

# The South Carolina Board of Social Work Examiners

A U G U S T 2 0 0 0

## Letter from President, Jane A. Anker, LISW

Recently I attended a DARS (Disciplinary and Regulatory Standards) meeting at which the major focus was telepractice. Telepractice has previously referred to "telehealth" and "telemedicine." These health care services are provided by professionals in hospitals and/or educational settings where clients generally cannot receive face-to-face services.

Many member boards of ASWB (Association of Social Work Boards) have been confronted with issues surrounding Internet-based therapists. Numerous websites are now offering the opportunity for the public to locate and communicate with social workers and other persons offering therapy. Also, there are companies organizing to facilitate this kind of practice. This area, too, is raising questions.

A very basic problem is that any social work practice other than in-person service is severely limiting to both the practitioner and client. A number of other serious issues complicate the essential problem. In a statement sent to the ASWB Board of Directors, the DARS Committee concluded: *Therefore, all parties providing and utilizing telephonic, teleconference, and Internet electronic social work services should exercise extreme caution in determining whether such practice is the appropriate vehicle for competent and ethical social work practice.* Social workers who engage in teletherapy or e-therapy are assuming unusual risks. Social work boards/states may determine that

See **President** on page 9

## Message from Administrator Patti Glenn

The Social Work Board welcomes three new Board members appointed by Governor Jim Hodges in June 2000. The new appointees are: Richard George Hepfer, LMSW from Columbia; Susan Powell Graham, LBSW from Greer; and Lillian Bowers Glenn, public member from Greenville. Hepfer will replace Debra N. Ellenburg, LMSW from Anderson; Graham will replace E.L. "Jimmy" Eckles, LBSW from Florence; and Glenn will replace Ruth Herron, public member from Clemson. Our sincere thanks go to Debra, Jimmy and Ruth for their dedication and service to the Social Work Board.

Debra Ellenburg will continue to serve the Board in her role as "Consulting Social Worker" on the Complaint Review Committee. This change in complaint procedure, appointing a former Board member rather than having a current Board member sit on the Complaint Review Committee, was recommended by the LLR General Counsel's office so as not to taint any sitting Board member during a disciplinary hearing or proceeding. This allows the full Board to participate in a hearing or disciplinary proceeding without a Board member having to recuse himself/herself.

The South Carolina Board of Social Work Examiners was awarded "Superior Newsletter Award" for the second year in a row! The award was presented to President Jane Anker at the

AASSWB National Convention of Delegates in December. I was elated, as was our staff, that we were presented with this prestigious, national award for the second year in a row! We feel very honored to have been selected over the other 50 state boards.

The new computer database has been in effect for a year, and we have been extremely pleased with the transition to the new system. Staff is now proficient in its usage, and licensing and renewals were handled in a timely manner. We have also had positive feedback from licensees regarding the new one-page annual renewal form. It seems everyone we've heard from likes the new abbreviated form.

Mail your annual renewal form early! During the annual renewal period it may take three to four weeks or longer to process your annual renewal form, print and mail your license card, and verify your license status to your employer and/or insurance companies. Renewal forms will be mailed out to all licensees on the 1<sup>st</sup> of October. In order to avoid a delay in processing, staff asks that you complete your renewal and mail it back as soon as possible. If you wait until the middle of December to return your renewal, it may take three to four weeks before you receive your license card. It may take longer to verify your license status to your employer and/or insurance companies.

## Renew Early

**Avoid \$50 late fee, delay in receiving license card and/or expiration of license**

A \$45 renewal fee plus a late fee of \$50 will be charged for all late renewals received postmarked from Jan. 1 to Feb. 1, 2001. If your completed renewal and renewal fee have not been received in the Board's office postmarked by Feb.

1, 2001 your license will expire. There will be **no** exceptions.

Renewals will be mailed to all licensed social workers by Oct. 1. If you have not received your renewal packet

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# Disciplinary Actions

During the 1999-2000 fiscal year (beginning July 1, 1999), the Board of Social Work investigated seven new complaints against licensees and one new complaint against an unlicensed person misrepresenting himself as a social worker.

## The results of those investigations from fiscal year 1999-2000 are as follows:

- Two complaints were dismissed after full investigations because there were no violations of Chapter 63, Code of Laws or the Code of Professional Conduct.
- One complaint was dismissed with a "Letter of Concern" addressing boundary issues. Although the alleged sexual harassment at a social worker's former place of employment could not be substantiated, the Board strongly recommended that the social worker avoid the appearance of a boundary violation or the blurring of roles in the social worker's professional and personal relationships.
- One complaint was not under the jurisdiction of the Social Work Board and

was referred to another state agency.

