

SAMPLE

Employee Professional Relationships Contract

Working in a residential treatment facility with juvenile offenders or adolescents with sexual behavior problems requires a great deal of emotional maturity and clear thinking processes. In residential treatment staff members are often working in close proximity to their clients for eight hours per day, and forty hours per week. This presents unique opportunities for therapeutic interactions, but also provides unique challenges for staff in maintaining clear professional boundaries with all of their clients.

It is very important for all staff members to think about and acknowledge the following behavioral requirements that all staff must follow while working in this facility.

Please initial each item in the space provided, indicating that you have read and understand that item.

1. ____ I understand that clients remain clients long after they leave this facility, and I am expected to refrain from ever developing personal relationships with clients, former-clients, or their families. For purposes of this policy, former client and their families are considered clients.
2. ____ I understand that I am not allowed to have any personal contact with clients outside of my usual work hours, unless such contact has been approved in advance by administrators at the facility. This includes meeting clients in the community.
3. ____ I understand that I am only allowed to be on-campus at the residential facility during my scheduled work shift, and I am expected to arrive and leave immediately prior to and after my scheduled shift. I understand that I may stay after a scheduled shift to provide needed coverage for the following shift, if needed, or to finish required paperwork prior to release from my shift. This policy helps protect against some staff being viewed as more caring and helps staff avoid developing personal relationships outside their professional role.
4. ____ I understand that I am prohibited from doing personal or special favors for clients, which establishes a sense of favoritism, and can lead to clients misinterpreting the intent of a staff's action. This includes running errands for clients on my personal time.
5. ____ I understand that personal cell phones, personal cell phone numbers or home phone numbers, e-mail addresses, social networking account addresses, and similar information is not to be provided to clients. If I have a social networking page or web site such as, but not limited to Facebook, I agree to take appropriate action to keep that information private so that clients will not have access to that information.

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6. ____ Texting or instant messaging between clients and staff is never allowed.
7. ____ I understand that this work may provide opportunities for me to become emotionally attached to clients. I agree to discuss my feelings towards clients with my supervisor on a regular basis. I understand that I am working here as a professional counselor, and I am expected to always function as a professional, not as a personal friend for any client.
8. ____ I understand that I am not allowed to engage in any phone or electronic media contact with any clients unless I am at work during a regularly scheduled shift, using agency computers, phones, and equipment.
9. ____ I understand that if I terminate employment with this agency I am not allowed to pursue any form of contact with clients, including but not limited to mail and phone calls.
10. ____ I understand that adolescents in this facility have poor judgment and impulse control, and therefore it is very important that I maintain professional, conservative dress at all times, and that I make a concerted effort to avoid wearing revealing or provocative clothing.
11. ____ I understand that clients often misinterpret caring gestures as sexual or romantic, therefore I need to be very cautious about any physical contact with clients, including making sure I have adequate personal space when I am sitting near clients and that I minimize any physical contact with clients. Hugging or kissing of clients is not allowed. Allowed physical contact includes handshakes and brief pats on a shoulder.
12. ____ I understand that I am not allowed to give or lend any money or any type of gift to any client without the prior permission of an administrator. I am not allowed to spend any of my personal money on clients at any time.
13. ____ I understand that I am not allowed to share my clothing with clients, and I am not allowed to wear their clothing. This includes hats, coats, and other personal items.
14. ____ I understand that I must maintain clear separation of my personal life and my professional life. I shall not discuss information of high emotional content about my personal life with clients. This includes information about my personal relationships, work problems, financial situation, or living situation.
15. ____ I understand that I am not allowed to discuss any issues related to my job performance, or relationships with co-workers or supervisors, with clients or within earshot of clients.

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- 16. ____ I understand that I am not allowed to ever have any client in my personal vehicle, unless an agency administrator has given prior permission.
- 17. ____ I understand that I am not to take any client to my personal residence at any time for any reason. I am expected to keep my personal life separate from my professional life.
- 18. ____ If I encounter a client or previous client at any time when I am not working for the agency, I agree to maintain my professional demeanor and avoid any prolonged interactions with the client. I must always report such interactions to my supervisor during my next scheduled shift.
- 19. ____ Residential youth counselors are not allowed to be alone (one-to-one) with any client without another staff member or client also present (within eyesight). This does not apply to approved off-campus trips for appointments.

I agree to these terms of employment, and I understand that failure to abide by any of them can result in immediate termination. I have had a chance to ask questions about each item in this agreement, and I have also received a copy of this document for my files.

Employee Signature

Date

Print Name

Agency Representative

Date