Understanding Professional Boundaries and Ethics: A Practical Model

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Chief Clinical Officer
Boundaries

Black

It’s not a Problem

Until

White

It’s a Problem.
Reasons Professionals Resist Feedback for Poor Professional Boundaries

- Accustomed to Control
- Manipulation of Rules
- Grandiosity
- Intellectualization
- Discounting Own Feelings and Needs
- Fear of Self-Disclosure/Exposure
- Overprotection of the patient
- Fear of rage, aggression or withdrawal from feedback process
- Fear of disapproval
  - Peers, Colleagues, Institutions
Boundaries

• Boundary
  – The limits of a fiduciary relationship in which one person entrusts his or her welfare to another
  • Patient to Doctor
  • Parishioner to Clergy
  • Student to Teacher
  • Employee to Employer
• Where I stop!
Ethics and Boundaries
Factors That Impact Boundaries

• Shared Issues
  – Addiction
  – Abuse
  – Absent Role Models
    • Religious, Sexual Orientation, Racial,
    • Recovery model
  – Patients who assume the professional shares the same feelings
Ethics and Boundaries
Factors That Impact Boundaries

- Managing Parallel Issues in the professional
  - Common to chat about mutual interests
    - Effort to build rapport and put the patient at ease
  - Excessive self-disclosure can be a misuse of the patient to satisfy the physician’s needs or interests
  - Caution is necessary:
    - Sexual orientation, Religious affiliation, Personal History (such as recovery status)
Ethics and Boundaries
“Doctor Issues”

- “Special treatment”
- Time management
- Poor Awareness of Feelings
  - Impatience
  - Anger
  - Fear of patient/client
  - Feeling inferior to patient/client
- Response to the Patient
  - Triggered by patient/client material
  - Identification with perpetrator
  - Being aroused by fantasies or behaviors
Ethics and Boundaries

“Patient Issues”

- Placing the Doctor in the Parental Role
- Eroticizing the Doctor
- Passive-aggressive Responses
- Loyalty to the Doctor
  - “Brother/Sisterhood”
    - Religion/Social Organization
    - Sexual orientation
- Nobody would tell
Attachment-informed Therapy

1. Therapist is experienced as dependable, consistent, and responsive
2. Therapist facilitates secure bonding which allows client to freely engage in self-expression
3. Therapist encourages both self-dependency and help-seeking
4. Therapist provides secure base which promotes recognition, connection, and understanding as client can explore, recognize, and work through problems
5. Therapist uses attachment-related interactions in the therapeutic relationship as a means of understanding the attachment patterns of the client
6. Therapist is attuned and aware of emotional connection
7. Therapist helps client recognize and explore relationships
Attachment-informed Therapy

8. Therapist interprets current relationships in context of prior ones
9. Therapist challenges and stretches while remaining in the proximal learning zone
10. Therapist creates and recognizes boundaries specific to client’s needs
11. Therapist remains aware of counter-transference issues
12. Therapist maintains freedom of movement in the relationship
13. Therapist helps the client develop the capacity to experience/tolerate, uncertainty, and doubt
14. Therapist is sensitively dissolves the therapeutic bond when appropriate, so that it will serve as a model for handling separations in life
“It Just Crept In”: The Digital Age

• Client preference
• Compliments face-to-face practice
• Slippery slope
• Pandora’s box
• Ethical grey zone
• Permeable boundaries

- International Society for Mental Health Online (www.ismho.org)
- Assoc. for Counseling and Therapy Online
- American Distance Counseling Assoc.
- American Telemedicine Assoc.
Doctors with difficulties: Why so few women?

1. Emotional Intelligence: self/social awareness, self management, relationship management
2. Integrity
3. Personality: conscientiousness, empathy
4. Communication Skills: have longer consultations, more patient-centered, show more partnership behaviors, engage in more positive talk and emotionally focused talk, ask more psychosocial questions
5. Mental Health?
CASE EXAMPLE

You live in a small community. You see a couple for domestic violence. She is a nurse and he is police officer. This couple is doing good therapeutic work but there is still ongoing work to be done and they have agreed to continue working on their issues. One morning you are running late for... and you are stopped for speeding by your local law enforcement. The officer turns out to be your client and immediately refuses to write you a ticket, saying, “I am so appreciative of how helpful you have been to me and my wife”. What do you do?
“To be good is noble. To tell others how to be good is even nobler and a lot less trouble.”

