

Professional Boundaries: The Foundation of Safe, Ethical Practice

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NSI Strategies

2025



NSI STRATEGIES

Consulting Support for
Integrated Healthcare Environments

Objectives

1. Define professional boundaries in community mental health.
2. Identify challenges and ethical dilemmas in maintaining boundaries.
3. Explore practical strategies to uphold boundaries while preserving connection and trust.





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In one word, how would you describe a healthy professional boundary?



Can anyone share (without naming names) a time when a lack of boundaries caused confusion or stress—for you, team, the program or a client?



Why Boundaries Matter

The Purpose of Boundaries

- **Protecting clients and staff:** Clear boundaries reduce harm, confusion, and power imbalances.
- **Therapeutic environment:** Boundaries help model consistency, predictability, and respect.
- **Preventing burnout:** They protect our emotional energy and capacity to serve over time.
- **Ethical and legal protection:** Boundaries reduce the risk of ethical complaints or litigation.



Understanding Professional Boundaries

Definition:

“Professional boundaries are the spaces between the professional’s power and the client’s vulnerability.” – NASW

Key Concepts:

- Boundaries are not about being cold or rigid—they are *clear, compassionate, and consistent limits* that promote safety and trust.
- **Boundaries are dynamic**—what’s appropriate in one setting or moment may not be in another, but our ethical framework and policies guide us.

Types of Boundaries

- **Physical** – Personal space, touch, presence in private spaces
- **Emotional** – Remaining empathic without becoming overinvolved
- **Relational** – Avoiding dual roles (e.g., client becomes a friend or employee)
- **Digital** – Managing texting, DMs, social media connections
- **Financial** – Accepting gifts, sharing personal resources



The Impact of Boundary Crossings

Impact on Clients

- Re-traumatization: Blurred or inconsistent boundaries can trigger feelings of confusion, fear, or powerlessness.
- Loss of Trust: Damages the therapeutic alliance, even if unintentional.
- Role Confusion: Clients may misinterpret the clinician's role, limiting growth and accountability.
- Guilt/Shame: Clients may feel responsible for the clinician's overextension or emotional state.



The Impact of Boundary Crossings

Impact on Staff

- Burnout & Compassion Fatigue: Emotional over-investment depletes energy and resilience.
- Ethical Risk: Increased chance of violating codes of conduct and professional boundaries.
- Emotional Entanglement: Blurred roles can cloud judgment and lead to resentment.
- Team Tension: Boundary issues can create inequity and conflict among coworkers.



The Impact of Boundary Crossings

Impact on the Organization

- Risk & Liability: Legal action, funding loss, or reputation damage may result.
- Policy Undermining: Inconsistent enforcement of boundaries weakens organizational accountability.
- Erosion of Culture: Leads to a lack of psychological safety for staff and clients.
- Mission Drift: Shifts services away from evidence-based, client-centered care.



“Clear is kind. Unclear is unkind.”

— Brené Brown

- **HIPAA:** Privacy and confidentiality—especially in shared or public settings.
- **Code of Ethics (NASW):**
 - Service, integrity, competence
 - Avoiding dual relationships
- Using supervision for ethical dilemmas
- Avoid dual relationships
- Use supervision
- Stay aware of personal values influencing professional actions



Common Boundary Challenges

- ❖ Working with clients in our communities
- ❖ Managing self-disclosure
- ❖ Navigating social media and digital boundaries
- ❖ Addressing requests for favors or personal connections



Strategies for Maintaining Boundaries

Communication Techniques

Setting Clear Expectations with Clients

- Set limits from the beginning (e.g., “I’m here to support you during business hours between 9 and 5.”)
- Clarify your role: “I’m not a friend or a family member—I’m your support staff/clinician here to help you work toward your goals.”
- Use intake meetings, written agreements, or informal conversations to clarify:
 - When and how clients can reach you
 - What you can and can’t provide (e.g., no rides, no personal errands)
 - Appropriate use of shared spaces and privacy expectations



“Say what you mean...and mean what you say.”

- **Tip: Consistency** is key—repeated boundary reinforcement builds trust, especially for clients with trauma histories.



Using Professional Language and Demeanor

- Use respectful, calm, and neutral language—even when clients are upset
- Avoid slang, over-familiarity, or “venting” to clients
- Maintain body language that communicates availability without over-intimacy (e.g., relaxed posture, open stance, appropriate eye contact)
- Dress and act in a way that signals your role as a helping professional, not a peer or friend

What does ‘professional tone’ look like on a hard day—when a client is angry or pushing your buttons?



Self-Awareness & Professionalism

Recognizing Personal Triggers and Countertransference

Trigger Awareness: notice moments when your own emotional responses spike—this may be a signal your boundaries are being tested.

Countertransference: Be alert to strong feelings that might cloud objectivity (e.g., wanting to “rescue” a client, or becoming frustrated due to a personal similarity).

- Journaling, peer consultation, and supervision are great tools to identify and reflect on these moments.

Example: “I noticed I get over-involved when clients remind me of my brother who struggled with substance use—so I bring this to supervision to stay grounded.”



