

MAKING TRAINING IN ETHICS & PROFESSIONAL BOUNDARIES EFFECTIVE & DYNAMIC

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Clinicians often dread attending training sessions on professional ethics because they are typically focused on risk management and are anxiety - arousing. Frequently one hears them remark that they “didn’t realize there were so many ways you could get sued” or that “clinical practice has become very risky.” Some remark that after attending a training session on ethics they weren’t sure they wanted to continue practice in the field.

I have been doing training on professional ethics and boundaries for more than thirty years and have done hundreds of sessions and full day programs on professional ethics and boundaries for thirty years in the USA, Canada, and overseas. During the last fifteen years I have also done workshops on ethical and boundary issues in clinical supervision. Although there have been more than 100 sponsors for such programs, the University of Wisconsin-Madison Dept. of Continuing Studies has been the most frequent sponsor, accounting for about 8 programs each year.

Most programs are interdisciplinary and the percentage of attendance by a profession typically follows the requirements of licensure laws. For example, in Wisconsin psychologists must earn 6 hours credit in ethics, whereas social workers need 2 in ethics and 2 in professional boundaries. In Minnesota, social workers now have to earn 2 credits of ethics, but psychologists have no specific requirements. However, substance abuse counselors must earn 6 in ethics, and supervisors must earn 12 in clinical supervision. Even when a program is directed at only one profession, I frequently compare ethics codes in certain areas (e.g. rules about post-termination contact with clients) because most practitioners work in interdisciplinary settings and at times supervise, or are used as consultants by persons in related fields.

Almost all programs have been evaluated through a participant questionnaire. In addition, participants are invited to contact the presenter after the program, and quite a few participants over the years have done so. Reviewing this feedback it has become clear that participants place a high value on a number of features of the program: (1) A generally light tone with humor; (2) emphasis on “doing the right thing” based on an analysis which takes into account clinical realities as well as general ethical principals; (3) a focus on the “standard of care” as a guidepost; (4) use of handouts to reduce the need to take notes; (5) use of video and film clips; (6) ongoing give-and-take via questions and use of case examples from both presenter and participants.

Use of humor is often cited by participants who are often noticeably anxious at the beginning of training sessions or programs. Over the years, I have come to believe that perhaps the most useful tool is the utilization of a great many video clips from films which are available publicly. These include segments from popular movies, vignettes from training tapes which come from a variety of fields, and the use of TV clips from series like the Sopranos or individual shows. Examples will be provided of a number of useful videotapes as well as specifically how they are utilized to make a point or stimulate discussion.

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crossed over since there is normally not a specific point which could be defined as "the boundary";

- (4) Secondly, the presenter notes that one can establish an expected "profile" for a given job. Depending on the type of work one does, one may have a different profile as regards these boundaries. For example, our center delivers free service largely through the use of volunteers -- this is more a characteristic of a personal relationship. A pastor, some family therapists, a home care nurse, a public health nurse, some types of social workers, and others practice in the community and may be present in a client's home to deliver service. In some cases it does not take much further movement towards the "personal" side before the client and helper have difficulty distinguishing whether this is a personal or professional relationship;
- (5) Thirdly, that you can compare yourself with your normal practices. If you are bending rules towards the personal side, you need to examine why you are doing this. If a colleague is doing so, you need to give him or her feedback. In both cases this observation should be a "wakeup" call. **We emphasize that the most common issue is not that a boundary was crossed, but a gradual drift from the professional side to the personal side.**

Some examples of items which come up during this exercise and which can be added by the presenter if they do not come up are:

- (1) **Fees & payment:** professional relationships involve fees or some form of payment;
- (2) **Time: Longevity of the Relationship:** Personal relationships can last forever -- professional ones are always time-limited. They end if you change jobs, move away, or if the client is transferred or referred, changes health plans, joins a new church, etc.
- (3) **Time: The Time involved in an interaction.** Interactions in personal relationships can be any length of time -- you can even go on a trip or spend a weekend with a friend or family member. A professional relationship involves "sessions," hospital stays, a "fifty minute" hour, and other units of time which may even be legally defined.
- (4) **Site or Location:** You can get together with family or friends anywhere you choose. A professional encounter is at a particular site -- office, church, clinic, etc. Even when services are delivered in the client's home, they occur at a set time during which time the home is the professional setting.
- (5) **Goals:** The professional relationship has formal goals -- that is generally not true of personal relationships. You don't think of "goals" of a friendship for example.
- (6) **Notes/Records:** The professional relationship requires record-keeping. Although some people keep diaries about their personal life and relationships, that is their choice. While there are some legal records in personal relationships such as marriage agreements, for the most part they are not required. They are with professional relationships.
- (7) **Licenses and Regulation:** The professional needs to be licensed or approved by the state in many circumstances. Although Minnesota psychologist David Lykken has suggested that parents should be licensed, that isn't required. Likewise, friends do not need certification. However, there may be legal agreements between friends, such as when one buys a house, or gets married.

- (8) **Self-disclosure:** In a personal relationship it is two-way (although admittedly this may vary from time to time -- one time you cry on your friend's shoulder and the next day they do so). In a professional relationship it is largely one-way with the client doing most of the disclosing, although again, professionals do engage in some self-disclosure.
- (9) **Power Differential:** In a personal relationship one aims at equal power, although admittedly that may vary over time, or relationship to relationship. The professional is more powerful than the client or student or parishioner (although if the professional engages in misconduct, this power may shift if the client realizes that he/she can make a complaint).
- (10) **Physical Contact:** In a personal relationship physical contact is based on what adults agree to and is generally limited only by a desire to avoid harm or pain. In a professional relationship physical contact is limited to treatment - related contact, which in some relationships means only a handshake.
- (11) **Sexual involvement:** Exclusively limited to a personal relationship. But while the touching of the professional's sexual areas is always forbidden, in some physical procedures a professional may be expected to touch the private parts of the client (e.g. a physician performing a pelvic examination).
- (12) **Privacy & Confidentiality:** In personal relationships these are guided by understandings between the parties, personal discretion, and other informal arrangements. Both parties in a personal relationship are typically bound by the same understanding and have the same duties. In a professional relationship it is the professional who has the duties. In professional relationships these are defined by codes of ethics, rules, and laws and the professional is obligated to maintain them, with certain well-defined exceptions.

WHAT'S OK, MAYBE OK, NEVER OK?

This exercise requires a blackboard, flip chart, overhead projector, or computer projection system such as Powerpoint.

(1) To begin the exercise the presenter creates three columns -- with "Always OK" on the left, "Maybe OK" in the middle, and "Never OK" on the right, as illustrated below:

ALWAYS OK	MAYBE OK	NEVER OK

(2) The presenter then asks the audience to name something that is "Always OK" in a given type of professional relationship (e.g. for a counselor in this agency to do). Whatever is given, the presenter then asks the audience if everyone agrees. Most of the time they do not and instead of listing the behavior in the "Always OK" column it ends up in the middle in the "Maybe OK" column. For example:

AUDIENCE RESPONSE: "handshake"

PRESENTER: Does everyone agree?

MEMBER OF AUDIENCE: "No, I don't"

PRESENTER: Well, when would a handshake not be OK?

AUDIENCE RESPONSES (which can be augmented by the presenter if the audience does not come up with them):

- (1) if the client appears fearful and wary of touch;**
- (2) if there has just been an angry outburst by the client;**
- (3) if there are any questions about the cultural propriety of a handshake with this client;**
- (4) if you begin to offer it and the client backs off or refuses it**

PRESENTER: So, even with a handshake there are exceptions

(3) Then the presenter asks for something that is never OK. The most common response is "Having sex with a client" and that goes into the "Never OK" column if the audience agrees. We usually say, "Yes, that is one of the few which is never OK. But what about a Hug?"

