PERSPECTIVES OF PROFESSIONAL BOUNDARIES FROM ADOLESCENT FEMALES IN A RESIDENTIAL TREATMENT FACILITY: A CASE STUDY

DISSERTATION

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ABSTRACT

Within the complexities of the therapeutic milieu often times the youth workers interacting most directly with the youth encounter situations which lend themselves to pushing the boundaries. Entwined in the youth worker and teen encounter, the youth may find themselves grappling with thoughts, feelings, and behaviors in direct response to issues of professional boundaries. Distinguished from the specific roles of social workers, psychologists, and psychiatrists, the youth workers comprise the women and men that provide the day to day care of the teens in treatment.

To date, there is a scant amount of literature addressing the topic of professional boundaries with teenagers in residential treatment programs. Further, lacking in the literature are studies that address the topic from the perspective of adolescents. Because the gap in the literature has left many unanswered questions, as a result, a qualitative case study was conducted in order to gain a more thorough understanding of professional boundaries as they relate to adolescent females placed in residential treatment for emotional and behavioral difficulties.

Findings from the interviews with teens revealed three categories: 1) Physical Presence, 2) Staff and Teen Emotional Connection, and 3) Teen’s Mindful Awareness of their Current Emotional Living Environment. The young women highlighted how they are able to navigate the rules and limits set upon them in residential treatment. However, the teens articulately expressed their desire to have a physical (nonsexual) and emotional
relationship with both their peers and staff members. The young women at TT expressed wanting staff to set limits so that boundary violations could and would not occur. However, within the daily living environment teens expressed a desire to have the confines of boundary crossing situations to be more relaxed. Based on the findings, implications for practice at the micro and macro levels are suggested.
DEDICATION

Dedicated to Dr. Richard J. Lauerman
ACKNOWLEDGMENTS

I am appreciative of Drs. Tom Gregoire and Lisa Raiz for their ever-constant support of my desire to study boundaries in the professional relationship. Thank you for the insightful and thought provoking questions that prompted me to have a richer understanding of the topic that I am so passionate about studying. To Dr. Mo-Yee Lee, your ability to interact with me simultaneously as a student and colleague was seamless and appreciated, thank you. I am forever grateful for the consistent, patient, and nurturing mentoring that Dr. Susan Saltzburg so readily provided. I look forward to our future collaborative qualitative projects.

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Without a doubt, this study could not have taken place without the participation of the administrators, staff, and teens at TT [fictitious agency name]. From the very start of this project I felt nothing but a welcoming and supportive greeting from everyone at TT and for that I will be eternally grateful. But most important, the openness of the TT staff and teens provided invaluable information that can assist youth workers in grappling with the complexities of professional boundaries.
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CHAPTER 1

INTRODUCTION

The primary individuals working daily with youth in placement (Fahlberg, 1990; Rosen, 1998; and Soth, 1997) are commonly referred to as youth workers. The youth workers are charged with the principal responsibility of managing the daily living environment. In part, some of the workers responsibilities include: supervising and ensuring that the youngsters are safe, empathic guidance, “crisis management”, cleanliness of the daily living environment, activities (Crone, 1984, p. 95), and rendering fundamental “parenting and caretaking” tasks (Fahlberg, 1990, p. 75).

Residential treatment is a well-used form of clinical treatment for adolescents experiencing challenges (Lyman and Campbell, 1996). Within the complexities of the therapeutic milieu often times the staff working most directly with the youth encounter interactions which lend themselves to pushing the boundaries. Entwined in the youth worker and teen encounter, the youth may find themselves grappling with thoughts, feelings, and behaviors in direct response to issues of professional boundaries. Distinguished from the specific roles of social workers, psychologists, and psychiatrists, the youth workers comprise the women and men that provide the day to day care of the teens in treatment (more information on the various roles of workers will be discussed on pages four and five).
To date, there is a scant amount of literature addressing the topic of professional boundaries with teenagers in residential treatment programs. Further, lacking in the literature are studies that address the topic from the perspective of adolescents. Because the gap in the literature has left many unanswered questions, a qualitative case study was conducted in order to gain a more thorough understanding of professional boundaries as they relate to adolescent females placed in residential treatment for emotional and behavioral difficulties. Common to case study format (Rossman and Rallis, 2003) several data collection strategies were used. For example, procedures that were used in this study to investigate the topic of professional boundaries as they relate to one agency included interviews with teenagers, observations, and a review of agency documents.

The purpose of this chapter is four-fold. First, I will share my interest in the professional relationship and the purpose of the study. Second, an overview of residential treatment and the professional relationship will be presented. Third, my research question and the methodology selected for this research study will be highlighted. Finally, I will explain why the professional relationship and boundaries between teens and youth workers is important to the social work profession.

Purpose of Study

I have been interested in the topic of professional boundaries for more than a decade. While working with teenagers in out-of-home placements such as residential treatment facilities, a group home, and a psychiatric hospital, I discovered that boundaries were interpreted and enacted in different ways. For example, because a psychiatric hospital provides acute care services, boundaries between staff and teens are more restrictive. Contrary, group homes are less confining and the boundaries between staff
members and teens are not as limiting. Yet, what I discovered after working in several residential treatment facilities as a youth worker and youth work supervisor was professional boundaries ranged from very rigid to almost nonexistent. Take for example, in one residential treatment facility I was employed, youth workers were forbidden from taking teens to their home, yet in another facility it was not only acceptable it was encouraged.

Unfortunately, it was not until I traversed nonsexual professional boundaries with a teenager that I began my journey towards having a better understanding of the complexities of and reflection on the subject matter (Richmond, 2003). What I came to realize after the relationship with the teen had ceased is that I lacked understanding about the benefits and consequences of boundaries in the professional relationship. Because of my experience with the teen I began to educate myself on the topic of professional boundaries by talking with other professionals and reading pertinent literature. What I discovered is that there is very little written on the topic of boundaries between youth workers and adolescents in treatment programs. Even more to my complete surprise there were no studies that I came across that discussed boundaries from the perspective of teens in residential treatment programs.

Having worked with children and youth for nearly twenty years I enjoy exchanging practice experience stories with other professionals. Personal narratives such as these utilized in case study qualitative research are beneficial because they allow for the opportunity to critically think about a situation, challenges knowledge of professional skills, permits the chance to verbally articulate my position to another professional, and invites me to consider a position different from my own. Certainly my appreciation of
practice stories is not unusual. Specific to youth work, Gerry Fewster, a forerunner in the youth work profession emphasizes the importance of youth workers writing personally and genuinely about their interactions with youngsters. In part, Fewster (1991) states,

In taking the courage to share their own experience in working with young people, they [youth workers] have an opportunity to generate a body of knowledge that promotes understanding, caring and respect….In peeling back the layers of their own experience, child and youth care workers can make a unique contribution to our understanding of how it really is to work with troubled kids (p. 62).

For many months this dissertation has been a large focus of my life. As a result, a great deal of time has been spent reading, thinking, discussing, and writing about the topic of professional boundaries. To not share my reactions and practice experiences seems impersonal and disingenuous. Therefore, this dissertation will be written in first person. Stake (1995) indicates that each researcher conducting a “qualitative case study” will make the decision as to how much personal information to disclose (p. 135). Being true to the spirit of sharing practice wisdom with other professionals, throughout this dissertation, I will offer extensive thoughts and self-reflective experiences on the topic of professional boundaries. Based on my involvement as a youth worker and supervisor, specifically, I will offer my thoughts and experiences in every chapter except the section that discusses findings (chapter five). Broadly, it is my hope that after reading this dissertation you will contemplate, wrestle with, discuss, and have a more extensive understanding of your own position on boundaries as they relate to working with
adolescents. More specifically, I would like to showcase the voices of young teenage women on areas they highlighted as important in considering professional boundaries.

Overview of Residential Treatment and the Professional Relationship

Before introducing the topic of boundaries, it is first necessary to start with an overview of teenagers receiving assistance in residential treatment facilities. Some of the reasons an adolescent might require a residential placement include behavioral problems, difficulties with social skills, reaction to previous abuse, school discord, and family conflicts (Lyman and Campbell, 1996). One of the most restrictive out-of-home placements for adolescents is a residential treatment facility. Warner and Pottick (2003) indicate that adolescents considered to be “severely emotionally disturbed” or those who have endured “abuse or neglect” are typically placed in residential programs (p. 1). Fahlberg (1990) explains that the function of residential treatment programs:

…[are to] provide an opportunity to supply both the re-learning and the intrapsychic form of therapy in a co-ordinated program. They utilize fully the concept of milieu therapy in which it is assumed that the many hours spent in daily living can be used to therapeutic benefit (p. 36).

Because teens live within the residential program for a lengthy time, 24-hour care has to be provided. As a result, numerous individuals with varying roles comprise the members of the staff that care for the teens. Therefore, in order to further the understanding of these young females, it is important to highlight some of the staff members that consistently interact with the adolescents during their stay in the residential facility. At the forefront of services is the executive director who is responsible for budgeting, strategic planning, and the overall functioning of the agency (Crone, 1984).
Trained staff members provide individual and family therapy services (Stein, 1995). Teens receive educational services by trained teachers (Lyman and Campbell, 1996) and attend school on-grounds. As previously mentioned the youth workers that spend the most time with the youth (Fahlberg, 1990; Lundrigan, 2001; Rosen, 1998; Soth, 1997; and Trieschman, 1969) carry out the tasks associated with facilitating the daily living environment. In essence, youth workers are the ones that are considered to be “in the trenches” and are acting in a parental role.

Youth work is not based solely on the tasks that are performed with or for youth. Essentially, youth workers employed in residential treatment facilities are the primary agents of change (Rosen, 1998). The daily interactions that take place in residential treatment provide workers with an opportunity to use every exchange with youth as a pedagogical moment. Without question, a significant component of youth work is the relationship that is developed and cultivated between the youth worker and youth (Burns, 1984; Felicetti, 1987; Krueger, 1995; Krueger, 1998; and Parry, 1985). Attributes that are important to the relationship are trust, an inviting atmosphere to disclose personal information, objectiveness, professional self-awareness (Lipchik, 2002), “empathy,” respectfulness, genuineness, “patience,” (Patterson and Hidore, 1997, p. 71 & 90), attentiveness to what the client is saying, comprehension of the client’s experience (Crone, 1984), admittance to mistakes, and being a “fellow traveler” with your client (Yalom, 2002, p. 8). In addition, Young (1999) comments on the importance of the relationship by stating (p. 121):

What youth workers do is make ‘relationships’ with young people which accept and value young people; and demonstrate honesty, trust, respect and reciprocity.
And, through such relationships, motivate and inspire young people to engage in the process of moral deliberation and learning from experience which supports their:

- personal development and well-being (of body, mind and spirit)
- autonomous informed decision making
- active participation
- critical involvement in their community and society

While the youth worker and adolescent relationship is important in the care of teens in residential treatment, so are professional boundaries. In short, boundaries are the parameters or limits that are established usually by the staff members (Soth, 1997) regarding interactions between teens and workers. Two situations that can be asked of the worker to consider in regard to boundary limit setting with teens are gift giving (Spence, 1999) and being friends (Richmond, 2003; and Spence, 1999) with the adolescent.

**Research Question**

As previously stated, to my knowledge no studies have been conducted on the topic of professional boundaries from the viewpoint of adolescents in a residential program. Therefore, I wanted to have a thorough understanding of the topic from the perspective of teenagers in residential treatment. As a result, the research question that I seek to answer through teen interviews, observation, and agency related documents is the following: From the perspective of female adolescent youth in a residential treatment setting for emotional and behavioral challenges, how are professional boundaries described? The sub questions that descend under the broad based question are asked more specifically in the structure of the research guide further discussed on page 46.
My Personal Epistemology

Rossman and Rallis (2003) explain that “personal epistemology” is the way in which an individual interprets and organizes knowledge (p. 33). My personal values regarding how knowledge comes to fruition is consistent with what Munhall (2001) refers to as the “postmodern perspective on science” (p. 53). I believe that knowledge of an individual or situation is best understood by talking with people in their natural environment, having “guiding questions” and not inflexible parameters about what I want to unearth in the study, and sharing my reflective thoughts on the process (Rossman and Rallis, 2003, p. 10). In addition, there are many ways to constitute what “truth” is (Evertz, 2001, p. 601) and I adopt the stance that participants in the situation being studied are the experts in defining their truth. Most important though, I appreciate investigating a topic from the perspective of participants and then attempting to understand what I have learned through interpretation (Rossman and Rallis, 2003).

Case Study Qualitative Methodology

In remaining consistent with the five qualitative philosophical perspectives, the methodology that I think best assists to answer the above mentioned qualitatively based research question is a case study approach. A case study methodology is appropriate to use in the initial stage of an examination when a lot is not known about the topic being studied (Mariano, 2001). Specifically, Creswell (1998) indicates that a case study allows for an overview of an overall setting while honing in extensive investigation on a “system” using a multitude of methods to gather data (p. 249). Particular to my study, the overall system is the residential treatment agency. However, the specific area of focus will be on the adolescent female’s perspective of professional boundaries. My study
intends to highlight data related to the teenagers’ standpoint and not the entire agency to bring forth a descriptive picture. Therefore, in order to capture this, adolescents will be interviewed and then the observation of teens and agency documents that pertain to the treatment of youth in residential treatment will be compared to the interviews.

A social work colleague with experience working with adolescents will read through all of the transcripts and will separately develop themes and categories that will then be compared to mine. This process is done to double check that there are no gaping holes with what I believe I discovered in reviewing the interview transcripts.

For those who adhere to systems theory, you may be questioning why the voices of other parts of the system in the agency (for example, youth workers, teachers, parents of the teens, etc.) are not being included in the study. I will conduct what Stake (1995) refers to as an “intrinsic case study” which means that there is not an interest in having an understanding about additional cases or a widespread dilemma. (p. 3). Rather, the purpose of an intrinsic case study is to learn specifically about the defined case, which in my study I have identified as the adolescent and their perspective on professional boundaries.

One way in which to explain my study approach in a more customary manner is by use of a photography analogy. If a photographer was using a disposable camera in taking a picture, they may capture a lot of other “items” in the picture such as objects, people, and different colors (in my study this would be the entire agency). Yet, a photographer with high technological equipment using a zoom lens will surely eliminate a lot of background details that is not specific to the original subject matter. In my study, a zoom lens approach will be used to focus specifically on the boundary viewpoints of
teenagers. Again, the purpose of my study is to only focus on the viewpoints of teenagers as they pertain to professional boundaries and not all of the individuals in the agency system.

Significance for Social Work

Clearly stated in the National Association of Social Work (NASW) Code of Ethics (1999), social workers value the use of competence when engaging with client and client systems. Specifically, the ethical principle that explains the value of competence states, “Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession” (NASW Code of Ethics, 1999, p. 4).

Based on a comprehensive review of the literature that is presented in the next chapter, there are minimal empirical studies to assist social workers in managing the boundaries of the professional relationship with teenagers in residential treatment. This lack of empirical guidance for social workers is disconcerting since Ginsberg (2001) suggests that almost half of all professionals affiliated with the NASW work in positions addressing health or mental health challenges. In addition, in 1997 (the Center for Mental Health Services will direct another survey in 2007) an estimated 65,000 teens received residential care services (Warner and Pottick, 2003). Given the number of social workers employed in mental health settings, the large amount of teens requiring residential services, the importance of the professional relationship, and the value of “competence” that is important to the social work profession, a study investigating the topic of boundaries is not only beneficial but necessary.
CHAPTER 2
LITERATURE REVIEW

The majority of the empirical studies on professional boundaries are focused on interactions with adult clients. However, in order to have a comprehensive understanding of the boundary topic, it is important to review the literature that addresses adult interactions before reviewing the studies specific to teens.

Boundary Definition

One essential aspect of a helping relationship with youth in residential treatment is the boundaries that are developed between a worker and client. Whitfield (1993) explains, “a boundary or limit is how far we can go with comfort in a relationship. It delineates where I and my physical and psychological space ends and where you and yours begin” (p. 1). McGuire (1996) indicates that boundary breaches can take place in four areas—“physical, emotional, psychological, and sexual” (p. 4). There is a difference between boundary crossings and boundary violations. A boundary crossing is when a worker is “…involved in a dual relationship with a client or colleague in a manner that is not intentionally exploitative, manipulative, deceptive, or coercive” (Reamer, 2003, p. 123). One example of a boundary crossing is giving a client cab fare when there is a storm and the client has no way home (Norris, Gutheil, and Strasburger, 2003). Reamer (2003) explains that a boundary violation “…occurs when a social worker engages in
dual relationship with a client or colleague that is exploitative, manipulative, deceptive, or coercive” (p. 122). Having sexual relations with a client is considered to be a boundary violation (Norris, Gutheil, and Strasburger, 2003). While the literature is wrought with different terms and explanations of the professional relationship, for purposes of our discussion, the emphasis will be on boundary crossings and not boundary violations.

Boundary Crossings

Boundary crossings are typically referred to as nonsexual dual relationships in the literature. A nonsexual dual relationship is defined as a helping professional and client entering into another relationship in addition to the primary relationship (Valentich and Gripton, 1992). Nonsexual relationships involve “personal, social, business, and secondary financial relationships” (Herlihy and Corey, 1992, p. 6). Examples of nonsexual dual relationships which are clear indicators of boundary crossings include meeting a client at the local coffee shop outside of a therapeutic meeting, asking a client to baby sit your children, and inviting a client to your home for dinner. It is important to note that boundary crossings with teens can be different than the examples mentioned above. More discussion about the particulars of boundary crossings as they relate to teens will be highlighted later in this chapter.

In general, dual relationships have the capacity to be problematic because of discrepancies in power and the turmoil of confused roles in the professional relationship (Kitchener, 2000). Further, dual relationships can be consequential because, “in any dual relationship, the practitioner’s influence and the client’s vulnerability carry over into the second relationship” (Kagle and Giebelhausen, 1994, p. 215). Dual relationships can be considered a boundary crossing that has the potential to become a boundary violation.
depending on the client, circumstances, and infraction. Antithetically, Clarkson (1994) postulates that it is unrealistic to believe that practitioners can avoid all dual relationships. As a result, she suggests that it is important for practitioners to know how to respond to situations of dual relationships if and when they arise.

