

Ethical Issues and Professional Boundaries:

Working with People in the Criminal Justice System

Bureau of Justice Assistance (BJA)
Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners
Training and Technical Assistance Resource

This project was supported by grant No. 2019-J2-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.



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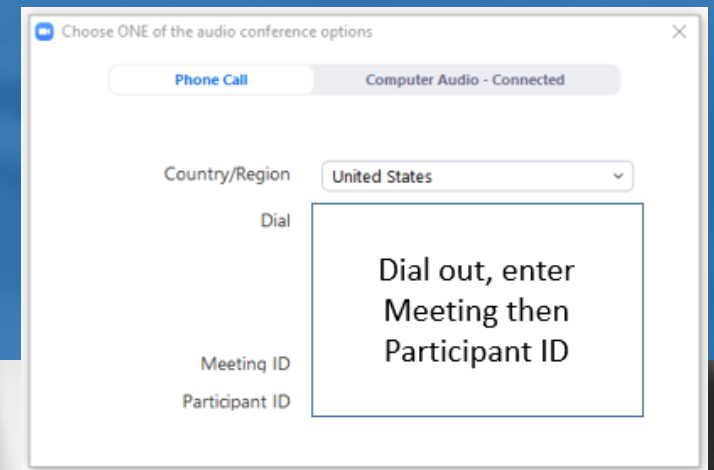


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Today's Speakers



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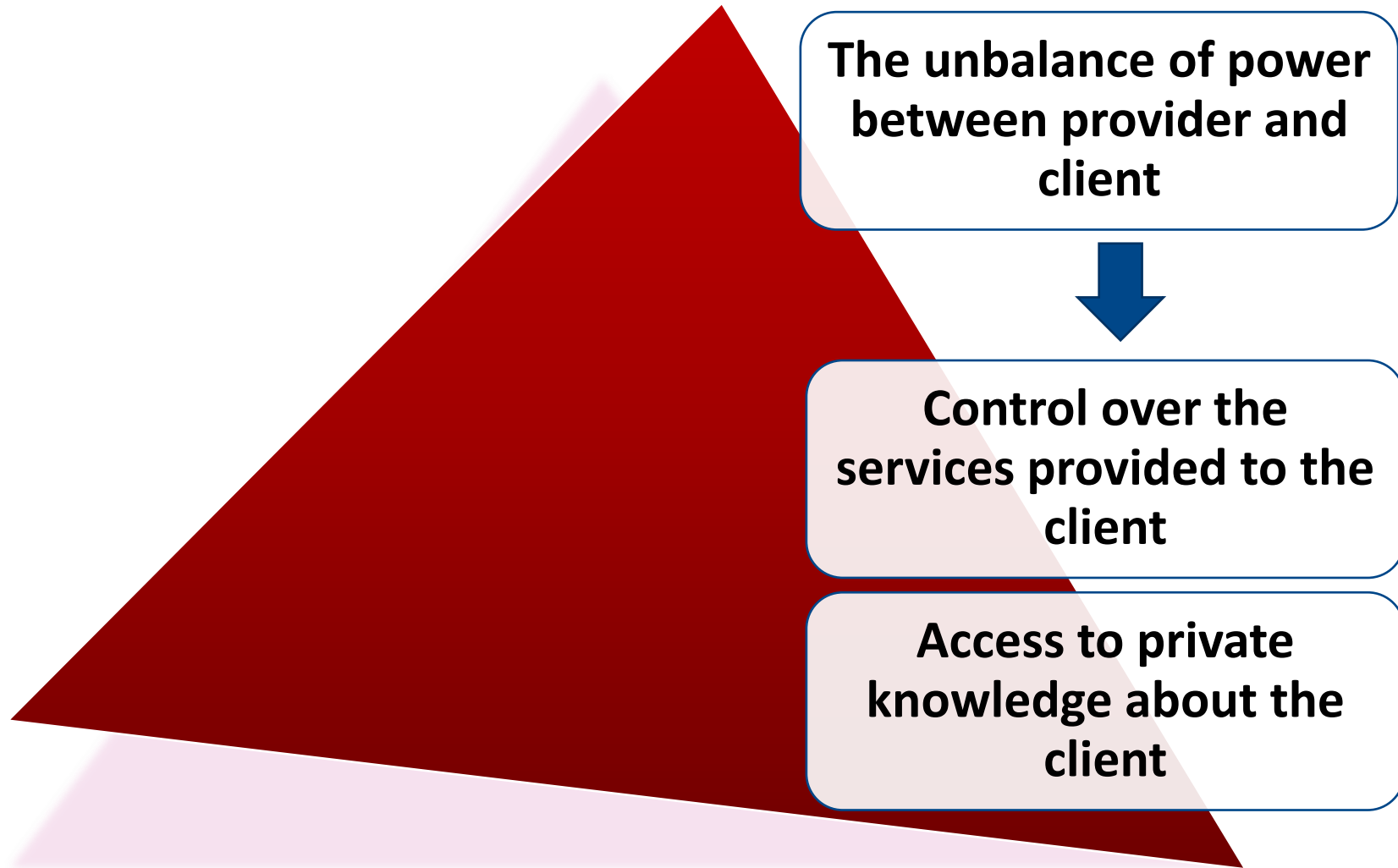
Learning Objectives

