

# Professional Boundaries & Ethics Florida Independent Living Conference 2010

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# Overview of Presentation

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- Introduction
- Definition of ethics
- Definition of boundaries
- Code of Ethics, standards for service providers
- Common Areas where boundaries can be blurred
- Questions to consider when examining boundary issues

# Have You Ever...

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- Shared your personal problems with a client?
- Agreed to assist someone whose problem was out of your scope of practice?
- Given a client a gift?
- Complained to a client or a colleague about a co-worker?
- Socialized with a client outside of your professional capacity?

# Have You Ever...

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- Accepted a gift of more than minimal value from a grateful client or family member?
- Flirted with a client or engaged in sexual banter “all in good fun”?
- Dated a colleague under your supervision?
- You may have crossed the line.
- ([www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us))

# Boundaries Defined

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- “Professional boundaries are defined as the space between the professionals’ power and the client’s vulnerability. The power of the professional comes from the position we hold and the access to private knowledge about the client.”

([www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us))

# Awareness is the Key

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- **“Awareness is the key. Professionals who are clear about their own needs and the needs of their clients, and who can separate the personal from the professional, will find themselves acting in the best interest of their clients.”**

([www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us))

# Common Areas where Boundaries can be Blurred

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- Self-disclosure
- Competence – assisting someone when you do not have the knowledge or training in a particular area
- Giving or receiving gifts
- Dual and/or overlapping relationships/conflict of interests
- Becoming friends/socializing with clients
- Physical contact
- Sexual relationships

What you consider important & what you do not

What is considered having worth

Values

What is good and desirable

What beliefs are appropriate



# **Social Work Values – Applicable to ALL Service Providers**

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- **Promotion of client well-being and individual dignity**
- **Self-determination**
- **The right to have basic needs met**
- **The right to actualize one's full potential**
- **Client empowerment**
- **Human diversity/cultural competency**
- **Promotion of social & economic justice**

(NASW Code of Ethics)

# Empowerment

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- In social work practice, the process of helping individuals, families, groups, and communities increase their personal, interpersonal, socioeconomic, and political strength and develop influence toward improving their circumstances.

(Social Work Dictionary, 2003)

- **Empower Not Rescue** – assist clients with achieving their goals; point them in the right direction – do not do the work for them!!

# Self-Determination

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- An ethical principle that recognizes the rights and needs of clients to be free to make their own choices and decisions.
- Inherent is the requirement for the human services professionals to help the client know what resources and choices there are and what the consequences of selecting any one of them will be. We help the client implement the decision made.
- As service providers, we may not agree with their decisions.

# Core Values

Service

Importance of  
Human  
relationships

Social  
Justice

Dignity &  
worth of  
person

Integrity

Competence

# Code of Ethics for Rehabilitation Counselors: Overview of Standards

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- “Rehabilitation counselors are committed to facilitating the personal, social, and economic independence of individuals with disabilities.
- Rehabilitation counselors provide services within the Scope of Practice for Rehabilitation Counseling and recognize that both action and inaction can be facilitating or debilitating.”
- (CRC Code Preamble)

# CRC: Overview of Standards

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- **It is essential that rehabilitation counselors demonstrate adherence to ethical standards and ensure that the standards are enforced vigorously.”**  
(CRC Code Preamble)

# American Mental Health Counselors Association

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- Guides Licensed Mental Health Counselors, Licensed Marriage and Family Therapists for making sound ethical decisions
- Their standards define ethical behaviors and best practices
- Clients rights are primary – dignity, respect, worth of the individual, confidentiality, competence
- Guard against dual relationships and engaging in sexual relationships with clients or former clients, supervisee's, students

