

Healthy Boundaries for Patient and Provider Safety

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Carla Cheatham, MA, MDiv, PhD, TRT

Principal and Lead Trainer, Carla Cheatham Consulting Group, LLC

carla@carlacheatham.com **512-527-4455**

www.carlacheatham.com **www.hospicewhispers.com**

Objectives

Examine the dynamics that lead us to over or under function when others are suffering.

Develop a personal understanding of suffering that will allow groundedness in its presence.

Analyze boundaries that honor patient and family autonomy and dignity and prevent compassion fatigue.

"Boundaries are mutually understood, unspoken physical and emotional limits of the relationship between the patient and the (provider)."

(Farber, 1997)



*"Professional boundaries are the spaces between
the provider's power
and the client's vulnerability. ..*

The power of the (provider) comes from the professional position and the access to private knowledge about the client. Establishing boundaries allows the (provider) to control this power differential and allows a safe connection to meet the client's needs."

(NCSBN)

Gift of Autonomy & Boundaries

Trust another to find their way

They are the expert

Help or Empower?

Who's the hero?



*Do nothing for our benefit
at their expense...*

...including

financially

sexually

emotionally

spiritually

Boundaries

Connect to client but not their outcome

Need vs. want

Filled vs. fulfilled

Responsible for vs. Responsible to

Help vs. empower

Whose journey is it?

Autonomy and dignity

Paternalism in palliative care — “our patients?”



SCIENCEPHOTOLIBRARY















*Whose needs
are being met?*

Continuum of Professional Behavior

Over-involvement

Zone of helpfulness

Under-involvement

(NCSBN)

Counter-Transference

Do I find myself drawn to/identifying w/ pt?

What needs of mine get met w/ interactions?

Am I meeting their needs, or mine?

What emotions do I find triggered?

Do I have a lot of energy stirred up...?

Over-involvement

Treating a client differently

Thinking about them outside of work hours

Feeling a “special connection”

Feeling protective/entitled to pt’s care

Avoiding interventions d/t fear of losing approval

Promoting excessive dependency

Seeing a patient more than the rest of the team

It is most challenging for me
when someone _____ suffers.

☐ younger than me

☐ older than me

☐ similar to me

☐ similar to loved ones

☐ who seems helpless or alone

*Some things in life cannot be fixed.
They can only be carried.*

*~Megan Devine
refugeingrief.com*

Letting Go

Getting clarity

The stories we tell ourselves (Ruiz—4 Agreements)