Upon completion of this presentation, participants will be able to:

- Define the concept of “power differential”.
- Identify three types of boundaries and describe their relevance when working with people within the criminal justice system.
- List three warning signs that boundaries may be at risk of being compromised
- Develop an action plan if boundaries are in danger of becoming compromised or boundaries have been compromised.

The Provider-Client Relationship

The Power Differential



Examples of the Power Differential

Staff set the time and place

- Staff set and change schedules, begin and end classes, decide where and how to facilitate groups, and choose when and how drug testing occurs.

Staff set the stage

- Staff arrange seating within a room, change classrooms, and allow and deny participants to leave classroom.

Staff have the right to ask questions, but do not necessarily answer all client questions

- Staff obtain personal and sensitive information during screenings and assessments, group and individual meetings and case management meetings.

Examples of the Power Differential

Staff maintain and control their own anonymity

- Staff know more about participants than participants know about staff.
- Staff choose what to disclose about their personal details to participants.

Staff have the power to label, name, and diagnose

- Staff analyze and interpret assessment and test results.
- Staff make recommendations based upon participant progress that affect parole eligibility, future classification, and aftercare referrals.

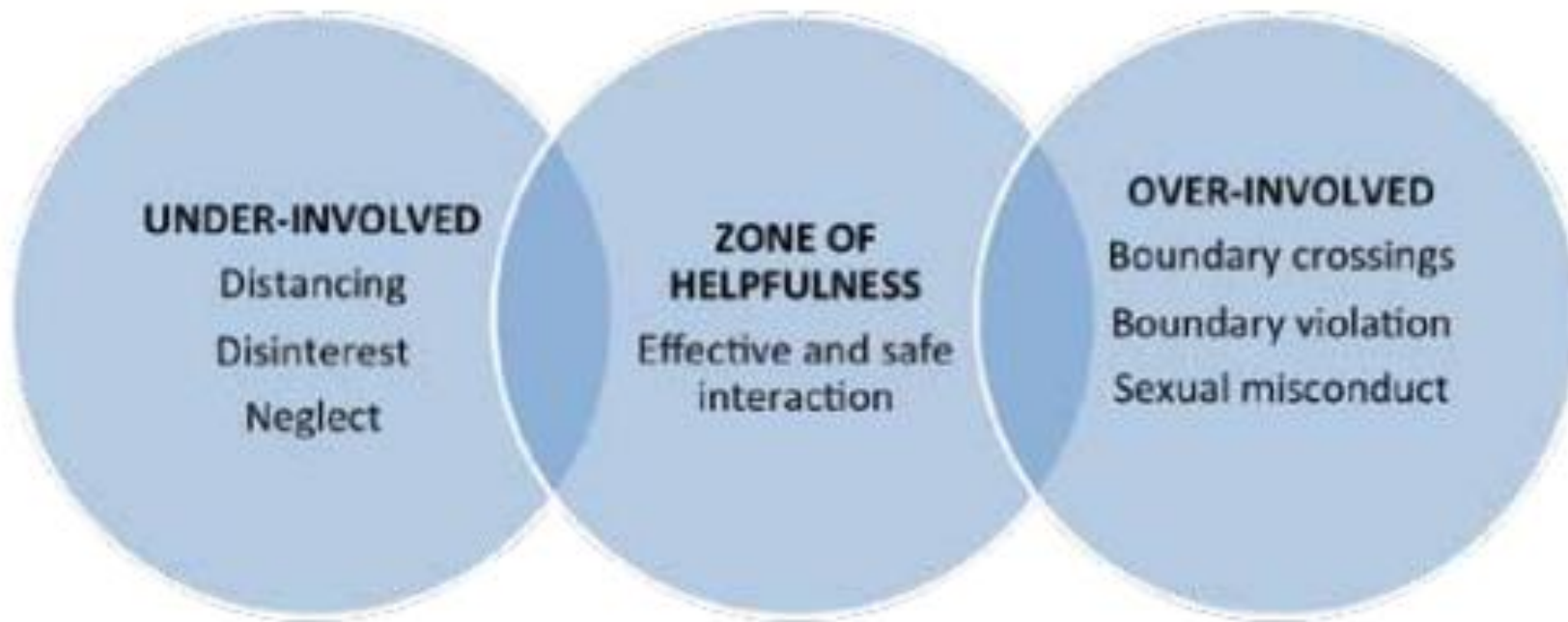
Staff have authority to determine rules of the relationship

