SESSION A · 1.5-HOUR CE ETHICS SESSION

Ethics, Burnout, and Boundaries

Less Burnout and Better Outcomes: Ethical Considerations for Professionals Working With Older Adults

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WELCOME

Today’s 90 minutes

Minutes	What we’ll do
5	Welcome, language, and ground rules
15	Reframing the field: past “bleeding hearts vs. boundaries”
25	The landscape: funding, workforce, and burnout
25	Professional ethics vs. personal morals; boundaries as ethical practice
15	Case scenario and small-group discussion
5	Resources and questions

BEFORE WE START

Two agreements for this room

We say “older adults”

Not “seniors” or “the elderly.” Language that names a stage of life, not a category of need, shapes how we see the person in front of us.

We stay with the evidence

Policy shapes this field. We’ll talk about it as facts and effects on practice, not as sides. Disagreement is welcome here.

LEARNING OBJECTIVES

By the end of this session, you'll be able to

1. Explain the structural and ethical pressures (funding, workforce shortage, burnout) shaping aging-services practice.
2. Distinguish professional ethical obligations from individual moral reactions, and apply that distinction to setting boundaries.

PART 1 · REFRAMING THE FIELD

“Bleeding heart” or “boundaries” is a false choice.

Our field can often sort workers into two caricatures: the one who gives everything and burns out, and the one who holds the line and seems cold. Both are responses to the same pressure.

REFRAMING THE FIELD

Two stories, and what practice actually asks

The “bleeding heart” story

Care means saying yes.

Cost: exhaustion, resentment, and care that varies by which client asks loudest.

The “boundaries” story

Protect yourself first.

Cost: rules applied without warmth; clients feel processed, not helped.

What ethical practice asks

Compassion in a form you can sustain.

Offered the same way to every client, for as long as you do this work.

PART 2 · THE LANDSCAPE

The pressure is structural.

Burnout in aging services is not a personal failing.

It is a predictable response to how this work is staffed and funded.

BURNOUT

About half of social-services social workers show burnout

50%

high emotional exhaustion

45%

high depersonalization

39%

low sense of personal accomplishment

Pooled prevalence from a meta-analysis of 24 studies across seven countries.

Source: Giménez-Bertomeu et al. (2024), Journal of Social Service Research, 50(4)

WORKFORCE

Fewer workers, more older adults

Short-staffed everywhere

Providers report few applicants, high turnover, and burnout in every aging-services setting.

LeadingAge, 2026

Training pipeline paused

Two federal geriatrics workforce programs (GWEP and GACA) lapsed in September 2025, pending reauthorization.

AHCJ, July 2026

Demand keeps rising

US adults 65+: about 58 million in 2022, projected to reach 82 million by 2050.

BU CADER, 2025

FUNDING

Flat dollars, uncertain timelines

2025–26 budget cycle	Proposals to restructure or reduce Older Americans Act (OAA) programs left providers unsure what would be funded.
February 2026	The final FY2026 appropriations law kept core OAA programs funded.
What “flat” means	OAA nutrition funding held at $1.059 billion. With inflation, the same dollars buy fewer meals, hours, and staff.
In practice	When funding is uncertain, agencies can’t plan staffing or services ahead.

Sources: NCOA (2025); AHCJ (March 2026); KY3 / Missouri Council on Aging (Dec. 2025)

MEDICARE IN 2027

Changes your clients will feel in January

Lower drug prices	Negotiated prices for 15 drugs, including Ozempic, Trelegy, and Vraylar, take effect January 1.
Part D limits rise	The out-of-pocket cap rises to $2,400 and the maximum deductible to $700.
Medicare Advantage	Plan exits and higher out-of-pocket maximums mean many clients must re-shop or lose a benefit.
Prior authorization in Ohio	The WISeR pilot requires prior approval for 17 services in traditional Medicare.

Sources: CMS via Kiplinger (2026); ElderLawAnswers (2026); Healthcare Dive (Sept. 2026); Ohio Hospital Association

HOW IT COMPOUNDS

The burnout spiral

1
Need outpaces staff

→

2
Workers absorb the gap

→

3
Burned-out workers leave

→

4
Those who stay carry more, and back to 1

Self-care alone can’t close a structural gap. Boundaries can keep one worker from becoming the system’s shock absorber.

