Article Submission Cover Sheet

Journal of Child and Youth Care Work Intended for consideration for Volume 19: *Promise into Practice* Proceedings.

Title of Article:

Where Do We Draw Lines? Professional Relationship Boundaries and the Child and Youth Care Practitioner.

Author:

Jennifer C. Davidson, LMSW

Main Appointment:

Interim Director of Training for the Protective Services Training Institute of Texas, Graduate School of Social Work, University of Houston.

Updated Address:

Scottish Institute for Residential Child Care National Office University of Strathclyde 5th floor, Sir Henry Wood Building 76 Southbrae Drive Glasgow, Scotland G13 1PP

Tel: 44 (0)141 950-3586 Fax: 44 (0) 141 950-3681 Email: jennifer.davidson@strath.ac.uk

Details:

Jennifer Davidson is the Interim Director of Training for the Protective Services Training Institute of Texas and an adjunct faculty member at the Graduate School of Social Work at the University of Houston. She received her social work education in Canada and has practiced social work in both Canada and the United States for fifteen years.

Key Words:

Child and youth care Professional boundaries Ethics Professional misconduct

Where Do We Draw Lines? Professional Relationship Boundaries and the Child and Youth Care Practitioner

Abstract

The question of professional relationship boundaries is a poignant one, in light of the many boundary grey-zones that are created by the variety of young people's needs, practice settings and professional relationship contexts within the field of child and youth care. In order to support practitioners' development of critical thought and awareness of professional boundaries, this paper applies a professional relationship boundaries conceptual framework to child and youth care work, and the literature is consulted to explore the impacts of boundary violations, influences on individual's boundaries, cues to indicate blurring boundaries, and key strategies to maintain balanced boundaries.

Where Do We Draw Lines? Professional Relationship Boundaries and the Child and Youth Care Practitioner

Introduction

Professionals endeavor to maintain clear boundaries in their professional caring relationships with young people. As in most human services work, child and youth care (CYC) practitioners strive to find a balance between (1) caring about the young people they work with in over-involved, dependence-creating ways, as they are genuinely moved by their life stories and current needs, and (2) not caring enough, as they defend themselves against burn-out, secondary traumatic stress and compassion fatigue (Conrad & Perry, 1995; Figley, 2002). A variety of complex factors can tug and pull professionals as they strive to define and maintain authentic, balanced connections in their relationships with the young people and families they serve.

These relational connections are guided by professional boundaries, which delineate how CYC professionals express their care in the midst of challenging factors. These "limit-lines" between one's self and another person (Alberta Association of Registered Nurses, 1998) can refer to elements such as one's physical self, and to more elusive elements such as one's social, emotional, psychological or spiritual self. Professionals are responsible for setting and maintaining appropriate boundary limits with their clients, and the CYC code of ethics promotes standards regarding this topic (International Leadership Coalition of Professional Child and Youth Care, 1995). However, in practice, identifying where some boundary lines are or where they ought to be drawn within a relationship can be very difficult, due to their evasive nature and the myriad of influencing factors that define appropriate boundaries at any one time (Congress, 2001). Factors such as the needs of the young person; the role of the professional; the quality

and depth of the relationship with the young person; the mandate of the agency; the physical construction of the setting; the size of community; and the cultural context can work together to create 'boundary grey-zones' which consist of circumstances in which simple, pre-prescribed answers do not easily apply (Heyward, 1993; Lazarus, 1994 & Sue, 1997 cited in Strom-Gottfried, 1999).

For example, consider a social boundary such as offering a young person one's home telephone number. In most circumstances, agency mandates would forbid such a gesture for many important reasons (e.g. to preserve the practitioner from burn-out; to maintain the professional role of the practitioner in the young person's life; to ensure the young person finds various resources to meet their needs; and to protect the young person from exploitation). However, consider the difficulties in applying this social boundary for CYC professionals who both reside and work within rural or minority communities (Gonsiorek, 1995; Anderson, 1999), or those who live with young people as 'house parents'. Here, the agency standards intended to maintain professionals' boundaries do not fit the circumstances, and professionals are faced with finding unique ways to define their relationship boundaries with the young people they work with, as they aim to sustain a balanced, professional caring relationship, and maintain their professional role, longevity and effectiveness. Finding creative ways to identify and clarify one's professional boundaries within these various relational and organizational contexts is a challenging task. Without specific knowledge and skills, crossing professional relationship boundaries unintentionally may be all too easy, and result in unhelpful interpersonal dynamics. Given the privileged and influential position CYC practitioners hold, it is critical that they are fully prepared to engage in the challenge to maintain balanced boundaries.