Principles that  
specify what is good  
&/or bad

Clarification of what  
should and should  
not be done

Ethics

What is right and  
wrong

Ethics address what  
to do or how to  
apply those beliefs



# Rehabilitation Counselors Principles of Ethical Behavior

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- **“The Code is written based upon five principles of ethical behavior.”**
  - **Autonomy:** To honor the right to make individual decisions. (self-determination)
  - **Beneficence:** To do good to others.
  - **Nonmaleficence:** To do no harm to others.
  - **Justice:** To be fair and give equally to others.
  - **Fidelity:** To be loyal, honest, and keep promises. (CRC Code of Ethics)

# All Service Providers Have Responsibilities to:

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Clients

Colleagues

Practice  
Settings

The  
Profession

Broader  
Society

# Responsibility to Clients

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- Awareness of cultural competence and appreciation of social diversity
- Ability to identify and manage potential conflicts of interest
- Assure client's right to self-determination (CRC Code, pg. 2)
- **Guard against dual relationships**
- Protect client's privacy and confidentiality
- **Maintain boundaries**

# Responsibility to Clients (cont.)

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- **Never engage in sexual relationships with client or client relative or significant others**

## Sexual Intimacies with Clients

- **Current clients.** Rehabilitation counselors/service providers will not have any type of sexual intimacies with clients and will not counsel persons with whom they have had a sexual relationship.
- **Former Clients.** Rehabilitation counselors/service providers will not engage in sexual intimacies with former clients within a minimum of 5 years after terminating the counseling relationship. (CRC Code, p. 2)

# Guidelines to Prevent Boundary Violations of Sexual Misconduct

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- **Respect cultural differences and be aware of the sensitivities of individual clients.**
- **Do not use gestures, tone of voice, expressions, or any other behaviors which clients may interpret as seductive, sexually demeaning, or as sexually abusive.**
- **Do not make sexualized comments about a client's body or clothing.**
- **Do not make sexualized or sexually demeaning comments to a client.**
- **Do not criticize a client's sexual preference.**
- **Do not ask details of sexual history or sexual likes/dislikes unless directly related to the purpose of the consultation.**
- **Do not request a date with a client.**

# Guidelines to Prevent Boundary Violations of Sexual Misconduct

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- Do not engage in inappropriate 'affectionate' behavior with a client such as hugging or kissing. Do offer appropriate supportive contact when warranted.
- Do not engage in any contact that is sexual, from touching to intercourse.
- Do not talk about your own sexual preferences, fantasies, problems, activities or performance.
- Learn to detect and deflect seductive clients and to control the therapeutic setting.
- Maintain good records that reflect any intimate questions of a sexual nature and document any and all comments or concerns made by a client relative to alleged sexual abuse, and any other unusual incident that may occur during the course of, or after an appointment.

(The Treehouse, retrieved 5/13/10)

# Responsibility to Clients (cont.)

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- Avoid physical contact (exceptions)
- Never engage in sexual harassment or use derogatory language toward client
- Protect client's who lack decision-making capabilities
- Ensure continuity of service
- Follow through on what is discussed and promised
- Be discretionary about resources – allotment and appropriateness at the time; be equitable
- Terminate using appropriate guidelines

# Responsibility to Clients (cont.)

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- **Potential for Harm.** Rehabilitation counselors/service providers will be aware of their influential positions with respect to clients and will avoid exploiting the trust and dependency of clients. Rehabilitation counselors/service providers will make every effort to avoid non-professional relationships with clients that could impair professional judgment or increase the risk of harm to clients. (CRC Code p. 3)



# Self-Disclosure

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- A worker's divulgence to a client of personal thoughts, information, feelings, values, or experiences
  - Guidelines for self-disclosure
    - ✦ Any self-disclosure should always be in the best interest of the client and for their benefit, not your own
    - ✦ Make sure the self-disclosure is relevant to the client; disclose for a specific purpose
    - ✦ Self-disclosure requires judgment about when, what, and how much to share with a client
    - ✦ Self-disclosure is done to facilitate the relationship building
    - ✦ What happens if we self-disclose too much or too often??

