CONVENTIONAL BOUNDARIES OF PROFESSIONALISM IN CONTEMPORARY SOCIAL WORK: A THEORY-TO-PRACTICE GAP

By

Courtney Wilson

Master's research project submitted to

The School of Social Work

To obtain a Master of Social Work Degree

Under the supervision of Jennifer Matsunaga and Stéphanie Garneau

University of Ottawa

September 2020

Acknowledgements

I would like to say a special thank you to my supervisors, Professors Jennifer Matsunaga and Stéphanie Garneau, who have been tremendously helpful throughout this process. Thank you both for your guidance, your dedicated support, and your endless wisdom. I could never have done this without you.

I would also like to thank my classmates and colleagues for being there every step of the way; you all forever amaze me.

Finally, I would like to thank my roommates, my friends, my family, and especially my partner Michael. Your love and encouragement have been invaluable.

Abstract

All professions are governed by established boundaries to address inherent power imbalances between the professional and the individual accessing services. In the field of social work, the advocated boundaries of professionalism are restrictive, defensive and protective in nature; they serve to separate the service provider and the service user, and to distinguish appropriate and inappropriate behaviour on the part of the service provider. This dissertation offers a meta-analysis of relevant literature pertaining to professional boundaries in the context of social work, paired with findings that are supported by the author's autoethnographic experiences. Ultimately, the results demonstrate how the boundaries of professionalism in the context of social work can contradict the values and principles of contemporary practice, can be too rigid and unsuited to the situation or context, or can be too blurred and thus generate confusion and discomfort among social workers.

Résumé

Chaque profession est régie par des limites établies afin de remédier aux déséquilibres de pouvoir inhérents à la relation entre le professionnel et l'individu qui accède aux services. Dans le domaine du travail social, les limites du professionnalisme préconisées sont restrictives, défensives et protectrices ; elles servent à séparer le prestataire de services et l'utilisateur de services, et à distinguer les comportements appropriés et inappropriés de la part du prestataire de services. Ce mémoire propose une méta-analyse de la littérature pertinente concernant les limites professionnelles dans le contexte du travail social, associée à des résultats qui sont soutenus par les expériences autoethnographiques de l'auteure. En fin de compte, les résultats montrent comment les limites du professionnalisme dans le contexte du travail social peuvent être en contradiction avec les valeurs et les principes de la pratique contemporaine, peuvent être trop rigides et inadaptées à la situation ou au contexte, ou peuvent être trop floues et peuvent ainsi générer de la confusion et de l'inconfort chez les travailleurs sociaux.

Table of Contents

Introduction

My interest in my topic of choice has evolved considerably over the course of my two-year Master of Social Work (MSW) program. As a qualifying social worker, my coursework, my placements and my professional and personal endeavours have had me trying to piece together my professional identity. Social work is a deeply personal, relational profession, and with that, big questions come up time and time again pertaining to boundaries of professionalism, both within and outside of direct service practice. This dissertation has pushed me to draw from academia and from my own experiences to investigate the ways in which boundaries of professionalism are attended to in the context of social work.

In all professional relationships, there are power imbalances and the potential for discrimination and exploitation. In order to address said discrepancies, safeguard against such violations and delimit a given field's scope of action, professions are governed by institutional regulations, standards and espoused boundaries (O'leary, Tsui, & Ruch, 2012). Professional boundaries are defined as the space that separates two social systems - the professional and the individual(s) accessing services - as well as the space that separates appropriate and inappropriate behaviour on the professional's part (Katherine, 1991; Strom-Gottfried, 1999). In theory, professional boundaries are intended to support both parties of the working relationship (O'leary et al., 2012).

There are numerous contested terms ('client', 'service user', 'consumer') used to describe the people with whom social workers engage. For the purpose of this dissertation, we use the term 'service user' in reference to the individual(s) accessing services. This term should be taken to include collective clients such as couples, families, groups and

communities. We refer to the social worker as 'service provider,' 'practitioner,' or 'professional' interchangeably.

In the service provider-service user relationship, power imbalances are inherent as a result of its fiduciary nature (Strom-Gottfried, 2000). This didactic structure is further reinforced by the adopted boundaries of professionalism within the field, which were, and still remain, heavily influenced by the origins and ethical evolution of North American social work. Professional social work in North America emerged out of colonization, first to support the displacement of Indigenous Peoples (Baskin, & Sinclair, 2015; Fortier, & Wong, 2018) and then to support the arrival of European immigrant populations (Branco, 2018; Franklin, 1986; Haynes, 1998).

The ethics of professional social work in North America evolved alongside the profession, and defensive boundaries of professionalism were embraced within the field (O'leary et al., 2012). Although the profession has developed exponentially since its inception, the advocated boundaries of professionalism in social work remain protective and restrictive; these boundaries are still widely enforced (O'leary et al., 2012).

Today, boundary breaches arise in two primary ways: first, they may involve the relationship(s) between the service provider and the service user, and second, they may involve the specific practices (gestures, actions and/or words) of the service provider.

This dissertation explores contemporary social work, the boundaries of professionalism and the advocated boundaries of professionalism in the context of social work. It delves into contemporary boundary breaches and poses the research question: do the established boundaries of professionalism in the context of social work hold up against the profession's

contemporary standards and practice realities, and how? What are the impacts of said boundaries in professional practice? Ultimately, by means of a meta-analysis of literature and autoethnography of my own experiences, this dissertation demonstrates how the boundaries of professionalism in the context of social work can contradict values and principles of contemporary practice, can be too rigid and unsuited to the situation or context, or can be too blurred and thus generate confusion and discomfort among social workers.

Chapter 1: Historical Context, Literature Review, and the Research Question

The following section commences with a historical recount of the origins and ethical evolution of professional social work. From there, it provides a literature review with two subsections. In the first section of the literature review, the following key concepts are defined: contemporary social work, the boundaries of professionalism and the boundaries of professionalism in social work. The second section delves into contemporary boundary breaches. Following the historical context and literature review, the research question is presented in greater depth.

1.1 Professional Social Work: A History

In order to appropriately explore the boundaries of professionalism in the context of social work, it is imperative to understand the historical, economic, political and ideological milieus within which the profession is rooted. This perspective is relevant to my project in that the origins and ethical evolution of professional social work in North America heavily influenced, and continue to influence, the boundaries of professionalism that are espoused within the field (Dietz, & Thompson, 2004). As such, the following section sets the stage for my dissertation.

Professional social work in North America emerged during two primary waves of colonization. The initial responsibilities of social welfare provision can be traced to the authoritarian relationships imposed on Indigenous Peoples by early traders, Indian agents, Christian missionaries and civil servants (Baskin et al., 2015; Fortier et al., 2018). Though they were not explicitly designated 'social workers,' the Crown tasked these groups as early as the 1763 Royal Proclamation to 'manage' the challenges associated with the displacement of

Indigenous Peoples and the unrelenting battle for land (Baskin et al., 2015; Fortier et al., 2018). From there, during the dawn of the nineteenth century, a more conventional social work was born. At this time, pools of European immigrant populations were arriving in North America, and social workers were called upon to address the wide range of challenges they faced, i.e. poor living conditions, disease, poverty, inadequate educational opportunities, low wages, unsafe working conditions, etc. (Branco, 2018; Franklin, 1986; Haynes, 1998). Social work was formally inaugurated as a profession in North America in the late nineteenth century (Reamer, 2014).

All the while, according to Joseph (1989) and Reamer (2014), the ethics of professional social work in North America evolved in five essential periods: the morality period, the values period, the ethical theory and decision-making period, the ethical standards and risk management period, and the digital period.

The morality period began in the late nineteenth century, when social workers' primary focus was the morality/immorality of the service user rather than the morality or ethics of the service providers or the profession itself (Franklin, 1986; Reamer, 2014). It was during this time that Mary Richmond and Jane Addams made their contributions to the field; these two women are considered the most influential individuals in the history of colonial social work in North America (Branco, 2018; Franklin, 1986; Haynes, 1998; Thompson, Spano, & Koenig, 2019). Mary Richmond, who pioneered the Charity Organization Society in the late 1870s, promoted the rehabilitation of the individual(s) facing challenges (Branco, 2018; Franklin, 1986; Haynes, 1998; Thompson, et al., 2019). Social activist Jane Addams, who helped found the Settlement House Movement in the late 1880s, advocated that social conditions were at the root of welfare concerns (Branco, 2018; Franklin, 1986; Haynes, 1998; Thompson, et al.,

2019). The polarizing views of the individual vs. the state are recognized as the two primary theologies that interactively shaped the objectives of the social work profession (Branco, 2018; Franklin, 1986; Haynes, 1998; Thompson, et al., 2019). Hence, social work began, and remains, in a state of tension and ambiguity (Thompson, et al., 2019).

With the rise of the Settlement House Movement in the early twentieth century, social workers began to acknowledge a need for dramatic social reform to address various societal challenges at play (Franklin, 1986; Sewpaul, & Henrickson, 2019). Thus, during the values period, concerns about service users' morality were set aside and debate around the profession's future took precedence (Joseph, 1989; Reamer, 2014). It was during this period, nearly 50 years after the inauguration of social work as a profession, that social workers began to build consensus about the profession's orientations and core values (Joseph, 1989; Reamer, 2014). In 1960, the National Association of Social Workers (NASW) adopted its first Code of Ethics to guide service providers (Reamer, 2014), which was heavily influenced by other professions, most notably medicine (O'leary et al., 2012).

From there, the ethical theory and decision-making period took up the 1970s-80s (Reamer, 2014). This period was characterized by a focus on applied and professional ethics, or 'practical ethics' in a wide range of professions, including but not limited to social work, medicine, commerce, law, print media, engineering, and psychology; this came as a result of factors such as controversial technological advancements in health care, public scandal about service providers abusing service users, and greater awareness of malpractice litigation (Mattison, 2000; Reamer 2003; 2014).

It was due to this growing knowledge of professional negligence and liability that the

ethical standards and risk management period began in the late 1980s-early 1990s. This period encompassed a drastic increase in ethical standards to guide service providers' conduct and comportment. The focus zoned in on malpractice, negligence, standards of care, acts of commission and omission, misfeasance, malfeasance, nonfeasance, evidentiary rules and procedures, legal discovery, burdens of proof, common law, regulatory law, statutory law and constitutional law (Reamer, 2003; 2014). With these emerging themes, restrictive boundaries of professionalism were embraced in social work (O'leary et al., 2012).

The fifth period of ethics in North American social work is the digital period, which began in the new millennium. A fundamental shift in social work ethics derived from the complex and unprecedented ethical challenges associated with social workers' provision of services through digital and remote technology including counselling via email, instant messaging, online chat rooms, video platforms, virtual reality, social media etc. (Kanani, 2003; Lamendola, 2010; Menon, & Miller-Cribbs, 2002; Reamer, 2014).

