# Boundary Issues in Social Work: Recognizing and Reducing Your Risk

## 2 Hours

PDH Academy

PO Box 449

Pewaukee, WI 53072

www.pdhacademy.com

pdhacademy@gmail.com

888-564-9098

PDH Academy

# *Final Exam*

1. A conflict of interest that occurs when social workers simultaneously or consecutively engage in more than one relationship with clients is called a:
    a. Contractual relationship
    b. Secondary relationship
    c. Dual relationship
    d. Power differential

2. Consequences of poor boundaries may include:
    a. Greater public trust
    b. Legal consequences
    c. Clients who will continue to use similar social work services
    d. Clients who feel supported

3. According to Zur, deliberate harming or exploiting clients:
    a. Is always illegal
    b. Usually falls below the standard of care
    c. In some instances may be necessary
    d. None of the above

4. Boundaries are important in social work because:
    a. They destruct the therapeutic process
    b. They threaten the clients of exploitation
    c. They put clients in danger
    d. They offer protection of workers from liability

5. When evaluating the appropriateness of entering into a second relationship with a client, social workers should consider which of the following:
    a. Expected length of the second relationship
    b. How ending this relationship may affect the other relationship
    c. How it might impair professional objectivity
    d. All of the above

6. Bart is providing grief counseling to an individual who is a professional job coach. Bart has been unable to manage the stress of maintaining the high caseload demands of his position and is considering a change in employers. During their most recent session, Bart asked his client for advice regarding his ambivalence about pursuing another job opportunity. This is an example of:
    a. Extending the relationship with a client
    b. Promoting client dependence
    c. Reversing roles with a client
    d. Counter-transference

7. Before deciding to enter into a relationship with a former client, Reamer suggests asking:
    a. How much time has passed?
    b. Is the client able to drive?
    c. Where does the client live?
    d. Does the client have a college education

8. Who ultimately assumes primary responsibility for maintaining professional boundaries in the practice of social work?
    a. The Client
    b. The profession
    c. The Social worker
    d. The social worker's employer

9. The NASW Code of Ethics (2017) recognizes which reason for impairment:
    a. Halitosis
    b. Psychosocial distress
    c. Dehydration
    d. Psoriasis

10. Which of the following attributes did Burford et.al. identify as one of the best predictors of professional behavior.
    a. Conscientiousness
    b. Level of education
    c. Years of experience
    d. Culture

11. Reasons why impaired professionals do not seek help include:
    a. Fear of exposure
    b. Social work professionals always believe that therapy would help
    c. Always have enough time and money for treatment
    d. Have a spouse or partner who loves to participate in treatment

12. In what year did the NASW Code of Ethics Review Task Force finally approve new standards that address professional competence?
    a. 1980
    b. 1992
    c. 1979
    d. 1994

13. A human services professional inappropriately pressures or exercises authority over a susceptible client for their own benefit. This describes:
    a. Undue influence
    b. Coercion
    c. Transference
    d. Both a and b

14. Which of the following legislative actions criminalized therapist-client sexual relationships in the state of Maryland?
    a. Lynette's Law
    b. Donda West Law
    c. McKinney-Vento Act
    d. Robbie's Law

15. A Type of deliberate self-disclosure described by Zur is:
    a. Client-initiated
    b. Self-initiated
    c. Client-revealing
    d. Self-revealing

## Biographical Summary

**René N. Ledford, MSW, LCSW, BCBA**

Ms. Ledford is a Licensed Clinical Social Worker and Board Certified Behavior Analyst with over 30 years' experience managing child and adult mental health, residential treatment, child welfare programs. In addition to extensive experience in social services, she has worked as both a Trainer and Project Manager for Prosync, Inc. (now The Paxen Group), a nationally recognized leader in customized training and performance contracting. Currently Director of Behavioral Health Quality for Children's Home Society of Florida (CHS) she leads statewide quality improvement activities for behavioral health programs, trauma-informed practice development and statewide trauma training initiatives. She also serves as the Statewide Trainer for CHS' Category III Trauma Recovery Initiatives (TRI) grant project.

René is a graduate of the Florida State University Harris Institute Infant Mental Health program and is trained in trauma-informed interventions including Child Parent Psychotherapy, TF-CBT and Parent-Child Interaction Therapy. She has developed and/or presented numerous continuing education programs and among other trauma-informed curricula, is an Experienced Trainer of NCTSN's Child Welfare Trauma Training Toolkit (CWTTT). René was also a contributor for the revised CWTTT and Trauma-Informed PS-MAPP curricula. Additionally René is a Council on Accreditation (COA) Peer Reviewer and the 2015 Past-President and 2016 Director of Social Media for the Association for Talent Development, Central Florida Chapter.

# Course Abstract:

Social workers sometimes find themselves in situations that blur professional boundaries. This course reviews professional boundaries in the context of social work practice; case examples and interactive exercises are included to reinforce learning. The course will examine both the benefits of healthy boundaries and the potential risks to clients, practitioners, and the profession when boundaries are crossed or ignored. Learners will review their ethical role as social workers, the difference between boundary crossings and boundary violations, and potentially dangerous situations. The course also provides guidance for evaluating different boundary-related issues and implementing risk prevention strategies.

# Learning Objectives:

After completing this course, learners will be able to:

- Describe the risks and challenges in maintaining professional boundaries with clients and others.
- Differentiate between non-harmful boundary crossings, harmful boundary crossings and boundary violations.
- Recognize potentially dangerous situations and problematic boundary-related behaviors.
- Identify best practices for establishing and maintaining professional boundaries.

# Boundary Issues in Social Work: Recognizing and Reducing Your Risk

## Introduction

*Nicole was looking forward to meeting her best friend after work. It had been an extremely busy week filled with back-to-back office meetings and home-based counseling appointments. When one of her clients failed to be home for her scheduled appointment, Nicole was a little relieved. She texted the client, waited fifteen minutes, left her card and after no response, drove off to her next appointment. "This is great, I have time to stop for a café con leche before my next appointment!" she thought to herself. Five minutes later, her client texted. Although Nicole was tempted to turn around, she quickly reminded herself that the client was aware of the written procedure concerning timeliness for appointments. Nicole had always worked hard to accommodate her in the past. However, during their last session, Nicole and her client discussed how her pattern of late and missed appointments reflected the client's ambivalence about her trauma work. They developed a plan to ensure she would not be late for important appointments in the future. Rather than turn back and possibly face racing to the next and final appointment, Nicole texted her client back to reschedule. Later that day, while Nicole was able to make it to the restaurant on time, her friend was late. Several texts regarding traffic and parking difficulties followed, with Nicole's friend finally arriving at the restaurant 30 minutes late and Nicole working through the last of her appetizer.*

Generally, personal and professional boundaries delineate the limits of what is acceptable or permissible behavior and what is not, and which circumstances call for flexibility. The types of boundaries that we consciously or unconsciously value range from situations involving material possessions and physical or personal space, to values, opinions, beliefs and emotions (Lancer, 2016). Our boundaries and the value and respect we accord to others, influences how we interact with others and guides decision-making, both in our personal and professional lives. As we saw in Nicole's story, one may make the decision to wait 30 minutes for a close friend to arrive for dinner but enforce a policy to cancel or shorten a visit/session with clients should they fail to arrive within 15 minutes past the appointment time.

## Professional boundaries in the context of social work practice

- Have you been tempted to share something personal with a client with whom you are struggling connecting with, in the hopes they would like or respect you more?
- Do you make exceptions for a "favorite" client?
- Have you been tempted to accept an expensive gift from a grateful client?
- Have you found it difficult to turn down an invitation from a client to attend a social event such as their wedding?
- Do you have difficulty "turning off" and disconnecting from concerns about your clients?

As the previous scenarios illustrate, in their relationships with clients social workers routinely encounter situations that require careful consideration of boundaries. The first example clearly

describes a potential action guided more by consideration of the social worker's needs than the client's needs. Therefore, it is likely not an appropriate time for self-disclosure. The social worker should carefully consider how self-disclosure might affect the client and explore alternative methods. Soliciting feedback from the client about what is working and what is not may be the best place to start. However, there are times when maintaining a rigid professional distance may not be in the client's best interests. Such an approach might also violate cultural norms, specific treatment approaches (for example, Feminist therapy endorses self-disclosure to promote authenticity), or other unique aspects of the client-social worker relationship. (Zur, 2004)

For example, will the client be insulted if you refuse the gift, sever the relationship or even suffer emotional harm? If that is a possibility, are there ways to address the conflict in a healthy manner? Are there times when it is proper and therapeutic to participate in the client's celebration event?. Making exceptions for some clients and not others may be a red flag. . Unfortunately, there is not always a clear line between appropriate versus potentially harmful behaviors.