(4) When you introduce "A Hug," the presenter should stop and say, "Well, perhaps we had better define a hug." You then get the audience to define a hug by asking the following questions:

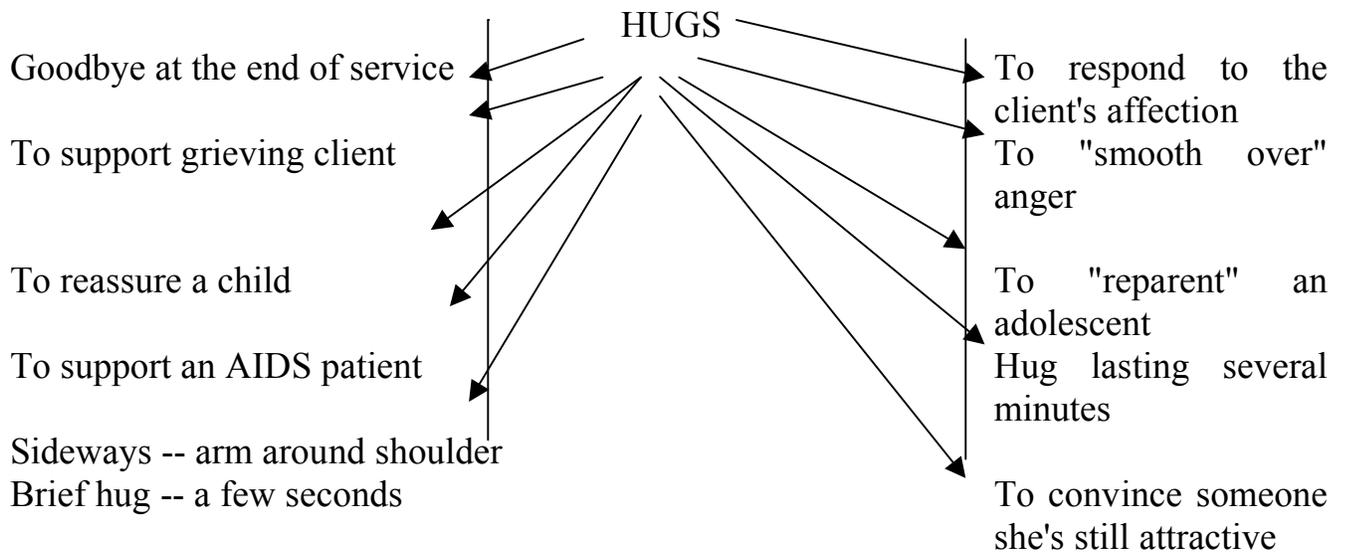
- IS IT SIDEWAYS, OR FRONTAL?**
- WHAT IS TOUCHING? Just the shoulders? Or the chest?**
- WHERE ARE THE HANDS OF EACH PERSON?**
- HOW LONG DOES IT LAST?**
- DOES IT MAKE A DIFFERENCE WHO INITIATES IT?**

(5) At each item that is volunteered, you ask for a show of hands as to how many think it is "Always OK" and how many think it is "Never OK." **Most things will end up in the "Maybe OK" category in the middle, and you will be discussing what factors would make it "OK," versus "NOT OK."** The issues that may be raised which would affect the decision are many. Here are some examples:

- Whether the client requests it**
- Whether the professional feels comfortable doing it**
- What has preceded it -- an angry outburst, an expression of grief**
- The context -- client has had a death of a child, client is angry at you, you and client have had a disagreement**
- Timing -- it is the first session, it is the last session & you are saying good-bye**

- **The age of the client -- child vs. adolescent vs. adult vs. older adult**
- **The gender of the client and that of the professional**
- **Whether there have been romantic feelings expressed or sensed**
- **The type of service & clientele -- for example, hugging at the end of support groups is relatively common in substance abuse treatment; any touch in a criminal justice setting is viewed as dangerous**

An example is given below of how a discussion about the propriety of hugging can lead to the articulation of a variety of principles:



The point of the exercise is to involve the audience in sorting through the many contextual factors which play a role in determining whether a particular action is "OK" or "NOT OK."

(6) An alternative way to do this exercise is to have the presenter supply all of the inputs rather than have the audience volunteer them. So, based on material provided beforehand by the supervisory staff, or just based on the presenter's general knowledge, the presenter can query the audience about specific issues. Any of the boundary issues in the book may be utilized -- hugs, accepting gifts, doing special favors, etc.

(7) Several of the videotapes discussed in the last portion of this monograph on videotape resources illustrate this sort of analysis. For example, in the tape *Crossing the Line* the concept of an intentional boundary crossing done to assist the client is introduced. A nurse is depicted giving a patient the same gift under two different circumstances, with two very different outcomes. The tape *Subtle Boundary Dilemmas* also illustrates the point that context is important in judging the propriety of an action via a number of vignettes on gift giving.

HOW TO SEDUCE A CLIENT

There are two goals for this exercise. The first is to help your audience examine their own behavior. The second is to make them aware that all professional work involves some sort of seduction in that as a professional you must get the client to trust you and follow your directions. This is why professional work carries risks. These are most dramatic in counseling and psychotherapy.

This exercise requires the use of a blackboard, flip chart, overhead projector, or a computer projection system such as Powerpoint. On the top of the sheet you write down the question:

HOW TO SEDUCE A CLIENT?

Step 1 Ask the question - **How would you go about seducing a client ? Assuming that most sexual seduction follows emotional seduction, how would you get a client to become overly involved with you emotionally so that sexual seduction is possible?**

Step 2 Make a list of the audience contributions on a flipchart, blackboard, overhead projector, or via computer projection on a screen. Fill up several pages so that you have at least 20 items on the list. Put a blank in front of each one:

HOW TO SEDUCE A CLIENT?

_____ ***Compliment their appearance or their looks;***

_____ ***Give them your home phone number and encourage them to phone you***

_____ ***Give them extra time -- lengthen interviews***

Step 3 Ask them to be specific, e.g. not just dress inappropriately but wear my black party dress that makes me look sexy. **If they persist in giving responses with terms like "inappropriate" change the statement by dropping out the term "inappropriate." So, "inappropriate hug" becomes just "hug."** Here are some examples of common items, correctly presented:

- Compliment their appearance, their dress, or attractiveness
- Tell them that they are "special"
- Give them your home phone number;
- Encourage home phone calls, or call them at home
- Give them a good deal of positive feedback, build up their self - esteem
- Give them negative feedback and tear down their self-esteem
- Schedule them at the end of the day
- Schedule them in the evening or on a weekend
- Meet them outside of the office
- Have a meal with them during or after a session
- Challenge their spouse or tell them that they are abused at home
- Suggest that they need to get out of their marriage
- Work with them at ending a marriage or primary relationship
- Challenge their friends and question their sincerity or wisdom
- Counsel them to break off some friendships
- See them for free or drop your fees
- "Bend" insurance or agency rules so they can be seen, or seen for reduced fees
- Talk about other clients
- Talk about how well they are doing & how hard they are working
- Empathize about the stress they are under at home

- Give supportive hugs
- Touch them in a supportive way
- Sit close to them in a session
- Share things about your family life
- Share things about your personal life, likes and dislikes
- Arrange to see them socially
- Take advantage of a chance social meeting to have a discussion
- If they are hesitant to take a referral, offer to provide the service yourself
- Reassure them that they are quite healthy
- Caution them that they have serious problems and need your help
- Say that you are "the only person who loves them or cares about them"
- Give them gifts
- Encourage them to give you gifts and accept them with thanks
- Help them with "real life" problems such as dealing with bills, finances, tax returns, etc.
- Intercede on their behalf with a bank or credit bureau, or a university
- "Bend the facts" so that they qualify for disability or some other benefit
- Discuss how much you have in common with them
- Share current personal problems or needs with them -- e.g. loneliness
- Send postcards when you are on vacation
- Call them when you are on vacation
- Have lengthy conversations with them on the phone
- Extend the length of sessions or their frequency

Step 4 After the list is complete, go item by item and have the audience say whether the item in question is (a) unprofessional, (b) unethical, or (c) a licensure offense of some sort. If members of the audience agree that it is not automatically, or in and of itself, a violation, put a circle in front of the item (use a colored pen if you have one). If there is disagreement and a large number feel it might be rarely OK or not OK, then put a question mark. If it is clearly unethical, put an "X." For example:

- O *Compliment their appearance* (this might be quite legitimate)
- O *See them at the end of the day* (this may be a professional who is very committed and willing to stay late and see someone at the client's convenience)
- O *Give them feedback that their spouse is abusive* (quite appropriate if true)
- ? *Dress attractively* (If this is done for only that client, it is questionable, although not an offense per se. However, some people dress more sharply than others. In fact, in some instances sloppy dress might be questionable professionally)
- X *Tell them that you are currently depressed and lonely*
- 0 *Tell them that when in college years earlier you too had a depression*

Step 5 Most items will fall into the "OK" category in that they will not represent a violation of any rules or codes. A few will be questionable, and a few will be in the unprofessional category. Act a bit surprised and bemused as you put more and more circles in front of items....