- Staff review program rules, classification guidelines, and probation/parole conditions.
- Staff set the social rules of engagement for provider/client relationship.

Boundaries

Zone of Helpfulness

Staying within the “zone” helps you to stay “in bounds”.



Context is Key

Context –
not content –
often determines
the appropriate
boundary.



Physical Boundaries

Violations of Physical Boundaries

- Hugging, holding hands, and any type of intentional touching between provider and participant.
- Aggressive and/or behaviors with violent intent towards participant from provider.
- Provider invading participant's personal space and/or property.

Examples of Physical Boundary Violations

- **An RSAT Officer leans over a seated participant touching his shoulder while looking over his written home-work.**

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- **A RSAT counselor touches a participant's hand as she begins to cry when telling them about a close friend's death.**

Examples of Physical Boundary Violations

- An RSAT Officer leans over a seated participant touching his shoulder while looking over his journal home-work.
- A RSAT counselor touches a participant's hand as she begins to cry when telling them about a close friend's death.
- **A Re-Entry worker gives a hug to a client after he shares news that he's been approved for parole.**

Emotional and Psychological Boundaries

Violations of Emotional and Psychological Boundaries

- A provider uses client disclosures and/or information to satisfy their own emotional and dependency needs.
- A provider uses psychologically manipulative behaviors to:
 - intentionally or unintentionally gain more control of the situation.
 - be perceived as the more powerful person within the situation.

Examples of Emotional Boundary Violations

- **An educator tells his students that he will be working more closely with those that have misused opioids and methamphetamine since they more likely have brain damage and will need more attention.**

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- An educator tells his students that he will be working more closely with those that have misused opioids and methamphetamine since they more likely have brain damage and will need more attention.
- **A counselor talks about her own trauma history telling participants that the past is no excuse for substance misuse and criminal behavior in a “Trauma and Resilience” group.**

Examples of Emotional Boundary Violations

- An educator tells his students that he will be working more closely with those that have misused opioids and methamphetamine since they more likely have brain damage and will need more attention.
- A counselor talks about her own trauma history telling participants that the past is no excuse for substance misuse and criminal behavior in a “Trauma and Resilience” group.
- **A “fill-in” Officer for the RSAT Program demands participants call him “Daddy” whenever he is working a shift in the unit or relieving the regular RSAT Officer.**

“Are my actions more about my needs than about the needs of the participant?”



