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## Maintaining Healthy Boundaries When Working with At-Risk Audiences

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## Maintaining Healthy Boundaries When Working with At-Risk Audiences

### Abstract

At-risk clients' needs may burn out the most diligent of people. To be most effective in making positive, healthy changes with at-risk audiences, Extension professionals must remember to maintain and reinforce healthy boundaries. This article reviews three types of boundaries, physical, mental, and emotional; describes healthy and unhealthy boundaries; and explains what to do if Extension professionals recognize unhealthy client boundaries.

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Since 1991, the Land-Grant University Extension Services have received funding from CSREES for community-based programs for at-risk children and their families. Since then, Extension has supported programs in more than 600 communities in all states and territories (CYFAR, 2003). Sustainability mandates that Extension professionals serve these communities as well as new communities in the future. To be effective in making positive, healthy changes with at-risk audiences and meeting expected outcomes, Extension professionals must maintain and reinforce healthy boundaries.

In traditional 4-H programs, many Extension professionals maintain permeable boundaries with volunteers and youth; however, many at-risk clients lack interpersonal skills and have seemingly endless needs that may burn out the most diligent of people. In some cases, Extension professionals may have difficulty recognizing poor boundaries. The professional may feel that he or she is effective only when boundaries are broken. This approach *adds* to the problem by enabling the client not to change unhealthy behavior.

Healthy boundaries, on the surface, may not appear to meet the needs of the savvy at-risk clients who manipulate to get their own needs met, which may be different than programmatic outcomes. Extension professionals traditionally ask for feedback from clients, then program to their needs. However, savvy at-risk clients are proficient at avoiding what they need because it is uncomfortable and are invested in maintaining the familiar unhealthy behavior. Therefore, the Extension professional must redirect the manipulative behavior so that programmatic outcomes are not compromised.

Stressful life conditions, such as low income, undermine an individual's emotional state (McLoyd, 1990) as well as foster maltreatment of children and punitive parenting styles (McLoyd, Jayaratne, Ceballo, & Borquez, 1994). Children who have experienced parental rejection or maltreatment tend to have hostile attribution biases and social problem-solving deficits (Dodge, Bates, & Pettit (1990). The capacity for self-regulation of emotions and behavior, and expectations about the meaning of interpersonal relationships of those reared in stressful conditions are influenced (Gilliom, Shaw, Beck, Schonberg, & Lukon, 2002; Kopp, 1989; Siegel, 1999).

Children in this environment also learn to anticipate rejection and generalize this anticipation to interpersonal relationships beyond the maltreating adult, which they will actively seek to avoid (Downey & Feldman, 1996). Therefore, individuals raised in such conditions, may not have the ability to set appropriate limits. Whitfield (1993) maintains that healthy boundaries build trust, which is crucial for nearly all relationships.

A boundary or limit is how far people can go with comfort in a relationship (Whitfield, 1993). According to Paine-Gernee and Hunt (1990), interaction with others occurs at boundaries, where one person's end and the other's begin.

## Boundary Types

### Physical Boundaries

Physical boundaries refer to the area around a person (personal space), which is generally 2.5 to 3 feet (Crisis Prevention Institute, 2001). Healthy boundaries respect personal space and include the act of touching. Although physical contact conveys a sense of acceptance and helps to modify a profoundly negative self-image (Breckenridge, 2000), Maroda (1999) describes the complexity of the appropriateness of touch in a professional relationship.

Kogan (2003) finds that the request for physical contact has many different meanings and that the answer to the question of "to touch or not to touch" lies in the adequate understanding of the [client's] request and the [professionals] emotional response to it. Major, Schmidlin, and Williams (1990), when considering whether to touch or not, take into consideration the setting, context, and relationship. If in doubt, professionals can strive to convey messages of empathy with words and facial expressions that let the clients know they care without having to touch.