Another aspect of professional boundaries includes examination of the social worker's inner state – is he/she able to manage the chronic stress associated with the work or intense feelings toward clients (both positive and negative). Social workers who violate boundaries may be dealing with chronic mental health or substance use conditions, the effects of secondary traumatic stress, or a temporary personal or professional crisis that diminishes their focus and energy. They may try to work through their own issues without appropriate support and supervision. For example, a social worker struggling with self-esteem issues related to a failed relationship, may be tempted to seek validation from his/her clients, resulting in boundary crossing behaviors or worse.

Social work, like many helping professions, relies strongly on the ability of workers to relate to their clients and their problems through mutually open communication and the development of authentic and trusting relationships. In fact, having high levels of engagement and a positive relationship with clients is essential to successful outcomes. Exposure to the confidential information of clients connects workers with their clients in ways that are personal and private. Further, social workers are often engaged in a helping relationship with individuals who are oppressed, vulnerable, and lacking in sufficient financial or social support. Even if resources or social standing is not a contributing factor, individuals served by social workers are dealing with circumstances requiring professional assistance and this alone shifts the balance of power away from the client.

In the context of the professional relationship, this imbalance of power creates greater potential for discrimination and exploitation (Leary, Tsui & Ruch, 2013). Consequently, social workers have ethical and often additional legal, regulatory, or employment obligations that require them to maintain appropriate professional boundaries.  In addition to taking preventative measures, risk management regarding boundaries requires that social workers routinely evaluate how their decisions and actions affect clients and how others perceive them.

The National Association of Social Worker's (NASW) Code of Ethics (hereinafter referred to as the "Code") presents values, principles and standards "to which professionals aspire and by which their actions can be judged" (*NASW*, 2017). The Code includes ethical principles based on core values such as service, respect for the dignity and worth of people, integrity and the

importance of human relationships. In the previous examples, the best interest of the client take precedence. While the Code does not provide all of the answers for every specific ethical dilemma, it does provide a useful framework for defining acceptable and unacceptable behavior.

Minimizing risk for exploitation and harm of others is one of the recurring themes in the Code and it has special significance to the concept of boundaries. The Code first addresses this in the standards related to ethical responsibilities to clients. Section 1.06 outlines expectations regarding actual and potential conflicts of interests, including dual or multiple relationships. Social workers are encouraged to avoid conflicts of interest when they threaten their ability exercise professional discretion and make unbiased decisions. (1.06 a). Further, the Code prohibits social workers from exploiting or taking unfair advantage of others in order to advance their personal or professional interests. (1.06 b) and establishes expectations regarding a type of conflict of interest, dual or multiple relationships in 1.06 c and d. Dual relationships are defined as simultaneously or consecutively engaging in more than one relationship with clients, for example, providing marital counseling to a business partner. Finally, the recent edition of the Code addresses communication and relationship conflicts of interest related to technology (including social networking sites, online chat, e-mail, text messages, telephone, and video) in new sections 1.06 e through 1.06 h. (NASW, 2017)

Social workers should not, according to the Code "engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries" (NASW, 2017). The Code also provides guidance concerning the provision of services to two or more individuals who share a relationship with each other and how to handle anticipated conflicts of interest. This course will review sexual relationships and physical contact in future sections.

**The importance of boundaries for the client, social worker and profession**

Boundaries are important in social work for many reasons including protection of the therapeutic process, protection of clients from exploitation, and protection of workers from liability (Freud & Krug, 2002, as cited by Dewane, 2010). First, the relationship, unlike those we have with friends and families, is a fiduciary one. Clients are contracting with social workers to provide a service that is paid either directly by the client or by another funder (grant, insurance, state, federal etc.). Even minor deviations can give a mixed message.

Following earlier thought, social workers have a duty to provide a safe environment and to protect clients from harm including risk for exploitation. Appropriate boundaries also provide an opportunity for the social worker to model healthy communication and relationship skills. Further, the maintenance of healthy boundaries helps to keep the social worker focused on their responsibilities to the client while maintaining their own physical and psychological safety.

Essentially, boundaries help to protect *everyone* involved in the relationship, with each party protected in different ways (Cooper, 2012). Additional consequences of poor boundaries include:

- Loss of public trust: the reputation of the organization and/or profession may be compromised
- Legal consequences as a result of negligence

- Civil suits
- Additional burnout for team members as a result of negligence and boundary violations by other workers
- Client may feel betrayed, abandoned, and/or poorly served
- Client or those aware of their experience may not be willing to use similar services in the future

**Boundary issues that are problematic vs. those that are not**

As reviewed earlier, important ethical expectations for social workers include demonstrating appropriate standards of care and avoiding behavior that crosses professional boundaries when the dual relationship is exploitive. According to Reamer (2012), "boundaries issues occur when practitioners face potential conflicts of interests stemming from what have become known as dual or multiple relationships" (p.3). Problematic boundary issues, also referred to as 'boundary violations' are characterized by a conflict of interest that harms the client or other individuals such as colleagues. This conflict of interest may prejudice or give the appearance of prejudicing the social worker's decision-making abilities and obligations (Reamer, 2012). This is a concern shared by other professions including medical, nursing and mental health/substance abuse counseling disciplines. Zur (2007) offers another way to describe problematic boundary issues as reflected by standards in the field of psychology: "A boundary violation occurs when a therapist crosses the line of decency and integrity or misuses his or her power to exploit or harm a client. Boundary violations usually involve exploitative business or sexual relationships" (pp. 4-5). Further, he adds, "Deliberate harming or exploiting clients and sexual relationships with clients always fall below the standard of care" (p. 8).

Sometimes there are dual or multiple relationships that arise unexpectedly and would not reasonably cause impairment or pose a risk for exploitation or harm.. For example, a social worker living in a rural community continues to attend his chosen place of worship after recognizing one of his clients at Sunday church service. It is still possible in that instance to maintain healthy boundaries. In other situations, it is not always immediately clear when such deviations are appropriate. Some boundary crossings may even be helpful in enriching the therapeutic alliance or helping the client achieve goals, as in the following examples:

- Patting a client on the back for achieving a milestone
- Walking on the grounds of a group care facility with a depressed teen
- Giving a sprig of rosemary to clients upon discharge, as a symbol of remembrance of what they learned
- Conducting a home visit with an ailing or dying client
- Providing hot cocoa during an interview with a distressed child

Often, guidance derived from ethical standards does a better job defining what is not acceptable versus what is, particularly regarding those actions at the extreme end of the spectrum such as sexual relationships. Dewane (2010) recommends the following factors to consider in making decisions about the appropriateness of entering into a second relationship with a client:

1. How will this secondary relationship change the power differential or take advantage of the power differential in the therapeutic relationship?
2. How long will this relationship last? Is it a one-time occurrence? Alternatively, is there an expectation that it will last indefinitely?

3. How will ending this relationship affect the other relationship?
4. How much will objectivity be impaired?
5. What is the risk of exploitation?

Pope and Keith-Spiegel (2008) offer additional guidance, “Imagine what might be the ‘best possible outcome’ and the ‘worst possible outcome’ from both crossing this boundary and from not crossing this boundary. Does crossing or not crossing this boundary seem to involve significant risk of negative consequences, or any real risk of serious harm, in the short- or long term? If harm is a real possibility, are there ways to address it?” (p 642). Social workers should also consider the following:

- Evaluate the reasons for taking action including your needs, motivations and feelings. If you feel uneasy, confused or have doubts honor those feelings and explore the causes and implications for you and your client (Pope and Keith-Spiegel, 2008; Barnett, 2017).
- Consider the client’s history including previous treatment and involvement in services, the nature of their current involvement in treatment/services and cultural factors (Barnett, 2017).
- Consider one’s theoretical orientation and the potential impact on the client. Will actions reflect practice theory and principles supported by the literature; and is the approach appropriate for the client? When providing psychotherapy also consider the impact on therapeutic boundaries and multiple loyalties and relationships. (Reamer, 2013; Barnett, 2017).
- Review professional guidelines, the Code, legislation, case law, research and other reputable published literature specific to the potential boundary crossing (Pope and Keith-Spiegel, 2008; Zur, 2013; Barnett, 2017).
- Consult with colleagues you can trust for honest feedback on questions about boundary issues (Pope and Keith-Spiegel, 2008; Reamer, 2013)

**Activity: Examples for self-reflection. How would you handle the boundary issues in the following scenarios?**

1. A client shares that he won concert tickets but has to work the night of the concert and is looking for someone who can use them. He asks if you want the tickets knowing it is your favorite band.
2. You have a client interested in learning more about her condition. She asks if she can borrow one of the books on your bookshelf.
3. A client referred for substance abuse treatment inquires during the assessment whether you are in recovery.
4. You are out at a local sports bar and you see your client yelling loudly at the game in what appears to be in an intoxicated state.
5. A client mentions that she is struggling to come up with the last $20 of her rent money.

