



ETHICS AND BOUNDARIES: RECOMMENDATIONS FOR DIRECT CARE WORKERS

A presentation for NCCMH Contract Providers

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THE ETHICAL DILEMMA

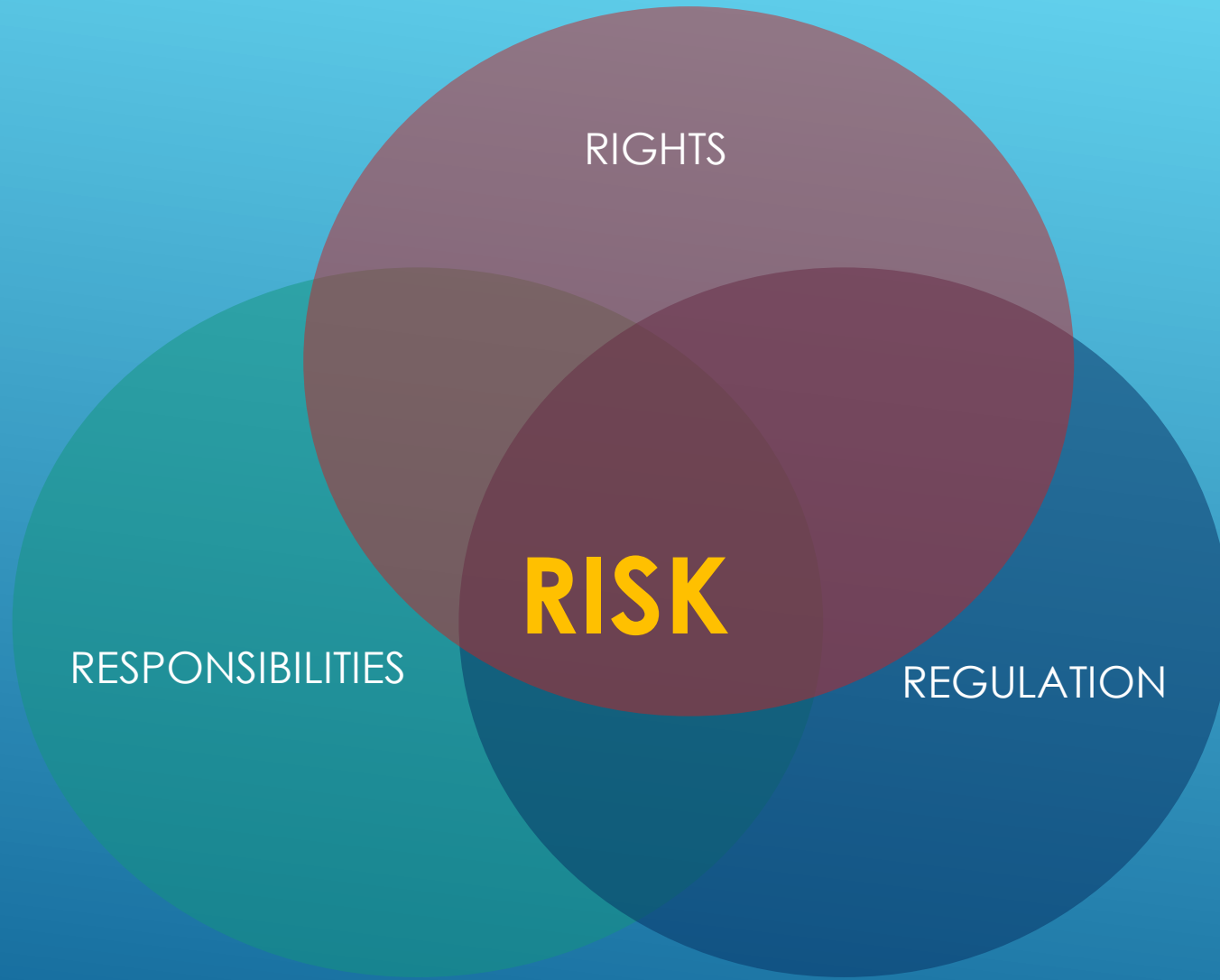
- ✓ Confidentiality/Informed Consent
 - ✓ Self Determination/Right of Choice
 - ✓ Receiving/Giving Gifts
 - ✓ Moral Beliefs
 - ✓ Obligations/Responsibilities
 - ✓ Dual Relationships
 - ✓ Legalities
 - ✓ Agency/Provider Regulation
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