In keeping with the evolution of professional ethics in social work, the advocated boundaries of professionalism in social work have been, and remain, defensive and protective in nature (O'leary et al., 2012). Today, these endorsed boundaries are reflected in numerous Ethical Codes of Conduct (AASW, 2010; BASW, 2002; HKSWRB, 2009; OCSWSSW, 2008; NASW, 2008); they are often used to guide organizational regulations and policies, social work education, theory related to practice, and opinions and practices of social workers (Alexander, & Charles, 2009; O'leary et al., 2012). In Ontario, for example, the Ontario College of Social Workers and Social Service Workers (OCSWSSW) published their own Code of Ethics and Standards of Practice Handbook in 2008, "to establish and enforce professional standards and ethical standards applicable to members of the College'"

(OCSWSSW, 2008, p. IV). The OCSWSSW Code of Ethics is used as a reference throughout this dissertation; as such, it is important to note that the boundaries of professionalism included in the OCCSWSSW Code remain on the defensive as well.

1.2 Key Concepts

1.2.1 Contemporary Social Work Defined

Literature reveals that social work is being constantly 'worked' in its classifications, which reveals endless questioning of its objectives, orientations and functions (Branco, 2018; Dubois, & Garceau, 2000; Haynes, 1998; Thompson et al., 2019). For the purpose of this dissertation, the working definition of social work reflects the practice scope of a 'Registered Social Worker' according to the OCSWSSW. As such, social work includes "the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal problems through the use of social work knowledge, skills, interventions and strategies, to assist individuals, dyads, families, groups, organizations and communities to achieve optimum psychosocial and social functioning" (p. 7).

1.2.2 Boundaries of Professionalism Defined

The traditional notion of boundaries in the social sciences derives from the assumption that in order to be considered 'healthy', individuals must become increasingly separate and autonomous as they mature (Dietz et al., 2004). Thus, the term 'boundary' refers to the space that separates two social systems (Katherine, 1991), which is projected to support both the professional and those accessing services of support (O'leary et al., 2012). In the context of social work, the 'boundary' is the space between social system A, the social worker and social

system B, the service user (Katherine, 1991). For the purpose of this dissertation, 'professional boundaries' or 'boundaries of professionalism' represent the lines or limits that differentiate between appropriate and inappropriate behaviour on the social worker's part (Strom-Gottfried, 1999); this should not be confused with boundary disputes between professions, such as inter-professional boundaries (Doel et al., 2010). Today, boundary breaches either involve the nature of the relationship(s) between the service provider and the service user, or the specific practices (gestures, actions and/or words) of the service provider. These breaches are addressed in the proceeding sections.

1.2.3 Boundaries of Professionalism in Social Work

Right off the bat, hierarchy and distance is inherent between service providers and service users, as said relationships are fiduciary (Gabbard, 1997; Johner, 2006; Kagle, & Giebelhausen, 1994; Kutchins, 1991; Strom-Gottfried, 2000). The service user places confidence in and relies upon the service provider who possesses specialized skills, knowledge or authority; thus, the very organization of the services is based on unequal power and control (Johner, 2006). As Gabbard (1997) notes, "as long as the therapist is charging a fee for a service, the power imbalance of the fiduciary relationship cannot be eliminated" (p. 315). This didactic construction of the service provider-service user relationship is reinforced by positivist epistemology, a scientific approach to human behaviour, and the medical model of care, wherein the doctor is believed to be all knowing and boasts control in the doctor-patient relationship (Dietz et al., 2004; O'leary et al., 2012). In the context of social work, from this perspective, the service provider is presumed to be the expert of the service user's pathology; service providers are encouraged to maintain a 'professional distance', to be anonymous, neutral and abstinent (Dietz et al., 2004, p. 3). Greenspan (1995) refers to this approach as the

'distance model,' wherein "distance is enshrined; connection is seen as inherently tainted and untrustworthy" (p. 52). According to the 'distance model', a social worker being seen as a 'real person' interferes with the therapeutic process, whereas a hierarchical and distant relationship between service provider and service user is deemed essential for therapeutic outcomes measures (Dietz et al., 2004).

As mentioned, the boundaries of professionalism in social work are deemed necessary to protect both parties of the working relationship (O'leary et al., 2012). One the one hand, they are "typically motivated by a need to protect [service users] from conceivable harm because of the power imbalances inherent in the relationship" (Alexander et al., 2009, p. 6). Professional boundaries are advocated to 'safeguard' against potential discrimination, exploitation and/or intrusions into the sphere of the service user's safety (O'leary et al., 2012; Strom-Gottfried, 1999). On the other hand, professional boundaries in social work are presumed to support service providers in establishing and maintaining safe connections with service users, in preserving and promoting their working relationships (Strom-Gottfried, 1999). They intend to offer guidance for social workers' day-to-day practices, and support them if and when they do face ethical dilemmas (Jayaratne, Croxton, & Mattison, 1997). The boundaries of professionalism in social work are considered "an internal monitoring and accountability mechanism for the profession […] a quality control measure for practice […] the criteria by which social workers will be judged in courts of law" (Jayaratne et al., 1997, p. 187-8).

1.3 Contemporary Boundary Breaches

Despite the heavy emphasis on restrictive boundaries of professionalism in the context

of social work, ethical challenges pertaining to such boundaries have been, and remain, prevalent and problematic in the field of social work (Doel et al., 2010; Halverson, 2014; Jayaratne et al., 1997; Kagle et al., 1994; Reamer, 2003; Strom-Gottfried, 1999). "Many of these issues are subtle in nature and some are more glaring and egregious" (Reamer, 2003, p. 128). Social workers often encounter actual or potential boundary breaches, which can encompass behaviours ranging from minor to severe (Doel et al., 2010). For the purpose of this dissertation, the literature pertaining to boundaries of professionalism in the context of social work is divided into two primary categories: dual and/or multiple relationships and inappropriate practices.

1.3.1 Dual and/or Multiple Relationships

The established boundaries of professionalism in social work recommend avoiding dual and or/multiple relationships between service providers and service users (Bodor, 2004; Halverson, 2014; Halverson, & Brownlee, 2010; Piché, Brownlee, & Halverson, 2015; Pugh, 2007). The OCSWSSW Code of Ethics and Standards of Practice addresses this notion explicitly; the Code reads: "Members are responsible for ensuring that appropriate boundaries are maintained in all aspects of professional relationships […] avoiding conflicts of interest and/or dual relationships with clients" (OCSWSSW, 2008, p. 12).

According to Kagle and Giebelhausen (1994), "a professional enters into a dual relationship whenever he or she assumes a second role with a client, becoming social worker and friend, employer, teacher, business associate, family member, or sex partner" (p. 213). Thus, in the context of social work, dual and/or multiple relationships occur when service providers engage with service users in more than one capacity (Reamer, 2003). Dual and/or

multiple relationships can occur whether the second relationship begins before, during, or after the social worker relationship (Kagle et al., 1994).

Reamer (2003) argues, "in light of the impressive range of boundary issues in the profession, it is important for social workers to have access to a conceptual framework to help them identify [...] the dual relationships they encounter" (p. 123). In the form of a typology, Reamer outlines various ways and circumstances in which dual and/or multiple relationships can develop between social work service providers and service users (Reamer, 2003). His typology is based on a variety of sources, including,

> "insurance industry statistics summarizing malpractice and negligence claims; empirical surveys of social workers and other professionals about boundary issues; legal literature and court opinions in litigation involving boundaries; and [Reamer's] experiences as chair of a statewide ethics adjudication committee and expert witness in a large number of legal cases involving boundary issues" (Reamer, 2003, p. 123).

According to Reamer (2003), there are five primary ways in which professional relationships can become dual or multiple; they are categorized conceptually as follows: intimacy, pursuit of personal benefit, emotional and dependency needs, altruistic gestures and unanticipated circumstances. These circumstances fall generally along a continuum from clearly exploitive acts to more benign mistakes (Strom-Gottfried, 1999).

Intimate Relationships

Many dual and/or multiple relationships in social work involve some form of intimacy, such as sexual behaviours or interactions, nonsexual physical contact or service provision to a former lover.

It is indisputable amongst social workers that a sexual relationship between a service

provider and a service user is an explicit boundary violation (Doel et al, 2010; Reamer, 2003), but a substantial portion of intimate dual and/or multiple relationships entered into by service providers involve sexual intimacy (Berkman, Turner, Cooper, Polnerow, & Swartz, 2000; Strom-Gottfried, 2000). In fact, "sexual violations are the most commonly reported of boundary violations" (Doel et al, 2010, p. 1870). According to the OCSWSSW Code of Ethics and Standards of Practice (2008), "behaviour of a sexual nature by a College member toward a client represents an abuse of power in the professional relationship. College members do not engage in behaviour of a sexual nature with clients" (p. 38). The Code specifies that these regulations also apply to sexual relations between service providers and service users' relatives or close friends, between service providers and former service users, or between service providers and social work supervisors, educators, supervisees, students, trainees and colleagues (p. 39). The argument here is that a sexual relationship could compromise the service provider-service user relationship, and imply an explicit risk of exploitation or potential harm to the service user (Doel et al, 2010; O'leary et al., 2012; Reamer, 2003).

Nonsexual physical contact between service provider and service user can also be considered an area of ethical concern. The OCSWSSW Code of Ethics and Standards of Practice advises against any physical contact between service user and service provider, which includes "hugging, holding, patting, stroking, rubbing" (p. 39). In a service provider-service user relationship, such nonsexual intimacy may be confusing, and may exacerbate a service user's transference in ways that are damaging or counterproductive to the therapeutic objectives (Reamer, 2003).

Next, should a social worker provide services to a service user with whom they had a previous intimate, romantic, or sexual relationship, this would constitute an example of a dual

relationship wherein the second relationship began before the social worker relationship (Kagle et al., 1994). The OCSWSSW Code reads, "College members do not provide clinical services to individuals with whom they have had a prior relationship of a sexual nature" (p. 38). The argument here is that the prior relationship history is likely to interfere with the service provider-service user relationship in some capacity, which could be detrimental to the service user (Reamer, 2003).

Personal Benefit

Beyond intimate relationships, service providers can engage in unethical dual and/or multiple relationships when the professional relationship generates a personal benefit for the service providers, such as monetary gain, goods and services, useful information, etc. (Reamer, 2003). As for monetary gain, a service provider could benefit financially because of a dual and/or multiple relationship in some situations, for example, should a service user include them in their will (Reamer, 2003). Under certain circumstances, service users might barter or offer goods and services to a service provider in exchange for social work provision, which is considered a 'slippery slope' (Doel et al., 2010). Further, service providers may occasionally have opportunities to benefit from clients' unique knowledge, for example, should a service user be a house painter and their service provider need a paint job done (Reamer, 2003). The OCSWSSW Code comments on this as well: "College members who accept barter payments are aware of the potential conflict of interest and taxation issues that this style of payment may create. College members avoid this […] if it constitutes a conflict of interest" (p. 33).

