

Boundaries in Mental Health Treatment



Boundaries

- Establishing boundaries is an important competency
- Boundaries delineate personal and professional roles
- Boundaries are essential to patient and therapist safety
- Professional relationships with patients exist for their benefit
- Whose needs are being met in this relationship, my patient's or my own?

**“Boundaries define the helping pathway
for patients and professionals and are
integral to professional effectiveness.”
(Everett and Gallop, 2001)**

Boundary Crossings v. Boundary Violations

- A boundary crossing is a “decision to deviate from an established boundary for a **specific purpose**- a **brief** excursion with a return to the established limits of a professional relationship”(Peternelj-Taylor, 2003).
- A boundary crossing is also “any activity that moves the clinician from a strictly objective position...” (Guthrie and Gabbard, 1993).
- Boundary crossings may be minor and may even be therapeutic
- A boundary crossing becomes a **violation** when it becomes harmful to the patient. It can be difficult to assess when harm is caused.

Boundary Crossings

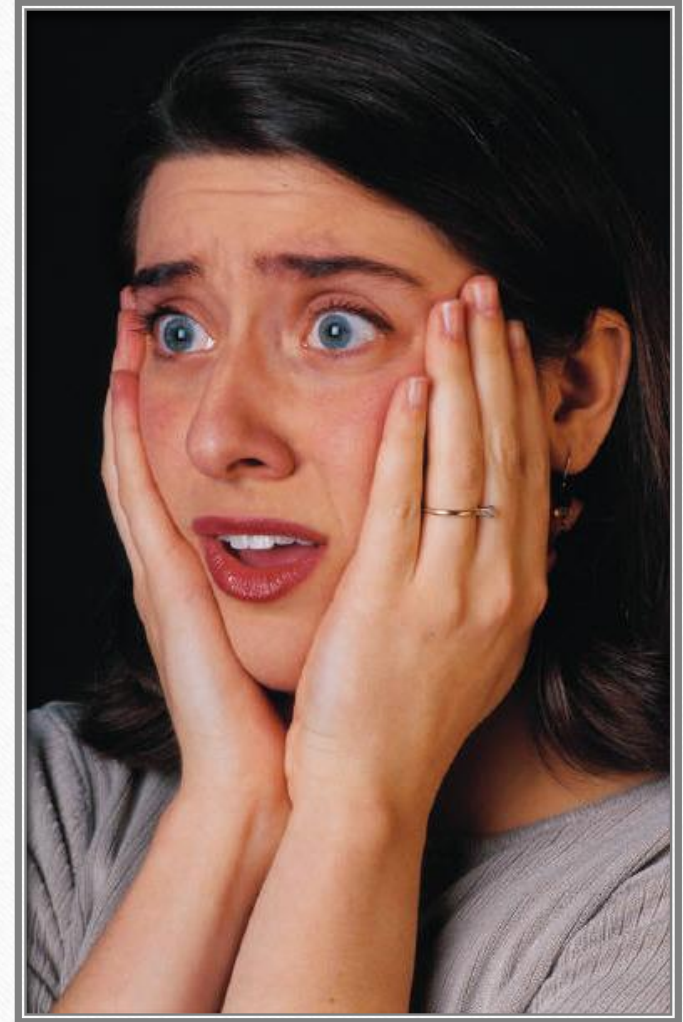
- Taking phone calls between sessions(if not an emergency or previously agreed upon)
- Small gifts(giving and accepting)
- Special fee arrangements or bartering
- Allowing patients to run a large balance
- **Excessive therapist self-disclosure/disclosure of personal information**
- Extending time beyond what was initially agreed
- Saying “yes” rather than “no”
- Making special allowances for a patient
- Non-emergency meetings outside of the office or after office hours



Boundary Violations

- **Avoidable** dual or multiple relationships
- Sexual relationships

An important consideration of what causes harm to the patient is not the clinician's intent or even necessarily the clinician's behavior, but **the meaning of the behavior to the patient.**



A clinicians' duty is to know well his or her personal and professional identities; be aware of the distinction between the two, and preserve this distinction in the therapeutic framework(Sakar, 2004).