Helpless vs. Powerless

Choice negates victim status

Trusting the process

Farmer story

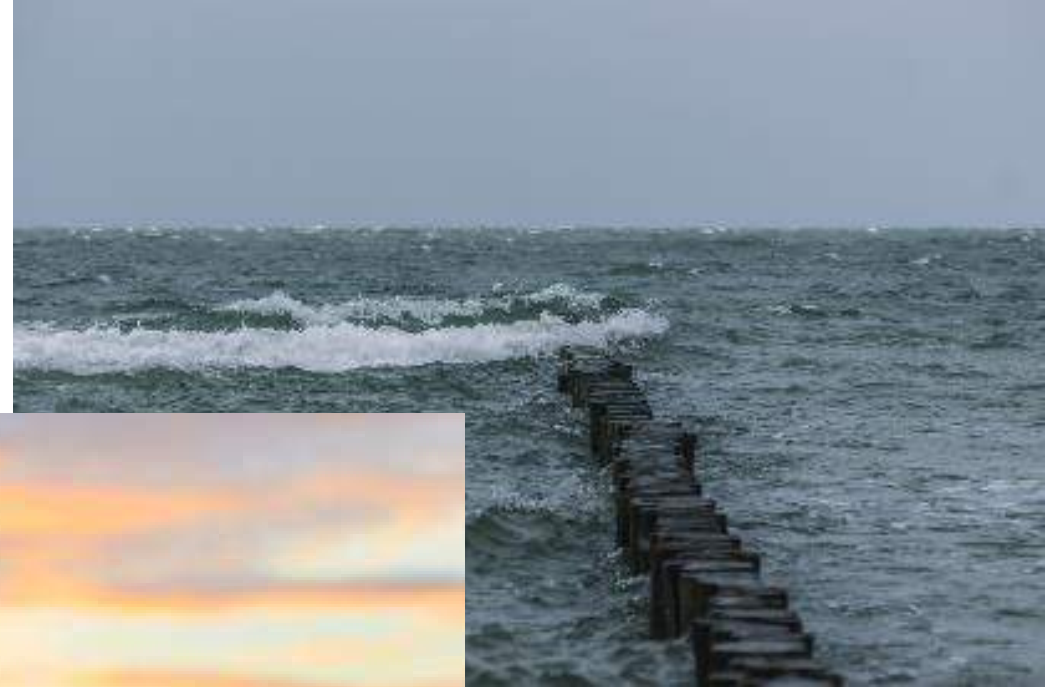
Suffering and Hope

“(The one) who has a why to live for can bear almost any how.” (*Nietzsche, Frankl*)

Theodicy—How do we make sense of suffering?

Can't “give” people hope...(*CR Snyder via Brene Brown*)

Compassion, Empathy, Sympathy...



**Theodicy—
find solid place
to stand**



**Hope—
don't impose
onto them**

“Being a Midwife” by Lao Tzu

The wise leader does not intervene unnecessarily. The leader's presence is felt, but often the group runs itself. Lesser leaders do a lot, say a lot, have followers and form cults. Even worse ones use fear to energize the group and force to overcome resistance. Only the most dreadful leaders have bad reputations.

Remember that you are facilitating another
person's process.

It is not your process.

Do not intrude. Do not control.

Do not force your own needs and
insights into the foreground.

*If you do not trust a person's process, that
person will not trust you.*

Imagine that you are a midwife.

You are assisting at someone else's birth.

Do good without show or fuss. Facilitate what *is happening* rather than what *you think* ought to be happening.

If you must take the lead, lead so that the Mother is helped yet still free and in charge. When the baby is born, the mother will rightly say: "We did it ourselves".

p.33 from Heider, J. (1985) The Tao of Leadership:
Lao Tzu's Tao Te Ching Adapted for a New Age.

Atlanta, GA: Humanics Limited.

Protective Measures

Stay in regular contact w/ peers & supervisor

How would the community/my colleagues/my supervisor respond if they knew...

Remember, isolation makes fertile ground for boundary violations

Meet your personal needs in other places

Boundaries Between Disciplines

One team, many functions

Trying to serve more than one function may invite/foster over-dependence

Over-values our importance, under-values the importance of colleagues

Prevents the system from recognizing/feeling the stress of gaps

Boundaries Between Disciplines

Creates an expectation other disciplines will over-function

Creates a vacuum for pt/family when over-functioning worker moves elsewhere

Red flag for other boundary violations & compassion fatigue

Warning Signs

1. You share personal problems or aspects of your intimate life with pts.
2. You keep secrets with pts.
3. You become defensive when someone questions your interaction with a pt.
4. You have received gifts from a patient.
5. You speak to pt about your own professional needs or inability.

Warning Signs

6. You speak poorly of co-workers or the agency to patients.
7. You talk to pts/families about things out of scope of practice.
8. You give certain pt extra time or attention.
9. You give pt personal contact info or money.
10. You fail to set limits with a pt.