Step 6 When finished flip the pages and note that little of what they WOULD PURPOSELY DO TO SEDUCE A CLIENT IS IN THE CATEGORY OF UNETHICAL OR UNPROFESSIONAL CONDUCT. ASK WHAT THIS TELLS US ABOUT THE NATURE OF OUR BUSINESS?

Common responses are that "Context matters" or "the intentions of the professional matter" and you should reinforce these concepts. CONTEXT & INTENTION ARE IMPORTANT. But, **ask if there is another message.**

Step 7 Make the point that most professional work, and certainly all counseling and therapy are a seduction. That is the heart and soul of our business so we must set the rules, guidelines and boundaries that make the endeavor safe for our clients. **Note that to spend a lot of personal time with somebody and give them your undivided attention and support is very seductive ... and that we do need to seduce people into trusting us and listening to our advice about their lives given that we are total strangers. So, it does not take much of a slip to go far over the edge since we are already seducing people...**

VIDEOTAPE and RELATED RESOURCES

During the past decade a number of training aids have been developed which may be of assistance to those seeking to provide education or training on professional boundaries—whether for trainees or for those already practicing in the field. No one field has a sufficient variety of resources so that it is best to examine all of those available for useful material. These may also be useful in individualized boundaries coaching or retraining.

We recommend, given the cost of some of these items, that educational institutions, professional groups and organizations, and service providers join forces and purchase a number of these for their shared use. A state chapter of a professional organization, such as the National Association of Social Workers, or a university with a professional training program, or a seminary could easily house such a collection and make it available for use by both faculty and those in the community.

The reader is forewarned that the pricing and availability of the various items noted below may change over time. It would be wise to check on both before making a final decision to try to obtain an item. If an item is not available any more, one should consider: (1) asking about any plans to republish; (2) willingness to copy an existing copy; (3) willingness to authorize a current owner of a copy to reproduce it for others.

SOME NOTES ON HEALTH CARE FIELDS

The field of nursing has produced a number of excellent resources. Rarely cited but very useful is an outstanding early study, Nursing '74, based on responses from 11,000 nurses, that reports useful data and vignettes. It has not been replicated in the twenty eight years since its publication. However, the field of nursing has produced some fine training resources, including two useful videotapes.

The College of Nurses of Ontario has produced a videotape and training manual entitled *One is One Too Many*. They are focused on a variety of boundary issues, including those which might lead to sexual misconduct. It was a concern about sexual misconduct that brought about this package, but it is focused on a range of other boundary violations which can lead to the abuse of clients in various ways. It examines the issue of boundaries and violations from a number of perspectives covering several areas of nursing care. For example, vignettes deal with ignoring demanding patients, being insensitive

to the special problems of the disabled or elderly patient, being careless in talking about patients within their earshot, etc. Contact: Nursing Practice Dept., College of Nurses of Ontario, 101 Davenport Rd., Toronto, Ontario M5R-3P1, Canada (800) 387-5526 in Canada, or (416) 928-6905, Extension 125.

The Nursing Service at the Veteran's Administration Hospital in Minneapolis has produced a fine training videotape, *Professional Boundaries*, with a series of very useful vignettes and some nice narrative. The vignettes deal with a patient pushing for information on other patients after leaving the hospital, one who is trying to give a gift, one who is harassing a nurse, and a nurse who hugs a great deal. Nancy Dillon, RN, Psychiatric Clinical Nurse Specialist, who developed it is overseeing the development of a second tape. Contact: Medical Media, Veterans Medical Center, 1 Veterans Drive, Minneapolis, Minnesota 55417 (612) 725-2048.

The National Council of State Boards of Nursing has developed several resources. One is ***CROSSING THE LINE: When Professional Boundaries are Violated***, an excellent 23 minute videotape with 25 slide/transparency masters, interactive learning exercises, reference list, and a key facilitator's notes for use in a presentation. The video shows a boundary violation case involving a rehabilitation nurse working with an adolescent burn victim with whose care she becomes overly involved. This case is viewed through the perspective of a nursing board disciplinary hearing. There is an excellent vignette in the middle which illustrates the importance of context—displaying two nurses giving a patient the same gift, in two very different manners. Contact: Envision Inc., 120 - 31st Ave. N., Nashville, Tenn. 37203 (615) 321-5066, Fax (615) 321-5119. There is also an *Educational packet on Professional Sexual Misconduct*, consisting of a series of brochures and booklets and an *Evaluator's Guide*. Contact: National Council of State Boards of Nursing, 676 N. St. Clair St., Suite 550, Chicago, Illinois 60611-2921 (312) 787-6555, <http://www.ncsbn.org>

It is surprising that there are not more materials available in general medicine, family practice, and specialties other than psychiatry. The reality is that an increasing number of boards of medical practice or licensure are requiring that practitioners receive remedial boundaries training through obtaining continuing medical education credits in professional boundaries, despite the lack of such training in most states. One exception is *Crossing the Line*, a videotape on boundaries in medicine, showing a number of vignettes of situations that physicians and other health care professionals might encounter. This should not be confused with the NCSBN tape of the same title discussed above. Contact: Board of Physician Quality Assurance, 4201 Patterson Avenue, Baltimore, Maryland 21215 (410) 764-2492, fax (410) 358-2252.

SEXUAL HARASSMENT IN HEALTH CARE

Fran Sepler has been a major national figure in the development of training about sexual harassment. In connection with Ramsey Clinic Associates, a multi-specialty faculty group practice at St. Paul-Ramsey Medical Center, she has developed a training package which examines a number of situations via video vignettes. Some involve clear sexual harassment, others just generic harassment. They are presented in the fashion of news media coverage of a case and are quite effectively done. The program is called *The Invisible Line in Healthcare*. The full package with trainer's manual, videotape, slide package, supplemental handouts, and 100 participant guides costs \$ 1,200. The program can be previewed. While expensive, for those in health care settings this is a useful set of tools, and if you cannot afford to purchase it by yourself perhaps you can share the costs with other organizations. Contact Fran Sepler & Associates www.sepler.com or email: sepassoc@aol.com

MATERIALS FOR CLERGY & THE RELIGIOUS COMMUNITY

A number of training packages which include videotapes which deal with sexual misconduct and/or professional boundaries have been developed for clergy and pastoral counselors. All of the following

packages have some relevance to counseling and other professional roles and would serve as useful models for professionals other than clergy and pastoral counselors. Some have vignettes which can be used with an audience of social workers, counselors, psychologists, case workers, and other human service workers.

Sexual Ethics in Ministry is an excellent 30 min. videotape with an overview of the problem, a set of 11 vignettes (several of which would apply to any counseling profession), a prevention guide, and a large training manual. It has vignettes showing a pastoral counselor struggling with sexual attraction to a client, and another who has become overly involved with a client. Houts (1995) describes its use. Contact University of Wisconsin - Madison, Dept. of Health & Human Issues, 315 Lowell Hall, 610 Langdon St., Madison, WI. 53703. (800) 442-4617 or (608) 265-3517.

Sexual Ethics for Church Professionals is a fine 90 min. videotape with 9 dramatized situations portraying compromising pastoral situations. It was developed by an educational arm of the Seventh Day Adventist Church. Each vignette is followed by a panel discussion by a group of professionals who examine pastoral, ethical, and legal issues. While the vignettes are church - connected, some of them represent situations such as driving a church member home from a meeting which has broader applicability in terms of examining boundaries challenges. It deals with situations in which a pastor is the subject of a parishioner's affections as well as the reverse situation. A facilitator's guide and copy of *Ministry & Sexuality* by Lloyd Rediger is included. Contact: Ministerial Continuing Education, PO Box 66, 700 N. Old Betsy Rd., Keene, Texas 76059. (800) 641-3640 or (817) 641-3640.

Prevention of Clergy Misconduct: Sexual Abuse in the Ministerial Relationship is a set of two videotapes, 45 and 50 min. respectively. One has several situations which involve boundaries challenges which are then repeated with a more appropriate approach displayed by the pastor. The other videotape, ***Not In My Church***, examines a sexual misconduct case involving the bringing of charges against a pastor who has had sex with a seminarian, a church secretary, and a young parishioner he was counseling. It portrays a predator and examines resistance to believing complainants and also the problems created when a negotiated settlement allows secrecy at the end. A large training manual is included. They were released in 1991. Cost for the package is \$ 375 -- each of the videos costs \$ 149 if ordered alone, and they can be rented for \$ 60. These were developed under the leadership of Rev. Marie Fortune. Contact: FaithTrust Institute (formerly Center for the Prevention of Sexual & Domestic Violence), 2400 N. 45th Street, Suite 10, Seattle, Washington 98103 (206) 634-1903 <http://www.faithtrustinstitute.org>.