- Three other complaints are on-going and in the process of investigation by the Board Investigator Larry Atkins.
- The Board issued a "Cease and Desist Letter" to one unlicensed social worker.

## Six investigations from fiscal year 1998-1999 resulted in the following:

- Three complaints were dismissed after full investigations because there were no violations of Chapter 63, Code of Laws, or the Code of Professional Conduct.
- One complaint was dismissed with a "Letter of Concern." It was noted in the complaint that the social worker failed to release clinical records in a timely manner. The Board recommended that the social worker release records in a timely manner, within a minimum of 30 days.
- On March 20, 2000, the Board approved a "Voluntary Surrender of License to Practice Social Work" of the

license of Andrea Christine Bone', LMSW. Bone', who worked principally with adolescents, was arrested for contributing to the delinquency of a minor. The minor was also her patient. On at least one occasion, possibly several, such conduct included sexual relations between the minor and Bone'. Bone' consented to the "Voluntary Surrender" of her license and understands she will not be eligible to reapply for a license to practice Social Work in South Carolina in the future.

- On May 15, 2000, the Board approved a "Consent Order" signed and agreed to by Gregory Smith, LISW, for a public reprimand for failing to properly document individual therapeutic sessions. During the approximate period of March to October 1998, Smith treated a minor female patient, who became suicidal during the course of treatment. Smith provided more than 50 individual therapeutic sessions during this period; however, Smith's treatment was not sufficiently documented. Smith's treatment was only reflected in periodic summaries.

## Clinical Supervision Curriculum Guide Available

**From: Association of Social Work Boards**  
**400 South Ridge Parkway, Suite B**  
**Culpepper, VA 22701**  
**(800) 225-6880**

Recent changes in social work licensing laws in several states have emphasized the need for continuing education for social work supervisors, according to the Association of Social Work Boards (ASWB), the national organization of social work licensing groups.

ASWB's own model licensing act includes in model regulations the requirement that anyone providing

supervision for candidates for clinical license have "completed graduate course work in supervision in an approved social work program or in an approved program of continuing education."

*A Clinical Supervision Curriculum Guide* done under the auspices of the Virginia Board of Social Work by Dr. Carlton Munson of the University of Maryland, author of *Clinical Social Work Supervision*, is available from ASWB. It is recommended for self-study, as part of a supervisory group, or as an agenda for a lecture format as part of group training for supervisors.

The association took over distribution of the guide, offered as a two-volume text,

a video and CD-ROM, at the request of the Virginia board. The materials are offered at approximately the cost of producing and shipping them. Costs are as follows: The two-volume guide, \$35; video only, \$20; books and video, \$52; CD-ROM only, \$16, books and CD-ROM, \$49; and all three, \$67.

To order by credit card, call ASWB at (800) 225-6880, Ext. 3010. By mail, send a certified check or credit card order to ASWB, 400 South Ridge Parkway, Suite B, Culpepper, VA 22701.

**Contact: Kathleen Hoffman, ASWB,**  
**(800) 225-6880, Ext. 3006**

# Complaint Process

## A. General Information

The Board has the authority to investigate allegations of illegal, unethical and/or incompetent behavior on the part of licensed social workers and allegations that unlicensed persons are practicing in violation of Chapter 63 and Regulations 110 of the Code of Laws of South Carolina.

## B. Initial Complaint

When an initial written or telephoned complaint is received in the office, an official Complaint Form and Release of Information Form are mailed to the complainant by the administrator. Complainants are encouraged to put complaints in writing, but verbal or anonymous complaints are logged in and investigated as to their validity and concern for public safety. The Board can act as the complainant if necessary.

## C. Official Complaint

- (1) When a complaint is received in the office, a letter is sent to the complainant and respondent by the administrator. This letter informs the complainant and respondent that the complaint process is confidential and the complaint is assigned to an investigator who will be communicating with the complainant and respondent in the near future regarding an investigation.
- (2) All complaints are investigated fairly and thoroughly by the investigator.
- (3) At the completion of the investigation, the complaint is brought before the Complaint Review Committee (CRC) made up of the Board administrator, investigator, Board attorney and consulting social worker (former Board member) where evidence is reviewed in relation to the specific statutes which may have been violated. More serious complaints affecting public health and safety are given priority.
- (4) The CRC makes a recommendation which may range from dismissal of the complaint to a formal hearing.