Transference and Countertransference

Commonly referenced in the literature are the phrases transference and countertransference that are culled from a psychoanalytic perspective. Freud coined the terms’ transference and countertransference to describe the interaction taking place between the therapist and client. Transference is explained as “…your clients’ needs and vulnerability shape their perception of you and the therapeutic relationship. Based on issues and relationships from the past, the client puts various “faces” on you—faces that are not your own” (McGuire, 1996, p. 10). Kahn (1991) characterizes countertransference as “…all feelings and attitudes about the client that occur in the therapist” (p. 118). Depending on the practitioner’s awareness and use of countertransference, it can be helpful or harmful to the therapeutic relationship (Corey, Corey, and Callanan, 1998; Kahn, 1991). One example of unhelpful countertransference might be when a therapist over-identifies with an aggressive client and does not set limits because they remember being chastised for use of aggression in the past. Conversely, positive countertransference can be helpful to the client. In referring to the previous example of an aggressive client, if the therapist has an understanding of the aggression they felt, they can use the memories of their past to assist the client in working through the anger.
Ethical Predicaments

Ethical predicaments are common to the professional interaction between the worker and client. Ethical dilemmas are defined as circumstances emerging for workers that present two opposing values in which the worker cannot “serve each obligation with equal justice” (McGowan and Mattison, 1998, p. 51). For example, an adult patient in a psychiatric facility is struggling with his sexual identity—he is not sure if he is gay. A worker that is gay (but is not open about his sexual orientation) has a strong working relationship with the patient. The worker is faced with the dilemma of whether or not he should disclose his sexual orientation and struggles of “coming out” with the resident. The case scenario is an example of an ethical dilemma. In this scenario the worker must weigh the pros and cons of disclosing his sexual orientation, ever mindful that whatever decision he makes should be in the best interest of the patient.

Professional codes can assist workers when working with clients (for example, the National Organization of Child Care Worker Association (1995) and the National Association of Social Workers (1999). A professional code of ethics is a collection of ethical principles that practitioners are expected to uphold (Lowenberg and Dolgoff, 1992). In addition, there are numerous guides for assisting workers in handling quagmires they face (see Chang, 1994; Congress, 2001; Garfat and Ricks, 1995; Lowenberg and Dolgoff, 1992; and McQuire, 1996). In general though, codes of ethics are written in broad terms without fixed rules that workers can follow to resolve a professional dilemma (Mattison, 2000; McGrath, 1994; National Association of Social Workers, 1999).
A seminal study was conducted on a national level by Borys and Pope (1989) to ascertain the beliefs and behaviors of psychologists, psychiatrists, and social workers regarding dual relationships (Borys and Pope, 1989). Practitioners totaling 2,133 from several professional organizations (the American Psychological Association, the American Psychiatric Association, and the National Association of Social Workers) participated in the study. Participants were randomly assigned to be surveyed about either beliefs or behaviors regarding dual relationships. Findings revealed that most professionals indicated that dual relationships were unscrupulous in the majority of situations. Most of the professionals denoted that they had “rarely or never” participated in conduct indicative of a dual relationship (p. 283).

The Borys and Pope (1989) study served as the template for exploring behaviors and beliefs of dual relationships with certified substance abuse counselors (St. Germaine, 1996). From a random sample of certified substance abuse counselors, 1,000 men and 1,000 women counselors were invited to participate in the study. Of the 2,000 individuals, 827 participated and returned a completed survey—431 were assigned to the belief’s group and 396 were placed in the behavior’s category. Findings revealed seven differences from the Borys and Pope (1989) study. Substance abuse counselors were more restrained in accepting gifts with a monetary value of $10 or less, offering therapeutic services to a current employee, and extending therapeutic services to family or friends of a current client. Yet, substance abuse counselors participated in four behaviors more so than in the Borys and Pope (1989) inquiry—befriending clients after
the ending of therapy, welcoming presents that exceed a $50 price range, hiring a client for work, and offering an invitation to clients for an “office/clinic open house” (p. 36).

While it is important to ascertain the beliefs and behaviors of professionals regarding nonsexual dual relationships, it is equally important to obtain the perspective of clients. Ramsdell and Ramsdell (1993) “surveyed a systematic random sample” of previous clients in a counseling center to uncover viewpoints of how the relationship with the therapist impacted therapy (p. 201). Sixty-seven individuals who were no longer receiving services from the counseling center participated in the study. The majority of individuals engaging in the study were White. The gender composition of individuals partaking in the investigation was close to “two-thirds” female and “one-third” male (p. 202). Participants were sent questionnaires regarding physical and social behaviors between clients and professionals. Findings revealed that calling therapists by their first name and having a therapist disclose personal information during therapy was helpful to the therapeutic process. However, participants considered the following to be problematic areas that should be avoided in a therapeutic relationship:

…dating one’s counselor and going to bars, nightclubs, or dances with one’s counselor…a client visiting the counselor in the counselor’s home; a counselor employing a client to perform services such as carpentry, child care, legal services, etc.; and attending a movie, play, concert, or sporting event with one’s counselor (p. 206 and 208).

Similar findings regarding the appropriate and inappropriate behaviors from the viewpoint of clients were revealed in a study by Cossom (1998). A qualitative study with purposeful sampling was initiated with 15 women who received therapeutic services at a
“women’s health centre” (p. 29). The ages of women “ranged from 21-58 with the average age 37” (p. 30). Many of the women had post high school educational training. Extensive interviews took place with females that had previously received services at the health centre. Although the findings from this exploratory investigation can not be generalized, one informative result of the study suggests that the women grappled with setting boundaries in therapy—just differently from the professional. Clients “struggled with boundary dilemmas in their interactions with their counselor, the extent and timing of disclosure, and engagement in the therapy process” (p. 34).

In the body of the literature, four situations of nonsexual dual relationships are consistently highlighted; they include: culture, sexual orientation, rural living, and substance abuse recovery. The four areas are illustrated below to show the complexities that may arise for professionals. First, Congress (2001) emphasizes that establishing a relationship with clients from a culture different from one’s own may require an initial personal connection. For instance, in some situations it may be disrespectful to not join a family at mealtime. Reamer (2001) adds,

The dynamics can be especially complicated when the family belongs to a particular ethnic or cultural group that attaches great meaning and symbolic significance to such invitations. Members of some cultural groups may be hesitant to trust a practitioner who is unwilling to break bread with the family: the practitioner’s willingness to eat with family members may be an important signal that the practitioner accepts them. A practitioner who (presumably politely and diplomatically) rejects the family’s meal invitation risks insulting the family, hurting its members’ feelings, and so on (p. 139).
Second, therapists that share the same sexual orientation as their clients are often placed in the uninvited position of dual relationships. Smith (1990) indicates that frequently clients of the same sexual orientation have to struggle with confidentiality issues and seeing their clients at functions outside of the office.

Third, regarding professionals residing in rural areas, Brownlee (1996) states, “In almost all cases, living in a rural area means greater distances between people and communities. The relative isolation increases interdependence between residents and leads to multiple relationships” (p. 499). In order to learn about how professionals endured dual relationship dilemmas in rural community practice, Schank and Skovholt (1997) conducted a qualitative study where they spoke with 16 psychologists. The four themes that emerged from the face to face interviews were professionals having to acknowledge seeing clients in social settings, clients being involved in “business or professional” interactions, the professionals’ family members unknowingly interacting with clients, and having multiple family members as clients as well as providing therapy to individuals who are friends (p. 47).

The fourth obstacle highlighted in the literature refers to professionals in recovery who are especially susceptible to nonsexual dual dilemmas (St. Germaine, 1996). Doyle (1997) suggests that sharing one’s story at an Alcoholics Anonymous meeting, being a sponsor to a former client, or being employed at the facility where the professional was treated are situations that individuals frequently grapple with in the substance abuse field.

Despite the opinions one has about addressing nonsexual dual relationships, if a professional chooses to engage in a dual relationship, their actions are subject to scrutiny by a group of their peers. For example, Strom-Gottfried (1999) reviewed 894 complaints
made to the National Association of Social Work for ethics violations. Professionals that were sanctioned had committed violations such as having a social relationship, engaging in business transactions, poor decision-making for the context of the situation, and engaging in illegal activities with a client.

Added to the controversy of dual relationships are the viewpoints about when a professional relationship has ceased. Some professionals believe that “once a client always a client,” while others suggest there is a difference between long and short-term therapeutic relationships (Corey, Corey, and Callanan, 1998, p. 253). Hence, a post-termination relationship may be appropriate with a client who was only seen in therapy for a short stint versus individuals who were in treatment for a longer period of time.

Recently, a study was conducted in order to gauge the beliefs of social workers regarding termination. Mattison, Jayarante, and Croxton (2002) conducted a randomized study of 1,200 master’s level social workers belonging to the National Association of Social Workers. Six hundred and fifty-four members participated in completing a 10 page questionnaire to ascertain when a client was considered to be an “ex-client” (p. 58). Results indicated that workers employed in private settings viewed the therapeutic relationship to never cease. Individuals working in the “public sector” considered the therapeutic relationship to be terminated when services stopped (p. 61).

Two areas that have been afforded considerable attention in the literature are self-disclosure and touch within the therapeutic relationship. Simone, McCarthy, and Skay (1998) conducted a study with 120 practitioners to gain a broader understanding of self-disclosure. Participants were asked to complete a nine page questionnaire composed of three sections: “Demographics, Self-Disclosure Scenarios, and Self-Disclosure Criteria”
Highlights of the results revealed that practitioners were more likely to self-disclose to clients who had a diagnosis of “adjustment disorders, anxiety disorders, and PTSD” (p. 178). Yet, clients who had the diagnosis of “personality disorders, conduct and impulse control disorders, and psychotic disorders” had a lower likelihood that disclosure would transpire. Further, the gender and years of experience as practitioners did not reflect a difference in self-disclosure.

Barrett and Berman (2001) also conducted a study to discern the appropriateness of practitioner self-disclosure. Thirty six adult clients and eighteen therapists participated in the study. Therapists were guided by the researchers to either increase or decrease the level of self-disclosure in therapeutic sessions. The differences between therapists who self-disclosed to one client but did not reveal personal information to another client were examined. Results suggested that clients were more receptive to therapists who self-disclosed versus those who did not. For example, clients who received more personal information were more likely to have a decrease in their “symptom distress” and an increase in how much they “liked” their therapist (p. 601); whereas, individuals having actions indicative of “psychotic behavior, disoriented thinking, or neurological impairment” were excluded from the study (p. 598).

Similar to the self-disclosure debate, there is no clear consensus on the touching of clients in a nonsexual way (for example, hugging or a pat on the back). Borenzweig (1983) conducted a quantitative exploratory study to determine what degrees of touching takes place in the therapeutic relationship. From a randomized sample of 196 clinical social workers in California, 87 individuals completed a questionnaire pertaining to touching. Findings revealed that 50% of the respondents acknowledged touching a client
in the realm of therapy while 83% had a positive attitude toward touching. Reported, “the attitudes of most therapists were that touch reduces tension in a crisis, and touching moves’ therapy in a positive direction” (p. 241). Social workers in this study indicated that touching should be used cautiously. For example, attentiveness to the clinician’s comfort level, the client’s issues that brought them into therapy and the client’s character traits should be taken into consideration.

More recently an exploratory study was directed “…to explore how, when, why, and with whom clinical social workers use touch in therapy” (Stozier, Krizek, and Sale, 2003, p. 52). Snowball sampling was used to obtain the participation of 91 clinical social workers with five years or more of post-master’s work experience. Social workers were sent a questionnaire regarding the use of touch in clinical practice. Results revealed 95% of clinical social workers touched clients sometimes during their therapeutic encounter. Study participants suggested that they used touch to assist a client from one therapy session to another, enhance the therapeutic work, and with clients who initially have a difficult time speaking about their issues. Social workers reported that generally they do not touch clients with “borderline personality disorder, are the opposite gender, [are] an adolescent, [have] dis-associative disorders, [and] clients who do not appear to feel safe” (p. 56).

My Thoughts on the Literature

The above mentioned literature is rich with suppositions regarding how professional boundaries can be considered. Yet, some of the study topics highlighted such as rural area issues, business transactions, and interacting with gay/lesbian clients outside of the work area are not applicable to teens in a residential treatment program. However,
I believe that in residential placement boundary crossing situations arise on a consistent basis and youth are the recipients of the boundary decisions made by workers. For example, is nonsexual touch between a youth worker and teen proper? There are some practitioners who claim that youth in out-of-home placements need physical contact from adults (Garfat, 1998; McElwee, McKenna-McElwee, and Phelan, 2002). In fact, McElwee, McKenna, and Phelan (2002) assert:

…Workers who refuse to move into areas that might be risky because of personal fear, supported by agency liability policies and fellow professionals, are actually doing a disservice to youth. These young people need guidance and role models who can deal with risk situations in a healthy and courageous way (p. 121).

However, there may be workers employed by agencies where touch such as hugging is prohibited (Pazaratz, 2001). To be honest, in my experience I frequently grappled with the hugging situation with regard to teens in treatment and have come up with no definitive answers. Some questions that I frequently challenge myself with include:

- If it is developmentally appropriate for teens to be hugged by adults, why am I so concerned?
- How is my hugging a teen going to enhance their treatment?
- If I hug one teen and not another how will the other teens feel?
- I like hugs and frequently can be found hugging family, friends, and co-workers—so if I hug a teen am I meeting my needs for a hug or the teens?

**Boundary Crossing with Teens in Treatment**

One can safely assume that no highly regarded agency would knowingly allow their youth workers to engage in sexual behaviors with adolescents, which is a clear
boundary violation. Yet, the enactment of boundary crossings (nonsexual dual relationships) with adolescents is much more unclear, specifically in residential treatment facilities (Richmond and Padgett, 2002). Because teens are in 24 hour care, the relationship between workers and adolescents can fluctuate between authority figure, mentor, and counselor. Some examples of boundary crossing challenges for youth workers are “…friendships and friendliness, gift giving, advocacy, and bartering and employment” (Spence, 1999, p. 44).

In order to have a better understanding of the topic of boundaries in youth work the literature was reviewed. The following is a compilation of the (lack of) findings. Empirical studies investigating the topic of boundaries within youth work are sparse. For example, only three studies that this writer is aware of explored the perceptions of youth workers on the subject of boundaries. Richmond and Padgett (2002) interviewed child care workers and administrators in residential treatment programs to uncover how boundary decisions are made. Findings from the exploratory study revealed a lack of agency training explicitly addressing the topic of boundaries. Further, child care workers generally relied on their “intuition” to address situations that were boundary related (Richmond and Padgett, 2002, p. 58). A limitation of this study was the small sample size.

In another study, researchers examined dual relationships in a residential treatment program. Professional and nonprofessional staff was surveyed regarding their viewpoints of ethical convictions and demeanor pertaining to dual relationships. Specifically, the researchers were interested in dual relationships with teens who were nearing discharge or who had already been released from the treatment program. One
finding exposed that nonprofessional staff was more apt to be incompatible with their answers to “behaviors and ethical beliefs” than professional staff (Zirkle, Jensen, Collins-Marotte, Murphy, and Maddux, 2002, p. 107).

Recently, a qualitative study was directed to investigate the parameters male workers set with female teens during their work interactions (Okamoto, 2003). Sixteen male workers from nine agencies were paid $20 to participate in the study. One limitation of this study was quickly apparent—there was no clear delineation of the practitioner’s roles (for example, were they youth workers, clinicians, or a mixture of both?). Nevertheless, the study provided an insight into the male’s perspective on boundaries. Results from the interviews revealed that male workers take into consideration the young woman’s prior abuse and past difficulties with men. Consequently, past inappropriate interactions with men are not allowed to be replayed with the professional. Rather, the workers use the relationship to role model healthy interactions. Men indicated that they were very attentive to the potential of being sexually attracted to a teen—and how destructive acting on the feelings would be for the young woman. Also, the men were mindful of the language and physical space used with females so a mixed message would not be sent.

Summary on the Boundary Literature

To summarize, the literature on boundaries is replete with interpretations of what the parameters are and are not in the professional relationship. While it is clear that sexual interactions are a clear boundary violation and are never appropriate in a professional relationship, the portrayal of what is a boundary crossing is not as exact. The ambiguity of boundary crossings such as physical touch, disclosure of personal
information, and the termination of when the professional relationship has ceased can pose a challenge for practitioners. Yet, however different the viewpoints are in the literature, there is at least a loose template presented for practitioners to assist them in contemplating, reflecting, and discussing their interactions when working with adult clients. The same can not be said for guidance to workers when engaging with adolescents in intensive out-of-home placement facilities.

Relationship building is a large portion of adolescent development and teens in residential treatment for emotional and behavioral challenges, in my opinion, have grappled with relational issues on multiple levels. Why is it disconcerting that the topic of boundaries is not more consistently addressed within the youth work literature? Three important reasons can be highlighted. First, the composition of families (Rose and Fatout, 2003) can vary from each adolescent in treatment. Some youth may be from families that are headed by single parents or grandparents, others may have blended families (Rose and Fatout, 2003), or be from families with same sex parents. Still there are other teens that may be from families of a different race and ethnicity. In my practice experience, the family composition, personalities of family members, socio-economic status, and general living environment is going to impact teens very differently. For instance, Congress (2001) suggests that “…appropriate physical contact may be especially important for immigrant children [or youth] who have experienced many losses and who may expect this form of comforting behavior from adults” (p. 36). Yet, when teens are placed in residential treatment are these differences taken into consideration during staff interactions?
A second reason why the topic of boundaries is important to youth work is for the variation of the adolescent’s treatment issues. Teens can be admitted into a residential program with a host of diagnoses—attachment issues, substance abuse, aggressive behaviors, mental health difficulties, sexualized challenges, quandaries with authority, criminal behavior, etc. Certainly, dependent on the adolescent’s treatment issue, boundaries will be managed in different ways. Davidson (2004) indicates, “…the context, the individual’s needs, the professional’s role, and the potential for misinterpretations are import factors in defining what is balanced practice” (p. 36).

Take for example the following situation: “S”, a 14-year-old teenager was working on two treatment issues—1) respecting other individual’s personal space, and 2) refraining from exhibiting sexualized behavior. “S” took a liking to me because I reminded her of someone from her past. As a result of this attraction, “S” would kiss me when I turned a corner as a way to say hello, would throw her arms around me to give me a hug—rubbing her breasts into my chest. Clearly, her unsuitable interactions with me were a treatment issue and I had to be very clear in setting and maintaining limits with “S”. However, there was another teen “G” that entered treatment (about the same time as “S”) with anger issues and a lack of respect for authority figures. “G” could be described as angry, disrespectful, and uncooperative with following most rules. From the onset of her admission, “G” and I developed a positive working relationship. I appreciated the sarcasm and wit that “G” so readily used and I was able to use my caustic style as a way to engage with her. When “G” progressed to a higher level in the program which allowed her more privileges and responsibilities, she happily embraced a congratulatory hug from me. While it was huge treatment progress for “G” to allow me to give her a hug, “S”
expressed being hurt that I hugged “G” but put limits on her hugging me. This one example begs the question do teens differentiate staff boundary interactions based on individual treatment issues?