Mark Twain
CASE EXAMPLE

You are in recovery and have been attending the same 12-Step meetings for a long time. Just recently you have been seeing a patient who has not been going to 12-Step meetings but has attended meetings in the past. He does not know you are in recovery nor have you ever seen him at meetings. You are having some struggles and decide to share at a meeting. At the meeting you see your patient. What do you do?
Assessing Professional Boundaries in Clinical Settings: The Development of the Boundaries in Practice (BIP) Scale

- Knowledge
- Comfort
- Experience
- Ethical decision making
Profession – Definition

• An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills.
• Vocation in which knowledge of science or learning the practice of an art is used in the service of others.
• Its members are governed by a code of ethics and profess a commitment to competence, integrity, morality, altruism and the promotion of the public good within their domain.
Professionalism

• Professions exist because society needs and wants them to exist
• Society must feel and see the profession’s trustworthiness
• Professional status is given in trust by society
• Professionalism is about both individuals and groups of professionals
BVI
(Swiggart, 2011)

N = Never
R = Rarely
S = Sometimes
O = Often
Ethical Principles

• **What are Ethical Principles?**
  – Broad and comprehensive aspirational goals that we strive to meet in our everyday practice
  • Do Good
  • Don’t do harm
  • Allow People Choice
  • Be Fair (Equal) in Practice
  • Be Loyal
Ethical Standards

- Ethical Standards are more mandatory in nature
- A moral code to do the “right thing”
- Enforceable rules of conduct to which the professional must adhere
- Ethics Code Examples
  - National Association of Social Workers (NASW)
  - American Psychological Association (APA)
  - National Counseling Association (NCA)
  - American Psychiatric Association (APA)
  - National Substance Abuse Certifications
  - American Society of Addiction Medicine (ASAM)
Philosophical History of Ethics

- Modernism
- Postmodernism
- Morality Period
- Values Period
- Period of Ethical Theory and Decision Making
- Ethical Standards and Risk Management Period
Values

Terminal Values describe the desired end-goal for a person’s life; they are identified as: happiness, inner harmony, wisdom, salvation, quality, freedom, pleasure, true friendship, mature love, self-respect, social recognition, family security, national security, a sense of accomplishment, a world of beauty, a world at peace, a comfortable life, and an exciting life.
Values

**Instrumental Values** are those that help a person achieve their desired terminal values, such as love, cheerfulness, politeness, responsibility, honesty, self-control, independence, intellect, broad-mindedness, obedience, capability, courage, imagination, logic, ambition, cleanliness, helpfulness, and forgiveness.
Core Values Embodied in Ethics

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence
Principles of Ethical Decisions

• Any decision concerning a professional boundary can be evaluated based on the ethical premises of:
  – Autonomy
  – Beneficence
  – Non-Malfeasance
  – Fidelity
  – Justice
Autonomy

• The likelihood that it will foster client independence
• The primary responsibility is to serve the patient’s interest
• Professional boundaries increase the likelihood of fostering independence
Beneficence and Non-Malfeasance

• To do “good”
• To do no harm, to avoid harm, and to prevent harm
• To safeguard the welfare and rights of those with whom professional interactions occur
• Conflicts of interest are resolved in a responsible fashion
• Clinicians must not participate in activities that are not in a patient’s best interest
• These principles guard against personal, financial, social, organizational, or political factors that might lead an individual to misuse their influence.
Fidelity and Justice

• Relationship of trust
• Professional responsibility
• Broadly refers to “rights and responsibilities”
  – Avoidance of unjust practices
• Fidelity -- the degree to which it reflects what was promised and is true to the articulated goals of the professional service
Professional Misconduct

Lack of professional behavior is the single most common cause for disciplinary action against students, residents, fellows and practicing physicians.