In the first example, accepting the tickets would create a dual relationship involving a financial transaction beyond the scope of the client-social worker arrangement. Although the tickets were “free”, they do have a significant value if either party purchased them. Other considerations include asking: What would be the worst-case scenario if the social worker thanked his client

and politely declined? What is the motivation of the client for offering the tickets? Is the social worker benefiting from his position of power by accepting the offer? How would this appear to others? Will this limit the social worker's ability to maintain boundaries in the future?

The second and third examples are similar in that they both involve self-disclosure by the social worker – one involves reading preferences and the other is more personal. Self-disclosure is discussed further later in the course. The fourth example requires consideration of a social worker's personal motives for intervening and several ethical areas including client confidentiality, self-determination and dual relationships.

The fifth and final example challenges a primary driver for choosing the profession of social work – compassion for others. However, one would need to consider both the short and long-term consequences of loaning the money to the client. What will happen if the client cannot pay it back? How would that affect a social worker's ability to continue to provide quality services from a place of acceptance and respect? Are there other alternatives that would empower the client rather than strengthen the actual or perceived balance of power in the relationship? These are just a few of the questions social workers must consider when pondering the best course of action. As mentioned earlier, ethical decision-making does not have to be an individual exercise. Social workers are also encouraged to consult statutes, regulations, workplace policies and other experienced ethical social workers.

**Review**

Which of the following is NOT a potential consequence of POOR boundaries?

- **a. Psychological and physical safety**
- b. Civil suit
- c. Team member burnout
- d. Feelings of betrayal

Reamer characterizes boundary violations as a _____that harms the client or other individuals such as colleagues.

- a. Ethical conflict
- **b. Conflict of interest**
- c. Power differential
- d. Conflict of conscience

Which of the following actions can help social workers evaluate potential harm?

- a. Consultation with colleagues
- b. Consideration of one's theoretical orientation
- c. Imagining the best and worst possible outcomes
- d. Review of professional guidelines
- e. a, c, and d
- **f. All of the above**

**Challenges to the maintenance of professional boundaries**

*Emotional and Dependency Needs*

Failing to maintain awareness and take steps to resolve emotional needs can severely compromise a social worker's ability to maintain professional boundaries Reamer (2003, 2012) identified conceptual categories of boundary issues including intimate relationships; pursuit of personal benefit; and altruistic gestures. He also identified that many times boundary issues evolve from the emotional needs of social workers and other human service professionals. They may be dealing with health concerns, problems in their personal relationships, financial or employment stress, unresolved grief or childhood trauma (Reamer, 2002). This may manifest in various ways, some overt and some subtle, for example:

1. *Extending relationships with client*: Karey began joining her client for coffee after their sessions. This led to joint participation in a variety of activities – movies, concerts and eventually a sexual relationship.
2. *Promoting client dependence*: John enjoyed weekly visits with his client and his client's family. It was a welcome diversion from other stressors in his work. Although his client was meeting his initial goals and was functioning well at home and school, John encouraged the family to continue counseling – 'just in case".
3. *Reversing roles with clients* – Zamora has great respect for her client's professional achievements and common sense. Lately she is finding it difficult not sharing some of her recent struggles with her.

While the emotional needs of social workers can lead to harmful consequences such as violations that harm or exploit clients, not all boundary problems are extreme. While it is clear from the first example that Karey's decision to blur boundaries took her on a slippery slope toward a boundary violation, other circumstances are not as clear. For example, consider friendships with former clients. In some cases, social workers may pursue friendships in response to their unresolved emotional needs and struggles. In this case, having a social friendship with a former client would clearly be unethical. While Karey engaged in a sexual relationship with her client, another social worker may only be interested in forming a platonic friendship with a former client. If influenced by his/her unresolved emotional needs and struggles, the social worker, engaging in a social relationship with an ex-client would clearly be unethical behavior. In other cases, some would argue against denying a friendship between emotionally healthy individuals who happen to meet under professional circumstances. Sometimes two people meet, develop a deep personal connection based on similar interests and beliefs and want to continue a personal relationship following termination of services – how could that be problematic? Consider, for example what may happen if the former client/friend needs counseling in the future for a new crisis. Will both parties be able to maintain boundaries or will there be confusion? Are there sufficient, qualified, alternative providers and options in the client's community? If the client decides to return to the same agency, how might this impact colleagues and the services they provide? What if the friendship turns sour and the client/friend complains to the board? Even with the best of intentions, there is the risk for harm. Therefore, Reamer (2012) suggests asking the following questions before deciding to enter into another relationship with a former client:

- "How much time has passed since termination of the professional-client relationship? Has enough time passed to defuse complex boundary issues?
- What is the nature of the professional-client relationship? Did it involve intense psychotherapy or more concrete services associated with case management?

- To what extent is the client mentally competent and emotionally stable? Is the client able to grasp the nature of subtle and complicated boundary issues?
- What issues were addressed in the professional-client relationship? Did the work focus on complicated boundary issues in the client's personal life that might be brought up by a post-termination relationship?
- How long did the professional-client relationship last? Was it relatively long-term or short-term?
- What circumstances surrounded the termination of the professional-client relationship? Did the relationship end in order to enter into a friendship or more personal relationship, or was it a more natural termination?
- To what extent is there foreseeable harm to the client as a result of the relationship? How might the post-termination relationship injure the client emotionally, especially if it is not sustained? Might such a relationship bring up troubling issues for the client related to intimacy, boundaries, and loss?
- Have the practitioner and client engaged in an electronic relationship through social media (for example, email, Facebook, text messaging) that may lead to boundary confusion?" (pp. 100-101)

*Practitioner Impairment*

Impairment among social work and related professionals may include the inability or unwillingness to provide competent care because of physical, mental or personal problems or the inability or reluctance to uphold ethical standards of conduct. Some common problems associated with professional impairment include addictions (alcohol, drugs, gambling, or sex), burnout, general life stress, and relationship problems. (Lamb, et.al., 1987; Barker, 2014; Reamer, 2015). Practitioner impairment is a factor in many cases of egregious ethical misconduct involving boundary violations and inappropriate dual relationships. (Barsky 2009; Reamer, 2012, 2015).

Despite its relevance, the field of social work has been relatively slow in acknowledging the problem and establishing appropriate standards. The first attempts to address the issue of practitioner impairment formally, grew out of increased attention to addiction problems. NASW issued a public policy statement about alcoholism and related problems in in 1979 and social workers formed a nationwide support group in 1980. Efforts continued during the 80s, most notably when NASW published the *Impaired Social Worker Program Resource Book*. In 1992, the NASW Code of Ethics Review Task Force approved new standards addressing professional competence. Added to the Code in 1994, standards addressing competence were later revised slightly and are incorporated into the current Code of Ethics effective 2008 (Reamer, 2012)

The Code represents a broader definition of impairment that extends beyond problems with addictions. Standard 4.05 (a) states that "social workers should not allow personal problems, psychological distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgement, and performance or to jeopardize the best interests of people for whom they have a professional responsibility. If such problems do manifest, social workers are advised to immediately seek consultation and take remedial action including seeking consultation (standard 4.05 [b]). (NASW, 2008). Further, standards 2.09 (a) and (b) direct social workers to take action when they have direct knowledge of a colleague whose impairment is

interfering with effective practice. This includes consulting directly with the colleague and addressing the impairment through other channels if necessary. (NASW, 2017).