Finally, the chronological age may not accurately portray the needs of the adolescent. Let’s consider the case of “D” an eighteen year old female in a residential program. “D” could be described as needy. She would whine, talk in a baby voice, stand at the staff office door asking personal information, and she needed to know where staff was at all times. Clearly, this was not typical behavior of an eighteen year old. However, what had to be considered when working with “D” was she was abandoned by her mother when she was five and had grown up in and out of foster homes. It became apparent that because “D” felt secure in the program and with the staff that she had regressed to a developmentally younger age. While this is just one example, it is important to consider the chronological/developmental ages concept. Do teens feel that staff interactions are representative of their individual needs? Clearly, more investigation into the topic of professional boundaries in the youth work profession is warranted.
CHAPTER 3
THEORETICAL FRAMEWORK FOR ADOLESCENT RELATIONSHIPS

The purpose of the case study I will be conducting will be descriptive and not theory building. As a result, a brief description of developmental viewpoints of adolescents will be reviewed. It is important to highlight development and theory in order to construct what Merriam (1998) explains is a foundation for the study. In order to have a clear vision of how teens in residential treatment struggle with relational challenges it is first necessary to understand “typical” adolescent development.

Typical Adolescent Development

The adolescent phase begins with the onset of puberty—their “sexual maturity” (Thies and Travers, 2001, p. 145). While adjusting to the biological transitions taking place within their bodies, teens are also adapting to changes occurring “cognitively,” within their social environment, their educational pursuits (Moshman, 1999, p.5) and sexuality (Preto, 1989). While having a relationship with parents is important, during adolescence there is a tendency for teens to want freedom to make their own decisions (Thies and Travers, 2001). Although, it is important to remember that culture plays a significant role in the differentiation process (Preto, 1989). Frequently, in their attempt to differentiate from their parent [or guardian], teens will disagree with “ideas, beliefs, and values” (Preto, 1989, p. 261). Generally, peers are significant in the life of a teen, as
explained by Easson (1996), “In relationships during early adolescence, teenagers mirror each other, and this mirroring helps confirm the individual and group teenage identity as being separate and specific” (p. 20). Also, adolescents are developing their conceptual skills by 1) making assumption about situations, 2) thinking through an issue, and 3) reaching a decision prior to addressing the experience (Easson, 1996).

Having a distinct understanding of adolescent development for understanding this study is important for two primary reasons. First, adolescents who reside in residential treatment can vary in age (typically from 12 years 9 months to 18 years old). The varied age groups will alter the way that the professional relationship and boundaries are pursued. Take for instance a 13 year old teen; they may want more staff interaction and presence than a 16 year old wanting more distance from adult authority. Second, there are typical behaviors that are expected at different levels of development that could impact boundary interactions between teens and workers. For example, sexuality is a developmental task frequently grappled with in residential treatment (Kools and Spiers, 2002). A younger adolescent asking a worker information about sex could be seeking educational information. Yet, an eighteen year old inquiring about a worker’s sex life maybe contemplating a sexual relationship and is attempting to weigh the pros and cons of such a decision.

Developmental Perspectives

There are a variety of developmental theories that are useful in helping us to understand adolescence. Three perspectives that I was exposed to when working in out-of-home placements are summarized briefly.
• Erikson is best known for his seminal work in expanding Freud’s psychosexual stages into eight stages of psychosocial development. Erikson postulated that the purpose of the adolescent stage, “identity versus role confusion” (Nicolson and Ayers, 1997, p. 4) is for the teen to wrestle with what they think and believe separate from the viewpoints of others such as their parents (Steiner and Feldman, 1996).

• Kohlberg considered moral reasoning crucial to development. As children and teens develop they circle through six levels of moral reasoning which are encompassed under the umbrella of “three levels of judgement.” The three levels include “pre-conventional or premoral, conventional or moral, and postconventional or autonomous” (Nicolson and Ayers, 1997, p. 7). Yet, Gilligan asserted that moral development for women advances through three phases and is affected by relational attributes. The focus of the three phases are “the concern for survival, focusing on goodness, [and] the imperative of care” (Burkhardt and Nathaniel, 2002, p. 84 and 85).

• Bronfenbrenner’s process-person context model is a holistic approach that takes into account a variety of components such as family, school environments, friendship, community, and “social and cultural values” (Nicolson and Ayers, 1997, p. 16).

Unfortunately, many theories of development promulgated by males fail to celebrate the development of females (McGoldrick, 1989) which is a concern because “…the self-in-relation involves the recognition that for women, the primary experience of self is relational, that is, the self is organized and developed in the context of important
relationships” (Surrey, 1991, p. 52). Notable research conducted by Gilligan discerned that females use an “
ethic of caring” indicating that in general women place a primary emphasis on relational interactions and “responsibility for one another” (Burkhardt and Nathaniel, 2002, p. 84). Because the dissertation study will focus on adolescent females in treatment, it is important to emphasize the challenges young women can face beyond developmental challenges.

Andersen (2005) indicates that females who are “in the system” have backgrounds of exposure to “physical, emotional, and sexual abuse”. Also, the young women have battled with “physical and mental disorders”, in addition to not doing well in school and at times allowing themselves to be governed by males (p. 3). Kreider (1995) offers many practical suggestions for ways in which to engage females in care (for example, talk with females about topics such as sexual violations and “self-esteem”, p. 21).

Now that a background of developmental challenges that teens encounter has been briefly reviewed, it is important to interpret our thinking to theories that are pertinent to the professional relationship for teens that are in residential treatment. The phrase theory means “a viewing” and is derived “from the Greek work theoria” (Arnold, 2003, p. 3). Theories are explained as related ideas that “…provide testable relationships and direction or prediction” (George, 2002, p. 30). Stein (1995), while referring to theoretical perspectives in residential treatment settings, suggests that theories can assist individuals with “focusing attention, organizing knowledge and information, understanding our environment, influence and control, communication, decision making, and conflict[s]” (p. 68-70). What follows are three theoretical perspectives that I found
were commonly referred to in assisting to explain relationships in the helping profession when I worked as a youth worker.

- In referring to psychoanalytic theory, a primary way in which clients can work through their issues is by use of transference (Leve, 1995). For instance, one role that a therapist can fulfill for a client is being a “parental figure” (Brendtro and Ness, 1983, p. 7). As previously stated, Freud coined the terms’ transference and countertransference to describe the interaction taking place between the therapist and client. In my experience as a youth worker, the likelihood of Freud’s psychoanalytic perspective being germane to the direct practice of youth work is not probable because delving into the teen’s unconscious thoughts is beyond the scope of a youth worker’s employment expectation.

- A cognitive perspective suggests that the way an individual thinks has an effect on their behavior (Soth, 1997). As a result, the emphasis is on altering thoughts which in turn will modify “behavior, feelings, emotions, and/or attitudes” (Stein, 1995, p. 74). Key to this theoretical perspective, the client is in charge of their own behavior resulting from a change in thinking (Stein, 1995). In regard to cognitive theory, a “deep relationship” is not warranted due to the emphasis of the relationship being on the “cognitive restructuring” (Leve, 1995, p. 17). However, I would add that a friendly and trusting relationship is needed with the worker in order to modify the cognition of the teen.

- Behavioral theory emphasizes that behaviors are learned (Brendtro and Ness, 1983) and can be altered via “behaviors and reinforcements” (Stein, 1995, p. 74). Again, in my experience, the relationship between the behaviorist worker and
client is not essential because the focus of interaction is on changing behaviors (Leve, 1995).

Theoretical Framework for this Study

One of the strengths of qualitative research is that the researcher and their prior experiences can not be removed from the investigative process. In keeping with this thought, through my practice experience in numerous placement settings, I believe that whether or not teens are placed in residential treatment facilities for mental health issues or behavioral difficulties, at the core are relational challenges. I have witnessed teens battling relationship challenges with parent/guardians, peers, authority figures or a combination of all three which have led them into treatment.

Merriam (1998) proposes that the use of a “theoretical framework” in qualitative inquiries assist to shape the basis of the study (p. 45). Based on my years of working with adolescents in residential treatment, I believe that the most pivotal component of the treatment process is the relationship that is developed between the youth worker and the teen. Consequently, I believe the most useful theoretical perspective to assist us in understanding the relationship is attachment theory, developed by Dr. John Bowlby.

Attachment Theory

Ethology is defined as “…the scientific study of the evolutionary bases of behavior and development” (Shaffer, 1996, p. 65). Bowlby (1979) was inspired by ethological theory, asserting that understanding the interactions and familial growth in animals could provide insight into human behavior. For instance, there is a biological predisposition for babies to cry and for a parent or caregiver to respond to the cry for help
Bowlby (1966) indicated that infants and small children should receive reciprocal positive interactions with their mother (or interim caregiver) consisting of an affectionate and lasting relationship. Bowlby (1966) gathered that a lack of this relationship, which he named “maternal deprivation” (p. 11), would produce mental health consequences for the child in later years. Specifically, Bowlby (1966) indicated that the first four years of life are critical to the establishment of a maternal bond. Further work of Bowlby (1973) revealed that when a child is alienated from his/her mother and placed in the care of people he/she does not know, anguish may develop. Through this painful experience, the child progresses through three stages, “protests, despair, and detached” (p. 26). However, Bowlby postulated that if the mother (or caregiver) was a secure base, the child could explore and return to the adult for protection if needed. Through the experiences of “proximity” to the “attachment figure” (West and Sheldon-Keller, 1994, p. 44), a “working model” would result (Bretherton, 1995, p. 66). The explanation of a working model can best be described as:

If the attachment figure has acknowledged the infant’s need for comfort and protection while simultaneously respecting the infant’s need for independent exploration of the environment, the child is likely to develop an internal working model of self as valued and self-reliant. Conversely, if the parent has frequently rejected the infant’s bids for comfort or for exploration, the child is likely to construct an internal working model for self as unworthy or incompetent. With
the aid of working models children predict the attachment figure’s likely behavior
and plan their own responses (Bretherton, 1995, p. 66).

While Bowlby contributed to the preliminary aspects of attachment theory,
Ainsworth provided the design in which to increase the understanding of such a complex
topic (Bretherton, 1995) with the noteworthy “strange-situation study”. Findings from
this investigation suggest three types of responses regarding the removal and reunion of
the mother to include “secure attachment, anxious/ambivalent, [and] avoidant” (Shaver
three responses:

- Secure attachment—When the parent/guardian has displayed an accessible and
  “responsive” interaction in addressing their infant’s desires (p. 110).
- Anxious/ambivalent—When the parent/guardian presents as anxious and
  unresponsive to the infant’s desires, occasionally the caregiver is “available and
  responsive but at other times unavailable or intrusive” (p. 110).
- Avoidant—When the parent/guardian is apathetic “if not outright rejecting” of
  their infant (p. 110).
- A recent addition to the attachment characteristics is “disorganized”—meaning
  that relational interactions with others are cause for “confusion” (Howe, 1996, p.
  13).

If children are not helped to work through issues of loss resulting from not
attaching to a parental figure in childhood, they may experience difficulties in
relationships as an adult (Hughes, 1997). Hughes (1997) explains that consequences of
unresolved issues include difficulties forming close relationships with others, as well as emotional re-enactment of the abusive and neglectful characteristics of their childhood.

**Attachment Theory and Youth in Treatment**

To recap, attachment theory is extremely pertinent to the practice of youth work. From my experience, youth in residential treatment frequently battle to develop and maintain meaningful relationships with others. I believe that the struggles that teens experienced in their formative years regarding attaching to others come to fruition during adolescence. Based on the teens being in treatment in a group living environment, Maier (1991) explains, “Group life serves as a rich laboratory for helping adolescents establish effective relationships, deal with conflict, and survive disagreeable interpersonal situations” (p. 43). Therefore, an authentic, nurturing, and interactive relationship (Halverson, 1995) with a refrain from externally controlling the teen (Moore, Moretti, and Holland, 1998) can assist with attachment issues. Through the continuous relationship building with youth in placement, the workers are in a position to assist the teen in altering their internal working model, which ultimately will strengthen their future relational interactions.

Despite the minimal studies on boundaries in youth work, it is curious that none of the studies represent the voices of youth. There are questions awaiting answers. For instance, are youth defining boundaries in the same way as staff? From the perspective of teens, are the boundaries taking place with staff meeting their needs? A study addressing these questions can contribute to the knowledge base of professional relationships within the youth work field.
CHAPTER 4
METHODOLOGY

This chapter will address the study design, sample, data collection, and analysis used to ascertain the viewpoints of teenagers on the topic of professional boundaries. In keeping with the detailed descriptive nature of case study, a detailed agency portrayal of where the study was conducted will be introduced. Rich description which is considered to be a hallmark of case study research (Rossman and Rallis, 2003) will be used to bring you the reader into the setting. Therefore, “a day in the life of a teenager” will be presented to give you a more comprehensive understanding of the residential treatment environment.

The case study approach was chosen in order to gain a broader understanding of boundaries from the position of teens in residential treatment. The question for which I seek to find answers: From the perspective of female adolescent youth in a residential treatment setting for emotional and behavioral challenges, how are professional boundaries described?

Study Design

A qualitative, intrinsic case study was conducted to understand the topic of professional boundaries with youth being cared for in a residential treatment program for emotional and behavioral difficulties. Reasons for conducting a qualitative study are the necessity for an in-depth description of a subject matter, to understand people in their
“natural” environment, to investigate a topic that is worthy of exploration (Creswell, 1998, p. 19), and when “…the research community as a whole has no clear picture of what is going on” (Shank, 2002, p. 101). Specific to residential treatment, no studies have been conducted on the topic of professional boundaries, from the perspective of adolescents, hence, the attention for investigation.

Moreover, Creswell (1998) indicates that a case study is “…an exploration of a “bounded system” or a case….over time through detailed, in-depth data collection involving multiple sources of information rich in context” (p. 61). In keeping with the case study tradition, the intrinsic portion of the case study refers to the unique story that can be illuminated from the case. The bounded system (the specific area that I will focus on in this study) defined as intrinsic to this tradition of research is adolescent females in a residential treatment program for emotional and behavioral difficulties and their description of professional boundaries. The overriding benefits of conducting a case study versus other traditions in qualitative research is depth, elaborateness, and the use of several pieces of evidence in order to capture various viewpoints (Rossman and Rallis, 2003).

Because the current literature does not represent the voices of youth in residential treatment programs on the topic of boundaries, a qualitative, descriptive, intrinsic case study is a germane methodological approach for numerous reasons. First, in adhering to the philosophical assumptions of qualitative research, I am afforded the privilege of going to the agency where the teens are residing without there being a prescribed distance between the adolescents and myself. Second, based on my in person interviews with teens I strive to explicate the viewpoints of teens on the topic of boundaries from their
perspective. In essence, I will serve as the conduit to describe in an in-depth manner the
teens thoughts and feelings as they relate to professional boundary situations. Third,
because there are no empirical studies on the viewpoints of teenagers in a residential
treatment facility regarding the topic of boundaries, this is a unique case to investigate.
And finally, because I have many years of experience working with teens in a residential
treatment facility, I appreciate that case study research allows for me to weave my
experiences into the study (Stake, 1995).

Study Sample

Adolescent Participants

Based on my previous interaction with a residential treatment program for
adolescent girls in the mid-west, a purposeful sampling approach was used in requesting
participation. A decision was made to interview and observe teens in one agency versus
multiple facilities for one essential reason—access. Understandably, interviewing
underage youth in a 24 hour treatment care setting, on a highly sensitive topic such as
boundaries makes it necessary for the treatment administration to have knowledge and
confidence in the researcher’s ethics, credibility, and previous work experience with
adolescents. In addition, I wanted to know that I was conducting research at an agency
that is ethical as well as welcoming of my study. The broad-based research question that I
sought to answer through interviews, observation, and agency documents: From the
perspective of female adolescent youth in a residential treatment setting for emotional
and behavioral challenges, how are professional boundaries described?

Ten adolescent females identified by the agency liaison were contacted and asked
to partake in the study (with permission from the parents/guardians). While there is not a
set standard of how many participants should be included in qualitative case study (Rossman and Rallis, 2003), it was felt that information obtained from interviewing ten teens for an hour to an hour and a half each would provide an initial overview on the topic of boundaries.

Teens between the ages of 13-18 were asked to participate in the research study. Specifically, the age of participants engaging in the study was between 13 and 17 years of age (two were 13, one was 14, three were 15, one was 16, and three were 17). Racial and ethnic composition of teens participating in the study was White (six), Hispanic (one), Biracial (one), African-American (one), and Asian (one). The length of time teens stayed in the residential facility ranged from one month to over a year and a half (one month (3), two months (2), three months (2), four months (1), 13 months (1), and 19 months (1).

The agency liaison considered three additional qualifications in selecting teens to participate in the study. First, teens had to speak English because I speak no other language fluently. Second, teens were enrolled in the treatment program for at least a month in order to ensure they were adjusted. Finally, to increase the likelihood of exposure to boundary issues, the youth were in at least one other out-of-home placement before being admitted into the current placement (for example, psychiatric hospital, shelter, juvenile detention, group home, residential treatment, Wilderness Program).

The agency liaison identified for me teens meeting the selection criteria that were interested in participating in the study. At a time agreed upon by the staff, I had a brief meeting in private either by telephone or in person (approximately 10 minutes) with each teen identified to participate in the study. The purpose of the meeting was to give teens an
opportunity to ask questions and to refuse participation in the study if they so desired.

During the brief meeting, the following areas were covered:

- Questions about the research project.
- Confidentiality (unless the teen was at risk of harming themselves or someone else or if they told me they had been neglected or abused).
- Information reported by the youth would be in the aggregate.
- Parent/guardians would need to be contacted for verbal and written permission if the teen agreed to participate in the study.
- Participation in the study was voluntary. There would be no consequences if the teen decided not to participate and I would not inform agency staff of the reasons they did not want to partake in the study.

Sampling Environment

In order for you, the reader, to have an understanding of the agency where the research study took place, I believe it is important to provide an overview of the organizational environment and a “day in the life” of a teenager. Because one of the strengths of case study research is to present “thick description” (Mariano, 2001, p. 378), a deeper understanding of the treatment facility and the teens that reside in the placement can assist to place the research study in context.