A SACRED TRUST: Boundary Issues for Clergy and Spiritual Teachers was released by the FaithTrust Institute in 2003. It consists of a Facilitator's Guide and four, 25 minute videotapes: **Part 1: Boundaries, Power, and Vulnerability; Part 2: Dating, Friendships, Dual Relationships, Gifts; Part 3: The Pulpit, Transference, Hugging and touch, Intimacy; Part 4: Personal Needs and Self-Care, Red Flags, Final Reflections.** The videos all show well-edited series of statements by a wide range of clergy from different denominations and different cultural backgrounds on a series of boundary issues. The manual has discussion guides, handouts, devotional readings, etc. It is very well done. However, the videos themselves do not show any examples of situations nor do they provide teaching vignettes. Cost is \$ 300 for the set plus \$ 16 postage and handling. The Institute has also produced a number of tapes related to prevention of child abuse and domestic violence. Send for the catalogue. (address and contact information given in the preceding section above).

Understanding the Sexual Boundaries of the Pastoral Relationship, a 35 min. videotape developed by Rev. Kevin McDonough, Vicar General of the Archdiocese of St. Paul and Minneapolis, has narrative and vignettes relating to sexual abuse and sexual harassment in the church. It is the only one of these tapes which clearly separates out harassment clearly. This is focused on church issues, but the segments on sexual harassment would apply to any office situation, and might be useful. While done for the Catholic Church, experts include two psychologists and a female Episcopal priest, so it can be

used with other denominations. Contact: Archdiocese of St. Paul & Minneapolis, The Chancery, 226 Summit Ave., St. Paul, Minn. 55102 (612) 291-4411.

Keeping Trust is a 29 min. videotape made by Educational Programmes, and commissioned by the Interchurch Network for the Prevention of Abuse. It contains an introduction and narrative, with vignettes illustrating various types of harassment and abuse situations in church settings. It has some similarities to *Understanding the Sexual Boundaries of the Pastoral Relationship*, described above, but is quite distinctive. Its vignettes would further enrich training options. While focused on church issues, some vignettes have broad applicability to the counseling professions. Contact: Educational Programmes, 30 Dryden St., Grey Lynn, Auckland, New Zealand. Phone: (64)(9) 376-5217.

Behind Closed Doors: Child Sexual Abuse and the Church, a 57 min. videotape accompanied by a training manual, was developed as a joint project of ANGLICARE, the mission arm of the Anglican Church in the Sydney Diocese and T.A.M.A.R. (Towards a More Appropriate Response), an advisory, educational, and advocacy group working within the Anglican Church. Contact: PublicAffairs Unit, ANGLICARE NSW, P.O. box 427, Parramatta, NSW, 2124, Australia. Phone (61)(02) 9895-8000, fax (61)(02) 9633-4620.

Facing the Unthinkable: Protecting Children from Abuse is a package of materials including two manuals, Facing the unthinkable: Protecting children from abuse and Guidance to churches: Protecting children and appointing children's workers, and a 58" videotape entitled Facing the Unthinkable. There is also a 30" summary video, designed as a "taster" for the longer video, entitled A Duty to Care. These are excellent aids and do a fine job of overviewing the problem and its solutions. This was produced by the Churches Child Protection Advisory Service (CCPAS) and was supported by the Congregational & General Insurance PLC. Checks can be made out to PCCA and sent to PO Box 133, Swanley, Kent BR8 7UQ, England. Credit card (VISA, Mastercard, & a number of others) orders can be done by phone at 01322 667207 or faxed to 01322 614788. Email is CCPAS@aol.com.

An outstanding set of resources—books, audiotapes, and videotapes of presentations—has been available from the Interfaith Sexual Trauma Institute (ISTI), St. John's Abbey and University, Collegeville, Minnesota 56321 (800) 478-4457 or fax (320) 363-3954 Email: isti@csbsju.edu. ISTI's 1999 national conference produced a number of video and audiotapes which are of use. They are tapes of presentations, all of which have segments which may be useful, or which may help orient someone developing training. The videotapes are preferred because of the fact that they picked up the questions from the audience. Obtain a full listing of these offerings. A number deal with congregational healing and handling the aftermath, the dynamics of power abuse, assisting victims, etc. ISTI itself is no longer operational but St. John's Abbey and University still provides many of these items.

INSURANCE PROGRAM EFFORTS

The Mental Health Risk Retention Group provides liability insurance for the National Council of Community Mental Health Centers via Underwriter J.J. Negley in Cedar Grove, N.J.. As part of its risk management program, it hired defense attorney Ron Zimmet from Florida to produce a training videotape ***Sexual Misconduct*** (Zimmet, 1989) and a companion manual Criminal and Civil Liability for Sexual Misconduct of Therapists and other Staff of Mental Health Care Organizations (Zimmet, 1990). It is aimed at administrators and supervisors. The videotape is simply an illustrated tape of a lecture. [For further discussion of administrative safeguards, see Employer/Supervisor Liability and Risk Management (Schoener, 1995)].

The Church Pension Group, which provides insurance for the Episcopal Church in America, under the Direction of Rev. David Rider, Director of Clergy Wellness, produced a videotape focused on prevention of sexual abuse of children by clergy or other adults in positions of authority and responsibility. It is entitled ***Protecting God's Children: Preventing Child Abuse in Christian***

Community. Contact: Church Publishing Co., 445 5th Ave., NY, NY 10016, (800) 242-1918 or (212) 592-1800. (It is similar to videotapes produced by the Boy Scouts of America for the same purpose.) Full day workshops which are provided around the country for Episcopalians have also been developed in conjunction with these materials

In England, the Congregational & General Insurance Company helped produce *Facing the Unthinkable* which is discussed in the previous section.

Also worth noting is a manual, 51 pages in length, produced by NCMIC Insurance Company in 1997, entitled *Sexual Misconduct: Ethical, Clinical and Legal Ramifications in the Chiropractic Profession* by Michael Stahl and Stephen Foreman. Contact: NCMIC Insurance Co., P.O. 1452 - 29th Street, Suite 102, West Des Moines, Iowa 50266 - 1307, (800) 247-8043.

RESOURCES DEVELOPED FOR SUBSTANCE ABUSE COUNSELORS

William White, author of *Incest in the Organizational Family* (1986), an excellent work on boundaries within organizations, has authored a very fine ethics text, *Critical Incidents: Ethical Issues in Substance Abuse Prevention* (White, 1993), which contains a great deal of useful teaching material about boundaries. Both books are very inexpensive and are highly recommended. *The Incestuous Workplace: Stress and Distress in the Organizational Family*, (White, 1997), his most recent book, provides an excellent examination of professional boundaries within the organizational context.

Hazelden Foundation in Center City, Minnesota, has produced a 30 min. videotape entitled *Subtle Boundary Dilemmas* which is quite culturally diverse in its approach. The vignettes are generally excellent and useful with a wide range of counselors and therapists. Some issues included are: gifts from clients; running into clients in peer support groups; and splitting (where a counselor develops a “special relationship” with somebody whose primary counselor is someone else). This is an excellent resource and easily ordered. There is also a companion manual entitled *Subtle Boundary Dilemmas Workbook* (McGuire, 1996). Contact: Hazelden, P.O. Box 176, Center City, Minnesota 55012-0176, (800) 328-9000 or (651) 257-4010.

RESOURCES DEVELOPED BY PROFESSIONAL ORGANIZATIONS

Almost two decades ago, the Association of State and Provincial Psychology Boards (ASPPB) produced a black -and -white videotape entitled *Psychology of the Heart* (1989) depicting the handling of a sexual misconduct case. A number of sections are useful for illustrating the ambivalence that both client and therapist may feel during the complaint process. The interview of the victim by Dr. Kurtz, a subsequent helper, illustrates a situation in which a victim is pushed to complain without helping her arrive at that decision independently. The psychologist - offender is portrayed as a caring man who “fell in love” and then who is willing to confess to the offense.

