Professional Boundaries for Caregivers

March-April 2012 SFCA provider meetings

Southwest Family Care Alliance

Choices for Quality Long-Term Care
Goals of Training

- Identify professional boundaries for caregivers
- Maintain a professional relationship with members/residents/clients/guardians/family members
- Learn how to stay within boundary guidelines
- Understand why boundaries are important
Definition of Professional Boundaries

Mutually understood, unspoken physical and emotional limits of a relationship between person we serve and caregivers
Types of Boundary Crossing

Sharing Personal information: It may be tempting to talk to your client about your personal life or problems. Doing so may cause the member to see you as a friend instead of seeing you as a caregiver. As a result a member may take on your worries as well as their own.
Staying in “Bounds”

- Use Caution when talking to a member about your personal life.
- Don’t share information because you need to talk, or to help you feel better.
- Remember that your relationship with your member must be therapeutic not social (this can be tricky if you operate an AFH where you also live).
Scenarios-Sharing Personal Information

Polly is a 28 year old home health aide with two children. Bess, a 90 year old widow is one of Polly’s patients. Polly is going through a messy divorce. Discussions about infidelity and non payment of child support and financial issues were discussed regularly. Polly has been sharing much of her personal life with Bess as she is a “sympathetic” ear.
Types of Boundary Crossing

Not seeing behavior as symptomatic:
Sometimes caregivers react emotionally to the actions of a member and forget those actions are caused by a “disorder” or “disease” (symptomatic). Personal emotional responses can cause a caregiver to lose sight of his/her role or miss information from the person they are caring for. In a worst case it can lead to abuse or neglect of a member.
Staying in “bounds”

- Be aware that a member’s behavior may be the result of a disease or disorder.
- Know the person’s care plan.
- If you are about to respond emotionally or reflexively to the negative behavior of a member, step back and re-approach a little later.
- Note that the member may think the action is the best way to handle a situation.
- Ask yourself if there is a way to help the client communicate or react differently.
- Discuss with Care managers the development of a possible behavior plan.
Scenarios: Not seeing behavior as symptomatic

Carlos, a 40 yr old CNA in a NH, often provides care for Jerry, A 72 year old with Alzheimers. Carlos goes in to Jerry’s room to get him for supper. After several attempts to get Jerry to cooperate, Carlos becomes angry. He walks out of Jerry’s room, muttering to himself. “The heck with Jerry, he can just go hungry tonight. I hate it when he ignores me like that! He knows its dinnertime. He’s just trying to annoy me!”
Types of Boundary Crossing

Using age inappropriate language with people you care for or ‘talking down’ to people based on your own perceptions or experiences.
Staying in “Bounds”

- Refrain from using language that is demeaning or belittling.
- Remember that most adults would prefer not to be talked to as a child whether they have disabilities or not.
- Appropriate language is a form of respect.
- Keep in mind using certain language while in the community may embarrass a person.
Scenarios: Using age appropriate language

Mel is a 55 year old man residing in an Adult Family Home. While out at the grocery store the caregiver asked him if he wanted to go “potty”. Mel became very upset and embarassed at the use of this “baby talk”

Avoiding words like “potty”, “jammies” when possible as they are child like terms
Types of Boundary Crossing

Nicknames/Endearments: Calling a member “sweetie” or “honey” may be comforting to that member or it might suggest a more personal interest that you intend. It might also point out that you favor one person over another person. Some clients may find the use of nicknames or endearments offensive.
Staying in “Bounds”

- Avoid using terms like “sweetie” or “honey”
- Ask the member how they would like to be addressed. Some may allow you to use their first name others might prefer a more formal approach (Mr., Miss., Mrs.,)
- Remember that the way you address a client indicates your level of professionalism
Scenarios: Using Nicknames or Endearments

Edward Maxwell is an 85 year old resident of a nursing home. Professor Maxwell taught American History at UW-Stout for many years after retirement traveled widely with his wife. He is no longer able to care for himself and must rely on NH staff to assist him with ADL’s.

A new CNA Melanie aged 19 enters professor Maxwell’s room and says “Good Morning Sweetie. Are we ready for our bath?” Professor Maxwell says “I am not having my bath today young lady and get out of my room!” Melanie leaves wondering why its her bad luck to get stuck with such a crabby old man!
Types of Boundary Crossing

**Touch:** Touch is a powerful tool. It can be healing or comforting or it can be confusing, hurtful or unwelcome. Touch should be used sparingly and thoughtfully.
Staying in “Bounds”

- Use touch only when it serves the needs of the member and not your own as the caregiver
- Ask the person if he/she is comfortable with your touch
- Be aware that a client may react differently to touch than you intend
Michael is a 30 year old caregiver in a CBRF. Marla is a 25 year old woman with Cerebral Palsy and a cognitive disability. Unknown to Michael Marla was assaulted several years ago by a former boyfriend. One day Michael walks into the Kitchen and sees Marla crying softly. Michael bends down and places his arm around Marla who suddenly begins to scream and cry harder. She shrinks away from Michael and looks at him with fear in her eyes. The owner of the CBRF comes out of the office and wants to know what Michael has “done” to Marla.
Types of Boundary Crossing

Unprofessional Demeanor: Demeanor includes appearance, tone and volume of voice, speech patterns, body language, etc. Your professional demeanor affects how others perceive you. Personal demeanor may be different than what you present as a caregiver.
Staying in “Bounds”

- Loud voices or fast talk may frighten or confuse people
- Good personal hygiene is a top priority due to close proximity to members and involvement in community activities
- Professional attire send the message that you are serious about your job
- Off color jokes, racial slurs and profanity are never appropriate
- Body Language, Facial expressions speak volumes to people we care for
Scenarios: Unprofessional Demeanor