> "In these situations there is clearly the potential for an inappropriate dual relationship, where a social worker engages with the client in a self-serving

> manner and where a social worker' s judgment and services may be shaped and influenced by his or her access to a client's specialized knowledge" (Reamer, 2003, p. 128).

Emotional and Dependency Needs

Many boundary issues derive from social workers' efforts to tackle their own emotional needs. For example, some dual and/or multiple relationships can emerge from service providers confusing personal and professional lives, and reversing roles with service users (Reamer, 2003). This is reflected in social work literature from the United Kingdom (Pugh, 2003; 2007), Canada (Halverson et al., 2010; Piché et al., 2015), the United States of America (Galbreath, 2005) and Latin America (Kertész, 2002). Whereas the OCSWSSW Code does not explicitly address service providers' emotional and dependency needs, it does advocate against service providers engaging in a therapeutic relationship with service users they know personally, to prevent conflicts of interest (p. 12). As an example, a service provider, who happens to be a recovering addict, might encounter a service user at an Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meeting (Reamer, 2003). Herein the service provider's efforts to take on their own personal trials and tribulations, they become allies with the service user in a different context. The argument here is that this newfound allyship could make it challenging for the service user to distinguish the service provider's role as a practitioner from their personal life (Reamer, 2003).

Altruistic Gestures

Challenges involving dual and/or multiple relationships can be benevolently motivated and can arise out of social workers' genuine intent to be supportive, such as performing favors, providing nonprofessional services, giving gifts and being extraordinarily available. The

OCSWSSW Code advocates against "inappropriate gift giving; unnecessarily arranging sessions in off-site locations, e.g. in restaurants or the client's or the member's home, or beyond normal business hours; [etc.]" (p. 39). As an example, should a service provider give a service user their personal phone number or home address, and/or offer extended support outside of scheduled business hours, this would constitute a dual and/or multiple relationship (Reamer, 2003). Here, in the guise of support and empathy, the service provider opens the door of their personal life to the service user (Badine, 2002; Johner, 2006). The challenge here is that this crossover into the service provider's personal life could make it difficult for the service user to distinguish the service provider from a friend to call in a time of crisis.

Unanticipated Circumstances

The final category of dual and/or multiple relationships in the context of social work involves situations that service providers can neither foresee nor initially control, through joint affiliations and memberships, social and community events, or mutual acquaintances and friends. An example might be if a service provider attends a family gathering, where their sister introduces the family to her new boyfriend, who also happens to be the service provider's former service user. Again, the challenge is that this new relationship could make it difficult for the service user to distinguish the service provider's personal and professional roles. These types of situations are unavoidable, but must be navigated in ways that cause as little harm as possible for the service user involved (Reamer, 2003).

1.3.2 Inappropriate Practices

Inappropriate practices refer to any unprofessional behaviours, gestures, actions and/or words, be they verbal or non-verbal, which do not necessarily fall within the scope of dual

and/or multiple relationships. These can be categorized further into practices that are intra- and extratherapeutic. Instances of intratherapeutic inappropriate practices include offering 'mixed modalities' and advice giving. 'Mixed modalities' occur when social workers provide service users with forms of intervention that are outside of standard social work practices during scheduled social work sessions; this might include psychic impressions, astrological readings, massage, etc. (Jayaratne et al., 1997). Advice giving occurs when social workers provide service users with advice about nontherapeutic topics in the therapeutic setting, such as financial or legal advice (Jayaratne et al., 1997). Instances of extratherapeutic inappropriate practices include injudicious financial transactions, inappropriate interactions and poor clinical practices. Injudicious financial transactions encompass behaviours associated with compensation, such as exaggerating or omitting information to ensure coverage eligibility, extending services unnecessarily when coverage eligibility is generous, etc. (Jayaratne et al., 1997). Examples of inappropriate interactions can involve buying or supplying illegal substances, borrowing or lending money or goods, discussing service users' physical appearance, swearing or using offensive language, imposing one's religious or political perspectives, etc. (Jayaratne et al., 1997). Poor clinical practices include, but are certainly not limited to, failure to consult with colleagues and/or superiors when necessary, failure to refer or transfer service users where appropriate, prolonged or premature termination, poor record keeping, breaches in confidentiality, insufficient training (Strom-Gottfried, 1999).

1.4 The Research Question

As outlined by the literature, social work has become professionalized by means of boundaries that delimit what is considered professional and what is not. The importance of professional boundaries in the context of social work is widely accepted, yet said boundaries

are modeled on more general conceptions of professional boundaries; they are assumed and they are presented as rudimentary for everyone (O'leary et al., 2012). The boundaries stipulated in social work Ethical Codes and academic literature are referenced as if they possess a universal meaning; the insistence upon invariant and well-defined boundaries is generalized to the entire profession (Dietz et al., 2004). The boundaries of professionalism in the context of social work are thus homogenized, despite the great heterogeneity within the profession; they do not encompass "the complexities of the political and moral practice that social work encompasses" (O'leary et al., 2012, p. 141).

In essence, when it comes to professional boundaries, the principles are often out of touch with practice, which is highly problematic (Jayaratne et al., 1997; O'leary et al., 2012). This research to practice gap around the boundaries of professionalism in social work implies discontinuity, and "without further clarification to resolve ambiguity and confusion, professionals, clients, and the profession itself are in jeopardy" (Jayaratne, et al., 1997, p. 196). This brings me to the following research questions: do the established boundaries of professionalism in the context of social work hold up against the profession's contemporary standards and practice realities, and how? What are the impacts of said boundaries in professional practice?

Insight in this area could shed light on the nuances of professional boundaries that may not be well addressed in existing literature and could assist service providers, especially those who are newly qualified, in developing standards of behaviours that are culturally and contextually appropriate and align with the values and principles of contemporary practice**.** Such discussions could reveal important information about the profession and has the potential to fill a considerable gap in social scientific knowledge; further, the findings could have

implications for social worker education, training and future revisions of Ethical Codes of conduct, organizational regulations and policies, social work education, theory related to practice, and opinions and practices of social workers.

Chapter 2: Research Design and Methodology

For the purpose of this project, I decided to carry out a qualitative study, which is one of the most well known types of social scientific research methods (Babbie, & Benaquisto, 2010; Neuman, & Robson, 2017; Thyer, 2012). Qualitative research is characterized by the collection and examination of nonnumerical data for the purpose of discovering underlying significance and patterns of relationships (Babbie et al., 2010). Qualitative research is considered an interpretivist, inductive approach to social science, the objective of which is to make sense of phenomena in their contexts (Lietz, & Zayas, 2010; Neuman et al., 2017).

From there, the choice of method and methodology, the latter of which is used interchangeably with methodological technique, is a critical step in the research process (Opoku, Ahmed, & Akotia, 2016). For the purpose of this project, I chose to conduct a meta-analysis of the boundaries of professionalism in the context of social work, and to support the presentation of said data by means of analytic autoethnography. The following section will elaborate on these choices.

2.1 Meta-Analysis

According to Neuman and Robson (2017), "a meta-analysis is a study undertaken by a researcher in which he or she analyzes the results from all the available studies on a given topic" (p. 69). A meta-analysis is a review of existing literature and previous findings to identify, organize, describe, and analyze themes, trends or key features (Neuman et al., 2017). To realize the meta-analysis for this project, I conducted a systematic search of over 20 social work-focused journals, which included national and international works.

Keywords used were the following:

- professional boundar* OR professional conduct AND
- social work* OR psychotherap* OR counsel* OR therap* OR intervention
- professional standard* OR professional ethic* AND
- social work* OR psychotherap* OR counsel* OR therap* OR intervention

The search was restricted to post-2000 results, save pieces that seemed particularly relevant. A first sift of titles was completed, leading to a second examination of abstracts. From there, approximately eighty articles of core significance were selected and read for inclusion in the meta-analysis.

2.2 Analytic Autoethnography

Autoethnography is a form of qualitative research methodology in which an author/researcher draws from their personal experiences to extend social science understanding (Jensen-Hart, & Williams, 2010; Smith, 2005; Sparkes, 2000). Consistent with constructionist perspectives that challenge positivism, autoethnography is a reflective form of writing that involves self-observation and -investigation (Jensen-Hart et al., 2010; Sparkes, 2000). Usually written from a first-person perspective, autoethnographic texts can be composed in various literary forms, including but not limited to short stories, poetry, personal essays, journals, fragmented and layered vignettes or excerpts and alternative artistic representations; they typically feature well-known narrative elements such as character development and plot, explicit emotion, thoughts, dialogue and actions (Ellis, & Bochner, 2000; Smith, 2005). Autoethnographic research is based on the assumption that "to write

individual experience is, at the same time, to write social experience" (Mykhalovskiy, 1996, p. 141).

In traditional academic literature, researchers are encouraged "to work silently on the sidelines and keep their voices out of the reports they produce" (Sparkes, 2000, p. 22). Autoethnography allows the researcher to play a valid role in the study and challenges the expectations around 'silent authorship', author evacuated texts and male-dominant conventions about what should and should not be discussed in academia (Sparkes, 2000). For obvious reasons, autoethnographic research is capable of supporting critical reflection, which further encourages reflexive habits that are essential for social work provision (Jensen-Hart et al., 2010). Well-written autoethnography can be thought provoking, charming and accessible to various audiences (Sparkes, 2000).

There are two subtypes of autoethnography: evocative and analytic. In evocative autoethnography, the idea is to let the story work on its own and cultivate understanding through the emotionality it invokes in readers (Gupta, 2015; Jensen-Hart et al, 2010). For the purpose of this research project, I undertook the latter subtype. The key features of analytic autoethnography include complete member researcher status, systematic analysis and analytic reflexivity, and a commitment to increasing knowledge of broader social phenomena (Anderson, 2006; Gupta, 2015; Jensen-Hart et al, 2010). Autoethnography allowed me, in my role as researcher, to include unique glimpses and interpretations of my own experiences (Smith, 2005). As a qualifying social worker feeling lost in the gap between theory and practice of professional boundaries, I am living my project day in and day out. This methodological technique allowed me to look at my own story through the same lens I used to analyze the literature and produce something different.

To engage analytic autoethnography for this project, I took various steps.

Step 1. In January 2019, I determined that the topic of my dissertation would be the boundaries of professionalism in the context of social work. At the suggestion of my placement supervisor at that time, I began making detailed notes of experiences, instances, questions and concerns that came up in my life that involved professional boundaries. I proposed my thesis topic in September 2019, and began my research in January 2020. Throughout the research and writing process that followed, I have continued to add to my logbook, which accumulated rampantly.