Adolescents at the TT Facility

Nestled in a residential neighborhood in a mid-western urban area is the residential treatment facility, Teens in Transition (TT) (a fictitious name). TT houses children and teens with social, emotional, and behavioral challenges. According to the agency’s policy and procedure manual:
Girls admitted to [TT] programs present a variety of behavioral and emotional problems, including: abusive to self, others and animals, verbally and/or physically aggressive, argumentative with adults, authority problems, curfew violations, delinquent behaviors, depression, enuretic and encopretic, fire setting, high level of anxiety, hyperactivity, impulsiveness, inappropriate affect, isolation (withdrawal) behaviors, low self-esteem, lying, mood swings, relationship [sic] problems with adults and/or peers, runaway, school difficulties (truancy, underachievement, failures, low motivation), sexually active behaviors, sleep disturbances (nightmares, sleepwalking, difficulty falling asleep or maintaining sleep), substance abuse (nondependent, drug, alcohol, cigarette), suicidal behaviors (attempts, gestures, threats, ideations), swearing, temper tantrums, trauma (rape, incest, death of parent, sexual and/or physical abuse, sexual molestation, kidnapping, death of sibling, intense sibling rivalry), unsuccessful progress in less restrictive or less intense or shorter term treatment (p. 2).

From the outside, the TT building looks like an apartment structure and not an institutional setting. The building is set back from the street surrounded by a green grassy lawn and a large back yard. Although there is a sign with the name of the agency, it is small enough to not draw unnecessary attention to the building.

Upon entering the second door to the entryway of TT one is immediately reminded that they are in an institutional setting. The second door is locked and people have to wait to be “buzzed in” by the receptionist sitting on the other side of the door. If there is no receptionist at the desk or if you visit the agency after business hours, there is a phone in the entryway to call for assistance. Once inside the building during business
hours you are greeted by a friendly receptionist sitting in a cubicle. The waiting area is small in space but busy with activity of wall decorations to include artwork and agency licenses. There are several doors—it quickly becomes apparent that the doors are locked when staff members are seen going in and out by the use of keys.

Beyond the reception area there are suites for different age children and youth. Each suite has a kitchen, dining, living area, and bedrooms. Suites can be entered from a hallway inside of the building or from a private entrance outside of the agency. Beyond the suites are staff offices and a large lounge where teens can listen to music, watch television or visit with their family members.

While walking through the hallways staff could be found moving about in a harried manner. Yet despite their quick movement staff members were friendly taking the time to say hello, smile, or give a friendly nod as they passed by me. Evident from the doors left open to the suites were the sounds of teenagers talking, laughing, sometimes raising their voices, or staff talking or issuing directives.

It is common for the researcher to take “field notes” in which thoughts, ideas, observations, feelings, and information that was heard (Merriam, 1998, p. 106) are written down in order to assist with the understanding of the case. On a personal note I would like to share with you some excerpts taken from my written notes regarding my initial responses to the agency environment. Consistently, after each time I visited TT I would write down thoughts, feelings, observations, or questions I had pertaining to my experience at the agency. In part, I offer some of my written notations:
Regarding the youth work supervisor “seems very committed to having the study be successful and for me to get the information that I need” (11/16/04). And, “very, very helpful!” (12/6/04).

Another documented thought pertained to staff members, “Everyone is just so helpful and accommodating—it seems as if the staff have taken on some sort of ownership for the research project” (12/1/04).

In response to my comfort level, “Interesting, lately I sometimes feel that I should be acting more formally when I talk with staff and [youth work supervisor]…I guess that’s a good sign—it means that I’m feeling comfortable in my role, with the staff, and agency” (1/28/05).

Further, “When I was at the agency—when I walked into the reception area, the receptionist said, “Hi Pam”—it was nice to be recognized—and be recognized by name! Also, [a supervisor] passed me in the reception area—she also recognized me—nice!” (3/22/05).

A Day in the Life of Most Teens in Residential Treatment

For those who may not be familiar with the daily routine of residential treatment, from my experience as a worker, I would like to give you an overview of the weekday schedule of a teen.

- Breakfast/Hygiene
- School/Lunch
- Snack/Homework
- Therapy/Free-time
- Dinner Prep/Dinner
Perhaps you are thinking that the routine sounds like a pretty typical day—not unlike those who reside outside of a residential treatment setting? However, it is important to consider the additional variables that can impact the day of a teen. First, there is not a lot of privacy (Easson, 1996). Because teens are in placement for emotional and behavioral issues, close staff supervision is warranted. Because there are fewer staff then teens, adolescents spend a great deal of time in close proximity to other residents. If one teen does not get along with another, they must still be in the vicinity of each other. Further, if a teen has an outburst it inadvertently affects the others. For example, if everyone is watching television and one teen is not following a staff directive and being verbally abusive they may be asked to take a time-out (which means to leave the room and sit alone for several minutes until they are able to speak with staff in a calm tone). If a teen does not follow the directive and refuses to leave the room staff may ask all of the other teens to leave the room. This tactic is important for two reasons: 1) remove the audience so the teen does not keep escalating to impress others and 2) to enforce the directive that the staff member initially set, that the teen is in need of a time-out.

Teens also have to contend with the cycling of staff in and out of their day. Different shifts present a variety of staff members with diversified personalities, mannerisms, and idiosyncratic likes and dislikes. For example, when I worked with teens I was known as the “caring and uptight” staff member that “heard and saw everything” and could account for everyone’s whereabouts at all times. Whereas there were some
staff members who presented as inconsistent—one day doling out consequences when the
teen violated a rule while the next day not following through on the same rule breaking
infractions.

Data Collection

It is important to note that at the start of the study the plan was for me to contact
parent/guardians at their home to explain the study and request their permission for their
teen’s participation. However, calling parent/guardians by telephone to discuss and obtain
permission for the research project proved to be problematic. Although phone calls were
made on different days and at alternate times it was a challenge to reach the
parent/guardians. Given the state licensing requirements and the vulnerability of the teens
given their age, it was important and necessary to have the permission of the
parent/guardian to proceed with the research study. However, it is my contention that the
lives of parent/guardians were busy and stressed and understandably, returning my phone
call was not a priority. Altering the way I made contact with the parent/guardians by use
of a letter instead of a phone call to request their permission for the study I believe was
not only respectful, but it protected the integrity of the research process.

With the altered data collection process, after receiving the teen’s permission to
participate in the study I notified the agency liaison assisting me and serving as my
contact person. She (or her designated staff member) would present a letter that I had
written to the parent/guardian of the teen describing the study (Appendix A). If the
parent/guardian gave their permission for the teen to participate in the study an informed
consent was given to them to sign. In addition, if permission was given an audiotape
consent form was given to the parent/guardian to sign. Then the liaison would alert me
when the consent forms were signed so I could make arrangements to go to the agency to interview the teen.

Teens staying in residential treatment programs receive 24 hour/seven day a week care. Due to potential liability issues for the agency and me if the interviews took place outside of the treatment program, the interviews were held in a private room at the residential agency. All teens that were asked to participate in the study agreed to be interviewed and audio taped. In an attempt to protect participants during the study report, the teens selected a pseudo name at the end of the interview.

Regardless of whether or not permission was granted for tape recording, notes were taken during the interviews. Semi-structured interviews were conducted. While it was important for me to have parameters regarding information disclosed to teens (for example, private details about my personal life, discussing workers in the agency, etc.) it was felt that a conversational approach to discussing boundaries would assist with the engagement process and increasing the viability of disclosure.

I could have comfortably conversed with teens about the topic of boundaries with no planned queries, however in order to ensure consistency with each interview, a variety of questions were developed to assist with the discussion. I wanted to know the age, race, educational level, and time spent in TT because it is important to have a sense of the teen other than focusing on boundary situations and their emotional and behavioral challenges. Also, as previously stated, to secure a richer overview of boundaries, a prerequisite for the teen participating in the study was to have been in another out-of-home placement. Boundary questions were procured from situations that I encountered while working with teens in out-of-home placements. In addition, several drafts of questions were configured
with feedback from two committee members who have practice experience with teens in residential treatment programs.

*Semi-Structured Interview Guide*

In order to minimize any confusion about what the term “boundary” meant a definition was provided to the teen at the start of the interview. The definition that was given to the teen, “A boundary or limit is *how far we can go with comfort* in a relationship” (Whitfield, 1993, p. 1). The following questions were used as a guide in the semi-structured interviews:

1) Demographic information—age, race, educational level.

2) How long have you been in the [name of the agency] residential program?

3) What other out-of-home placements have you been in (for example, psychiatric hospital, group home, residential treatment, shelter, juvenile detention, Wilderness Program)?

4) Is the term boundary used at [name of the agency]? If so, what people use the term boundaries? If not, is there another word that is used when talking about the relationship between staff and residents?

5) Was the term boundary used in the other out-of-home placement(s) (I will name the out-of-home placement(s) that they disclosed in question #3)?

6) Please describe what the term boundary means to you.

7) Are there benefits of having boundaries between staff and residents? If so, what are the benefits? If not, why do you think there are no benefits?

8) Are there problems with there being boundaries between staff and residents? If so, what are the problems? If not, why do you think there are no problems?

9) Are there boundaries that should take place between staff and teens?

10) Are there boundaries that should not take place between staff and teens?

11) Can you describe a boundary situation that you observed that took place between another resident and a staff member?
12) Can you describe a boundary situation that took place between you and a staff member?

13) How do you think race/ethnicity affects boundaries?

14) How do you think a worker’s gender affects boundaries?

15) I’d like to get your thoughts on some boundary situations that I faced working in residential treatment programs:
   
   A. What do you think about staff and residents hugging (in a nonsexual way)?
   B. What do you think about staff talking about their personal life with residents?
   C. What do you think about staff buying gifts for residents?
   D. What do you think about staff introducing you to their family members?
   E. What do you think of staff and residents keeping in contact after the teen is discharged from the treatment facility?

16) Are there other boundary situations that you can think of that I didn’t mention?

Observation Checklist

In addition to the interviews with teens observations also took place after the interviews were held to ensure a well-rounded description of boundary interactions. Observations are important because as Gillham (2000) indicates, “it is not what they [participants] say they do….it is what they actually do…” (p. 46). The intent of the observations was not to use an individual “viewing” of each adolescent to compare to what was revealed in the interviews. Rather, the purpose was to use the “collective whole” of observations to be compared/contrasted to the sum of all interview findings. Observation questions were developed based on my experience as a youth worker. In addition, dissertation committee members that have practice experience working with teens also contributed to the formulation of the questions.

Rather than me making observations on the milieu, youth workers were asked to observe teens that I interviewed for five days (during their work shift). Dependent on the workers employment schedule, or their availability during the shift determined when the
observation check sheets were started. However, all observations took place after I had interviewed the teen. The same youth worker completed the observation form on a particular teen for all five days (with input from their colleagues working the shift with them).

Criteria selection for the workers who observed the teens:

- Volunteer to make observations.
- Work full-time—32 hours a week or more.
- Work primary shifts where the teens were available to be observed (for example, not while the teens were in school or were sleeping).

I trained the youth workers on what information should be observed and documented (for example, how many times a teen asks for or initiates a hug). Trainings were facilitated by telephone or in person depending on the convenience of the workers and lasted approximately 15 minutes. The youth workers were given a check sheet to complete on each teen they observed for five days. Of importance, the teens volunteered to participate in the study by being interviewed and agreed to be observed by youth workers (although the teens would not know when they were being observed).

There are multiple benefits of using a youth worker observation approach. The benefits of worker observations include:

- Specific information as the workers already had a relationship with the teens.
- Would not impact treatment in any way.
- My presence would not disrupt the teen’s living environment.
• The adolescent would not behave in a certain manner to validate what they told me during the interview. Rather, the boundary interactions being observed by youth workers would be authentic interactions.

• Researcher bias would be minimized (although there was potential of youth worker bias).

The observations took place at the convenience of the youth worker. Some teens were observed shortly after I interviewed them while others were not interviewed until later time. I intentionally did not put rigid parameters on the observations for two reasons. First, having worked as a youth worker for many years, I know how unpredictable shift work can be on any given day. Youth workers frequently have many demands placed on them beyond supervising the teens (for example, paperwork, managing crises if and when they arise, cleanliness of the milieu environment, etc.). I did not want to place an unnecessary burden on workers by requesting that observation forms be completed at a specific time. Second, in order to obtain accurate findings from the observations I believed it was important not to have all teens being “watched” immediately after the interviews. I was concerned that if observations took place right away, some teens would behave in a manner consistent to what they told me during the interviews, which may or may not be different than how they would otherwise behave.

The questions on the observation checklist were developed from my experiences as a youth worker and in collaboration with committee members who have worked with adolescents. The observation questions are as follows:

1) Did the teen ask you or another staff member for a hug?
2) How many times did the teen ask for a hug?
3) Did the teen initiate a hug with you or another staff member?

4) How many times did the teen initiate a hug?

5) Did the teen ask you or another staff member personal information that you felt was invasive?

6) Did the teen offer you or another staff member a present?

7) If so, what was the present?

8) How many staff members were offered a present?

9) Did the teen mention to you or another staff member that they wished you were their parent?

10) If so, what did the teen say?

11) Did the teen refer to you or another staff member as their friend?

12) If so, what did the teen say?

13) Did the teen ask you or another staff member to keep a secret from their parent/guardian or another staff member?

14) If so, what was the secret?

Consistent with ethical research practice, several steps were taken to ensure that the rights of youth participants, youth workers, and the agency were protected (for a detailed listing see Appendix B).

Data Analysis

Process for Analyzing Interviews

Qualitative researchers use different approaches to managing data (Merriam, 1998), and great pains were taken to ensure the rigor of the data analysis in this study. Specific to case study examination, the following steps offered verbatim by Creswell (1998, p. 148 and 149) were used for analysis:

- Read through text
• Make margin notes
• Form initial codes
• Describe the case and its context
• Use categorical aggregation
• Establish patterns of categories
• Use direct interpretation
• Develop naturalistic generalizations
• Present [a] narrative

Below is an in-depth description of the examination process I used. I transcribed all of the interviews. All transcriptions were completed before the next grouping of interviews took place. In addition, transcriptions were primarily conducted verbatim. However, some information was not transcribed such as small pleasantries, instructions, and information that was duplicated.

Professional Colleague Reviewer

In order to ensure that my analysis of the interviews was unambiguous, a social work colleague (RV) was scheduled to review all of the transcriptions. Because RV has clinical experience having worked in private practice and with teens in a psychiatric setting, I wanted her input on the interview data. However, RV lives on the East Coast and at the time of the analysis I lived in the Mid West so there was not a lot of flexibility in the meeting time. We had a date set where I had planned to take a trip to the East Coast for her to review the transcripts. Unfortunately, I did not have my themes and categories formed by the time I was supposed to meet with RV. Since travel plans had already been
set, I made the decision to proceed with RV reviewing the transcripts as previously scheduled.

Due to the extensive amount of time it took for me to transcribe the interviews, the notes were left in their original form and were not typed. Prior to my colleague reading the transcripts, three preparatory steps were taken. First, my notes were broadly reviewed to ensure my handwriting was comprehensible and that agency identifying information was eliminated. Second, all names within the transcription were keyed and highlighted in different colors to make for easier reading. For example, in one transcript my name was highlighted in yellow and the teen was in green. Third, I separated each question and response with different colors, again, to make reading effortless for RV.

Before RV began reading I instructed her on what to focus on when reading through the interview notes—themes and categories that emerged. The example I used to explain what I was looking for, “if consistently through your reading you see references to bananas, apples, bran, grain, nuts, those would be considered the themes.” I suggested that the category that could be used to explain the fruit and nuts could be healthful foods. RV and I briefly discussed the likelihood that the wording used for our categories may be different. For instance, in the example mentioned above, RV proposed nutritional foods as the descriptor of the themes.

Over the course of two days, RV spent approximately seven hours reading the transcripts and taking notes. Because the transcription notes were not typed, I was present when RV read through all of the transcriptions incase she needed assistance deciphering my writing. At no time did I read or review RV’s notes. In addition, there was no specific discussion regarding the interviews. Rather, just clarification questions and very broad-
based comments were exchanged. While RV was reading the interview write-ups, I too took the opportunity to examine all of the transcripts to emerge myself in the data.

When RV finished reading through and taking notes on the transcriptions, she gave me her notes that I promptly stored in a file folder without reading. RV requested to have some time to contemplate the data before reporting her themes and categories drawn from her notes. This seemed like a reasonable request so RV made notes for herself that had no identifying information but would assist her with the analysis. Two days later RV provided me with the themes and categories (see Appendix C). I put the notes in the file folder with the other paperwork, unread. I intentionally did not read the notes from RV as I did not want to bias my findings.

A short time after RV submitted her themes/categories I read through each transcript again and began “taking notes” one at a time. The following process was used:

- If there was a remark that a teen made that “stood out for me” while I was reading, I would write down the word/phrase and put the teen’s name and the page number. For example, if a teen made reference to hugging I would write down the word hugging and put the teen’s name and the page number(s) of where there was a discussion of hugs indicated.
- After all ten transcripts were read themes began to emerge evidenced by the number of teens that referenced a specific topic. If one teen consistently made reference to a particular area multiple times that did not indicate a theme. Rather, several teens needed to reference a particular area in order for it to be considered a theme.
- After reviewing all of the themes, they were collapsed into categories and five categories emanated.
Certainly at a first glance, the way in which the categories were constructed could arouse suspicion. Just as Merriam (1998) aptly reminds us, results derived from the investigative process have been “…filtered through my theoretical position and biases” (p. 216). Therefore, did my inclination of what I thought I read in the transcripts come through clearly in the categories that emerged? For this reason, that is why it was imperative that another professional review the transcripts and develop themes and categories that could then be compared to mine.

Once my categories were identified I compared them to RV’s analysis. While I had identified five groupings RV had named three. Initially, my categories included: 1) Physical Touching, 2) Rules & Limit Setting, 3) Fairness/Equity, 4) Staff/Teen Connections, and 5) Retaliation. RV’s three categories included: 1) Physical Presence, 2) Emotional Connections & Developed Relationships, and 3) Safety, Clarity, Trust, Isolation, and Judgements Peer to Peer. Two categories essentially were the same with different wording. For example, 1) Physical Touching (me) & Physical Presence (RV) and 2) Staff/Teen Connections (me) and Emotional Connections & Developed Relationships (RV). The third category warranted some discussion. RV’s category seemed too broad to me so I sent her an e-mail asking for clarification. In my e-mail I asked, “if you could condense the above into one or two words, how would you summarize” (RV, e-mail communication, May 22, 2005)? The response category that RV e-mailed back to me was Teen Awareness.

RV and I spoke by telephone and compared notes. For the first two categories we discussed the wording each of us used and came up with a consensus on the phraseology. When we talked about the final category, what we came to realize was that RV was too
broad and I was too narrow in our ideas. I had taken two ideas and put them in their own
category whereas RV collapsed the concepts into one. Further, we spent a significant
amount of time talking about the wording of the third category. For example, RV strongly
disagreed with my use of the word “retaliation” as it indicated a negative connotation. I
had not interpreted “retaliation” so negatively but I was not wedded to the word so I was
open to suggestions for another category designation. After much discussion we came up
with a designation of a third category that we both agreed captured the essence of what
the teens were saying. The three categories are 1) Physical Presence, 2) Staff and Teen
Emotional Connection, and 3) Teen’s Mindful Awareness of their Emotional Living
Environment. Also, after consultation with one of my committee members, she suggested
an additional word (current) be added to the third category. As a result, the third category
is now Teen’s Mindful Awareness of their Current Emotional Living Environment. Once
the categories were agreed upon, then coding of the data was conducted.