Why Boundary Problems Occur

Inability to differentiate professional from personal relationship

- Treatment environment
- Challenging patients

Attempting to have personal needs met through therapist/patient relationship

- Therapist difficulties with limit setting
- Use of touch
- Caretaking, rescuing
- Therapist self-disclosure

Therapists' Getting Personal Needs Met

Personal life of the therapist

- Excessive need to please
- Personal life crisis
- Balancing demands of family and professional life



Therapists' Getting Personal Needs Met

- Limit-setting
- Touch
- Caretaking
- Therapist Self-disclosure



Challenging Patient Populations/Patient Factors

- Enmeshment
- Re-traumatization
- Shame and self blame
- Personality disorders



Informed Consent

- Legal and ethical procedure to ensure that a patient knows all of the risks and costs of mental health treatment- a collaborative process of communication and clarification
- Provide informed consent as soon as possible in the therapeutic relationship: nature of treatment, possible alternative treatments, potential risks and benefits, exceptions to confidentiality, record keeping requirements, right to rescind consent, time frame of consent
- Make fee arrangements, bartering, any potential areas for boundary crossings, clear at the outset

HIPPA

- Informed consent should include summary of HIPPA
- PHI- protected health information- any information about health status, provision of health care or payment for health care
- Provide patients with a Notice of Privacy Practices- rights about release of information: treatment issues, payment, exceptions to confidentiality, sensitive health information, right of access to records

Conflicts of Interest

- Entering into a business relationship with a patient or a patient's close relative
- Self-referring to one's own private practice from a hospital setting
- Providing paid testimony for legal services with an existing therapy patient



Exploitive Relationships

- Encouraging expensive gifts from patients
- Starting to see patients at a lower fee then increasing the fee after a few sessions
- Recommending services that are unnecessary and not affordable to patients



Multiple or Non-Sexual Dual Relationships

- Social relationships
- Bartering
- Being a treating professional and providing court testimony
- Providing individual and group therapy

Need for boundaries these reasons:

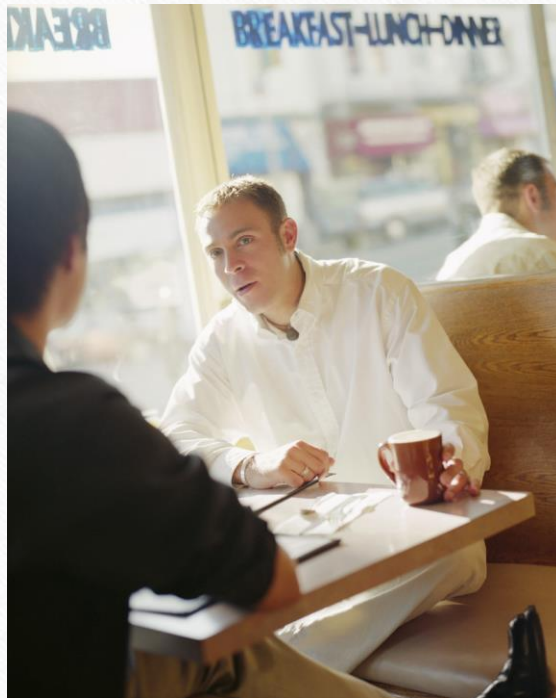
- Protection of the therapeutic process
- Protection of patients from exploitation
- Protection from liability

Unavoidable Relationships

- Assess future and current relationship on the dimensions of power, duration, and termination
- Determine the extent of role incompatibility
- Seek consultation
- Discuss decision with patient in terms of possible ramifications



Unethical Multiple Relationships



- Erode and distort the professional nature of the therapeutic relationship, which is secured within a reliable set of boundaries upon which both therapist and patient depend
- Create conflicts of interest and compromise sound professional judgment
- Unequal footing between therapist and patient
- Nature of therapy changes
- Could affect future needs of patient

Unethical Multiple Relationships

- Entering into another role
- Relationships with others
- Preexisting personal relationships
- Sexual relationships



Consequences of Boundary Violations to Patient

- Disengagement from services
- Depression
- Emotional turmoil
- Cognitive distortion
- Shame, fear, or rage
- Guilt and self-blame
- Isolation and emptiness
- Identity confusion
- Emotional lability
- Mistrust of authority
- Self-harm behaviors

Consequences of Boundary Violations to Therapist

- Less personal time with family and friends
- Less job satisfaction
- Co-worker frustrations
- Burnout
- Extreme consequences- loss of job, loss of license, loss of professional identity, loss of peers, loss of professional relationships

Prevention of Boundary Crossings or Violations

- Education
- Self-awareness and monitoring
- Peer debriefing/consultation
- Whose needs are being met in this interaction, the patient's or my own?



References

- Adapted from:
- <http://ce4less.com/CourseDescription.aspx?testNumber=E052>

Course author: Dalzell, Heidi, Psy.D.