# Confidentiality

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- Confidentiality is an ethical principle that workers should not share information provided by a client or about a client unless that worker has the client's explicit permission to do so. (Kirst-Ashman & Hull, 2009, p. 376)
- Exceptions to confidentiality
- Risk factors in using technology, fax machines, computer records, e-mail, and voice mail
- Respect for Privacy- avoid illegal and unwarranted disclosures of confidential information

# Confidentiality

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- **Maintaining confidentiality requires:**
  - Workers not to solicit unnecessary information
  - To inform clients about the limitations of confidentiality with respect to agency policy, interagency work, legal requirements, and funding
  - Records cannot be shared unless a release of information has been signed
  - To expend substantial effort safekeeping confidential information (Kirst-Ashman & Hull, 2009 p. 396)

# Responsibility to Colleagues

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- Respect – (complaining to a colleague)
- Confidentiality
- Interdisciplinary Collaboration
- Referral for services facilitating transfer
- **Never engage in sexual relationships with colleagues of unequal status (supervisor, supervisee, student, trainee)**

# Responsibility to Colleagues

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- Prevent sexual harassment through safe boundaries, warm and supportive environment
- Discuss concerns of impairment (unethical conduct, or personal impairment) with colleague before reporting to authorities
- Be aware of rules of conduct and support colleagues who are unfairly accused and don't belittle colleagues – **PROFESSIONALISM!!**

(Boyle, et, al, 2006)

# Responsibility as Professionals

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- **Professional Competence**
  - **Boundaries of Competence.** Service providers will practice only within the boundaries of their competence. (CRC Code, p. 6)
  - **Example:** a client comes to see you because they trust you however the issue is not what you have training in – what would you do?
  - **Impairment.** Service providers will refrain from offering or rendering professional services when their physical, mental, or emotional problems are likely to harm the client or others. They will seek assistance for problems, and , if necessary, will limit, suspend, or terminate their professional responsibilities. (CRC Code, p. 7)

# Responsibility as Professionals

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- **Do not allow your private conduct to interfere with your professional responsibilities**
- Do not engage in dishonesty, fraud, or deception
- Seek treatment if you experience impairment
- Maintain acceptance and do not discriminate on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability

# Responsibility as Professionals

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- Private comments and behavior not identified as representing agency or the profession at large
- Do not solicit clients from other professionals or use power to receive client



# Examining Boundary Issues

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- In each individual case, boundary issues may pose dilemmas for the service provider and there may be no clear or obvious answer. In determining how to proceed, consideration of the following questions may be helpful.
  - Is this in my client's best interest?
  - Whose needs are being served?
  - Will this have an impact on the service I am delivering?
  - Should I make a note of my concerns or consult with a colleague?

# Examining Boundary Issues

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- How would this be viewed by the client's family or significant other?
- How would I feel telling a colleague about this?
- Am I treating this client differently (e.g., appointment length, time of appointments, extent of personal disclosures)?
- Does this client mean something 'special' to me?
- Am I taking advantage of the client?
- Does this action benefit me rather than the client?
- Am I comfortable in documenting this decision/behavior in the client file?
- Does this contravene regulations, written Standards of Professional Conduct or the Code of Ethics for the certifying group I belong to, etc.?

(The Treehouse, retrieved 5/13/10)

A copy of CRCC's Guidelines and Procedures for Processing Complaints along with a Complaint Form may be obtained from CRCC's web site at [www.crccertification.com](http://www.crccertification.com) or by contacting CRCC at:

**CRCC**

**1835 Rohlwing Road, Suite E  
Rolling Meadows, IL 60008  
(847) 394-2104, extension 121**

# SOCIAL WORK PRACTICE: Governed by...

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- **State and Federal Laws**

In Florida, Chapter 491

[http://www.doh.state.fl.us/mqa/491/soc\\_statutes.html](http://www.doh.state.fl.us/mqa/491/soc_statutes.html)

Select “Chapter 491, Florida Statutes: Clinical, Counseling, and Psychotherapy Services”

- **National Association of Social Workers**

**Code of Ethics**

<http://www.socialworkers.org/pubs/code/default.asp>