Warning Signs

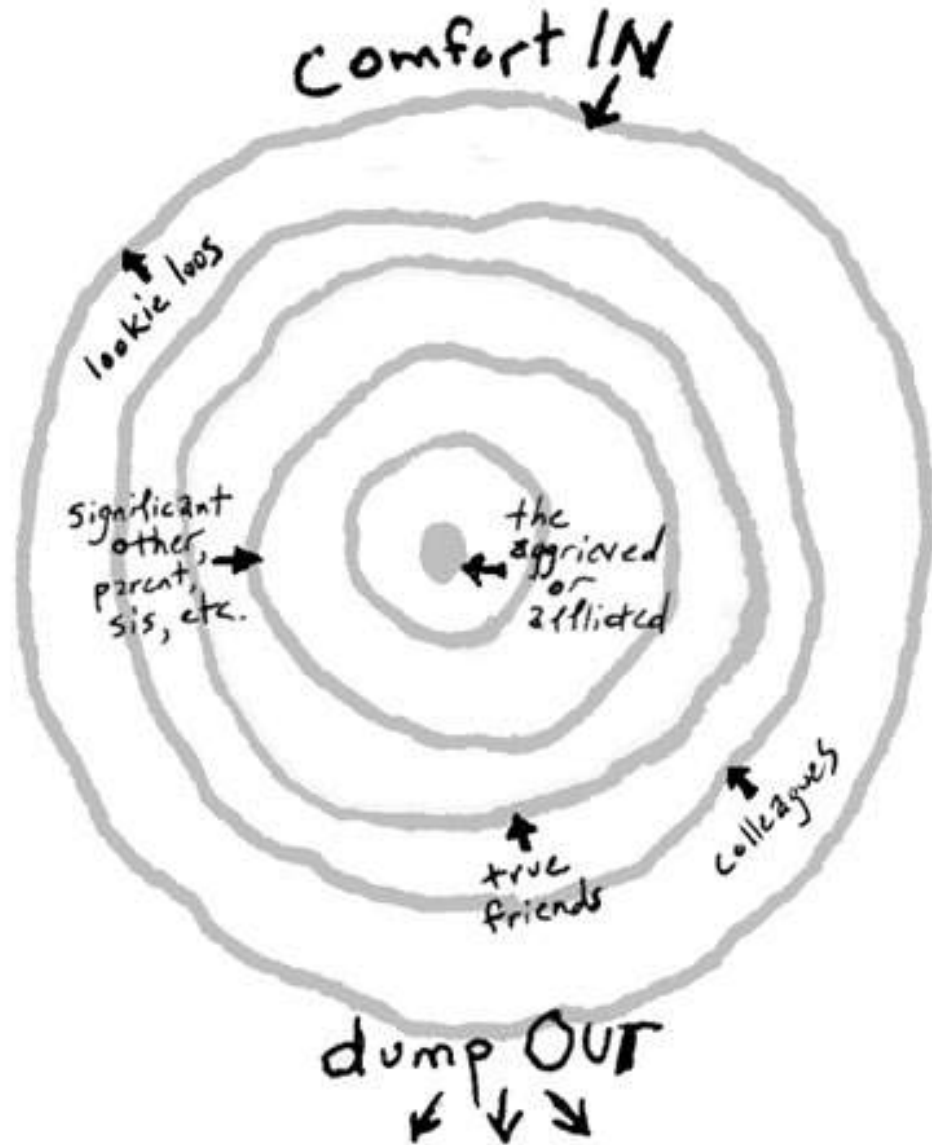
11. You spend off-duty time with pts.
12. You feel that you understand the pt's problems better than other members of the healthcare team.