Coding Data

Computer programs are helpful for coding when the database is massive
(Creswell, 2003); however, researchers can code the data manually (Rossman and Rallis,
2003). In this study, interview data was coded by hand after the themes and categories
emanated. The following steps were used for coding. First, all transcripts were placed
into a binder with dividers placed between each transcript. Second, three different colored
note cards were cut up into tabs with each color representing a category. Third, I used the
paperwork where the teen’s name and page number of identifying category information
was written. I used the notes as my guide to place the colored tabs. Fourth, colored tabs
were taped on the respective pages indicating the categories. Finally, I wrote the
subcategories on each tab identified in the transcripts. For example, one category was physical presence. The subcategories of hugs, touch, etc. were then identified on the colored tab representing physical presence.

*Observations/Checklists Analysis*

After I conducted interviews, youth workers that volunteered to participate in the study were given the “go ahead” to proceed with the observations (Appendix D). Teens were observed for five days (consecutive days when possible) by the same youth worker. Of importance, the teens knew that they were going to be observed. However, the teens did not know when they would be observed or what information was being sought. Frequencies highlighted in a table format can be found in chapter five (findings).

*Policies and Procedures/Unit Rules Analysis*

Agency policies and procedures set the parameters for youth workers to use as their compass in working with teens. From my master’s degree training in social work administration I know that some information that can be found in a policy and procedure manual is a description of the agency, the types of programs offered, and the philosophy of the agency. Similarly, the unit rules set the standards that are allowed for daily living. Unit rules are in existence to ensure safety and consistency of many individuals with different personalities, ages, and beliefs coexisting together. The rules assist teens in knowing what behavior is expected of them. Too, the rules aid youth workers in maintaining a chaos free living environment for the teens.

With the assistance of the executive director of the agency, I made copies of all the policies and procedures that pertained to the adolescents and their treatment on the
milieu so I could refer to them at a later time. In addition, I was given a copy of the unit rules.

In order to have a balanced overview of the living environment for teens it was important for me to review both documents. These documents served two broad-based purposes: 1) to give me an overview of the agency and individual “suite house” before I interviewed the teens and 2) as another form of information to compare against what the teens revealed in the interviews and with what the youth workers observed.

The primary use of the policy and procedure manual and unit rules in this study was to compare what the written materials stated to what teens disclosed in the interviews and what youth workers observed. Once interview categories were formed and observation check sheets were completed, I read through the policy and procedure manual and unit rule materials. Information in the written documents that were relevant to the interview categories and observation check sheets were highlighted. In addition, I wrote notes on the policy and procedure pages and unit rules alerting me to the sections that should be compared to the interviews for consistencies and inconsistencies. More information about the policies and procedures/unit rules will be reviewed in the findings and discussion sections.
CHAPTER 5
FINDINGS OF THE STUDY

Interviews were conducted with 10 teens living in a residential treatment facility for emotional and behavioral challenges regarding their viewpoints of professional boundaries. In addition, observations of the teen’s behavior on the milieu as well as a review of the agency’s policies and procedures/unit rules were conducted in order to have a comprehensive understanding of the topic.

Merriam (1998) denotes that there is no one set way of writing the results of a qualitative study. As a result, I have opted to use the interviews as the primary source of information with the observations and policies/rules being used to compare against what the teens revealed in our conversation because teens are the “bounded system”. Based on the analysis of interviews with the teens, three primary categories were identified to include 1) physical presence, 2) staff and teen emotional connection, and 3) [the] teen’s mindful awareness of their current emotional living environment.

While reading through the findings it will become apparent that some information that has been designated to one specific category could potentially have been placed in more than one classification area. Therefore, it is important to offer a brief explanation of “the impressions” that emerged after reading through the transcripts and the category designations. Because physical presence was such a significant topic of discussion among the teens the topic warranted its own category. The second category of staff and teen
emotional connection focused on what adolescents seemingly were wishing could take place in their relationship with workers. Finally, the third category, teen’s mindful awareness of their current emotional living environment, reflected the interactions that were currently taking place in the milieu. The findings describing the three categories are highlighted below.

**Physical Presence**

**Teen Interviews**

During the interviews with the young women they identified several aspects and viewpoints (see italicized sub headings) of physical connection with their peers and staff members.

**Physical Contact**

One of the most discussed areas among teens was in reference to physical contact. Of the 10 teens that were interviewed, nine teens made comments specific to physical connection within the treatment milieu. Eight teens expressed their desire and frustrations regarding hugs on the milieu. In reference to how the use of the term boundaries is used on the milieu, one teen stated, “Um, sometimes when staff come in the kids just run up and give ‘em hugs. And they’ll [staff] say that’s my personal boundary and you need to ask before you hug me.”

Another teen explained that staff consider hugs to be “unprofessional.” She states, “If you want affection like you have to ask and even then, it’s not warm.”

**Consequences of Hugging**

Several teens clearly indicated that you could receive consequences for physical touch. For example, one teen expressed, “Here, you’re not supposed to touch anyone—
you’ll get your privs. [privileges] tooken or you’ll get on a time-out which means you can’t do anything.”

Another example offered, “…My friend hugged me the other day when I was feeling bad and they’re [staff] like why are you hugging, you shouldn’t be hugging. Do you want your privs. taken away? And like they made a really big deal about it….”

Another teen gave an example of seeing a friend from another placement that had just been admitted into TT. When the teen gave her friend a hug there was a staff reaction. She said, “And one of the nicer staff were working and they’re like well, I realize that you two are friends and all, and you haven’t seen each other in awhile, but I’ll let it go this time, but if it happens again I’ll have to give you an hour of level 0….”

**Benefits of Hugging**

Teens articulately described the benefit of hugs. For example, I know I feel a lot better when um, I’m feeling bad and you have someone to hug….I mean like hugs are good. Especially like if they’re nonsexual that’s great. I mean, um, I had a friend here, I was feeling like horrible one day and like I really just needed a shoulder to lean on. She gave me a quick hug and one of the staffs like, ‘What are you doing?’ And I’m like oh my God like why are you getting mad about this….Like afterwards, after I felt better I was like, it makes me mad because I was feeling bad and sometimes people do need hugs.

Another teen added, “I’ve seen staff give girls hugs when they’re feeling sad or alone or scared or upset.”
Further, another remarked,

…I think they should provide a nurturing environment for us. So I think that should be part of their job description—provide warm hugs.” She also made a further comment about hugs stating, “But a hug isn’t sexual—and you know like, rustling their hair isn’t sexual. That’s what I think of like when I think of a father like him tussling his kid’s hair and like hugging his daughter.…

Finally, a teen explained the difference between appropriate and inappropriate touch. She voiced,

Appropriate would be like playfully poking someone in the arm, giving someone a hug, um play wrestling or something—you know things that are consensual between two people. And inappropriate is things you don’t like—like people in your bubble [personal space] all the time when you don’t want them.”

Differences with Hugging

Teens were clear though in the differences of hugging and physical touch. Two teens explain that if physical touch is going to be given, the person should be asked first.

One teen explained that in regard to hugging a male staff, the “hug rule” on the unit was a good thing to avoid competition among the teens [for the male staff’s attention].

Another teen clearly indicated that “…some girls just don’t like having other girls touch them and everything because they get really freaky and they freak out and start snapping on people.”

A further comment suggested that that there should be a reason to give someone a hug like when a staff member leaves the facility. Yet another teen indicated that hugging
would be done with people that they knew. She said, “Cause like, if a new girl comes in we’re not just going to hug her and she’s not going to think we’re crazy ‘cause we don’t know her, why would we hug her?”

*Touch on the Unit*

There were different interpretations about whether or not touch and hugging is allowed. One teen said that hugging was allowed “under certain circumstances and under supervision.”

“…Some staff are more okay with it than others” was the remark of another teen.

And another young woman said that the no hugging policy is a unit rule. When the teen was asked if the no touching rule was written anywhere she responded, “It might be in the rules, I don’t recall.”

*Homosexuality/Bisexuality*

Four teens made reference to how staff equate nonsexual physical touch with homosexuality/bisexuality. For example, when asked why hugging was not allowed one young person remarked, “oh yeah, cause some girls go both ways [are bisexual] here and they think it’s a sexual thing.”

Another added,

…We used to be able to give each other hugs if we’re feeling emotional. But we can’t now because we get um like bisexual people in here and stuff….We can’t even do hair or make-up here either—they might think we’re bisexual or whatever you know and we might want to touch on the girl or you know or other things like that.
A third teen remarked,

Um, they made it pretty clear that it wasn’t um good—like a healthy relationship or anything. And here, I feel like they’re kind of grossed out by it. So, it’s not totally made like—oh, I’m against like lesbians or anything but they make it clear like they don’t want you hugging…. Finally, a fourth teen said, “Like they won’t let us do each other’s hair or anything so—so that’s like a boundary I wouldn’t mind having but…..” When I inquired as to why teens couldn’t do each other’s hair, she responded, “Because, for sexual reasons cause sometimes like gay girls come here and they start touching on other girls—it’s confusing—so they like made the rule that you can’t do hair now—you can’t do nails, you can’t do anything.”

Observations

According to the observations conducted by youth workers, five teens asked a staff member for a hug. Collectively, over the course of five days teens asked for hugs a total of 34 times. Similarly, three teens initiated a hug from the staff over five days totaling 31 hugs.

Policies and Procedures

I found no information in the Policies & Procedures Manual that provided guidance for workers regarding nonsexual physical contact with teens.

Unit Rules

The following standard pertaining to physical contact was taken verbatim from the TT’s Unit Rules, “Girls are not allowed in others’ room or are they permitted to stand
by other girls’ doors for periods of time.” The consequence for violating this rule is 24 hours with no privileges.

A primary rule that is listed in the parent/guardian program packet is “No sexual activity between residents, students, staff, or program participants” [is allowed].

Staff and Teen Emotional Connection

Teen Interviews

Interviews with the teens revealed several points of view (see italicized subheadings) of staff and teen emotional connection.

Physical Restraint

Several teens indicated that they had concerns with staff being allowed through agency policy to physically restrain.

One teen remarked,

…I think staff should not be able to touch us but they are able to touch us. I understand if you’re ready to kill somebody and you’ve just got a knife in your hand and you’re ready to stab somebody or you’re ready to punch somebody and they grab you. But I really don’t think they should grab you unless it’s an emergency like that—or serious like that.

The teen goes on to give an example,

I was in my room and a staff was telling me to get out of my room and I told her I had to change my shirt before I left my room. And she [staff member] grabbed me and I tried to take her hands off of me—so she put me up against the wall to settle me down, and then she pulled me out of my room.
Another teen said, “And the staff here, like if somebody is trying to walk off the unit or go do something like they can stop you—like they can grab you and stuff here if they need to.”

A further statement,

…but when you or like if you’re doing something wrong no matter what it is—if you’re turning on the TV and you have no privileges or you’re in a room that you’re not supposed to be—they’ll either put their hands on you or you know like shrug [shove?] you and make you get out of the room or something. I don’t think they should touch you in a bad manner.

Of importance, I reported this information to the supervisor with the teen’s knowledge.

*Teens Want to be Trusted by Staff*

Four teens remarked that they wanted staff to trust their decision-making. One teen said, “Cause like here we’re not so responsible for ourselves. Cause a lot of times we rely on the staff and that’s not healthy.”

One teen suggested that staff should trust teens to take more of a leadership role with other teens. She stated,

Because the kids listen to the other kids. They don’t really listen to adults. They don’t listen to adults because they don’t like authority. And if you know, if my friend told me um you stink, you need to take a shower [referring to an example of a teen that smells] —you know I’m going to hop to it. But if a staff told me I’m going to be like you know, I don’t want to listen so I’m not going to do it.
Another young woman explained how decision-making could be demonstrated in the hypothetical case of a staff member talking about their personal life and a teen not wanting to hear about it. She suggested,

Isn’t that why there’s a residential where you learn how to express your feelings? And say be assertive and say I don’t want to hear about it today—I’m having a bad day. And most staff would not go on about [the issue] if um, they know a patient is not having a good um day.

Finally, another teen gave an example of a relationship that she had with a former group home staff when she was no longer in the home. The teen explained,

She [group home staff member] was on-line one day like before I AWOL’ed and I talked to her….I was just really depressed—cause I didn’t know what to do—I didn’t know if I was going to get caught….She didn’t like tell me to turn myself in or anything she just says keep yourself safe and I hope you know what you’re doing. It’s like she won’t tell me what to do but she just like wants to know if I’m okay and I’m safe and all of that.

*Teens Reference to Fairness*

Many teens made mention of fairness and how a particular action would impact other teens. For example, regarding hugging one teen indicated,

Yeah, it [hugging] would have to go for everybody—it couldn’t go for just a few people. It would have to go for everybody. Cause then it would have conflicts between staff and peers—saying, ‘oh why can’t I give this person a hug, why can I give this person a hug’ because that person can give that person a hug.
Gift giving prompted a response from another teen that seemed to reflect the ideals of several young women, “Um, I think it’s okay as long as they buy it equally for the girls or the residents, whatever. You know, don’t favor just one girl or whatever, you know.”

Another comment clearly illustrates the belief a teen has about the integrity of gift giving. She explained, “Then I would ask why she didn’t get one and if she was not getting one [gift]—then I wouldn’t want a—then I’d give them [staff] back my present no matter how I liked it—cause that’s not fair.”

And, in reference to a staff and teen keeping in contact after the young woman has been discharged from the facility (for example, letter writing or going out for meals) the teen expressed that it would not be fair. She stated, “Because you know there’s other girls that like that same staff—there could be other girls that like the same staff the same amount and they don’t keep in touch, they don’t go out to lunch, whatever, you know.”

**Exceptions to Fairness**

Nearly half of the young women indicated that there were exceptions to one teen being treated differently than another. For instance, one teen when referring to her stay at a group home offered, “This girl did not have anywhere to go for the holiday because her mom and dad died. So, the supervisor took her home for Christmas….We [other teens] wanted her to go somewhere to be happy.”

The teens provided several examples of exceptions that they deemed appropriate in the residential treatment facility. Regarding staff giving clothing to residents one teen said,
Like if they needed like clothes or something I could understand like donating like some old clothes or whatever especially if someone’s like really tall and they can’t find things that’s common in their size for being really tall or whatever—and a staff has something that doesn’t fit them anymore that might fit, that I can understand that because that’s just basically charity—that’s a hand-me-down. Or someone who’s like really short or just certain body types that you know.

Similarly, another teen shared her story of being in need when she arrived at TT. She made clear that when she was admitted to TT she needed clothes and hair supplies and a staff member purchased items [with their own money] and the teen was very grateful.

Two other examples of exceptions were offered by the teens regarding gifts. One teen indicated, “…If they had some kind of deal going—oh if you were good for this amount of days or had your privs. for a certain amount of time then that would be okay just for one person.”

Another teen suggested, “Unless like they had a certain connection with a person and like no-body else knew that they bought them a gift. Like—I think that would be okay because that’s like on a different level and like—your interactions would obviously be different if they cared about you in a different way—and if you cared about them in a different way….”

When I questioned the teen further she said, “…If somebody personally wanted to give them a gift—and then you know like didn’t tell anybody because that’s different because they’re leaving. And like no-ones really ever going to see them again unless they
come back. Which most people who are in residential don’t come—well, there’ve been a few cases—but most don’t come back.”

**Protection of Staff**

Teens seemed concerned about the safety of staff and how a resident could retaliate. One teen recounted that staff in a shelter they were in did not reveal their last names to teens.

She explained, “…Cause like people might you know look for their address in the phone book or something and like paint ball their house or something like that.”

Another example offered was about staff telling teens where they live. One teen said, “Um, I’m sure some patients might not be able to handle that, maybe some people have issues, um I don’t know with stalking or something like that…” The same teen had some thoughts about staff disclosing personal information about circumstance(s) that have happened to them in their lives. She explained, “…Like some people you just can’t tell because they will throw it back in your face—and they’ll be like, well you did it too or you did it you know.”

Similarly another teen suggested,

They shouldn’t do it….Because if they get into a argument with one of the residents that they told about their personal life—it’ll be all over the unit and all over the rest of the unit and they wouldn’t like that so they should just leave it with them.

A fourth teen offered some thoughts on the protection topic. She said,

Like residential treatment facility—I mean you never know what type of people you could run into in residential treatment. You’ve got your drug addicts, your
psychopaths, your suicidals, your homicidals. You never know what people are in here for. And especially based on someone’s past. You don’t really want to give information out.

Finally, regarding staff keeping in touch after the teen has been discharged one young woman stated that the staff should not give out their cell phone # or pager, or have a teen over to their house. When I inquired as to why the teen said, “Cause I don’t think they want that much stress on their life.” When I asked her what kind of stress, the teen replied, “Like if the resident that was discharged or something had a negative affect on how they were talking or something like their speech or something, they could just start yelling at ‘em over the phone on their cell phone. But if they’re at [TT] talking to ‘em they could try and work it out. Cause like if they’re out with their friends they wouldn’t know what they’re doing—their friends would be confused on what they’re doing.”

Observations

The questions on the observation check sheet did not address any areas listed in this category.

Policies and Procedures

Clearly stated in the Policies and Procedures is the differentiation of physical holding that can be used by staff members based on the teen’s placement classification. Some teens in TT have more harmful behaviors then others and therefore, staff are “…given law enforcement powers to apprehend juveniles [the status] who attempt to run away from the facility or who have not returned from an approved absence….” For other teens, pacifist crisis interference can be used to assist the young women in maintaining control. Staff are required yearly to attend restraint training.
Unit Rules

Fairness and trust seem to be implied in the Unit Rules by reference to the level system. TT has a multiple level system with specific tasks associated with each gradation. In addition, the higher a teenager progresses through the level system the more privileges and a sense of trust they are afforded by staff. For instance, they may go on walks without staff or on a higher level they may go to the local department store.

Teen’s Mindful Awareness of their Current Emotional Living Environment

Teen Interviews

The teens indicated different perspectives (see italicized sub headings) of their current emotional living environment.

Staff Is Not Nurturing

Teens had several thoughts on how staff’s dispositions effect the daily living environment. Regarding a racial situation that was taking place on the unit one teen described the way staff addressed the situation. She stated,

They come in angry—you’re going to do this, and this, and this. If you don’t you’re going to go sit at the table. And, if you don’t you’re going to get an ITO [individual time out]. And, if you don’t and you cause hell or whatever, then I’ll call the police. They don’t come into it with a nice attitude…. I think if they were to come in to it with a nice attitude we would have a better chance to listen to them and a better—and they would have a better chance of us listening.

