

Maintaining Professional Boundaries in Interpersonal Work

Conducted for:

First 5 Santa Cruz County
Service Integration Brown Bag Lunches
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Presenters:

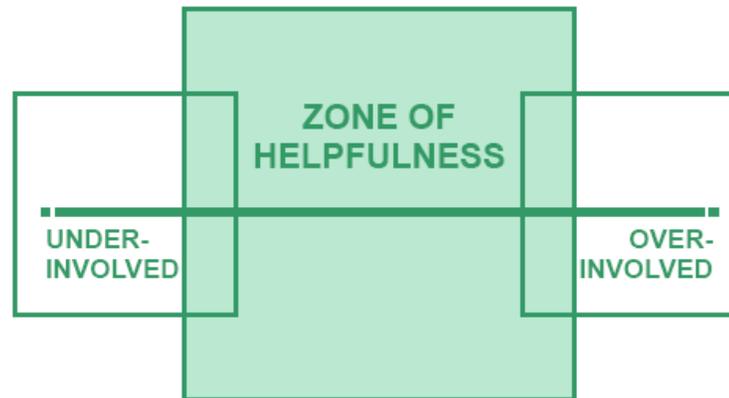
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Agenda

- I. Welcome & Introductions
- II. Defining personal boundaries
- III. Small group discussions
 - a. Why are professional boundaries important in our work?
 - b. What are some potential consequences of a service provider having loose or poor professional boundaries?
 - c. What are some factors that could make it hard to create and maintain professional boundaries?
- IV. Report back to big group
- V. Small-group work on scenarios
- VI. Report back to large group; brainstorms techniques for creating & maintaining boundaries
- VII. Closing comments & evaluations

A Continuum of Professional Behavior



A zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of client interactions should occur for effectiveness and client safety. Over-involvement with a client is on the right side of the continuum; this includes boundary crossings and boundary violations. Under-involvement lies on the left side; this includes distancing, disinterest and neglect, and it can also be detrimental to the client and the nurse. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead, it is a gradual transition or melding.

Source: Professional Boundaries: A Nurse's Guide to the Importance of Professional Boundaries, https://www.ncsbn.org/Professional_Boundaries_2007_Web.pdf

What Are Professional Boundaries?

- ❖ Clearly established limits that allow for safe connections between service providers and their clients
- ❖ “**Being with**” the client, not becoming the client
- ❖ Being **friendly**, not friends
- ❖ The ability to know where you end and the client begins
- ❖ A clear understanding of the limits and responsibilities of your role as a service provider

The Importance of Boundaries

- ❖ Role modeling to the client healthy communication and professional relationships
- ❖ Avoiding the "rescuer" role
- ❖ Staying focused on one's responsibilities to the client & the provision of helpful and appropriate services to the client
- ❖ Avoiding burn-out ("compassion fatigue")
- ❖ If working in conjunction with other services providers: maintaining a healthy, open, communicating and functioning team
- ❖ Maintaining one's physical and emotional safety

Consequences of Having Loose/Poor Boundaries

- ❖ Compassion fatigue - the service provider's role may not feel sustainable
- ❖ Potential for "splitting" on teams
- ❖ Client may not be given appropriate or helpful services, which could affect his/her willingness to accept future services
- ❖ Client may feel betrayed, abandoned, and/or poorly served
- ❖ Service provider may act unethically
- ❖ The reputation of the service provider's agency and/or profession may be compromised
- ❖ Service provider and/or client may be emotionally traumatized and/or put in physical danger

Why Is It Difficult to Establish and Maintain Professional Boundaries?

- ❖ *Dual relationships* - The service provider & client know each other in a personal context from another setting.
- ❖ *Values conflicts* - The client's choices, history, relationships, feelings, lifestyle and/or life circumstances conflict with the service provider's values and/or knowledge about best practices.
- ❖ *Vicarious trauma* - The service provider experiences trauma symptoms from hearing about the client's experiences. The service provider may be triggered due to having a history of similar circumstances.
- ❖ *Playing the "hero" role* - The service provider feels the need to "save" the client.
- ❖ *Poor teamwork* - The service provider does not trust that other team members are fulfilling their responsibilities to the client, believes that he/she can provide their services better than they can, and/or believes that the client works best only with him/her. The service provider takes over the roles of the other team members.

Signs that Boundary Issues May Be Present Between Service Provider and Client

- ❖ Client and service provider begin referring to each other as friends
- ❖ Service provider receives gifts from or gives gifts to client
- ❖ Client has or is asking for service provider's home phone number or other significant personal information
- ❖ Client asks/expects service provider to socialize with him/her outside of professional setting (e.g., client asks service provider to begin attending church with his/her family)
- ❖ Service provider reveals excessive personal information to client
- ❖ Service provider is unable to sleep due to anxiety related to client/client's situation
- ❖ Discussion regarding work/clients dominates service provider's social interactions with friends & family
- ❖ Service provider offers to provide assistance to client outside of his/her role (e.g., babysitting; transportation)
- ❖ Service provider finds him/herself "venting" with client about other service providers on team

