

Personal and Professional Boundaries

Presenter: Lena Sheffield, LMHC, CAP, MAC

I share an office with a clinician, I'm a CPRS, and we have the same clients. When he does an assessment on a client, sometimes I leave the office and other times he asks me to stay. Is this a boundary issue or confidentiality issue?

A: If you work under the same practice and the client has signed all the required authorizations for treatment then it is probably acceptable for you to be involved. Clinically this may depend on how you are being introduced and the purpose for you being there. Interns often sit in for learning purposes as long as the client is fully aware and agrees to it. Sounds like a good discussion to have with the other clinician. What would they like you to do? What's the purpose?

Is it acceptable to have peers state their boundaries and those be our working boundaries rather than establishing them in advance and making them feel like they don't get a say in how the relationship is defined?

A: Confidentiality has to be discussed up front and is part of the consents for treatment process. Depending on the nature of the service, some boundary related issues might be discussed earlier in treatment such as arriving on time, who they bring to a session, if there are special goals that will be worked on with you and those that are going to be worked on with another member of the treatment team, etc. Clients certainly have a voice and a choice about working with a counselor but we are expected to maintain certain boundaries and those are not very negotiable even if the client says it's ok.

It is frustrating when I see counselors crossing boundaries, they get reported, and then I see nothing happened to them; moreover, they continue doing it. What else can be done?

A: We have an obligation to protect clients. Remember that boundary crossings are not necessarily a bad thing, if they are part of helping the client reach treatment goals, can be discussed with peers/supervisor, is documented and can be justified openly. We might disagree with a treatment method used or philosophy and depending on our comfort level we may not be able to work in that environment.

My recommendation is first to speak with the co-worker and try to understand their behavior. Be curious and you may find that there's some benefit for the client. If you still believe their behavior is unacceptable in your work setting or for the treatment field then going to a supervisor or peer to get another perspective could be helpful.

If the person is violating ethical or legal standards and no action is taken by the supervisors then you can report your concern to their credentialing body. Each state has boards that supervise the licensing or certification process for the specialty. Many of these boards have a department where you can report a concern and get guidance from. NAADAC is very helpful with these matters.

Because patient safety is most important, if the behavior is putting anyone in danger then it may be necessary to contact the police.

There are times when we just do not feel comfortable working with certain people and if they are not leaving it may be time to look for another place of employment.

What about professional writing or writing a recovery blog. Is this a potential boundary violation? For example, writing about how the professional has dealt with depression and is working on their own self care/mindset. Is this a possible violation or a creation of a dual role?

A: Great question. With social media, the internet has given people opportunities to share information, post on video platforms, etc. We are permitted to share personal experiences if it is clinically in the best interest of the client and will help them reach treatment goals better. There are many books and speakers who make a living from their treatment experience. I have seen some do it well and others appear to be self-disclosing inappropriately.

Something to consider in advance is how you are going to respond to the comments and persons who are then sharing personal stories and asking for help online. It may be helpful to have a statement about the blog not being a replacement for therapy and they should seek professional help or a crises line instead of waiting for someone to respond on the blog. This is a very gray area that has a lot of potential for misuse and it can be so beneficial for a person who is struggling to read that they are not alone.

Being vigilant about the message we are sending is also important. How one person got help for their problems might not be an appropriate treatment for others. The person writing has to remember they are a professional first.

Are licensed therapists required to tell new employers when their license has been revoked?

A: I believe so. If the person is working in the capacity of a licensed therapist then I think most, if not all state laws requires they have the credentials in good standing. If they have a revoked license then it would be fraud to lie about being licensed.

You can check the language for your state's laws for the specific license. Employers should request a copy of the individual's license and preferably also check the state's registry which will list any disciplinary action against the licensee.

Depending on the state, the time period to apply for license restoration may be three or more years depending on the disciplinary action that resulted in the license being revoked.