

# Establishing and Supporting Professional Boundaries



## OBJECTIVES

**At the end of this unit, participants will be able to:**

- Define confidentiality
- Define HIPAA
- State the connection between confidentiality and HIPAA regulations
- Define boundaries
- Name and differentiate the four types of boundaries (emotional, place/time, physical, and personal)
- Identify strategies to manage boundary dilemmas
- Discuss the importance of boundaries in professional relationships



## INSTRUCTIONS

1. Prior to the session review the PowerPoint slides and notes.
2. Welcome participants and review session objectives (slide 2).
3. Brainstorm answers to the questions with the group (slides 3–4).
4. Ask participants if they know of any legal reasons why confidentiality is kept and for what reasons. Review slide 5 on the Health Insurance Portability and Accountability Act (HIPAA).
5. Brainstorm ideas of when confidentiality can be broken. Record answers on a flip chart. After the brainstorm session, compare answers with slide 6.
6. Ask participants, “What happens when confidentiality is not respected or breached?” Compare responses to slide 7.
  - Distribute the handout on confidentiality.
7. Review slides on boundaries and types of boundaries.
8. Facilitate activity with the handout “Boundaries in Professional Relationships.” See slide 22 for details on guiding a discussion after participants complete the worksheet.
9. Divide participants into pairs. Distribute the “Boundary Scenarios” handout, assigning each pair to a different scenario. Ask them to discuss how they would handle the scenario as CHWs. Save some time to ask participants to share back what was discussed. (30 minutes)
10. Wrap up. Review slide 23 and remind participants that as health care workers supporting patients, we must always be aware of confidentiality and our professional and personal boundaries.



## Related C3 Roles

All

## Related C3 Skills

Professional skills and conduct



## Method(s) of Instruction

Lecture, group discussion, activity



## Estimated time

90 minutes



## Key Concepts

Boundaries, confidentiality, HIPAA regulations



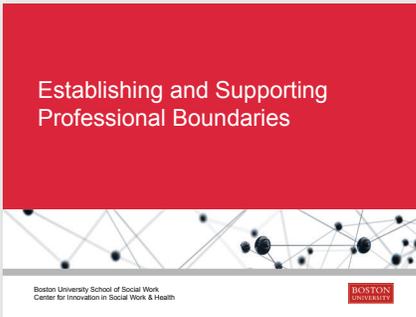
## Materials

- Computer with internet access and projector
- PowerPoint slides
- Flip chart
- Markers
- Activity Sheet—Boundaries in Professional Relationships

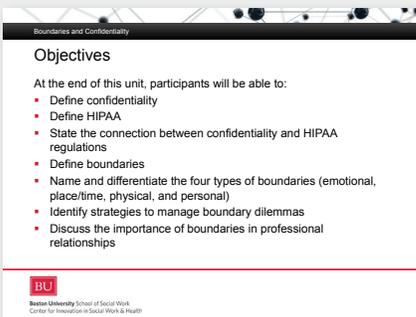
## Handouts

- Confidentiality
- Establishing and Maintaining Professional Boundaries
- Boundaries in Professional Relationships
- Boundary Scenarios

# Establishing and Supporting Professional Boundaries

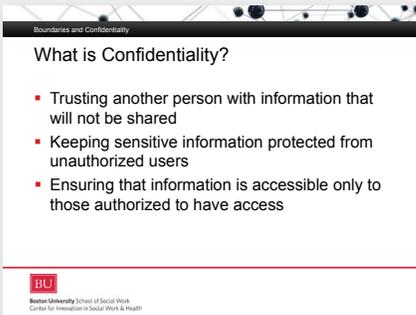


## SLIDE 1



## SLIDE 2

Review the objectives.



## SLIDE 3

Ask, “What is confidentiality?”

Offer the definition of confidentiality on the slide.

Define for participants who is an authorized/unauthorized user: Unauthorized users can vary from one organization to the other, but, generally, unauthorized users are people who are not employees of the organization. In many cases, even among employees, only those working directly with a patient and their supervisors have access to patient files.

# Establishing and Supporting Professional Boundaries

Boundaries and Confidentiality

Confidentiality: Questions to Consider

- Why is confidentiality so important?
- What are things that need to be kept confidential?
- What are some inappropriate places to discuss patient information?