Pattern described by social workers in Social Work England / YouGov (2024), The Social Work Workforce

TURN AND TALK · 3 MINUTES

Where does the system’s pressure land in your week?

Name one place a staffing or funding gap shows up for you as extra work, a workaround, or a personal favor.

PART 3 · THE CORE ETHICAL TENSION

Personal morals and professional ethics are not the same thing

Personal morals

Come from: upbringing, culture, faith, your own family's experience of aging.

Sound like: "I could never let my mother live like that."

Professional ethics

Come from: the NASW Code of Ethics, licensure law, agency policy.

Sound like: "She has the right to choose. My job is to inform and support that choice."

THE CORE ETHICAL TENSION

When the two pull apart

Situation	My moral reaction	My professional obligation
A client with capacity chooses to stay home after a fall	“This is unsafe. I have to stop it.”	Inform about risks, explore supports, respect the choice, document.
A client calls every day just to talk	“Being there for him is the kind thing.”	Meet the need through a plan I can sustain: scheduled contact, referrals for connection.
Family asks you to “make Mom” accept help	“They know her best.”	The client is my client. Involve family with her consent.

BOUNDARIES AS ETHICAL PRACTICE

A boundary is not a lack of compassion

Consistency is fairness

A favor for one client sets a standard you can’t offer the next fifty.

Sustainability is competence

The 2021 NASW Code revision names professional self-care as essential to competent, ethical practice.

Predictability is care

Clients do better with a worker who is reliably available than one who is sometimes everything and sometimes gone.

A TOOL TO TAKE WITH YOU

Reevaluate Your Rubric for ‘Success’

1. Measure based on **how you show up, not the outcomes**
2. Reference your **values, not your emotions**
3. **Grief is NOT an indication** of poor boundaries or an inability to do the work

A TOOL TO TAKE WITH YOU

A three-question boundary check

1. **Whose need does this meet:** the client's, or my need to feel helpful?
2. **Could I offer this** to every client in the same situation?
3. **If I keep doing this**, will I still do this work well a year from now?

PART 4 · CASE SCENARIO

Dana and Mr. Harris

Dana is a case manager at an Area Agency on Aging. Mr. Harris, 86, lives alone, was widowed last year, and has full decision-making capacity.

Over three months, Dana has started taking his calls on her personal phone in the evenings, picking up his groceries on her way home, and staying well past scheduled visits. He tells her she's the only one who listens.

Dana's caseload grew by 12 when a coworker left. She is exhausted and has begun to dread his calls.

SMALL GROUPS OF 4–5 · 8 MINUTES, THEN SHARE OUT

Discuss

1

Where are Dana’s personal morals and her professional obligations pulling in different directions?

2

What need is Dana meeting, and what gap in the system is she filling?

3

What boundary would serve both of them, and how would Dana introduce it?

4

What should Dana bring to supervision, and what should her agency own?

QUESTIONS

SCAN QR CODE FOR
PRESENTATION SLIDES

Compassion you can sustain is compassion every client can count on.

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RESOURCES

References

National Association of Social Workers. (2021). Code of Ethics of the National Association of Social Workers. socialworkers.org

Giménez-Bertomeu, V. M., et al. (2024). Burnout among social workers in social services: A systematic review and meta-analysis of prevalence. Journal of Social Service Research, 50(4), 664–683.

Association of Social Work Boards. (2025). 2024 Social Work Workforce Study Series. swcensus.org

Nemiroff, L. (2022). We can do better: Addressing ageism against older adults in healthcare. Healthcare Management Forum.

Social Work England / YouGov. (2024). The social work workforce.

LeadingAge. (2026). Action needed now to shore up aging services workforce.

Association of Health Care Journalists. (2026). What to know about the geriatric workforce shortage; Elder services funding in the 2026 budget bill.

National Council on Aging. (2025). FY26 budget proposal puts aging services at risk.