

# *WELCOME* to the Residential Substance Abuse Treatment (RSAT) Training and Technical Assistance (TTA) National Resource Center

## *Ethical Issues and Professional Boundaries with Justice-Involved Individuals*

---

*Roberta Churchill, M.A., LMHC  
Advocates for Human Potential, Inc.*



*This project was supported by grant No. 2016-MU-BX-K021 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.*

# ***Ethical Issues and Professional Boundaries with Justice-Involved Individuals***

**Moderator**

**Stephen Keller**

**Training/TA Coordinator, RSAT-TTA**

Roberta Churchill, M.A., LMHC,  
[rchurchill@ahpnet.com](mailto:rchurchill@ahpnet.com)

---

Advocates for Human Potential, Inc.  
[www.ahpnet.com](http://www.ahpnet.com)

# Course Objectives

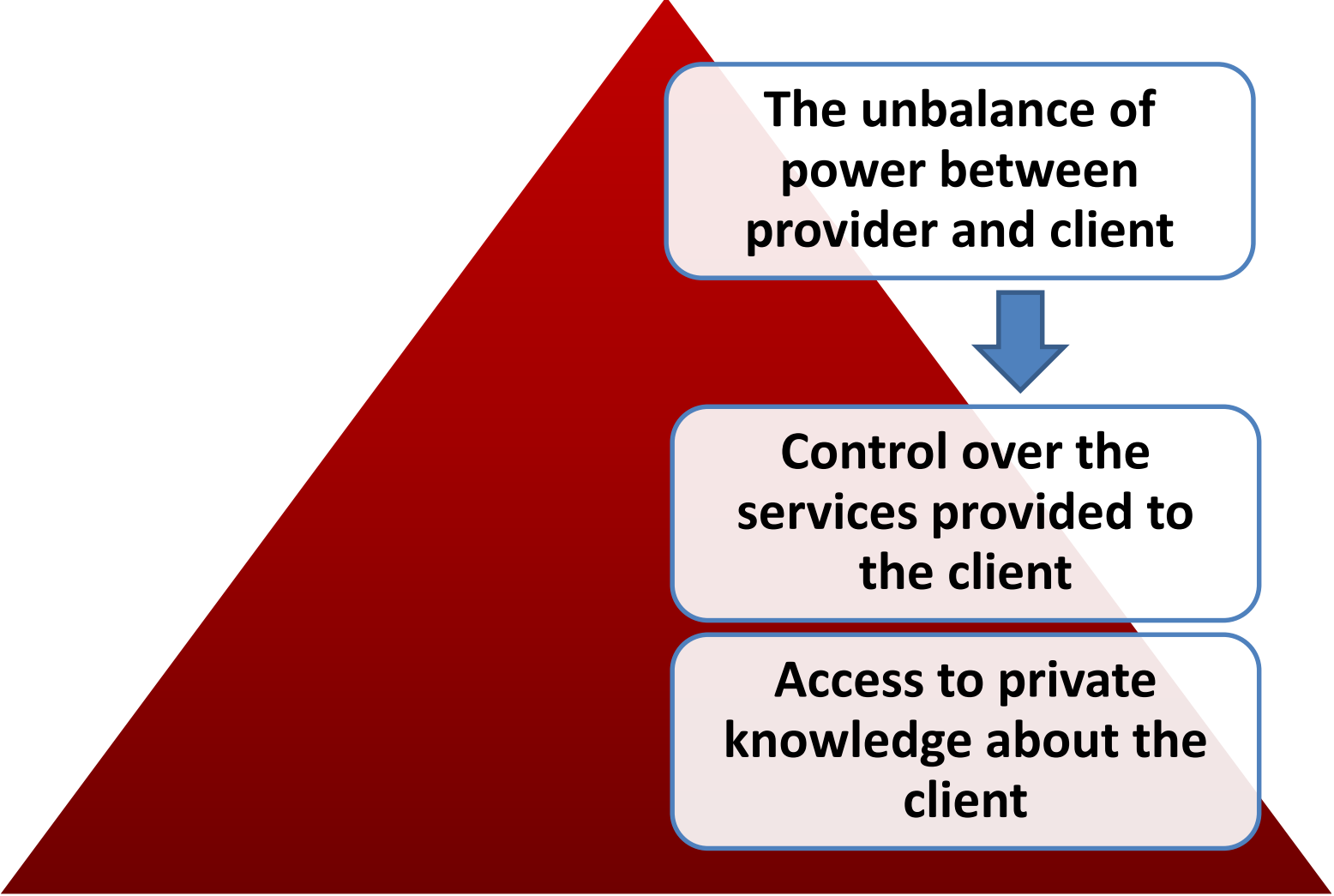
**Upon completion of this presentation, participants will be able to :**