- (5) The investigator presents the complaint and the CRC's recommendation to the full Board in the form of a blind brief.
- (6) The Board may choose to accept the presented recommendations, make its own recommendations or request further investigation. At each step in the process, the identity of the licensee remains confidential, and only when the Board files charges does the name of the licensee become public record. If the Board determines that the complaint should be dismissed, both the complainant and the licensee against whom the complaint was made are notified of the dismissal.

## D. Formal Hearing

If a Formal Hearing is recommended, a legal document setting forth the alleged misconduct is served upon the licensee against whom the complaint was made. A hearing is then held pursuant to South Carolina Administrative Procedures Act and Chapter 63 of the Code of Laws of South Carolina.

The Board hearing process includes a formal hearing before members of the Board. The Board considers evidence, including witnesses, presented to the Board by the Department attorney and investigator. At the same time, the licensee who has been charged with misconduct, aided by his/her counsel, presents his/her evidence and defense. After the hearing, the Board considers the evidence and reaches a decision regarding the merits of the allegations.

E. If the Board decides that the licensee has engaged in illegal, unethical or incompetent actions, the Board will issue a Final Order which includes a statement regarding the Board's decision and disciplinary action/sanctions taken by the Board. All Final Orders are public records, except a dismissal (where no misconduct is found) or a private reprimand.

## 2000 Board Members

Board Members Currently Serving:	Term Expires
<b>Jane A. Anker, LISW, President</b> (803) 935-7828	11/27/02
<b>Lillian B. Glenn, Public Member</b> (864) 242-0088	11/27/03
<b>Susan P. Graham, LBSW</b> (864) 627-1200	11/27/04
<b>Richard G. Hepfer, LMSW</b> (803) 898-2795	11/27/02
<b>John R. Kennedy, LMSW</b> (803) 737-5550	11/27/00
<b>Karen P. Rembert, LMSW</b> (843) 727-2118	11/27/02
<b>Vacancy, LBSW</b>	

## 2000 - 2001 Board Meeting Dates

September 18, 2000  
 November 20, 2000  
 January 22, 2001  
 March 19, 2001  
 May 21, 2001  
 July 16, 2001  
 September 17, 2001  
 November 19, 2001

## ASWB Test Results July 1, 1999 – June 30, 2000

<b>BASIC</b>	
Pass – 26	Fail – 4
<b>INTERMEDIATE</b>	
Pass – 114	Fail – 45
<b>CLINICAL</b>	
Pass – 20	Fail – 5
<b>ADVANCED</b>	
Pass – 0	Fail – 1

# Frequently Asked Questions

**Q. It's Dec. 1, and my license expires at the end of the month (Dec. 31), and I don't have all my CEUs yet. What can I do?**

A. Although your license expires on the last day of the month (Dec. 31), you have a 30-day grace period (until Feb. 1) to renew your license. If you have not completed the required 20 hours of CEUs, you may use this additional time to catch up and complete your CE hours.

**Q. I accidentally let my license expire after the 30-day grace period. What can I do?**

A. Unfortunately, the Board does not have provisions nor statutory authority to extend your grace period beyond 30 days. If you allow your license to expire past the grace period, you may apply for reinstatement. According to §40-63-80, any licensee who allows his/her license to lapse by

failing to renew the license as provided in this section may be reinstated by the Board upon satisfactory explanation by the licensee of his failure to renew his license and upon payment of a reinstatement fee and the current renewal and late fee to be determined by the Board. If a license has lapsed for more than one year, the person must reapply. This would mean that those who were "grandfathered in" without a degree in social work would not be eligible for licensure without additional education.

**Q. I recently changed my last name. What can I do to get a new license in my new name?**

A. Send a written request for a new license and a copy of the legal document showing your name change along with a cashier's check or money order. Wall certificates are \$15 and pocket cards are \$5.

