POSITION STATEMENT ON PROFESSIONAL BOUNDARIES

Purpose: The Board has prepared this position statement to assist social workers in recognizing the importance of professional boundaries in regards to contact with clients, former clients, client systems, supervisees, students, trainees, or other colleagues over whom the social worker exercises professional authority.

Background: Ethical principles affecting the practice of social work are rooted in the basic values of society and the social work profession. The principal objective of the profession of social work is to enhance the dignity and well-being of each individual who seeks its services. It does so through the use of social work theory and intervention methods including case management, advocacy, community organization, administration, and psychotherapy. In the treatment relationship, there is a power differential, which can make the client vulnerable to boundary violations. Therefore, it is the responsibility of the social worker to inform clients of the extent and nature of services available, obtain consent and terminate the professional relationship, after careful evaluation and assessment, when it is determined that the client is not likely to benefit from continued services or the services are no longer needed. While there are clear distinctions between appropriate and inappropriate boundaries in a therapeutic relationship, it is extremely difficult to establish a definitive set of circumstances under which physical touch becomes an element of sexual contact, thus the Board's establishment of this position statement.

Definition of Sexual Contact: Social workers shall not engage in sexual activities with clients or former clients. A social worker shall not engage in or request electronic, verbal, or physical sexual contact with a client or former client under any circumstances. For purposes of this rule sexual contact means behavior relating to sexual activities including but not limited to intentional touching, either directly or through the clothing [21 NCAC 63 .0504(g)].

Social workers shall be solely responsible for acting in accordance with N.C.G.S. § 90B and Title 21, Chapter 63 of the North Carolina Administrative Code in regard to relationships with clients or former clients. A client's or former client's initiation of a personal, sexual or business relationship shall not be a defense by the social worker for failing to act in accordance with G.S. 90B and Title 21, Chapter 63 of the North Carolina Administrative Code [21 NCAC 63 .0504(h)].

Practitioner Responsibilities: The expectation of the Board is that certified and licensed social workers comply with the <u>Statute [§ 90B]</u> and <u>Rules [Title 21, Chapter 63 of the North Carolina Administrative Code]</u> in the provision of services, as these principles should guide licensees conduct in the profession of social work and violation of these Rules may result in disciplinary action. It is the social worker's responsibility to ensure that professional and ethical standards are upheld, and the following practice considerations are addressed:

- 1. Compliance with the <u>Statute</u> and <u>Rules</u> governing social work practice.
- Compliance with federal, State, or local laws impacting the practice of social work [21 NCAC 63 .0503(d)].

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- 3. Maintenance of professional competencies through ongoing participation in continuing education programs and practice only within the sphere of competence. If you are not trained nor have experience working with a particular population or client group, get trained before incorporating that area of practice and obtain supervision to ensure oversight while you gain additional experience. [21 NCAC 63 .0401 and .0503(a)]
- 4. Maintenance of appropriate boundaries in all professional relationships and consultation or supervision when necessary to ensure that professional judgment is not clouded or impaired. [21 NCAC 63 .0504 and .0505]
- 5. A certified or licensed social worker who has knowledge of conduct that would constitute grounds for disciplinary action shall report the conduct to the licensing authority that oversees the healthcare provider believed to be engaged in misconduct [21 NCAC 63 .0505(5)].