❖ Techniques for Creating & Maintaining Healthy Professional Boundaries

- ❖ As early as possible in the relationship (ideally at your initial meeting/intake/ assessment), **establish clear agreements** with the client regarding your role as a service provider, your availability, best ways to communicate with you, and what to do if you see one another in public.
- ❖ When boundary issues or warning signs appear, **address these issues** with the client quickly. Be sensitive to their feelings when doing this; emphasize the importance of and your commitment to maintaining healthy boundaries.
- ❖ Self-disclosure: if you do decide to tell a client something personal about yourself, **ensure that the information is related to the client's goals**. Too much self-disclosure shifts the focus from the client to the service provider and can confuse the client in terms of roles and expectations of the relationship.
- ❖ Realize that how a client interprets your words and actions might not match what you were trying to communicate. With these sensitive relationships, you **may need to frequently clarify your role and boundaries** and ask the client to repeat back what you said to ensure that he/she understands. This will also give the client an opportunity to ask clarifying questions.
- ❖ Use your supervisor, professional colleagues and/or a mental health professional as a **sounding board** when you have questions or concerns regarding boundaries, and especially when boundary issues are impacting your ability to provide objective, compassionate care. Also consult with your supervisor or professional colleagues if you are feeling uncomfortable about talking with your clients about boundaries.

- ❖ **Dual relationships:** If you had a personal relationship with a client before becoming the client's service provider, realize that you **must use your professional judgment when interacting with the client in social settings**. Pay particular attention to the client's confidentiality as well as his/her physical and emotional security. Situations in which one person is in a position to hold power over the other person must be avoided if at all possible.
- ❖ **For supervisors:** Recognize that questioning someone's boundaries can create defensiveness. Rather than instructing someone to "have better boundaries", **use open-ended questions** to help the service provider identify for him/herself that his/her work would benefit from the establishment of clearer boundaries.
- ❖ If you are working with a team of service providers, remember to **promote and role model positive, open communication and respectful sharing of information**. Trust that team members are fulfilling their roles as service providers, and remember that you can't (and shouldn't) "do and be everything" for your client.
- ❖ **Take care of yourself!** Make sure you are getting enough sleep, eating well, spending time with friends and family, exercising, seeking supervision as needed, and "leaving work at work" to the greatest extent possible.

For more information:

www.ProfessionalBoundaries.com

Offers a variety of seminars, online courses, and telephonic courses (providing CME, CE, or CEU credits) for physicians, nurses, social workers, and other health professionals.

Small-Group Discussions

Questions:

1. What is the boundary issue?
2. How could this boundary issue affect the client?
3. How could this boundary issue affect the worker?
4. What could the worker have done differently to establish and maintain healthy boundaries with the client?

Scenario #1

Blanca is the counselor for a young mother of two children. Her client has practically no positive, adult support system and frequently tells Blanca that she feels isolated and doesn't know how to meet people. Blanca's close friend, Cindy, who is now in her 40's, was a teenager and a single mom when she had her two children. Blanca decides to introduce her client to Cindy as she believes Cindy could be a strong, positive and supportive role model to her client and could also introduce her client to a supportive community of adults.

Scenario #2

Harvey is a new staff member at a group home for teen boys. During his first week on the job, one of the boys, Larry, asked Harvey to take him to the DMV to get his driver's license on his 17th birthday, and Harvey agreed to do so. When Harvey arrived for his shift at the group home two days before Larry's birthday, he found out from the group home staff that Larry had failed 2 classes and ended the school year with a 2.0 GPA. The rules of the group home are that residents must have a 2.5 GPA with no failing classes in order to test for a driver's license. Harvey avoided Larry that day and didn't sleep that night because he was so stressed about the situation. The next day he met with Larry and told him he wouldn't be able to take him to get his license because of the 2.5 GPA requirement. Larry became upset and stated that the rule didn't make sense because academics have nothing to do with driving. Harvey vented with Larry about the situation and finally stated, "It sucks you can't get your license because of some stupid group home rule."

Scenario #3

Sergio was removed from his biological parents at age 10 due to abuse and neglect and lived in foster homes until his mother was able to regain custody of him when he was 15. Sergio is now a case manager through a social service agency. When he is assigned the case of Jonathan Chavez, he sees many similarities between Jonathan's history and his own. During his initial meeting with Jonathan's parents, Sergio discloses many details about his own history and informs the parents of the steps his mother went through, including inpatient rehab, intensive therapy, and taking psychotropic medication, that helped her turn her life around. Based on what he has read in previous social worker reports, he informs Jonathan's mother that she "sounds a lot like my mom" and suggests that she be evaluated for psychotropic meds.

Scenario #4

Claudia has been working with Sara, a mother of three children, on vocational training and financial planning for the past year. During their time together, Sara has talked some with Claudia about her on-again, off-again boyfriend, Eddie. Eddie is the father of Sara's two younger children and is an undocumented migrant farm worker. Based on what Sara has disclosed about Eddie, Claudia believes that he is quite possessive and has rigid ideas about women's roles vs. men's roles. Claudia identifies herself as a feminist and finds Eddie's value system offensive. She also doesn't see how he could contribute adequately to the family system since he is undocumented. When Sara tells Claudia that she and Eddie have reconciled, Claudia tells Sara that she believes Eddie is no good for her since he is "sexist" and "illegal". She further states that this will only disrupt the children since "he's bound to disappear again at some point, anyway." After this conversation, Sara misses her next three appointments with Claudia.