Still, even if they are able to admit to the seriousness of the problem, many impaired professionals may be reluctant to seek help "because of their mythological belief in their competence and invulnerability" (Reamer, 2015, p. 2). Reamer (2012) cites other reasons from Deutsch's seminal 1985 study including:

- Believing that an acceptable therapist is not available or that therapy would not help
- Preferring to seek help from family members or friends
- Preferring to work problems out by themselves
- Fear of exposure and the disclosure of confidential information
- Concern about the amount of effort required and about the cost
- Having a spouse or partner who is unwilling to participate in treatment

Consider the following example:

*Nathan was the supervisor of a counseling program serving youth in a residential facility. Nathan chose to work in this setting because he had spent several years in foster care in his teens and felt he could give back. In recovery for 5 years, Nathan also felt he could serve as a role model for the youth in the program. Recently Nathan's wife took a promotion at her job that, while lucrative financially, entailed frequent business travel. Though outwardly supportive, Nathan secretly resented her success and his self-esteem lessened. Nathan had also experienced several other stressors in the past few months including the homicide of an ex-client, funding cutbacks and the need to terminate one of his counselors. He also began to miss his recovery meetings citing workload constraints and began to isolate from his friends and support system. Nathan threw himself into his work and his clients, particularly one of the female residents. One of the shift supervisors observed that Nathan was spending more time with the resident, both on and off the clock and heard rumors about an alleged romantic relationship between Nathan and the resident. She shared her concerns of possible impropriety to human resources and the program director reported the concern to the state hotline. Following an investigation, Nathan was arrested on suspicion of engaging in a sexual relationship with his client, which is a felony in his state.*

Not all social workers dealing with personal problems engage in minor boundary crossings that then progress down a slippery slope to boundary violations as in the previous example. However, Nathan's story illustrates how by not attending to one's mental, physical and spiritual needs, social workers can put clients at risk. Conscientiousness, or paying attention to one's ability to fulfill work responsibilities in a careful, thorough and ethical manner, has been found to be one of the best predictors of professionalism (Burford, Carter, Morrow, Rothwell, Illing, & McLachlan, 2011). Since problems often manifest slowly and/or social workers may not want to admit to having an impairment that might be affecting their practice, Barsky (2015) recommends routine self-assessment that focuses on specific behaviors. Answering "no" to any of the following questions requires further exploration and potential action:

- Have I been showing up to work on time (or have I had a pattern of missing appointments or showing up late)?
- Have I been completing all my work tasks?
- Have I been completing my work tasks in a rigid or minimal manner?

- Have I been maintaining a professional appearance, including how I dress and groom myself?
- Have I been adhering to the highest principles of ethical practice (including maintaining client confidentiality, demonstrating respect for clients, and avoiding boundary violations)?
- Have I been following best practices and evidence-based interventions with clients?
- Have I been acting in a way that clients and co-workers can trust me as a reliable social worker?
- Have I been taking continuous steps to improve my competence and the effectiveness of my practice?

**Relationships and professional boundaries**

It is common for social workers to form close relationships with many of their clients. Social workers have the privilege of working with individuals they respect and with whom they share common values and characteristics; these clients tend to make service provision a pleasurable and meaningful experience. For example, there are clients we admire for their resilience, compassion, parenting skills, or intelligence. There are clients who make us laugh, who work hard to achieve their goals, and provide leadership for other clients. We look forward to their visits and celebrate their success. The trick is maintaining a relationship with our clients that remains professional and does not become personal.

In healthy personal relationships, both parties share responsibility for the relationship and the balance of power. There is less structure and the purpose of the relationship is mutual enjoyment and support. In professional relationships, social workers are responsible for establishing and maintaining the professional relationship and take the lead on other aspects of the relationship including the purpose, location and duration of interactions. Further, social workers are empowered by their role and professional skills and access to private information is mostly one-sided.

*More on the power imbalance*

This course has previously referred to the imbalance in power in the social worker-client relationship. When a social worker's role includes coercive powers, the imbalance intensifies. For example, many social workers serve clients in the child welfare system, conduct court-ordered evaluation and treatment, or provide counseling to active-duty military personnel. In these instances, social workers need to recognize the involuntary nature of the service. Many times clients participate in services because they feel they have no other choice. Motivations may range, for example, from a desire to save a marriage or keep a job to gaining freedom or being able to reunify with their children. Still, many social workers are hesitant to 'own' the power inherent in their role even in the face of legislative frameworks and public perception (Becket & Maynard, 2013).

The power of coercion is there in many forms with serious implications for the client-social worker relationship including impaired professional judgment and the risk of exploitation and harm to the client. One form of coercion affords greater power to the influencing party. In these instances, Reamer (2012) refers to the legal concept of "undue influence" and notes that it "occurs when a human service professional inappropriately pressures or exercises authority

over a susceptible client in a manner that benefits the practitioner and may not be in the client's best interest" (p. 7).

Unfortunately, social workers rarely see positive examples of the prudent and appropriate exercise of authority in the media. For example, a recent article in the New Yorker shares the story of a mother who spends eight years attempting to regain custody of her three children. The article  the tension between doing too much to protect children and not doing enough to prevent harm including how the fear of making the wrong decision, can lead individuals and systems to place insurmountable demands on a child's birth parent. In this anecdotal account, despite the best of intentions, the exercise of power can sometimes lead to devastating, unintended, long-term consequences for children and their families (MacFarquhar, 2017). A commitment to professional boundaries is one way social workers decrease the potential for the abuse or misuse of power. This requires that workers routinely assess the impact of the work on their ability to consider power imbalances in the relationship, maintain objectivity and collaborate with others to make better-informed decisions.

*Transference & Countertransference*

Transference is another important concept that social workers need to pay attention to because of its potential to lead to boundary problems. Grounded in psychoanalytic theory, transference as defined by Barker (2014) "refers to emotional reactions that are assigned to current relationships but originated in earlier, unresolved and unconscious experiences" (p. 434). These feelings may be affectionate (positive transference) or hostile (negative transference). For example, a client with positive transference may remark that the social worker makes her feel safe like her grandmother did when she was a child. Alternatively, a client experiencing negative transference may have an extreme angry reaction to the social worker's need to cancel an appointment for illness due to client's unresolved feelings of abandonment by their caretaker.

While psychoanalytically oriented clinical social workers use this concept as a tool in practice, other social workers would not address it directly. Because of the power such a dynamic transfers to social workers, some may experience reciprocal feelings for the client, known as countertransference. Countertransference according to Barker (2014) is "identical to transference except that it applies to the feelings, wishes and defensive operations of the therapist toward the client" (p. 98). This unconscious response is understandable as illustrated by the following example: imagine how easily compliments and gestures of appreciation influence our mood and perception of the person providing them. It is our human nature to reciprocate and transference and countertransference are often difficult to identify.  Therefore, this dynamic is one that social workers should both understand and monitor.  (Cooper, 2012; Barker, 2014)

**Review questions**

Which of the following illustrate how boundary issues involving the emotional and dependency needs of social workers may manifest?

a. Extending relationships
b. Promoting dependence
c. Role reversal
**d. All of the above**

Many ethics complaints and lawsuits involving inappropriate dual relationships and incompetent practice arise from _____:

a. Power imbalances
b. Electronic relationships
**c. Practitioner impairment**
d. Long-term worker-client relationships

Emotional reactions that are assigned to current relationships but that originated in earlier, unresolved and unconscious experiences is a defining feature of, _____

a. Transference
b. Countertransference
c. Undue influence
**d. Both a and b**

**Problematic boundary issues – Intimate Relationships**

**Sexual relationships**

*In July 2016, a social worker alleged to have had an inappropriate sexual relationship with a client, was charged under Maine's gross sexual assault law, a felony punishable by up to five years in prison and a $5,000 fine. (Lawler and Burn, 2016).*

In the interest of protecting the public from harm, all states have rules and regulations regarding the professional behavior of social workers, including prohibitions concerning sexual relationships with clients. In 2013, Morgan reported that 23 states classified sexual contact between psychotherapists and clients as felony offenses and several other states had legislation under consideration. With the passage of "Lynette's Law" in Maryland in 2014, 24 states have now criminalized therapist/client sexual relationships. The specific provisions of the laws vary based on factors including the nature of client's consent or lack of consent, the state of mind of the client and therapist and the time between case termination and sexual relationship. Unfortunately, while more states prohibit sexual misconduct by mental health professionals, some of the same states do not require criminal background checks for all in practice.

Even if sexual conduct does not result in criminal action, social workers still face possible revocation of their license. NASW members also face revocation of their membership if a licensure board action requires revocation of the member's license for any type of offense, or following a felony conviction.