Kim Holland

Professional Boundaries in Nursing

<http://www.nursetogether.com/Career/Career-Article/itemid/2080.aspx>

Self-Disclosure

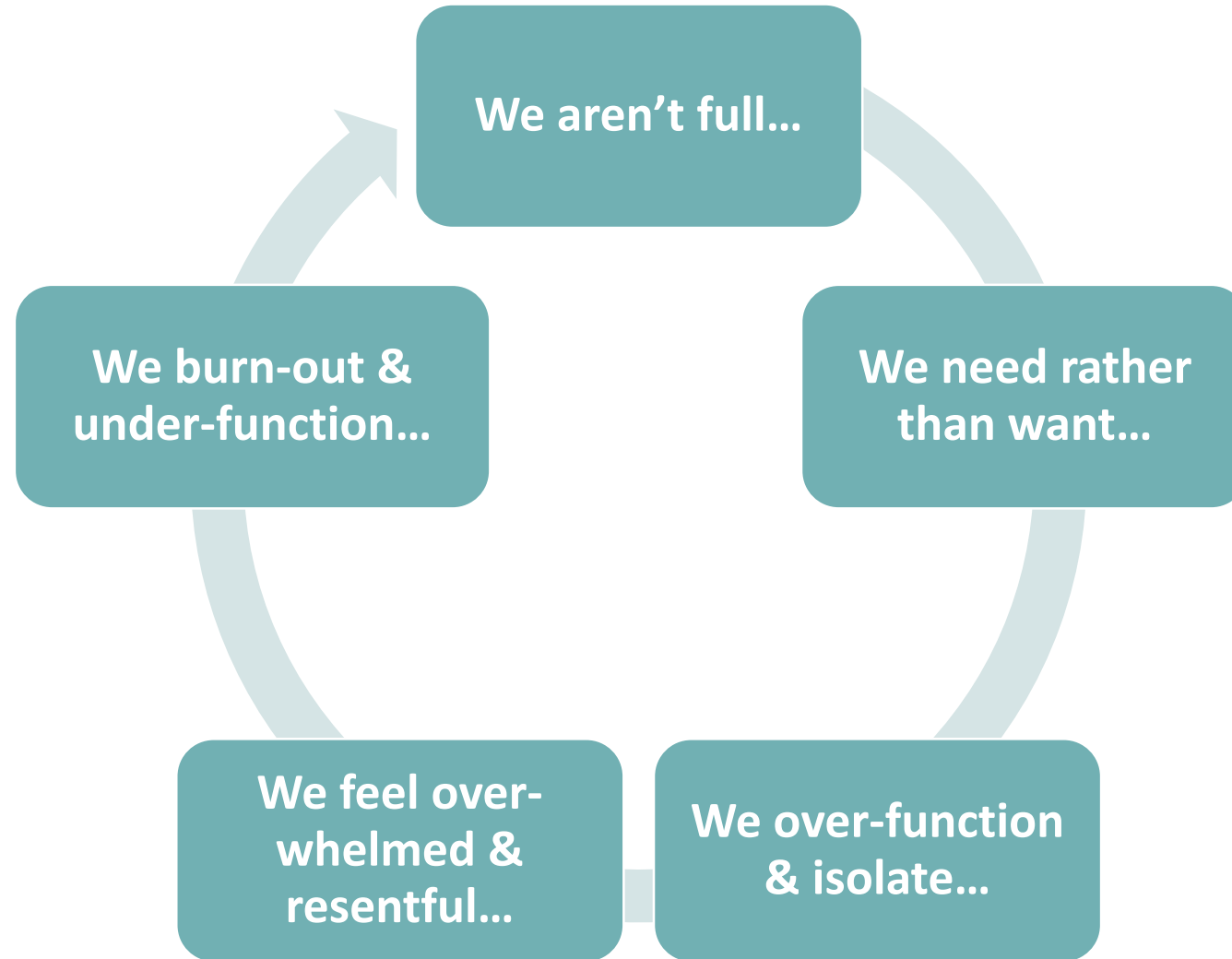


"Ring Theory"

Susan Silk & Barry Goldman
"How not to say the wrong thing"
LA Times April 7, 2013

<http://touch.latimes.com/#section/-1/article/p2p-75241622/>

Cycle of Risk



The Reality...

**The ones that get IN—
Off-loading grief**

Barriers...

Hard to unplug from devices

Impact on our bodies and interactions

FOMO

Illusion of connection and safety

Feeling guilty for not being constantly available

We're not indispensable, billions of people on the planet...

"You're killing yourself for a job that would replace you within a week if you died..."

Our Strength and Achilles Heel

Prevalence of trauma in the general population

History of trauma and dysfunction leads us to seek healing

Caring professionals, law enforcement

High-achieving, sensitive to others' feelings, responsible, heroes

In the extreme—great spidey-sense vs. toxicity

Twelve nurses...