Examples of Psychological Boundary Violations

- **During an intake interview with a RSAT participant, a case manager answers the phone several times to talk with the Classification Director and ADS of Special Management Team.**

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Examples of Psychological Boundary Violations

- During an intake interview with a RSAT participant, a case manager answers the phone several times to talk with the Classification Director and Special Sheriff.
- An RSAT Officer tells participants in front of others that “You aren’t doing anything in this program. I think you need some time in isolation.”
- **A medical staff member shares his thoughts with security staff in front of participants during med-line about the Black Lives Matter movement, immigration policies, and firearm preferences.**

Sexual Boundaries

Violations of Sexual Boundaries

- Any type of sexual behavior, ***whether or not it includes physical contact***, between provider and participant.
- Any type of inappropriate sexual innuendo or language between provider and participant.
- Any type of inappropriate clothing worn by the provider within the workplace.

Bureau of Justice Statistics

Staff-on-inmate sexual victimization includes sexual misconduct or sexual harassment perpetrated on an inmate by staff. Staff includes an employee, volunteer, contractor, official visitor, or other agency representative.

Staff sexual misconduct includes any consensual or nonconsensual behavior or act of a sexual nature directed toward an inmate by staff, including romantic relationships. Such acts include:

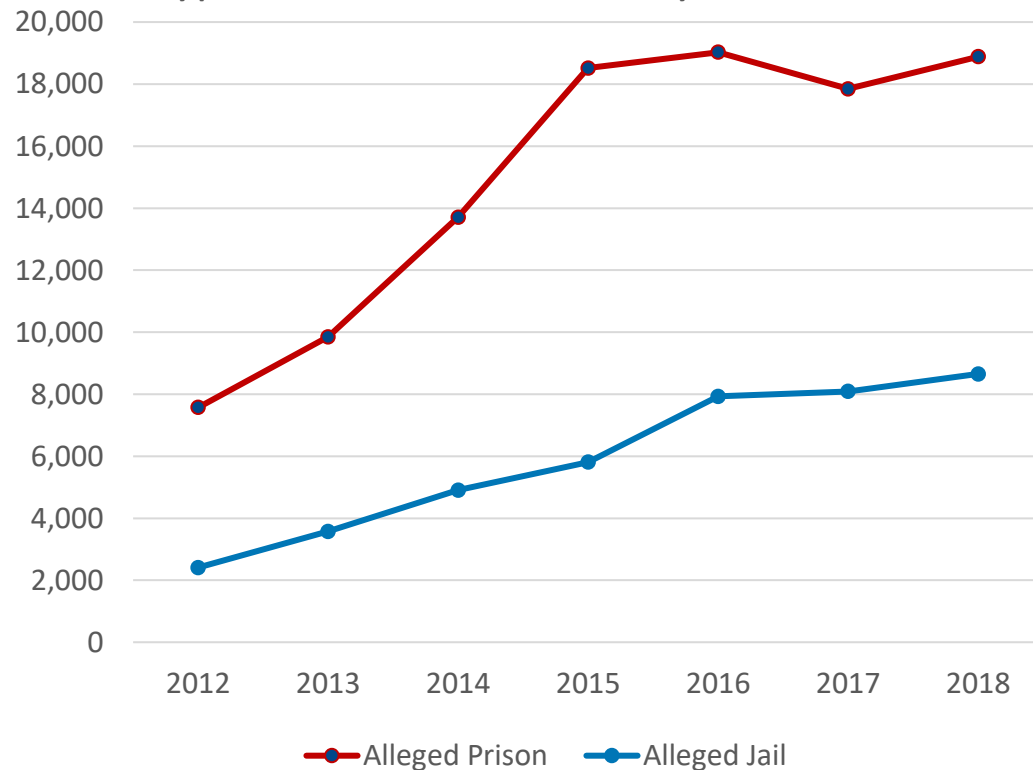
- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire.
- Completed, attempted, threatened, or requested sexual acts.
- Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.

