"Many professionals enter into the field of social work to help others grow and improve their life circumstances. Yet, when working with clients, social workers must maintain clear boundaries to assure professional integrity and responsibility. On any given social work credentialing board Web site, one will see frequent cases in which there have been complaints filed against social workers resulting in imposed fines, penalties, licensure sanction, suspension, or revocation. In some instances, workers have been imprisoned for misconduct for violation of confidentiality, falsification in record-keeping, malfeasance, and so forth. However, this article will explore the issue of client relationships and ethical boundaries for those working in social work, with a particular focus for those in child welfare.

Dietz & Thompson (2004) offered, “The concern about appropriate boundaries is, at least in part, a concern about the power differential between client and professional. It is primarily a concern about boundary violations” (p. 2). Boundaries are “the limits that allow for a safe connection based on the client’s needs” (Peterson, 1992, p. 74). Yet, in retrospect, Reamer (2003) suggested that boundary violations and boundary crossings have to be examined in the context of the behavioral effects the behavior has caused for either the social worker or client. He posited a typology of five central themes in which boundary issues may arise: 1) intimate relationships, 2) pursuit of personal benefit, 3) emotional and dependency needs, 4) altruistic gestures, and 5) responses to unanticipated circumstances.

In addition, the clinical issues of managing dual relationships and management of transference and countertransference are factors that cannot be ignored in this discussion. Workers in child welfare are often found in dual client relationships. According to the NASW Code of Ethics (1999), dual relationships occur “when social workers relate to clients in more than one relationship, whether professional, social, or business” (p. 9). Social workers must be knowledgeable and mindful of the NASW Code of Ethics (http://www.socialworkers.org/pubs/Code/code.asp), which provides a comprehensive and strategic outline of one’s professional standards and conduct in meeting the needs of those we serve.

Throughout one’s career, the question is often asked, “Why did you go into social work?” The answer invariably centers on an interest in wanting to help or improve the lives of others. In child welfare, we are often described as helpers, resource/change agents, do-gooders, motivators of change, child-snatchers, and other stereotypes. Inside our respective roles and responsibilities, to move a client forward, we must engage a client in the process of change.

When working with clients, a major skill that social workers must utilize in facilitating the client’s growth or change process is to earn their trust, confidence, and respect. This is an integral part of the client engagement strategy, which must be established in the early phase of the relationship. For those in child welfare, this poses a great challenge, since there is an inherent right and governmental authority to remove children from their own homes, while continuing to work with families toward improved functioning, stabilization, and/or family reunification. Unfortunately, many professionals in our field have difficulties in the area of client rapport building. In an effort to meet the clients’ needs, workers may find themselves “befriending the client,” under the guise of helping.

Throughout our profession, thousands of men and women work with vulnerable families and children. In the scope of delivering social services, we often hear stories that can “break one’s heart,” or cause one to be inadvertently “sympathetic vs. empathetic” to the clients’ experiences and/or pain. Many of our clients have been subjected to abuse, neglect, or other forms of violence or maltreatment. Some report stories of abandonment, domestic violence, emotional abuse, or other wrenching experiences. Some even report having difficulty with intimacy as a result of their reported pain. When social workers have not clearly identified and/or managed their emotional issues and baggage that they brought into the profession, the scope and nature of client/worker relationships can become quite blurry. Subsequently, instead of helping, the social worker may start the path of hurting the client while disclosing or sharing his or her own personal experiences.

In child welfare, immediate supervisors must play a vital role in modeling, coaching, and engaging in frequent discussions with workers on topical issues of client engagement, rapport-building, and assurance of proper boundaries in the worker and client relationship. Social work schools, child welfare training, and
other continuing education programs also have a responsibility in providing education and information on the management of client relationships and examination of ongoing ethical issues.