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## SLIDE 4

Ask participants: Why is confidentiality so important? Write responses on a flip chart. Share possible answers:

- People need to be able to trust their CHW
- People need to feel safe
- We must respect the dignity of individuals
- If patients don't trust us we may lose them
- It's agency policy
- There are liability issues for the agency

Tell participants that beyond access to records and files, CHWs hold a lot of personal information about patients and have an ethical responsibility to guard that information from unauthorized users. This can be tricky because as people with HIV, CHWs may travel in some of the same circles as their patients, and when patients see them in those circles, they may wonder if the CHWs will guard their information. Any "leaks" will get back to patients and before you know it other patients will know that the CHW can't be trusted. This could render the CHW ineffective and can lead to negative consequences.

Question 2: Quickly brainstorm with group specific things that should be kept confidential. Summarize by stating that everything about the patient is confidential.

Question 3: Conduct another quick brainstorm on inappropriate places to discuss patient information and document on a flip chart. Some suggested areas to share (if not mentioned):

- Clinic and office hallway.
- Email communication with patient's full name.
- Outside of the clinic/agency; for example grocery store, community meeting places
- In places where others can hear what we are talking about.

Boundaries and Confidentiality

Health Insurance Portability and Accountability Act (HIPAA) 1998

- The federal government established this act to maintain and protect the rights and interests of the patient. HIPAA defines the standard for electronic data exchange, protects confidentiality, and security of health care records.
- The privacy or confidential rules regulate how information is shared. Upon engagement of health services: pharmacy, medical visits, social services etc., the patient is informed of their rights to confidentiality and the policy and procedures regarding the release of their personal health information.
- The patient signs form stating that they received and reviewed HIPAA policy.

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## SLIDE 5

Ask, "How many of you have heard the term HIPAA?"

Ask for a volunteer to read the slide.

- The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted by the United States Congress and signed by President Bill Clinton.
- The purpose of this act is to maintain and protect the rights and interest of the patient. HIPAA defines the standard for electronic data exchange, protects confidentiality and security of health care records.
- The privacy or confidential rules regulate how information is shared. Upon engagement of health services: pharmacy, medical visits, social services etc., the patient is informed of their rights to confidentiality and the policy and procedures regarding the release of his personal health information.
- The patient signs a form stating that they received and reviewed HIPAA policy.

# Establishing and Supporting Professional Boundaries

Boundaries and Confidentiality

## Situations Where Data Can Be Released Without the Patient's Permission or Consent

- For the purpose of reporting abuse or neglect of a child, elderly, or disabled person to the proper social service agency.
- If a patient is suicidal or homicidal, or an actual homicide is committed.

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## SLIDE 6

Ask for a volunteer to read the slide.

Ask participants to brainstorm about this question: What are examples of situations when data can be released without the patient's permission or consent?

Possible answers to situations when data can be released without the patient's permission or consent:

- For the purpose of reporting abuse, neglect, or domestic violence to the proper social service or protective services agency.
- To prevent serious threat to health and public safety.

Other answers include:

- To the department of public health for health reporting purposes.
- Informing appropriate bureaus during disaster relief.
- Workers' compensation.
- Food and drug administration for expected side effect to drugs or food product defects to enable product recall.
- Correctional institutions.
- To medical examiners, coroners for procurement of organs for certain research purposes.
- Notifying family members or legal guardian involved in the patient's care if a person is missing (example Amber or Silver alerts on television/radio).

Boundaries and Confidentiality

## What Happens When Confidentiality is Not Respected or is Breached?

- The patient may be embarrassed
- The patient can lose trust in the CHW and the agency
- The patient may file charges against the CHW and the agency
- Employee may be reprimanded, given a warning or be dismissed from the agency
- The agency could be fined for disregarding HIPAA laws

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## SLIDE 7

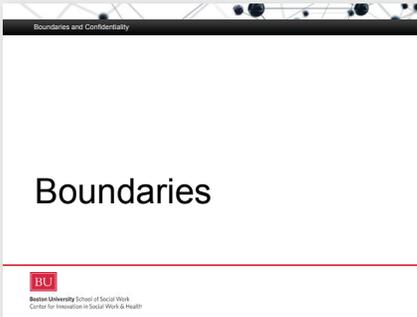
Ask, "What happens when confidentiality is not respected or is breached?"

