An awareness of professional boundaries can be obtained through formal educational training, a review of the literature, and practice experience. For this author, an introduction to boundaries resulted from a relationship developed with an adolescent in a residential treatment facility. A professional's reflection on boundaries is shared, highlighting such areas as dual relationships and boundary confusion.

The phone rang early on the first Saturday morning that I had off in a month. It was Holly, a fifteen-year-old adolescent whom I worked with in a residential treatment facility. I immediately felt a knot in my stomach—I could tell by the tone of her voice that she was in trouble and would be requesting my assistance. How did I know this? Past experience. Over the course of the past several weeks, I had spent hours of time, patience, and money trying to assist Holly in utilizing the skills I observed while she was in the treatment facility.

Weeks prior to this phone call I was committed to do whatever I could to help Holly. After all, she was a good kid who just demonstrated poor judgment by displaying physical aggression towards a family member. However, at 8:00 a.m. on my only day off to sleep late, I felt resentful and emotionally drained by Holly’s requests. I briefly stated options when Holly told me that she had nowhere to live. Through tears she begged me to let her come and live with me. When she refused to listen to me tell her that this cannot happen, I informed her that I was hanging up, and I did. Emotions overtook me—I was glad the phone call was cut short and at the same time felt horrible that I was so cold hearted to a kid I truly cared about.

A professional boundary “is not a figurative line in the sand or any other kind of apparent demarcation but a metaphor for the rules and limits—if not the unspoken rituals—that are supposed to govern the social worker client relationship” (Goldstein, 1999, p. 435). Professional boundaries are meant to safeguard interactions predicated by client interests (Peterson, 1992). My attentiveness to and appreciation for boundaries has been challenged and strengthened through years of working with youth. Because workers are frequently not trained in the area of boundaries (Richmond & Padgett, 2002), the impetus to my self-awareness and growth in the area of professional boundaries resulted from my interactions with Holly. Sharing of my pilgrimage helps to keep me ever mindful of the importance of boundaries in the helping relationship. Therefore, it is with humility that I offer what Holly taught me about boundaries.

When I began working as a counselor, admittedly I was very uneducated about what the term “boundary” meant. For example, my understanding of the word meant that workers should ensure that no youth was physically or sexually abused. When I was hired at the treatment facility, it was stressed that no personal information about the worker’s life, past or present, was to be shared. The focus of interaction and discussion with the adolescents was based solely on their issues and on assisting them toward progression of a healthier lifestyle. It was fairly easy to adhere
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to the strict guidelines because it was the norm of the agency. And, because my frame of reference regarding boundaries was mistaken, I was accepting of how I was instructed to behave in my interactions with youth. Moreover, an incident occurred shortly after my hire where a counselor disclosed personal information to the adolescents and then lied about what she had divulged. The adolescents rebelled against the counselor, which ultimately resulted in her leaving the agency. The experience of my coworker engaged my attention—I should always keep the focus on the client.

By the time Holly was admitted into the treatment facility, I had been a counselor for several years and was considered “seasoned.” Engaging with teens, using a strength-based approach during interactions, setting firm limits, and maintaining appropriate boundaries became a customary way to work. However, whether or not a counselor was seasoned, Holly’s temperament made it especially easy to interact with her. She was polite, receptive to feedback, would take responsibility for wrong doings, and was invested in her treatment progress. It appeared that substance abuse was the basis for the aggressive behaviors Holly had demonstrated prior to entering treatment. Holly’s sobriety fostered her kind and gentle self. As a result, Holly and I quickly established an effective working relationship during the months she was in treatment.

