Opioid Response Network

Boundary Issues in Services Summit

Presented by: Mark McDonald, MS, CRADC, CGDC, CRPR, MRSS, HRS/RPS, CRP, MARS, FSP, YPS, PPF,

May 8, 2026

Opioid Response Network

Working with communities.

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders and stimulant use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79TI088037 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Working with communities.

- The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment, and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- *ORN* accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

Contact the Opioid Response Network

- To ask questions or submit a request for technical assistance:
  - Visit www.OpioidResponseNetwork.org

the power of understanding boundaries

Case Example #1

- A Behavioral Health Professional in Tulsa provides services to a 28-year-old-man who struggles with co-occurring issues (clinical depression and opioid use). During a Zoom session, the individual being served asks the Behavioral Health Professional several personal questions about his life, including whether he is married, has children, and his substance use and recovery history.

Question:

- How much personal information should the Behavioral Health Professional disclose to those they serve?
- What criteria should Behavioral Health Professionals consider?

Case Example #2

A Behavioral Health Professional is employed in a residential substance use disorders treatment program in Oklahoma City. One day, the Behavioral Health Professional learned that a former acquaintance of his – with whom the BHP once used, and to whom the BHP once sold, heroin – was admitted to the program. The Behavioral Health Professional was very concerned that his former acquaintance had returned to use. The Behavioral Health Professional logged into the program's electronic health record (EHR) to read the summary of the new client's admission. He also conducted a Facebook and Google search to see what information he could find online.

Question:

What are the ethical issues?

What are your opinions about them?

Case Example #3

A 32-year-old woman has been in recovery for nearly four years. As an adolescent and young adult, she struggled with severe anxiety symptoms and an Alcohol Use Disorder. One day, the woman learned that the substance use disorders treatment program which she completed about four years ago in Claremore is implementing a new peer support services program and is recruiting personnel. The agency has received a federal grant to fund the program, which includes providing in-depth, comprehensive training to newly hired peer support specialists. The woman is excited by the prospect of working in the program that had been so helpful to her. She calls the director of the new peer support services program to inquire about the job; the director had been the woman's therapist when the woman was a client in the agency's program some years ago.

What are the ethical/boundary issues?

What are your opinions about them?

Boundary Issues: The Concept

The Concept of Boundary Issues

- Boundary issues occur when Behavioral Health Professionals relate to those being served in more than one relationship, whether (1) professional, (2) social, or (3) business. Such dual, overlapping, or multiple relationships can occur simultaneously or consecutively.
- A boundary is the edge of appropriate behavior at a given moment in the relationship between those being served and the Behavioral Health Professional, as governed by the therapeutic/services context and contract. (Gutheil & Brodsky, 2008)
- Dual, Overlapping, or multiple relationships are not necessarily unethical; some are, and some are not. It is important to distinguish between:
  - Boundary crossings: acceptable, perhaps inevitable or unavoidable, dual relationships
  - Boundary violations: unacceptable exploitation or conflicts of interest

Face-to-Face and Online Boundaries

- The emergence of digital technology has introduced a new range of challenging boundary issues associated with the ways in which:
  - Behavioral Health Professionals communicate with those they serve
  - Behavioral Health Professionals deliver services
  - Behavioral Health Professionals search for information about those they serve
  - Those being served search for information about Behavioral Health Professional

Boundary Issues: Major Themes

Themes

- Intimate relationships
- Emotional and dependency needs
- Personal benefit
- Altruism
- Unavoidable and unanticipated circumstances

Intimate Relationships

- sexual relationships (current and former individuals being served)
- physical contact
- providing services to a former lover
- sexual relationships with a person's served relative or acquaintance
- sexual relationships with supervisees, trainees, students, colleagues
- intimate gestures (e.g., notes, meals, gifts)
- sexualized messages online/social networking

