



# Practice Notes:

## Boundary Violations

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Practice notes is designed as an educational tool to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the Complaints Committee that may affect everyday practice. The notes offer general guidance only and members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

### **Recurring Issue: Boundaries in the Helping Relationship**

The College often receives calls from members, employers and the public concerning the conduct of members, which might constitute a boundary transgression or violation in their relationship with a client.

Establishing a helping relationship is fundamental in addressing a client's concerns and assisting in meeting his or her goals. Although focusing on client strengths, encouraging self-determination and empowering the client are established professional values, members must recognize that it is the member—not the client—who is in a position of power. The client is seeking assistance and is in a vulnerable position. The client places trust in the member by disclosing personal thoughts and feelings. The member must be alert to the potential for conflict of interest and client abuse, and is responsible for ensuring safety in the helping relationship.

### **Practice Considerations**

One boundary violation that must be addressed in this issue of Practice Notes is sexual misconduct, an offence that is discussed in the summary of the Discipline Committee decision on page 7 of this issue of *Perspective*. Both the College's Professional Misconduct Regulation (O. Reg. 384/00, as amended, s.5) and its Standards of Practice prohibit the sexual abuse of clients. The Standards of Practice, Principle

VIII, Sexual Misconduct, provides that "Behaviour of a sexual nature by a College member toward a client represents an abuse of power in the helping relationship." College members do not engage in behaviour of a sexual nature with clients. Interpretation 8.1 of Principle VIII states that it is the College member who is "solely responsible for ensuring that sexual misconduct does not occur." The College's Professional Misconduct regulation makes the sexual abuse of a client (and the contravention of the College's Standards of Practice in that regard) acts of professional misconduct.

It should be noted that under Principle VIII, the prohibition against sexual misconduct applies, not only to sexual relationships with clients during the course of the professional relationship between the member and client, but also to "sexual relationships between College members and clients to whom the members have provided psychotherapy and/or counselling services...at any time following termination of the professional relationship."

Due to its grave and long-lasting consequences, sexual misconduct is one of the most serious violations in the helping relationship. However, there exists a host of other potential violations that are crucial to consider for two reasons. First, sexual misconduct is frequently preceded by less serious forms of boundary violations. (For example, unnecessarily arranging sessions in off-site locations, such as a restaurant or the client's (or member's) home, or beyond normal business hours.) Second, members on many occasions are confronted with a dilemma in their practice and are called upon to make a sound ethical decision, often involving multiple and complex factors.

How then is a boundary violation defined? This issue is complicated since whether or not particular conduct amounts to a boundary violation may depend on the context in which it occurs and the nature of the member's practice. For example, is it acceptable for a member to meet the client in his or her home, to help with laundry or grocery shopping? For a social worker engaged in insight-oriented psychotherapy with a client,

this would be inappropriate. For a social service worker employed on an Assertive Community Treatment team, whose client has a severe and persistent mental illness, this would be acceptable conduct provided that it is of therapeutic benefit to the client and within the scope of the social worker's or social service worker's contract with the client. It is critical at the outset to make explicit to the client the boundaries of the relationship. The onus then is on the member to ensure that those boundaries are maintained.

Boundaries define the set of roles and expectations for the member and client, and establish ground rules for their work together. These principles are reflected in the following Standards of Practice:

### **Principle I, Relationship with Clients**

1.1 College members and clients participate together in setting and evaluating goals. A purpose for the relationship between College members and clients is identified.

### **Principle II, Competence and Integrity**

College members establish and maintain clear and appropriate boundaries in professional relationships for the protection of clients.

To determine appropriate boundaries, it may be helpful to view boundary transgressions on a continuum from those which likely pose little risk of harm to the client, to those which pose a major risk to the client, including lasting or permanent damage (such as suicidal behaviour or completed suicide).

The least harmful end of the spectrum may be called a boundary crossing or a digression from usual practice. An example of this is a client giving the member a small gift. Should the member accept it? A number of factors need to be considered: What are the circumstances under which the gift given – at the termination of the helping relationship? In response to a difficult session in which there was conflict between member and client? The intent of the client in offering a gift needs to be understood. (For example, is the gesture of thanks, or is it motivated by a fear of rejection by the member?) The value also must be considered – is the gift a handcrafted glasses case, made by the client, or a set of tickets prime location for a major league baseball game? Exploring the gift-giving by the client can reveal important information, which can be used constructively in the helping relationship. Cultural influences and how often a client offers also should be considered.

Ultimately, the member must judge whether the client will be helped by accepting the gift or whether this could put the client at risk in any way. The member also must be aware of any policies set by their employer about

accepting gifts from clients and respond accordingly. As well, members in private practice may wish to develop their own policies regarding gifts.

Other dilemmas may arise when a client makes a request the member knows is a boundary crossing. For example, a client asks the member to sponsor her in a walk-a-thon to raise funds for AIDS research. In this, as in other situations, the context of the request needs to be considered. The work with the client has centred on helping her come to terms with the death of her brother from AIDS and her difficulty accepting his lifestyle. Her decision to participate in the walk-a-thon represents significant resolution of her conflicted feelings and her desire to demonstrate this to the member. Having understood the meaning of the client's request, a judgment must be made. Assuming that the request is practically feasible, does agreeing to sponsor the client pose any risks? What would be the impact of agreeing? Refusing? Both the decision and the rationale need to be discussed with the client.