**Q. Whose responsibility is it if I don't receive my renewal form in the mail?**

A. It is still the licensee's responsibility to renew his/her license annually. If you do not receive your annual renewal form by Nov. 1, call the Board office immediately to request that another renewal form be sent to you. We understand that sometimes annual renewal forms get lost in the mail or are delayed. The Board makes every effort to see that a renewal form is mailed to each licensee at the last address provided to the Board in writing. It is *not* the Board's responsibility to ensure that you receive your annual renewal form. It is *your* responsibility to request that another annual renewal form be mailed to you if you have not received your renewal form in the mail by Nov. 1. It is also your responsibility to notify the Board in writing of any address change.

## Board of Social Work Newsletter Wins National Award Again

For the second year in a row, the South Carolina Board of Social Work Examiners has received a national award for its newsletter.

The "Superior Newsletter Award" was presented to Board Chair Jane Anker at the Association of Social Work Boards (ASWB) National Convention of Delegates in December.

"This is a prestigious national award, and we feel very honored to have won over the other 50 state boards," Administrator Patti Glenn said.

Information for the newsletter is collected and written by Patti Glenn and her staff; it is then given to LLR's Office of Public Information for design.

"Patti and her staff do an excellent job writing the Board of Social Work newsletter, and our staff helps them present that information in a very readable style," Director of Public Information Jim Knight said. "The Board's newsletter is informative, easy to read and eye-catching - everything a newsletter should be. It certainly deserves this national recognition."

"It is an honor for the Board, Board staff and Office of Public Information to be recognized nationally," Patti Glenn said. This shows you that what we do is appreciated and helpful to the social work profession.

## License Statistics

### Current # of Licensees

LBSW - 1463  
LMSW - 1752  
LISW - 702  
TOTAL - 3,917

### Current # of Applicants

LBSW - 125  
LMSW - 226  
LISW - 168  
TOTAL - 519

### Current # of Temporary Licenses

TEMP LICENSE - 123

### 1999 Licensees Expired

LBSW - 88  
LMSW - 56  
LISW - 31  
TOTAL - 175

# Newly Licensed Social Workers September 1999 - May 2000

## **LBSW**

Amy Rorex Abdalla  
Malicia Chiffon Alston  
Cheryl Lynn Anderson  
Jill Daryl Birmingham  
Marguerite B. Brown-Canty  
Angela C. Cornish  
Loary Viola Coates  
Danielle Rene' Ellsworth  
Dana Estes  
Kisha Wanola Frierson  
Allyson Furse Griffin  
Nancy Hornsby  
Sarah Cortese Jumper  
Mark Gregory Lawrence  
Jennifer Floyd Lindler  
Cynthia Wallace McFadden  
Lisa Genelle McQueen  
Jeanette Regina McRae  
Kimberly Dawn Meadows  
Bessie Ann Nesbitt  
Karen Davis Padgett  
Lisa Romano Parker  
Lisa Renee Pulice  
Penny McMillan Simmons  
Lisa A. Soenen  
Amanda Nicole Stamper  
Elizabeth Ann Stapleton  
Betsy Drake Thomas  
Julia Candace Turner  
Margaret Ann Walsh  
Scarlette A. Waterman  
Voltrina Williams-Hawes  
LaSaine M. Yates

## **LMSW**

Marlo Lynn Anderson  
Christine Marie Ballew  
Mary Heather Bartley  
James Gerald Baughcome  
Renee Elizabeth Bevil  
Tami L. Blackburn  
Michael A. Bloom  
Peggy Blythe  
Alison Elizabeth Bowers  
Anne Carnes Briggs  
Jennifer Lee Brooks  
K. Todd Brooks  
Stephanie Carol Bruhn  
Lisa Michelle Brumell  
Noel Bridget Busch  
Elizabeth Ann Carbonneau  
Elizabeth Marshall Chesnutt  
Hugh Mercer Clark  
Erin Elizabeth Cobb  
Elizabeth Allyne Coleman  
Mark Owen Connelly