This paper applies a conceptual framework for understanding relationship boundaries to CYC practice, and cursorily examines implications of boundary violations, influences on one's professional boundaries, indicators of blurring boundaries, and key strategies to best maintain balanced boundaries as suggested by the literature. In this paper, the term 'client' will respectfully be used to describe the young people and family members that child and youth care practitioners engage with in the process of their job. The term 'professional' will refer to child and youth care practitioners themselves, in recognition that the CYC field is an established profession in North America. It is not the intention here for the term 'professional' to imply a cold, distant relationship but rather one that is informed by the values and skills that are unique to CYC.

Unique aspects of a professional CYC role

Each of us participates in a variety of relationship roles throughout our lives—for example, that of a child, an employee or a customer—and each role is delineated by its own unique boundaries. For example, what we share about ourselves with another person, our expectations of their behaviour toward us, and our use of personal space are determined by the boundaries of that relationship. It is the boundaries themselves that distinguish a professional relationship from other types of relationships, and these boundaries are particularly vital when the functions in the professional relationship resemble more familiar roles such as that of a friend, parent or older sibling, as they can in CYC work. Establishing and maintaining professional boundaries first requires an understanding of the distinctly unique role a CYC professional plays in the life of a young person and their family (Table 1).

Insert Table 1 here.

The Professional Relationship Boundaries Continuum

A basic conceptual framework, which provides both a point of reference and a common language for discussing the actions, choices and processes related to the boundaries of human service providers' professional relationships, is provided in Diagram 1. This "Professional Relationship Boundaries Continuum" (Davidson, 2004) refers to professionals' attitudes toward, emotional connections with and involvement in the lives of young people and their families in light of the position of trust and power that the professionals are privileged to hold. Relationship boundaries are placed on a continuum, with the extreme ends delineating the most significant boundary violations, that of being 'Entangled' on one extreme, and 'Rigid' on the other. The mid-range of the continuum represents the range of ideal 'Balanced' professional relationship boundaries, and the ground between balanced and either extreme reflects boundary breaches, indicating the degree to which a professional's actions can be harmful to the client. Despite the limitations of being a linear model, this visual framework provides a starting point for a discussion of relational dynamics in CYC practice.

Insert Diagram 1 here.

An individual who has an authentic and caring manner, while maintaining clear boundaries, is demonstrating 'balanced' boundaries. These professionals remain aware of their position of power and take care not to exploit a client's vulnerabilities nor infringe upon their rights. They actively use professional judgment, consistently apply selfreflection skills and are intentionally accountable to other professionals. A professional with 'balanced' boundaries determines and attends to a client's unique and complex needs while maintaining the key distinctions of their professional role in the relationship.

A professional with 'entangled' professional boundaries is consistently over-involved in the lives of the clients they serve. They invest more of their time, emotional energy or favor in these relationships than in others, and they meet their own emotional, social or physical needs through the relationship at the client's expense.

In contrast, having 'rigid' boundaries involves storming ahead with one's own agenda inflexibly, condescendingly, and/or without attending to the unique and multifaceted needs of the client. Professionals functioning with these boundaries lack authenticity and sensitivity and exploit the client's vulnerabilities, abusing their position of power as they accentuate the power difference between them.

These descriptions reflect interactions occurring at the extreme ends of the continuum, in order to illustrate the differences between the areas of the continuum. It is important to note that the underlying motivations of either extreme may or may not be well-intentioned, and that good intentions may neither counteract nor protect the other person from the impacts of blurred boundaries.