The following behavioral factors may warrant or signal violations in the worker/client relationship:

- Worker has given the client his/her personal e-mail, cell, home address or phone number, or may even disclose his/her MySpace or FaceBook account
- Worker and client communicate with each other via texting via cell or on the worker’s personal and/or company cell phone
- Worker is warm-natured and enjoys physical connectedness with clients, such as hugging or embracing upon contact, kissing, rubbing the shoulder, hands, or face to provide comfort and support to the client
- Worker spends lengthy phone hours with the client during the work day or even on personal time
- Worker may tend to dress provocatively on days when scheduled to see the client(s)
- Worker tends to spend an inordinate amount of time with the client, both scheduled and unscheduled visits, in comparison to other clients
- Worker talks frequently about the client, and may even openly share how much he or she likes, fantasizes, or can relate to the client
- Worker may begin to spend frequent time with client at various restaurants, movie theaters, or other public places outside of the client’s home, or even at worker’s home, under the guise of a client visit
- Worker freely shares and discusses his/her own personal experiences with the client
- Worker spends his/her own personal funds to support clients’ needs, particularly if agency won’t pay for clients’ needs, while worker chooses to assume cost on his/her own
- Worker engages in the use of drugs and/or alcohol with the client
- Co-workers begin to talk about the worker and his/her relationship(s) with specific clients
- Client’s own family and/or personal friends begin to talk about the amount of time worker spends with the client, and may even share such information with the agency

The above is not an exhaustive list, but signals that the worker’s involvement with the client warrants further probe and attention. If the supervisor has a suspicion or concern, it’s important to document and confer with others in authority. In some instances, it may be a labor relations matter, or a training or coaching issue between the worker and supervisor.

There have been two distinct incidents in my career in which it was determined, following an internal investigation, that two different workers had grossly violated boundaries in the client/worker relationship. One case involved a worker being intimate with a parent during a weekend home visit, and a four-year-old child reported “daddy and caseworker” were kissing in father’s bedroom. The other involved a caseworker who had called off sick, and one of the caseworker’s clients called to report to the supervisor that the worker was not sick, but was instead at a client’s home getting “high.” In both instances, the workers were terminated from their jobs.

Why might a caseworker risk contamination of the client engagement process or actual working relationship? There is no definitive or even easy answer. Erickson’s developmental stage of young adulthood, when there is a concentration on intimacy and expansion of one’s interpersonal relationships, might suggest that social workers between 22 and 25 years of age are vulnerable to such violations occurring while finding their personal and/or professional selves. Others may suggest that social workers’ use and/or abuse of power and authority may be a contributing factor while working with vulnerable clients who lack decision-making or empowerment skills. From others, it may be suggested there are always persons in any given profession who will violate the code of conduct rules and standards, despite any degree of training, supervision, or administrative oversight.

As social workers, we have a responsibility to examine the issues of client relationships and ethical boundaries. This conversation merits discussion among our peers and other related professionals. In the age of increased litigation and constituent complaints, it is not a topic to be ignored. The personal and corporate costs and liabilities associated with claims of unethical behaviors have long lasting impact to those in the profession and for those who are served.

Fortunately, ethics training for social workers must be taken in accordance with state licensure standards.
This provides an opportunity to be mindful of our ethical obligations and boundaries in serving others throughout the field. Non-licensed employees are not exempt from the risk of assumed liabilities in child welfare or other social work settings. Both public and private organizations generally have ascribed core principles, ethical procedures, and guidance with regard to policy safeguards that govern the scope of responsibilities of employees in providing client services. This is intended to keep all safe.

As individuals, let’s take the time to examine our own behaviors and interactions in the way we communicate with and relate to our clients. This includes verbal and nonverbal communication. Explore and determine whether your client engagement skills are healthy or unhealthy. Revisit the signals and warning list of possible risk factors provided earlier in this article. If you find yourself or others on the list, take any necessary action to correct the area(s) of concern.

Always remain focused on meeting the needs of the client versus your own personal needs. Evaluate and pursue other avenues of support, which may include professional counseling, clinical supervision, and training. Finally, critically evaluate whether a career change might be necessary for the protection of self, clients, and agency employer.

References