John Kristopher Coolidge  
Kimberly Sue Corts  
Hope Elizabeth Craig  
Priscilla Denise Creighton  
Bonnie L. Cumming  
Melanie Brannon Derringer  
Chad M. Dingman  
Sarah Pettit Dings  
Ann Juliette Driessen  
Nancy Hoyt Duncan  
Danielle M. Eisler  
Sandra Lea Fehrman  
Treslyn Yolanda Felder  
Rebecca Suzanne Ferris  
Emily Ann Fite  
Laura Ellen Folds  
Tina Gwen Freed  
Linda B. Graham  
Leila Dudley Grimball  
Katherine Ann Harding  
Lisa Ann Harris  
Brandy Idell Heagy  
Sharon F. Hicks  
Florence L. Hightower  
Deborah Carol Hiller  
Jacqueline F. Hillesland  
Elizabeth H. Holmes  
Preston Howard Johnson  
Kelly Turner Jones  
Alice Faye Kelley  
Ruth Kellam Kerley  
Jonathan Nelson Kessler  
Susan Elizabeth King  
Harrison Mangum Kisner  
David Adam Koerner  
Marnie Joy Kryman  
Mary Elizabeth Labar  
Kimberly Michelle Lambert  
Jay M. Leeper  
Jill Amber Lenger  
Kenya Terrell Logan  
Jill Longshore  
Robert S. Lockett Jr.  
Susan J. Marchetti  
Lori A. Mascaró  
Gail Mattix  
Rynda L. McCurry  
Galen Savage McWilliams  
Virginia L. Medina  
Marchelle Dawn Miller  
Stephanie Nicole Miner  
Emily Griffin Morgan-McClain  
Trena Karen Morris  
Michelle Lee Morrison  
Toni Carol Natrigo  
Lisa Price Nazworth  
Torey Elizabeth Newman  
Lori Norman

Adrienne Edmonia Oakman  
Shannon R. Olson  
Melissa Katz Panasko  
Nora Castillo Patterson  
Sam E. Phifer  
Kathleen C. Pursley  
Jennifer L. Reed  
Joseph Marvin Ritchey  
Catherine Hicks Roberts  
Jean W. Ross  
Emily Garrett Shannon  
Mary Leslie Smith  
Felicia N. Speed  
Keri Anne Sponseller  
Marylou B. Stinson  
Catherine Allred Stone  
Caroline Elizabeth Sutton  
Elaine Chavez Swain  
Lenora Simpson Talley  
Veanne Taylor  
Mary Sue Templeton  
Lisette Volz  
Debra J. Wallace  
Fairfax Seward Watt  
Anne Huff Weathers  
Alisha Wiater  
Pamela S. Wood  
Carolyn Felicia Wright-Porcher  
Hrysoula Soula Zaharopoulos

## **LISW**

Arenilla Bush  
Jennifer Conti Coleman  
Virginia S. Davis  
Nancy Kathryn Eller  
Susan McCool Essich  
Karen Anne Gray  
Lona E. Hardy  
Michael Garrett Helms  
Claire J. Holcomb  
Margaret Ann Jackson  
Joyce Kelly-Lewis  
Ronnie Leah Klein  
Jesse Landis  
Judith M. Lohr  
Susan T. Marciano  
Valerie A. Millenbach  
Beth N. Riley  
Lori M. Smith  
Laura Anne Tuller  
Kimberly Watt-Brockington  
Cynthia K. Whitaker  
Jennifer Wolff

## Continuing Education Documentation

All licensees must maintain their own record and documentation of continuing education for three years. The Board will not maintain continuing education files for licensees. The licensee should only send continuing education certificates to the Board if he/she has been selected for mandatory audit.

The Board conducts a random audit annually, at which time licensees must provide individual records and verification of completed continuing education documentation and certificates.



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# Professional Protection- Is it ever appropriate?

By Donna Deangelis, ACSW, LICSW  
Executive Director

*Excerpted and reprinted from ASWB  
Association News*

The presenters at the ASWB Spring Education Meeting talked about ethical dilemmas, the risks for malpractice, and social workers with impairments. These topics provide valuable guidance, but also pose questions for social work regulators.

Dr. Frederic Reamer, social work ethics expert, gave a day-long session on “Social Work Ethics: What you don’t know can hurt you,” in which he touched on the entire spectrum of ethics-related problems. These problems range from mistakes that arise from deliberate attempts to do the “right” thing in an ethical dilemma, to outright ethical misconduct—purposeful actions that violate clear ethical guidelines.

In dealing with ethical mistakes or

conscious ethical decisions that are contested, Dr. Reamer said that the “standard of care” principle should apply. This standard is defined by what an ordinary, *reasonable* and *prudent* professional, with the same or similar training, would have done under the same or similar circumstances. In evaluating substantive standards of care, Dr. Reamer asserted that clear cut guidelines or professional practice standards should be applied.

As we well know, however, ordinary, reasonable and prudent social workers don’t always agree on everything. Dr. Reamer acknowledged this, too, and said that in the absence of a single uniform standard of care, something called a “procedural standard of care” should be used to determine what a social worker should do in ethically complex situations where reasonable social workers disagree.