Standard 1.09 of the Code prohibits any sexual contact, inappropriate sexual communication or sexual activity, whether consensual or forced with current clients. Further social workers should not engage in sexual contact or activity with a client's relatives or other individuals close to the client when there is a risk of exploitation or potential harm to the client. The Code also prohibits social workers from engaging in sexual contact or activities with former clients or providing services to a former sexual partner. Because it compromises a social worker's ability to maintain professional boundaries, sexual activity and sexual relationships with relatives and others close to the client, with former clients and services to former sexual partners may be potentially

harmful to the client. In all cases, the social worker is primarily responsible for setting clear, appropriate and culturally sensitive boundaries. Should a social worker decide to enter into a sexual relationship with a former client, the social worker assumes the burden for demonstrating that the client has not been exploited, coerced or manipulated, intentionally or unintentionally. (NASW, 2017)

**Non-sexual physical contact/touch**

There are many examples of non-sexual physical touch although there is always the risk that an individual may interpret any physical contact as sexual in nature depending on their history and other circumstances. As illustrated by previous course examples, nonsexual physical touch can also enhance the therapeutic relationship if used appropriately. Because it can be difficult to distinguish what is appropriate and what is not the Code (NASW, 2017) attempts to address physical contact as follows: “Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client because of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients “are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact. (Standard 1.10).

In the practice of psychotherapy, Zur (2007) identified several types of physical touch that are clearly inappropriate, unethical and counter-clinical:

- Sexual touch
- Hostile-violent touch
- Punishing touch or physical punishment

Some types of touch that may be appropriate in therapy as identified by Zur (2008) include:

- Socially and culturally accepted greetings and goodbye gestures such as handshakes and farewell embraces
- Light touch on the arm or shoulder to make or highlight a point (conversational marker)
- Consolatory touch such as providing a comforting hug
- Reassuring touch such as a pat on the back
- Playful touch during a game with a child (mostly of hand, shoulder, or head)
- Grounding or reorienting touch used as a technique to help a reduce dissociation or anxiety
- Task-oriented touch, for example offering a hand to help someone stand up
- Instructional or modeling touch such as demonstrating how to hold an agitated infant
- Celebratory or congratulatory touch such as a handshake, high-five or pat on the back
- Inadvertent touch (unintentional, involuntary and unpremeditated) such as brushing against the other person
- Touch intended to prevent client from hurting him- or herself (as in head-banging or cutting) or hurting another person

As illustrated in the examples, appropriate physical touch tends to be brief and limited actions that are not likely to cause physical harm. (Reamer, 2012). However, it is always the social worker’s responsibility to weigh the risks and benefits of any physical touch. What may be a compassionate gesture to one person may make another person uncomfortable. Social workers should carefully assess each client and circumstance and avoid physical touch if there is any

possibility for harm or exploitation of a client. Establishing clear physical boundaries at the onset of all client-social worker relationships is one of the most effective ways to limit the chance for harm (NASW, 2011).

**Other boundary issues**

*Self-disclosure*

Self-disclosure in the context of social work and other related practice areas such as psychology refers to the disclosure of personal versus professional information. Traditionally, self-disclosure during psychotherapeutic sessions was strongly discouraged since it was felt that it interfered with the therapeutic alliance (Kreiter, 2017). Since much of what we know about social work ethics derives from the field of psychology, the social work field followed suit and social workers historically chose a more rigid approach and avoiding any personal self-disclosure. While this stance may be safer from a boundary and ethics perspective, advances in social work and related fields are redefining the limits as the profession recognizes benefits and realities of practice.

Self-disclosure may be deliberate, non-deliberate, accidental, inappropriate, or client-initiated (Knox, Hess, Petersen, & Hill, 1997**;** Zur, 2015). Some self-disclosures that are not the social worker's choice and thus are unavoidable include physical characteristics and conditions such as pregnancy or a missing limb. Gender, age, having an accent different from the client, or wearing a wedding ring are other examples of non-deliberate (also referred to as unavoidable) self-disclosures. Social workers may also have professional and thus unavoidable reasons to self-disclose, for example informing clients about the need to skip a week due to the social worker's upcoming trip. (Zur, 2007; 2015).

Zur describes two types of deliberate self-disclosure. The first is "self-revealing", or the intentional disclosure of personal information. For example, a client may see family photos that the social worker placed in their office or the social worker's college sports team vanity plate on her/his car. The second, self-involving disclosure results from a therapist's reaction to what is happening in the session. Self-disclosure should always be a conscious decision as for all types of boundary issues. Remember to use self-disclosure strategically and in the service of the client. Self-disclosure that is inconsistent or irrelevant to the client's goals can cause confusion regarding expectations and roles.

Self-disclosures initiated by the client are becoming easier - as technology advances, threats to privacy seem to increase. We have all heard stories of clients tracking their social worker's whereabouts, either out of curiosity or for reasons that are more intrusive and possibly dangerous. The amount of information available just by Googling someone's name is staggering. Zur (2015), who has written extensively on the topic of self-disclosure and technology, offers the following suggestions and guidelines regarding online disclosures:

- Always assume that *everything* posted online, whether a Web site, private or public blogs, listservs, password protected bulletin boards, chats, social networks, etc., *may be read* by clients.
- Be very careful in discussing case studies online, and make sure to either get permission from clients to discuss their cases, or make sure to remove or significantly change client information. Be aware, however, that de-identification on the Internet is very challenging. The amount of data available through social media profiles for

instance, may allow clients or others to "put two and two together" and identify the individual/case discussed.

- Be aware that their clients might read consultations posted with other therapists. It is also relatively easy for any individual, with a false identity, to gain access to professional listservs and chatrooms where consultation may occur, including discussion of cases. A client may draw conclusions or take information discussed personally. Therapists who wish to perform consultation in social media settings should mutually decide on guidelines and best practices for conducting those consultations and maintaining confidentiality.
- When a client, or potential client, has acted in an intrusive or criminal manner regarding online searching, think about the clinical, ethical and legal ramifications. Depending on the level of intrusion and criminality of the acts, responses may vary among a clinical discussion with the client of the meaning of the actions, to boundary setting interventions, to calling the police to report a crime. It is important to seek expert consultations, if necessary, and appropriately document concerns.
- Search yourself online periodically to be aware of what clients, and the rest of the world, may be privy. When Googling yourself use different combinations of name and degree, such as "Mark Smith," "Mark Smith, Ph.D.," "M. Smith," "Smith, M.," "Dr. Smith," etc. Use different search engines to reveal additional information that may be present.
- Put your different phone numbers into Google or other search engines and see if private information, such as your home address, comes up.
- If, in your search, you find private information about yourself that you do not want public, or you find misinformation that you want to correct, find out how it got there and if possible, how to remove it.
- Realize that even if the information has been removed, specialized Web sites or servers that keep archives of all past Web pages and postings, or by someone who downloaded it prior to its removal may access it.

*In 2017, the National Association of Social Workers added language and standards to its Code of Ethics to address the growth of communication technology. The purpose statement clarifies that in general all ethical standards are applicable to all interactions, relationships and communications whether provided in person or through technology. These changes are particularly pertinent to the maintenance of professional boundaries and other considerations such as informed consent, competence and confidentiality. Section 1.06 Conflicts of Interest includes new standards 1.06 (e) through 1.06 (h). (NASW, 2017)*

*Standard 1.06 (e) states that "social workers should avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes". Social workers should also consider potential for boundary confusion, inappropriate dual relationships, or harm to clients arising from personal posts on web sites and social media (1.06 (f)). Further, as discussed earlier in this section, the Code in 1.06 (g) advises that client's may discover the social workers personal affiliations through their involvement in Web-based groups and that these affiliations may affect their ability to work effectively with some clients. For reasons stated earlier, social workers must, as stated in 1.06 (h), avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other media. (NASW, 2017).*

*Gift giving*

Consider the following scenario. Have you experienced something similar?

*Melanie works in a community-based counseling center. The center had an informal policy prohibiting expensive gifts. Melanie had always prided herself in maintaining healthy boundaries with her clients and rarely encountered situations that required intervention. With a theoretical orientation grounded in solution-focused and cognitive behavioral therapy, Melanie believed strongly that her client's success was mostly due to their efforts and reinforced this with them often. One of her clients is a young professional who sought treatment for mild symptoms of depression resulting from life transitions. As her client seemed ready for discharge, Melanie and her client scheduled a final session in a few weeks to confirm maintenance of goals and formally terminate services. On the day of the appointment, her client brought an expensive gift basket. Melanie wondered if somehow she encouraged this show of gratitude, quickly thanked her and told her client she could not accept the gift since it was program policy. The client looked hurt and embarrassed and while they ended the session on a positive note, Melanie could not help wondering if she could have handled the situation better for the client.*

In Western society, giving tips and gifts to service providers is commonplace and often an expectation. It should not be surprising then when social work clients want to express gratitude in similar ways. Consider also those clients whose services are free or covered by another entity – many clients want to feel they are contributing. Clients are usually aware that social workers do not accept tips or work on commission but offering a meal during a home visit or bringing a small gift may be the only way to compensate or thank the social worker. While not addressed in this course, a related type of boundary issue that deserves mention is bartering, or the exchange of goods or services. Social workers can consult the Code for ethical guidelines relevant to bartering.