Prevention at Work

Debrief

Develop rituals:

Cleansing waters

Magic doorway

Light a candle

Badge ritual

Drop a rock

“Principles of practice”: Guidelines of personal integrity that articulate your personal values and commit to live/work within these principles.

Others...?

Practice Presence





Sit with Silence

How comfortable are you w/ silence?

- ☐5 "very comfortable"
- ☐4 "somewhat comfortable"
- ☐3 "neutral"
- ☐2 "not very"
- ☐1 "not at all"
- ☐0 "Don't know, I've never tried it!"

“Be where your butt is.”

~Anne Lamott



Risks

Key determinants of risk (compassion fatigue)

trauma

anxiety

life demands

excessive empathy (blurred boundaries)

accounted for 91% ($P < .001$)

(Abendroth & Flannery, 2006)

Risks

Compassion Fatigue Awareness Project

Professional Quality of Life (ProQol) Self-Test

Compassion Fatigue Self-Test: An Assessment

Life Stress Self-Test

<http://www.compassionfatigue.org/pages/selftest.html>

Compassion Fatigue

Positive relationship between

self-care strategies

lower levels of burnout & compassion fatigue

& higher levels of compassion satisfaction

(Alkema, Linton, & Davies, 2008)

The expectation that we can be immersed
in suffering and loss daily and not be touched by it
is as unrealistic as expecting to be able to
walk on water without getting wet.

This sort of denial is no small matter.

(Remen, 1995 p. 52)



**Okay, so I was wrong about you getting a hobby.
We need to find you a new boyfriend.**

Selfishness:

I'll do for me at the expense of you

Self-care:

I'll take care of me so I can bring my best self to you

How am I meeting my own needs?



*They deserve
nothing less
than our
open-hearted,
grounded,
non-anxious
presence.*

“You can have many great ideas in your head, but what makes the difference is the action. Without action upon an idea, there will be no manifestation, no results, and no reward”
(Ruiz, 1997)

Changing What We Can

What can you change in your:

stories?

words?

actions?

What step will you take in 24 hours?

...7 days?

...by next month?

Perhaps the most important thing we bring to another person is the silence in us. Not the sort of silence that is filled with unspoken criticism or hard withdrawal. The sort of silence that is a place of refuge, of rest, of acceptance of someone as they are. We are all hungry for this other silence. It is hard to find. In its presence we can remember something beyond the moment, a strength on which to build a life. Silence is a place of great power and healing. Silence is God's lap.

Many things grow the silence in us, among them simply growing older. We may then become more a refuge than a rescuer, a witness to the process of life and the wisdom of acceptance.

A highly skilled AIDS doctor once told me that she keeps a picture of her grandmother in her home and sits before it for a few minutes every day before she leaves for work. Her grandmother was an Italian-born woman who held her family close. Her wisdom was of the earth.

Once when Louisa was very small, her kitten was killed in an accident. It was her first experience of death and she had been devastated. Her parents had encouraged her not to be sad, telling her that the kitten was in heaven now with God.

Despite these assurances, she had not been comforted. She had prayed to God, asking Him to give her kitten back. But God did not respond.

In her anguish she had turned to her grandmother and asked, "Why?" Her grandmother had not told her that her kitten was in heaven as so many of the other adults had.

Instead, she had simply held her and reminded her of the time when her grandfather had died. She, too, had prayed to God, but God had not brought Grandpa back. She did not know why. Louisa had turned into the soft warmth of her grandmother's shoulder then and sobbed. When finally she was able to look up, she saw that her grandmother was crying, too.