- Define the concept of “power differential”
- Identify three types of boundaries and describe their relevance when working with justice involved individuals
- List three warning signs that boundaries may be at risk of being crossed / compromised
- Develop a plan of action if boundaries are in danger of becoming unprofessional / boundaries have been crossed

# THE PROVIDER-CLIENT RELATIONSHIP

---

# The Power Differential



**The unbalance of  
power between  
provider and client**

**Control over the  
services provided to  
the client**

**Access to private  
knowledge about the  
client**

# Examples of the Power Differential

- **Staff set the time and place:** Set / changes schedules, begin / end classes, decide where / how to run groups, when / how drug testing occurs
- **Staff set the stage:** Can arrange seating, change classroom, allow / deny participants to leave classroom, etc.
- **Staff have the right to ask questions:** Ask clients questions in the course of their work, but do not necessarily answer all clients' questions

# Examples of the Power Differential (2)

- **Staff maintain anonymity:** Know much more about justice involved clients than they know about staff
- **Staff have power to label, name and diagnose:** Interpret, analyze, recommend and review progress of clients; this can affect eligibility for parole, classification and aftercare recommendations
- **Staff have authority to determine the rules of the relationship:** Review program rules, classification guidelines, probation / parole conditions, and “set the tone” for interactions



*"Because **a relationship begins with a power differential**, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships."*

(National Association of Alcoholism and Drug Abuse Counselors, Code of Ethics, 2009)