Social workers have traditionally taken a cue from the psychotherapy and counseling fields, when making decisions about gift giving and boundaries. Giving a gift card to the teacher at the end of the school year or an extra tip to the hairdresser at Christmas usually represents nothing more than gratitude. However, gift giving in the context of social work practice, is often viewed as an intimate gesture that many social workers prefer to avoid because of a potential conflict of interest. There is recognition that for some clients a gift means more than a simple gesture of appreciation (Reamer, 2012). For example, a client may desire a closer relationship with the social worker or seek to influence a favorable assessment. For similar reasons, gifts given by social workers to their clients may also confuse and compromise boundaries.

Following are some general criteria and guidelines for when deciding whether to accept or give a gift to a client. It includes additional guidelines for social workers providing counseling and psychotherapy services (Gutheil and Brodsky, 2008; Reamer, 2012; Zur, 2015):

- The monetary value and type of gift (handmade or purchased): Inexpensive gifts are more likely to be what they appear to be – simple expressions of appreciation. However, inexpensive gifts and homemade gifts still have symbolic meaning requiring the same consideration as expensive or purchased gifts.
- Assess the meaning, symbolism and appropriateness of gifts from clients. Consider the client's culture, history, nature of the diagnosis, and other contextual factors. However, do not rush into a discussion about the meaning of the gift prematurely. If discussion is

called for focus on the client's experience of the gift giving, not the gift itself. Be careful and thoughtful -- a simple thank you may be all that is clinically necessary.

*For example, an artistic client presented her social worker with a small framed and hand-painted drawing of an angel during their last session. In addition to the use of cognitive behavioral therapy to treat the client's severe depression, the therapist was able to help obtain disability benefits and ultimately vocational help as she recovered. During the discussion, the client revealed that while the angel represented the social worker, it also symbolized her joy and belief that she was ready to fly on her own again. She was grateful for the guidance that helped her see her strengths and for the opportunity to learn and apply skills to help her take charge of her life. The social worker graciously accepted her gift.*

- If the gift is sexual, offensive, or illegal and it would not be appropriate to accept the gift, don't miss the opportunity to explore the gift's meaning and intent
- Consider the potential harm to the therapeutic process and the client's progress. Indiscriminate rejection of all client gifts may lead the client to feel rejected or insulted. Exercise of a "No-Gift" policy may have the same effect.
- Reflect on the client's stage of therapy. Guthiel & Brodsky (2008) note: ""Early in therapy, considerations of trust and alliance building may argue for accepting a gift, at least provisionally, in marginal cases. On the other hand, early in therapy it is also critical to establish and maintain a therapeutic frame strong enough to withstand the patient's wishes, fantasies and bribes."(p. 93).
- Clarify personal feelings and values regarding gifts both in general and within the context of therapy. This includes having a full understanding of one's primary theoretical orientation and view toward gift giving. Traditional psychoanalytically oriented therapies discourage it but others including humanistic, behavioral, feminist, family, child and adolescent or group therapy approaches recognize the potential benefits.
- Determine if the gift may affect other people related to the client, especially when it comes to bequests or family heirlooms.
- If you choose to give a present to a client, treat it as any other *clinical intervention or boundary crossing* (i.e., self-disclosure, touch) and always do so with the client's welfare in mind.
- Acceptable gifts to clients may be symbolic or serve as a transitional object, for example a motivational card or a small bead to remember to practice a skill between sessions. Other therapy related gifts may be a self-recorded meditation exercise, workbook or a homemade toy that the parent can use for playing and engagement homework with their child. (Note: Refugee and impoverished families often do not have toys or money to purchase toys for their children and can learn to improvise with common household items).
- *Document all gift exchanges in therapy*. Identify what the gift was, who gave it, the client's response and any relevant discussion that ensued. Whenever possible add the gift itself into the record (for example, a greeting cards or picture). With electronic records, consider scanning the item or taking a photo and then uploading into the file.

- *Pay attention to red flags*. Explore and document anything that seems out of the ordinary including any expectation of a quid pro quo.
- Consult, in complex cases, and document the consultation in the clinical notes.

*Special treatment/accommodations*

Altruism is one of the major theme types related to boundary issues. Sometimes social workers cross boundaries by extending favors or making special accommodations because of their sincere desire to help their client. (Reamer, 2012). Consider the following examples:

- Aurelio arranged for a colleague to cover his cases while on vacation. However when one of his clients expressed that he did not know and therefore did not trust his colleague, Aurelio agreed to answer any calls from him should he need assistance.
- Beth's client was a struggling single mother of four trying to rebuild her life after years of domestic violence. One day, Beth's client called to cancel her weekly appointment after her car broke down. Beth hated to see her client's progress stop. Since she did not live far from Beth's home, she offered to schedule appointments first thing in the morning so she could pick her up on the way to the office. Then the client would only have to take the bus from the office to her job.
- Gerri's best friend shared that another member of their Bunco group was looking for a therapist that specialized in couple's counseling and hoped that Gerri would see her. There were very few competent therapists in their community, especially someone who was LGBTQ affirmative. Despite misgiving's Geri agreed to provide counseling rationalizing that she was more of an acquaintance and occasional participant in the monthly Bunco parties.

While there are clearly some accommodations that are necessary and appropriate, others are not. Accommodations reflect the value of service as social workers have a responsibility to put the needs of others above their own self-interest. That does not mean that social workers should disregard other ethical responsibilities that conflict. By planning for coverage so he can take a take a vacation, Aurelio is making a reasonable accommodation in line with standard 1.15 Interruption of Services. Further, standard 1.06 Conflicts of Interest encourages social workers to set clear, appropriate boundaries. (NASW, 2017). Taking a week off from work to recharge is a necessary self-care strategy that will allow Aurelio to continue to provide competent services.

Beth also has a responsibility to promote the dignity and worth of individuals by seeking to enhance her client's capacity and her ability to address her own needs (NASW, 2017). An alternative might have been to help her client identify informal and formal supports in the community. Gerri could also provide information regarding other referrals in the area. In both cases, there is a danger of sending mixed messages regarding the limits of the relationships. What will happen if Beth's client needed a lift to the store? What if Gerri's client has a fight with her partner before the next Bunco meeting and wants to discuss things with her there? Would a refusal to take the client to the store or discuss the fight during a social event harm their self-esteem and elicit feelings of rejection? These questions highlight just a few considerations to what is often an ambiguous scenario. Reamer (2012) summarizes this dilemma:

"As always, the most challenging circumstances involving dual relationships are those that are ambiguous, where practitioners can advance reasonable arguments both for and against

accommodating clients' unique circumstances or requests. As with all ambiguous boundary issues, practitioners must weigh the competing arguments, being mindful of their ultimate responsibility to protect clients from harm." (p. 178)

*Use of Technology*

With the advancement of technology and corresponding increase in accessibility to technology, social workers now have a variety of alternative ways to communicate and interact with their clients including but not limited to: online and telephone counseling, email, text messaging, mobile apps and videoconferencing, and electronic social networks. However, the growth in options has until recently outpaced the professions understanding of acceptable practices. Following several years of research, NASW with the Association of Social Work Boards (ASWB), Council on Social Work Education (CSWE), and the Clinical Social Work Association (CSWA), developed practice standards guiding social workers use of technology. Published and disseminated in 2017 by NASW, the "Standards for Technology in Social Work Practice" address the use of electronic technology by social workers to (1) provide information to the public; (2) design and deliver services; (3) gather, manage, store, and access information about clients; and (4) educate and supervise social workers (NASW, 2017b).

In conjunction with the recently revised Code (NASW, 2017) and other relevant statutes, regulations and standards, the technology practice standards expand the ability of social workers to understand their ethical responsibilities in the use of technology. Several practice standards address professional boundaries. Practice Standard 2.01 in Section 2 calls for social workers to follow the Code in the same way they would if providing in-person services. Competence to provide services via technology is a core issue including the ability to assess the risks of benefits of providing services using technology, maintain confidentiality, protect privacy and "reasonably ensure that they maintain clear professional boundaries." (p. 12). For example, social workers should consider the potential risk of boundary confusion if a client has access to online disclosures of personal information.