Managing Compassion Fatigue and Burnout

- Burnout can blur your ability to hold firm boundaries—it may feel easier to say “yes” just to avoid conflict or emotional labor.
- Watch for red flags:
 - Over-identifying with clients
 - Dreading work or feeling emotionally numb
 - Having difficulty saying “no” or ending sessions on time
- Prioritize self-care, take breaks, and use PTO when needed
- Treat your wellness as a professional responsibility—because it is

What are your signs of burnout? What helps you reset?



Supervision & Peer Support

When and How to Seek Guidance

- Don't wait for a crisis—if a client boundary feels “off,” talk to your supervisor early
- Supervision is a **safe space to think out loud**—use it for ethical gray areas, questions about roles, or emotional reactions
- Examples of when to check in:
 - A client gives you a gift or asks for your number.
 - You're unsure if a disclosure was appropriate.
 - You feel confused, guilty, or overly responsible.
 - You are thinking about it.



Using Supervision for Boundary-Related Challenges

- Re-Frame: learning opportunity, not a failure
- Bring specifics: “A client asked for a hug after a tough session—how should I have handled that?”
- Supervisors can help you:
 - Clarify policy and expectations
 - Explore emotions and ethical concerns
 - Plan how to respond in future scenarios

Peer Support Tip: If you’re not in a formal supervisory session, check in with a trusted colleague: “Can I run something by you?”



Think about a boundary you've had to reinforce recently. What strategy worked—and what felt hard about it?



Balancing Empathy with Professional Distance

Trauma-informed care requires **compassion with consistency**. The goal is to connect without becoming overinvolved or personally entangled.

Why it matters:

- Clients with trauma histories may have experienced blurred or violated boundaries.
- Staff must model safety and trust by providing **predictable, respectful interactions**.
- Boundaries are not walls—they're bridges to safety.
- Use a warm tone, empathic reflection, and body language that communicates calm confidence

Name and Normalize Boundaries

Use clear language to explain your role and what clients can expect.

Example: “My job is to support your healing by being present and objective. That means I’ll sometimes hold limits that help us focus on your goals.”



Anchor in Trauma-Informed Principles

- Safety:** Ensure boundaries are predictable and consistent.
- Transparency:** Let clients know *why* a boundary exists.
- Empowerment:** Invite clients to co-create agreements around communication, session structure, or follow-ups.



Use Scripts for Common Challenges

- “I hear this is really important to you. Let’s save space for that in our next session so we can give it the time it deserves.”
- “I care about your progress, and part of my role is to stay within professional guidelines that protect us both.”



Practical Strategies:

- Validate without rescuing:**

“I hear how painful that was—and I want to help you think about what might support you moving forward.”

- Keep the focus on the client’s goals:**

Gently redirect conversations that shift toward your personal life or problems.

- Use “I” statements to maintain clarity:**

“I want to support you in ways that are helpful and appropriate to my role here.”

Reminder: Empathy doesn’t mean giving in to every request. Boundaries are often the most compassionate response.



Monitor the “Slippery Slopes”

- Watch for overextending: answering calls after hours, disclosing too much personal info, “bending” rules repeatedly.
- Ask yourself: *Is this in service of the client’s goals, or am I avoiding discomfort?*



Recognizing and Managing Emotional Enmeshment

Definition:

Emotional enmeshment occurs when staff begin to take on the emotional experiences of the client as their own or feel responsible for the client's wellbeing in unhealthy ways.

Signs of Enmeshment:

- Feeling overly emotionally impacted by a client's distress
- Having difficulty setting limits or saying "no"
- Thinking about the client outside work in a way that causes stress or guilt
- Prioritizing one client's needs over others or your own job responsibilities

Managing Emotional Enmeshment

What to Do:

- Name it: “I’m noticing I feel very protective of this client.”
- Reflect in supervision: Discuss your feelings before they become behavioral.
- Re-center on role: Ask, “Is what I’m doing consistent with my professional boundaries and responsibilities?”

Boundaries are not a wall—they are a bridge to safer, more respectful relationships.



Crisis Situations & Boundary Flexibility

In some situations—particularly involving **immediate risk or client safety**—flexibility is appropriate and ethically sound.

The key is to be intentional, transparent, and limited.

Examples:

- Staying past your shift to support a client in crisis
- Offering physical comfort (e.g., sitting closer or allowing brief touch like a shoulder tap) when the client is disassociating or dysregulated and it is part of an agreed-upon de-escalation strategy
- Providing transportation in rare cases if no other options are available and safety is at stake (per agency policy)

Guidelines for Flexibility

- Ask yourself: Why am I doing what I am doing?
- Is this in the client's best interest? Would I make this exception for any client in this situation?
- Use trauma-informed language: "This isn't something we typically do, but here's why I'm making an exception today..."

Exceptions should remain **rare, not routine**, and should never compromise staff or client safety.