It is important for us to follow these HIPAA laws. If for some reason we do not follow this law and confidentiality is breached certain situations arise.

Review the slide.

Say, "Let's now transition to talking about professional boundaries."

# Establishing and Supporting Professional Boundaries



## SLIDE 8

Ask, "What are boundaries and why are they important?" Brainstorm and note responses flip chart.

Each type of boundary (physical, time, place, emotional and personal) could be on its own sheet or you can just list them all together. Encourage participants to think in terms of all types of boundaries.

Possible responses: for patients to feel safe, for staff to feel safe, for supervisors to feel safe, to prevent CHW burnout, to prevent misinformation, to prevent liability, to keep patients engaged with the organization.

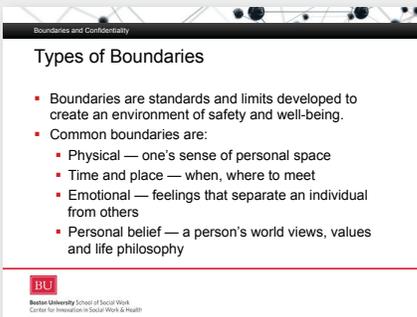
Share with participants that some boundaries are non-negotiable, as established by professional codes and agency policy, while others are more personal, and may be different from person to person or situation to situation.

CHW related boundaries have always been a concern for service providers.

We tend to be more concerned about CHW boundaries than with other employees.

Ask, "Why do you think this is so?" Take a few responses.

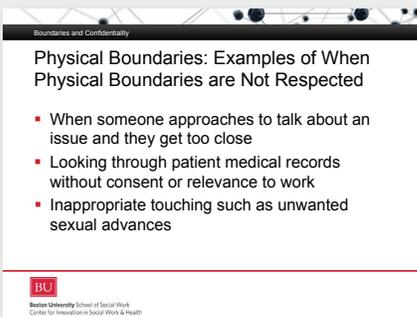
Possible responses: Higher level of intimacy, lack of experience in the workplace, wanting to be all things to patients, not knowing the limits of their roles.



## SLIDE 9

Review the slide.

As we just defined, boundaries are standards and limits developed to create an environment of safety and well-being.



## SLIDE 10

Review the slide.

# Establishing and Supporting Professional Boundaries

Boundaries and Confidentiality

## Physical Belief Boundary

You are helping your client complete their Medicaid application in the office. As you both sit to complete the forms, your client pulls their chair right next to yours at your desk. You are surprised and uncomfortable.

How do you address the physical boundary to ensure that you can continue with the task at hand?

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## SLIDE 11

Ask for a volunteer to read the scenario.

Ask, "How do you address the physical boundary to ensure that you can continue with the task at hand?"

Possible answers:

- Shift your chair away and share that it is important to have some personal space between each other
- Explain to your client that you are most comfortable working when there is space between you both, that way you will not bump into each other as you complete forms.
- If you are using a computer to complete the form online, share the screen so that your client can see it and it will allow for some personal space in between. In addition, chairs will not have to be moved closer together to see the screen.

Boundaries and Confidentiality

## What are Time Boundaries?

Time boundaries refer to markers of time

Examples:

- Start times and end times for work
- Allotting time to meet with a patient that allows for enough time to achieve goals
- Ending a meeting with a patient after an appropriate period of time, even if the patient wants to continue

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## SLIDE 12

The next type of boundary we want to review is time boundaries which refer to markers of time.

Review the examples on the slide.

CHWs modeling appropriate time boundaries can help clients set boundaries with others in their lives. It can also build a sense of trust between the CHW and the client.

Boundaries and Confidentiality

## Time Boundary

Jill, the CHW says that she is making good strides with her client who recently started coming back to the clinic. The challenge she has is that this particular client comes in daily and she is struggling to find time to work on finding other clients on the "out of care list."

What recommendations do you have for Jill?

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## SLIDE 13

Ask a volunteer to read the slide.

Ask, "What recommendations do you have for Jill?"