Emotional and Dependency Needs

- friendships with current/former clients
- community contact with clients (special interest groups)
- self-disclosure
- unconventional interventions
- affectionate communications
- online relationships: social media and social networking

Personal Benefit

- monetary gain (e.g., an individual is selling something that you need, so you buy it)
- business and financial relationships (loans, investments)
- goods and services (barter)
- advice and services (e.g., person served who is a physician, nurse, mechanic, stockbroker, childcare)
- favors, gifts, meals, social invitations
- conflicts of interest (e.g., wills, client referrals, selling goods, soliciting clients)
- online social relationships

Altruism

- giving those served gifts
- offering those served favors
- meeting those served in social or community settings (when not within your scope)
- accommodating those served (e.g., home telephone, housing, free services, employment)
- self-disclosure to those served (e.g., clinical relationships, self-help groups)
- out-of-office electronic communications (e.g., Facebook, email, text message)

Unavoidable and Unanticipated Circumstances

- geographical proximity
- cultural, social, ethnic communities
- conflicts of interest (e.g., divorce/custody proceedings, clinicians' family members, students)
- professional encounters
- social encounters (e.g., family events)
- overlapping social network/social media relationships

Boundary Issues: The Boundaries of Self-Disclosure

Self-Disclosure: Questions to Consider

- Why is the Behavioral Health Professional sharing this information with the individual? Whose needs are being met by the self-disclosure? Behavioral Health Professional should carefully examine their motives when sharing personal information with individuals. They should consider whether they are disclosing personal information to meet their own needs or the individual being served needs. Is it purely for the individual served or is it a subtle, self-serving expression of the Behavioral Health Professionals need to share?
- What are the potential benefits to the individual served?
  - In what ways does the Behavioral Health Professional expect that the self disclosure will benefit the individual being served?
- What are the potential risks to the individual being served?
  - What is the potential harm to the individual being served

Possible Consequences for/to those we serve

- • destroyed self-esteem
- • destructive dependency
- • mistrust of the professional
- • difficulty in subsequent intimate relationships
- • impaired sexual relationships
- • sexual confusion
- • guilt and self-blame
- • suicidal ideation
- • substance use, misuse, etc…
- • loss of self-confidence
- • cognitive impairment
- • increased anxiety
- • identity disturbances
- • mood lability
- • anger
- • suppressed rage
- • depression
- • psychosomatic disorders
- • rejection
- • isolation
- • abandonment feelings

Boundary Issues: Sexual Misconduct

Possible Causes of Sexual Misconduct

- persons served clinical/recovery issues
- type of treatment/supports
- strength of therapeutic/trust-based alliance
- Behavioral Health Professional's personality

Common progression

These examples reflect general risk-management considerations.

- Gradual erosion of the professional neutrality (Behavioral Health Professional takes special interest)
- Boundary violation begins "between the chair and the door"
- Socialization of services (increased time spent discussing non-recovery/therapy issues)
- The professional disclosure of confidential information about other individuals served ("special" relationship)
- The professional self-disclosure begins (e.g., marital, relationship problems)

Natural History of Boundary Violations

- Physical contact begins (sexualized touching)
- The professional gains control over the individual being served (increased dependency)
- Extra-therapeutic/professional contacts occur (e.g., lunch, drink)
- Professional sessions extended in time
- Professional sessions scheduled for end of day
- The professional stops billing person served
- Dating begins
- The professional–individual served sex occurs

Boundary Violations: Consequences for those we serve…

Consequences for/to those we serve

- • destroyed self-esteem
- • destructive dependency
- • mistrust of the professional
- • difficulty in subsequent intimate relationships
- • impaired sexual relationships
- • sexual confusion
- • guilt and self-blame
- • suicidal ideation
- • substance use, misuse, etc…
- • loss of self-confidence
- • cognitive impairment

Consequences for/to those we serve

- Increased anxiety
- identity disturbances
- Mood lability
- Anger
- Suppressed rage
- Depression
- Psychosomatic disorders
- Rejection
- Isolation
- Abandonment feelings
- Cognitive impairment

