepts service, maintain strict boundaries: past relationship is not part of this provider-family service.
SOCIAL RELATIONSHIPS

Examples of social relationships with clients:
- Socializing with clients
- Attending a social event for/with a client
- Inviting client to your church, recommending your daycare, etc.
- Significant self-disclosure as in friends/equals
- Sharing meals, recreational activities
- Attending clients’ weddings, parties, celebrations
- Becoming friends and sharing on social media

What are the differences between Relationship- Based Work and having a Social Relationship with families/clients/colleagues? How do you know which is which?

NEVER OK AS A PROFESSIONAL
PROFESSIONAL PRESENTATION

- **Professionalism includes:**
  - Maintaining appropriate **interpersonal boundaries**
    - Appropriate use of self-disclosure.
    - Avoidance of touch.
  - The manner in which we *communicate* verbally and non-verbally.
    - Written expressions--from memos and texts/emails to reports.
    - Telephone conversations to/re: clients.
    - Promises, agreements made/kept.
  - Management of our **own emotions** at all times.
  - All other manner of **presenting ourselves** to the families we serve, including our attire.

➤ Why Does This Matter?
GIFTS AND FOOD/DRINKS

• Gifts: Never Ok to give gifts to clients

• Gift Acceptance:
  – Avoidance is best.
  – If no/low monetary value or homemade: consider meaning to client, impact on relationship of accepting/refusing. OK in some instances. EX?

• Food/Drinks:
  – Avoidance is best, esp. food. Water may be fine.
  – If homemade and not meal, small taste may be OK.
BOUNDARY WARNING SIGNS

• Referring to each other as friends.
• Socializing outside of professional setting/ becoming friends on Facebook.

• Gifts giving.
• Client has Provider’s personal contact info.

• Revealing excessive personal information to client.
• Sleep problems due to anxiety related to client/client’s situation.
• “Venting” with client about other workers.

• Social interactions are dominated by talk about client.
• Offers to provide assistance to client outside of role
FRAMEWORK FOR DECISIONS

Whose needs are being served?
◦ Is this in my client’s best interest?
◦ What impact will this have on the service?

Should I make a note of my concerns or consult with a colleague/supervisor?
◦ Am I comfortable in documenting this decision/behavior in the client file?
◦ How would I feel telling a colleague/supervisor about this?
◦ How would this be viewed by the client’s family or others?

Am I treating this client differently from others?
◦ Does this client mean something ‘special’ to me?
◦ Am I taking advantage of the client?
◦ Does this action benefit me rather than the client?

Does this contravene the NASW Code of Ethics?
◦ How would I feel about discussing this in Court or on 60 Minutes?
8 PRINCIPLES OF EFFECTIVE BOUNDARIES

1. Empower, not rescue.
2. Take care of yourself.
3. Be a role model.
4. Be accountable.
5. Service time is not “me” time.
6. Don’t open your wallet or make promises.
7. Don’t employ clients.
8. Be consistent.
FINAL POINTS 4 GOOD BOUNDARIES

• **Consult** with supervisor if hard to talk with client.
• **Document** issues and decision-making to come to resolution.
• **Establish clear agreements** initially about your role.
• **Address** looming boundary **issues** with the client **quickly**.
• **Ensure** **personal information** you share will **further** client’s goals.
• **Frequently** **clarify** your role and boundaries and ask client to explain back.
• **Use supervisor** as sounding board for boundary concerns, esp. when issues impact objective, compassionate care.
Any unanswered boundary dilemmas?

GOOD LUCK!