Several teens had thoughts on the way staff communicated with teens. For example, one teen exclaimed,
...Because sometimes like if you go to them to tell ‘em something like if they’re busy—oh, leave the office we’ll come get you, you know when we’re ready. Cause they’re always busy doing stuff....It’s different if they approach you cause then it shows they care or whatever. But if like I go to them then unless it’s one of the staff that I really like, like I know like cares somewhat. Then it seems like I’m just burdening them.

Another teen commented “....Cause I can’t even talk to the staff here really because I feel they’re kind of like patronizing or they look down on you and um, I don’t like that.”

Finally, yet another teen offered her thoughts on the need for nurturing. She said, ....And I don’t know, I think that a lot of people that are here like are 14, 15, 16 you know like they still need nurturing and stuff like I don’t know, I still need nurturing and I mean. But like I said, some people are uncomfortable with it, and I don’t know I guess they can’t like show something to one person if they can’t show it to another. Or if like they can’t treat everybody the same. But they don’t treat everybody the same any ways. But, I don’t know, they just want to look more professional.

Staff Explaining Themselves

Teens expressed that they had a desire for staff to explain themselves. The young women offered several examples.

First, regarding staff giving gifts to teens one young woman said “...But like if they explain their reasoning like ‘oh I don’t do it because I don’t agree with it, I don’t feel right doing it or whatever, the girls will understand.”
Second, another teen expressed her frustration about not being informed about a rule change. She states,

Yeah, had I been given an explanation and I still did not agree with it I probably would have behaved that next day but they didn’t want to give me an explanation except for—it’s in the log. And that’s not a good response at all. That’s life—deal with it response. And no, I want a real answer. I don’t want to be treated like some little kid who has—just like when oh, can I get this? No. Why? Cause I said so without a reason—that’s schiesty I don’t like that.

Finally, peers making racial comments on the unit prompted a response from one teen. She remarked,

They [staff] should talk to us and tell us why they’re taking our privs., about what we said and like see if it was like a joking manner. Cause sometimes people be like instead of saying nigger they say nigga or whatever.”

Staff Provoking Teens

Teen’s perception of staff provoking the young women prompted a host of thoughts.

One teen said “Oh yeah like I’ve heard a staff call like somebody a ho before and a bitch; like they can be really mean sometimes. There should be emotional boundaries. Like some staff like don’t keep their thoughts to themselves.”

Regarding the same situation, another teen explains the escalation that happened between her and a staff member. She comments,

…And the staff and me start screaming at each other. I threw my [bin] on the table and my beads went flyin’. And she’s like you’re going to pick those up. And
she just called me a tramp and all sorts of stuff. And I did not call her out of her name once in that whole time we were arguing. But when she called me a tramp I called her a fat bitch. She had no right to call me that at all….And then she, and once she had um called me that and I called her that she came and ran up in my face trying to fight me. And then the other staff had to pull her back and then one of my friends came up behind me and was like [name of teen] don’t do it, don’t do it. And I was holding onto that little bit of self-control I had left because I was seeing red. And I was shakin’—I just wanted—I was just like keep me away from some doors, otherwise I’m hittin it. [the teen filed a grievance with the supervisor].

When I questioned if there were boundaries that should be taking place at TT but they were not, one response,

I would say like only with their words—that’s it. Like they really need to learn to restrain themselves when they [staff] say certain things because—sometimes it’s just overboard. Like and then I tell them about it—like they just justify their actions. They never—I’ve never ever once heard them apologize—like ever….

When I asked if there were boundaries that should not take place at the agency but they were happening, a teen stated,

Not physical, but emotional, yeah. I mean everyone can get like mad or you can be fed up with somebody. But in a treatment setting like that shouldn’t happen—like they can go somewhere else and take out their frustration because I don’t know, the last thing I need is somebody here taking out their frustrations on me.

In addition, another comment,
…A lot of the staff need to change their tone—cause a lot of them do have attitudes and will bring their attitudes to work…." When asked if she could give an example the teen said,

Um, this one staff she had a really bad day or something. She came to work she’s like I’m not in a good mood. I’m like okay. And, somebody said somethin’ to her and she got even more pissy and she was taking people’s privs. left and right. I mean we had like a whole unit on no privs. Basically it was like two or three of us who actually had privs. and it was pretty pathetic.

And a teen replied, “Yeah, no provoking….staff stoops down to our level and we try and get them to stop but they don’t see what they’re doing. And it’s I think it’s disrespectful for them to do that.”

In response to respect, one teen said,

Some staff here for instance—staff here you know have like—everybody deserves to get respect—everybody needs respect. But the staff here they think since we’re teenagers and they’re adults that we don’t deserve—we don’t need respect they get respect. So when they’re talking to us nasty and you know yelling at us for no reason—that we can’t respond back to it or we get in trouble.

Finally, here is another example of staff provoking a teen,

…Like there’s this other time where this girl um had come back for a few days and one of the staff was like oh yeah, you came back because you liked it here so much. You’re not going to last there [where the teen was living], you don’t like it there very much do you? Otherwise, you wouldn’t have come back –you’re going to mess up and you’re going to come right back here.
Teens Can’t Express Themselves

Several teens made remarks that they felt they could not express themselves. One teen commented,

…Like right now there are some staff here that I don’t get along with and that makes it harder for me to say what I’m thinking. And, um, you feel like your penalized if you say what you’re feeling. And um, that you know that’s not really helpful—cause it’s not therapeutic. But um, with some, some of the staff I know I can talk to and those are the relationships that I’ve formed you know and I feel, I guess that’s why I feel like it’s good to not have like a wall between a staff and patient because I know I feel more comfortable with a person that shares their story with me or that really seems like they’re listening and not just listening to my story but applying it to their life also. Because that’s what I do with their life to mine.

Another teen remarked, “You can’t express your feelings cause everything is so negative to the staff on the unit. And it’s like all the girls they would tell you that the staff take everything so negative....” When I asked this same teen to explain a boundary situation that took place with a staff member, she responded, “Yeah, when a staff wouldn’t listen to what I had to say—she just offensively just accused me of something and didn’t listen to my side of the story. And I didn’t like it.”

A third teen expressed that there was, “Miscommunication….Sometimes they [staff] think we’re all attitudy and bitchy when we’re not. They take the tones of our voice wrong and they mix our words up.”
Sensing Staff Responses

Adolescents indicated that they could gauge staff’s attitude and could adjust their interactions accordingly. One young woman remarked,

…I’m not saying all the staff are like that. But there are definitely certain staff that I do not even—I don’t even ask them questions because I feel like they’ll look down on me and then say something and like kinda put words in my mouth….Well, there is like one staff that—she like rolls her eyes every time I talk to her. And for me, that’s so unprofessional. And like obviously she doesn’t really want to talk about like what I’m thinking or how I’m feeling or anything. So I mean like there’s little indications. Or, if a person always trying to like put a thought in your mind—like are very opinionated and like no, this is what you should do. Because really, they’re there to listen and guide you…I mean they’re kind of um like replacement of parents except more knowledgeable I guess about how to treat a teen….I mean I’m sure everyone comes into the career wanting to help teens. But I think there are some people that just stay here because like they really don’t know what else to do and that they’ve done this so this is what they’re going to stick too. Um, but I was saying the indications of people not caring—rolling their eyes, giving you opinions—like this is what you should do, not as in like oh well these are the options that you have. Or, this is um, this is a better way to deal with things or give you other ideas to handle what you’ve been through or how you react. I mean there’s obviously a right and wrong but there’s not like a specific—as in like if someone was like pregnant, you wouldn’t tell them have an abortion because there’s more options than that.
A second teen replied, “You can see it in their eyes—if, if you’ve been there, been here long enough you’ll know the staff like the click of your wrists—you just know ‘em. You’ll know if they’re in a bad mood, happy mood, sad mood, crabby mood, any mood.”

A third teen indicated, “…It depends, like some people you can tell like really care—and really like want to be here. And some people you can just tell that this is second choice to what they want.”

And a fourth teen remarked, “…It’s like back to the bubble thing—a bubble is like basically an aura—you just sense vibes off of people. Like [name of a staff member] on my unit—she’s not one you just want to run up to and give a hug to randomly…”

**Staff Disclosing Personal Information to Assist with Treatment Issues**

Many teens indicated that staff disclosing personal information during interactions would be helpful. One young woman said, “Like showing me like them being an example for me—like showing them I grew up like you did and I turned out fine because they got treatment or they got help or something like that.” When I asked what if it is a staff that you’re not particularly fond of—would the relationship change? The teen responded, “I think it would be beneficial. Because it would show that I can actually relate to them. Cause I don’t feel I, I relate too much of the staff at all. Cause they’re nothing like me….”

Another teen expressed,

For me, I really prefer they tell me like their problems. Like I had one therapist that told me that she was a sexual [abuse] victim—like abused by her dad….it’s amazing to hear her story and to see how she’s overcome it.” The teen further explained her thoughts on the disclosure of personal
information. She remarked, “…A staff and patient don’t really want to
form a friendship. I think it’s good to form a relationship…. [there’s] a
staff here she tells me about her husband you know like—that’s fine with
me—and it’s not, she doesn’t get very detailed about it—on her
relationship with her husband. And that helps me because I have
relationships with guys and its good for me to know like, okay, this is a
good way, you know this is how a guy should treat you….

An additional praise for self-disclosure,

Like seriously, I think that would be a really good idea. Because, like, not their
personal life like ‘oh my boyfriend this and that’ you know ‘we did this the other
night’—but I mean their personal lives—I mean like usually people who are
counselors or something they are counselors because something has happened to
them in the past and has affected them and they’re like I really want to help
people like that…. Because if you know that you can relate to a person like there’s
going to be a higher level of trust that you have between them. And like you’re
going to feel a stronger bond to them and you’re going to listen to what they say
more because you feel like they’ve been there too. You know, they’ve been in my
shoes—so I mean I think that it would be a really good idea.

I asked, if for example a staff came in and they had a fight with their boyfriend
and started telling you about it would that be appropriate? The response,

And in which case I think it wouldn’t be appropriate because that’s not anything
beneficial to our treatment. Like it’s um, they’re supposed to be our counselors
and the roles would be reversed if they would come to us with something like
that. [Whereas] if they’re sharing something about their past and something that we could benefit from or like maybe have a little bit more faith in them or you know feel like they understand where we’re coming from, like that would be more beneficial to us then it would be to them. And like they don’t come here to um, get condolence from us.

Further, a teen commented,

It depends. Like talking about like some past experiences that would have a moral to it would be okay but not talking about like really intimate stuff you know….I mean talking about their kids is like one thing and like incidents that happen with their kids like appropriate things like oh this and this happened with my daughter or my son—it was just so cute. Or, oh that was just so phat—you know, stuff like that. But it’s like I don’t want to hear about like sex lives…

Another teen did not think self-disclosure was appropriate at any time. She stated, …Cause I wouldn’t think an adult would tell us about their personal life. You know, like to a child—you know, I don’t think I wouldn’t, I couldn’t picture it as you know—adult. Unless they’re um, unfit adult—if they tell the teenagers about their life. It’s not in the teenager’s position to know about their life. Cause it can be bad.
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<thead>
<tr>
<th>Observation Questions</th>
<th>Teen #1</th>
<th>Teen #2</th>
<th>Teen #3</th>
<th>Teen #4</th>
<th>Teen #5</th>
<th>Teen #6</th>
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<td>Did the teen ask you or another staff member for a hug?</td>
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Table 1  *Youth Worker Observations*
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<td>No</td>
</tr>
<tr>
<td>If so, what did the teen say?</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Did the teen ask you or another staff member to keep a secret from their parent/guardian or another staff member?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>If so, what was the secret?</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Frequencies from the observations are indicated in Table 1.

Regarding personal information over a five-day period, one teen asked a staff member personal information that the worker felt was invasive. The youth worker indicated that the teen asked a worker if they “preferred a more or less experienced man”. No teen referred to the staff as their friend. In addition, no teen asked the staff member to keep a secret from a parent/guardian or another staff member.

Policies and Procedures

Taken in part from the Policy and Procedure Manual regarding the agency philosophy,

…This therapeutic experience consists of providing a pleasant living environment in which the girls can live comfortably in small groups. This offers them a family-type atmosphere that includes developing relationships with peers and staff. Through guidance of trained Treatment Counselors, girls learn to process situations, learn coping skills, and develop self-awareness. This offers a corrective emotional experience that leads to better coping skills….

Included in the admission expectations is the assumption that teens must have, “The ability to develop a therapeutic relationship and benefit from residential treatment as documented by written or verbal information provided prior to or during the intake process.”

The discipline policy provides guidelines for workers to teach teens to manage their own behavior with the assistance of staff members. Within the policy statement
there is a clear delineation of the difference between disciplining a teen and attempting to control them.

Within the Policy and Procedure Manual it is indicated that youth workers receive two hours every year of training that involves “teaching social skills—relationship development, [and] boundary issues.”

Unit Rules

According to the Unit Rules, teens must rely on the permission of staff judgement to do many things. For example, “If girls have no room privileges, all things needed for the day must be brought down in the morning before school. The room is then locked. If there is a need to go upstairs, girls must first get staff permission.” Another example, “girls may not go to bed before 8:45 PM unless permission has been given by staff.” Further, “…Clothing money is to be spent on yourself. Gifts can be purchased out of your personal money. Staff will okay the amount to be spent on gifts.”

The level system guidelines that determine a teen’s privileges indicate that relationship building is important. For example, on one level the expectation is that teens will “spend time getting to know staff and peers.” Another level requires that teens make requests of others in an appropriate manner.

Credibility

Stebbins (2001) explains that in qualitative research credibility is the customary word to use. Credibility is defined as “…whether a researcher can gain an accurate or true impression of the group, process, or activity under study and, if so, how this can be accomplished” (Stebbins, 2001, p. 48). In this study, credibility is acknowledged as follows:
• Bias—Bias in qualitative research is unavoidable and must be acknowledged particularly when there is knowledge of the topic being investigated. Because I have worked with youth with emotional and behavioral problems in out-of-home placements for more than 10 years bias is inevitable. Therefore, throughout this thesis I have attempted to acknowledge my prior work experience and potential partiality.

• “Member-checking”—Participants will have the opportunity to review the researcher’s write-up of the interviews to ensure the accuracy (Creswell, 2003, p. 196). A decision was made to not have teens review the interview summaries. Because the length of time teens are in treatment varies, it would not be surprising if the teen would be discharged from the agency by the time interviews were transcribed and analyzed. Unrelated to member-checking but as a way to give teens an opportunity to have input regarding the information obtained during our discussion, at the end of each interview I asked the teens if they had any information that they would like to add or delete regarding boundaries.

• Capturing authenticity—In order to provide you, the reader with a vivid picture of the case, I used several strategies to capture authenticity. First, I highlighted the distinct features of the residential program that was the focus of this study. Second, an illustrated example of a “day in the life of a teen” was offered in order to place the teen in context to their living environment. Finally, direct quotes were used from the teens that were interviewed to explain their position on the topic of professional boundaries.
• Triangulation—Information was gathered from multiple sources in order to add credibility to the themes that were uncovered from interviews (for example, reviewing the agency policy and procedure manual, examining any written materials that is given to teens on the rules and regulations, and observations). Using several sources of data collection assisted to capture agreement and dissension among the information that was gathered.

• Thick description—The findings are reported in a way that provides the reader with an illustration of the agency and the adolescent’s living environment in the residential program. I attempted to be as thorough as possible about the steps that I took to administer the study, the decisions I was forced to make, and my rationale for the choices I made.

• Peer debriefing—My doctoral advisors and committee have overseen the study to affirm that the information gathered is credible. In addition, a professional colleague who has a master’s degree in social work and has worked with teens in a psychiatric hospital reviewed the interview transcripts to offer insight to the emergent themes.

In addition, the findings from the analysis are left up to the reader to determine what is relevant in relation to case study research. Because of the thick description offered, the narrative report should provoke the reader to contemplate the study in a way that is applicable to life circumstances. Stake (1995) sums it up best by stating, “naturalistic generalizations are conclusions arrived at through personal engagement in life’s affairs or by vicarious experience so well constructed that the person feels as if it happened to themselves” (p. 85).
Summary

To summarize, the young women highlighted how they are able to navigate the rules and limits set upon them in residential treatment. However, the teens articulately expressed their desire to have a physical (nonsexual) and emotional relationship with both their peers and staff members. The young women at TT expressed wanting staff to set limits so that boundary violations could and would not occur. However, within the daily living environment teens expressed a desire to have the confines of boundary crossing situations to be more relaxed.
CHAPTER 6
DISCUSSION

From the onset I was interested in exploring the topic of professional boundaries from the perspective of teens in a residential treatment facility for emotional and behavioral challenges. Using a case study format allowed for an in-depth examination of professional boundaries using multiple forms of data collection to highlight the viewpoints of teenagers. The strength of using case study research is the emphasis on rich description and interpretation (Merriam, 1998; and Stake, 1995).

Teens at TT generously spent their time talking with me and allowing workers to observe them in order to provide a perspective on professional boundaries. Despite the other events that were taking place in their life (for example, homework, treatment issues, and planned activities taking place on the unit), teens devoted their time to talking with me about how they viewed the topic of professional boundaries. For example, on a couple of occasions teens gave up eating dinner with staff and peers in order to talk with me and then eat dinner by themselves after we were done with the interview. During my discussions with teens I found them to be engaging, respectful, and willing to provide answers in an open and honest manner.
Regarding the agency stance on the study, as soon as the executive director and agency administrators at TT were approached they displayed excitement and a dedication to participating in the investigation. I was allowed access to the policy and procedure manual and the unit rules so they could be reviewed. In addition, workers were generous with their time in meeting with me to talk about the study and completing observation check sheets on the teens (with permission). Because of the graciousness of the staff and administration in accepting me into their agency to talk with teens, rich data was gathered.

The previous chapter revealed the findings of the three categories: 1) Physical Presence, 2) Staff and Teen Emotional Connection, and 3) Teen’s Mindful Awareness of their Current Emotional Living Environment. In part, Merriam (1998) denotes that triangulation of “multiple methods” assists to authenticate the findings that have emanated (p. 204) from collecting the data. Based on the interviews, three categories emerged (listed above) which were compared to the observations conducted by youth workers and agency documents. Stake (1995) offers guidance for how I facilitated the triangulation in this study,

Triangulation uses up resources, at least, time, so only important data and claims will be deliberately triangulated. Importance depends on our intent to bring understanding about the case and on the degree to which this statement helps clarify the story or differentiate between conflicting meanings. If it is central to making “the case,” then we will want to be extra sure that “we have it right” (p. 111 and 112).
In this chapter the findings will be condensed and explicated. You, the reader will find triangulation used on pages 94, 100, 105, and 106. While discussing the categories, when applicable I will offer my reflections.