APPROACH BOUNDARIES LIKE AN ETHICAL DILEMMA

- E** – Examine relevant values (yours, client's, organization's)
- T** – Think about relevant law, practice, policies
- H** – Hypothesize about possible consequences of different decisions
- I** – Identify who will be helped or harmed
- C** – Consult with supervisor & colleagues about most ethical choice

(ETHIC Model by Dr. Elaine P. Congress) FROM NCCMH COMPLIANCE TRAINING 2019





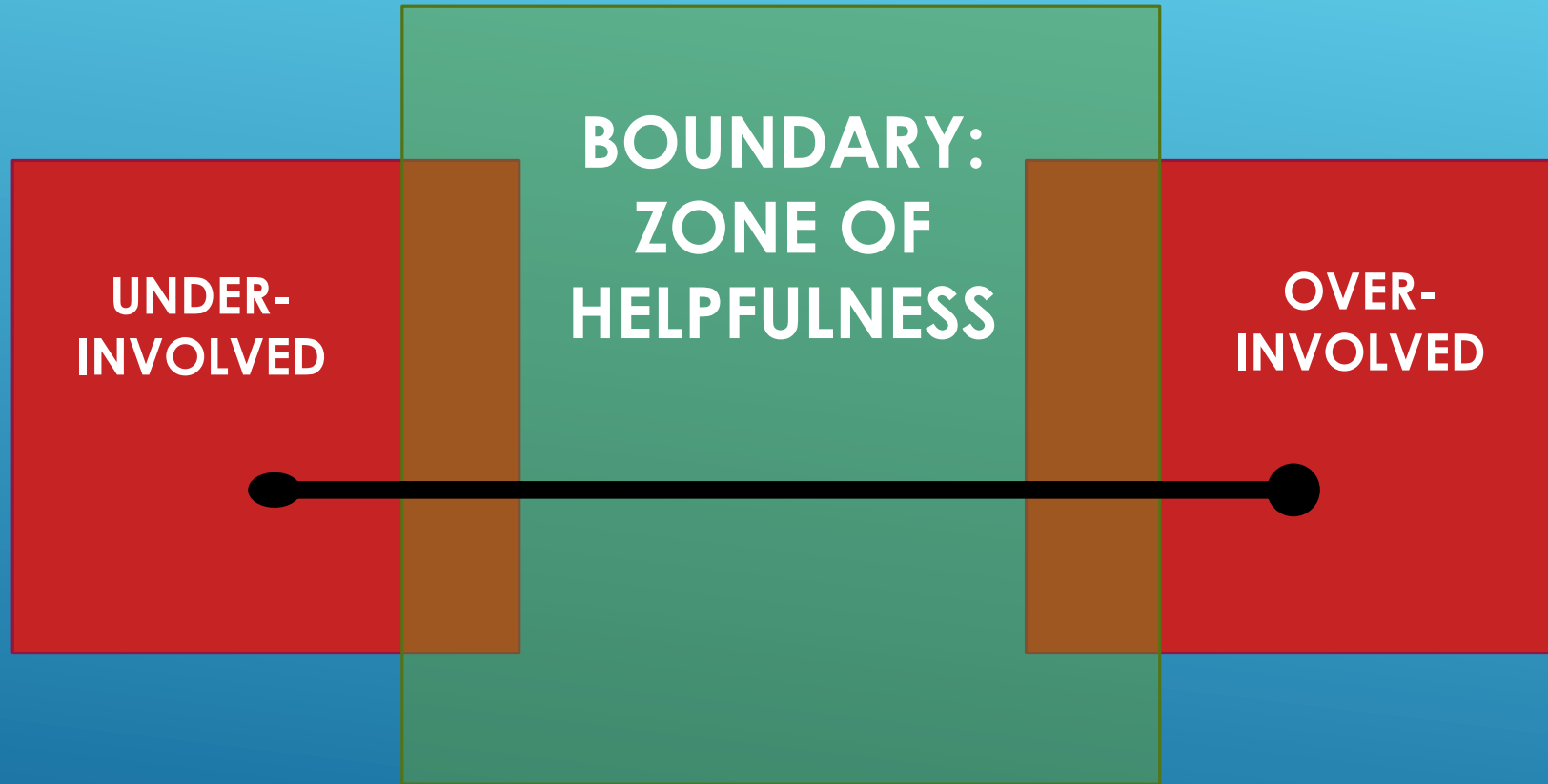
RIGHTS

RISK

RESPONSIBILITIES

REGULATION


WHERE IS THE BOUNDARY?