• 46% of all disciplinary action each year, from 1997-2006 (FSMB, 2008)
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Congress’s ETHIC Model

- Examine
- Think
- Hypothesize
- Identify
- Consult
Kenyon’s Ethical Decision-Making Model

1. Describe the issue
2. Consider the ethical guidelines
3. Examine the conflicts
4. Resolve the conflicts
5. Generate all possible courses of action
6. Examine and evaluate the action alternative
7. Select and evaluate the preferred action
8. Plan the action
9. Evaluate the outcome
10. Examine the implications
What is a Boundary?

“A line in the sand that represents the edge of appropriate, professional conduct.”

Gutheil and Gabbard, 1993
What is a Boundary?

• Not bright lines subject to clear and unambiguous observation and understanding
• Movable
• Highly context-dependent
• Not hard and fast
• Their placement depends on a number of factors in the clinical situation

Gutheil and Gabbard, 1993
Types of Boundaries

- Time
- Role
- Place
- Gifts
- Physical
- Money
- Language
- Cultural
- Geographical

Abel and Irvin, 2004
“The fundamental notion inherent in the concept of professional boundaries is that attention to the basic aspects of the professional nature of the relationship will serve to create an atmosphere of safety and predictability that facilitates the patient’s ability to use the treatment.”

Gutheil and Gabbard, 1993
Boundaries

Important: all assessed within the context of the relationship. (Legal, Nursing, Therapy)

- Part of a well-constructed treatment plan.
- Not all boundary crossings mean there is a dual relationship.
Boundaries

Boundaries are the terms of the professional relationship.
Boundaries define the professional environment.
Our professional duty to establish and maintain appropriate therapeutic boundaries with their clients.

Simon, 1992
CROSSING OR VIOLATION?

• Boundary crossing
  – Not classically a part of treatment but not harmful in and of itself

• Boundary violation
  – Harmful and exploitative

• There is no pat answer – ethics are in evolution.
Boundary Violations/Crossings

Boundary Violation: entails unacceptable exploitation of clients by healthcare professionals; misuse of power to exploit or harm clients. (e.g., sex with a client)

Boundary Crossing: very different from a boundary violation; more elusive and thus harder to define; can be harmful or benign; are sometimes unavoidable, inevitable or even acceptable. (e.g. can include accepting a gift from a client; therapists’ appropriate self-disclosure; lending a book) Zur, 2006
N = Never
R = Rarely
S = Sometimes
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Boundary Crossings

• Minor deviations from traditional treatment that neither harm nor exploit the patient
• May possibly enhance the clinician patient relationship and foster a treatment alliance
• Benign departures from the structures and procedures of traditional treatment
• The key point is the *purpose* of the crossing, e.g. self-disclosure, gifts, etc.
Boundary Violations

- Cause harm to the patient
- Typically involves some form of exploitation:
  - Psychological/emotional
  - Financial
  - Sexual
- Serve the practitioner's desires
- Not in the service of the best welfare of the patient
NONSEXUAL BOUNDARY CROSSINGS AND VIOLATIONS

• Crossing the boundary between the professional relationship and social, business, personal, care-giving, or pseudo-parental relationships.

• A boundary is the edge of appropriate or acceptable behavior.

• A boundary is context dependent.
Boundary Violation Categories
(Sealy, 2002)

- Ethics boundaries (profession)
- Institutional boundaries (organization)
- Professional interpersonal boundaries
  1. Sexual impropriety (comments)
  2. Sexual transgressions (touching/exam)
  3. Sexual violations (assault)
Violations Characterized as Unprofessional Conduct

• Violation of confidentiality
• Violation of statute/regulation setting a standard of practice
• Performing an act incompetently
• Unconditionally guaranteeing that a cure will result
• Advertising of service intended to deceive
Violations Characterized as Unprofessional Conduct, cont’d.

- Practicing with an expired license
- Charging for a service not performed
- Delegating practice to a non-qualified person
Violations Characterized as Unprofessional Conduct, cont’d.

• Harassing, abusing or intimidating a patient
• Abandoning a patient
• Failure to make medical records available
• Misrepresentation of material facts on licensure application
• Commission of an act involving moral turpitude
What Guides Our Behavior in Relationships?