Staff sexual harassment includes repeated verbal comments or gestures of a sexual nature to an inmate by staff. Such statements include:

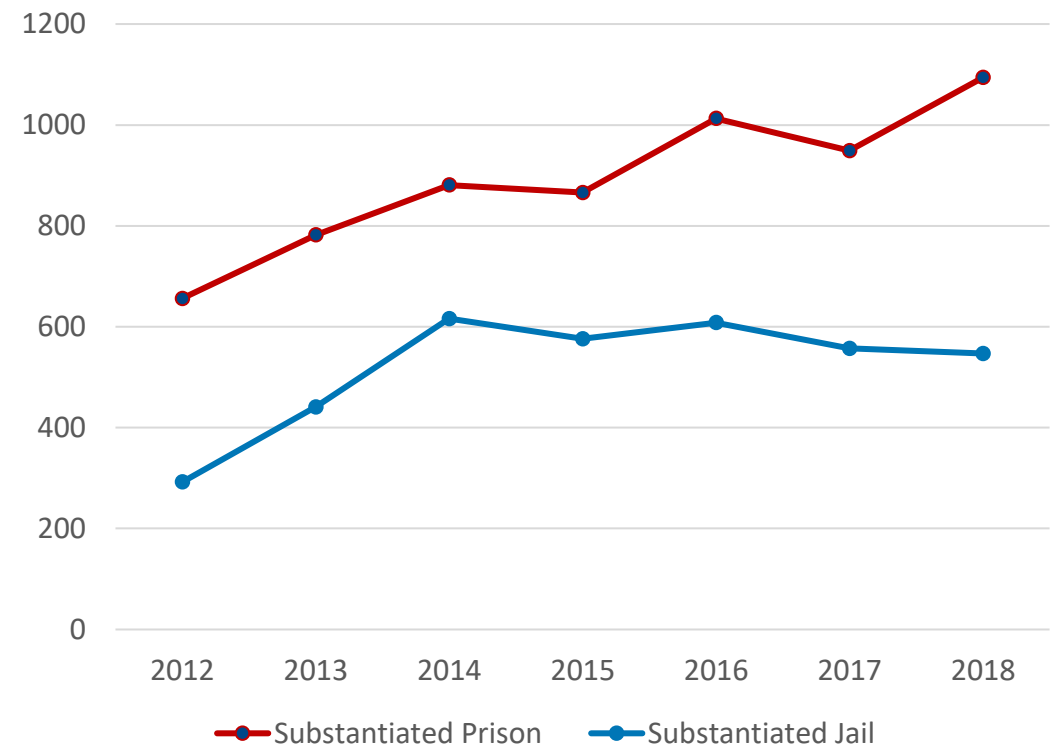
- Demeaning references to an inmate's gender or sexually suggestive or derogatory comments about his or her body or clothing.
- Repeated profane or obscene language or gestures.

Bureau of Justice Statistics

Allegations of sexual victimization, by type of correctional facility, 2012-2018



Substantiated incidents of sexual victimization, by type of adult correctional facility, 2012-2018



Source: [Bureau of Justice Statistics, Survey of Sexual Victimization in Adult Correctional Facilities, 2012–2018 – Statistical Tables](#)

Note: Excludes inmate-on-inmate sexual harassment; excludes military prisons, dedicated U.S. Immigration and Customs Enforcement facilities, and Indian country jails.

Examples of Sexual Boundary Violations

- **A RSAT clinician questions a participant about details regarding past sexual relationships although there are no questions on RSAT assessment instrument about such issues.**

Examples of Sexual Boundary Violations

- A RSAT clinician questions a participant about details regarding past sexual relationships although there are no questions on RSAT assessment instrument about such issues.
- **A RSAT educator winks and blows kisses to several participants as they leave the classroom.**

Examples of Sexual Boundary Violations

- A RSAT clinician questions a participant about details regarding past sexual relationships although there are no questions on RSAT assessment instrument about such issues.
- A RSAT educator winks and blows kisses to several participants as they leave the classroom.
- **A RSAT Officer talks to a participant about sexual frustrations with her spouse and asks them if they find her sexually attractive.**

Prevention of Sexual Misconduct

National PRC - PREA (Prison Rape Elimination Act) Resource Center

- Training and technical assistance (TTA) provided to:
 - Achieve sexual safety in state, local, and tribal agencies.
 - Implement PREA standards in correctional facilities.
 - Support Department of Justice (DOJ) audits.
- Maintains [National PRC Resource library online](#) that includes:
 - Webinars, publications, and templates.
 - [PREA Peer Education – Innovative Approach to Resident Education.](#)

NATIONAL
PREA
RESOURCE
CENTER

Prevention of Sexual Misconduct

- All staff should receive regular clinical supervision.
- All staff should participate in frequent trainings around the following topics:
 - PREA
 - Diversity, Equity, and Inclusion
 - Ethics and Boundaries
 - Sexual Harassment
 - Cultural Competency
- Staff need to feel empowered to interrupt, disrupt, or deescalate a potential situation of sexual misconduct.
 - Talk to participant or staff who was target of sexual victimization.
- Follow your facility's procedure and document any comments and concerns made by a participant and/or colleague relative to alleged sexual victimization, misconduct, and harassment.