Possible answers:

- Provide times that the client could check in with her, like 30-minute sessions on particular days.
- Jill can provide positive feedback about the client re-engaging with the clinic, then explain that she has other clients to work with and must be available to other clients as well.
- Jill can connect her client with other people on the team who can help them with getting their needs met.
- Jill can not respond to the client when they show up to be seen unexpectedly.

# Establishing and Supporting Professional Boundaries

Boundaries and Confidentiality

## What are Place Boundaries?

- Place boundaries help programs define best practices for where CHWs meet with patients
- Program managers and supervisors will want to consider the local community, the local medical network, safety issues, and the role of CHW work.
- Decide where CHWs and patients can meet and clearly communicate to CHW team
- Consider allowing for flexibility based on patient needs and the CHW's experience

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## Example of Place Boundaries

The CHW reports that their client lives in their old neighborhood and they are uncomfortable meeting with the client at their home because they do not want to run into past friends. The CHW wants to ensure the client's confidentiality is preserved. The client does not like coming to the clinic for services beyond their medical appointment.

What should the CHW do?

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## Emotional Boundaries: Examples of When Emotional Boundaries are Crossed

- Blaming others, not taking personal responsibility for actions
- Imposing one's feelings or ideas on another
- Allowing patient statements to have a negative impact on services the CHW is providing; for example, a patient may insist that they are not being helped

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## Example of Emotional Boundaries

Your client knows you are a single mom—as is she—and is asking to borrow \$20 to buy formula for her baby. She states she will repay you when she gets her SSI check and says "Do you want my baby to go hungry?"

What recommendations do you have for the CHW?

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## SLIDE 14

Review the slide.

CHWs are familiar with the community so they know where safe places may be for their patients. It is important for CHWs to inform coworkers about when and where they are meeting with their patients as part of the safety protocol at the agency.

## SLIDE 15

Ask for a volunteer to read the scenario.

Ask, "What should the CHW do?"

Possible answers:

- The CHW can explain to the client that they used to live in the neighborhood and are concerned that they may run into old friends who may inquire about why they are in the neighborhood.
- The CHW can acknowledge that the client does not like coming to the clinic and suggest some other places in the community where they can meet that will maintain confidentiality.

## SLIDE 16

Review the slide.

Another type of boundary is emotional boundaries.

## SLIDE 17

Ask for a volunteer to read the scenario.

Ask, "What recommendations do you have for the CHW?"

Possible answers:

- The CHW can remind the client that she cannot loan money to her because it goes against the agency policy.
- The CHW can suggest community resources where the client can get formula for her baby and help her in getting the resource.

# Establishing and Supporting Professional Boundaries

Boundaries and Confidentiality

## Defining Personal Beliefs for CHWs

- A personal belief includes one's world view, values and life philosophies.
- Personal beliefs include one's religious beliefs and political beliefs, etc.
- We all have a right to our beliefs, but sometimes our actions must be controlled in order to respect the rights of others.

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## SLIDE 18

Review the slide.

Personal beliefs include one's religious beliefs, political beliefs, etc. We all have a right to our beliefs, but sometimes our actions must be controlled in order to respect the rights of others.

Boundaries and Confidentiality

## Personal Belief Boundary

Your client is of Muslim faith and has shared that she must get permission from her husband to meet with you regularly. You tell your client that she lives in the USA, and it's the "land of the free" where everyone has equal rights.

A colleague has confronted you, the CHW, about your response to the client. How do you respond to the situation?

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## SLIDE 19

Ask for a volunteer to read the scenario.

Ask: "A colleague has confronted you, the CHW, about your response to the client. How do you respond to the situation?"

Possible answers:

- You thank your colleague for bringing this to your attention as you did not realize your statement could have negative results with your client's religious beliefs.
- You ask for help on how to apologize to your client because you recognize you were disrespecting their belief boundary.

Boundaries and Confidentiality

## Summary of Tips for Setting Boundaries

- Clearly define the CHW/patient relationship/roles
- Set guidelines so patients know what to expect in sessions
- It's important to respect boundaries once set
- Immediately let others know when they cross boundaries
- Follow through on what you said you would do if boundaries are crossed
- Separate boundary-setting and being empathic to the client's need to share his/her feelings

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## SLIDE 20

Review the slide.