Gifts: Issues to be Considered

- • Monetary value of the gift
- • Handmade versus purchased gifts
- • Characteristics of those served (e.g., child v. adult, culture/ethnicity, clinical profile)
- • Type of services/therapy and intervention (e.g., psychodynamic, cognitive-behavioral, case management, peer support)
- • Appropriateness of gift (e.g., modest holiday gift v. sexually suggestive)
- • Stage of treatment (e.g., initial stages v. termination)
- • Red-flags (e.g., extraordinary effort, quid pro quo)

- ***How will this impact the professional/person served relationship?***

Common Warning Signs

- • Engaging in idle, non-therapeutically/service focused conversation
- • Arguing or attempting to impose one's views (e.g., politics, philosophy, religion)
- • Becoming inappropriately directive about those served personal choices
- • Attempting to impress a person served
- • Allowing or engaging in inappropriate personal familiarity and disclosures at beginning or end of sessions
- • Feeling that one is solely responsible for a person's served life

Common Warning Signs (cont…)

- • Feeling that one has allowed a person served to take over the management of his or her case
- • Selective or omitted documentation of significant interactions, occurrences, or dynamics in treatment/services
- • Reluctance to discuss a case with a consultant or supervisor to avoid disrupting “special” relationship
- • Discouraging those served from obtaining consultation
- • Insisting on secrecy about what goes on in treatment/services

Thank You

- Mark McDonald
- 417-434-5015
- markmcfamily@yahoo.com

- Professional Development and consulting
- Joplin, MO 64804

ORN Evaluation Survey Link

The grant that provided funding for this training requires that we request you to complete the brief survey linked below. Your feedback is important and provides support for this type of work to continue. Scan the QR Code to access the SAMHSA feedback survey.

Link to Survey https://lanitek.com/P?s=721663

The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide.

Thank you in advance for completing this survey!

Sources

• Celenza, Andrea (2007). Sexual Boundary Violations: Therapeutic, Supervisory, and Academic Contexts. Lanham, Md.: Jason Aronson.

• Gutheil, Thomas G., and Brodsky, A. (2008). Preventing Boundary Violations in Clinical Practice. New York: Guilford Press.

• Reamer, Frederic G. (2021) Boundary and Dual Relationship Issues in the Human Services (3rd ed.). New York: Columbia University Press.

• Reamer, Frederic G. (2015) Risk Management in Social Work: Preventing Professional Malpractice, Liability, and Disciplinary Action. New York: Columbia University Press.

• Reamer, Frederic G. (2018). Ethical Standards in Social Work: A Review of the NASW Code of Ethics (3rd ed.). Washington, DC: NASW Press.

• Reamer, Frederic G. (2018). The Social Work Ethics Casebook: Cases and Commentary. Washington, DC: NASW Press.

• Reamer, Frederic G. (2021). Ethics and Risk Management in Online and Distance Behavioral Health. San Diego: Cognella Academic Publishing.

• Schoener, Gary R., and Gonsiorek, John C. (1990). “Assessment and Development of Rehabilitation Plans for the Therapist.” In G.R. Gonsiorek, J.H. Milgrom, and J.C. Gonsiorek, eds., Psychotherapists’ Sexual Involvement with Clients: Intervention and Prevention, pp. 401- 420. Minneapolis: Walk-In Counseling Center.

• Simon, Robert I. (1995). “The Natural History of Therapist Sexual Misconduct: Identification and Prevention.” Psychiatric Annals, 25, 90- 94. • Zur, Ofer. (2007). Boundaries in Psychotherapy: Ethical and Clinical Explorations. Washington, DC: American Psychological Association.

• Zur, Ofer, Ed. (2017). Multiple Relationships in Psychotherapy and Counseling: Unavoidable, Common, and Mandatory Dual Relationships in Therapy. New York: Taylor & Francis.