The Continuum Applied to CYC Practice

As suggested above, many factors play a role in defining what are 'balanced' boundaries, for what is balanced in one context may be 'rigid' or 'entangled' in another. Consider, for example, professional boundaries related to touch. In a short-term residential facility for older adolescents, if a young person in their care reacts negatively to physical contact, staff members would be more likely to offer reassurance to them through verbal, and not physical means. Alternatively, a staff member caring for a scared young child newly placed in out-of-home care would be more likely to offer her or him a

reassuring hug, preferably in the presence of another staff person. (For a helpful look at the use of safe, appropriate and manageable touch in child and youth care, see Ward, 1999.) In both these situations, staff members' responses described are indeed 'balanced', as they prioritize the young person's needs, and are neither driven by the practitioners' own needs, nor by inflexible agency policy. However, reversing these professional's responses would be less-than-balanced: that is, not hugging a young child who is needing comfort may be demonstrating more rigid boundaries, if this resistance stems from inflexibility and insensitivity to the child's needs. Conversely, a staff person who insists on hugging a young person despite their negative response may be demonstrating a tendency toward entangling boundaries as it raises the questions about whose needs are being met by this action. Clearly, the context, the individual's needs, the professional's role and the potential for misinterpretations, are important factors in defining what is 'balanced' practice. Knowing both what behaviors are appropriate within each context and what personal needs might be driving one's actions requires skills of critical thinking and self-reflection (Reamer, 2001a), as well as ongoing reflective consultation with team co-workers, agency code of conduct standards and the CYC Code of Ethics (International Leadership Coalition of Professional Child and Youth Care, 1995).

Impacts: Why is it Important to Maintain Balanced Professional Boundaries?

Naturally, there are far-reaching implications of how professionals conduct themselves in their relationships with the clients they serve. Professionals who are balanced with their relationship boundaries provide room for individuals and families to grow and learn, while giving support and encouragement. Of course, there are considerable impacts on both clients and professionals of less-than-balanced practice as well. For example, professionals who have entangled boundaries may cause their clients to become

increasingly dependent on them, stifling their self-determination. Those with rigid boundaries may be less effective at building rapport with clients, reduce clients' willingness to trust and self-disclose, perpetuate their feelings of low self-worth, and as a result these professionals are less likely to provide adequate help. In addition, professionals with less-than-balanced boundaries, whether tending toward being entangled or rigid, become less objective; they may make inaccurate assessments, choose less effective interventions and impact their own experience by developing greater vulnerability to burn-out (Veith, 2001).

Influences: What Influences Professional Relationship Boundaries?

It is important to note that 'balanced boundaries' are a professional ideal. By virtue of being human, however, professionals have some susceptibility to behaving outside of the ideal 'balanced' range, depending on her/his situation. Understanding the influences on one's boundaries, and the situations in which one is most vulnerable to crossing the boundaries of a client, is important for increased self-awareness to avoid boundary violations (Peterson, 1993; Bullis, 1995; Gonsiorek, 1995; Kowaz, 1996).

To explore these areas, professionals may wish to consider how their family, gender, culture, religion and generation have influenced their boundaries, in order to be aware of their personal tendencies that result from these influences. In addition, counter-transference can be a current influence that decreases one's objectivity (Robbins et al, 1998), which in turn can increase one's vulnerability to crossing clients' boundaries. An ongoing commitment to self-awareness can help professionals identify when counter-transference reactions may be occurring in their work. Questions to increase self-awareness may include: With what types of clients and/or in what professional situations do I find myself becoming, to some degree, 1) entangled, and 2) rigid?

Indicators: What Cues Can Indicate Increasingly Blurring Boundaries?

Extreme boundary violations, such as professional sexual misconduct, occur as part of a process, and are generally the result of incremental steps toward increasingly less 'balanced' behaviors. The process itself crosses boundaries, since any transformation of a relationship that is intended to meet only a professional's needs is exploitative and unethical long before sexual contact has occurred. Sex is simply one possible abusive outcome, remarkable because it is more detectable (Strasberger et al, 1992; Fortune, 1995; Irons, 1995; Summer, 1995, Thompson et al, 1995, Colton & Vanstone, 1996). These incremental steps that lead to boundary violations are critical for professionals to be aware of, in order to curtail increasingly blurred boundaries in their own and their coworkers' behaviors (Table 2).

Insert Table 2 here.

Strategies for Maintaining Balanced Professional Relationship Boundaries.

The human services literature suggests several strategies for maintaining balanced professional boundaries. Key approaches include (1) ongoing consultation with others, and (2) intentional actions to take care of one's self.

