9 Tips to Maintain Boundaries in Clinical Practice

Thomas G. Gutheil, MD
1. Stick to the therapeutic contract

When invited to do something unusual, ask yourself: “Is this what a therapist/psychiatrist does?” Also ask yourself: “Is this for me or for the patient?” An amazing number of treatments go forward without a contract (ie, an agreement by both parties as to what they are there for or what they will work on and how). Not having a contract is a very bad idea. Requests by patients to stray from the therapeutic contract (hold hands, sit on lap, take trips, etc) should be explored and almost always resisted.
As a rule, do not take patients outside the office. There are exceptions to the rule: Some programs do use chaperoned home visits, and there are behavior therapy protocols that include outings; however, these must always be within standard practice (eg, treatment of agoraphobia).
3. Never worry alone

Consult with a colleague, supervisor, or mentor before questionable actions can occur or after something questionable has occurred. Always remember to document your consultation sessions about patients.
4. Be emotionally present

You may be emotionally present (but not unconditionally) when in session, barring ordinary human distractions. But do not promise to “always be there” for the patient; it is not a promise that you can keep. Someday your treatment of the patient will come to an end, either by mutual agreement or because of unforeseen circumstances (eg, you may fall ill or you may have a family emergency)—all of which will seem to some patients and, later, to some decision-making bodies, like a betrayal and an abandonment.
5. Do not avoid personal questions from the patient

As a rule, explore therapeutically a patient’s personal questions about you rather than either giving the requested information or responding in a rejecting or punitive manner.
6. Know the protocol for gift giving and receiving

Treat a patient’s gift as an opportunity to explore. Document your reasoning for accepting or not accepting a gift, and discuss the reasoning with the patient. Avoid giving gifts to adult patients. Boards of registration and licensure often practice “concrete thinking” about gifts and other boundary issues and equally often ignore context; they seem to operate out of a “list of forbidden acts” schema rather than a model based on context, clinical variability, and discretion.¹ You have to supply the context in your notes. If you give a patient a relevant book or article, write it down with your reasons.
7. When communicating with patients, be cordial and polite

Do not sign letters, cards, or e-mails “Love,” even if you do so with everyone else in your life. It is, of course, a standard, common, supposedly harmless and perhaps mildly hypocritical closing, but the very patients who are most likely to misconstrue it are the very ones to whom you should not be writing it.
8. Do not use terms of endearment

Communicate your caring and concern by always keeping your focus on the patient’s needs and issues first. Do not tell a patient that you love him or her, even if you do. You may mean divine, abstract love, but the patient may hear (and the board may assume you meant) eros.
9. Remember to document

Thoroughly document the incidents that seem questionable to you regarding boundaries; not to do so suggests a cover up. Use the 3 D’s: demeanor, documentation, and debriefing. If you give a patient a ride to the bus station in a blizzard, for example, keep a professional demeanor in the car; document the situation and your reasoning; and debrief it with the patient at his or her next session.
READING LIST


For more information

See: “Boundary Concerns in Clinical Practice” and “A ‘Pocket Guide’ to Avoiding the Most Common Boundary Pitfalls,” by Thomas G. Gutheil, MD, on which this slideshow is based.