Holly quickly progressed through the treatment program. Simultaneous with Holly’s pending discharge, I was preparing to leave the facility because I had accepted other employment. It was during this transition that my strict boundaries began to falter. The clinical staff that supervised the counselors within the agency changed. With the new modification came a shift in the agency philosophy regarding the implementation of boundaries. Consequently, counselors were expected to shed their one sided interactions with youth, interactions primarily based on reflective listening. The new mindset was to use the relationship developed with the adolescent to facilitate change. As a result, counselors could share some personal aspects of their life, such as their marital status and if they were in recovery. In addition, with the transformation in daily interactions with youth, it was permissible to give gifts to celebrate accomplishments. Because I felt a connection to Holly, I went against what I was initially taught and bought a small gift for Holly to recognize her upcoming discharge and achievement. As if it were yesterday, I remember the trepidation when I handed Holly the gift, because I felt as if I were violating the strict rules of interacting with adolescents. However, since I did not have a clear understanding of professional boundaries, I was not skilled at articulating or differentiating the uneasiness that I was feeling and acting upon.

By the time Holly was ready to go through the graduation ceremony at the treatment facility, I was settled into my new counselor position. Holly’s therapist had contacted me indicating that Holly wanted me to speak at her graduation. I felt special, and gladly accepted the invitation. How could I not feel good? Holly was a bright young woman who had worked through her issues and was now ready to tackle life with a new perspective—I had been part of the change process. Around this time I had a discussion with a therapist at the new facility where I was working. Considering taking Holly to lunch, I asked the therapist her opinion. The response was it is okay to get together with former clients as long as you do not have sex or engage in illegal behaviors. Still skeptical, I spoke with another helping professional who confirmed that there was nothing wrong with remaining in contact with former clients as long as it was done responsibly. With two positive responses, I was convinced that Holly and I could get together outside the realm of the
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Having lunch with Holly rejuvenated my desire to stay active in her life. My thought was that I could serve as a mentor, coaching her to use the skills she had been taught in the treatment facility. Holly seemed amenable as we planned to get together again soon to talk. In retrospect, this was the turning point where the lines of professional boundaries were crossed. From that day on, Holly and I spoke frequently; we would go shopping, to the movies, or out to eat. I was her cheerleader to obtain good grades in school, to show respect to her family members, and to use her conflict resolution skills when she was angry. Holly’s parents seemed pleased with my new role. For example, a couple of times when Holly was grounded from leaving her house, she was still allowed to stay at my home for the weekend so I could use my positive influence to redirect future decision making.

For several months the mentoring relationship was successful. Yet, gradually Holly’s progress began to deteriorate. She showed signs of disrespect towards her family stopped interacting with friends; her grades began to decline, and she was not as receptive to my feedback as she had once been. And then the day came. I received a phone call from Holly stating that she was about ready to “lose it” with a family member. I implored her to go to her bedroom and wait quietly until I arrived at her house. By the time I entered her home there was a warrant out for Holly’s arrest—she had been physically aggressive toward a family member.

The months after Holly’s arrest I was overly involved in trying to help her make some necessary changes in her life. I spent money on hotels when she had nowhere to live. I drove many miles transporting Holly to places she needed or wanted to go. In addition, I spent hours speaking with Holly and her family members, attempting to help them to mend their broken relationship. Ultimately, I reached my limit: I was emotionally drained from the neediness of the relationship and I severed the connection. Regrettably, I offered no room for discussion or closure.

Self-awareness and reflection are necessary in order for professionals to understand their actions and to make essential changes that impact clients. I was cognizant of how important it was for me to understand the relationship with Holly and, as a result, my journey began. My journey has been a painful one. I was embarrassed that I had acted unprofessionally and at the same time I was not quite sure where I had gone wrong—after all, I just cared about a kid. Also, I was angry with myself for going against the strict guidelines I had been taught. Plus, to make matters worse, I felt as if I were the only professional who had been in this circumstance.