Susie is a 22 year old CNA at a NH in a small town. She is from a large family. As a child Susie developed a very loud manner to compete with all of the siblings. But her loud voice and “salty” language have landed her in trouble with her supervisor. In the past few months 3 residents have complained that Susie is verbally abusive. Susie can’t understand as she always gets her cares done and helps others when needed. She really cares about the residents, but she doesn’t see any reason to pretend to be something she is not!
Types of Boundary Crossing

**Gifts/Tips/Favors:** Giving or receiving gifts, or doing special favors can blur the line between a personal relationship and a professional one. Accepting a gift from a member might be taken as fraud or theft by another person or family member.
Staying in “Bounds”

- Follow or develop agency policies on gifts, tips etc.
- Practice saying no graciously to a person who offers a gift that is outside of your policies.
- It is ok to tell people that you are not allowed to accept gifts, tips etc.
- To protect yourself report offers of unusual or large gifts to supervisor or owner.
Scenarios: Accepting Favors, Tips, Gifts

Heidi is a 40 year old personal care worker. One of her clients Marion is 79 year old single woman. Marion has no children. Marion looks forward to Heidi’s visits. For the past few months Marion has been insisting that Heidi take gifts from her. It started out with small stuff but has graduated to larger items. Marion Jokes that if Heidi doesn’t take the gifts she will think Heidi doesn’t love her anymore. Heidi agrees to take a table and chairs, justifying that the furniture will get more use at her house.
Types of Boundary Crossing

**Over-Involvement:** Signs may include spending inappropriate amounts of time with a particular client, visiting the member when off duty, trading assignments to be with the member, thinking you are the only one who can meet the persons needs. Under involvement is the opposite and may include disinterest and neglect.
Staying in “Bounds”

- Focus on the needs of those in your care rather than personalities
- Don’t confuse the needs of the member with your own needs
- Maintain a helpful relationship, treating each person with the same quality of care and attention regardless of your emotional reaction to that person
- Ask yourself: Are you becoming over involved with the members personal life? If so discuss with your supervisor if applicable
Kia is a 25 year old hospice aid. About 6 months ago, she began to care for a terminally ill patient Harry in his home. Kia admired his large very close-knit family. Harry insisted on inviting Kia to a family birthday party at their home. Not only did Kia attend the party but she picked up the cake and helped Harry’s wife get ready. Last week Harry took a turn for the worse and soon died. Kia is very depressed and saddened by Harry’s death. She will miss Harry and his family very much.
Types of Boundary Crossing

- Romantic or sexual relationships: A caregiver is NEVER permitted to have a romantic or sexual relationship with a client. In most cases sexual contact with a person you are caring for is considered a crime in Wisconsin.
Staying in “Bounds”

- While it may be normal to be attracted to someone in your care, know that it is never appropriate to act on that attraction.
- Do not tell sexually-oriented jokes or stories. It may send the wrong message to the person you are caring for.
- Discourage flirting behavior by your member.
- If you feel you are becoming attracted to someone in your care tell someone in authority right away so you can look at other options within the agency.
Sheila is a 32 yr old CNA who works in a CBRF that serves clients with addiction issues. Ray is a resident in the facility. Lately Sheila finds herself “dressing up” more for work than usual. She is spending more time with Ray than other residents. She even began jogging with him after work. Ray has asked her out for pizza. Yesterday one of the other residents if she was going “steady” with Ray. Sheila’s supervisor overheard the comment and Sheila is now worried the supervisor will misunderstand her relationship
Types of Boundary Crossing

**Secrets:** Secrets between you and the person you are caring for are different than confidentiality. Confidential information is shared with few others members of a team providing care to a resident. Personal secrets compromise role boundaries and can result in abuse or neglect of a person who is being cared for.
Staying in “Bounds”

- Do not keep personal or health related secrets with a client
- Remember that your role is to accurately report any changes in your clients condition
Scenarios: Keeping Secrets

Gloria is a 78 yr old woman with Alzheimers that is worsening rapidly. A home health agency comes in to the home regularly and they are reporting she is declining and may need nursing home. Of course Gloria is very upset and refuses to leave her home. David, one of Gloria’s HHA’s arrived to find a burned towel in the kitchen sink and her meds had not been taken. Gloria begs David not to tell anyone about the towel or the meds. David isn’t sure what to do. He wants to respect Gloria’s rights and maintain confidentiality, and he doesn’t blame her for wanting to remain in her home.
Dealing with member money: It is critical that you monitor member money closely if you are in charge of finances. A resident’s money must be kept separate from your own funds. Under no circumstances should a resident’s personal spending money be used for the benefit of the provider, other household members, or to cover expenses that are included in your rate.
Staying in “Bounds”

A residents personal spending money must be maintained in a monthly financial ledger which provides a record of credits and debits to the resident’s spending money. Whenever possible receipts should be attached. Care Managers will review these upon review visits with the member. A provider should NEVER borrow money to a resident, other residents should not borrow money from one another.
Examples of personal expenses

- Personal care items (Shampoo, toothpaste, soap lotions, razors etc)
- Tobacco products
- Beer and Liquor
- Recreational activities (bowling, health club, movies, movie rentals etc)
- Clothing
- OTC Medications or prescription co-pays
- Personal items (books, puzzles, magazines, games etc)
- Other items that have been authorized by guardian or care manager
Other possible boundary issues

- Use of social media: Facebook posting, twitter, cell phones, digital cameras
- Posting personal information related to people that they care for i.e; photos, comments, on websites etc.
- Financial issues, borrowing money from a member, or using their personal property for their own use
Questions?

Think about some possible scenarios you may have witnessed or experienced as a caregiver