Step 2. By means of a meta-analysis, as outlined above, I researched, identified, analyzed and organized themes and key features of the literature I read.

Step 3. I read through my logbook and matched the themes with my logged experiences.

Step 4. I selected to include logged experiences that were the strongest examples of the identified themes and omitted redundancies.

Step 5. From there, I described and reported the themes identified in the literature, and included the logged experiences as autoethnographic examples of said themes. The autoethnographic experiences are condensed and written to preserve complete anonymity for service users, and for the contexts in which the experiences occurred. Service provider names, service user names and organizational setting names are either changed or excluded, as are personal details pertaining to service user's circumstances and locations, and my specific roles. Rather than to scrutinize individual service providers, service users or organizational contexts, the themes highlighted in the analysis are intended to observe the influences of wider organizational, political and policy contexts on social work practice.

Chapter 3: Results and Analysis

The following sections will illustrate how the espoused boundaries of professionalism in the context of social work can contradict the values and principles of contemporary practice, can be too rigid and unsuited to the situation or context, or can be too blurred and thus generate confusion and discomfort among social workers.

3.1 Boundaries of Professionalism Vs. Professional Developments

The medical model remains paramount in the endorsed boundaries of professionalism in social work; however, the profession is ever evolving in terms of theory and practice, and this model is becoming increasingly incongruent with contemporary developments in the field.

Integral to the medical model and to the accustomed boundaries is a clear, distinct separation between the service provider and service user (Davidson, 2005; Dietz et al., 2004; Doel et al., 2010; O'leary et al., 2012). This separation, a space that is referred to as the 'professional distance,' reflects a structure that is male-dominated, didactic and hierarchical in its ideology (Beresford, & Croft, 2004; Dietz et al, 2004; O'leary et al., 2012). It represents a configuration of the social worker – service user relationship that places the service provider at the center of the power arrangement and tends to reject any service user participation (O'leary et al., 2012). Further, it underestimates the place of inter-subjectivity and unconscious dynamics inherent in all relationships and undervalues the strength and centrality of the social worker – service user relationship (Ruch, 2010). In fact, this separation can "restrict the potential for connection and paradoxically, this may limit the effectiveness of our contribution to the client's desired change" (Alexander et al., 2009, p. 6). Research pertaining to practice outcomes consistently reveals that the quality of the therapeutic alliance, more than any one

strategy or intervention technique, is the fundamental component of effective social work provision, one of the strongest predictors when it comes to outcomes (Alexander et al., 2009; Chu, & Tsui, 2008, O'leary et al., 2012). A social worker's capacity to relate to the service user is described as an essential skill.

What's more is that interdependency, mutuality and reciprocal affinity are often important in the service provider – service user relationship (Alexander et al., 2009; Beresford, Croft, & Adshead, 2008; O'leary et al., 2012). Whereas friendships between service providers and service users are considered dual and/or multiple relationships, which are subversive of the conventional boundaries of professionalism in social work, service users greatly value informality and familiarity in their relationship with a social worker. The literature demonstrates that service users enjoy engaging in "an ordinary, balanced, two-way human relationship" with their social worker (Beresford et al., 2008, p. 1401).

In more recent years, the profession has begun to combat the power imbalances and the potential for discrimination and disempowerment in the social worker – service user relationship in different ways (Alexander et al., 2009; Davidson, 2005; Dietz et al, 2004; O'leary et al., 2012). Humanistic, feminist, post-structural and critical theoretical paradigms advocate transparency, collaboration and the abolition of traditional power dynamics (Beresford et al., 2004; Halverson et al., 2010; Mandell, 2008; Ruch, 2005). For example, the emergence of the client-centered approach in social work provision has re-framed service users as human beings with expertise and capacity for agency, rather than merely as problems to be sorted out by the service provider 'experts' (Beresford et al., 2004). Contemporary methodologies as such have challenged reductionist understandings of the social worker – service user relationship and re-affirmed its value.

Despite these progressive shifts, the relationship between the service provider and service user can still be undermined…

> "[…] with the increasing trend for social work within statutory services to be reduced to a time-limited, check-box exercise in which practical needs are scrutinized, but in which the relationship between social worker and service user is very much a secondary consideration" (Beresford et al., 2008, p. 1400).

Thus, not only does the organization of services and the efficiency principles that guide it prevent humane and egalitarian relationships to develop between service providers and service users, the emphasis on a more humane and egalitarian approach does not seem to be recognized in the Code of Ethics nor the endorsed boundaries of professionalism guiding the practice. Here is an illustration from my own professional experience:

I'm sitting in my office and it's nearing the end of the day on a Friday. I'm working in a hospital setting these days, supporting families whose children have a chronic physical illness. This chronic illness, while not life-threatening, brings families to the hospital on average once or twice per week for clinic visits, and sometimes for extended stays when the kiddos have flare-ups.

It's been a busy day, on top of an inordinately busy week. I just sat down for the first time in 8 hours (what's a chair?). I have a day's worth of documentation to catch up on, but I'll think about that in a minute. I take a sip from my water bottle – still full to the brim from when I filled it this morning (what's hydration?) – and in walks a dad of one of the new girls on the floor. We'll say dad's name is Chuck and his daughter's name is Ellie. Ellie is just five years old. Ellie is confident, charming, brilliant beyond her years, and she has a new cat fact every time we speak. Ellie's also sick. She's quite sick. And she's been living here, with at least one of her parents, since she was diagnosed two weeks ago. This means I've gotten to know the whole family very well, very quickly.

Chuck, knocking at the wide open door (just as a courtesy, mind you, because he's flopped into the chair across from me within a split second – typical): "Hey."

Me, grunting, trying to swallow a massive mouthful of water while also trying to smile in acknowledgment of his grand entrance: "Mm."

Chuck, pitying my state: "Should I come back later?"

Me, freshly hydrated: "Nope. What's up Chuck? How was the day?"

Chuck, looking truly exhausted: "No change, but I'm done for today. Also I was late this morning because there's so much construction near our place right now, it's bumper to bumper until you get to the highway. Usually takes me 7 minutes to get from home to the highway. Took me 24 minutes today."

Chuck, looking truly exhausted: "No change, but I'm done for today. Also I was late this morning because there's so much construction near our place right now, it's bumper to bumper until you get to the highway. Usually takes me 7 minutes to get from home to the highway. Took me 24 minutes today."

Chuck, knocking at the wide open door (just as a courtesy, mind you, because he's flopped into the chair across from me within a split second – typical): "Hey."

Me, grunting, trying to swallow a massive mouthful of water while also trying to smile in acknowledgment of his grand entrance: "Mm."

Chuck, pitying my state: "Should I come back later?"

Me, freshly hydrated: "Nope. What's up Chuck? How was the day?"

Chuck, looking truly exhausted: "No change, but I'm done for today. Also I was late this morning because there's so much construction near our place right now, it's bumper to bumper until you get to the highway. Usually takes me 7 minutes to get

from home to the highway. Took me 24 minutes today."

Me, honouring his desire to be done for the day: "Yikes, you're in Northwood right?"

Chuck, with a smile: "Yep. When we're not here."

Me, playing into his humour: "Right, your alternate residence. Did I tell you my partner and I have been looking to buy in Northwood?"

Chuck, as though he was lit up for the first time: "Get out! I'm a huge Northwood advocate, even with all the construction! That'll chill out soon I bet. Take the plunge!"

Me: "I love hearing people say good things about it."

Chuck, handing me his real estate business card: "I can help you guys hunt!"

I smile and carry on, while silently sitting with the fact that I have just put myself in an ethical dilemma.

The boundaries of professionalism in the context of social work, especially in hospital, are rooted in the medical model of care, which emphasizes distinct separation between service provider and service user. Said boundaries advocate against service providers revealing too much about their personal lives; they advocate against dual and/or multiple relationships between service providers and service users. From this perspective, I violated the boundaries by disclosing personal information about where I was looking to live; if I had accepted Chuck's offer to help me house hunt, I would have violated the boundaries even further. This means that my attempt to talk to this man about something other than his daughter's health, and focus on something he feels competent discussing (when he feels incompetent so often

these days) was ill-informed. On the other hand, these expectations contradict relationship-based social work, a progressive shift in the fundamental values and principles of contemporary practice, which has been heavily emphasized in my MSW courses. Naturally, this situation left me feeling confused and stuck between a rock and a hard place.

The literature above, paired with the example from my personal experience, demonstrate how traditional models of care are becoming increasingly incongruent with contemporary developments in the field. The next section investigates professional boundaries versus the realities of rural social work.

3.2 Boundaries of Professionalism Vs. Rural Social Work

The standard boundaries of professionalism in the context of social work are practically unattainable in small, rural and remote communities. Whereas professional distance is advised and dual and/or multiple relationships between service providers and service users are frowned upon, these are simply elements of day-to-day practice in these areas.

For example, in small, rural and remote regions of Canada, both of these practice realities are considered ubiquitous and inevitable[1]; this is consistent with literature from the United States (Galbreath, 2005; Miller, 1998; Riebschleger, 2007), the United Kingdom (Pugh, 2003; 2007), Australia (Green, 2003; Lehmann, 2005) and China (Deng et al., 2015). There are many reasons for this:

1. Limited options/resources (Wilson Marques, 2010): There may only be one, a couple, or a handful of social workers (if there are any at all) who offer services in a given area.

[1] See Bodor (2004); Brownlee (1996); Halverson (2014); Halverson, & Brownlee (2010); Piché, Brownlee, & Halverson (2015); Wilson Marques (2010).

In regions where there is only one social worker, anyone who accesses social work services in the region will likely come in contact with that one social worker. This works inversely as well. For example, there may only be one, a couple, or a handful of plumbers in a given community. In areas where there is only one plumber, and the only local social worker requires a toilet repair, the two will likely come in contact in this context, which could denote a dual and/or multiple relationship.

2. Public profile (Wilson Marques, 2010): Due to factors such as limited funds for social services and a social worker's personality and/or tendencies, social workers in these regions may take on many responsibilities, rendering them more present within the community. For example, in areas where there is only one social worker, that individual is likely to have connections in many spheres – i.e. the local school, the Community Health Clinical, the regional council – the local 'jack of all trades' (Lehmann, 2005). This means that the social worker will be involved, know many members of the community and thus, likely face dual and/or multiple relationships.
3. Minimal support (Wilson Marques, 2010): In small, rural and remote areas, peer support, professional development and supervision for social workers is often limited or inaccessible. As such, social workers do not necessarily have the opportunities to discuss and explore ethical challenges, and are thus more likely to engage in dual and/or multiple relationships, perhaps without even realizing it.

