Good Fences make Good Neighbours

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Mending Wall

Why do we need boundaries?

- safety – cows or threat
- ownership/property

Do we always need boundaries?

- pine & apple trees

Some influences on boundaries are out of our control – Mother Nature

Robert Frost
Poem written in 1914.
Good fences, make good neighbors…

Frost was drawing on a 17th century adage.

His narrator came to the realization that the wall helped to establish and sustain retain their relationship.

From that perspective, it was in part, a “retaining wall.”

A portion of the CAMH wall built by psychiatric patients in the mid 1800’s. It too has changed in meaning & significance.
BOUNDARIES: An attempt at a definition…

boundaries are the spaces between the professional power and the vulnerability of another
Boundary violations

Boundary violations can result when there is confusion between the needs of the professional and those of the client.
Boundary crossings can be brief excursions across boundaries that may be inadvertent, thoughtless or perhaps purposeful if done to meet a special therapeutic need.
Sometimes familiarity is warranted & therapeutic
and sometimes it is not...
Boundary issues (an incomplete list):

May be acceptable

• Self-disclosure

• Gift-giving or receiving

• Caring (professionally) for family members or friends

• …

Always unacceptable

• Abuse of clients (sexual, emotional, verbal, physical, neglect)

• Financial exploitation

• Disregard for client’s values (religious, cultural, etc.)

• …. 
Boundaries can be a challenge...
Factors influencing vulnerability

• When do you feel vulnerable?

• What are the circumstances creating that feeling?
Risk factors for boundary violations

**Volunteer**

- significant changes, life crises
- a tendency to identify a client as special even familiar
- an inability to set limits
- A belief that it could never happen to them

**Client**

- over-dependence on a therapeutic relationship
- using therapy to find love or an intense relationship
- an acceptance of abusive or one-sided relationships
An Ounce of Prevention:

- **Screening** – application form, interview, references, CRC
- **Orientation** – general orientation to organization
- **Training** – specific to role
- **Volunteer manual** – outlines policies/procedures
- **Confidentiality** – sign same oath as staff
- **Volunteer agreement** – defines “dos” and “don’ts”
- **Position descriptions** – specifies expectations of role
- **Mentorship** – lead or senior volunteers
When to go a little bit further

- **Screening criteria for volunteers** — i.e. 1 year out of loss, in the same unit as loved one is/was
- **Training** — additional provided where risk is higher i.e. palliative care, oncology
- **Professional Boundaries** — ensure they understand i.e. former nurse, foreign-trained physician
- **Position description** — outlines clear boundaries
- **Supports** — ensure high risk placements have access to a sounding board/mentor

*Keeping clients safe is our number one priority*
Types of boundary crossings:

Issues may be related to:

1. client care
2. access to or disclosure of information
3. gifts, services and financial relationships
4. dual relationships
5. ???Others???
Types of boundary crossings:

1. **client care** –
touching, behaviour while client is disrobed, displays of affection, response to culture, tone, communication style...

2. **access to/disclosure of information** –
 failure to comply w/ policy or legislation pertaining to privacy/confidentiality, inappropriate self-disclosure...

3. **gifts, services, financial relationships** –
appropriateness of gifting depends on motivation, timing, cost, client vulnerability...

4. **dual relationships** –
business relationships, romantic attraction/entanglement, treating family members or friends

5. **Others???
Signs that a boundary may have been crossed:

- Frequently thinking of the client when away from work.
- Planning other clients’ care around the client’s needs.
- Spending free time with the client.
- Sharing personal information or work concerns with the client.
- Feeling responsible for the client’s progress ....
- Inappropriate or sexual touching in interactions with client.
- Favouring one client’s care at the expense of others.
Signs...continued

- Keeping secrets with client.
- Selective reporting of client’s behaviour (negative or positive).
- Swapping client assignments.
- Communicating defensively when questioned re. relationship
- Changing dress style for work when working with the client.
- Receiving gifts or continuing contact after discharge.
- Denying the fact that the client is a client.
- Acting or feeling possessive about the client.
- Giving advice to the client that may contradict what others have provided
- Giving attention to client which differs from that given to others.
Kate: A Friend in Need

Kate was a volunteer at a regional distress centre taking calls from various community members in need of support. All callers were to remain anonymous. One teen caller described her difficulties fitting in with the other girls at school. The volunteer heard that her client lived alone with her unemployed mother. The family was struggling with significant financial stressors.

Kate desperately wanted to help the client by providing her with clothes, make-up and costume jewelry to help her fit in. She was sure she could “fix” the situation. Kate went to the Manager of Volunteers to ask if she could purchase some items and deliver them to the young girl.
Questions for further reflection

• What are the needs of the client?

• Is the volunteer’s behaviour therapeutic for that client? Why/Why not?

• Does the volunteer’s behaviour make it more or less likely that the needs of all of the clients will be met? Why/Why not?

• Are there signs that might alert the volunteer manager to a possible boundary issue?
**CEFIT** for identifying & managing boundary dilemmas:

1. How is the **Context** of the situation important?
2. What are the **Ethical** principles/values at stake?
3. What are the **Facts** of the case
4. What **Indicators** of boundary crossings apply?
5. Identify the **Type** of boundary crossing:
   - Client care
   - Access to/disclosure of information
   - Gifts/services/financial relationships
   - Dual relationships
   - Other

What options for managing this can you recommend? Why?
Dave and his Manager

- Dave is a former patient (post motor vehicle accident) who volunteers at a hospital with the research team. He suffers from occasional panic attacks and seizures which are well controlled by medication. One afternoon he comes to the volunteer manager’s office to tell her that he will have to miss his shift because he feels a panic attack coming on and he has left his medication at home. She notes that his medication is the same as her own so she offers him one of her tablets.
Questions for reflection

• Are there any potential boundary issues in this case?
• If so, what type(s) are they?
• What factors were relevant to your determination?
• Do you anticipate any future challenges following from the manager’s gesture.
Brad’s Cardiac Case

- Brad is a volunteer in a physical rehab facility. He befriends an isolated middle aged man who has a cardiac and social history similar to his own. The client asks Brad to accompany him to his apartment for a few hours so that he can take out the garbage and turn off the lights.

- When they arrive at the apartment Brad is shocked to discover what appears to be the home of a “hoarder.” The client begs him to kept this information confidential.
Questions for reflection:

• What kind of boundary issue(s) can you identify in this case?
• How might this be managed?
• Could this have been anticipated or prevented in some way?
• If you were Brad’s manager, what direction would you give?
No one is asking you to stop caring...

and remember that you are not taking this journey alone.

Thank you!

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