KNOW YOUR
BOUNDARIES

WHAT ARE PROFESSIONAL DCW BOUNDARIES?

- ✓ Clearly established limits that allow for safe connections between service providers and their clients
 - ✓ “Being with” the client, not becoming the client
 - ✓ Being “Friendly” but “Not Friends”
 - ✓ The ability to know where the DCW and the client working relationship begins and ends
 - ✓ A clear understanding of the limits and responsibilities of your role as a service provider for NCCMH, and a worker for the hiring organization.
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THE IMPORTANCE OF BOUNDARIES:

- ✓ Role modeling to the client and co-workers healthy forms of communication and professional relationships
 - ✓ Avoiding the 'rescuer' role
 - ✓ Staying focused on one's responsibilities to the client, and the provision of helpful and appropriate client services
 - ✓ Avoiding job burn-out caused by over-involvement
 - ✓ Maintaining open communication and a functioning team among various providers and/or provider staff
 - ✓ Maintaining the DCWs emotional and physical safety
 - ✓ Maintaining the client's emotional and physical safety
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WHY IS IT DIFFICULT TO ESTABLISH AND MAINTAIN BOUNDARIES?

- ✓ Dual Relationships
- ✓ Values Conflicts
- ✓ Vicarious Trauma
- ✓ Playing the “HERO” role
- ✓ Poor teamwork



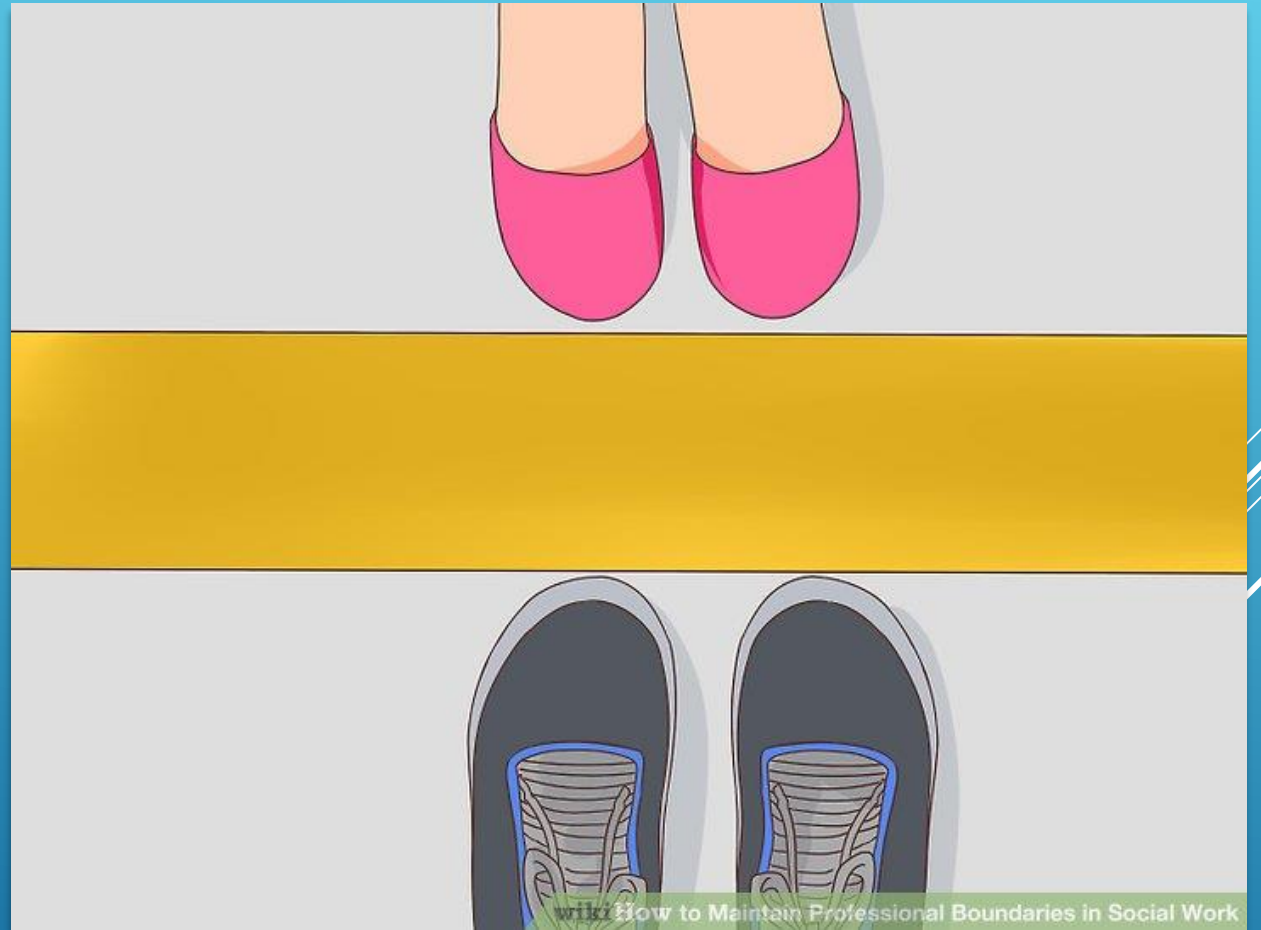
WHAT ARE THE CONSEQUENCES OF LOOSE BOUNDARIES?