Physical Presence

The majority of teens raised the topic of touch in the therapeutic milieu. Two areas that will be discussed are nonsexual and sexual physical contact. In addition, I will offer my reflections based on my practice experience as a youth worker.

_Teens Reference to Nonsexual Physical Contact_

Perhaps the topic that was raised the most during interviews was pertaining to physical contact. The young women expressed a desire to be able to hug one another, style each other’s hair, and paint the fingernails of their peers. One teen articulately voiced her concern about nonsexual touch and hugs saying,

…I mean we can’t do each other’s hair here either and like stuff like that or like paint each other’s toenails or like nails period. Or um, put each other’s make-up on. And that’s, that’s like girly stuff, I mean girls like to do that kind of stuff. And I think they shouldn’t really set that big of boundaries there. Especially, I mean like at my other residential it was fine like people were doing each other’s hair like all the time as long as there was free-time it didn’t really [interfere] with our therapy time or anything. And, um we could give each other hugs and stuff like that. And for me, I felt comfortable with that because then you get um, you gain a better relationship or something, I don’t know. But that’s something I’m comfortable with so that’s something that like I’m kind of disappointed they don’t have here….
Given the nature of the residential setting, teens frequently spend a significant amount of time with their peers and as a result, a “group identity” is formed (Easson, 1996, p. 36). Based on the amount of time that teens spend with one another and the close proximity in which they live it appears inevitable that a friendship and acquaintance type of relationship will develop. Because adolescence is a time for young people to interact with friends by imitating one another’s “dress, speech, language, and thoughts” (Stuart and Laraia, 1998, p. 778), this finding was not surprising.

Based on the observations conducted by youth workers at TT, there was a distinct implication that hugs were important to teens. For example, collectively over a five day period, hugs were requested by teens a total of 34 times. While the agency policy and procedure manual did not support that no hugging or nonsexual physical contact was a rule, teens indicated that they were interpreting a different message. One rationale for the teens reading of the nonsexual physical contact limit could be attributed to the unit rule that teens cannot be in each others bedrooms or loiter by another teens doorway or they will receive a consequence.

One explanation regarding the frustration and confusion teens in the program expressed in relation to hugging may be attributed to the gap between societal norms and attachment challenges. Hunter and Struve (1998) indicate that for a significant number of Americans, nonsexual touch between teens and their “caregiver” is reduced considerably by the time of adolescence and more of an emphasis is placed on verbal communication (p. 36). However, if hugging is considered from an attachment perspective it is understandable why the teens in TT would desire nonsexual touch. For instance, Hunter and Struve (1998) explain that “…a child’s perception that touch is available if needed
may be just as significant for promoting healthy development as is any actual physical contact that occurs between child and caretakers” (p. 28). Bear in mind that if a youngster perceives a secure base with their caregiver then they feel free to “venture out on their own” and can return to their adult protector if they experience a troubling situation. Perhaps the teens at TT just want to know that if they feel the need for a hug they can receive a nurturing response from youth workers.

The adolescents suggested that there should be parameters regarding hugging. Teens indicated that people should ask the other person first before hugging, know the person, have a reason for giving a hug, and respect the fact that some people do not want to be touched. Nurturing relationships take time to develop between youth and workers (Krueger, 1988) and their peers. Therefore, the idea that teens wanted input on if and when hugs should take place was not unexpected.

Sexual Contact Between Teens

Prior to beginning this study I had knowledge that an event of sexual physical contact took place within the past five years between two teens at TT. Schultz (1981) indicates that there is an informal norm that has been historically enforced by institutional settings and that is to ensure that teens are asexual while in care. Therefore, that the topic of physical sexual contact was raised during the interviews was not unanticipated. Based on the remarks from the teens it appears that the anxiety TT experienced as an organization regarding issues of physical sexual contact has been inadvertently transferred onto the current teens in placement. The suggested agency concerns appear to be reflective of liability worries and an appearance that there was an impropriety within agency practice.
Because underage teens are placed in the care of the residential agency, I know from being a youth work supervisor that any physical sexual contact between residents would need to be reported to a variety of individuals. For instance the parent/guardian of both teenagers, the funder/court system (depending on how the teen was placed in the agency), and the state licensing board are just some of the institutional systems that would need to be contacted regarding the sexual contact. The notoriety from the physical contact could interfere with the treatment of teens and raise questions of safety issues in the treatment program. Moreover, the community’s perception of how the agency administers services is important to the continued treatment of youngsters (Stein, 1995), therefore, publicized sexual contact between teens could taint the reputation of the agency’s good standing in the community.

Iacono-Harris and Iacono-Harris (1981) offer an insightful point regarding the sexuality of teens residing in an out-of-home placement setting that are considered to have emotional difficulties. In part, the author’s explain that the emotional challenges of the teen become the primary focus whether or not a teen acts out sexually. If sexuality is displayed it is because they are demonstrating “emotional instability”. Yet, if they do not assert their eagerness of sexuality then “…it will most likely be attributed to their emotional immaturity and insecurity in managing close relationships….“ (p. 201). This detail is important to consider because teen’s sexuality is not going to disappear just because they are in treatment (Easson, 1996).

Reflections about Boundaries as a Youth Worker

For the many years that I worked in out-of-home placements (for example, residential treatment, psychiatric hospital, and group home) the only placement in which
nonsexual physical contact was not allowed among adolescents was the psychiatric hospital. Since the psychiatric hospital is typically a short-term placement for teens in acute crisis, the focus is not on relationship building. Rather, because teens are admitted into a psychiatric hospital because they are at risk of harming themselves or someone else (Brunstetter, 1998), the focal point of their stay is stabilization so they can rejoin the community outside of the hospital. In the residential treatment programs and the group home, the young women that I worked with as a general rule were able to hug (both staff and their peers) and were allowed to do each other’s hair and make-up.

I did not find the hugging and nonsexual touch of teens doing one another’s hair and makeup in the treatment and group home programs surprising for two reasons. First, I realized that peers are an important component of adolescent development where teens take risks of exploration outside of their family system (Brunstetter, 1998). Second, I suppose the acts of hugging and nonsexual physical contact with same sex peers was “normal” to me when I was an adolescent. I can remember friends spending the night at my house [or me at their house] talking, laughing, eating Doritos, sampling different nail polishes, and trying on outfit after outfit until we found the perfect one that would engage attention from the guys we were trying to impress. However, as a youth worker I was aware that some teens in treatment experienced challenges with respecting other’s personal space and when necessary this was raised as an individual treatment issue and not as a unit rule.

I can remember a time when I was a youth worker in residential treatment that teens would physically entwine themselves with one another while watching television. They would wrap their legs around one another, put heads on each other’s lap, or lie
closely next to one another on the couch, and rub backs by putting hands underneath their peer’s shirt. These behaviors were prohibited in the treatment program for treatment concerns such as: 1) liability issues due to potential physical contact, 2) sexualized behaviors were being worked on for some as a treatment issue, 3) inability to set self limits, and 4) inappropriate contact relative to the setting. However, rather than primarily focusing on consequences and rules, we as workers used the circumstances as pedagogical moments. Workers were trained to speak with teens individually and as a group, and role-modeled ways in which to express caring about someone without physically wrapping themselves around one another in a social setting.

In my discussion with the young women at TT they indicated that they would prefer to have explanations for decision-making rather than have rules set for them without offering a rationalization. I sensed that the teens may be suggesting that perhaps if workers used a consistent approach to addressing the nonsexual touch issue as my colleagues and I did when I was a youth worker, teens would not internalize such frustration regarding the topic. Perhaps rather than workers at TT issuing consequences for physical touch or labeling bodily contact by words such as homosexuality or bisexuality, other strategies can be considered. For example, Kools and Spiers (2002), indicate that the topic of sexuality be discussed in an upfront manner with teens. In addition, one recommendation offered by Soth (1997) as a way to minimize homophobia, is to educate both teens and staff members about same sex relationships.
Staff and Teen Emotional Connection

The majority of teens referenced the importance of an emotional connection with staff members. Trust, physical holding, and interactions with youth workers will be discussed. *Trust and Physical Holding*

Teens indicated that they wanted to be trusted in their decision-making and did not want to be physically managed to obey rules. Two speculations can be made as to why physical holding is so disconcerting to teens. First, for many teens in treatment they have come from backgrounds in which there has been abuse (Lyman and Campbell, 1996). In addition, from my experience of working with teens with behavioral problems, many young women have had to contend with the use of physical de-escalation by adult authority figures in the past, for example, police officers, security guards, probation officers, etc.

Being in a treatment facility, the expectation of the teen may be that the environment is free from any physical constraining rule setting and that a greater emphasis is placed on verbal communication. For example, one teen spoke about being in shelter care where staff was not allowed to physically hold a teen. In part, the teen stated, …But like there [shelter care] the staff couldn’t touch the kids no matter what….But um if you’re going to run away from shelter care the door is unlocked—you can just leave and they’re not going to do anything—they just call the cops….

A second reason that physical holding can be unpopular with teens may be an inconsistency to what happens when the teens are back in the community and not in treatment. Since an emphasis of the residential treatment setting is to assist teens to
internalize their own behaviors (Fahlberg, 1990) that will benefit them when they leave the facility, to be physically held for violating rules is contradictory to what teens can expect when they leave treatment. For example, if a teen left a public school classroom without permission from the teacher, consequences would most likely be given but the young person would not be physically guided back into the room.

Several points are important to note regarding physical holding for general rule violations at TT. First, no observation questions were pertinent to this category. Second, there are ample agency documents that outline when and how physical holding should be used. In addition, workers are required to attend training on a yearly basis. It should be noted that in at least one of the examples reported in this study, physical holding was used inappropriately and the supervisor was informed. Finally, the unit rules refer to a level system suggesting that the higher the level the teens achieve the more of a sense of trust, responsibility, and privileges they are given by staff. An assumption can be made that teens obtaining a higher level are going to be physically held less than their peers who are on a lower level.

Concern for Staff Members

Teens implied a concern for the safety of staff members. For instance, teens were honest and insightful in recognizing the reality that some young women would use personal information about staff members to retaliate. Too, teens expressed sensing staff moods and altering their behaviors accordingly. I did not find these two findings to be unexpected. Because residential treatment facilities provide 24-hour care, workers are often times placed in a parental role (Rosen, 1998). For instance, from my experience I know that workers care for the teen when she is sick or upset, she makes sure that the
teens are eating healthful foods, and that the teens are safe. Therefore, as a result of the length of time workers spend with teens and the tasks that are performed, it is not shocking that teens would feel a sense of safety for workers or have insight into their mood or behavior.

*Fairness*

Within the daily living environment, the young women expressed being very aware of the notion of fairness among teens. For instance, regarding staff giving gifts to teens, many indicated that unless it was going to be done for everyone, it should not be done at all. Other topics that were discussed in terms of fairness were hugs and teens keeping in contact with staff once they were discharged from TT. Half of the teens expressed exceptions of fairness to all young women. Examples that were given include a teen spending a holiday with a staff member when they had no where else to go and staff giving their used clothing to teens who were in need. In addition, gift giving was permissible for only one teen if the young lady and the staff member had an arrangement of a goal the teen was working towards and the objective was achieved. Another example of when fairness was okay to be legitimately breached was when a young woman was discharged from the facility and no other teen was aware that staff had given a gift.

In my years of experience in working with adolescents, the majority of teens placed in residential treatment programs have had to contend with a variety of circumstances in which they were violated and not treated with justice and fairness. Some examples of unfairness include verbal, emotional, and sexual abuse, being circled in and out of foster homes and other out-of-home placements, and witnessing the impacts of substance abuse and domestic violence from adults charged with their care. As a result, it
was not unexpected that teens would reference fairness as being so important.

Paradoxically, it is for the very same reasons that teens expressed situations in which violating the fairness parameters would be acceptable. Because teens have experienced being treated in an unjust manner, they are highly sensitive to circumstances in which their peers are “deserving” of being dealt with differently.

I believe that development and attachment should also be considered in the fairness topic the teens raised. As previously stated, teens in out-of-home placements often lag in their development. Brunstetter (1998) explains that a developmental upheaval can be attributed to challenges the teen faced in childhood which have not prepared them to address the typical adolescent growth tasks. For teens that have experienced being treated unfairly earlier in their lives, they may be at a developmental stage where situations are very concrete—either the situation is fair or it is not. However, Konopka (1972) explains that when a young person believes that the youth worker will provide “special attention to everybody” [secure base] then the youngster will be more apt to be understanding of another peer being treated differently, knowing that if they need extra care it will be given to them (p.173).

Teen’s Mindful Awareness of their Current Emotional Living Environment

The interpersonal exchange between staff and teens was a topic of significant discussion. In the preceding pages, the disclosure of personal information and the theme of respect will be discussed.

*Personal Information*

It was apparent after my discussions with teens that they felt and wished for a connection with staff members. For example, many of the teens expressed a desire to
have staff members disclose personal information to assist with treatment needs. This finding was consistent with the results of Barrett and Berman’s (2001) study where clients indicated that therapist self-disclosure was helpful to the treatment process.

Regarding teens asking staff members personal information one young woman stated,

I don’t think it’s right that we can’t ask them personal questions but they can ask us personal questions. Like I don’t know, even if we say ‘do you have kids’ they think, they take that as a bad thing. And they ask us like have you had sex? How many people have you had sex with? Um, have you gotten abused?…

Yet, the young women had parameters regarding what information they felt would not be beneficial for them to know about, for example, sexual encounters among a worker and their boyfriend/girlfriend. One teen explained, “Well I don’t think a staff would ever say this but if they said, ah I went partying the other night and got drunk. Cause you know adults be doing that stuff.”

In regard to limits of staff disclosing personal information to adolescents, another teen remarked,

“…Um, like what they do on their free-time. What you know, what they did last night, whatever you know. That’s their business that’s what you know, that’s for them, not us. We have our own issues, we don’t gotta worry about you know, them coming to work saying, ‘Oh, this is what I did, this is what I did.’ Like if someone was to come to work and say, ‘Oh, I had a beer last night’ and we have alcoholics here, you know, that could just set them [teen] off.”
Initially, I was stupefied with this finding, because it has been my experience that teens want to know as much about the workers life as possible. However, after giving considerable thought to the finding it made sense that teens would have scripted ideas of what workers should and should not disclose. The teens that participated in this study have been in other out-of-home placements and as a result have been socialized to the nuances of what typically is and is not asked of workers or disclosed by workers (for example, the sex life of a worker). One teen seemed to capture the essence of knowing what is and is not appropriate to ask workers by stating, “It’s called a trick question….Trick question because the stupid staff actually answer the question—the smart staff say ‘you know you’re not allowed to ask me this question’ and then we shut up.” When I asked what was done with the information after the staff had been tricked the teen said, “just tell the next people that come or tell [other] staff they said that—if we don’t like the staff then we’ll tell like the head staff what they said.”

*Wanting Respect and Nurture from Workers*

What was a most surprising finding to me was the teen’s expressed lack of respect from the staff members. The professional relationship is critical to the change process (Brunstetter, 1998; Fahlberg, 1990, Finkelman, 1997; and Soth, 1997). Further, Easson, (1996) reminds us that a teen does not need to be deserving of respect it should be given unconditionally. While I expected to delve right into the boundary limitations placed on the relationship, I was initially taken aback when teens began to express a variety of emotions. For example, teens indicated that they did not feel nurtured, that they could not express themselves, frequently staff did not explain their decisions, and teens perceived staff engaging in power struggles with them.
A teen in the course of explaining a situation in which she did not feel she was being treated fairly said,

…I expressed my feelings, I actually cried my tears out at her because she took my privileges for four days. And I showed her how bad she really hurted me and she didn't care—and she just looked at me like I was stupid. [The worker said] well, there’s nothing I can do about it—you have to be consequenced. So, I just left it. I served my four days.

The same teen beautifully summed up the topic of respect by saying, “…That it takes respect to give respect and if the staff want respect from the children, the children have, the teenagers have to give it to them. And if the teenagers want respect from staff, the teenagers have to give it to the staff or it won’t be given at all.”

What I found most startling was the inclination that teens were being verbally and reportedly, one time physically provoked by staff members. It is important for youth workers to execute the agency’s “policy statements” while working on the unit (Pazaratz, 2001, p. 3), and clearly stated in TT’s Policy and Procedure Manual is the notion of a caring and nurturing daily living environment. Moreover, the unit rules indicate that relationship building is attached to the level system (the higher the level the teen achieves the more privileges and responsibilities they are afforded). The observations conducted by youth workers did not focus on verbal and physical invasions. However, it is important to note that one worker felt that a teen asked personal information that felt invasive.
A remark from one teen about the role of workers seems fitting to note. In the course of answering my question about the problems with there being boundaries, one teen said,

…First they’re supposed to be like role-models, and they’re kind of supposed to be like our parents here but then like if you say anything about like certain things, they’re like ‘well, we’re not supposed to be your parents’ and blah, blah, blah. And they really are, cause they’re like enforcing rules upon us and enforcing discipline upon us. So actually they are being like a parent so I think that if they’re even going to try to be remotely like them [parent] that they should like you know at least give praise like parents do. Because they can discipline us like parents do but they don’t um show care like parents do. And I think that teenagers would just be a lot more open to staff and trust them a lot more if they did like all around.

What teens seemed to describe regarding their relationships with staff is in part reflective of a custodial care approach rather than a pure implementation of the treatment milieu philosophy. In essence, Barnes (1991) indicates that the primary goal of custodial care is to govern the daily living environment while implementing “social control” and farming youngsters out to other “special services” (p. 130). In regard to the TT facility, there was no evidence in the interviews conducted or agency documents to support that youth workers were not providing other services necessary to the teens treatment (for example, two areas that Barnes (1991) indicates are facilitating groups and recreational activities). Yet, what appears reasonable to infer is that in the eyes of teens, workers are
focused on maintaining safety and control on the unit and not fostering relationship building.

Attachment and the Professional Relationship

Fahlberg (1990) suggests that teens admitted into a residential treatment program when other interventions have not been effective typically have attachment challenges. When teens have not attached properly as a youngster they can display a variety of “behaviors, personalities and relationship styles” (Howe, 1996, p. 9) that can emerge as an adolescent. The five attachment styles are “1) secure attachments, 2) insecure, anxious and ambivalent attachments, 3) insecure, anxious and avoidant attachments, 4) insecure, anxious and disorganized attachments, [and] 5) nonattachments” (Howe, 1996, p. 9). As a result, the goal of the relational milieu is to establish a “secure base” (Tolmacz, 2003, p. 6). Establishment of a secure base in essence means that adolescents will feel a comfort level with the workers care of them, and consequently, teens can begin to realize their authentic self, returning to the workers for support, guidance, and protection if needed.