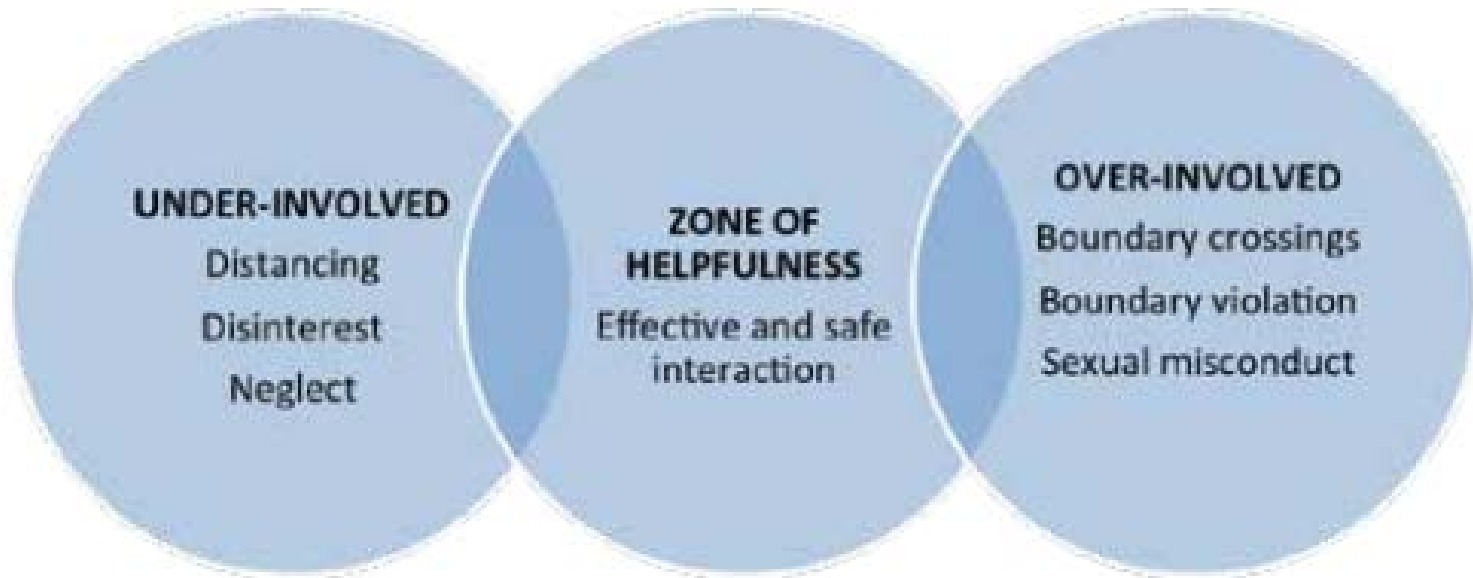
# BOUNDARIES

---

What are they?  
Where are they?  
When are they at risk?

# 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

- Hugging, hand holding, any type of intentional touching
- Aggressive / violent intent behaviors
- Invading another's "space" or personal property



# Physical Boundaries (2)

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

# Physical Boundaries (3)

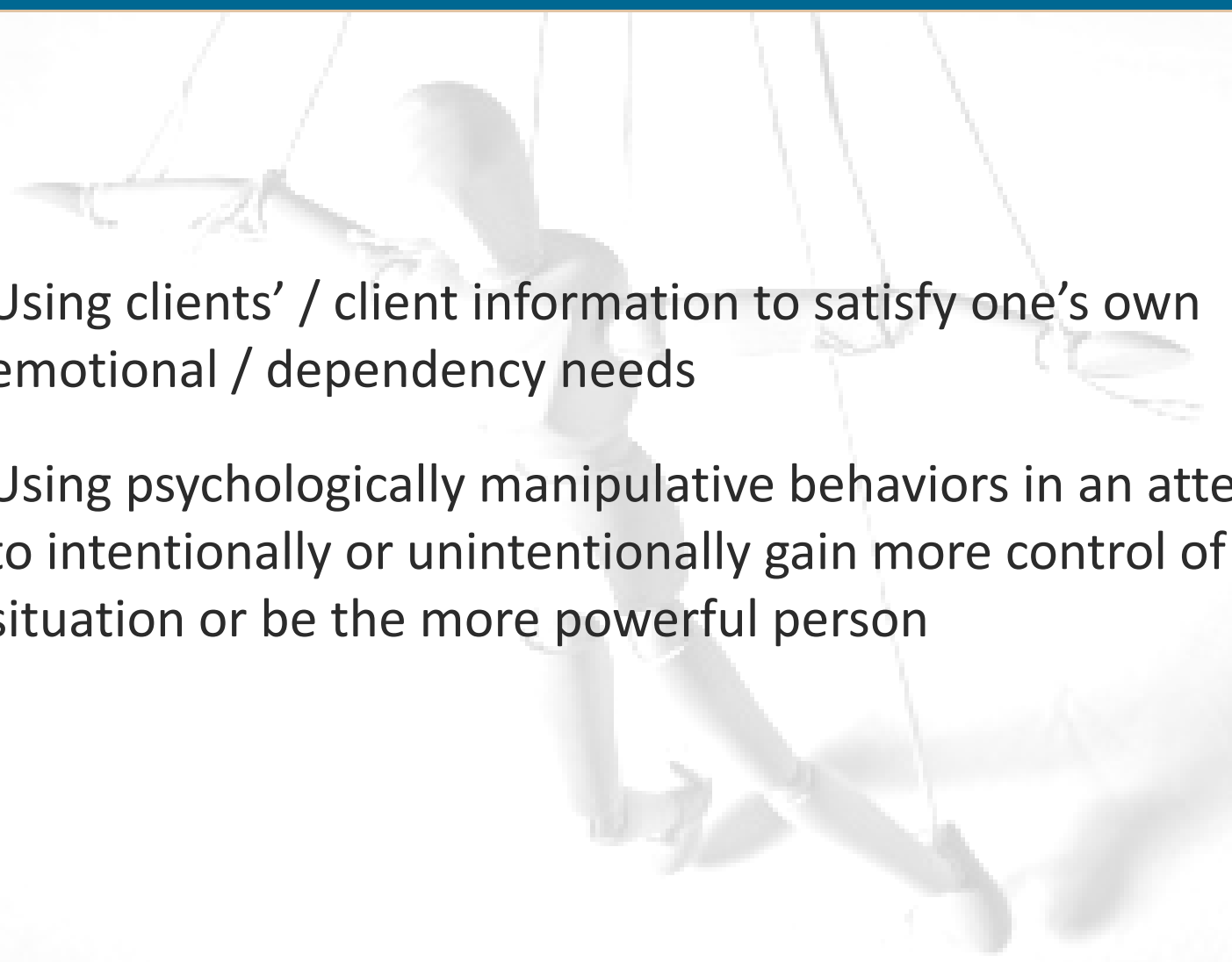
- An RSAT Officer leans over a seated resident touching his shoulder while looking over his written home-work
- **A counselor touches a client's hand as she begins to cry when telling them about a close friend's death**