The procedural standard of care places responsibility on the social worker

to thoroughly investigate an ethical dilemma from several perspectives. These perspectives include consultation with a supervisor or a colleague who has expertise in the matter in question; research into the literature, policies, laws and regulations that apply to the situation; research into codes of ethics, practice guidelines and standards; referral of the situation to an ethics committee (where one is available); and a thorough documentation of all records, including these consultation and research efforts.

Obviously these standards are extremely useful to social work practitioners. At the same time, these standards are helpful references for social work regulatory board members to use when they hear complaints against social workers regarding malpractice, practice outside the scope of practice, practice below the standard of practice, or incidents involving ethical decisions about which social workers disagree.

## Crossing the Line: Boundaries in Social Work Practice

By Alison McDonald, MSW, RSW  
*Reprinted by permission of author*

“Boundary violations with clients are not a recent development or unusual occurrence. Indeed, 5% to 13% of professionals in the mental health disciplines, medicine and religion have engaged in sexual contact with their clients, patients and parishioners.”<sup>1</sup>

When people think about professional disciplinary actions, the first types of things that come to mind are the extreme infractions such as a therapist having an affair with a client, a lawyer stealing from a client, or a physician causing physical harm to a patient. The reality, however, is that most of the actions that result in complaints are far less obvious. Social workers need to be aware of the little things that can lead to a loss of control and, potentially, a loss of professional standing.

Marilyn Peterson<sup>2</sup> suggests that social workers and others should not be so

concerned about if a boundary violation will happen but about how to respond when it does happen. She believes that we have created a situation in which social workers are afraid to mention to others when they have a concern about their relationship with a client, leading to feelings of insecurity, guilt and fear, which in turn may lead to further boundary violations. In a typical situation, she finds there are many small steps before a major transgression occurs. In order to change this pattern, Peterson suggests that social workers should regularly discuss boundaries in supervision, staff meetings, and in-services to help people deal with the small problems before they grow.

Peterson believes that most boundary violations occur when a social worker fails to recognize his or her power in the professional-client relationship, or when the actions of the social worker give power in that relationship to the client. This comes, in part, from the ideology of

social work which suggests that power should be shared and that our role as professionals is to empower clients. We are not comfortable with the idea of owning power in our relationships with clients:

*The difficulty we professionals have in owning our full power is the primary psychological gateway that ushers in and permits boundary violations. By negating both our personal significance and our authority, we disturb the power differential in the professional-client relationship. Our mythology that being certain internally makes us powerful and competent externally and our belief that tension means something is wrong propel us toward the goals of being perfect, being right, winning, knowing more, not being questioned, being liked and being acceptable. By unconsciously placing our comfort first, we make our clients’ needs secondary to our own.*

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*Boundary violations grow out of our struggles with power and our negation of its significance. The extent to which violations happen suggest that our difficulty accepting and working within the natural asymmetry of the professional-client relationship is common. To incorporate both the professional-client relationship and our greater authority, we have to forego our goal of comfortability. We have to recognize and accept our larger responsibility for ourselves by becoming aware of and tolerating the dynamic tension that exists when both realities are acknowledged. If we accept the significance of the relationship, we have to control and limit our power; we have to modify it within the context of the relationship to fit each client's needs. If we accept our authority, we have to alter our position of feigned equality; we have to concede that the professional-client relationship is not democratic, that we have more power than our clients, and that we make intentional choices that influence their lives. Either way is a challenge.*<sup>3</sup>

One of the keys to successful management of authority is well-defined boundaries. Boundaries create a safety zone in the relationship between social workers and their clients. When those boundaries are violated, by either the social worker or the client, the relationship takes on a new power structure. According to Peterson, the change may never become obvious and it may have no long term consequences, but it has opened the door to violations which may have serious repercussions for both parties.

While strong boundaries are imperative, boundaries must also be flexible enough to respond to individual contexts. Factors such as race, ethnicity, age, gender, socioeconomic status and the community one lives or works in must be considered in setting boundaries.

## **Characteristics of a Boundary Violation**

Peterson has found through her research that in every case of a major boundary violation there are four common

features: a reversal of roles, a secret, a double bind, and an indulgence of professional privilege.<sup>4</sup>

The reversal of roles occurs when the social worker, either consciously or unconsciously, puts his or her own needs ahead of those of the client, the client becomes the caretaker. The social worker who needs to be liked or seen as expert by the client gets gratification from the response of the client. The client gets rewarded or punished based on the response to the social worker. The professional-client relationship is no longer about meeting the needs of the client and the client now has the power to direct the relationship through his or her responses.