Documenting and Justifying Boundary Crossings

- **Tell, talk, communicate**
- Documentation protects you and the client
- Shows transparency and alignment with professional standards
- Helps clarify intent and avoid future confusion

What to Include:

- What occurred (facts only)
- Why you made the decision (rationale for crossing the boundary)
- What steps you took to protect client/staff safety
- Any follow-up or discussion in supervision

Example Entry

“Client disclosed suicidal thoughts after session ended. I remained on-site 45 minutes past scheduled shift to ensure safety and coordinated with on-call clinician. Discussed boundary implications in supervision next day.”

Follow-up Tip:

Use the experience as a learning opportunity—reflect in supervision and debrief with your team.

Boundary Takeaways

- **Boundaries = Safety and Trust** – For both staff and clients
- **Types of Boundaries** – Physical, emotional, relational, digital, and financial
- **Policies Matter** – Arundel Lodge standards, NASW Code of Ethics, and HIPAA guide our practice
- **Challenges Happen** – Self-disclosure, favors, digital contact, dual relationships
- **Skills Help** – Communication, self-awareness, supervision, and peer support
- **Trauma-Informed Practice** – Boundaries must be compassionate and consistent
- **Crises Require Flexibility** – And boundaries must still be intentional and documented



Identifying Resources for Ongoing Support

- Supervision:** “Bring it to supervision before it becomes a problem.”
- Peer check-ins:** Use your colleagues to get feedback and reality checks
- Clinical leadership or HR:** For gray areas, high-stakes concerns, or potential policy breaches
- EAP or wellness programs:** For managing stress and burnout

Encouragement: “Boundaries are a shared responsibility, and support is always available.”



Action Planning

- One boundary I want to strengthen is: _____
- One thing I can do differently starting this week is:

- If I get stuck, I'll reach out to: _____



“Boundaries are not a barrier to connection—they are the structure that makes real healing possible.”

Part 2



Part 2

*= Let's
DO =
This*

1. Navigating Dual Relationships (Community Setting)

Scenario:

You run into a client at the grocery store. The client enthusiastically introduces you to their family and says, “This is my friend at Arundel! They’ve helped me so much!”

Role-Play Instructions:

- One person plays the clinician, and one plays the client.
- The client presses for personal details: “Where do you live? Do you have kids?”
- The clinician navigates the interaction professionally while respecting boundaries.

Discussion Questions:

- How can you acknowledge the client without violating confidentiality?
- How do you handle direct personal questions?
- How might this change if the client is a minor or in crisis?

2. Handling Gift-Giving

Scenario:

A long-term client gives you a handmade gift and says, “You’ve done so much for me, I just wanted to show my appreciation.” The gift appears valuable, and the client seems emotionally attached to giving it.

Role-Play Instructions:

- One person plays the clinician, one plays the client.
- The client insists, “It’s just a small token, please take it.”
- The clinician responds in a way that maintains professional boundaries while respecting the client’s emotions.

Discussion Questions:

- When is it appropriate or inappropriate to accept gifts?
- How can you decline a gift while maintaining rapport?
- What does your agency’s policy say about accepting gifts?

3. Managing Self-Disclosure

Scenario:

A client dealing with a divorce or loss and asks, “Have you ever been through something like this? I just want to know if you really understand.”

Role-Play Instructions:

- The client presses for personal details.
- The clinician practices responding with empathy while maintaining appropriate self-disclosure.

Discussion Questions:

- How can you validate the client’s experience without shifting focus to yourself?
- When (if ever) is self-disclosure appropriate?
- How can self-disclosure be used effectively in a therapeutic relationship?



4. Social Media Boundary Violation

Scenario:

A client sends you a friend request on social media and later messages you, “I hope it’s okay, I just wanted to say hi outside of sessions.”

Role-Play Instructions:

- One person plays the clinician, one plays the client.
- The client insists, “I don’t see why it’s a big deal, we already talk so much in sessions.”
- The clinician responds professionally and maintain clear digital boundaries.

Discussion Questions:

- How can you explain social media boundaries to clients?
- What agency policies should guide your response?
- How do you address a situation where a client has already seen personal content?



5. Crisis & Boundary Flexibility

Scenario:

A client you work with is facing eviction and asks if you can lend them money or let them stay at your home for a few nights. They say, “You’re the only one I trust.”

Role-Play Instructions:

- The client is emotional and desperate.
- The clinician responds with empathy while maintaining professional boundaries.
- Encourage exploration of alternative solutions and referrals.

Discussion Questions:

- How do you express care while maintaining boundaries?
- What ethical and legal considerations are at play?
- How can you support the client in accessing appropriate resources?

6. Client Attraction & Personal Feelings

Scenario:

A client begins making flirtatious comments toward you, saying, “You’re the only person who really understands me. I think you know that what we feel together is special.”

Role-Play Instructions:

- One person plays the client, one the clinician.
- The client escalates the comments, testing the clinician’s response.
- The clinician professionally address the boundary issue without shaming or alienating the client.

Discussion Questions:

- How should you handle client attraction or transference?
- What agency policies and ethical guidelines apply?
- When should you seek supervision or consultation?

Thank you!

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