# Physical Boundaries (4)

- An RSAT Officer leans over a seated resident touching his shoulder while looking over his written home-work
- A counselor touches a client'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 they receive bad news from home**



# Emotional / Psychological Boundaries

- 
- A person is shown swinging on a swing set, captured in a blurred, motion-filled state. The person is wearing a light-colored top and dark pants. The background is a bright, overexposed outdoor setting, possibly a park. The overall image has a soft, ethereal quality, with the person's form slightly faded into the background, suggesting a sense of movement and perhaps a metaphor for emotional or psychological boundaries.
- Using clients' / client information to satisfy one's own emotional / dependency needs
  - Using psychologically manipulative behaviors in an attempt to intentionally or unintentionally gain more control of the situation or be the more powerful person

# Emotional Boundaries

- **A “fill-in” Officer for the RSAT Program makes the community members call him “Daddy” whenever he is working a shift in RSAT or relieving a RSAT Officer.**

# Emotional Boundaries (2)

- A “fill-in” Officer for the RSAT Program makes the community members call him “Daddy” whenever he is working a shift in RSAT or relieving a RSAT Officer.
- **An educator tells his students about his close friendship with the Warden and stories about their hunting trips together.**

# Emotional Boundaries (3)

- A “fill-in” Officer for the RSAT Program makes the community members call him “Daddy” whenever he is working a shift in RSAT or relieving a RSAT Officer.
- An educator tells his students about his close friendship with the Warden and stories about their hunting trips together.
- **A facilitator shares the gruesome details of his divorce during a Healthy Relationships group with clients**

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



# Psychological Boundaries

- **An RSAT Officer shames a resident in front of others -  
“You aren’t doing anything right in this Unit. Maybe you need some time in isolation.”**

# Psychological Boundaries (2)

- An RSAT Officer shames a resident in front of others - “You aren’t doing anything right in this Unit. Maybe you need some time in isolation.”
- **During an intake interview with a client, a staff member answers the phone several times.**

# Psychological Boundaries (3)

- An RSAT Officer shames a resident in front of others - “You aren’t doing anything right in this Unit. Maybe you need some time in isolation.”
- During an intake interview with a client, a staff member answers the phone several times.
- **A medical staff member laughs about his favorite video games that involves shooting Middle-Eastern terrorists with an RSAT Officer while a Muslim program participant is saying daily prayers a few feet away.**