For these reasons, social workers who offer services in small, rural or remote regions are considerably more likely to face dual and/or multiple relationships than their counterparts who offer services in larger, urban, more populated spaces. While this is true for social workers who work in the area but reside in neighbouring communities, it is especially true for

those who offer services *and* reside in the same area **(**Bodor, 2004; Brownlee, 1996; Halverson, 2014; Halverson et al., 2010; Piché et al., 2015; Wilson Marques, 2010).

As mentioned in the literature review, dual and/or multiple relationships between social workers and service users can occur whether the secondary or tertiary relationship begins before, during, or after the social work relationship (the primary relationship) (Kagle et al., 1994). In the context of social work in small, rural and remote communities, challenges involving dual and/or multiple relationships come up within and outside of professional practice settings. Said contentions typically present themselves in one of three primary scenarios.

1. Within the professional practice setting: A social worker, and an individual who *is seeking* support, have a previous or existing relationship in a different setting or context. For example, in small communities in the Yukon, it is common for social workers to provide services to their relatives. This includes "not only counselling […] but mandated services like investigating their child sexual abuse, determining their social assistance benefits, and preparing their predisposition reports for Court" (Halverson et al., 2010, p. 248).
2. Outside of the professional practice setting: A social worker, and an individual who *is currently accessing* support from said social worker, face a potential new relationship in a different setting or context. For example, in rural areas, where there are few resources and services, a service provider might join a fitness club wherein one of their service users is also an active member (Reamer, 2003).
3. Outside of the professional practice setting: A social worker, and an individual who has *previously accessed* support from said social worker, face a potential new relationship

in a different setting or context. For example, in remote areas of low population, a service provider's child could be a student of their former service user. This means that the service provider and former service user are facing a new parent-teacher relationship (Reamer, 2003).

In the case of the first example, the potential dual relationship presents itself within the professional practice setting. Service providers who practice in larger, urban, more populated communities could manage these types of situations, if/when they arise, by simply declining a referral or passing it along to another social worker, thus adhering to the established boundaries of professionalism in the context of social work (Wilson Marques, 2010). Social workers who practice in small, rural and remote communities must manage these situations by choosing to either a) decline the referral and potentially deny the service user access to support, or b) navigate the interface, engage in a dual or multiple relationship with a service user and thus actively overlook said boundaries (Halverson et al., 2010).

In the second two examples, the dual relationships present themselves outside of the professional practice setting. These are what Frederic Reamer call 'unanticipated circumstances,' situations that social workers do not anticipate and over which they have little or no initial control (Reamer, 2003). Although both rural and urban social workers *could* encounter these types of scenarios, for aforementioned reasons, the formers are much more likely to than the latters (Halverson et al., 2010).

Thus far, we have touched on dual and/or multiple relationships between social workers and service users that have come up by chance. In other circumstances, however, dual and/or multiple relationships develop by the service providers', the service users', or both

parties' choice.

Today I'm working as a clinical social worker, offering emotional support to service users over the phone. One evening, I connect with an individual who we'll call Brennan. Brennan's reaching out for counselling support for himself, as he has recently started experiencing frequent anxiety attacks at work, which is new for him. Brennan shares with me that he obtained a new position within his organization last month, and he's feeling all kinds of overwhelmed with the transition. Brennan and I chat for a while; I listen to his story, support him as he processes his emotions, explore his strengths, provide psychoeducation around anxiety and offer further coping mechanisms. As we move towards the end of the call, Brennan and I, together, decide that he'd benefit from a referral to a counsellor for session-based support. Brennan, who mentioned earlier in the call that he lives in Jasper, Alberta, requests a referral to a local counsellor. He specifies that he'd like to go and sit down with a counsellor, in person, one-on-one. Brennan makes it abundantly clear that he's unwilling to try session-based counselling via telephone or video. With this, I know our next steps will be tricky.

Me, with the intention of inquiring about a potential conflict of interest: "Okay Brennan, so we have one practicing social worker with availability in Jasper. His name is Mike Johnson, is this someone you're familiar with?"

Brennan, like he had never heard better news in his entire life: "Oh right on, Big Mike is the best! I'd love to sit down with that guy! Mike and I both worked at Sunshine Village in the 80's and we've shared a more than a few laughs. Every time we run into each other in the grocery store we swap a story or two about Sweet Sweet Sunshine."

Me, after a deep (and silent) exhale: "Okay, Brennan. It's nice to hear that you have such fond memories with Mike. I will say, however, that given your existing relationship with Mike, he may or may not be comfortable taking on this

new relationship with you."

Brennan, flattened: "But we have such a good history, no bad blood, just good times."

Me, trying to balance the importance of setting appropriate expectations and maintaining my therapeutic alliance with Brennan: "Right, okay, I can certainly appreciate that. I will send the referral to Mike. I just want to set the expectation that the referral could be redirected if Mike deems it to be a conflict."

Brennan, evidently cheered up: "Great, cool, thanks, I can work with that. I won't hold it against either of you if it doesn't work out."

From here, I continue my conversation with Brennan, but really I'm just thinking about the fact that I have actively chosen to impose an ethical dilemma upon Mike.

As mentioned, the boundaries of professionalism in the context of social work advocate for professional distance and against service providers engaging in dual and/or multiple relationships with service users. From this perspective, when I made the referral out to Mike, I violated the boundaries by encouraging a conflict of interest. Further, had Mike accepted Brennan's case, he would have violated the boundaries by disregarding the conflict of interest and potential role confusion. On the other hand, if the referral was neither sent out nor accepted, this would have meant that Brennan would likely not have received the support that he needed, given the fact that Mike was the only counsellor offering services in Jasper. Since this expectation is unfair and unfeasible for social work provision in small, rural and remote communities, this instance left me with limited options that were less than ideal.

The literature, as well as the example from my professional experience, illustrate how

the endorsed boundaries of professionalism in the context of social work are practically unattainable in small, rural and remote communities. The following section delves into professional boundaries versus the unique needs of certain minority groups and communities.

3.3 Boundaries of Professionalism Vs. Minority Communities

The accepted boundaries of professionalism in the context of social work are sometimes inappropriate when supporting certain minority communities. Whereas professional distance is encouraged and dual and/or multiple relationships between service providers and service users are discouraged, this disregards the wide range of geographical, socio-political, economic and cultural differences that the social work profession embraces.

As mentioned in the literature review, social work first emerged in advanced industrialized countries such as the United States and the United Kingdom. In North America, the profession can be traced to the authoritarian relationships imposed on Indigenous Peoples (Baskin et al., 2015; Fortier, & Wong, 2018); it grew and evolved as a response to the harsh living conditions faced by newly arrived immigrant populations during the late nineteenth century (Branco, 2018; Franklin, 1986; Haynes, 1998). That being said, as per the majority of academia, the profession's research base and academic literature is focused on predominantly white, western, heteronormative groups (Coates, Gray, & Hetherington, 2006; Gollan, & O'leary, 2009; Heins, 2012; Ibrahima & Mattaini, 2018; Morrow, 2000).

However, one of the most significant events that marked the second half of the 20th century was the enormous increase in contacts between peoples and cultures (Cohen-Emerique, 2000). The world has since become progressively globalized, due to technological advancements and exponential political and economic migration (Rachédi, 2008). For social

work, this has contributed to the profession becoming even more of an international discipline, gaining traction in non-Western spaces, such as China, the Middle East and Africa (Al-Krenawi, 2001; Deng et al., 2015; Ibrahima et al., 2018; O'leary et al., 2012). Today, social workers can expect to encounter service users from a wide range of social, economic, class, employment and cultural backgrounds. Today, social workers can expect to find themselves in situations of cultural pluralism.

Professional social work "has a long history of failing to address diversity; of reinforcing dominant social divisions; of being discriminatory and of devaluing some groups of service users" (Beresford et al., 2004, p. 60). Even cross-cultural and anti-oppressive practices, which are used to support marginalized groups, are often employed from the perspective of the dominant culture; though these approaches intend to generate understanding and thus address the ways in which dominant cultures reject, oppress and exclude their minority counterparts, they are often executed in ways that equate 'minority' with 'victim' (Coates et al., 2006). One of the ways in which the social work profession fails to address diversity is by imposing restrictive, standardized boundaries of professionalism, standards that are not transferable across geographical and cultural domains (O'leary et al., 2012). When we globalize boundary standards, we assume that the Western perspective is universal, which is more divisive than unifying (Healy, 2007). Professionalizing trends define, endorse and maintain boundaries, which serve to keep out those who do not conform, those who live in the margins (Coates et al., 2006). Professional distance is encouraged and dual and/or multiple relationships between service providers and service users are discouraged; such restrictive boundaries render interventions and means of communication culturally inappropriate in some cases. The literature is full of instances of the way in which the homogenizing effects of

boundary setting actively disregard the needs or desires of minority groups (Coates et al., 2006).

For example, cultural practices (i.e. sharing food and drink), tendencies (i.e. ways of greeting, expressing oneself and collaborating) and preferences (such the social worker's use of self or brief physical touch) may play an important role in developing the service provider-service user relationship, but do not necessarily align with the accepted boundaries of professionalism (O'leary et al., 2012; Reamer, 2003). Let us look at some specific examples from the literature.

1. In a dissertation written by O'leary, Tsui and Ruch (2012), they argue that boundary issues are difficult to negotiate in a variety of international contexts:

> "In Hong Kong, senior citizens in elderly homes often give red envelopes of money to young front line social workers in Chinese New Year because they regard social workers as friends of the younger generation" (p.142).

Whereas these acts are important demonstrations of gratitude and appreciation in some minority communities, gift-giving and friendship are considered inappropriate according to the endorsed boundaries of professionalism in the context of social work.

2. Susan Morrow's Chapter in the Handbook of Counseling and Psychotherapy with Lesbian, Gay, and Bisexual Clients illustrates the importance of social workers disclosing their sexual orientation with service users who identify as LGB[TQQIP2SAA]. Morrow argues that by not disclosing, "the therapist collaborates with the larger culture in perpetuating a norm of secrecy" (p. 142), which could further isolate the service user. Further, Morrow goes on to explain that due to population minority group size, it is common for self-identifying LGB[TQQIP2SAA] social workers to have extratherapeutic contact with their clients or to

have dual and/or multiple relationships of some sort (Morrow, 2000). Whereas the boundaries of professionalism in the context of social work advocate for professional distance and against service providers engaging in dual and/or multiple relationships with service users, these are common elements of practice in this some circumstances.