<u>Synergy</u>

The word 'synergy' comes from the Greek work meaning 'working together' (Oxford English Dictionary, 2002), and its meaning is embodied in the familiar saying 'the whole is greater than the sum of its parts'. Research reflects that the more honest and open the communication between practitioners, the less likely clients' boundaries will be crossed (Thompson et al, 1995; Reamer, 2001b). Factors such as difficult emotional content, limited resources, full caseloads, clients' complex and intense needs, and relatively low

societal recognition of the profession's value can make self-reflection within CYC work difficult to maintain. Speaking with co-workers and appropriate experts on an ongoing basis about the choices and dynamics within one's professional relationships establishes the critical elements of accountability and perspective. It is in everyone's best interest for professionals to regularly ask others to both give their perspective and ask questions about their practice (Reamer, 2001a). The CYC field in particular is in a good position to benefit, as CYC work often takes place within team settings in which regular 'perspective check-ins' can be implemented. A well-led team is an invaluable resource, as it provides an arena of safety in which to reflect honestly on practice and relationships with clients. See Reamer (2001a) for a helpful seven-step ethical decision-making process (pp.107-113), applicable to situations of potentially blurring professional boundaries.

Self care

The literature indicates that professional boundaries are breached most often when a professional is feeling emotionally vulnerable (Irons, 1995; Vieth, 2001). A combination of personal vulnerabilities (for example, social isolation, depression and lack of adequate support) in addition to a stressful life event (for example, the end of a primary relationship) puts one in the greatest jeopardy of boundary crossing (Peterson, 1992; Bullis, 1995; Texas Medical Association, 2002). According to the International Leadership Coalition of Professional Child and Youth Care (1995), taking care of one's emotional health is a CYC professional's ethical responsibility. Given that a professional's emotional state impacts their boundary management capabilities, this task is of vital importance in CYC work. Many professionals have developed habits to take care of themselves during particularly stressful life episodes, which can play an important role in the maintenance of 'balanced' boundaries. Recommendations compiled from the literature are provided in Table 3.

Insert Table 3 here.

Conclusion

The difficult and complex boundary grey-zones in CYC work require that practitioners develop critical thinking skills, awareness of one's professional boundaries, and effective approaches to prevent boundary breaches in order to provide the best possible care to young people and their families. In this paper, a professional relationship boundaries conceptual framework is applied to child and youth care work, and the impacts of boundary violations, possible influencing factors on individuals' boundary development, cues to indicate blurring boundaries, and key maintenance strategies for balanced boundaries are explored in the hopes that this information, though cursory, may contribute to the important dialogue of relationship boundaries in the CYC field.

Table 1.

Key Distinctive Features:

Key distinctions of Child and Youth Care practitioners' professional relationships with young people and their families include, but are not limited to:

The relationship is inherently an imbalance of power due to the practitioners' authority, knowledge, influence and access to privileged information about the client.

The relationship is based on the client's needs, not the practitioners'.

The relationship is based on trust.

The relationship is time-limited: it will inevitably come to an end.

The relationship may be legally sanctioned.

The practitioner required formal knowledge, preparation, orientation and training.

The practitioner is remunerated to provide care.

The purpose of the relationship is goal-directed to promote positive change.

The practitioner is required to remain objective.

The practitioner is responsible to establish and maintain professional boundaries, regardless of the boundaries of the young person and/or their family.

(British Columbia Rehabilitation Society, 1992 and Milgrom, 1992 cited in Alberta Association of Registered Nurses, 1998; Davidson, 2000)

Table 2.

Indicators of Blurring Boundaries:

The following is a list of experiences and behaviours that may act as warning indicators of increasingly blurring professional boundaries.

Entanglement Cues

Your neutrality is progressively diminishing.

You reveal information about other clients to this client.

You reveal information about yourself unrestrainedly.

You are extraordinarily angered or saddened with this particular client's choices.

You have intruding thoughts about this client when you are not at work.

You are unusually invested in changing a client's behaviour.

You promote a client's dependence on you.

You encourage a client to separate her/himself from healthy support systems.

You spend more time with a particular client than usual, in person or on the telephone.

You meet with a client at the end of day to enable you to extend your time with her/him. You meet in uncommon places, or in a client's home when it is not necessary to be there.

You exchange gifts.

You contrast the satisfying qualities of a client with your spouse/partner's less satisfying qualities.

You daydream about a client.