That the young women at TT expressed a desire for a relational connection with staff members is heartening. Workers have an opportunity to develop relationships with teens that aid in strengthening attachments. There is guidance in the literature for workers that address some of the struggles that teens identified during the interviews. For example, Halverson (1995) suggests that the worker should demonstrate an empathic demeanor, enforce structure while also allowing for flexibility with the rules when needed, and be dependable. Further, Charles and Matheson (1990) indicate that praising a young person can be helpful in addition to “…provide consistent limits to the behaviors without personalizing the feelings the young person is trying to provoke” (p. 44).
To date, there are few empirical studies that address the topic of professional boundaries between workers and adolescents in a residential treatment facility. The intent of this dissertation was to glean a broader understanding of the topic of boundaries from the perspective of adolescent females residing in a residential treatment program. A case study approach was used in order to examine the topic of boundaries from a variety of viewpoints to include: interviews with adolescent females, observation of the teens, and a review of the agency policy and procedure documents. What resulted from the investigation is a rich and descriptive explication of how boundaries are enacted in one residential treatment facility from the perspective of adolescent females.

Despite the rigor used, no study is without limitations (Rossman and Rallis, 2003). As a result, indicated below are limitations of this study and recommendations for future studies. In addition, from the findings garnered from this study, implications for social work practice on the micro and macro levels are offered.

Limitations

Perhaps the largest and most obvious limitation to this study is bias due to my previous and extensive work with teens in a residential treatment setting. While safeguards were used (for example, using multiple forms of data collection, input on the interview questions from individuals who worked with teens, and a thorough review of
my interview transcripts) it is through my knowledge of residential treatment that the study was developed and analyzed.

My affiliation with the agency prior to the study could also be considered a limitation. Having previous knowledge of the administrations philosophy about working with teens could have jaded my perceptions of what I was hearing during the interviews or in reading the agency documents.

While adolescents from 13-18 were invited to participate in the study, teens of varied ages may cognitively view boundary perspectives differently. Therefore, the findings from this study may be very different from information that would have been obtained had the investigation focused on one group—either younger or older teens.

Implications for Social Work Practice

Based on the findings from the interviews with teens it appears that implications for practice might be focused on both the micro and macro levels.

Micro Practice Implications

At the heart of social work are three core values that are applicable to the findings of this study to include: dignity and worth of a person, importance of human relationships, and competence (NASW Code of Ethics, 1999). Social workers value the importance of relationships with and among other people, and that each individual should be treated with respect. Further, social workers should practice in a skilled manner for the benefit of their client(s). Based on the findings, teens overwhelmingly emphasized the professional relationship to be important, therefore, recommended practice interventions at the micro level would focus on enhancing relationship building.
Awareness of Professional Relationships

Woven throughout this dissertation is the significance of the relationship that is developed and cultivated between the youth worker and youth (Burns, 1984; Felicetti, 1987; Krueger, 1995; Krueger, 1998; and Parry, 1985). The word relationship at first glance appears simplistic because workers have been in relationship with family, friends, significant others, etc. However, just because workers have relationships in their personal life does not mean that they have a solid understanding of what relationships and building connections means to working with teens with emotional and behavioral challenges. Given that the teens at TT raised the importance of strengthened relational interactions between workers and adolescents, an emphasis on what a relationship is, how relationships are different with teens in a treatment facility, and steps to building professional relationships are warranted.

Areas of Focus in the Professional Relationship

The teens at TT highlighted a number of areas that they feel are important to the relationship. Gleaning insights from the feedback of teens can assist workers in their future interactions with adolescents in a residential treatment facility. Some relational areas that teens raised for consideration include respect and ways of communicating, nonsexual physical touch, and self-disclosure to assist with treatment issues. Based on my conversations with teens, I would add that workers would benefit from discussing, recognizing, and having an awareness of their viewpoints on adolescent sexuality (to include heterosexuality, bisexuality, and homosexuality) and how their opinions impact the professional relationship.
Facilitating the Teaching of Professional Relationships

Integrated throughout social work graduate education is an emphasis on developing, managing, and sustaining relationships in the helping profession. As a result, a practical and instrumental plan would be to have social workers employed in the treatment facilities mentor youth workers with how to develop, implement, and maintain relationships with adolescents. A secondary benefit to using a collaborative training approach is the goal of enhanced relationship building between the social worker and the youth worker. By promoting an open and honest dialogue between social workers and youth workers, mutual respect and understanding can be enriched regarding the topic of relationships, ultimately benefiting the teens. Relational training could be facilitated in a variety of ways:

- A videotaped interaction between a teen and a youth worker (with permission) that can be processed at a later time with the social worker.
- Youth worker reflective journaling integrating theoretical information with practice situations that can be shared with a social worker.
- Assigned readings followed up by discussion groups (for a helpful book chapter see Weiner, 1991).
- Relationship groups involving teens, youth workers, and clinicians to talk about or role-play connections that take place in the milieu setting.

Macro Practice Implications

From the interviews with teens and the reading of subsequent observation checklists and agency documents, questions emerged for me related to macro issues, specifically organizational implications for youth workers. For example, are youth
workers aware or unaware that teens are feeling a lack of respect? Can youth workers differentiate between custodial care and the treatment milieu philosophy? In order to better answer my own questions I turned to the literature for some guidance and four areas emerged to include: 1) workers receive minimal professional respect, 2) workers have a lack of training, 3) workers receive inadequate supervision, and 4) funding cuts impact workers. In light of the responses that teens made when answering the interview questions, the four areas provide insight for social workers at the organizational level.

Professional Respect

Youth workers typically make low wages, have little training, and inadequate educational experiences (Jacobs, 1995; and Rosen, 1998). Quite frequently skills required for the youth work position are learned while the worker is “on-the-job” (Jacobs, 1995, p. 39). Jacobs (1995) suggests that treatment is provided in a “top-down” manner—individuals with the professional degrees make decisions that workers are required to uphold even though they (direct care workers) spend the majority of the time with the client (p. 39). It is fairly common knowledge among direct care workers that there is a silent war that takes place between the professionals and the front-line workers (Moses, 2000; Piersma, 1985; Rosen, 1998; and Soth, 1997). Meeks (as cited in Soth, 1997) suggests that if youth workers are dealt with as if they are “glorified baby-sitters” that cannot do their job effectively and need a therapist to bail them out of a situation, eventually the direct care staff will relate to the teen and will start to revolt (p. 157). Also, perhaps a high turnover rate in direct care positions (West, 1998) is due to perceived lack of professional respect.
Training

Studies conducted by Richmond and Padgett (2002) and Zirkle, Jensen, Collins, Morotte, Murray, and Maddux (2002) suggest that workers can benefit from additional training in managing professional relationships when working with adolescents in placement. There are many dimensions of boundaries that workers may not have a thorough personal understanding of or clarity concerning agency expectations (Elliott, Wolber, and Ferriss, 1997; and Richmond, 2003). In addition, staff members can become frightened with an angry/aggressive client. The fear of the staff member can be transferred onto the client by presenting an attitude that the situation is out of control. When fright takes place in staff, “fear causes staff to engage in survival and control tactics rather than therapeutic interventions” (Braxton, 1995, p. 22). As a result, Pazaratz (2001) suggests that workers need in-service training to learn how to apply theoretical perspectives in practice settings with youth. Unfortunately, when an agency faces financial difficulties, training for staff members is at the top of the list to be eradicated (Braxton, 1995).

Supervision

Problematic in direct care practice is the offering of supervision to workers on a consistent basis (Krueger, 1986). However, supervision is necessary to ensure that countertransference is being explored with the youth worker so that negative viewpoints do not seep into the therapeutic interactions with youth. Workers may have strong negative feelings toward a particular youth that ultimately will impact treatment. For example, Eisikovits (1997) observed workers in a residential treatment facility treating the girls as if they were “sick”, simply because they were in treatment (p. 45).
Funding

Funding limitations are attributed to agencies hiring direct care staff with limited experience (Braxton, 1995). While financial constraints are a negative reality for administrators, the consequences of not providing the supportive services to workers will result in custodial care.

Unfortunately, an inattention to the four above-mentioned areas is cancerous and inhibits the worker’s implementation of the professional relationship and managing boundaries in the treatment milieu. Rather, a custodial atmosphere is fostered with an emphasis being placed on safety and control. Unquestionably, youth workers spend the most amount of time with youth while they are being cared for in residential treatment settings (Rosen, 1998) and as a result, there is a strong likelihood that professional boundaries will be transgressed. Consequently, it would behoove practitioners, administrators and policy-makers to advocate for increased funding in order to provide youth workers with on-going training and consultation, to ensure that workers are providing nurture and limits for adolescents in a developmentally age-appropriate manner.
CONCLUSION

While there are considerable articles and studies that have been conducted regarding professional boundaries in human service settings, there are minimal studies focusing on the boundaries between youth and workers in residential treatment facilities. Given the large number of teens that are admitted into residential treatment and the intensity of their relational challenges, it is prudent that workers are well informed about professional boundaries and how they impact the relationship. According to the U.S. Department of Labor, Bureau of Labor Statistics (as cited in Ginsberg, 1995) an estimated 52,000 social workers are employed in residential treatment facilities.

At the core of the social work profession is the belief and desire to assist individuals in vulnerable and oppressed groups. This study has attempted to elucidate the topic of boundaries from the perspective of teens that are impacted by the professional limits that are set on a daily basis. The particular strength of this study is that adolescents in treatment considered to be in a vulnerable and oppressed group were invited to discuss the topic of professional boundaries in a candid manner.

Because only female teens were asked to partake in this study, future studies would benefit from including male participants. In addition, while a variety of ethnic and cultural backgrounds were represented in this study a greater emphasis on how diversity impacts the professional relationship with teens in residential treatment is warranted.
Finally, it would be helpful to distinguish if professional boundaries are divergent between teens with mental health issues versus those with behavioral challenges.

In summary, as a result of the honest input from the young women in this study, new knowledge has been shed on how professional boundaries are perceived by teens in a residential program. In addition, new insights regarding the professional relationship from the wisdom of teen’s understanding of residential living was highlighted. Workers can now take the newly learned information and use it judiciously to shepherd the professional relationship and boundaries with adolescents in residential treatment.
APPENDIX A

PROTECTION OF PARTICIPANTS

The following steps were taken to ensure the protection of participants:

• The agency agreed to participate in the study.

• Teens voluntarily participated (for example, participation was not required by treatment staff members or parents/guardians).

• Prior to the interviews, teens were asked to read and sign an informed consent letter agreeing to participate in the study. In addition, parents/guardians also signed consent forms before interviews with teens took place.

• Teens were informed verbally and in writing that they could withdraw from the study at any time without staff members being informed of the reasons.

• All information that was discussed in the interview was kept confidential. However, if a teen disclosed that they had been abused/neglected or were at risk of hurting themselves or someone else, confidentiality would be breached by informing an administrator or clinician at the agency. Two points are cogent—teens were informed of the confidentiality guidelines verbally and in writing prior to the interviews and were verbally notified if I had to reveal information that was disclosed.

• Teens were audiotaped only if they (and their parent/guardian) gave consent.
• Interviews took place only when there was a clinical staff (for example, a social worker, psychologist, marriage and family therapist, master’s trained counselor, or psychiatrist) or a youth work supervisor on duty in case there was adverse reactions based on the sensitive information the teens may have disclosed on boundaries.

• Youth workers voluntarily participated (for example, participation was not required by agency administrators).

• Youth workers signed an informed consent form prior to making observations.

• Information that was gathered was stored in a locked filing cabinet in my home—I was the only one having access to the locked cabinet.

• Participants were informed that the study satisfies doctoral program requirements (dissertation). In addition, participants were informed prior to beginning the study that the goal is to publish an article and conduct professional presentations upon completion of the study. All information is reported in the aggregate.
[Date]

Hello!

My name is Pam Richmond and I’m a social work student in the doctoral program at the Ohio State University. To meet graduation requirements I am required to conduct a research study. [Name of the agency] has given me permission to do my research in the residential treatment program. Your daughter has expressed an interest in participating in the study. In order for me to interview your daughter I need to have your written permission.

I am interested in the topic of professional boundaries—the relationship that teens and staff members develop in a 24-hour treatment center like [name of the agency]. I’m interested in talking with your teen about their opinion on relationship questions like staff talking about their personal life, nonsexual touch like hugging staff, and keeping in touch with staff when they are no longer in the treatment program. There are no right and wrong answers—I just want your teen’s opinion so I can have a better understanding of the topic.

With your permission I would like to interview your daughter one time. The interview will last no more than an hour and a half and will take place at [name of the agency]. Your daughter can decide not to participate in the study or can drop out at any time and she will not punished. In addition, your daughter’s treatment will not be negatively affected in any way. Your daughter may be a little uncomfortable during the interview because I will be asking her to discuss boundary situations. But, at anytime your daughter can request that we stop the interview and take a break. Also, I’d like you to know that I have worked with teens in residential treatment facilities for many years.

What your daughter tells me in the interview will be kept in confidential. But, if your daughter tells me that she is being neglected/abused or is going to hurt herself or someone else I will need to tell a clinician or administrator at [name of the agency]. I will inform your daughter that I have to break confidence.
Also, in order to have a complete overview on the topic of boundaries, observation of your teen’s boundary interactions will be documented by youth workers for one week. Youth workers will be asked to complete an observation check sheet (on such areas as asking personal information and nonsexual physical touch) that will then be given to me. Although your daughter will know that observations are to take place, she will not know the week that youth workers will be observing or what will be observed—so your teen will act naturally. Please remember that there is no right and wrong way for your teen to behave—I just want to have a better understanding of boundaries.

If you have any questions about the study, please contact me at [phone number]. Because I live out of state, it will be a long distance call—therefore, please call me collect. If you will allow your daughter to participate in the study, I am required by the Ohio State University to get your written permission. If you would sign the informed consent form that I’ve enclosed giving me permission to interview your daughter I would appreciate it (I have enclosed a copy of the informed consent for you to keep). Once you have signed the form, please have a youth worker sign the form as a witness. The youth worker will then forward the form to the [agency supervisor] who will contact me so I can set up an interview time with your daughter.

If you have any questions about the informed consent or the research study, please feel free to contact me at any time. Again, thank you for your consideration!

Sincerely,

Pamela A. Richmond, Doctoral Candidate
The Ohio State University
College of Social Work
1947 College Road
Columbus, Ohio
APPENDIX C

RV’S THEMES & CATEGORIES

May 13, 2005

A summing up of 10 interviews provided by P. Richmond.

I was asked to identify two components derived from the 10 verbatim interviews read by me on 5-10-05 and 5-11-05. As recommended by P. Richmond, themes and categories are the working elements used to describe my thoughts derived from these readings. As I read each transcript I created two sets of notes. One to be used for the sole purpose of creating my summary, using personal notes taken without any identifying information included. The second for P. Richmond, to take with her that included personal interview information as well as my findings.

The following themes and categories are created from the 10 verbatim interviews. I believe that elements of age, time in placement, history of previous placements or lack there of, education, and culture play a part in the questions asked and answered. At times, some interviewees did not understand the questions or topic material, at other times interviewees lost focus on the topic, became confused and frustrated, or tried to please the interviewer. With that said….

Themes:

Agency:
Confidentiality practices within agency
Communication between agency and new clients
Agency legal rights
Agency rules when stated, how they are understood by staff, and expectations of teens
Cultural diversity between staff and teens

Staff:
Emotional relationships between staff and teen transference / counter transference
Privacy in agency note taking and information gathering
Privacy between peers in group sessions and staff “working expectations” of teen
Physical relationship with staff
Physical relationship with therapist
Staff competence
Staff professional ability to utilize agency policies

Teen:
Emotional relationships between staff and teen transference / counter transference
Confidentially between peers
Communication between peers (group work)
Physical relationships with peers
Patient legal rights
Cultural diversity between peers
Cultural diversity between staff and teens

Categories:

Agency:
Word understanding and usage in agency
Physical presence touching-- why (restraining or comfort or sexual)
Rules and their understandings by staff: how when and why are they implemented
Cultural awareness
Staff families at the work place

Staff:
Using agency defined words to describe staff actions
Physical presence touching and why (restraint, comfort or sexual (gender question))
Stating rules and communicating why to teen
Cultural awareness
Mentorship: how, who and why
Punishment: how why and who had rights
Emotional connection: who, why and how does this happen
Moods - acting out actions
Training: who and how much
Therapist interactions

Teen:
Safety, clarity, trust, isolation, and judgments peer to peer
Understand the rules at the start of the placement
Touching peer to peer and why for comfort or sexual preference
Sharing in groups: why, how much, and what the consequences are
Mentoring peer to peer: how and why
Punishment: why
Emotional connection peer to peer and staff to peer
Moods - acting out actions
In conclusion, themes are one way of organizing large masses of information. Categories are smaller more specific ways of grouping mass information. This reviewer believes that highlighted below are a few of the most important themes and categories derived from the interviews.

Themes:
Agency rules when stated to both staff and teen as well as how they are understood by all.
Emotional relationships between teen to teen and staff and teen
Communication which includes diversity understanding.

Categories:
Physical presence (touching, hugging)
Emotional connections and developed relationships
Safety, clarity, trust, isolation, and judgments peer to peer

RV
APPENDIX D

OBSERVATION CHECK SHEET ON BOUNDARY INTERACTIONS

Name of teen______________________________________

Name of youth worker______________________________________

Date_____________________

Shift______________________

1) Did the teen ask you or another staff member for a hug?   
   How many times did the teen ask for a hug?

2) Did the teen initiate a hug with you or another staff member?   
   How many times did the teen initiate a hug?

3) Did the teen ask you or another staff member personal information that felt invasive  
   (some examples: workers sex life, workers address or phone number, religious  
   affiliation, sexual orientation, history of substance abuse)?  
   If so, what personal information did the teen ask?   
   How many times was personal information asked?

4) Did the teen offer you or another staff member a present (some examples: a personal item, food, money)?   
   If so, what was the present?   
   How many staff members were offered a present?

5) Did the teen mention to you or another staff member that they wish you were their mom/dad?   
   If so, what did the teen say?

6) Did the teen refer to you or another staff member as their friend?   
   If so, what did the teen say?
7) Did the teen ask you or another staff member to keep a secret from their parent/guardian or another staff member? If so, what was the secret?
REFERENCES


Garfat, T. (1998). On the fear of contact, the need for touch, and creating youth care contexts where touching is okay (Editorial). *Journal of Child and Youth Care, 12* (3), iii-x.