The Gray Areas

The Gray Areas



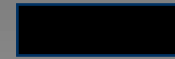
Once boundary violations begin, they often increase in frequency, severity, and the number of people involved.

The Gray Areas

Self Disclosure



- Using personal experience as guiding life lessons can add credibility and be helpful on a more personal level.



- Inappropriate disclosure may occur because of deep-rooted emotional or dependency needs.

The Gray Areas – Self Disclosure

- Is it consistent with participant's treatment needs and goals?
- Is it consistent with RSAT Program's theoretical orientation and the Facility's Mission Statement?
- Is it reflecting your own personal needs or the needs of the participant?
- What is your assessment of the possible risks and benefits of self-disclosure?
- Does self-disclosure represent a significant departure from your usual practice?
- Would you hesitate to discuss the disclosure with your supervisor, or document it in participant's progress notes? If so, why?
- Who benefits from the disclosure?

The Gray Areas

Slippery Slope

- Over-familiarity
- Gift giving and receiving
- Keeping secrets
- Favors



The Gray Areas

Dual Relationships

- Dual relationships occur when provider and participant are engaged in a relationship other than that of provider-participant such as:
 - Social, professional, sexual, emotional relationships.
- Providers should not engage in other roles or relationships with participants that may:
 - Impair judgment and objectivity.
 - Affect ability to render effective services.
 - Result in harm and exploitation to participants.

Action Planning

Warning Signs that Professional Boundaries May be at Risk

- I frequently think of the participant when I am away from work.
- I spend time with the participant outside of my work area.
- I share personal information with the participant.
- I have unnecessary or out of proportion concern for the participant.
- I am defensive of the participant or my interactions with the participant.
- I advocate and work more for this participant more than others.
- The participant could, or has, hurt my feelings.

Warning Signs that Professional Boundaries May be at Risk

- I am flirtatious or have overt sexual content in my interactions with the participant.
- I feel I understand the participant better than other staff.
- I feel that I can help the participant better than other staff.
- I touch the participant more or differently than other participants.
- The participant can only work with me.
- The participant waits for me to be available rather than work or talk with other staff.
- I am willing to accept secrets and gifts from this participant.

Decision Making about Professional Boundaries

Questions to ask when unsure if Professional Boundaries are being compromised:

- Is this being done in the best interests of the participant or some other motivation?
- Whose needs are being served?
- Is there anger, frustration, or resentment felt about the participant or for another reason?
- Is the participant being treated differently than usual?
- How would interactions with the participant be perceived by:
 - Supervisor(s) and clinical supervisor?
 - The participant's family and partner?
 - Provider's family, partner, close friends?
 - Provider's colleagues?
 - Provider's licensing agency or other professional board?



Decision Making about Professional Boundaries

- Pay attention to uneasy feelings, doubts, or confusion during or right after a possible boundary violation.
- Talk to another staff member, supervisor, clinical supervisor about possible boundary violation.
- Ask for support and guidance as soon as possible after a possible boundary violation.
- Document situations that may represent potential violations of professional boundaries and follow facility procedures.

Professional Conduct and Boundaries

- Examine boundaries with others and reflect on how they might affect work with participants.
- Be aware and mindful of boundaries with co-workers.
 - Overlapping roles with colleagues may make boundary setting even more difficult.
- Obtain professional counseling and other support when needed.
 - Working in corrections is emotionally and physically difficult and can sometimes be traumatic.

Prevention of Professional Boundary Violations

Training

- PREA, Sexual Harassment, Ethics, Diversity Equity, and Inclusion (DEI), and Cultural Competency.