### Mental Boundaries

Mental boundaries include many important aspects of life: beliefs, thoughts, decisions, and choices (Whitfield, 1993). Mental boundaries also include the ability to learn and process information. Socioeconomic status does not indicate intelligence. Professionals may send a message of inferiority as well as rob clients of a chance to master new skills by doing "too much" for them.

Boundaries blur if the Extension professional talks down to clients or over their heads. Recruiting participants for parenting or workforce preparation programs may appear as though the professional is intimating that clients lack the ability to nurture, raise children, or to hold down a job. This can elicit a hostile response. Instead, the Extension professional must focus on the strengths of a parent or family and build upon them. This approach establishes trust.

### Emotional Boundaries

Emotional boundaries refer to a person's self-esteem and feelings. Name calling or labeling a person can have negative effects, even in jest. Humor is a powerful tool, and it should be used wisely and never to hurt. Playfulness can facilitate communication on several levels, enhance rapport, build trust, and serve as the focus of an interaction or as a catalyst for new experiences (Ehrenberg, 1991; Kilgore, 2003), but Sands (1984) emphasizes that the effects of humor depend on contingencies that are often hard to control and that strategies involving humor should be used with caution. Professionals should always be aware of other clients in the group who "playfully" joke or tease--even parents.

## Signs of Unhealthy Boundaries

The following anonymously written signs of unhealthy boundaries have circulated among groups such as Alcoholics Anonymous, Al-Anon, Ala-Teen, etc., for many years and have been modified, in part, for relevance to Extension professionals.

Signs that an at-risk client has unhealthy boundaries:

- Tells all
- Talks at an intimate level at first meeting
- Falls in love with an acquaintance
- Takes as much as possible regardless of need
- Gives as much as he/she can give for the sake of giving
- Believes others should anticipate his/her and fulfill their needs
- Falls apart so someone will take care of them
- Self-abuse
- Goes against personal values or rights to please others
- Allows people to take advantage of him/her
- Food and chemical abuse
- Sexual and physical abuse

Signs that staff working with at-risk clients have unhealthy boundaries:

- Giving your home phone number to clients and/or telling them to call anytime
- Giving intimate information about yourself to clients
- Believing that only you can "save" this person(s)
- Believing that the "system" doesn't understand, but only *you* do, therefore you *must* intervene.
- Believing that colleagues don't understand when you discuss/defend your behavior with clients

- Lending clients money
- Physical abuse
- Taking sides in an argument between clients
- Considering yourself "part of the family" with clients
- Experiencing stress induced illnesses such as asthma, angina, back pain, migraines, etc., when involved in interactions with clients

## Establishing and Reinforcing Healthy Boundaries

Whitfield (1993) states that individuals must know themselves in order to establish healthy boundaries. The Crisis Prevention Institute (2001) teaches professionals the use of rational detachment to let go of the outcome, without overreacting or acting inappropriately. Extension professionals must find positive outlets for the negative energy a situation creates for them personally to foster a rationally detached view of an unpleasant situation. Szabo (2003) finds that humor induces positive psychological changes that are at least comparable if not superior to the effects of exercise. Extension professionals should make use of talking with and involving colleagues, confidentially, to release stress and provide feedback and support in successfully setting of boundaries.

Following is some advice about managing healthy boundaries.

1. Distinguish which type of boundary is unhealthy, and discuss with the client how the behavior is inappropriate and how to avoid this in the future.
2. Offer a substituted behavior in place of the inappropriate behavior.
3. Set firm limits with the client, and be prepared to reinforce them. Redirect to the substituted appropriate behavior as necessary.
4. Refer the client to the proper social service agency personnel trained to meet their needs.
5. If the above does not alleviate the situation or the client refuses redirection, inform the client that the professional relationship no longer meets their needs, and withdraw contact.

Establishing healthy boundaries is crucial in working with at-risk audiences because it protects the self through setting limits with clients and increases the effectiveness of carefully planned programs. Extension professionals should continually work to reinforce and develop their own professional boundaries to increase effectiveness and reduce stress as they work with at-risk audiences.

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