More recently the ASPPB has developed an excellent videotape entitled *Ethical Dilemmas Facing Psychologists* (1996) which has some very useful vignettes, including the first one we have seen depicting a faculty - graduate student romantic relationship. Other vignettes deal with challenges to privacy when a psychologist learns something relative to a friend of his, a question of conflict of interest in the treatment of a couple, and bias which contaminates a request for a child custody evaluation. Contact: ASPPB, P.O. Box 4389, 400 S. Union St., Suite 295, Montgomery, Alabama 36103.

The American Psychiatric Association in Washington, DC makes available two videotapes developed by the Subcommittee on Education of Psychiatrists which was creating training aids to help prevent

sexual misconduct. The first, *Ethical Concerns About Sexual Involvement Between Psychiatrists and Patients* (1986) presents a series of vignettes with some discussion focusing on response to sexual misconduct by psychiatrists. A range of situations are depicted. The second, *Reporting Ethical Concerns About Sexual Involvement With Patients* (1990), provides a series of vignettes with commentary by Dr. Maria Lymberis, which examine resistances to reporting abuse. It examines client resistances to reporting of abuse as well as the various resistances which colleagues may demonstrate. It also shows a number of client responses to such situations. In my opinion this tape is more useful than the first one, in that it has in my opinion better vignettes, and also is of higher technical quality. Contact: American Psychiatric Association, 1400 K Street N.W., Washington, DC 20005, (202) 682-6000, or the American Psychiatric Press at (202) 682-6262.

The Maryland Department of Health and Mental Hygiene has released a video entitled *Broken Boundaries: Sexual Exploitation in the Provider-Client Relationship*. The tape shows survivors of abuse by mental health professionals and clergy talking about their experiences. The segments of interviews used cover the topics of shame, losses, invalidation, and recovery. Two of those interviewed in this tape are husbands of victims. Contact: Office of Community Relations, Dept. of Health and Mental Hygiene, 201 W. Preston St., Baltimore, Maryland 21201. (410) 767-6612.

The American Psychological Association, as part of its APA Psychotherapy Videotape Series has produced a videotape entitled *Responding Therapeutically to Patient Expression of Sexual Attraction: A Stimulus Training Tape*. It shows a series of vignettes of real therapists talking with clients who are actors or actresses about attraction. All of the cases appear to be occurring in a private practice office in traditional psychotherapy. The first vignette shows Dr. Lorna S. Benjamin talking with a male client who feels some attraction to her. The second case is Dr. Donald Freeman with a female client who wants to extend their relationship and who likens the feeling to what she felt for her husband. In the third, Dr. Lillian Comas-Dias talks to a gay male patient about an erotic dream. The 5th depicts Dr. Alan Marlatt and a single male client who discusses his strong feelings for the therapist. Dr. Susan McDaniel talks with a male patient in the 4th and Dr. Henry Tomes with a female in the 6th. Unfortunately, there is no depiction of the female-female dyad, although that is the second most common in the field.

A more recently developed tape *Therapist-Client Boundary Challenges* is part of the American Psychological Association's Psychotherapy Stimulus Videotape Series. It has seven vignettes which, strangely, depict only older Caucasian male psychologists as the therapists. Clients vary as to age, gender, and cultural background. Audiences do not always view the psychologists' handling of these situations in a positive light, but they provide useful stimuli for discussion. The second vignette is an excellent depiction of a situation in which an African client tries to give a gift to the therapist. The 7th vignette illustrates a request by a client for the therapist to attend a play in which she is performing. Three vignettes deal with gifts, one with a hug, one with touch, one with a request to attend a funeral with the client, and one with a request to attend a play.

For either of the APA tapes above, contact: American Psychological Association, P.O. Box 92984, Washington, DC 20090-2984 www.apa.org (800) 374-2721

CORRECTIONS TRAINING TAPES

The American Correctional Association (ACA) has developed a large number of training aids including many videotapes which are relevant to the correctional setting. Some of these might also be useful to persons functioning in forensic (locked) units in hospitals, or even some community - based

correctional programs. All of these tapes can be previewed, and all are discounted to ACA members. If you plan to purchase several items, it is worthwhile to join the ACA given these discounts.

One tape, *Men, Women, and Respect: Stopping Sexual Harassment in Correctional Facilities*, is focused on examining sexual harassment in correctional facilities. It is 20 minutes long and comes with a *Study Guide* including a quiz that can be given after the program.

There is a program entitled *Ethics in Corrections* including three videotapes -- (1) *Understanding Ethics*; (2) *Doing the Right Thing*, (3) *Making Ethical Choices*. Each is about 20 minutes in length. There is a *Leader's Guide* that comes along with the tapes in a package. Much of these tapes are focused on lectures Dr. Sam Souryal, Professor of Criminal Justice Ethics, Sam Houston State University, but there are some useful vignettes and examples given.

Another videotape training resource available from ACA is entitled *Security & Treatment*. This is a tape which is quite useful to examine the difference in goals and style between security personnel and treatment personnel. A number of good examples are illustrated and the tape focuses on overcoming these differences and finding constructive ways to work cooperatively as a team. The tape comes with a *Leader's Guide*. Contact: American Correctional Association, 4380 Forbes Boulevard, Lanham, MD 20706-4322 (800) ACA-JOIN, www.corrections.com/ACA

RESOURCES DEVELOPED BY CONSUMER ADVOCACY GROUPS

The North Shore Women's Centre in Auckland, New Zealand, has produced a 30" videotape entitled *Broken Boundaries* (Tsoulis, 1994) which illustrates a number of issues in victimization by professionals. This is done through a series of targeted interviews with a number of victims of professional misconduct done by psychotherapist Ann Epston of the Dulwiche Center in Auckland, New Zealand. These highlight many aspects of the impact of sexual abuse by professionals. Contact: Shore Women's Centre, P.O. Box 40-106, Glenfield, Auckland, New Zealand, (65) (09) 444-4618, fax (64) (9) 444-4626.

An extraordinary resource developed by Kevin Gourley, an advocate in Texas, is the website: <http://advocateweb.org>. This is unparalleled as a resource for materials on professional misconduct which might be useful to either victims and their families, advocates, and other helpers.

RESOURCES DEVELOPED FOR MENTAL HEALTH PROFESSIONALS

There are two videotapes developed by people in the psychotherapy fields which can be quite useful in training. Dr. Lisa Steres developed a videotape as part of developing a training program for her Psy.D. at the Calif. School of Professional Psychology—San Diego. She sells copies of both her dissertation (Steres, 1992) and the videotaped vignettes she produced for use in the course she designed, entitled *Sexual Attraction in Psychotherapy: A Professional Training Intervention*. These are five vignettes of male and female clients challenging therapist boundaries by asking about their feelings for the client or attempting to discuss the possibility of intimacy. The audience is asked to assume that they are the therapist to whom the client is speaking. Once the vignette has been played, they are asked how they would respond to such a client. Contact: Lisa M. Steres, Psy.D., 16935 Bernardo Dr., Suite 105, San Diego, Calif. 92128 (858) 485-1212 lsteres@steresphd.com.

Dr. Michael Myers, a psychiatrist in Vancouver, a specialist in working with impaired professionals who served as President of the Canadian Psychiatric Association in 2001, developed a 40" videotaped interview of a physician who had a sexual involvement with a patient. It is entitled *Crossing the Boundary: Sexual Issues in the Doctor-Patient Relationship* (1994) and has some very interesting segments in that an offending doctor is describing the process of the boundary breakdowns which lead

to sex. The physician in question is a family practitioner who is practicing in the area of addiction medicine, and who becomes involved with a client after discussing with her the social acceptability of doing so. Contact: Michael Myers, MD, Suite 405, 2150 W. Broadway, Vancouver V6K - 4 L9, British Columbia, Canada (604) 732-8013 or 631-5498.