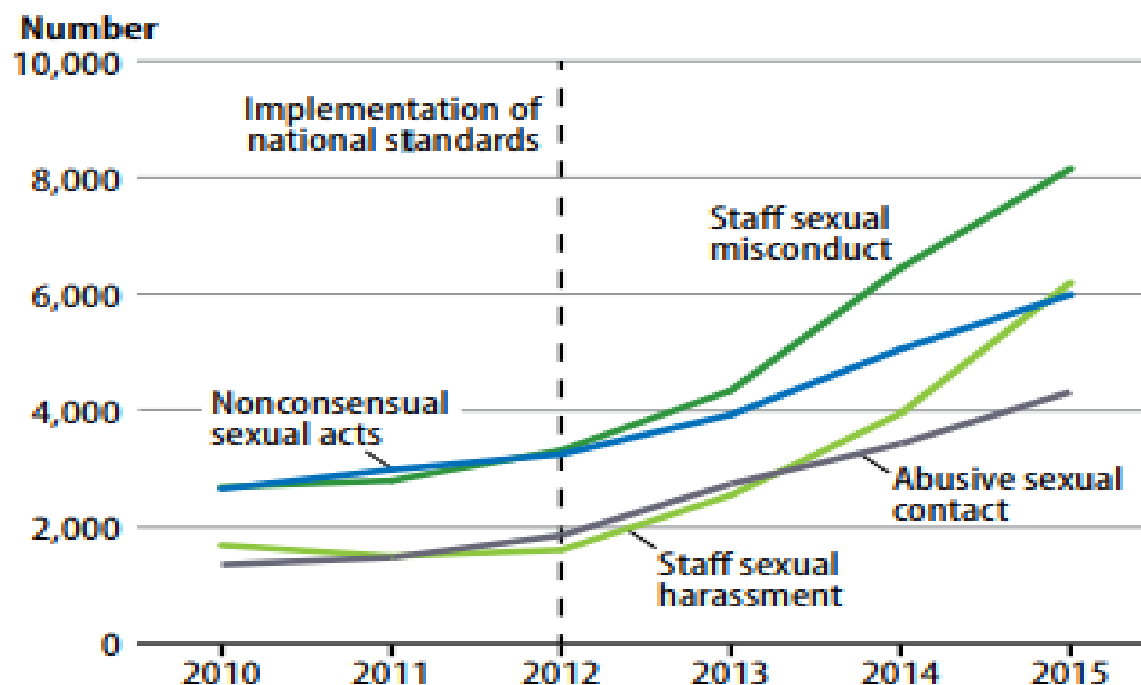
# Sexual Boundaries

- Any type of sexual behavior (touching or not) in the office
- Any type of inappropriately sexual innuendo or language with clients
- Any type of inappropriate clothing in the office



# Sexual Boundaries (2)

**FIGURE 3**  
National estimates of allegations of sexual victimization in adult correctional facilities, by type of victimization, 2010–15



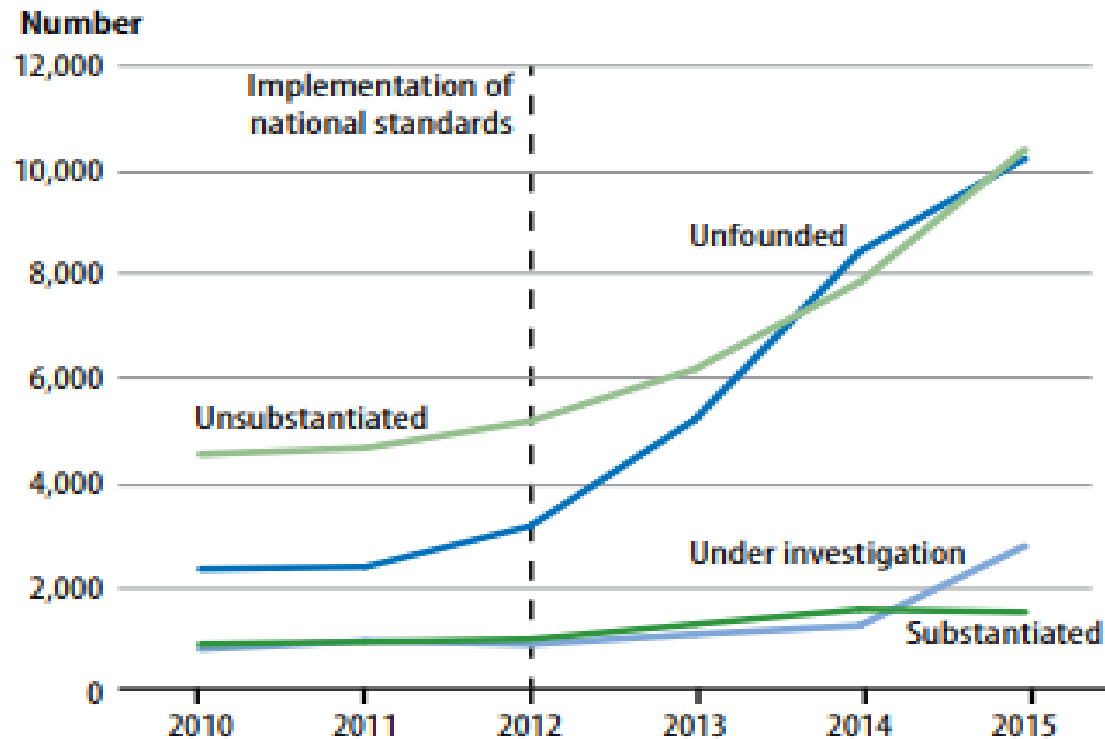
Note: Excludes inmate-on-inmate sexual harassment. See appendix table 5 for estimates and standard errors.