Another dilemma encountered by members is the request by a client to see his or her friend or relative in counselling or psychotherapy. One perspective is that the risks are so high that this should never be agreed to. Indeed the safest route would be to decline. However, there may be circumstances that warrant consideration of this request. In locations where resources are limited, or the member specializes in a particular kind of work, refusing may mean that the person does not receive badly needed assistance.

However, in addition to the issue of boundary violations this dilemma gives rise to a host of other issues which require meticulous scrutiny. Among these is conflict of interest (2.2.1): "College members do not engage in professional relationships that constitute a conflict of interest or in situations in which members ought reasonably to have known that the client would be at risk in any way. College members avoid or declare conflict of interest situations. College members do not provide a professional service to the client while the member is in a conflict of interest." The member must be careful to make a decision not based on financial considerations or feeling flattered that their work has been affirmed. Members also are reminded of standard 1.6: "College members distinguish their needs and interests from those of their clients to ensure that, within professional relationships, clients' needs and interests remain paramount."

Entering into a professional relationship with the friend or relative of a client also raises the issue of dual relationship. Standard 3.7 is relevant to this: "College members avoid conflicts of interest and/or dual

relationships with clients or former clients, or with students, employees and supervisees that could impair members' professional judgment or increase the risk of exploitation or harm to clients." In this regard it should be considered whether the request is coming from a current or former client. If from a former client, how recent was the contact and might the client at any time wish to return to see the member? If a current or recently terminated client, a member would be strongly advised against seeing a friend or relative. The nature of the relationship between the client and potential client should be considered. It also may be necessary for the member to determine whether he or she already has formed an opinion of the potential client based on the client's perspective. How would the member keep in check his or her own reactions to both clients? Only if a member can truly declare that their professional judgment would not be unduly affected and that risks to the client are minimal should seeing a friend or relative of a client be given any further consideration.

The issue of confidentiality also is paramount. In accordance with standard 5.1.6: "College members in clinical practice do not disclose the identity of and/or information about a person who has consulted or retained them unless the nature of the matter requires it. Unauthorized disclosure is justified if the disclosure is obligated legally or allowed by law or if the member believes, on reasonable grounds, that the disclosure is essential to the prevention of physical injury to self or others." How would a member ensure confidentiality of information for both parties?

Seeing a friend or relative of a client is highly risky and should not be embarked upon without scrupulously weighing the risks and benefits to the client and potential client, both now and in the future. Ensuring that safeguards and ground rules are in place and that no other viable options are available also is essential.

In summary, seeing a friend or relative of a client raises a multitude of professional and ethical issues, some of which have been raised here. These will be addressed further in future *Perspective* articles. Due to the nature of social work and social service work, and of helping relationships, dilemmas involving boundary crossings certainly will arise. With the exception of the most serious boundary violations, it is not useful to declare absolute prohibitions. Rather it is more useful for the member to make a sound professional judgment based on each individual situation. In every case a member must remember that the best interest of the client is the primary professional obligation.

Members must learn about this critical topic throughout their professional training. However,

regardless of level of training or experience, the member must be vigilant about boundary issues, to make sound judgments when these dilemmas arise, and to recognize indicators of pre-sexual boundary violations.

Much has been written on the critical topic of boundary violations and this article is not intended as an exhaustive review of this complex issue. Rather it is meant to increase members' awareness and provide some guidance about how to approach boundary dilemmas.

### **Important Considerations in Avoiding Boundary Violations**

- remain current with knowledge and practice relevant to areas of professional practice, in keeping with the continuing competence requirements of the College
- become familiar with and refer to the Act, Regulations, *Code of Ethics and Standards of Practice Handbook* for guidance
- engage in supervision or consultation, especially when considering conduct that deviates from usual practice
- engage in personal therapy, if needed; and
- ensure that any boundary crossing has evidence of relevant factors being considered and the rationale for the decision, and that this is documented.

*For more information about relevant guidelines, please refer to the Code of Ethics and Standards of Practice Handbook:*

*Principle I, Relationship with Clients*

*1.1, 1.3, 1.5, 1.6, 1.7*

*Principle II, Competence and Integrity*

*2.1.1, 2.1.2, 2.1.4, 2.1.5, 2.2, 2.2.1, 2.2.2*

*Principle III, Responsibility to Clients*

*3.7, 3.8, footnote 6*

*Principle V, Confidentiality*

*5.1.6*

*Principle VIII, Sexual Misconduct*

***For more information about this or other practice issues, please contact the Professional Practice Department at [practice@ocswww.org](mailto:practice@ocswww.org).***

***Please note that any references to the College's Standards of Practice in this article refer to the first edition of the Standards. The second edition of the Standards of Practice did not come into effect until July 2008. To access the most current Code of Ethics and Standards of Practice, visit the [College website](#). This article was published in February 2004. On December 30, 2017, the controlled act of psychotherapy was proclaimed in force, at which time updates to Principles VII, VIII and the glossary in the Code of Ethics and Standards of Practice also came into effect.***