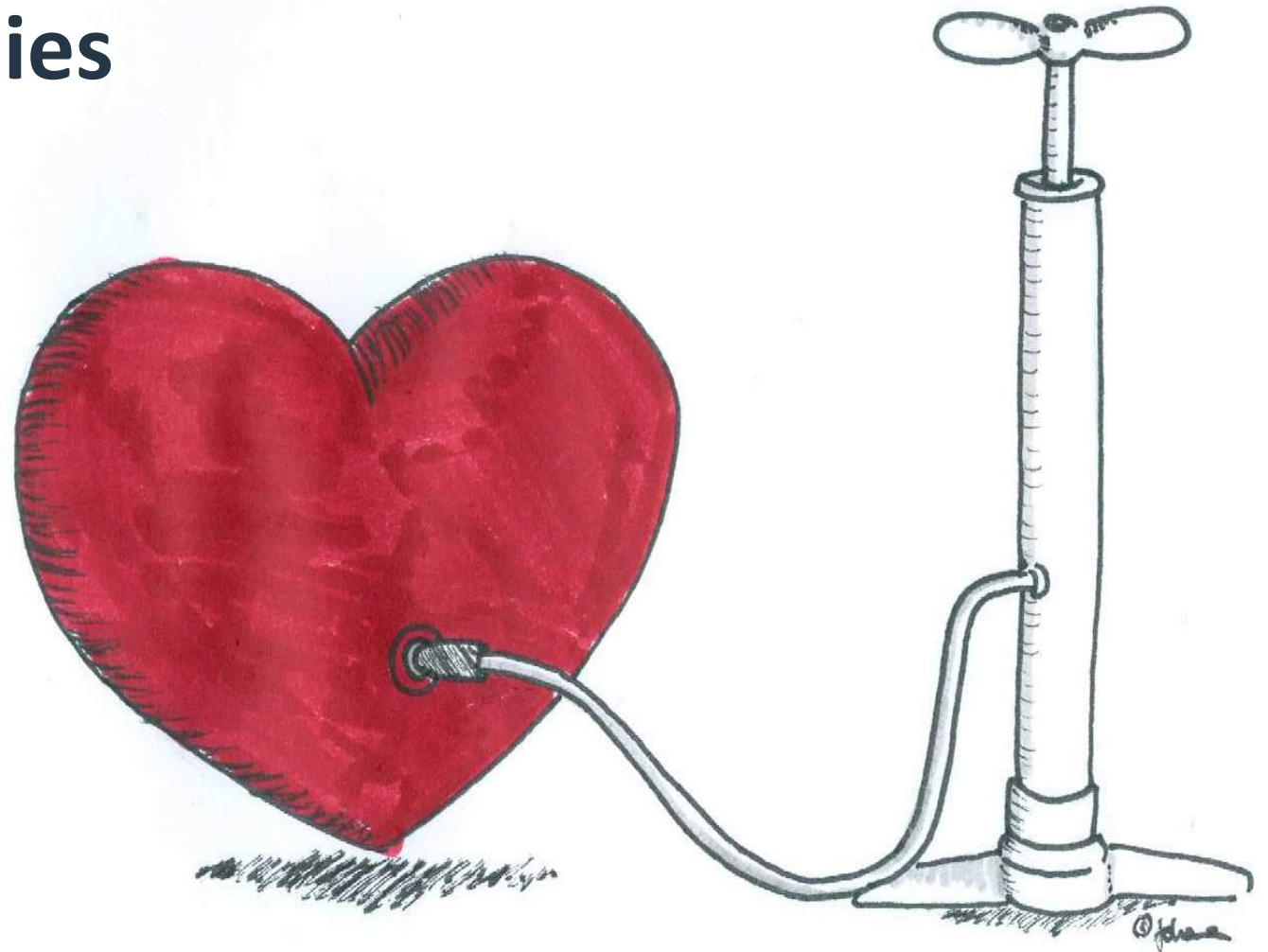
Although her grandmother could not answer her question, a great loneliness had gone and she felt able to go on.

All the assurances that Peaches was in heaven had not given her this strength or peace.

"My grandmother was a lap, Rachel," she told me, "a place of refuge. I know a great deal about AIDS, but what I really want to be for my patients is a lap. A place from which they can face what they have to face and not be alone."

Taking refuge does not mean hiding from life. It means finding a place of strength, the capacity to live the life we have been given with greater courage and sometimes even with gratitude. (*A Place of Refuge by Dr. Rachel Naomi Remen*)

**The best thing we can do
for patients and families
isn't to give our lives,
but to get one.**



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