If the professionals who guided me to continue a relationship with Holly had probed, they may have offered different advice. For example, the man I had planned to marry had a substance abuse problem just like Holly’s. When my efforts to help him refrain from substances were unsuccessful, I focused my energy on aiding Holly. Clearly, I had fused my relationship difficulties with Holly’s issues. As a result, entering into a dual relationship with Holly provided me an inordinate amount of boundary confusion. For instance, I maintained boundaries by not allowing Holly to live with me, and I did not share with her that my partner had a substance abuse
problem. But, acting as Holly’s friend, I was available all hours of the day and night to talk, transport, or “loan” money that I knew would never be repaid. And, my efforts to act in a parental role were at best very inconsistent and thwarted with mixed messages. Still, for me, the attempt to balance the differences in the boundary expectations was stressful and in the end unsuccessful.

Soon after I terminated the relationship with Holly, I returned to college to finish my undergraduate degree. With time to reflect on my relationship with Holly, I had returned to a strict approach in all interactions with clients. I was pleased with myself for understanding how precious the helping relationship was and how easily it could become tainted. My goal became to educate as many professionals as I could about the importance of strict boundaries. Although I thought my boundary journey had been mastered and was over, I was just beginning. Not surprisingly, I did not give my boundary journey any more consideration until I entered graduate school. While working on my master’s degree in social work, my advisor consistently challenged my “rules” about boundaries. She constantly provoked me to rethink my position and had me “keep reading.” As a result of my graduate advisor’s persistence and my commitment to develop a deeper understanding of boundaries, my journey has matured. Consequently, I have become more comfortable working amid the uncertainty of boundaries, no longer encapsulated in a rigid definition of “rules.”

When I reflect on my experience with Holly, it is not surprising that the relationship failed. First, I did not have a clear understanding of the term boundaries, particularly as they relate to working with emotionally disturbed youth. Second, I did not have adequate supervision to provide consistent feedback regarding my interactions with Holly. Third, I did not establish with Holly what the boundaries would be in the second relationship. Fourth, there was no clear rationale as to how the relationship would benefit Holly. And finally, I did not have a clear stance on when a professional relationship was over. For example, some workers adopt the viewpoint that the professional relationship ends “at the time services are terminated” while others foster the standpoint that “once a client, always a client,” (Mattison, Jayaratne, & Croxton, 2002, p. 58) suggesting that the professional relationship is never over. Based on my experience with Holly, I now conclude that I embrace the “once a client, always a client” perspective (Mattison, Jayaratne, & Croxton, 2002, p. 58). As a result, if I had to do it all over again, I would not engage in a second relationship with Holly.

Perhaps one of the greatest learning experiences that I gleaned from my encounter with Holly is the importance of not working in isolation. Without a doubt I believe that when feelings begin to emerge within a worker about a client, it is essential to consult with a supervisor and/or trusted colleagues for guidance. I had a strong desire to nurture Holly and serve as her protector. At the time I was wrestling with the emotions, I was not being provided with consistent supervision. And, because I was uneducated about boundaries I did not request assistance from my supervisor nor did I speak openly and honestly about how I was drawn to wanting to care for Holly.

Although I have not seen or heard from Holly in almost a decade, she has made an imprint on my professional career. When Holly was tangled in my personal life, I had crossed the line of professional boundaries because of my lack of knowledge pertaining to personal limits. Now that I have a broader understanding of boundaries and a deeper self-awareness, I do not engage in dual relationships with clients. However, without question, my previous interactions with Holly have provided me practice wisdom that I am happy to share with other professionals. For
example, years later while working as a supervisor in a residential treatment facility I was afforded the opportunity to share reflections on my relationship with Holly. Two common discussions with counselors centered on issues such as gift giving and taking kids to their home. Because I am now in a doctoral program, my boundary journey has moved to another level. There is a scant amount of literature addressing the issue of boundaries within the youth work profession. Presumably, my future research will focus on ascertaining the most prudent way to assist workers in understanding, recognizing, and articulating boundaries (D. Padgett, personal communication, 1997) so they can proceed with their own boundary journey.

References
• Padgett, D.L. (1997) personal communication