Note: Excludes inmate-on-inmate sexual harassment. See appendix table 5 for estimates and standard errors.

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2010–15.

# Sexual Boundaries (3)

**FIGURE 2**  
**National estimates of outcomes of alleged sexual victimization in adult correctional facilities, 2010–15**

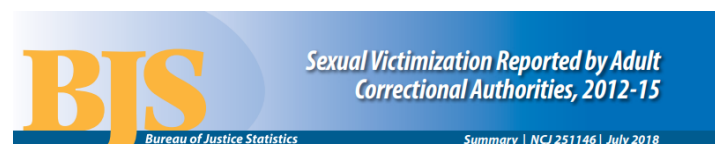


Note: Excludes inmate-on-inmate sexual harassment. See appendix table 2 for estimates and standard errors.

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2010–15.

# Sexual Boundaries (4)

- **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.



<http://www.bjs.gov/index.cfm?ty=pbdetail&iid=6326>

# Sexual Boundaries (5)

- **A counselor winks at a client seductively during group**

# Sexual Boundaries (6)

- A counselor winks at a client seductively during group
- **An intake worker asks about a client's past sexual history that has nothing to do with current treatment or classification**

# Sexual Boundaries (7)

- A counselor winks at a client seductively during group
- An intake worker asks about a client's past sexual history that has nothing to do with current treatment or classification
- **An Officer talks to a resident about his sexual frustrations with his spouse**

# Prevention and Avoidance of Sexual Misconduct

## Do not use:

- Gestures, tone of voice, expressions or any other behavior that a client could interpret as seductive, sexually demeaning or sexually abusive

## Refrain from:

- Treating a client with whom you have had a previous intimate relationship

## Do not:

- Make sexualized comments about a client's body or clothing; sexualized or sexually demeaning comments to a client

## Do not:

- Criticize sexual orientation; ask details of sexual history – unless it's part of your job



# Prevention and Avoidance of Sexual Misconduct (2)

## Do not:

- Engage in inappropriate “affectionate” behavior with a client; talk about your own sexual preference, fantasies, problems, etc.

## Do not:

- Request a date with a client; engage in any sexual conduct

## Learn:

- To detect and deflect seductive clients

## 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 the work day

# THE GRAY AREAS

---

The Warning Signs

# Video 1

---



# The Gray Areas (1-1)

## 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-seated emotional or dependency needs**

# The Gray Areas (1-2)

- Is it consistent with client's treatment needs and goals?
- Is it consistent with Treatment Unit's / Facility's Mission and theoretical orientation?
- Does it mainly reflect or express your own personal needs?
- What is your assessment of the possible risks, costs and downsides of self-disclosure?
- Does self-disclosure represent a significant departure from your usual practice?
- Would you hesitate to discuss this disclosure with your supervisor or document it in the client's record? If so, why?