Boundaries and Confidentiality

## Guidelines for Healthy Boundaries

The following guidelines for healthy boundaries may help CHWs set boundaries:

- Stay within the behavioral constraints of the organization's policies and procedures.
- Be able to articulate what constitutes taking too much responsibility for someone else's health.
- Discuss openly interactions and reactions in providing CHW support services with supervisors.
- Devote a similar amount of time and effort to each person served while also being aware of the possibility of exceptions when necessary (e.g., a person in crisis).
- Respect your own limits by prioritizing self-care.

What else would you add to the list?  
What strategies can you implement to meet these guidelines?

*Adapted from SAMHSA Access to Recovery*

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## SLIDE 21

Here are some tips from SAMHSA about healthy boundaries.

Ask participants:

- What else would you add to the list?
- What strategies can you implement to meet these guidelines?

Distribute the handout Establishing and Maintaining Boundaries. Ask for volunteers to read it aloud.

# Establishing and Supporting Professional Boundaries

Boundaries and Confidentiality

Activity: Relationships and Boundaries

Always Okay	Sometimes Okay	Never Okay

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## SLIDE 22

We are now going to do an individual exercise that will help you test/assess your own boundaries

Distribute the handout Boundaries in Professional Relationships and spend a few minutes answering the questions.

Debrief/discussion:

- Ask for volunteers to share how they answered the questions.
- Were there any gray areas?
- Are there boundaries they felt strongly about or boundaries they just couldn't answer at all?

Key Point: It is important for members of the team to understand their own boundaries.

Boundaries and Confidentiality

Things to Consider When Working With Clients

Are my interactions:

- Purposeful
- Not a risk to others
- Not a risk to myself
- Not about me

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## SLIDE 23

As we wrap up this module, here are some key things to consider when you are working with clients.

If you answer no to any of these considerations, then seek support from your administrative or clinical supervisor. The relationship between the client and CHW is one of privilege as clients invite us to be part of their lives and CHWs in return want to support them in the best possible way to keep them engaged in care and services.

# Confidentiality



## **Situations when HIPAA data can be released without client's permission or consent:**

- ✓ Reporting abuse, neglect, or domestic violence
- ✓ Prevent serious threat to health and public safety
- ✓ Reporting to Department of Public Health for health purposes
- ✓ Inform appropriate bureau during disaster relief
- ✓ Workers compensation
- ✓ Food and Drug Administration for expected side effects to drugs or food product defects to enable product recall
- ✓ Correctional institution
- ✓ Funeral directors, medical examiners, coroners, procurement of organ, for certain research purposes
- ✓ Notify family members, legal guardian involved in the client's care for notifying them of a person's location

## **Consequences of breaking confidentiality include:**

- ✓ Employee reprimand, warning, or dismissal
- ✓ Client/patient may be embarrassed
- ✓ Client will lose trust in CHW and agency
- ✓ Client may file charges against CHW and agency
- ✓ Agency could be fined criminal penalties for disregarding HIPAA

# Establishing and Maintaining Professional Boundaries

Establishing and maintaining appropriate professional boundaries allows Community Health Workers (CHWs) to better protect the welfare of clients, themselves, employers, and the community.

Examples of professional boundary issues are:

- A CHW's self-disclosure of personal information to a client
- Physical contact with a client
- Romantic or sexual involvement with a client
- Managing dual or multiple relationships with clients

A **dual or multiple relationship** exists when you have another type of relationship or connection with someone who is also a client. For example, a client may be a former coworker, or a member of your church, synagogue, or mosque.

CHWs confront potential boundary dilemmas frequently, including offers of gifts from clients, requests from clients to borrow money, or invitations to develop a romantic relationship. Whether it is lending a client \$1.50 for bus fare, giving a client a ride in your car to an appointment, being invited to become the godmother to the client's daughter, or seeing a client at your neighborhood grocery store or school, it is sometimes difficult to know what to do.

**Professional boundaries** are defined as *limitations or ethical guidelines that a professional establishes within working relationships*. Boundaries may be fluid and flexible depending on the situation.

Establishing professional boundaries can assist both the CHW and the client to clearly define their working relationship. Identifying what you can or cannot do for the client is an important part of building trust in your relationship. Your clients should know what to expect from your behavior at the outset of the relationship. The moment a CHW deviates from a strictly professional role, it is known as **boundary crossing**.