3. Many studies reveal that strict boundaries do not necessarily fit with Indigenous worldviews; rather, flexible boundaries and exploring cultural, familial and social connections are significant features of culturally appropriate social work practice (Baskin et al., 2015; Zubrzycki, 2006). In fact, for some Indigenous social workers, their "personal and professional selves co-exist and converge for a number of reasons including kinship ties, cultural and social obligations and the realities of living and working in […] communities that have been historically dislocated" (Zubrzycki, 2006, p. 7). In an article written by Bennett, Zubrzycki, and Bacon (2011), the authors report on a research project that interviewed Indigenous and non-Indigenous social workers who are well-regarded by Indigenous communities. The article provides insights into these social workers' experiences successes and challenges working with and in Indigenous communities. The article reads:

> "The introduction process for non Aboriginal social workers also involves a willingness to share aspects of the personal and cultural self, in order to be seen as real and authentic, so that connections can be made on a person to person level: 'People like to know where you are from why you are there and that's a start in developing that relationship' (non Aboriginal social worker)" (p. 27).

Whereas the working boundaries of professionalism in social work advocate professional distance, in some minority contexts, authentic, mutual, reciprocal connections are critical for success. Let us consider this story form my professional experience:

Here I am, again, working as a clinical social worker, offering emotional support to service users over the phone. This time, I connect with a service user who we'll call Katy. In a short, sweet one liner, Katy tells me she's experiencing challenges in her relationship. She doesn't elaborate. She pauses. Silence. As I begin to invite her to share more (we're now about 4 seconds into our conversation), Katy interrupts me and challenges me in a way that I've never been challenged before.

Katy, as direct as can be: "Listen, I don't mean to offend you at all. I just don't want to waste your time or mine, because what I'm dealing with is pretty specific and I just won't feel comfortable talking to someone who can't relate. Do you identify as LGBTQ[IP2SAA]? And/or, are you native?"

Now I'm totally stunned and uncharacteristically speechless, thinking about the fact that I'm bisexual and non-Indigenous, wondering whether to offer such a personal self-disclosure.

Again, the boundaries of professionalism in the context of social work advocate for professional distance and against service providers engaging in dual and/or multiple relationships with service users. In this moment, I acknowledged a few things. If I disclosed my sexual orientation, I may be able to support Katy in ways that the 'distance model' would not allow me to. If I did not disclose my sexual orientation, Katy might not receive the support she needs. Given that the boundaries of professionalism in social work do not take this reality into account, this situation left me lost and under pressure.

The literature, alongside my personal example, depict how the established boundaries of professionalism in the context of social work are often inappropriate when supporting certain minority communities. The section that follows looks closely at professional boundaries versus the vast scope of social work practice arenas.

3.4 Boundaries of Professionalism Vs. Practice Arena

The established boundaries of professionalism in the context of social work are unsuitable in certain practice arenas.

As mentioned in the literature review, Mary Richmond and Jane Addams are recognized as two of the most influential women in the history of colonial social work in North America; their polarizing views of 'the person vs. the world,' are the two primary theologies that interactively shaped the objectives of the social work profession (Branco, 2018; Franklin, 1986; Haynes, 1998; Thompson et al., 2019). The divide that existed between the two founding matriarchs has held across time and the evolution of the profession (Thompson, et al., 2019). Today, this translates to social workers practicing in a wide variety of contexts. Institutional/clinical social workers typically offer support to individuals, couples, and/or families facing any number of emotional or environmental challenges. Community-based social workers typically target social issues at the local or global level, supporting families, groups and communities. This means that social workers can be found in a multitude of practice settings, including but not limited to schools, hospitals, healthcare facilities, correctional institutions, private practices, government agencies, community centres and social services. Further, the modern digital world has allowed for remote service provision, which has further developed the profession (Kanani, 2003; Lamendola, 2010; Menon et al., 2002; Reamer, 2014).

Thus, given social work's seemingly all-encompassing practice landscape, along with the endless possibilities that come with technological advancements, it is unsurprising that questions of relativism and universalism come up when considering the established boundaries

of professionalism in the field. The vastness of the social work role challenges the notion of standardized boundaries of professionalism (Doel et al., 2010). Depending on the kind of work that the social worker is engaging in, the organizational setting within which they are working, and the means of which they are offering services, the established boundaries of professionalism in the context of social work may be unsuitable. Let us look at a couple specific examples from the literature:

In 2010, Halverson and Brownlee interviewed social workers offering services in remote Canadian communities. The purpose of the study was to gain their perspectives of dual and/or multiple relationships. Interviewees shared that the type of social work matters greatly when it came to boundaries; in settings where the service user is vulnerable and the role of the service provider is 'invasive,' such as child welfare, social assistance, or mental health counselling, boundaries are particularly important and necessary to maintain (Halverson et al., 2010).

In 2008, Peter Beresford, Suzy Croft and Lesley Adshead conducted a large-scale qualitative research study in the UK, looking at what service users appreciate in specialist palliative care social workers. The findings revealed that service users placed high value on a) their relationships with the social worker and b) the qualities the social worker possessed. Service users highlighted reciprocity, 'bonds of affection' and the notion of 'friendship' as key components of their relationship with the social worker; they stressed the importance of its 'ordinariness' and informality (Beresford et al., 2008). Whereas the boundaries of professionalism in the context of social work advocate for professional distance and against service providers engaging in dual and/or multiple relationships with service users, this may be unsuitable in palliative care. Let us dig into a personal example:

These days, I'm involved in two completely different settings; one is institutional while the other is community-based. In my institutional role, I offer solution-focused brief therapy for individuals (minors, teens and adults), couples and families. In my community role, where I volunteer a few hours per week, I support adults with developmental disabilities. My primary responsibility is to plan, organize and facilitate recreation and leisure activities. This afternoon, I'm at my community volunteer job, catching up on emails in the office. One of the service users, accompanied by his mother, knocks on my door. We'll call this service user Marko. Marko is generous, warm and thoughtful. He loves being read to, he loves the Ottawa Senators, and he loves to swim. Marko struggles with fine and gross motor skills, he cannot read and his speech is delayed. Marko and I have known each other for a few months; he participates regularly in the activities I run and we spend one-on-one time together at lunch every week. Marko and I have been working on social skills.

Marko, as soft-spoken as always: "Hello. Can we come in?"

Me, obnoxious in comparison: "Of course, how are we today?"

Marko, starting to blush: "I'm good thank you, how are you?"

Me, toning it down: "I'm good, thank you Marko, what's up?"

Marko, handing me a formal invitation: "You're invited to my swimming lessons graduation. I made two tickets. One for mom and one for you."

Me, honoured and holding back tears, I thank Marko for the invite.

By now, we know that the boundaries of professionalism in the context of social work advocate for professional distance and against service providers engaging in dual and/or multiple relationships with service users. From this perspective, if I chose to attend Marko's personal event, I would violate the boundaries of professionalism. I knew wholeheartedly that

I would not dream of attending if this were a service user from my clinical role, but I could not quite decipher why this situation felt different. Since the boundaries of professionalism do not take contextual factors such as practice arena into account, I felt unequipped to make this decision without consulting a supervisor.

The literature above, with my personal example, reveal how the established boundaries of professionalism in the context of social work are often unsuitable in certain practice arenas. The final section addresses professional boundaries versus additional boundary dimensions that are either not or under-discussed in literature.

3.5 Boundaries of Professionalism Vs. Additional Boundary Dimensions

So far, we have looked at how the endorsed boundaries of professionalism in social work hold up against developments in the field, rural contexts, some minority communities and certain practice arenas. Here we address considerable gaps in the literature and Ethical Codes pertaining to boundaries between social workers and their colleagues and between social workers and individuals and/or groups in their personal lives (family members, friends, acquaintances, etc.). In essence, the existing literature and current standards of professional practice neither inform nor prepare social workers for such relationships and potential boundary breaches.

> *Today I'm working in a community setting, offering informational workshops to service users in small and large groups. I'm in between sessions and it's time for my lunch break, which I always take with a few colleagues. We'll say their names are Marielle, Christina and Matt. Since I've only been with the organization for a few months, I'm still just getting to know Christina and Matt.*

Marielle, however, happens to be one of my best friends, we met in high school and we've been close ever since. To set the scene, our break room is in a private space, separate from all service users and there's no one else around us. It's just us four. Conversation is flowing easily, as always, and Matt brings up weekend plans – it's the August long weekend and it's supposed to be sunny and 28 degrees. Everyone takes turns sharing what's scheduled for the weekend; Marielle and I share together, as per usual, because we have the same plans. This weekend we're headed to a cottage for our girlfriend's bachelorette party – 14 ladies and 2 full days of activities planned. Christina's daughter and 16-month-old grandson are coming into town for the day Saturday – Christina's on babysitting duty so her daughter can run errands. Matt's plans are to work overtime Saturday afternoon and then binge-watch "You" on Netflix in the evening with his partner – they've been planning it for weeks. Break time wraps up and we start to clear out, but Marielle follows me to my office.

Marielle, with furrowed brows: "Do you ever worry about what we tell our colleagues?"

Me, matching her brows: "Please elaborate."

Marielle: "I read something somewhere. It's like. You should speak to your colleagues when you're out of earshot of service users the way you'd speak to them in front of service users. Like if you wouldn't say it in front of a service user, reconsider saying it at all. Something like. Being too open or friendly with colleagues, even during breaks, could cause them to not respect us as professionals, especially because we're new to the field. You know?"

Me: "No, I absolutely do not know, I haven't thought about it, but now it'll be all I think about moving forward. Does that apply to outside of the workplace too? As in, should I have my guard up everywhere, as though I'm a social worker and a social worker only at all points in time?"

Whereas professional boundaries in the context of service providers and service users are talked about in educational settings, academic literature and Ethical Codes of conduct, they are not often discussed in the context of service providers and their colleagues. As mentioned, the OCSWSSW Code notes the importance of avoiding sexual relationships with colleagues (p. 39), but it does not address the appropriateness or inappropriateness of nonsexual boundaries.

I'm lying in bed. It's 11:52PM and I told myself I had to be asleep by 11:30 tonight. My room is pitch black and I'm counting sheep but out of the corner of my eye I see my phone screen light up on my dresser. I can tell immediately that it's a phone call. Me - Curious George - I grab it, just to see who it is but NOT to answer. It's my little brother so I definitely have to answer it. We'll call my brother Sam.

Me, the most awake I've ever been: "What's wrong?"

Sam, sounding relieved: "Hey, thanks for answering. I need your professional advice. My friend just told me he thinks about suicide sometimes. What should I tell him?"

It's Saturday. I'm watching my friend's kid's soccer game. I'm sitting beside my friend's friend, whom I'm meeting for the first time. We'll call this individual Alexander.

Alexander, making conversation: "So what do you do for work?"

Me, bracing myself slightly: "I'm a social worker! I provide counselling support. What about you?"