The secret, as described by Peterson, is not necessarily an acknowledged piece of information. It is something about the relationship that is concealed, whether from the client, the social worker or the outside world. If the client is aware of the secret, the collusion involved in maintaining the secrecy is damaging to the therapeutic relationship. When the client is unaware of the secret, the social worker must keep a part of him/herself separate from the relationship.

The double bind is created when the client realizes that any action could have a negative consequence. The client feels dependent on the social worker but no longer trusts the relationship. At the same time, the client feels responsible for creating the situation in the first place.

*Clients feel paralyzed by the danger. On the one hand, feeling indebted to the professional for his or her help, they worry that they will betray the relationship if they comment on the violation. The guilt, along with the real fear of possible abandonment by the professional, blocks them from taking action. On the other hand, their continuing participation in a violation risks their integrity, because they fail to give credence to their inner voice that says something is wrong.*<sup>5</sup>

The indulgence of personal privilege is what allows the social worker to view the whole situation as "okay." The professional alters the facts in his/her

mind to build congruence and convince him or herself that it was all in the client's best interest.

A few simplistic scenarios may help to demonstrate these characteristics:

1. A social worker is writing a book (the secret) about an approach to practice with a particular type of client and needs some case examples (role reversal). A client who fits the profile is seeking counseling. The social worker rigidly follows the approach, even when it becomes apparent that it is not producing the intended outcomes. Because this social worker has a reputation for being "the best" the client continues treatment (the double bind). The social worker justifies the situation by saying, "this is the best approach for this type of client." (Indulgence of personal privilege) *The client in this case may not be harmed by the social worker's actions, but neither are the client's needs being met through the therapeutic relationship.*

2. A social worker is seeing a client who is going through a difficult time in his marriage. The social worker finds the client attractive and would like to have a relationship outside the office. While not directly saying anything, the social worker encourages the client to discuss his fantasies and indicates she has similar ones. After a few months, the social worker suggests that they could accomplish more in therapy if they met more often and in a more private place. The client is not comfortable but believes the social worker knows best. The client ends up leaving his wife and having an affair with the social worker.

3. A social worker has been gaining a reputation for working with a particularly difficult client population. Feeling that he knows his work better than others in the field, he begins to practice in relative isolation and with little trust in his peers. As new ideas emerge, he incorporates them into practice with no training or supervision. Without their knowledge, his clients become "guinea pigs" for his professional development. One of those practices, which requires

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# Boundaries - *continued from page 7*

clients to relive past trauma, leaves a client feeling suicidal.

## Red Flags

The four characteristics as defined by Peterson may not be easy to identify in every boundary violation as they may be hidden below the surface. As social workers, we may not even be aware ourselves when a personal need is interfering in the professional-client relationship until a situation has gotten out of hand. Peterson has identified several red flags to help professionals recognize when they may be crossing the boundaries. Consider your own practice and see if any of these sound familiar:

- 1. Making the client special:** Do you feel a particular connection with a client? Are there some clients with whom you are more likely to laugh or cry?
- 2. Personal sharing:** If your client has information about you that others don't have, it becomes currency in the relationship which can be traded for "favors" down the road.
- 3. Grandiosity:** A feeling that you are the only person with the skills to help this client can blind you to his or her needs.
- 4. Making your own rules:** If you see yourself as either above the rules or victimized by the rule makers, your actions are likely to be motivated by self-interest.
- 5. Dual relationships:** While dual relationships may be unavoidable in some circumstances, particularly for social workers in isolated areas or small communities (not necessarily geographic), the potential for boundary violations is strong.
- 6. Burn-out or high stress situations:** Recent trends have left most social workers struggling to do more with fewer resources. Constant pressure can lead to mistakes.

**7. Lack of definition:** Clearly defined policies and procedures, appropriate to the work and the setting, and a well-written job description can assist social workers to keep clear boundaries.

**8. Ideology before client need:** A social worker who rigidly adheres to a particular belief system may redefine a client's situation according to that system and in so doing fail to hear what the client says.

**9. Promising loyalty or availability to the client:** A social worker who promises to "always be there" for a client is opening the door to boundary violations.