- Biology/instincts
- Society/Culture
- Experience
  - Internal models of our self and others
- Often out of our awareness
  - Can occur in any setting and in any relationship
Addiction Work

- Risk is somewhat higher than in other domains when professionals themselves are in recovery
- Involvement in 12-step meetings
- How much self-disclosure? When is it destructive and/or unethical?
- Code of Ethics and law call for healthcare professionals to maintain confidentiality, but clients are not bound by that code
- Too much information about a client equally problematic (shares new information at a meeting)
CAMEL IN THE TENT
Warning Signs: Slippery Slope Situations

• Specialness
  – Patient is scheduled at the end of the day to “allow for more time”
• Intense attraction
  – Doctor checks their personal appearance before a particular patient arrives
• Professional isolation
• Excessive self-disclosure
  – Doctor starts talking to patient about their personal life

Warning Signs: Slippery Slope Situations, cont’d.

- Behavior changes during visits
  - Doctor allows full frontal hugs with a patient
- Violating clinical norms
  - Doctor allows staff to leave early while he/she interacts with a particular patient
  - Doctor offers free care to a particular patient
  - Doctor calls patient at home when the condition does not warrant it
  - Doctor meets the patient outside the office
  - Doctor offers patient food or drink

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HOW WHAT YOU THINK IS PRIVATE BECOMES PUBLIC

• Lawsuits
  – Civil or criminal
• Complaints to professional organizations
• Grievances in the workplace
• Reports to licensing bodies or state professional health programs
CENTRALITY OF THE FIDUCIARY CONCEPT

• Fiduciary or confidential relation
  – Relations existing wherever one person trusts in or relies upon another.
  – Arises whenever confidence is reposed on one side, and domination and influence result on the other.
  – It can be legal, social, domestic or merely personal.
The LAW

• When ethical principles come in conflict with the law of any state you:
  – Do what you can to resolve the conflict
  – The LAW ultimately supersedes Ethical Guidelines
Order of Hierarchy

1. Patient/Client
2. Public
3. Profession
4. Professional
PREPARE

• Rights of Client and Your Responsibilities
• Understand the Law
• Explore Personal Ethical Position
• Decide when/how you will limit confidentiality voluntarily
• Develop plan for ethical response to laws that require you to disclose “involuntarily”
• Choose reliable ethics consultants
• Devise informed consent forms
• Prepare to discuss confidentiality and its limits
Tell Clients the Truth “UP FRONT”

• Inform prospective clients about the limits you intend to impose on confidentiality
• Explain any roles or potential conflicts of interest that might affect confidentiality
• Obtain informed client’s consent to accept limits as a condition of receiving services
• Reopen the conversation if/when patient’s circumstances or your intentions change
Respond Ethically to Legally Imposed Disclosure Situations

• Notify client of pending legal requirement for a disclosure without client’s consent
• Respond to each type of law according to plan
  – Reporting Laws
  – Laws giving others access to information without client consent
  – Exceptions to psychologist-client privilege in court cases
  – Laws allowing others to re-disclose information that psychologists disclose
• Limit disclosure of confidential information to the extent legally possible
Talk About Confidentiality

• Model ethical practices; confront others’ unethical practices
• Provide peer consultation about confidentiality ethics
• Teach ethical practices to students, supervisees, employees and agency
• Educate attorneys, judges, consumers and the public
Case Example

You are walking down the hall and overhear one of your co-workers discussing a case (i.e., laughing and saying what a pain this client is) with someone from another section or department. When you say something to the co-worker, he says, “What’s the big deal? He’s a Drug Court employee!” What is your response?
Gossip

Helpful Discussion
• Sharing with colleagues can be helpful
• Identity of Patient is irrelevant
• Made Professional to Professional
• Generates professional feelings of utility to the professional
  » Monitor on Psychology – May 2007

Detrimental
• Gossip generates feelings of “specialness” or excitement
• Gossip becomes increasingly likely as we move away from professional settings into social gatherings
• Gossip is impossible to defend
• Gossip exploits a client’s willingness to share intimate details of their lives
• “Gossip is care-less”
MORE ON GIFTS

• From individuals
  – Will acceptance or refusal adversely affect the patient’s health or well-being?
  – What is the meaning behind the gift?