In addition to being competent around boundary maintenance, social workers who provide electronic services must act to maintain clear professional boundaries in their relationships with clients (Practice Standard 2.09). Building off the previous example, social workers should take real workers who use technology to provide services should "take reasonable steps to prevent client access to social workers' personal social networking sites and should not post personal information on professional Web sites, blogs, or other forms of social media, to avoid boundary confusion and inappropriate dual relationships. Although social workers have a right to freedom of speech, they should be aware of how their personal communications could affect their professional relationships" (p. 17).

Practice Standard 2.10 calls for the development of a social media policy that is shared with clients at the initial interview and informs clients about the professional use of all relevant forms of technology including social networking sites, email, text messaging, smartphones, internet sites and search engines. The standard points out that a carefully constructed policy not only enhances the protection of private information but also helps to maintain clear boundaries and should be updated and reviewed with clients as needed.

For social workers who work with communities and organizations, Practice Standard 2.19 recognizes that it may not always be possible to avoid all dual or multiple relationships. For example, social workers should recognize that others might see what they post on other public

social networking site in the organization or community. Further, “social workers should apply the principles of honesty, respect, and social justice, whether their electronic communications are for personal or work-related purposes” (p. 25). Practice Standard 2.27 addresses administrative responsibilities related to social media policies and Practice Standard 4.04 addresses the unique responsibilities for educators

Section 3 addresses boundaries regarding the gathering, management, and storage of information. Specifically Standard 3.02: Separation of Personal and Professional Communications and Section 4 Social work educators should teach students to think critically about the potential benefits and risks of using technology in social work practice including compliance with relevant ethical and legal standards especially related to confidentiality, consent and appropriate boundaries. Recent amendments in the Code of Ethics also address emerging technological developments in sections that address social worker’s responsibilities to colleagues, in practice settings, and as professionals. (NASW, 2017)

**Review questions.** For each of the following scenarios, identify whether it describes a boundary crossing, boundary violation or neither.

During the holidays, a social worker accepts home-baked cookies from the grateful parents of one her clients, a child whom she is treating for hurricane-related traumatic stress.

**a. Boundary crossing**
b. Boundary violation
c. Neither

A clinical social worker’s client shares that she is fearful the social worker will abandon her after admitting her sexual feelings for him. Crying, the client initiates a full-body embrace. Fearing his client would terminate therapy at this critical time, the social worker responds in kind with a full-body hug.

a. Boundary crossing
**b. Boundary violation**
c. Neither

A community-based social worker provides services either in the schools or homes of her clients. She has been providing counseling with one of her clients at the school and wants a family session but the mother does not have transportation. The social worker schedules the next visit after school in the client’s home.

a. Boundary crossing
b. Boundary violation
**c. Neither**

### Decreasing Risk: Reinforcing and building boundaries in your practice

### Communication

Social workers should establish unambiguous boundaries as early in the client-social worker relationship as possible – ideally during the initial meeting, intake or assessment appointment. (Reamer, 2012). It is at this time that a discussion of informed consent typically occurs. When social workers view informed consent only as a document that requires signature, they

miss the importance of informed consent as the one of the first opportunities to clarify their role, expectations, method of work, terms of availability, and communication protocols. For example, social workers should explain how and when clients might contact them. They should also provide clients with the agency or community on-call number, professional email etc. Social workers should not be tempted to give out personal contact information (NASW, 2011).The informed consent process is also an excellent time to discuss any planned or anticipated boundary crossings with the client. For example, part of therapy for a client with anxiety may involve in-vivo exposure in the community and the client and social worker should discuss how they want to approach this and where. (Pope and Keith-Spiegel, 2008; Barnett, 2017).

Never assume that one discussion will maintain boundaries. Boundary incursions or red flags may still occur at any time during the relationship and social workers bear responsibility to respectfully and sensitively address these with their client. Doing so immediately decreases the negative impact for clients because they will be able to trust that you are not only committed to maintaining healthy boundaries, but also will not violate their trust by withholding honest feedback.

**Self-care**

Despite our best intentions, it is not possible to create impenetrable boundaries between our clients and ourselves. In fact, overly rigid boundaries may discourage genuine human interactions that foster a positive working relationship with our clients. Social workers are invited into the lives of clients and cannot help but be affected by it. They experience their joy and sense of accomplishment as well as their fears and doubts and their work often exposes them to the traumatic histories of their clients. Supported by research, burnout, compassion fatigue and secondary traumatic stress and now recognized as common occupational hazards of the work. (Bride, 2007; Adams, Boscarino & Figley, 2006)

Unfortunately, many social workers view compassionate responses and vulnerability to the emotional impact of their relationships with clients as a failure in their ability to maintain appropriate professional boundaries. As Bodenheimer (2016) describes,

> We have our client's with us in ways that can feel both intimate and haunting. We have clients with us in ways that we can often feel ashamed. This is because there is a lot of dialogue out there about boundaries and the need to have them. We need to have good ones. That is true. But this dialogue often produces an internal sense of shame or a punitive feeling driven by an overly regulated super ego that keeps us from sharing just how truly 'with' us our clients are (pp.160-161).

Setting healthy boundaries, such as taking regular lunch breaks and dedicating time away from the cell phone or emails is important to managing stress and decreasing a social worker's vulnerability. While it may not always be possible to completely disengage from work responsibilities, social workers can occasionally change up the pace and routine of work by standing and stretching, listening to music at their desk or in the car, or participating in a brief mindfulness activity such as deep breathing (NASW, 2011).

**Supervision/consultation**

Effective risk management also includes the routine use of supervision and consultation as it provides an opportunity to obtain objective perspectives from others regarding challenging

boundary issues.. Consultation and collaboration with others also helps to decrease the potential for “ethical blind spots” that arise from either a lack of knowledge or awareness. In these instances, social workers may fail to see that their actions are unethical. In some cases, blind spots may be related to psychological factors such as narcissism or countertransference).(Doverspike,2012)Doverspike further advises: “Just as ethical blind spots are one of the most dangerous ways to get on the slippery slope, improving one’s ethical vision is one of the best ways to see the slopes before stepping into them. Ethical vision can be improved through continual ethical education and developing a sense of ethical self-awareness” (p. 62). Supervision is usually available to individuals, working in agencies and organizations and social workers have an ethical responsibility to seek out additional consultation as necessary for competent practice. While it is sometimes viewed as only necessary for beginning social workers and/or those seeking licensure, independent practitioners such as social workers in private practice, also require support to maintain professional competence. Involvement in a peer supervision group or contracting with another social worker for clinical supervision are two ways to meet this need

If employed by an organization or agency, ongoing discussion with a supervisor regarding workload, including case mix, intensity and volume, provides an opportunity to clarify priorities, identify professional development needs and troubleshoot ways to achieve a healthier balance. Altruistic motivations are sometimes a contributing factor in boundary crossings and if clients need assistance beyond what the organization can provide, consultation with supervisors and colleagues can often uncover alternative ways to fill service gaps. Thoughtful, principled and trusted colleagues can also provide the support needed to help one handle the stresses of work or talk through common boundary-related concerns. (NASW, 2011; Reamer, 2012).

Reamer (2012) recommends that when seeking guidance from others, it is important that those consulted are knowledgeable regarding the type of work provided, characteristics of the population served and well-versed in relevant ethical standards. Further, because the risk is high in situations involving complex boundary issues, he recommends that social workers should work under supervision in those cases.

If necessary, the preferred action may be to refer cases to another professional to minimize risk and prevent harm to the client. Boundary concerns are not the only situation where the best option for the client would be referral. As Pope and Keith-Spiegel (2008) note,

> Refer to a suitable colleague any client you feel incompetent to treat or who you do not feel you could work with effectively. Reasons to refer range from insufficient training and experience to personal attributes of the client that make you extremely uncomfortable in a way that makes it hard for you to work effectively. (p. 642)

**Documentation**

As mentioned earlier, communication is an invaluable strategy for establishing and maintaining boundaries and minimizing risk. Documentation of that communication is just as important. For example, social workers need to document all relevant discussions about boundaries beginning with the first meeting or session (Reamer, 2012). Clearly worded and signed consent and acknowledgement forms can meet some of the need supplemented by documenting discussions in case notes. Pope and Keith-Spiegel (2008) also recommend that professionals, “Keep careful notes on any planned boundary crossing, describing exactly why, in your clinical judgment, this was (or will be) helpful to the client.” (pp. 642-643). Further, Reamer (2012)

recommends documenting key discussions and actions during the decision-making process. “For example, colleagues consulted, documents reviewed (codes of ethics, agency policies, statutes, regulations) and discussions with clients” (p. 211).

