

# **CSB Case Management and Care Coordination Training Series: Navigating Boundaries**

**Philip Rainer, M.S.W., LCSW-R**

**Tara Fischer, M.S.W, LICSW**

**Advocates for Human Potential, Inc.**

**May 23, 2023**

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The purpose of the Mental Health Technology Transfer Center (MHTTC) Network is technology transfer—disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 regional centers, a National American Indian and Alaska Native center, a National Hispanic and Latino center, and a network coordinating office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective, evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

# MHTTC Network

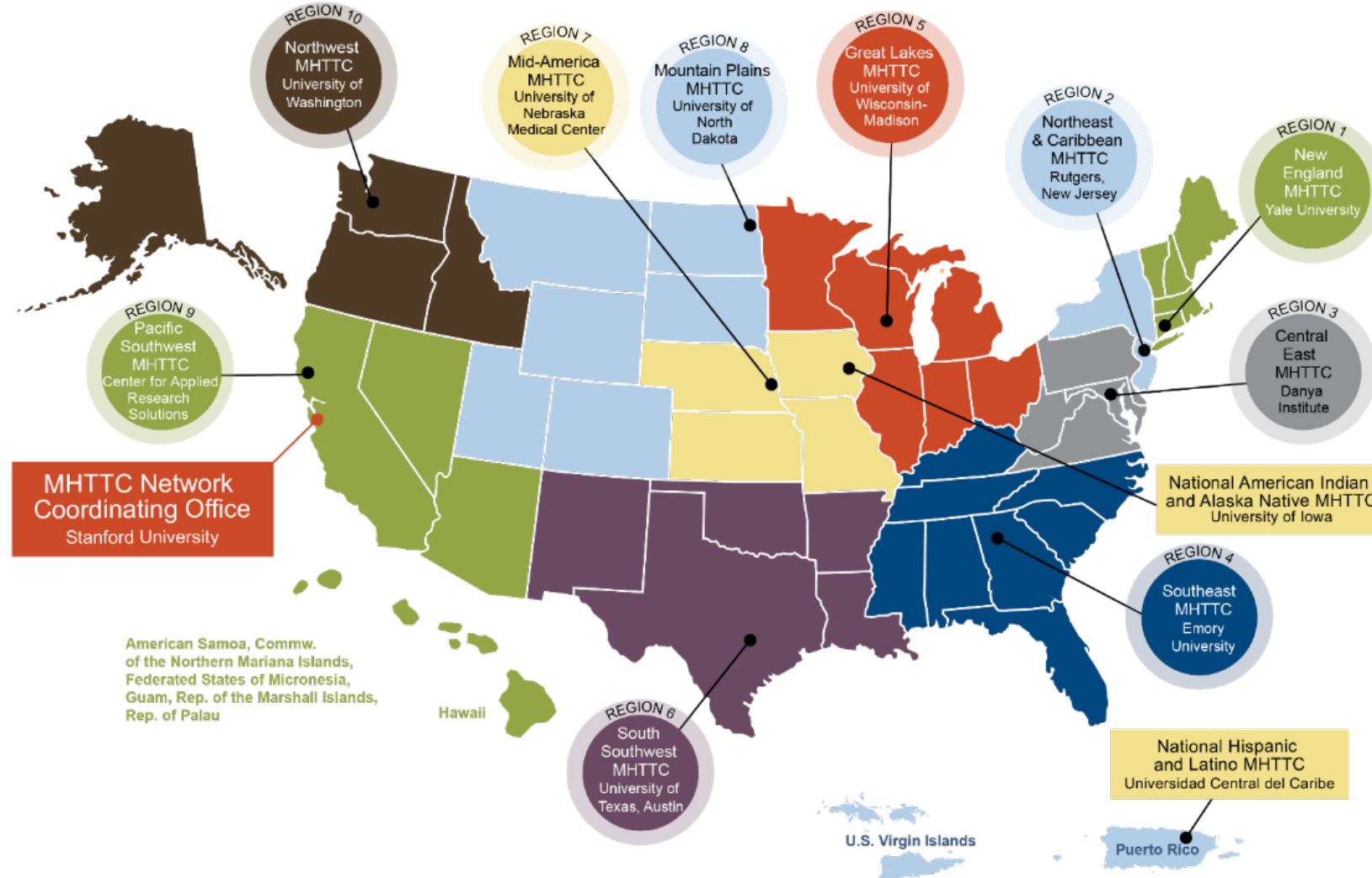


MHTTC

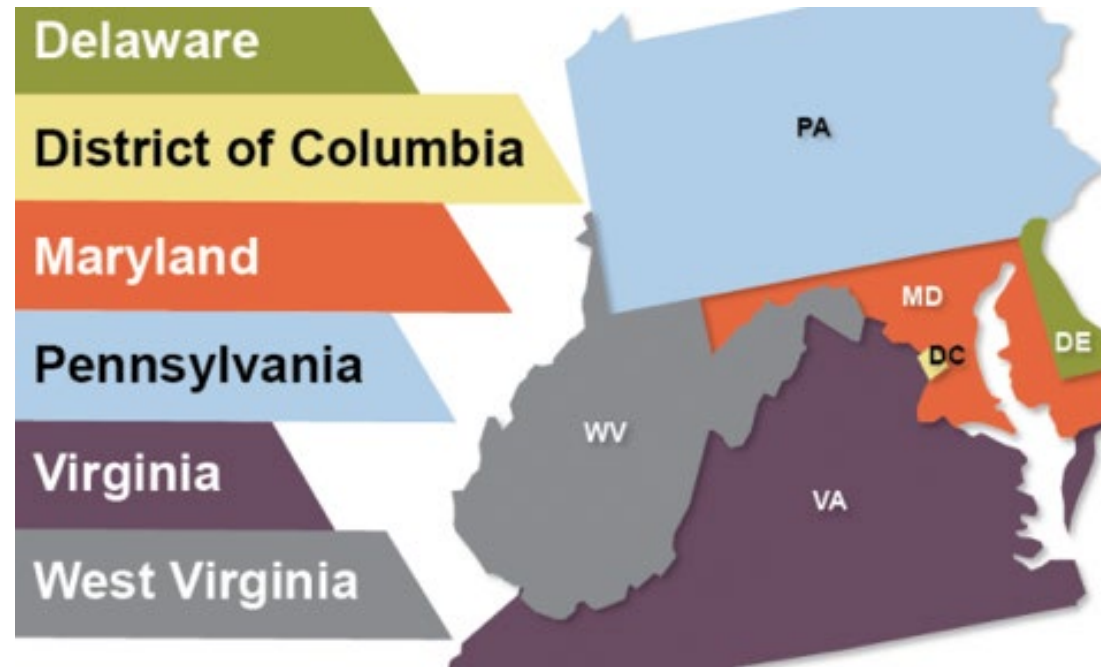
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network



# Central East Region 3



Central East (HHS Region 3)

**MHTTC**

**Mental Health Technology Transfer Center Network**

Funded by Substance Abuse and Mental Health Services Administration

# Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D., served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services (HHS) and the Administrator of SAMHSA.

The opinions expressed herein are the views of the authors and do not reflect the official position of DHHS, SAMHSA. No official support or endorsement of HHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2023



