

Maintaining Appropriate Boundaries



Learning Objectives

Upon completion of this module, learner should be able to:

- Articulate the importance of maintaining professional boundaries.
- Describe the connection between boundary issues and child or young adolescent victimization.
- Recognize behaviors that are a cause for concern and may indicate the presence of professional boundary issues.
- Practice behavioral expectations that reduce the risk of victimization of our patients.
- Access organizational resources for reporting a potential boundary violation.



The Importance of Maintaining Professional Boundaries at RCHSD

- We know that child sexual predators target youth-serving organizations.
- We have promised the families of San Diego that we will always strive and take all measures to ensure that no child or vulnerable adolescent is victimized.
- We keep this promise through education about predatory behaviors, constant vigilance, and maintaining professional boundaries.

From the Headlines

- Dr. Lawrence Nassar was the team doctor for USA Gymnastics and was employed by Michigan State
- For decades, this former physician, molested athletes under the guise of medical treatment.
- He was known as a “must-see” doctor for the USA's best gymnasts.
- By the time Nassar was arrested, he had victimized more than 150 teenage girls and young women.
- Statements by young women and teenagers described how, as aspiring athletes, they were sent to Dr. Nassar at gymnastics camps, gyms, his home and the Michigan State University clinic.
- Many of the young women who spoke at his trial described how they were accompanied by their parents during the sessions. Parents had often been in the room as Nassar surreptitiously abused their children.
- Nassar pleaded guilty to 10 counts of first-degree criminal sexual conduct. He was sentenced to 40 to 175 years and will spend the rest of his life in prison.



What do Boundaries have to do with Victimization?

Most boundary violations have no connection to child abuse or victimization, but:

- Every sexual predator has boundary issues;
- Child sex offenders are often perceived as “responsible” in most areas of life;
- Offenders are rarely caught victimizing a child, but they are frequently caught breaking rules and violating boundaries.



Behaviors that are cause for concern:

Staff members at RCHSD need to be interested in children to an appropriate extent, BUT when carried to the extreme, an employee can appear over-involved which is a concerning behavior.

Concerning behaviors may include:

- Apparent excessive interest in children
- Peer identification with children
- Manipulation for access to children and/or families
- Grooming for like/similar behavior

Excessive Interest In Children

Examples of how this might be demonstrated:

- Goes beyond working with children and/or formally volunteering with children.
- Spends most of their spare time “hanging out” in places that children frequent, allowing unstructured, unsupervised interactions with children.
- Seeks activities that provide direct physical contact with kids such as rough housing, tickling, massaging.
- Might try to find opportunities to do things like:
 - Watch TV or interact with a specific child during the time they are assigned another patient or task;
 - Play video games frequently with a specific child;
 - “Cuddle up” with children.

Peer Identification

Examples of how this might be demonstrated:

- Talks or interacts with children more than with adults.
- Is less comfortable with peers/adults.
- More interested in children's activities than adult activities.
- When interacting with children, acts child-like, 'one of them', rather than an adult supervising children.
- Example:
 - On breaks or days off, frequently spends time with "favorite" patient;
 - Considers themselves "a big kid" and admits to feeling "like a 12-year-old."

Manipulation for Access

Examples of how this might be demonstrated:

- Seeks opportunities to spend individual time with a specific child; for example:
 - When assigned to other children, still frequently finds reasons to interact with or visit a specific patient;
 - Repeatedly goes out of their way to help another nurse/caregiver by taking a specific child for a walk, to a procedure, helps with the child's ADLs (Activities of Daily Living), etc.
- Offers gifts and/or special treatment to a child and/or the child's parents and family.

“Manipulation for Access” in the Larry Nassar Case

- As a clinician, Nassar was an authority figure, and he was well respected for his “dedication”.
- When questioned by the police in 2004 following reports of inappropriate touching, Nassar used a PowerPoint slide show to convince police of the legitimacy of his “untraditional” techniques.

Always trust your gut!

If you feel something is inappropriate, speak up!



What Does “Infiltration” Look Like?

While most employees would have harmless intentions for establishing a social connection with a family, consider how a child sexual predator would use that connection:

- They identify a patient who is not expected to return for follow-up treatment and establish a social connection with the family (exchanges phone numbers, “friends” on Facebook, etc.)
- Soon after discharge, they contact the family to inquire about how the child is doing.
 - They have a friendly exchange with the parents, who are happy for their child to receive such special treatment.



“Infiltration” Scenario

- The employee mentions that they will be in the patient’s neighborhood in a few days and would love to check in on everyone. They are welcomed into the patient’s home in a very positive exchange.
- They “pop in” a week later to drop off a book (or any other excuse) and are invited to stay for dinner. They take every opportunity to interact with the family and are soon considered a close family friend.
- They have now achieved intimate access to our former patient by deliberately infiltrating a Rady Children’s patient family.