A commercially developed videotape set, *Uncertain Borders*, provides verbal commentary on professional boundaries by a number of professionals in psychiatry and psychology. *Uncertain Borders Part 1: Boundary Issues in Psychotherapy*, is a 47 minute video featuring psychiatrists Glen Gabbard, Thomas Gutheil, Nanette Gartrell, and Richard Kluff and psychologists Laurie Pearlman and Anne Pratt discussing boundary issues in psychotherapy. They cover topics of self-disclosure by the therapist, gifts, attire, time and place of sessions, physical contact, etc. *Uncertain Borders Part 2: Sexual Boundary Violations*, is a 39 minute video with the same commentators. It provides discussion of the "slippery slope," countertransference, isolation, and lack of self-care by the clinician. Although the quality and sound are good and a variety of well-known experts are utilized, the absence of vignettes or diagrams makes this somewhat limited in that it is "talking heads." It would be an introduction to the topic more than anything else. The rental period is two weeks and one video can be rented for \$ 50, both for \$ 85. One video costs \$ 150, both \$ 250. The same firm offers videos on Vicarious Traumatization, Severe Early Trauma, and other videos dealing with treating trauma victims. The tapes are available from: Cavalcade Productions Inc., P.O. Box 2480, Nevada City, Calif. 95959 (800) 345-5530 or Email cavpro@nccn.net (530) 477-0701.

Another commercially available training resource is a tape and companion workbook entitled *Building the Relationship: Common Errors in Helping* by Leah Brew and Michael K. Altekruze. These are available currently although their publication date is 2006 (Belmont, California: Thompson – Brooks/Cole). This contains a great many vignettes with discussion questions, some of which illustrate boundary issues in counseling. The overall focus is process and technique.

Peter De Jong and Insoo Kim Berg have produced a manual and Video entitled *Interviewing for Solutions (2nd Edition)* which are also published by Brooks/Cole. Again, there are 22 vignettes in this technique and practice-oriented videotape. These tapes can be purchased through www.amazon.com or found on the website for Brooks/Cole at www.brookscole.com

VIDEOTAPES ON CLINICAL SUPERVISION

Although training in clinical supervision is a different topic, there are several resources which focus on boundary issues and ethical dilemmas in supervision. Any vignette dealing with boundaries or ethics can of course be used to teach supervision since one can pose the question: "As this person's supervisor, what action would you take?" or "As this person's consultant, what would you recommend?" The ASPPB's *Ethical Dilemmas Facing Psychologists*, discussed previously, has a vignette concerning a sexual relationship between a faculty advisor and a graduate student.

The few training tapes on supervision, such as *Learning to Think Like A Supervisor*, do not generally address ethics or boundary issues. Two exceptions come from the field of Social Work and both are produced by the College of St. Catherine in St. Paul Minnesota: *Boundaries in Supervision* which is narrated by Marilyn Peterson (author of *At Personal Risk*, a book on professional boundaries) and *Challenges in Cross Cultural Supervision* narrated by Tamara Kaiser. The social work program at the College of St. Catherine has coursework on supervision.

POPULAR MOVIES

Glen and Krin Gabbard's classic *Psychiatry in the Cinema* was originally published by the University of Chicago Press. The *Revised Edition* is published by the American Psychiatric Press. This provides

a very thoughtful examination as to how psychiatry and psychiatrists are depicted in films through an analysis of more than 400 films.

Many popular movies illustrate situations in which appropriate boundaries are *not maintained*. Others depict situations in which one can debate what options the practitioner had. I would recommend renting any of these films and viewing them, and then noting the sections you feel would be helpful. Each time I view one of these movies I see additional points which can be made. I also find myself vacillating as to how much background to show so that the audience can follow the main points I intend to make.

Some examples of films we frequently utilize are:

- **BETRAYAL** is the dramatization of the book of the same title by Julie Roy and Lucy Freeman. It presents the case of Roy vs. Hartogs, the first highly publicized lawsuit for sexual misconduct by a therapist, which was tried in 1974. Rip Torn plays the therapist and Leslie Ann Warren plays the client & plaintiff, Julie Roy. It shows a gradual crossing of boundaries.
- **GOOD WILL HUNTING** which depicts a variety of boundary issues and is especially good to illustrate the failure to establish an initial therapeutic contract. There is also a very interesting termination session in which not only is the post-termination relationship unclear, but the therapist stifles any discussion of emotions. Robin Williams plays the therapist;
- **PRINCE OF TIDES** which illustrates a blurring of roles in which a therapist seeks information from the brother of a patient and then ends up in a therapeutic role with him, followed by socializing and then a sexual relationship. There are numerous boundary issues depicted. Barbara Steisand plays the therapist and Nick Nolte the client;
- **LOVESICK** in which a therapist becomes infatuated with a patient and then has a relationship with her. The film illustrates failed efforts by a supervisor to manage the situation. Dudley Moore plays the therapist and John Houston the supervisor.
- **MUMFORD** in which a psychologist in a small town faces a number of boundaries challenges and socializes with one client and has a romantic relationship with another. This film has a number of good segments relative to boundaries issues.
- **ANTWOINE FISHER** in which a therapist in the military treats an angry young man and becomes overly involved in the case. Illustrates a number of boundary management issues including the use of silence. Denzel Washington plays the therapist.
- **AGNES OF GOD** in which Jane Fonda plays a forensic psychiatrist charged with evaluating a young nun who has somehow become pregnant and where a child is killed at birth. She faces off with a Mother Superior played ably by Anne Bancroft and addresses the issue of personal religious feelings impacting on objectivity.
- **DON JUAN DE MARCO** in which an over-involvement in a case by a forensic psychiatrist, played by Marlon Brando, is the focus. This is very useful in exploring supervision issues. The patient is played by Johnny Depp.
- **K PAX** in which a psychiatrist becomes overly involved in an unusual case of a client who believes he is from another planet. Jeff Bridges plays the psychiatrist, and Kevin Spacey the patient. Inviting a patient to interact with ones family is depicted, along with some of the boundaries challenges which can result.

- ***THE UNSAID*** in which Andy Garcia plays a psychologist who has withdrawn from clinical work after the suicide of his son, but who becomes involved as a consultant in a case and then ends up in a complex and dangerous situation. Issues such as having ones children become friends with clients they meet in school and also the importance of being aware of ones vulnerability are raised.
- ***ORDINARY PEOPLE*** in which Judd Hirsch is presented sympathetically as a therapist working with a troubled young man. There is a scene when the patient goes into crisis and there is a crisis phone call provides a vehicle for discussing the options one has in crisis situations where the client makes contact outside of office hours.
- ***A THOUSAND CLOWNS*** in which two social workers attempt to work with a zany individualist played by Jason Robards and his adopted son. Issues of over-involvement and conflicts which grow out of issues between the two social workers are portrayed
- ***PRIME*** in which a clinical social worker, played by Meryl Streep, is treating a woman who is trying to recover from a broken relationship. The woman, played by Uma Thurman, discusses a relationship with a younger man whom she meets. After many weeks the therapist realizes this is her son, and goes to a colleague to consult. The colleague suggests that the relationship may not last and the therapy is going well so she should keep going. Eventually it comes out, and the client says: “you betrayed me”. The therapist then has the responsibility of explaining her actions and dealing with it.
- ***EQUUS*** in which Richard Burton plays Dr. Richard Dysart, a psychiatrist attempting to understand and treat a young man who has blinded a number of horses. There are good illustrations of how such a case can produce vicarious traumatization and also the struggle between parents and therapist. Some believe this is one of Burton’s greatest performances.
- ***28 DAYS***, which is the story of a client, played by Sandra Bullock, who ends up in residential treatment for alcoholism. The main scene we use from this is one after there is an overdose death. The impact on other clients and the use of a large group meeting and individual counseling following a suicide are helpful in focusing on duties which may arise when one client kills herself.
- ***WHAT ABOUT BOB?***, which is the story of a anxiety-ridden and phobic patient played by Bill Murray who consults Dr. Leo Marvin played by Richard Dreyfus. When Dr. Marvin leaves on vacation, Bob tracks he and his family down and what follows are a series of incidents where Dr. Marvin has to guard his own boundaries.
- ***GIRL INTERRUPTED***, shows the treatment of an adolescent who is sent to a residential program for treatment of borderline issues. It shows her challenges to the authority of various treatment personnel, including some verbal attacks on the head nurse played by Whoppi Goldberg. She is influenced by a very troubled young woman who emerges as a type of leader among the patients (played by Angelina Jolie) but who drives one of them to suicide. In the end the girl connects with the treatment personnel and begins her recovery.
- ***PIRATES OF THE CARIBBEAN*** has several sections which can be used to insert humor into a discussion of ethics and boundaries. When Elizabeth is captured by pirates and taken to the Black Pearl to meet with the dreaded pirate captain Barbosa under the right of parley, there is an interchange over the “Pirate’s Code” which is characterized as “general guidelines” rather than strict rules. This comes up again at the very end of the movie. I use both clips.