• From industry
  – Gifts should benefit patients, relate to the clinician’s work, and be of minimal value.
Dual/Multiple Relationships

- **DUAL/MULTIPLE RELATIONSHIP:** occurs anytime a therapist has a relationship with a client other than role of a professional. Secondary relationship in addition to a therapeutic one.

- **Simultaneously:** takes place same time as in therapeutic relationship

- **Consecutively:** after termination of the therapeutic relationship (e.g., enter into a business relationship)
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Rural/Smaller Communities

The boundaries are sometimes blurred with clients whose personal lives intersect with yours (same church, same 12-step meeting, same grocery store, working out).

- Smaller communities are often interdependent and interconnected.

- Limited Resources.

- Risk may be more prevalent and complex in small communities.

- For example, 12-step and for those who work in the addiction and recovery field, particularly for those who are in recovery themselves.

Kate Jackson, 2004
What are Multiple Role or Dual Relationships?

• “Situations in which the professional functions in more than one professional relationship, as well as those in which the professional functions in a professional role and another definitive and intended role, as opposed to a limited and inconsequential role growing out of and limited to a chance encounter” (Sonne, 1994).
Examples of Dual Relationships

- Friend – Doctor
- Son – Medical consultant
- Patient – Cousin
- Money lender – Uncle
- Supervisor – Confidante

-Each has two more sets of rules for.....
  - Trust
  - Power
  - Disclosure
Questions to Consider?

• **Friend/Doctor**
  – What do you expect from your friend?
  – What do you expect from your doctor?

• **Supervisor/Confidante**
  – What do you expect from your supervisor?
  – What do you expect from you’re a confidante?
Conflict of Interest: Definitions

• “The circumstance of a professional whose personal interests might benefit from his or her official actions or influence.”

• “The circumstance of a person who finds that one of his or her activities, interests, etc., can be advanced only at the expense of another of them.”
Examples of Conflicting Roles

- Maintain my role as expert vs. get emotional support from my patient
- Objectively advise my patient (mother) on her treatment plan vs. feel I’m an important son to my mother (client)
- Get advise on medication for my illness vs. appear smart in the eyes of my cousin
- Collect earned interest on the loan I’ve provided vs. maintain my role as a caring uncle
- Confront the resident I’m supervising on his mistake vs. maintain his trust so he can be my confidante when I need him
Unintended Actions & Consequences

- Losing objectivity
- Feelings of exploitation, anger, resentment
- Loss of the role as expert
- Confusion about expectations in the relationship
- Assumptions
- Favoritism
- Loss of confidentiality
- Loss of trust
Dual Relationships

- Dual relationships have often been mistakenly equated with boundary violations and exploitation of clients/patients.
- All dual relationships are at a minimum boundary crossings (sexual or any exploitations of clients is a boundary violation)
- Not all boundary crossings are dual relationships (e.g. see a client at a grocery store)
- Healthcare professionals should not engage in dual relationships with clients or former clients if there is a risk of exploitation or potential harm to the client.

Zur, 2006; Reimer, 2001
Dual Relationships

• Not all dual relationships are unethical. (e.g. therapist shops in store owned by a client; nurse at PTA meetings.)
• Can be challenging
• Prepare client for the inevitable, incidental encounters.
• Know how to handle the situation
• Self-awareness.
Danger Zones

- Frederic Reamer (2001) delineated 5 categories of circumstances that may give rise to boundary issues:
  1. Intimacy category – inappropriate sexual activity is obvious but it may be much more subtle
  2. Emotional/dependency needs – difficulties in the life of the therapist
  3. Personal benefit – gifts, barter for services, beneficiaries of special deals
  4. Altruism-over availability
  5. Unavoidable and unanticipated circumstances - small towns, rural areas
USE OF SELF

Think about what you are doing and why you are doing it?

What is your motivation?