- ✓ Staff burnout, general initiated by compassion fatigue that becomes unsustainable over time.
- ✓ Potential for conflicts within internal or external care teams
- ✓ Client clinical outcomes rights are at risk:
 - Inappropriate or unhelpful services
 - Can infer loss of rights
 - Overinfluences client and disallows client choice
- ✓ Client feels betrayed, abandoned or poorly served, potential leading to behaviors
- ✓ Service provider may act unethically
- ✓ Reputation of service provider or agency profession may be compromised
- ✓ DCW and Client may be emotionally or physically traumatized, leading to actual loss of client rights, employee dissatisfaction or termination/labor turnover.

CROSSING THE BOUNDARY VS. BOUNDARY VIOLATION

A boundary crossing is a deviation from classical direct care worker activity that is harmless, non-exploitative, and possibly supportive of the client's plan of service. There is no possibility of loss of client rights.

A boundary violation is harmful, or potentially harmful, to the patient and possibly also the service provider. It constitutes exploitation of the patient, and/or loss of client rights. It customarily clearly demonstrates lack of ethical behavior and compliance with (risk prohibiting) provider policy and procedure. There is no relationship between this action and meeting the needs of the client. The client does not come first in this interaction. Actions are unethical.



WARNING SIGNS OF POTENTIAL 'BOUNDARY CROSSINGS'

- ✓ Client and worker begin referring to each other all the time as friends.
- ✓ Service Providers receive gifts from, or give gifts to, clients including financial gifts, clothing, household items, special foods, etc.
- ✓ Client has or is asking for service provider's home phone numbers, address, or other personal information.
- ✓ Client has or expects service provider to socialize with him/her outside of the professional setting
- ✓ Service provider reveals too much personal information about themselves to the client, ie personal finances, relationship issues, family issues, religious values, etc.
- ✓ Service provider is unable to sleep due to anxiety relating to a client's situation.
- ✓ Discussion regarding work or clients dominates a service provider's conversations and social interactions with their own friends and family.
- ✓ Service provider offers to provide assistance to client outside of his/her role (ie transportation, eating out, social event participation, financial assistance, shopping, etc.)