**Summary**

Boundaries are important to the health and welfare of every person. In their professional role, social workers have additional responsibilities including the protection of both clients and the profession often involving ambiguous circumstances that do not always neatly lend themselves to concrete definitions of professional behavior. Emotional and dependency needs, practitioner impairment and transference can set the stage for boundary crossings and worse. While strategies such as self-awareness, self-care and consultation, help mitigate harm to clients and social workers. Making appropriate decisions regarding challenging boundary issues requires social workers to consider multiple contextual factors, for example the nature of the relationship, client characteristics and conditions surrounding termination. Ultimately, while challenges and risks exist, social workers can enjoy rewarding professional relationships with their clients by employing proactive and thoughtful strategies that promote healthy boundaries.

## Bibliography – Boundaries for Social Workers


Adams, R. E., Boscarino, J. A., & Figley, C.R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76, 103–108.

Barnett, J. (2017). An introduction to boundaries and multiple relationships for psychotherapists. In *Multiple Relationships in Psychotherapy and Counseling: Unavoidable, Common, and Mandatory Dual Relations in Therapy* (Zur, O., Ed.). New York: Routledge.

Barker, R. L. (2014). The Social Work Dictionary. Washington: NASW Press.

Barsky, A. (2009). *Ethics and values in social work: An integrated approach for a comprehensive curriculum*. New York, NY: Oxford University Press.

Barsky, A. (2015). Ethics Alive! Being Conscientious: Ethics of Impairment and Self Care. The New Social Worker. Retrieved on 7/20/17 from: http://www.socialworker.com/feature-articles/ethics-articles/being-conscientious-ethics-of-impairment-and-self-care/

Becket, C. & Maynard, A. (2013). Values and Ethics in Social Work. Los Angeles: Sage Publications.

Bodenheimer, D.R. (2016). Real World Clinical Social Work: Find Your Voice & Find Your Way. Harrisburg, PA: The New Social Worker Press.

Bride, B. E. (2007). Secondary traumatic stress among social workers. *Social Work*, 52, 63–70.

Bride, B.E., Radey, M. & Figley, C.R. (2007). Measuring Compassion Fatigue. *Clinical Social Work Journal* 35:155–163

Burford, B., Carter, M., Morrow, G., Rothwell, C., Illing, J., & McLachlan, J. (2011). Professionalism and conscientiousness in healthcare professionals: Progress report for Study 2—Development of quantitative approaches to professionalism. Durham, UK: Medical Education Research Group School of Medicine and Health Durham University. Retrieved from http://www.hpc-uk.org/assets/documents/1000361BProfessionalismandconscientiousnessinhealthcareprofessionals-progressreportS2.pdf

Deutsch, C. (1985). A survey of therapists' personal problems and treatment. *Professional Psychology: Research and Practice*, *16,* 305–315.

Doverspike, W. F. (2012). Ethical Risk Management: Guidelines for Practice. 2nd Ed. Sarasota, FL: Professional Resource Press.

Figley, C.R. (Ed.). (1995) Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. New York: Brunner/Mazel.

Freud, S., & Krug, S. (2002a). Beyond the code of ethics, part II: Dual relationships revisited. *Families in Society*, 83(5), 483-492.

Guitheil, T.G., & Brodsky, A. (2008). Preventing Boundary Violations in Clinical Practice. New York; Guilford.

Knox, S., Hess, S. A., Peterson, D. A. & Hill, C.E. (1997). A qualitative analysis of client perceptions of the effects of helpful self-disclosure in long-term therapy. *Journal of Counseling Psychology*, 44, 274-283.

Kreiter, J. (2017). To say or not to say: Exploring therapist self-disclosure. Online blog from Social Justice Solutions. Retrieved on 7/14/17 from http://www.socialjusticesolutions.org/2017/07/14/say-not-say-exploring-therapist-self-disclosure/

Lamb, D.H., Presser, N.R., Pfost, K.S., Baum, M.C., Jackson, V.R., and Jarvis, P.A. (1987). Confronting professional impairment during the internship: Identification, due process and remediation. *Professional Psychology: Research and Practice* 18:597-603.

Lancer, D. (2016). What Are Personal Boundaries? How Do I Get Some? *Psych Central*. Retrieved on July 28, 2017, from https://psychcentral.com/lib/what-are-personal-boundaries-how-do-i-get-some/

Lawler, J. & Byne, M. (2016). Portland social worker practiced for months after complaint of sexual relations with client. Portland Press Herald. Posted July 12, 2016. Retrieved on August 4, 2017, from http://www.pressherald.com/2016/07/12/portland-social-worker-practiced-for-months-after-complaint-of-sexual-relations-with-client/

MacFarquhar, L. (2017). The Separation: When should a child be removed from his home? *The New Yorker*. Aug 7&14, 36-47.

Mathieu, Francoise. (2012). The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Traumatization. New York: Routledge.

McCann, I.L.; & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3: 131 - 149.

Morgan, S. (2013). Criminalization of Psychotherapist Misconduct. National Association of Social Workers. Retrieved on July 14, 2017, from https://www.socialworkers.org/nasw/ethics/review.asp

National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. Retrieved on October 25, 2017 from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

National Association of Social Workers. (2011). Setting and maintaining professional boundaries. Retrieved on July 14, 2007 from http://careers.socialworkers.org/documents/Professional%20Boundaries.pdf

National Association of Social Workers (2017b). NASW, ASWB, CSWE, & CSWA Standards for Technology in Social Work Practice. Retrieved on June 28, 2017 from http://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf

O'Leary, P., Tsui, M., & Gillian Ruch, G. (2013). The Boundaries of the Social Work Relationship Revisited: Towards a Connected, Inclusive and Dynamic Conceptualisation. *British Journal of Social Work*. 43(1): 135-153.

Pope, K. & Keith-Spiegel, P. (2008). A Practical Approach to Boundaries in Psychotherapy: Making Decisions, Bypassing Blunders, and Mending Fences. *Journal of Clinical Psychology: In Session.* Vol. 64(5), 638—652.

Reamer, F. G. (2002). Eye on Ethics: Managing Boundaries and Dual Relationships. *Social Work Today* March 4, 2002. Retrieved on 8/22/17 from http://www.socialworktoday.com/news/eoe_030402.shtml

Reamer, F. G. (2003). Boundary issues in social work: Managing dual relationships. *Social work*, *48*(1), 121-133.

Reamer, F.G. (2012). Boundary Issues and Dual Relationships in the Human Services. New York: Columbia University Press.

Reamer, F.G. (2013). Social Work Values and Ethics 4th Edition. New York: Columbia University Press.

Reamer, F. G. (2014). Impaired Social Workers/Professionals. In *Encyclopedia of Social Work.* National Association of Social Worker and Oxford University Press. Online publication retrieved 8/31/17 from http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-948?rskey=843iMG&result=2

Reamer, F. G. (2015). Risk management in social work: Preventing professional malpractice, liability, and disciplinary action. New York, NY: Columbia University Press.

Reamer, F. G. (2015). Ethical Misconduct and Negligence in Social Work. *Social Work Today. Vol. 15 (5), 20.* Retrieved on 9/2/17 from http://www.socialworktoday.com/archive/090915p20.shtml

Stamm, B.H. (Ed.). (1999). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators, 2nd Edition. Lutherville, MD: Sidran Press.

Zur, O. (2004). To Cross or Not to Cross: Do boundaries in therapy protect or harm. *Psychotherapy Bulletin, 39* (3), 27-32

Zur, O. (2007). Boundaries in Psychotherapy: Ethical and Clinical Explorations. Washington, DC: American Psychological Association.

Zur, O. (2015). *The Google Factor: Psychotherapists' Intentional and Unwitting Self-Disclosure on the Net.* Online Publication by Zur Institute. Paper retrieved on 8/14/17 from http://www.zurinstitute.com/onlinedisclosure.html.

Zur, O. (2015). *Gifts in Psychotherapy and Counseling.* Retrieved 8/1/17 from http://www.zurinstitute.com/giftsintherapy.html.