# Our Speakers



**Philip Rainer, M.S.W., LCSW-R**  
Senior Program Associate II



**Tara Fischer, M.S.W., LICSW**  
Senior Program Manager II

# Agenda



Welcome and collective compassionate agreement



Supporting mental health at work and work–life harmony



Boundaries with individuals served: review the “Guideposts”



Coaching for effective boundaries

# Our Collective Compassionate Agreement

Be present

Be brave

Step up/Step back

Be a teacher and a learner

Suspend judgment

Allow everyone to have their own experience

Take a break when needed

Pass if you don't feel comfortable sharing



# Poll: Who Is in the Room?

My regular work responsibilities include:

1. Supervision of direct service staff
2. Mentorship of direct service staff
3. Supervision of staff other than direct service (e.g., administrative, clerical)
4. No responsibility for supervising others

# **Part 1: Supporting Mental Health at Work and Work–Life Harmony**

## Breakout Activity: 8 Minutes, 4 People per Room

**Describe your vision for a team that shows good mental health and work–life harmony.**

*What does it look like?*

*How do they sound?*

*How do they interact and engage?*

# Report Out

**A team that shows good mental health and work–life harmony is . . .**

# **Supporting the Work–Life Harmony Vision (Large Group Discussion), 12 Minutes**

**1.**

**What kind of daily habits, routines, boundaries, and processes are needed to support this kind of work–life harmony for your team?**