Not every boundary crossing is unethical. Because CHWs often work in the same community where they live, it is difficult to avoid dual relationships with clients. In fact, those relationships may be part of what makes the CHW a "trusted member of the community." CHWs must stay aware of their influential position with respect to clients, however, and avoid exploiting the trust of clients. Understand that some dual relationships can impair professional judgment or increase the risk of harm to clients. The guiding principle here should be: What is in the best interest of the client? If it could be harmful for a client to work with a CHW with whom the client has a dual relationship, then the CHW should refer that client to a colleague.



Here are some questions you can ask yourself if a boundary dilemma arises:

- Who benefits from the boundary crossing?
- Is the boundary crossing necessary?
- Did the client receive informed consent about the potential risks involved in the boundary crossing?
- How will the boundary crossing affect the relationship?
- Am I being objective?
- Is there a cultural context to consider in this situation?

When in doubt, seek support from colleagues, your supervisor, or the code of ethics in your workplace.

Source: Berthold et al (Eds.), 2009, *Foundations for Community Health Workers*

# Boundaries in Professional Relationships

Decide whether **for you** each of these situations is clearly Always Okay or Never Okay. If there are times when it might or might not be okay, depending on circumstances, check Sometimes Okay. Then make a note as to **when** or under **what circumstances** would make that behavior okay. Discuss your answers with others.

Behavior	Always Okay	Never Okay	Sometimes Okay (When?)
1. Keep your attraction to your client secret from supervisor/team			
2. Keep client's attraction to you secret from supervisor/team			
3. Keep boundary concerns secret from supervisor/team			
4. Bend the rules for an individual client			
5. Share religious/spiritual beliefs with client			
6. Advocate for a client despite your team/agency's opposing view			
7. Share after-hours social time with a client			
8. Bring a client to your home for any reason			
9. Share a meal with a client			
10. Engage in common interests with a client			
11. Spend time alone with client in their apartment			
12. Lend money to a client			
13. Lend personal items to a client			
14. Accept a loan of money from a client			
15. Accept a loan of personal items from a client			
16. Give a gift to a client			
17. Accept a gift from a client			
18. Call a client after work hours			
19. Accept a call from a client after work hours			
20. Accept a call from a client at your home			
21. Invite clients to a party at your home			
22. See a former client as a friend			
23. Date a former client			
24. Accept a hug from a client			
25. Initiate a hug with a client			
26. Accept a massage from a client			
27. Initiate a massage with a client			
28. Take a client to your church			
29. Take a client to your self-help meeting			
30. Ride in a client's vehicle			
31. Encourage your client to disclose to his/her partner(s)			
32. Encourage your client to disclose to his/her family members			
33. Disclose your own HIV status and your life story to your client			

# Boundary Scenarios

## Role Confusion

Joe has received primary care and case management services from the clinic, which has supported his goal of increasing his knowledge of HIV and how to manage his health. Joe is now ready to give back to others who are struggling with the disease. He participated in training to become a CHW and was hired part-time at the clinic as a CHW. He must now manage his dual role: patient and CHW. During a recent supervision meeting, Joe shared with his colleagues that he is struggling with wanting to attend the support group he has gone to for the past three years that helped him with his sobriety.

**What are the boundary issues presented in this scenario and what would you do?**

## A Prior Relationship

Brad is a CHW at the clinic. One day he sees his friend Steve come into the clinic for his first appointment. Brad is surprised to see Steve, as they have never talked about their HIV status. Brad is now concerned that his confidentiality will be compromised because they share the same social circles.

**As the CHW in this scenario, what would you do?**



## Immigration Status

Ramon Torres, a 38-year-old male from Guatemala, is a client who was arrested and convicted for DUI in 2015. He was required to complete inpatient treatment and take a defensive driving course, all which he successfully completed.

Ramon has been coming to the clinic since 2014, but has had trouble with adherence and attending his doctor's appointments. Once he was released from jail, he was assigned a navigator who supported Ramon as he began inpatient drug treatment, and attending medical and legal appointments. Ramon began to thrive once sober, and his viral load was suppressed and undetectable at last visit.

Immigration and Customs Enforcement (ICE) recently began inquiring about clients, and even taking some into custody who had prior convictions. This scares Ramon, and he now refuses to come back to the clinic for fear of been detained by ICE.