# Video 2

---



# The Gray Areas (2-1)

## Slippery Slope

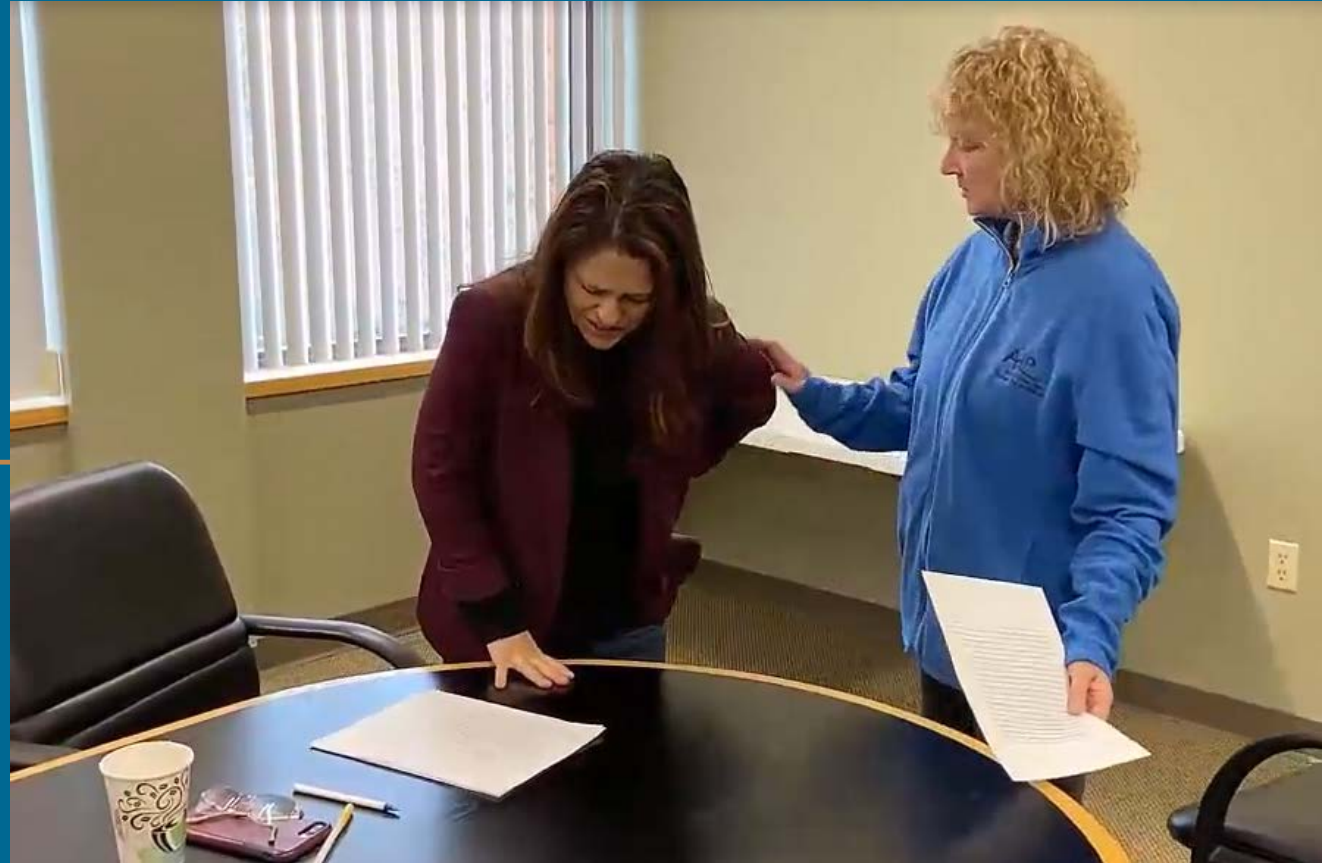
- Over-familiarity
- Gift giving and receiving
- Keeping secrets
- Favors





# Video 3

---





# The Gray Areas (3-1)

## Dual Relationships

- **When staff and client are engaged in relationships other than that of staff-client**
  - **Social, professional, sexual / emotional**
- **Staff should never engage in any role and/or relationship with a client that may:**
  - **Impair their judgment and objectivity**
  - **Affect their ability to render effective services**
  - **Result in harm and/or exploitation to clients**

Corey, G., Schneider-Corey, M., & Callanan, P. (2011). *Issues and ethics in the helping profession* (8<sup>th</sup> ed.). Belmont, CA: Brooks & Cole, Cengage Learning.