- ***MASK OF ZORRO*** starring Antonio Banderas and Anthony Hopkins, has a good scene to depict an approach to training which is very lock-step and rigid, where Hopkins shows Banderas the training circle.
- ***STAR WARS, Episode 1, The Phantom Menace***, opens with scenes which are excellent to depict different approaches to the supervisory relationship. The evil Lord Sidious is depicted ordering officials of the Trade Federation around, referring to one as “stunted slime,” whereas Liam Neeson as Qui Gong interacts with his apprentice, Obi-won Kenobi (Ewan McGregor) in more of a mentoring fashion.
- ***MD: The Making of a Doctor***, a 2 hour film from the NOVA series (1995) from WGBH in Boston depicts a group of young doctors as they begin their internships. Its opening 10 minutes present an excellent way to examine the socialization of young professionals and provide for a discussion as to how doctors are trained vs. how any other group is trained. This is very useful in examining roles in supervision and training.

TELEVISION PRODUCTIONS

As regards sexual misconduct by therapists, perhaps the most widely used TV show is ***My Doctor, My Lover*** (Zaritsky, 1991), a 90 min. Frontline Special, which showed the case of Melissa Roberts-Henry vs. Dr. Jason Richter, a Colorado psychiatrist. It has been available from PBS Video, but it is our understanding that they have ceased selling copies. A great many people in the field appear to have copies so that the tape should not be too difficult to locate if PBS Video is no longer able to provide it.

There have been a number of TV shows which deal with boundary issues in medicine and nursing, especially those related to interpersonal relationships with ones colleagues. In the area of religion and clergy, ***The Thornbirds***, ***The Boys of St. Vincents***, and other programs have dealt with issues related to clergy boundaries with parishioners.

There are many TV shows which have depicted psychotherapists or psychotherapy. The most recent one which is useful in training is the HBO series ***The Sopranos*** which depicts events inside an organized crime family. I am indebted to Dr. Glen Gabbard, formerly of the Menninger Clinic for introducing me to this series as a teaching tool. It is sufficiently useful to warrant the section below.

THE SOPRANOS AS A TEACHING TOOL

The Sopranos, a cable TV series which can be seen on Home Box Office (HBO) is a highly acclaimed TV drama which made the front cover of *Newsweek* of April 2, 2001. The first five seasons of the show have come out on video cassette and can be rented or purchased. Some excellent texts are available to provide orientation to the series, although none of them specifically discuss the use of these tapes for training. I would recommend Dr. Glen Gabbard’s ***The Psychology of the Sopranos*** (NY: Basic Books, 2002) and Maurice Yacowar’s ***The Sopranos on the Couch*** (NY: Continuum, 2004 – be sure to get the 2004 edition which includes season 4)

A key feature of the story line is that Tony Soprano, the head of a mafia family, has been troubled by panic attacks, and has sought help from a psychiatrist, Dr. Anita Melfi. Most episodes depict therapy sessions, and some show Dr. Melfi consulting with a colleague, consulting with her own therapist, and struggling with some boundary issues which affect her family. In addition to a variety of boundary

issues related to psychotherapy, during the first season there were also some episodes which depicted boundary issues between Carmela Soprano, Tony's wife, and her parish priest.

To assist in the use of this series for training purposes, we are providing some detail about each episode in the first season. Since the first season is available on videotape we will organize it by the currently available volumes of tape and the numbers and titles of individual episodes. Viewers should be warned that the series depicts brutality and also has a sprinkling of profanity throughout. It is useful to warn audiences of the profanity.

The First Season: The "Volumes" referred to below are in fact the numbers of the videocassettes available for rent or purchase.

Volume 1:

- (1) **The Sopranos:** This depicts the initial therapy session. Tony has had a panic attack and collapsed. Although a minor point, a nude statue in Dr. Melfi's waiting room attracts Tony's attention. The limits of confidentiality are discussed. There is a social encounter between Tony and Dr. Melfi. There is also a session in which Tony questions whether he needs more therapy and a dream which is interpreted.
- (2) **46 Long:** Several sessions are depicted dealing with feelings about Tony's mother. No special boundary issues.
- (3) **Denial, Anger, Acceptance:** Another issue of the impact of things in the waiting room in that Tony reacts to a painting, indicating that he believes that it was a "specially made" psychological picture like a Rorschach. He also pays attention to Dr. Melfi's degree on the wall. There is an episode when Tony becomes angry at Dr. Melfi and storms out.

Volume 2:

- (4) **Meadowlands:** This episode opens with Tony having a dream about a therapy session. He eyes Dr. Melfi's legs, and at one point imagines his mother's face on hers. In one session he raises concerns about privacy, and he then attempts to find out more about Dr. Melfi. She refuses to self-disclose. Later, however, in a session after witnessing an attack, Dr. Melfi says "I guess I live a sheltered existence" and self-discloses.
- (5) **College:** Father Phil, Carmela's parish priest, visits when Tony is away. Quite a bit of wine is drunk, and Fr. Phil asks if she thinks he always shows up for "free grub." There is a call from Dr. Melfi who Carmela does not know is Tony's therapist. Carmela and Fr. Phil watch TV on the couch, she cries, he comforts her, and they nearly kiss. The intimacy is inappropriate. He gives her communion.
- (6) **Pax Soprano:** Carmela is jealous of Dr. Melfi. Tony brings coffee for Dr. Melfi and she refuses it, discussing the boundary issue of gifts. Then a call interrupts the session and Dr. Melfi, with Tony present, gets into an issue with the mechanic. Then Tony, after revealing some sexual problems, comments on Dr. Melfi's appearance and sexuality and abruptly rises and goes across the room and kisses her. In another session Tony reveals that he had Dr. Melfi's car stolen and had it fixed as a gift. He begins to dream about her and think about her.

Volume 3

- (7) **Down Week:** Dr. Melfi brings up his feelings of love. He says that he can't turn off the feelings, and asks Dr. Melfi's age.
- (8) **The Legend of Tennessee Moltisanti:** There is a heated discussion in Dr. Melfi's family about the fact that she is treating a Mafia person. Later in this episode the Melfi family ends up going for consultation about this issue. There is also an incident where Tony becomes angry about a charged for a missed session.
- (9) **Boca:** One of the sessions depicted involves Tony discussing an incident at the school in which the popular soccer coach -- his daughter's coach -- had sex with one of the other girls. This can be used to examine the issue of coach - student sex, still another professional boundary issue, although it is a part of only this episode and is not a developed theme.

Volume 4:

- (10) **A Hit is a Hit:** A session deals with wife's belief that he needs to meet new people. No real boundary issues.
- (11) **Nobody Knows Anything:** No boundary issues.

Volume 5:

- (12) **Isabelle:** Following an attempt to kill Tony, he goes into hiding. Dr. Melfi ends up having a session with Tony in a car, raising some interesting boundary issues. There is also a phone discussion about dynamics.
- (13) **I Dream of Jeanie Cusamano:** In a session discussing the fact that his mother may have been behind the attempt to kill him, Dr. Melfi interprets the dynamics and diagnoses Tony's mother as a Borderline Personality Disorder, at which point Tony becomes angry. At another point Tony drops in for an appointment and Dr. Melfi is quite fearful of him. This episode also contains two boundaries - relevant segments on Fr. Phil and women. Gifts and socializing are both depicted and Carmela sees Fr. Phil with other women, leading to a confrontation with him.

2006 Season – will eventually be available on videotape or DVD. Among the useful segments:

- (3) Third program of the season. Tony is on life support in the hospital and Carmela encounters Dr. Melfi in the grocery store. She inquires about Tony's status and offers to help, but Carmela says "no." However, later in this episode Carmela comes to Dr. Melfi's office for a visit. This provides a very complex series of boundary issues related to what they discuss and how far the discussion goes given that Mr. Melfi is Tony's therapist. This session becomes an intense therapy session. It is an excellent example of how easily such a situation can lead to a very inappropriate set of boundary crossings.

2007 Season – This is the end of the series. After the series ended other networks such as the Arts and Entertainment Network have picked up the series in the United States and have been replaying the episodes. Home Box Office's HBO On Demand has at any time quite a number of the episodes which can be watched for free and also could therefore be taped for use in teaching.