WARNING SIGNS OF POTENTIAL “BOUNDARY VIOLATIONS”

- ✓ Disclosure/sharing of worker’s personal contact information
- ✓ Disclosure/sharing of worker’s social media accounts
- ✓ Worker’s warm nature leads to physical connection such as hugging, embracing upon greeting, kissing, rubbing shoulders, hands or face to comfort and support client.
- ✓ Lengthy personal phone calls between service provider and client during off-shift hours
- ✓ Worker spends inordinate amount of time with client during shift, and off shift in community settings (especially those not related to client IPOS goals.
- ✓ Worker dresses provocatively on days scheduled to work with client
- ✓ Worker freely shares personal experiences with client related to client’s diagnosis, challenges, and needs
- ✓ Worker becomes financially involved in supporting client
- ✓ Worker freely shares personal life and relationship experiences with client/guardian
- ✓ Worker engages in use of tobacco, drugs and/or alcohol with client
- ✓ Co-workers talk about the worker and his/her relationship(s) with specific clients.
- ✓ Client’s own family/friends begin to talk about amount of time worker spends with client, or information about client that worker has shared.

LIMITING THE NUMBER OF BORDER CROSSINGS/VIOLATIONS

SOURCE INFORMATION:

- ✓ NCCMH AGENCY POLICIES, PROCEDURES AND GUIDELINES
- ✓ MEDICAID MANUAL
- ✓ MENTAL HEALTH CODE
- ✓ PROVIDER CONTRACT
- ✓ TRAINING



DO YOU HAVE WRITTEN POLICIES AND PROCEDURES?
DO YOU REQUIRE DCW TRAINING ON SAME?

CONTRACT REQUIREMENTS:

(Section II – Services, Section V – Administrative Responsibilities)

II.J. The **CONTRACTOR** is expected to fully comply with all policies, procedures and expectations for case management, care management, care coordination and clinical services as outlined by the **BOARD**.

V.E. The NMRE must have written policies and procedures for maintaining the confidentiality of all protected information. ATTACHMENT C, Confidentiality and Disclosure of Patient Information, is attached hereto and is considered a part hereof.

V.F. The **CONTRACTOR** shall guarantee full and complete compliance with **BOARD** policies and procedures regarding the duties of the rights advisory and observance of the proper procedure for guaranteeing full and complete execution of those rights on behalf of service recipients.

V.I. The **CONTRACTOR** affirms that no principal, representative, agent or employee of the **CONTRACTOR** or anyone acting on behalf of or legally capable of acting on behalf of the **CONTRACTOR** shall engage in activities which are incompatible or in conflict with the discharge of their duties and responsibilities under the contract.

REVIEW OF NCCMH POLICIES AND PROCEDURES

The NCCMH ADMINISTRATIVE MANUAL contains ...

- ✓ HIPAA PRIVACY RULE
- ✓ ABUSE AND NEGLECT POLICY
- ✓ CONFIDENTIALITY USE AND DISCLOSURE POLICY
- ✓ CUSTOMER SERVICE POLICY
- ✓ CODE OF ETHICS POLICY
- ✓ CODE OF CONDUCT POLICY
- ✓ CONFLICT OF INTEREST POLICY
- ✓ DIGNITY AND RESPECT POLICY
- ✓ INFECTION CONTROL AND SAFETY MANUAL
- ✓ RESIDENT LABOR POLICY
- ✓ TOBACCO AND DRUG USE POLICY
- ✓ VEHICLE USE POLICY (GOVERNS AGENCY OR PERSONAL VEHICLES USED FOR AGENCY BUSINESS)

The above is carried through into the

- ✓ EMPLOYEE HANDBOOK

REQUEST COPIES BY EMAILING llaporte@norcocmh.org

MDHHS, MEDICAID,
MENTAL HEALTH CODE,
LAWS, LICENSING RULES,
ACCREDITATION REQs.

**NCCMH POLICIES &
PROVIDER CONTRACT**

POLICIES

PROCEDURES

PROVIDER

**EMPLOYEE
HANDBOOK &
EMPLOYEE SIGNOFF**

**TRAINING &
SUPERVISION**

INFORMATION SOURCES:

NCCMH ADMINISTRATIVE MANUAL, PROVIDER MANUAL, AND PROVIDER CONTRACT, ORR, COMPLIANCE TRAINING

MEDICAID MANUAL

MENTAL HEALTH CODE

NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW)

www.socialworkers.org

Washington, DC

Ethical Guidelines, Code of Ethics, Training

NATIONAL ALLIANCE FOR DIRECT SERVICE PROFESSIONALS

www.nadsp.org: check out <https://www.nadsp.org/ethics-competency/>

Code of Ethics, Competency Standards

SMALL GROUP DISCUSSION QUESTIONS:

1. What are the risks: Identify Border Crossing or Violation issues.
2. How could this boundary issue affect the client?
3. How could this boundary issue affect the worker?
4. What could the worker have done differently to establish and maintain healthy boundaries with the client?
5. What actions should the home supervisor take?