Clinical Supervision / Peer Supervision

- Participate in consistent clinical supervision from licensed professional.
- Schedule regular peer supervision with other treatment and correctional colleagues.

Chain of Command

- Utilize supervisors as a source of information and keep them informed of problematic situations as they arise.

Codes of Conduct

- Be familiar with your professional codes of conduct, codes of ethics, facility rules and regulations, and follow them.

Prevention of Professional Boundary Violations - Trainings

Empower the Bystander

- Disrupt, interrupt, and check-in with person who was target of misconduct.

I heard what he said to you. Are you okay?

Encourage Civility

- Organizations need to create a culture in which staff and people who are incarcerated are treated with respect.



Train Seriously and Often

- Longer trainings provide opportunities for experiential learning, role plays, feedback and discussion.

Encourage Reporting of Boundary Violations and Misconduct

- The more reporting of the “slippery slope” behaviors, the more opportunity to help and support staff before there is escalation to more severe misconduct.

Prevention of Professional Boundary Violations – Code of Ethics

The Association for Addiction Professionals (NAADAC) – Code of Ethics

- https://www.naadac.org/assets/2416/naadac_code_of_ethics_112021.pdf.
- Updated in 2021.

National Association of Social Workers (NASW) – Code of Ethics

- <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>.
- Updated in 2021.

National Board for Certified Counselors (NBCC) – Code of Ethics

- <https://www.nbcc.org/ethics>.

American Counseling Association (ACA) – Code of Ethics

- https://www.counseling.org/docs/default-source/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=fde89426_5.

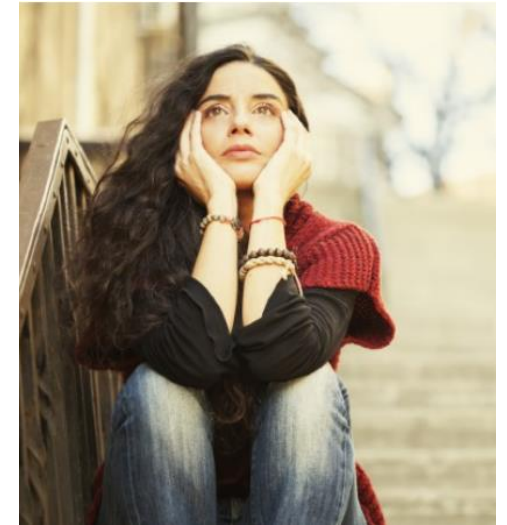
Summary

- Accept the complexity of maintaining boundaries.
- Admit when you have experienced a boundary dilemma.
- Disrupt, interrupt, and deescalate when you observe a potential boundary violation.
- Wrestle with boundary dilemmas and discuss them with colleagues and supervisors.

“Whom do we serve?”



“Do no harm.”



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QUESTIONS

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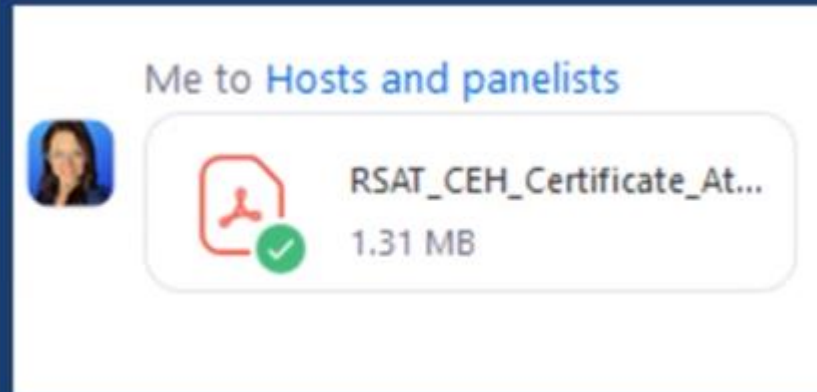


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1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals



Pass 10-question quiz with 7 correct answers



Download certificate upon completion of the quiz

February 23, 2022 RSAT webinar CEH quiz link:

<https://survey.alchemer.com/s3/6740138/February-23-2022-RSAT-Webinar-CEH>

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