Alexander, seemingly thrilled: "Very cool. To a specific age group or demographic?"

Me, bracing myself again: "Mostly adolescents, sometimes their carers and/or siblings. What about yourself?"

Alexander, ignoring my question for a second time: "Excellent. I have to ask you a question, then. What is the key to cutting my 14-year-old son's addiction to video games? It's all he cares about and it's tearing our family apart. He won't sleep, he won't talk to us, he won't go to school. We're at an absolute loss."

It's Monday morning and I'm on my way in to work. I left earlier than usual today, and I took an Uber instead of the bus - I'm giving a presentation this morning and public speaking makes me nervous. My Uber driver, Steven, on the other hand, is chipper and full of questions. I usually love this, but today I would've preferred a quiet ride so I could practice silent self-affirmations. Alas, here we are.

Steven: "We're approaching your destination in 10 minutes, according to the GPS! What is it that you do there?"

Me, bracing myself slightly: "Oh, I'm a social worker. I support service users on a walk-in basis."

Steven, his voice lowering slightly: "That must be really tough. You must hear so much darkness."

Me, trying to lighten the mood: "It can be tough, but people are pretty unbelievable. It's inspiring a lot of the time, really."

Before I finish my bit, Steven begins to sob and apologize profusely.

Me, tapping into professional strategies a little earlier than expected: "Okay Steven, why don't you pull over so we can chat for a moment?"

In all three of these last scenarios, among countless others, I find myself wondering how to appropriately accomplish everything I want to be accomplish in the interaction. I want to commend this person for trusting me, for reaching out, for asking questions, for opening up. I want to support this person in navigating their unique situation. I want to uphold the integrity of the profession by not saying too much – or too little. I also want to honour my need for space to be myself, a human being outside of my professional role.

The literature paired with my own examples reveal challenges associated with the fact that the boundaries between social workers and individuals and/or groups in their personal lives (family members, friends, acquaintances, etc.) are not discussed in academic spaces.

Conclusion

Studies in the realm of professional boundaries consistently encourage social workers to consult their Code of Ethics to identify and address professional boundary concerns (Kimball, & Kim, 2013; Mellin, Hunt, & Nichols, 2011; Menon, et al., 2002; Reamer, 2003; Sewpaul et al., 2019; Strom-Gottfried, 1999; Zubrzycki, 2006). What happens when these documents do not suffice? Academic literature and Codes of Practice, though they serve as useful starting points, can never fill every contingency and cannot address every boundary-related question or concern**.**

It is clear that current practice standards are out of touch with the realities of practice when it comes to the boundaries; the espoused boundaries of professionalism in the context of

social work can contradict values and principles of contemporary practice, can be too rigid and unsuited to the situation or context, or can be too blurred and thus generate confusion and discomfort among social workers.

The very word 'boundary' is ambiguous. As mentioned, a boundary refers to a clear distinction between x and y, which is consistent with universalist views of ethical standards. For some – like me after writing this dissertation – the concept of a 'boundary' is less evident. Rather, to me, a boundary is an area in and of itself, a space between two answers, answers that may be far apart or overlap. From this perspective, crossing a boundary is not necessarily a violation, since the space is fluid; thus, boundaries are not always problematic, nor are they inherently unethical (Doel et al., 2010).

Some possibilities for optimism exist in re-evaluating and re-conceptualizing the advocated boundaries of professionalism in social work, to bridge the theory to practice gap. New practice guidelines must be introduced, and the boundaries of professionalism must be more fluid, more dynamic, more contextually dependent. Moreover, boundary issues, with case studies and concrete scenario examples, should be explored in educational settings for qualifying social workers, in clinical supervision for newly qualified social workers and in regular clinical consultations for all social workers. As opposed to handing social workers lengthy Codes or long lists of ethical principles to refer to, in the words of Doel et al. (2010), "would it not be better to learn how to navigate through the wood rather than to count, map and identify all 155 trees?" (p. 1885).

Bibliography

Alexander, C., & Charles, G. (2009). Caring, Mutuality and Reciprocity in Social Worker—Client Relationships: Rethinking Principles of Practice. *Journal of Social Work 9*(1): 5-22. doi:10.1177/1468017308098420

Al-Krenawi, A. (2001). The Cultural Mediator: Bridging the Gap Between a Non-Western Community and Professional Social Work Practice. *British Journal of Social Work, 31*(5), 665-685. doi:10.1093/bjsw/31.5.665

Anderson, L. (2006). Analytic Autoethnography. *Journal of Contemporary Ethnography, 35*(4), 373-395. doi:10.1177/0891241605280449

Australian Association of Social Workers (AASW). (2010). *Code of Ethics*. Retrieved April 17, 2020, from https://www.aasw.asn.au/practitioner-resources/code-of-ethics

Babbie, E., & Benaquisto, L. (2010). *Fundamentals of Social Research*. Toronto: Nelson Education.

Badine, T. (2002). *First Nations Women Clients: Experiences in Dual Relationships* [Unpublished graduate dissertation, The University of Northern British Columbia].

Baskin, C., & Sinclair, D. (2015). Social Work and Indigenous Peoples in Canada. *Encyclopedia of Social Work*. doi: 10.1093/acrefore/9780199975839.013.953

Bennett, B., Zubrzycki, J., & Bacon, V. (2011). What Do We Know? The Experiences of Social Workers Working Alongside Aboriginal People. *Australian Social Work, 64*(1), 20-37. doi:10.1080/0312407x.2010.511677

Beresford, P., & Croft, S. (2004). Service Users and Practitioners Reunited: The Key Component for Social Work Reform. *British Journal of Social Work, 34*(1), 53-68. doi:10.1093/bjsw/bch005

Beresford, P., Croft, S., & Adshead, L. (2008). 'We Don't See Her as a Social Worker': A Service User Case Study of the Importance of the Social Worker's Relationship and Humanity. *British Journal of Social Work, 38*(7), 1388-1407. doi:10.1093/bjsw/bcm043

Berkman, C. S., Turner, S. G., Cooper, M., Polnerow, D., & Swartz, M. (2000). Sexual Contact with Clients: Assessment of Social Workers' Attitudes and Educational Preparation. *Social Work, 45*(3), 223-235. doi:10.1093/sw/45.3.223

Bodor, R. C. (2004). *Understanding the Experience of Dual and Multiple Relationships in Rural and Remote Social work Practice* [Unpublished doctoral dissertation, University of Calgary].

Branco, F. J. N. (2018). The Circle of Social Reform: The Relationship Social Work—Social Policy in Addams and Richmond. *Private Troubles or Public Issues?*, 113–127. doi: 10.4324/9781315206929-8

British Association of Social Workers (BASW). (2002). *Code of Ethics*. Retrieved April 17, 2020, from https://www.basw.co.uk/about-basw/code-ethics

Brownlee, K. (1996). Ethics in Community Mental Health Care - The Ethics of Non-Sexual Dual Relationships: A Dilemma for the Rural Mental Health Professional. *Community Mental Health Journal, 32*(5), 497-503. doi:10.1007/bf02251048

Chu, W. C., & Tsui, M. (2008). The Nature of Practice Wisdom in Social Work Revisited. *International Social Work, 51*(1), 47-54. doi:10.1177/0020872807083915

Coates, J., Gray, M., & Hetherington, T. (2006). An 'Ecospiritual' Perspective: Finally, a Place for Indigenous Approaches. *British Journal of Social Work, 36*(3), 381-399. doi:10.1093/bjsw/bch391

Cohen-Emerique, M. (2000). L'approche interculturelle auprès des migrants. In G. Legault (Ed.), *L'intervention interculturelle*, pp. 161-184. Gaëtan Morin Éditeur.

Davidson, J. C. (2005). Professional Relationship Boundaries: A Social Work Teaching Module. *Social Work Education, 24*(5), 511-533. doi:10.1080/02615470500132715

Deng, J., Qian, M., Gan, Y., Hu, S., Gao, J., Huang, Z., & Zhang, L. (2015). Emerging Practices of Counseling and Psychotherapy in China: Ethical Dilemmas in Dual Relationships. *Ethics & Behavior, 26*(1), 63-86. doi:10.1080/10508422.2014.978978

Dietz, C., & Thompson, J. (2004). Rethinking Boundaries: Ethical Dilemmas in the Social Worker-Client Relationship. *Journal of Progressive Human Services, 15*(2), 1-24. doi:10.1300/J059v15n02_01

Doel, M., Allmark, P., Conway, P., Cowburn, M., Flynn, M., Nelson, P., & Tod, A. (2010). Professional Boundaries: Crossing a Line or Entering the Shadows? *British Journal of Social Work, 40*(6), 1866-1889. doi:10.1093/bjsw/bcp106

Dubois, M., & Garceau, M.-L. (2000). L'évolution du travail social : une histoire à suivre — Entrevue avec Roland Lecomte. *Reflets: Revue d'Intervention Sociale Et Communautaire*, *6*(1), 18. doi: 10.7202/026293ar

Ellis, C, & Bochner, A. (2000). Autoethnography, Personal Narrative, Reflexivity: Researcher as Subject. In N. K. Denzin and Y. S. Lincoln (Eds.), *Handbook of Qualitative Research (2nd Ed.)*, pp. 733-768. Sage Publications.

Fortier, C., & Wong, E. H.-S. (2018). The Settler Colonialism of Social Work and the Social Work of Settler Colonialism. *Settler Colonial Studies*, *9*(4), 437–456. doi: 10.1080/2201473x.2018.1519962

Franklin, D. L. (1986). Mary Richmond and Jane Addams: From Moral Certainty to Rational Inquiry in Social Work Practice. *Social Service Review*, *60*(4), 504–525. doi: 10.1086/644396

Gabbard, G. O. (1997). Lessons to Be Learned from the Study of Sexual Boundary Violations. *Australian & New Zealand Journal of Psychiatry, 31*(3), 321–327. https://doi.org/10.3109/00048679709073839

Galbreath, W. (2005). Dual Relationships in Rural Communities. In N. Lohmann and R. Lohmann (Eds.), *Rural Social Work Practice*, pp. 105–23. Columbia University Press.

Gollan, S., & O'leary, P. J. (2009). Teaching Culturally Competent Social Work Practice through Black and White Pedagogical Partnerships. *Social Work Education, 28*(7), 707-721. doi:10.1080/02615470802406502

Green, R. (2003). Social Work in Rural Areas: A Personal and Professional Challenge. *Australian Social Work, 56*(3), 209-219. doi:10.1046/j.0312-407x.2003.00082.x

Greenspan, M. (1995). Out of Bounds. *Common Boundary Magazine*, July/August, 51-58.