**2.**

**What is one thing you can do to get a step closer to making this vision a reality?**



## **Part 2: Helping Staff Maintain Boundaries: A Review of the “Guideposts”**

# Help Staff Be Aware of Ethics


**Individuals served are human beings who must be regarded with respect, honor, and dignity at all times.**



**It is unethical to exploit individuals served.**



**It's never acceptable to have sexual or romantic contact of any kind with individuals served.**



**It is unethical to use your power to coerce or force an individual served to do something.**



**It is unethical to abuse or violate individuals served, including verbal, emotional, physical, or sexual abuse.**

# Help Staff Consider Personal Limits

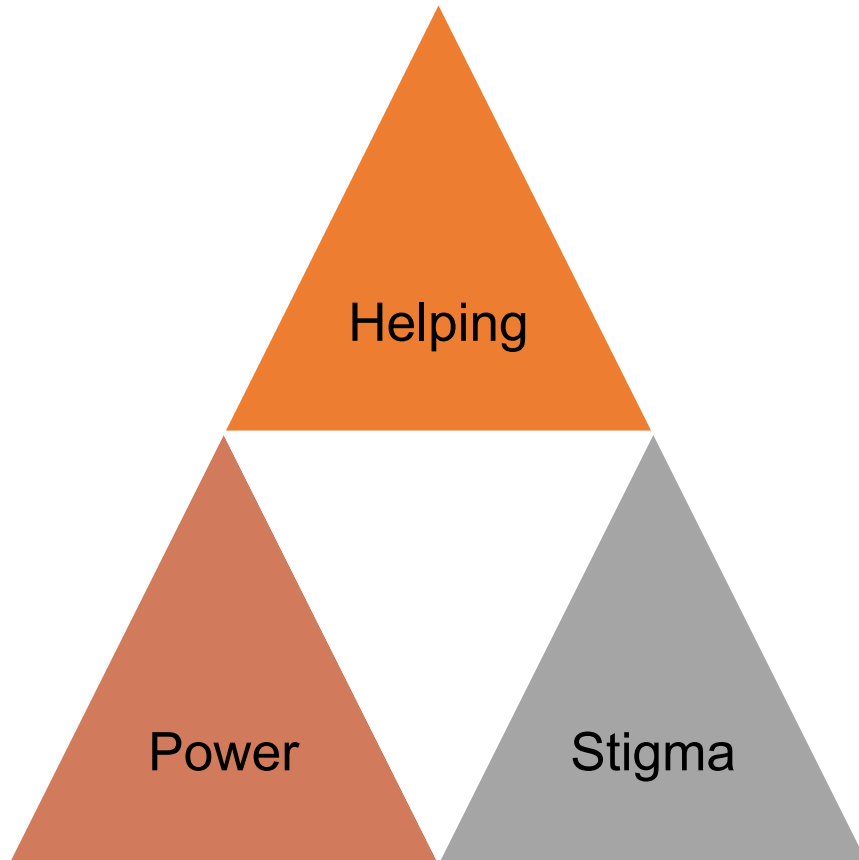
**Comfort With . . .**

**Disclosing Personal  
Information**

**Physical Contact**

**Expressions of  
Emotion**

# Help Staff Consider Role Clarity



## OUTSIDE OF THE ROLE

**Socializing/visiting outside work hours**

**Gifts**

**Favors**

**Flirting, romantic or sexual  
relationship**

**Having the individual served come to  
your home**

# Help Staff Consider Clinical Concerns

History of stalking, assault, or violent fantasies

History of being physically or sexually abused as a child or adult

History of domestic violence

# Help Staff Consider Preferences of the Individual Served

What is the individual served comfortable with?



“I don’t want to know anything about staff’s lives.”



“It should be a real relationship between staff and individuals served, and they should give personal information.”



“They shouldn’t burden us with their problems.”



“I like hearing about staff’s past experiences. I like to know if they have dealt with similar things that I have. It helps me trust them.”

# Breakout Activity: Coaching for Effective Boundaries

**Room 1: Ethics:** Do staff know the ethical principles guiding their actions? How can we strengthen this?

**Room 2: Personal limits:** What are the personal limits of our staff? How can we navigate this with staff at the point of assignment or throughout our work?

**Room 3: Role clarity:** What guidance can we provide to help staff distinguish themselves as helper versus friend?

**Room 4: Clinical concerns:** Should boundaries be different with different individuals served? How?

**Room 5: Preferences of individual served:** What are the preferences of individuals served? How can we guide staff in this area?

# Evaluation Information

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- The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding, we are required to submit data related to the quality of this event.
- Please take a moment to complete a **brief** survey about today's training.



[Evaluation Link](#)



# References

- [ACO Public Toolkit on Care Coordination \(cms.gov\)](#)
- [BOUNDARIES AND ETHICS: recommendations for Direct Care workers \(norcocmh.org\)](#)
- [Boundary Issues in Social Work: Managing Dual Relationships. \(bu.edu\)](#)
- [CodeOfEthicsBrochure.pdf \(nadsp.org\)](#)
- [Tips for Setting Healthy & Safe Boundaries to Reduce Stress | NIOSH | CDC](#)

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[Central East MHTTC website](#)

[Oscar Morgan](#), Project Director

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240-645-1145

Let's connect:

