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…” (Guthriel 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
HIPAA

• 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

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