How will this affect your objectivity?
Risk Management

• Careful, ethical management of boundaries:
• “the standard ought to be higher than common sense”

Risk Management Steps:
• Examine your motivation
• Consultation/Supervision
• Code of Ethics
• Reviewing Legal Issue
• Attorney (if complicated legal issues)

Reamer, 2001
Risk Management

• Discuss
• Document
• The smaller the community the more careful you have to be
• Consult, keep consultation records
• Cost/benefit ratio
• What alternative arrangements are available for the client?
• Think about why you are doing what you are doing
Early Warnings

• Self-talk:
  – “I wish she were a friend & not a patient”
  – “I’m probably the only one that can help them”
• Meeting outside of business setting
• Disclosing personal information & expecting the same back
• Resisting enforcing policies/rules
• Accepting gifts
• Accepting favors
• Seeking or getting emotional support from patients
• Giving gifts or favors
Listen to Self-Talk

- I’m only doing what is helpful
- Who else will really help this person
- They probably don’t have any other options
- What is going to happen from having one drink together?
- I really owe him since we’ve known each other so long
- She needs someone to talk to right now so who else will do it?
Preventive Care

• **Number one rule = KNOW YOURSELF**
  – What are my weakness?
  – Be mindful of feelings
  – Listen to self-talk
  – Know your buttons and personal issues
Tools:

• **When in doubt.... Consult, consult, consult**
  – Get outside observation from a colleague you trust
  – Someone who is not inclined to agree with you
• **Have a written plan**
  – Who is in/out of certain boundaries:
    • Ex: Relationship diagram
    • Boundaries of: where to meet, disclosure of personal information, appropriate dress
Tools:

• Have a plan for your office/setting
• What are your office policies on….?
  – Disclosure of personal information
  – Contact with patients outside the office
  – Office attire
  – Receiving or exchanging gifts with patients?
• What do your staff know about your policies?
STAYING HEALTHY AND AVOIDING TROUBLE

- Do not seek emotional support from patients.
- When in doubt about self-disclosure, don’t.
- No personal services.
- Use chaperons.
- Be careful of gifts and fees.
- Cautious physical touch.

- Keep records.
- Get second opinions.
- Use your office for work.
- Be willing to write it in the chart.
- Beware of the desire to make exceptions.
- Recognize your own vulnerability.
Individuals to Avoid Engaging in Therapy

- personal friends
- financial/professional associates
- social or organizational acquaintances
- family members of patients
- students
- supervisees
- research participants
- anyone with whom you have an evaluative relationship
- employees
- former, current, or possible future sexual partners
- family members
A Professional Checklist

Ethics and Psychiatry: Toward Professional Definition (Allen R. Dyer, 1988)

• The professional is engaged in a social service that is essential and unique.
• The professional is one who has developed a high degree of knowledge.
• The professional must develop the ability to apply the special body of knowledge that is unique to the profession.
• The professional is part of a group that is autonomous and claims the right to regulate itself.
• The professional recognizes and affirms a code of ethics.
• The professional exhibits a strong self-discipline and accepts personal responsibility for actions and decisions.
• The professional's primary concern and commitment is to communal interest rather than merely to the self.
• The professional is more concerned with services rendered than with financial rewards.
“AS MAGICALLY AS A KISS CAN TRANSFORM CERTAIN FROGS INTO PRINCES, A HUG CAN CHANGE A PATIENT INTO A PLAINTIFF, A FORTY DOLLAR MOTEL ROOM CAN BECOME A ONE MILLION DOLLAR LAWSUIT OVERNIGHT, AND A HARD-WON CAREER CAN VANISH IN SMOKE, NEVER TO REAPPEAR.”

B.S. Schneidman
Case Example

You are working in a legal setting and seeing a 44-year-old bisexual male who has HIV. He discloses that he has had numerous unprotected anonymous sexual encounters since contracting his illness and he plans to continue this behavior. He is also planning to get married once he leaves treatment to his partner of one year. His partner has no idea he has HIV and your patient has no plans of informing her. He tells you that if she finds out, she will leave him and then he will have no choice but to kill himself. What do you do?
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“Good fences make good Neighbors.”

Robert Frost
www.psych.org
www.socialworkers.org
www.alcoholics-anonymous.org
www.nursingworld.com
www.ama-assn.org
www.apa.org