

Commentary: Boundary Violations in the Correctional Versus Therapeutic Setting—Are the Standards the Same?

Ilene Zwirn, MD, and Howard Owens, MD

Education and training provide psychotherapists with tools for self-awareness which help to prevent boundary violations. Corrections officers are not similarly equipped and therefore should not be held to the same standard, particularly when they are being subjected to abuse and intimidation. While it is important to understand gender-specific patterns which lead to boundary violations in correctional and forensic settings, the differences in occupational roles should be considered when examining ethics-based responsibilities.

J Am Acad Psychiatry Law 39:164–5, 2011

As Christina Faulkner and Cheryl Regehr¹ underscore, much of the literature regarding sexual boundary violations in professional practice has focused on the misconduct of male professionals toward female clients or patients. In their article, “Sexual Boundary Violations Committed by Female Forensic Workers,” the authors raise important questions regarding the occurrences between female correctional staff or forensic workers and male forensic patients or inmates. They discuss characteristics that can lead to provocation by the victims (the men) or vulnerability of the violators (the women) and they make recommendations for the prevention of boundary violations. Of particular focus in the article are the severe systemic problems that contribute to the female corrections officers’ vulnerability.

For the purpose of their discussion, the authors group clinicians and corrections officers together and, similarly, speak of forensic patients and other inmates interchangeably. While many of the problems discussed are common to all disciplines, as the authors acknowledge, the roles of the staff groups differ.

Dr. Zwirn is in private practice in adult and forensic psychiatry and is Assistant Clinical Professor, Department of Psychiatry, Columbia University College of Physicians and Surgeons, New York, NY. Dr. Owens is in private practice in adult and forensic psychiatry and is Clinical Associate Professor, Department of Psychiatry, NYU School of Medicine, New York, NY. Address correspondence to: Ilene Zwirn, MD, 151 East 90th Street, Suite 1C, New York, NY 10128. E-mail: izwirnmd@aol.com.

Disclosures of financial or other potential conflicts of interest: None.

Corrections officers and forensic clinicians have ethics-based obligations to prisoners and to patients, respectively. Each environment and the populations within present strong challenges to those working there, regardless of role. There are parallels between the populations served in terms of their potentially provocative characteristics and the techniques used to manipulate corrections officers and clinicians.

Despite the similarities, the distinction between the clinician who is treating a patient and a corrections officer who is supervising an inmate is significant. Central to the work of psychotherapists in any discipline is the importance of their reactions to patients and their awareness of countertransference. Because of this awareness, the process by which a therapist would progress to the breaking of boundaries with a patient should raise red flags. For example, unusual boundary crossings might be noticed and lead the therapist to examine the transference and countertransference carefully before a boundary violation occurs. The therapist bears the responsibility of examining and interfering with the destructive process as it emerges.

This responsibility does not apply to the corrections officer. While ideally an officer might recognize the slippery slope, self-analysis of her emotional reactions or behaviors is not an essential part of the job. An officer has an obligation to observe boundaries but does not necessarily have the training and tools for self-observation that a clinician is expected to have.

Of course, countertransference is a ubiquitous phenomenon, whether it is named and analyzed or not. In relationships that involve power differences, countertransference is certainly present and at times, complicated. However, professional therapists, but not corrections officers, are trained to recognize it, understand it, and make therapeutic use of it.

Although Faulkner and Regehr discuss the importance of countertransference and self-awareness, we would underscore their discussion and further stress the distinction between the therapeutic and non-therapeutic roles. The literature they refer to in this part of their discussion (Refs. 2, 3, for example) are analyses of therapeutic relationships and do not consider boundary violations between inmates and corrections officers.

The authors cite an analysis by Worley and colleagues⁴ that focuses on relationships between inmates and officers specifically. In that discussion of the types of inmates who have sexual relationships with corrections staff, the heartbreaker is perhaps most similar to the type of patient who becomes involved with a psychotherapist. The other types of inmates described by Worley *et al.*, hell-raisers and exploiters, may actually have more power than the officer, and therefore the relationships should be considered in a different light.

While our professions have made it abundantly clear that a therapist is entirely responsible for maintaining proper boundaries with a patient (and the patient is not held responsible at all), it is not so clear that we should hold corrections officers to the same standard. The authors thoroughly elucidate the circumstance of the female corrections officer who is dealing with a predatory psychopathic inmate, without benefit of effective peer support. Add to this a lack of education about countertransference and interpersonal dynamics. Should the officer in this situation be held to the same standard as the clinician?

While all of the authors' recommendations may be applicable to professionals who have a hierarchy of supportive supervision, some do not apply to corrections officers. For example, from whom would the isolated and intimidated corrections officer obtain consultation or peer review? Officers who are being bullied and harassed by peers and supervisors can-

not turn to them for help. Although the authors highlight the plight of female corrections officers, some of their recommendations risk minimizing the problem.

Given the gravity of the systemic problems highlighted in this article, we should consider whether there are recommendations to be made to address the larger concerns. Beyond the suggestion that staff obtain consultation, how do we address the bullying of female corrections officers? Finding solutions to this problem would require much broader institutional examination, exceeding the scope of individual introspection.

Further complicating the discussion regarding roles and responsibilities in certain forensic hospital settings is the presence of another group of staff whose role falls somewhere between that of corrections officer and clinician. "Forensic workers" or "treatment assistants" are in a unique role, in that they are employed in a therapeutic environment that intersects with the correctional system. Whether they have responsibility for examination of countertransference would depend on the specific education and training that they receive. The question of what type of education and training should be required of the position in the service of prevention of boundary violations is a question that applies across disciplines.

The authors point out that the study of boundary violations ought to be broader in order to understand the problem of the female violator with the apparent male victim. Although the specific gender concerns discussed in this article are critically important, there also should be clarity about differences in roles, education, and ethics-related responsibilities.

References

1. Faulkner C, Regehr C: Sexual boundary violations committed by female forensic workers. *J Am Acad Psychiatry Law* 39:154–63, 2011
2. Gutheil T: Boundaries, blackmail, and double binds: a pattern observed in malpractice consultation. *J Am Acad Psychiatry Law* 33:476–81, 2005
3. Gutheil TG, Gabbard GO: Misuses and misunderstandings of boundary theory in clinical and regulatory settings. *Am J Psychiatry* 155:409–14, 1998
4. Worley R, Marquart J, Mullings J: Prison guard predators: an analysis of inmates who establish inappropriate relationships with prison staff, 1995–1998. *Deviant Behav* 24:175–94, 2003