SMALL GROUP DISCUSSIONS:

Scenario #1:

Angie works in an AFC home and serves multiple clients. Jennifer, a resident of the home, has in her IPOS a goal to learn to assist more in the kitchen with cooking. Angie, a dedicated employee, pays particular attention to meeting IPOS requirements, and although not in the diet plan for the week, purchases apples and related foods to teach Jennifer how to make pie.

Angie spends an average of 3 hours a day over the next two weeks with Jennifer in the kitchen learning appropriate cooking skills. Jennifer is happy with the results of her training, produces a pie and shares it with all residents. Angie is proud of her ability to help her client, takes a selfie of the two of them with the completed pie, and posts it on Facebook. But she doesn't reveal the client's name because she knows that is not appropriate.

SMALL GROUP DISCUSSIONS:

Scenario #2:

Joseph is a young AFC resident who is outgoing and interested in making friends. He regularly asks all visitors to be a Facebook friend, and to share contact information. Many turn him down. Riley is a part time direct care worker in the home and goes to college in his off hours. Riley has friended Joseph and usually is the worker to take Joseph, and other male clients, out into the community.

During an outing, Riley remembers he forgot to take his books with him for his evening's college courses. Riley asks Joseph if he minds if they swing by Riley's home to pick up his books, and Joseph agrees. They stop at Riley's home, which Riley shares with his girlfriend. The girlfriend, not expecting visitors, has just stepped out of the shower wrapped in a towel. Joseph takes immediate interest in her appearance. However, the girlfriend is caught off guard, and runs into the bedroom to dress. When she returns to the living area, Riley and Joseph are watching TV and smoking cigarettes. After the show is over, Riley gathers his books and returns Joseph to the AFC home. Later when Riley returns home, he and his girlfriend share a good laugh over Joseph's interest in women.

SMALL GROUP DISCUSSIONS:

Scenario #3:

Jane has provided CLS services to residential clients in their own apartments for four years. She works with six different clients who she has come to know well. Each client has their own unique situation, and many share their concerns and desires for life with her. Jane is a great listener. Jane relates to the clients because she came from a nearly destitute environment. She sees how difficult it is to live off SS and Disability payments.

On her days off, Jane plans special outings for her clients. She discusses non-specific information about her clients with her friends, who donate clothing or other supplies needed by her clients.

Jane falls and breaks her leg, leaving her unable to work during her six week recuperation. During that time, Pattie, Janes co-worker, provides services to the same clients. Pattie immediately notices that all the clients are exhibiting negative behaviors towards her. One client claimed she was promised a new hoodie, and gets angry at Pattie when no hoodie arrives. The other clients are sullen and aggressive towards Pattie during Jane's recuperation.

SMALL GROUP DISCUSSIONS:

Scenario #4:

Brad was removed from his biological parents at age 10, and lived in foster homes until his adulthood. Brad is now a CLS provider and teaches vocational training and financial planning for Andrew at a day program. During their time together, Brad has disclosed to Andrew his early life difficulties which allows him to relate to Andrew and his personal situation very successfully.

Brad recognizes that his client has practically no positive support system as Andrew regularly tells Brad he feels isolated, and doesn't know how to meet people. Brad decides to introduce his client to Peter and Steve, two friends Brad has known from his prior life in foster care homes. Brad believes Peter and Steve would be strong, supportive friends and role models to Andrew. He tells Andrew that Peter and Steve could also introduce Andrew to new friends. He invites Andrew to go with him to a party at Steve's house that weekend. Saturday evening, Brad picks up Andrew in his car, and asks Andrew to contribute \$10 towards snacks and beverages for the party. Andrew is excited and complies. At the party, Andrew, trying to fit in, partakes of both alcoholic beverages and street drugs. Later, Brad drives Andrew home and drops him off at his door.