You long for her/his next visit.

You plan your attire based on your appointment with her/him today.

You direct a client in their particular day-to-day details of life.

You present yourself as the expert on a client's life choices. You disapprove of a client's assertive behaviour. You act or feel jealous about a client. You are defensive when probed about a relationship. Physical contact begins.

Rigid Cues

Your neutrality is progressively diminishing. You reveal information about other clients to this client. You reveal nothing about yourself to a client. You feel detached from or do not care about a client. You are loath to go to work. You are unjustifiably pessimistic at work. You continue to employ strategies that have been clearly ineffective. You are overly-intellectual about a client's problems. You present yourself as the expert on a client's life choices. You are punishing, callous, prejudiced or critical toward a client. You use patronizing or derogatory terminology when referring to a client. You terminate a conversation in the midst of a client's expression of unresolved emotions because the original time set for the meeting is about to lapse. You minimize the degree of pain a client has experienced. You are disinclined to exhibit any type of emotion. You feel impatient, irritated, or emotionally absent with a client. You refuse to offer help to meet a client's needs.

(Strasberger et al, 1992; Kowaz, 1996; Davidson, 2000; Texas Medical Association, 2002)

Table 3.

Suggestions for Self Care

The following compilation of activity suggestions are provided as a guide to protecting oneself from compassion fatigue. This is critical, as compassion fatigue, or 'burn-out', can lead to further vulnerability and greater risks of blurred professional boundaries.

Be Sure To:

Care for yourself spiritually, physically, and emotionally.

Pause to be contemplative and renewed.

Preserve a personal support system; spend time with family & friends.

Extend your circle of friendships beyond your place of work.

Maintain an identity that is distinct from your professional role.

Infuse your life with meaning and variety.

Discover new things, acquire expertise and develop interests that are distinct from your work.

Watch your level of stress, and adjust existing professional responsibilities during times of personal crisis.

Collect and read over letters of thanks from clients and co-workers.

Be properly trained to meet the demands of your work.

Cultivate and sustain another area of professional expertise that differs from your current responsibilities.

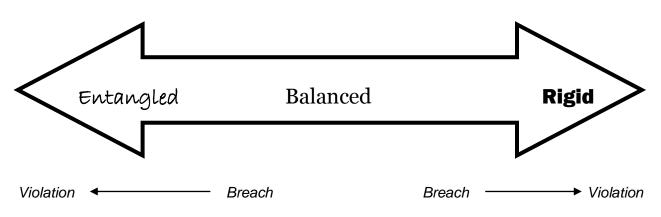
Discern and work through your personal history and its implications for countertransference. Consult with others when there are countertransference reactions.

Be Sure Not To: Pretend to agree when you disagree. Drive yourself too hard. Work without rest. Overlook your own needs. Meet others' needs at the expense of your own. Isolate yourself. Spend too little time on your own. Indulge in the use of substances, nor give in to unhealthy cravings, to avoid your feelings.

(Gonsiorek, 1995; Kowaz, 1996; Vieth, 2001)

Diagram 1

The Professional Relationship Boundaries Continuum



This continuum illustrates the range of professional relationship boundaries. The extreme ends of this continuum delineate the most significant and harmful boundary violations in the form of *Entangled* boundaries on one extreme and *Rigid* boundaries on the other. The mid-range of the continuum represents the range of ideal *Balanced* professional boundaries (Davidson, 2004). The degree to which a professional's actions are harmful to the client is indicated along the continuum by the terms breach and violation.

<u>References</u>

Alberta Association of Registered Nurses (1998) <u>Professional Boundaries for Registered</u>
<u>Nurses: Guidelines for the Nurse-Client Relationship</u>. Edmonton, AB, Canada:
Author.

Anderson, D. (1999). Sexual abuse, professional boundaries and the rural world. <u>Journal</u> of Child Sexual Abuse, 8(3), 85-93.

Davidson, J.C. (2000) <u>Knowing Where to Draw the Lines: Professional Boundaries with</u> <u>Clients</u> [Training manuscript] Protective Services Training Institute of Texas, University of Houston.

Davidson, J.C. (2004). Professional relationship boundaries: A social work teaching module. <u>Social Work Education</u>. In print.