# Warning Signs that Boundaries may be at Risk

- I frequently think of this client when I am away from work
- I spend time with this client outside of work or my work area
- I share personal information with this client
- I have unnecessary or out of proportion concern for this client
- I am defensive of the client or my interaction with the client
- I advocate for this client more than other clients
- This client could / has hurt my feelings

# Warning Signs that Boundaries may be at Risk (2)

- I am flirtatious or have overt sexual content in my interactions with this client
- I feel I understand the client better than other staff
- I feel that I can help this client better than other staff
- I touch this client more or differently than other clients
- This client can only deal with me
- This client waits for me to be available rather than deal with other staff
- I am willing to accept secrets from this client

# Personal Conduct

- Examine your own boundaries – how might they affect your work with clients?
- Monitor and be mindful of boundaries with co-workers ; overlapping roles with co-workers make boundary-setting even more difficult.

# COMPETENT PROFESSIONALS

---

Making Decisions about Boundaries

# Making Decisions About Boundaries

- Am I doing this for the best of the client or some other motivation? Whose needs are being served?
- Am I feeling angry? Frustrated? Resentful? Towards the client or for other reasons?
- Am I treating this client differently?
- How would my interactions be viewed by:
  - My supervisor
  - The client's family or partner
  - My family and my partner
  - My co-workers
  - A licensing agency



# Making Decisions About Boundaries (2)

- Pay attention to any uneasy feelings, doubts, or confusion you may be having during or right after a possible boundary crossing.
- Talk to another staff member, your supervisor, or your clinical supervisor about a possible boundary crossing.
- Document (as necessary), acknowledge, consider an apology.



# Competent Professionals

**Receive routine Clinical Supervision:** be familiar with your code of ethics / agency rules and follow them

**Respect Chain of Command:** use Supervisors as a source of information; keep them informed of problems and/or questions

**Document, Document, Document:** if it's not in writing, it never happened

**Crisis judgment:** protect yourself, report, respond properly, document, follow procedure



# Competent Professionals (2)

- Accept the complexity of maintaining boundaries
- Admit when you have boundary dilemmas
- Wrestle with these dilemmas and discuss them with colleagues

“Who do we serve?”



“Do no harm.”



# References

- Bissell, L., Royce, J., (1994) Ethics for Addiction Professionals, Hazelden Educational Materials, Center City, Minnesota.
- McGuire, S. (1996) Subtle Boundary Dilemmas: Ethical Decision Making for Helping Professionals, Hazelden Educational Materials, Center City, Minnesota.
- Pope, Kenneth S. (2008) A Practical Approach to Boundaries in Psychotherapy, Journal of Clinical Psychology, 64, (5) pp. 638-652.
- Trotter, Chris (2010) Effective Supervision of Offenders, 145th International Training Course
- Trotter, Chris (2009) European Journal of Probation, 1 (2), pp. 142 – 152.
- University of Wisconsin Oshkosh (2010) Professional Boundaries for Caregivers Facilitator Guide [www.uwosh.edu/ccdet/caregiver](http://www.uwosh.edu/ccdet/caregiver)
- White, William L. (2007) Ethical Guidelines for the Delivery of Peer-based Recovery Support Services, ATTCC / SAMHSA
- Zur, O. (2010) Power in Psychotherapy and Counseling, Online Publication by the Zur Institute.

# Questions?

Type your question in the Q&A box  
on your computer screen

Speaker Contact Info:

***Roberta C. Churchill***

**[rchurchill@ahpnet.com](mailto:rchurchill@ahpnet.com)**

# Thank You for Joining Us!

*For more information on RSAT training and technical assistance visit:*

*<http://www.rsat-tta.com/Home>*

*or email Stephen Keller, RSAT TA Coordinator at [skeller@ahpnet.com](mailto:skeller@ahpnet.com)*