

Boundaries

Boundary crossing:

- A departure from the usual norms of counseling/therapy in relation to psychological, physical or social space
- Benign deviations from standard practice which are harmless and non-exploitative
- Examples: taking phone calls from a client btw sessions if the client is in crisis, hugging a client who is sobbing b/c death of family member, and telling a story about your own recovery experience in AA for the benefit of the client

Boundary violation:

- Boundary crossings that are unwanted and dangerous crossings, which exploit the client
- Are not likely to benefit the client and entail a significant risk of harming
- Example: socializing with a client, sexual intimacy with a client or former client, doing or receiving favors from the client, giving or receiving gifts of value from the client, entering into a business relationship with a client.

Indicators of potential boundary issues

- 1) The clinician is reluctant or feels embarrassed about discussing specific interactions with a client or details of the clinician's treatment in supervision or team meetings.
- 2) The clinician feels possessive of the client (i.e. "I am the only one who understands him/her"), advocates with unusual and excessive vehemence for the client, or expresses an unreasonable sense of over-responsibility for the client.
- 3) The clinician becomes defensive and closed to hearing your ideas or the ideas of the treatment team about approaches to working with a client and/or exploring his or her own emotional reactions to a client.
- 4) The clinician begins or increases personal self-disclosure to the client and is not able to identify legitimate clinical reasons for the self-disclosure.

Transparency vs Self-Disclosure

Recent research has shown that in specific treatment contexts "self-disclosure by therapists can strengthen the therapeutic alliance and improve treatment outcomes." (Gutheil & Brodsky, 2008). But where do we draw the line between beneficial and potentially harmful self-disclosure?

Transparency in the therapeutic relationship refers to the clinician's authenticity and honesty about how the client is impacting him/her in the immediacy of the session. An example of transparency might be sharing with a client who is telling you about his/hopelessness and suicidal thoughts that you are aware of your feelings of concern for him/her. I would follow this disclosure with, "what's that like for you to hear?"

Self-disclosure refers to the clinician revealing personal information to the client. Examples of self-disclosure could range from telling a client you grew up in New York City, you are a recovering person, or that your mother is dying of cancer.

Generally, transparency in the here and now context of the therapeutic moment enhances the client/clinician relationship. Self-disclosure of the details of a clinician's personal life can be either beneficial or potentially harmful.

Gutheil & Brodsky (2008) offer these guidelines for determining when self-disclosure might become a boundary violation:

- 1) the self-disclosure is made for the benefit of the clinician and not the client
- 2) self-disclosures of a personal nature that do not have a clinical purpose
- 3) self-disclosures of specific details of a clinician's financial, emotional, sexual life or emotional conflicts unrelated to the therapeutic relationship. (pp. 115-128)

A key question a supervisor can ask a clinician when exploring this territory of self-disclosure is "For whose benefit is this disclosure?"

Reference: Gutheil, T. G. & Brodsky, A. (2008). Preventing boundary violations in clinical practice. New York: Guilford.

Exploring Countertransference

- 1) Identify specific CT reactions.
- 2) Examine the contextual/relational factors of the reaction in an effort to understand its meaning:
 - Is this a time of deepening connections between the clinician and client?
 - Is there a separation (e.g. vacation) anticipated?
 - Has an important piece of work begun or recently been completed?
- 3) Examine the extent to which the clinician's reaction to the client facilitates or hinders his/her empathy for the client.
- 4) Examine the extent to which the CT reaction may have intensified due to the clinician's vicarious trauma or secondary traumatic stress reactions.
- 5) Devise a strategy for addressing the CT issue:
 - How does the clinician's understanding of his/her response to the client help him/her hear, see, understand the client more clearly?
 - Would disclosure of the CT response be helpful to the client or the therapeutic relationship? How?
 - Would disclosure of the CT response be harmful to the client or therapeutic relationship? How?
 - Does the CT response need to be explored further in supervision or the clinician's own psychotherapy?
 - Does the CT response indicate a need for the clinician to engage in psychotherapy?

Reference: Pearlman, L.A. & Saakvitne, K.W. (1995). Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors: New York: W.W, Norton & Company.