## Next Steps

If you recognize yourself in this material, don't panic. Very few professionals would ever be able to state categorically that they have never violated boundaries. Ethical practice is about taking responsibility for your actions, not being perfect. Some of the things you may want to do include:

- Discuss your situation with a supervisor or colleague to get an unbiased opinion.
- Examine yourself to identify the need that led to the violation.
- Recognize the harm you have done to your client, your colleagues, the community and the profession.

- Determine what you can do to fix any problems you may have created.
- Read Marilyn Peterson's book or material by others who have studied these issues.

Discussion about ethical issues should be a part of each social worker's practice. Find a way to incorporate material like this in regular staff meetings or in services and please let us know if there are any additional issues you would like to see addressed in "Ethics in Action."

<sup>1</sup> Marilyn R. Peterson (1992), *At Personal Risk*, New York: W.W. Norton & Co., pp. 1-2.

<sup>2</sup> Marilyn Peterson, a social worker in Minnesota, has spent the past 20 years studying boundary violations in professional-client relationships. She shared some of her learning with the social workers and others who attended the spring education meeting of the American Association of State Social Work Boards in Minneapolis last April. The material presented here is gleaned from both her presentation and her book cited above.

<sup>3</sup> Op.Cit., pp. 70-71.

<sup>4</sup> Ibid. p. 76

<sup>5</sup> Ibid. p. 88.

## Renewal - *continued from page 1*

by Nov. 1, contact the Board office immediately at (803)896-4665 to request that a renewal be sent to you. It is your responsibility to notify the Board in writing of any change of address or name change. It is also your responsibility to notify the Board if you have not received your renewal.

The sooner you mail your renewal form back to the Board office, the sooner you will receive your wallet license card. Do not wait until the last minute to send your renewal form and expect your license card mailed to you by Jan. 1. If your employer needs your new license card by Jan. 1, you must complete your renewal and send it back early.

**Incomplete renewal forms will be returned, and if not resubmitted by the deadline of Jan. 1, will result in a \$50 late fee charge. Renewals not submitted to the Board by Feb. 1, will result in expiration.**



## 1999 South Carolina Pass/Fail Rates

Exam Category Group Type	Total # of Candidates	Pass Rate	
		Number	Percentage
<b>Basic</b>			
1st Time	49	27	55.1
Repeat	10	3	30
Total	59	30	50.9
<b>Intermediate</b>			
1st Time	133	100	75.2
Repeat	13	8	62.5
Total	146	108	74
<b>Advanced</b>			
1st Time	1	1	100
Repeat	0	0	0
Total	1	1	100
<b>Clinical</b>			
1st Time	24	19	79.2
Repeat	3	2	66.7
Total	27	21	77.8
<b>Total</b>	<b>233</b>	<b>160</b>	<b>68.7</b>

## 1999 National Pass/Fail Rates

Exam Category Group Type	Total # of Candidates	Pass Rate	
		Number	Percentage
<b>Basic</b>			
1st Time	4559	3727	81.8
Repeat	368	162	44
Total	4927	3889	78.9
<b>Intermediate</b>			
1st Time	7863	6356	80.8
Repeat	606	282	46.5
Total	8469	6638	78.4
<b>Advanced</b>			
1st Time	417	237	56.8
Repeat	50	14	28
Total	467	251	53.7
<b>Clinical</b>			
1st Time	6976	5045	72.3
Repeat	742	305	41.1
Total	7718	5350	69.3
<b>Total</b>	<b>21,581</b>	<b>16,128</b>	<b>74.7</b>

## President - *continued from page 1*

practice occurs in multiple jurisdictions which would subject the practitioner to regulation and discipline in each jurisdiction.

A continuing effort of the South Carolina Board of Social Work Examiners is statute revision. Last fall we asked SCNASW to make written changes and recommendations to the draft proposal prepared by the Legislative Advisory Committee. We received a response more than five months after the request. By that time, LLR had allocated its legislative resources to other boards. This means that LLR will not be sponsoring a bill for social work for the 2001 session.

However, we continue to talk with leaders of the professional associations who plan to introduce a proposal for the 2001 session. The South Carolina Board of Social Work Examiners will support a bill, which would better protect the public, the Board's primary function. We cannot support anything which would lower existing standards but hope that we can come together to support a statute revision proposal which serves the greater good.

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Board of Social Work Examiners  
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