Fortune, M. (1995) Is nothing sacred? When sex invades the pastoral relationship, in: J.C. Gonsiorek (Ed) <u>Breach of Trust: Sexual Exploitation by Health Care</u> <u>Professionals and Clergy.</u> New York: Sage Publications.

Colton, M. and Vanstone, M. (1996) <u>Betrayal of Trust: Sexual Abuse by Men who Work</u> with Children. London: Free Association Books.

Conrad, D. & Perry, B. (1995). <u>The Cost of Caring: Understanding and Preventing</u> <u>Secondary Traumatic Stress when working with Traumatized and Maltreated</u> <u>Children</u>. Child Trauma Academy. Available from: http://www.childtrauma.org/ctamaterials/Cost_of_Caring_I.asp [Accessed 31 July, 2003].

Figley, C. (2002) Compassion fatigue: Psychotherapist's chronic lack of self care. Psychotherapy in Practice, 58(11), 1433-1441. Gonsiorek, J.C. (1995) Boundary challenges when both are gay males, in: J.C. Gonsiorek (Ed) Breach of Trust: Sexual Exploitation by Health Care

Professionals and Clergy. New York: Sage Publications.

Heyward, C. (1993) When Boundaries Betray us: Beyond Illusions of What is Ethical in Therapy and in Life. New York: Harper Collins.

International Leadership Coalition of Professional Child and Youth Care (1995). Code of

Ethics: Standards for Practice of North American Child and Youth Care Professionals. Available from: http://www.pitt.edu/~mattgly/CYCethics.html [Accessed 31 July, 2003].

Irons, R. (1995) Inpatient assessment of the sexually exploitative professional, in: J.C. Gonsiorek (Ed) <u>Breach of Trust: Sexual Exploitation by Health Care</u> <u>Professionals and Clergy.</u> New York: Sage Publications.

Kowaz, A. (1996) Knowing where the lines are. [Unpublished manuscript]. Vancouver,

BC, Canada: British Columbia Institute on Family Violence.

Oxford University Press (2002). Oxford English Dictionary. United Kingdom: Author.

- Peterson, M.R., (1992). <u>At Personal Risk: Boundary Violations in Professional-Client</u> Relationships. USA: W.W. Norton & Company.
- Reamer, F.G. (2001a) <u>Ethics Education in Social Work</u>. Alexandria, VA: Council on Social Work Education.
- Reamer, F.G. (2001b) <u>Tangled Relationships: Managing Boundary Issues in the Human</u> <u>Services</u>. New York: Columbia University Press.
- Robbins, S., Chatterjee, P. & Canda, E. (1998). <u>Contemporary Human Behavior Theory:</u> <u>A Critical Perspective for Social Work</u>. USA: Allyn and Bacon.
- Strasberger, L.H., Jorgenson, L., and Sutherland, P. (1992). The prevention of psychotherapist misconduct: Avoiding the slippery slope. <u>American Journal of</u> <u>Psychotherapy</u>, 46(4). 544-555.

- Strom-Gottfried, K. (1999). Professional boundaries: An analysis of violations by social workers, <u>Families in Society</u>, 80(5) 439-449.
- Summer, G.L. (1995). Education in preventing sexual misconduct in Alabama. <u>Alabama</u> <u>Medicine, 64(12)</u> 5.

Texas Medical Association (2002) <u>Maintaining Professional Boundaries</u> [online], Committee on Physician Health and Rehabilitation, Continuing Medical Education. Available from: http://www.texmed.org/cme/phn/mpp [Accessed 31 July, 2003].

- Thompson, P., Shapiro, M., Nielsen, L. & Peterson, M. (1995). Supervision strategies to prevent sexual abuse by therapists and counselors, in: B. Sanderson (Ed) <u>It's</u> <u>Never OK: A Handbook for Professionals on Sexual Exploitation by Counselors</u> <u>and Therapists.</u> Minneapolis, MN: Minnesota Department of Corrections.
- Vieth, V. (2001). When days are grey: Avoiding burnout as child abuse professionals. <u>National Center for Prosecution of Child Abuse Update, 14(4)</u>.
- Ward, A. (1999). 'Residential staff should not touch children': Can we really look after children this way?, in A. Hardwick and J. Woodhead (Eds) Loving, Hating and Survival: A Handbook for All Who Work with Troubled Children and Young People. London: Ashgate.