Gupta, A. (2015). Learning From Others: An Autoethnographic Exploration of Children and Families Social Work, Poverty and the Capability Approach. *Qualitative Social Work: Research and Practice, 16*(4), 449-464. doi:10.1177/1473325015620946

Halverson, G. (2014). *Managing Dual Relationships in Rural and Remote Practice Settings* [Unpublished doctoral dissertation, University of Calgary].

Halverson, G., & Brownlee, K. (2010). Managing Ethical Considerations around Dual Relationships in Small Rural and Remote Canadian Communities. *International Social Work, 53*(2), 247-260. doi:10.1177/0020872809355386

Haynes, K. S. (1998). The One Hundred-Year Debate: Social Reform Versus Individual Treatment. *Social Work*, *43*(6), 501–509. doi: 10.1093/sw/43.6.501

Healy, L. M. (2007). Universalism and Cultural Relativism in Social Work Ethics. *International Social Work, 50*(1), 11-26. doi:10.1177/0020872807071479

Heins, N. (2012). *Queer Predicaments: Dual Relationships in Sexual Minorit and Gender Variant Clinicians who Practice within their Communities* [Unpublished doctoral dissertation, Wright Institute].

Hong Kong Social Workers Registration Board (HKSWRB). (2009). *Code of Practice*. Retrieved April 17, 2020, from https://www.swrb.org.hk/en/Content.asp?Uid=14

Ibrahima, A. B., & Mattaini, M. A. (2018). Social work in Africa: Decolonizing methodologies and approaches. *International Social Work, 62*(2), 799-813. doi:10.1177/0020872817742702

Jayaratne, S., Croxton, T., & Mattison, D. (1997). Social Work Professional Standards: An Exploratory Study. *Social Work, 42*(2), 187-199. doi:10.1093/sw/42.2.187

Jensen-Hart, S., & Williams, D. J. (2010). Blending Voices: Autoethnography as a Vehicle for Critical Reflection in Social Work. *Journal of Teaching in Social Work*, *30*(4), 450–467. doi: 10.1080/08841233.2010.515911

Johner, R. (2006). Dual Relationship Legitimization and Client Self-Determination. *Journal of Social Work Values and Ethics, 3*(1).

Joseph, M. V. (1989). Social Work Ethics: Historical and Contemporary Perspectives. *Social Thought, 15*(3-4), 4-17. doi: 10.1080/15426432.1989.10383669

Kagle, J. D., & Giebelhausen, P. N. (1994). Dual Relationships and Professional Boundaries. *Social Work, 39*(2), 213-220. doi:10.1093/sw/39.2.213

Kanani, K. (2003). Clinical, Ethical, and Legal Issues in E-therapy. *Families in Society: The Journal of Contemporary Human Services, 84*(2):155-162. doi: 10.1606/1044-3894.98

Katherine, A. (1991). *Boundaries: Where You End and I Begin*. New York, NY: Simon & Schuster.

Kertész, R. (2002). Dual Relationships in Psychotherapy in Latin America. In A.A. Lazurus and O. Zur (Eds.), *Dual Relationships and Psychotherapy*, pp. 329–34. New York: Springer.

Kimball, E., & Kim, J. (2013). Virtual Boundaries: Ethical Considerations for Use of Social Media in Social Work. *Social Work*, *58*(2), 185–188. doi: 10.1093/sw/swt005

Kutchins, H. (1991). The Fiduciary Relationship: The Legal Basis for Social Workers' Responsibilities to Clients. *Social Work, 36*: 106–113.

Lamendola, W. (2010). Social Work and Social Presence in an Online World. *Journal of Technology in Human Services*, *28*(1-2), 108–119. doi: 10.1080/15228831003759562

Lehmann, J. (2005). Human Services Management in Rural Contexts. *British Journal of Social Work, 35*(3), 355-371. doi:10.1093/bjsw/bch186

Lietz, C. A., & Zayas, L. E. (2010). Evaluating Qualitative Research for Social Work Practitioners. *Advances in Social Work*, *11*(2), 188–202. doi: 10.18060/589

Mandell, D. (2008). Power, Care And Vulnerability: Considering Use Of Self In Child Welfare Work. *Journal of Social Work Practice, 22*(2), 235-248. doi:10.1080/02650530802099916

Mattison, M. (2000). Ethical Decision Making: The Person in the Process. *Social Work, 45*(3), 201-212. doi: 10.1093/sw/45.3.201

Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor Professional Identity: Findings and Implications for Counseling and Interprofessional Collaboration. *Journal of Counseling & Development*, *89*(2), 140–147. doi: 10.1002/j.1556-6678.2011.tb00071.x

Menon, G. M., & Miller-Cribbs, J. (2002). Online Social Work Practice: Issues and Guidelines for the Profession. *Advances in Social Work*, *3*(2), 104–116. doi: 10.18060/34

Miller, P. J. (1998). Dual Relationships in Rural Practice: A Dilemma of Ethics and Culture. In L. H. Ginsberg (Ed.), *Social Work in Rural Communities, 3rd Edition*, pp. 55–62. CSWE.

Morrow, S. L. (2000). First Do No Harm: Therapist Issues in Psychotherapy with Lesbian, Gay, and Bisexual Clients. In R. M. Perez, K. A. DeBord and K. J. Bieschke (Eds.), *Handbook of Counseling and Psychotherapy with Lesbian, Gay, and Bisexual Clients*, pp. 137–156. American Psychological Association. https://doi.org/10.1037/10339-006

Mykhalovskiy, E. (1996). Reconsidering Table Talk: Critical Thoughts on the Relationship Between Sociology, Autobiography and Self-Indulgence. *Qual Sociol 19*, 131–151. https://doi.org/10.1007/BF02393251

National Association of Social Workers (NASW). (2008). *Code of Ethics of the National Association of Social Workers*. Retrieved April 17, 2020, from https://www.socialworkers.org/LinkClick.aspx?fileticket=KZmmbz15evc%3D&portalid=0

Neuman, W. L., & Robson, K. (2017). *Basics of Social Research: Qualitative and Quantitative Approaches*. Don Mills, Ontario: Pearson Canada.

O'leary, P., Tsui, M., & Ruch, G. (2012). The Boundaries of the Social Work Relationship Revisited: Towards a Connected, Inclusive and Dynamic Conceptualisation. *British Journal of Social Work, 43*(1), 135-153. doi:10.1093/bjsw/bcr181

Ontario College of Social Workers and Social Service Workers (OCSWSSW). (2008). *The Code of Ethics & Standards of Practice.* Retrieved April 17, 2020, from https://www.ocswssw.org/wp-content/uploads/2016/05/The-Code-of-Ethics-Standards-of-Practice-A-Tool-to-Guide-Assist-You.pdf

Opoku, A., Ahmed, V., & Akotia, J. (2016). Choosing an Appropriate Research Methodology and Method. In Vian Ahmed, Alex Opoku, & *Zeeshan Aziz* (Eds.), *Research Methodology in the Built Environment: A Selection of Case Studies* (pp. 52-70). London: Routledge. https://doi.org/10.4324/9781315725529

Piché, T., Brownlee, K., & Halverson, G. (2015). The Development of Dual and Multiple Relationships for Social Workers in Rural Communities. *Contemporary Rural Social Work Journal, 7*(2), 5th ser., 57-70.

Pugh, R. (2003). Considering the Countryside: Is There a Case for Rural Social Work? *British Journal of Social Work, 33*(1), 67-85. doi:10.1093/bjsw/33.1.67

Pugh, R. (2007). Dual Relationships: Personal and Professional Boundaries in Rural Social Work. *British Journal of Social Work, 37*(8), 1405-1423. doi:10.1093/bjsw/bcl088

Rachédi, L. (2008). Le Phénomène Migratoire : Politiques et Diversité. In G. Legault and L. Rachédi (Eds.), *L'Intervention Interculturelle, 2e édition,* pp. 8-42. Gaëtan Morin Éditeur.

Reamer, F. G. (2003). Boundary Issues in Social Work: Managing Dual Relationships. *Social Work*, *48*(1), 121–133. doi: 10.1093/sw/48.1.121

Reamer, F. G. (2014). The Evolution of Social Work Ethics: Bearing Witness. *Advances in Social Work*, *15*(1), 163–181. doi: 10.18060/14637

Riebschleger, J. (2007). Social Workers' Suggestions for Effective Rural Practice. *Families in Society: The Journal of Contemporary Social Services*, *88*(2), 203–213. doi:10.1606/1044-3894.3618

Ruch, G. (2005). Relationship-Based Practice and Reflective Practice: Holistic Approaches to Contemporary Child Care Social Work. *Child and Family Social Work, 10*(2), 111-123. doi:10.1111/j.1365-2206.2005.00359.x

Ruch, G. (2010). The Contemporary Context of Relationship-Based Practice. In G. Ruch, D. Turney and A. Ward (Eds.), *Relationship-Based Practice: Getting to the Heart of Social Work*, pp. 13–28. Jessica Kingsley Publishers.

Sewpaul, V., & Henrickson, M. (2019). The (R)evolution and Decolonization of Social Work Ethics: The Global Social Work Statement of Ethical Principles. *International Social Work*, *62*(6), 1469–1481. doi: 10.1177/0020872819846238

Smith, C. (2005). Epistemological Intimacy: A Move to Autoethnography. *International Journal of Qualitative Methods*, *4*(2), 68–76. doi: 10.1177/160940690500400206

Sparkes, A. C. (2000). Autoethnography and Narratives of Self: Reflections on Criteria in Action. *Sociology of Sport Journal*, *17*(1), 21–43. doi: 10.1123/ssj.17.1.21

Strom-Gottfried, K. (1999). Professional Boundaries: An Analysis of Violations by Social Workers. *Families in Society: The Journal of Contemporary Social Services*, *80*(5), 439–449. doi: 10.1606/1044-3894.1473

Strom-Gottfried, K. (2000). Ensuring Ethical Practice: An Examination of NASW Code Violations, 1986-97. *Social Work, 45*(3), 251-261. doi:10.1093/sw/45.3.251

Thompson, J. B., Spano, R., & Koenig, T.L. (2019). Back to Addams and Richmond: Was Social Work Really a Divided House in the Beginning? *Journal of Sociology & Social Welfare, 46*(2), 3-22.

Thyer, B. A. (2012). The Scientific Value of Qualitative Research for Social Work. *Qualitative Social Work: Research and Practice*, *11*(2), 115–125. doi: 10.1177/1473325011433928

Wilson Marques, L. (2010). *Applying the Canadian Association of Social Workers Code of Ethics in Uniquely-Situated Northern Geographical Locations: Are There Factors in Practice Environments that Impact Adherence to the 2005 Code?* [Unpublished graduate dissertation, University of Manitoba]

Zubrzycki, J. (2006). Exploring the Construction of Personal and Professional Boundaries in Social Work. *Social Work Review,* 11-12.