**As a CHW/navigator, how would you help this patient?**

**If you were approached by an ICE officer and they asked you if Ramon Torres is a client at your clinic, how would you respond?**



## Domestic Violence

A CHW has been working with a married, heterosexual female who has two young children. The client lives in subsidized housing and stays at home with her children, while her husband works. The client isn't able to make it to the clinic or other services very frequently, but childcare has been the only barrier identified.

The client's housing case manager had been exchanging emails with the client, who said she was scared of her husband. The housing case manager was unable to do a home visit, so the CHW agreed to go and uses her personal vehicle to drive 30 miles to visit the client.

Upon arrival the CHW is able to confirm domestic violence is occurring, and the client is unable to leave the home. The CHW calls local domestic violence hotlines, but is unable to reach a staff member via phone. The CHW calls the housing agency, who immediately provides a hotel voucher. The client's husband is not home, but often comes home unannounced. The client is not expecting to flee her home with her two children, and doesn't have any belongings packed so the CHW assists the client with packing belongings for herself and her children – using a suitcase owned by the CHW that she had in the back of her personal vehicle.

Motel arrangements are made, but client has no debit or credit cards, no cash, and does not have her food stamp card, as her husband keeps it. En route to the DHS office to secure benefits, both of the client's children are crying, as they have not had any meals since breakfast. The CHW uses their personal debit card to purchase food for the children. The client decides she is too overwhelmed to go to the DHS office with the children, since she doesn't have a stroller, and gets anxiety when leaving the house. She is also tearful and traumatized from the day's events. By this time, it is late in the afternoon, so CHW drives the client to the motel room and assists with unpacking her items from the car. The CHW agrees to go back to the motel the next morning. The client's children have left food and packaging strewn throughout the CHW's car.

The CHW arrives at the motel the following day and two unknown men answer the door, who tell the CHW that the client is in bed. It turns out that the client's husband found out what motel she was in, and showed up in the middle of the night. He was arrested, but let out early that morning. The CHW enters the motel room, and finds out that the client's husband has been circling the area surrounding the motel. The husband was found with drugs in his possession, so is likely under the influence. The CHW calls 911 and requests a police escort. Instead of taking the client to apply for benefits as previously discussed, the police say they should go directly to a domestic violence center and file a restraining order.

The CHW ends up being confined in the motel room with the client, her two kids, and two men for 2.5 hours while waiting for the police. The CHW purchased food for the family again, as several hours passed while the police were on the scene.

**What are the boundary issues presented in this scenario and what would you do?**



## Domestic Violence

Mike, a new client to the clinic, is a 32-year-old man who tells his CHW that he escaped his apartment after being held captive and beaten all weekend by his partner Will.

Will is a 30-year-old man who has been a client at the clinic for several years, and the CHW has known Will from the community before coming to work at the clinic. The CHW is a board member of a local non-profit of which both Will and Mike are volunteers. The CHW reported a conflict of interest to their supervisor, but it was determined it would still be okay to work with Mike.

The two clients are in an on-going domestic violence situation. The CHW does a home visit, and although Mike had filed a restraining order against Will, Will is at Mike's apartment. Will is high on meth and talks about hearing voices. Mike says that Will understands that they are no longer in a relationship and is temporarily staying at his house because he lost his apartment and has nowhere to go. The CHW asks if Mike understands that this is in violation of the restraining order that is designed to protect him from future physical violence. The CHW is able to convince Will to leave the house and takes him back to the clinic to problem solve about the housing situation.

In their role as a community organizer, the CHW has multiple relationships with both clients outside of the CHW role, as the CHW attends social functions and meetings with both clients in the community. In one of these settings, mutual friends are discussing concerns about the abuse in the presence of the CHW, who reports that they cannot discuss the abuse. The friends are trying to develop a strategy to assist Will with his substance use and housing situation.

Two weeks later Mike is in a counseling session at the clinic and tells his therapist that he is afraid to return home because Will is there and was threatening him. Will continued to stay at the apartment until he was arrested. The CHW has been asked to testify at the trial, however, is requesting dismissal due to the dual relationships.

**What are the boundary issues presented in this scenario and what would you do?**

# Acknowledgements

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