The program just before the season finale has a series of vignettes which are quite useful. A colleague of Dr. Melfi has been giving her feedback for some time related to psychopaths not being subject to any sort of reform and being good at playing therapists for suckers. Previously

in the series he had questioned, more than once, Dr. Melfi's decision to continue with Tony's therapy.

In this episode, at a dinner party, this issue is raised and discussed by several colleagues. Dr. Melfi is shaken and when she next sees Tony she abruptly terminates the relationship, emotionally devastating him. She appears to be somewhat panicked. It is a troubling example of the role of peer pressure in causing a therapist to lose confidence in her own judgement.

STATE OF MIND

AS A TEACHING TOOL

In the 2007 TV season the LIFETIME Channel on Cable TV began the series *State of Mind*. While not at the level of *The Sopranos* and quite new, its first few episodes had enough boundaries-related information to suggest that it may provide helpful teaching material. Dr. Glen Gabbard has done an article on the series for SLATE magazine. Besides being an expert on professional boundaries and having co-authored the definitive book on *Psychiatry in the Cinema*, Dr. Gabbard is the author of *The Psychology of the Sopranos*. There is a website on which it is possible to access and download materials from the series: www.mylifetime.com/on-tv/shows/state-of-mind

Dr. Marc Siegel, an associate professor of medicine at NYU's School of Medicine, wrote in his Los Angeles Times column "The Unreal World" (30 July 2007):

"State of Mind," Lifetime, Sunday, July 22, 9 p.m., episode "Between Here and There."

The Premise: Dr. Ann Bellows (Lili Taylor) is a psychiatrist who shares her offices with several other therapists at New Haven Psychiatric Associates. A former colleague she once supervised asks Bellows to conduct an informal strategy session with her panicked family just before her wedding. During this session, the woman's sister, a transgender, complains that her parents are trying to get her to wear a gown at the wedding. Bellows offers to meet with her separately and later takes her shopping for a tuxedo.

Dr. Taj Kalid, another psychiatrist in the group, is treating a patient who comes in for Viagra, Rogaine and Ativan prescriptions but doesn't seem interested in therapy. He and his wife go on vacation and leave their 15-year-old son David alone. After they leave town, David's growing depression and feeling of abandonment lead him to consider suicide. Kalid discovers this and takes him to a therapy group of troubled adolescents that meets in the basement of his office building. When David runs away, Kalid follows him home and breaks in. David, who had been contemplating shooting himself, points a gun at him. Kalid persuades him to give up the gun, calls his parents and, when the father seems reluctant to cut short his vacation, yells at the man. Finally, Kalid arranges for David to be hospitalized.

<http://www.latimes.com/features/health/la-he-unreal30jul30,1,189896.story?coll=la-headlines-health>

The episode for 5 August 2007 included an even greater variety of professional boundary issues:

It opens with Dr. Bellows having a tussle with her ex-husband and starting the day in pretty bad shape. Then a disabled client coming in to see one of the psychiatrists with a presenting complaint that he'd been "left at the altar." She goes to Dr. Bellows and asks if she has any attractive single women clients and would be able to schedule an appointment in proximity to the disabled man's appointment. Then the former husband of this psychiatrist has his car

stolen, and Dr. Bellows cancels an appointment to go pick him up (based on the fact that she is attracted to him).

The disabled man comes back ahead of his scheduled appointment and the psychiatrist is making out with another member of the staff and they have to straighten up. The client brings in flowers and the psychiatrist then has to talk with him about “no gifts” and boundaries. She does this pretty well, noting that he doesn’t have to “win her over.” Later, when he leaves a phone message dropping out of therapy, she becomes very troubled, feeling that she must have mishandled the confrontation about boundaries. She has a cancellation and calls Dr. Bellows on her cell phone, hoping to go out for a drink in between clients. Dr. Bellows can’t do this because she is, at the time, engaged with her colleagues former husband.

Meanwhile, a client, who apparently has Dr. Bellows cell phone number, phones her and says she thinks her husband is trying to kill her. This is an elderly couple who have been coming in for marital counseling. Dr. Bellows has just begun to suspect that there may be dementia in that each is coming in with injuries week after week. Dr. Bellows tries to calm her down after asking what is going on and finding that the client is upset because her husband is cooking a meal for the first time since 1949.

Later Dr. Bellows gets a call that a client is dead and races to the hospital. Instead of the wife, who had phoned her, it is her husband. (Dr. Bellows new found lover has overheard the first call and told her he thought she handled it well, but she now blames herself for the death.) Dr. Bellows goes to the funeral.

Meanwhile, the disabled man shows up again after his psychiatrist has phoned and asked him to come back, and she feels very pleased that he has returned. As the show ends the psychiatrist is going home at night and a man passes her on the street. We get a glimpse of him – it is the “disabled” man, only he isn’t disabled.

In short, you could probably teach an entire course just using the material from this episode. Presumably these will eventually find their way into circulation on DVDs or tapes.

IN TREATMENT

AS A TEACHING TOOL

In the Spring of 2008 Home Box Office (HBO) began showing a series titled *In Treatment*. Four nights a week for eight weeks the treatment of four cases is undertaken by a therapist. The fifth night involves a session between the therapist, Paul, and his former colleague and supervisor, Gina, from whom he seeks consultation. Eventually, Paul, who is having serious marital problems, brings his wife in and Gina shifts to couples therapy. Even this arrangement raises a large number of issues, and in fact it turns out that there is a past history between Paul and Gina which complicates matters.

This series, which was originally a hit in Israel, has attracted considerable attention from both an entertainment standpoint and from the psychotherapy community. A New York Times article by Ruth La Ferla was entitled “He Listens. He Cares. He Isn’t Real” (Feb. 28, 2008). Glen Gabbard published an article in SLATE (posted Jan. 28, 2008) entitled “THE SHRINK RAP At last, a realistic TV portrayal of psychotherapy: *In Treatment*” in which he characterized the series as “both riveting and the most convincing psychotherapy seen on television yet.”

One of the issues which emerges is that Paul had previously treated a patient who had fallen in love with Gina, who was this client’s previous therapist. She had turned down any possible personal involvement and the client had apparently felt crushed. The Four cases are:

- **Laura**, an attractive young woman who is attracted to Paul, and to whom he is attracted. The feelings are intense. Gina, the consultant, asks at one point whether there are any cases of erotic transference/countertransference in which the therapist is not having marital problems. This gets even more complicated when Laura ends up having sex with Alex, the Tuesday client, who she meets by accident. So the issue of a relationship between two current clients is thereby raised.
- **Alex**, an African American pilot who has killed some children when he bombed a town in Iraq. There are a great many boundary issues raised here as Alex, in a number of ways, challenges Paul. There are issues as to who sets the agenda for the therapy and also a question as to whether Paul should give Alex a favorable psychological assessment so he can return to active duty. Suddenly Paul is killed in a training accident. Paul attends his funeral and meets his family, providing a good forum for examining attendance at a funeral and what the challenges are. Again, countertransference enters the picture and Paul makes a point of talking to Alex's son. Paul also runs into Laura at the funeral. In the end, Alex's father comes in to see Paul and there is a very challenging session as to what Paul can say and not say, and what the boundaries are in such a circumstance.
- **Sophie**, a young gymnast and Olympic hopeful has been injured in a bike accident and there is some question as to whether it was self-inflicted. As the story unfolds, she has a troubled relationship with her parents. She also has had a sexual relationship with her coach. The interplay of the various relationships and the resulting transference towards Paul is dramatic. As for countertransference, Paul's strained relationship with his own children comes into play.
- **Jake & Amy**, are a couple who are coming in to talk about whether Amy should have an abortion. They fight with each other in a verbally vicious manner, and eventually their family histories come into play to help understand this. Paul, of course, is in the midst of a melt-down in his own marriage so the potential for countertransference is rife. There are also sessions where only one shows up so that the issue of handling that can be discussed.

Fortunately, HBO On Demand has been carrying all of the episodes which can be watched or copied. This is a very intense series, running five nights a week for 8 ½ weeks. It is labeled as the "First Season" and was well-reviewed, so hopefully there is more to come.

FINAL NOTE

If one does not have a videotape vignette, or a movie scene, the construction of role play vignettes can easily substitute. It should be noted that the viewing of many of these videotapes may be quite useful in helping visualize and/or script a scene **which can be easily role-played. So, when you watch a movie or a videotape and determine that the examples it provides do not fit your setting or the people who are hoping to train, consider adapting the story or theme via developing your own role play vignette.**