Grooming

Examples of how this might be demonstrated:

- Gifts: Repeatedly brings child special food, gifts, etc.
- Secrecy: May test a child's willingness to keep a secret (e.g., "We can't tell anyone I gave you this toy / let you watch that show / shared my treats with you. Don't worry - ***I'll keep your secret for you.***")
- Language: Uses graphic language to desensitize child to engaging in intimate acts (e.g., "We're not supposed to talk to kids like this but you're really mature...")
- Physical: Deliberate desensitization to the person's touch. Carrying kids who don't need to be carried, tickling beyond what anyone is comfortable with.

Concerning Behaviors

Excessive
interest in
children

Peer
identification
with children

Manipulation
for access

Grooming for
like/similar
behavior

- These behaviors are not a checklist to determine if someone is a sexual predator or child molester. It is information based on what was learned by researchers after years of studying admitted child molesters in a variety of settings.
- If you see a concerning behavior, it is never up to you to decide if someone is a child predator or not.
- If you see these behaviors and are concerned, it is up to you to bring your concerns to the appropriate party.

Maintaining Behavioral Boundaries

- The previous content covered our covenant with our community to ensure the safety of the children in our care.
- We also have an obligation to maintain a respectful, professional relationship with the children and families we serve.
- We maintain this relationship through consistent behavioral expectations.

Behavioral Expectations

It is the responsibility of the care providers to maintain appropriate boundaries at all times to maximize our ability to provide optimal care to the patients and families we serve.

RCHSD Policy HPM 12-22 Maintaining Appropriate Boundaries.



Behavioral Expectations Continued

- Verbal communication
 - Staff should adhere to professional communication standards including nonverbal communication.
- Patient physical contact awareness
 - Physical contact with patients and families should conform to definitions of clinical and therapeutic touch.
- Visibility procedures “second set of eyes”
 - Patient visibility procedures **require** a second adult to be present whenever a privacy curtain is pulled, a solid door closed, or a picture is taken.
 - Taking photographs for clinical reasons when clothing is being removed.
- Physical contact with other employees
 - Staff contact with each other should be professional and respectful, avoiding the appearance of impropriety.
- Cultural awareness
 - Cultural awareness should be considered in all interactions.
- Gift giving and receiving
 - The giving and receiving of gifts should be within the limits of RCHSD policies.
- Personal relationships with patients/families
 - Avoid dual relationships with patients. Dual relationships may create challenges to maintaining professional boundaries.

RCHSD on Alert

Maintaining professional boundaries is difficult because it is not always black and white. Professional boundaries are often in a "gray area". Most staff who have had professional boundary issues do not intend to do harm. Many acts of caring can go just a little too far and cross professional boundary lines. Avoiding even the appearance of impropriety is important to make our patients and families feel safe.

Warning Signs You Have Crossed a Boundary

- Sharing details of your personal life
- Doing anything you are “not supposed to do”
- Providing gifts or special treatment
- Controlling assignments
- Spending time with patient to whom you are not assigned
- Planning care of others around one patient
- Significant emotional attachment
- Socializing outside of work hours
- Giving home phone number
- Considering yourself a “part of the family”
- Feeling overly responsible for patient progress
- Making exceptions for one patient or family

While many of these actions may stem from genuine compassion and concern for a patient, they are behaviors that can be cause for concern. Acts initiated out of kindness and generosity are exactly the same actions an offender would take in order to manipulate a child or their family to get close enough to hurt that child.

This is why maintaining professional boundaries is so important! If everyone follows the same guidelines, it will minimize the opportunity for unprofessional behavior and eliminate the possibility that actions will be misinterpreted. Checking our behavior allows us the ability to reflect on our own ability to maintain our objectivity and boundaries.

What should you do if you witness a potential boundary violation?

- Call the Compliance Hotline: 1-877-862-4228
 - This is an external service not managed by Rady Children's.
 - You may report a concern in any language, 24 hours a day.
 - Your report is anonymous: no Rady Children's employee will hear your voice. Your report will be typed up and sent back to the hospital for review. It is very important to leave enough information for hospital officials to follow up on.
 - You have the option to leave your name/number for follow up, but you do not have to. All reports to this line are taken seriously and investigated.
- Contact Human Resources: x247240.
- Talk to your supervisor/manager.

Conclusion

- Ultimately, all employees acting together is the best way to protect children.
- It is everyone's job, regardless of what our titles are, to work together to make Rady Children's a safe place for children and vulnerable adolescents!
- We can all be part of the solution.

