Innovations in the evaluation of professionals who engage in boundary violations.
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Abstract

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Professionals who sexually violate professional boundaries are considered as sexual predators. They violate professional guidelines and codes, they often violate criminal law, they abuse the trust of vulnerable clients/patients and they violate their responsibility towards their clients. No wonder therefore that the very first answer in these cases is always: punish them and withdraw their licence forever. However a variety of reasons can be discussed which are in favour of another approach.

- Sex offenders in general are treated within the legal system.
- Without therapeutic intervention affected professionals will abuse further patients.
- The remedial boundary training in combination with a monitoring is highly effective and significantly reduces relapse rates.
- Withdrawing their licence will force them to enter new professional areas where they continue to abuse.
- The economic burden to train physicians is considerable, therefore a program to bring them back on track is reasonable at least from an economic perspective.

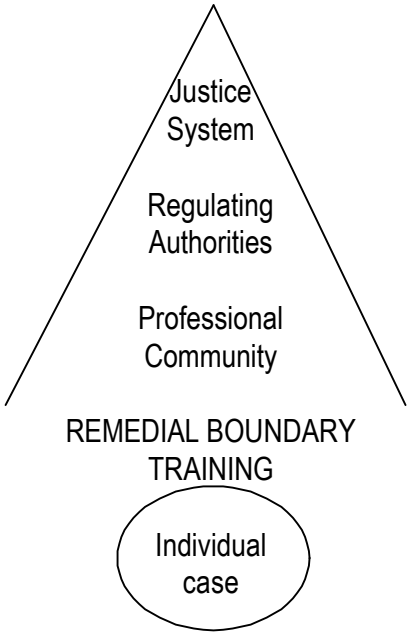
The therapeutic intervention of the remedial boundary training is based on an assessment, a treatment plan, and a treatment contract. For the individual treatment we use a semistructured cognitive-behavioral approach based on 24 modules. During the treatment a monitoring concept is cooperatively developed. Part of the treatment approach is the involvement of regulating authorities or employers.

Introduction

Data on the prevalence of PSM clearly indicates a considerable magnitude of sexual boundary violations by health care professionals. These professionals are considered as sexual predators who misuse their position of power given to them through their professional role. The aim of this paper is to share insights into causes, and discusses possible strategies to prevent institutional abuse in the health care system. The clarification by Gabbard (1996) on the continuum between non-offending professionals and predators is helpful in the conception of intervention strategies. Therapeutic intervention instead punishment only helps changing their sexual behavior – this approach is highly effective and is characterised by a low relapse rate under 1%.

Precondition for successful interventions

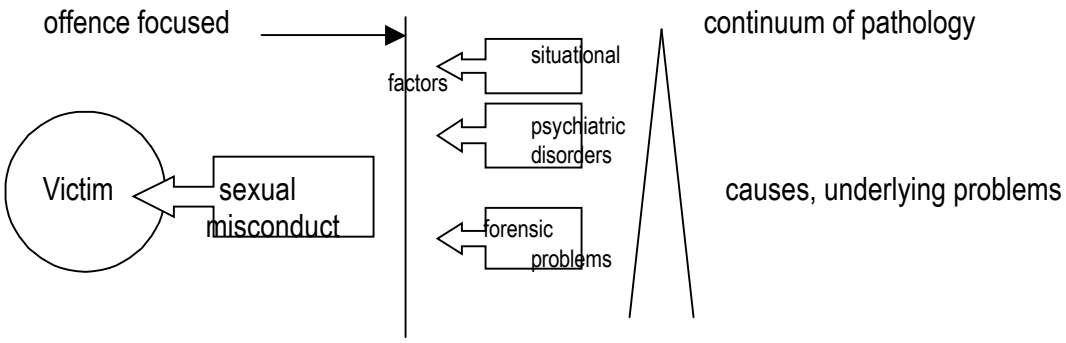
Instead of considering the individual pathology the precondition focus on a systemic perspective. Without the commitment and involvement of health care regulating authorities, employers, the professional bodies and the justice system interventions will fail. When Cullen (1999) discusses the subject he proposes a counterfactual argument which says: «If sexual contact between doctors and patients were allowed then there would be unacceptable consequences – conclusion: sexual contact between doctors and patients should not be allowed». He then emphasizes that only a zero tolerance policy in the health care system is in accordance with professionals duties. Sexual boundary violations constitute a break of professionalism and are therefore inacceptable.



The society must also clarify through the criminal code and the justice system, that violating sexual boundaries by health care professionals constitutes a criminal offence, where the sexual and personal integrity of vulnerable persons are not respected. In most cases affected victims suffer from severe psycho-traumatic effects in the aftermath; the more vulnerable the person is when first seeking medical or therapeutic consultation, the more devastating the consequences. The loss of trust in health care professionals, the loss of trust in close relationships and the loss of trust in oneself are often more salient than the consequences of the sexual behavior per se.

Assessment

The assessment primarly focuses on the offence pattern and carefully examines the offender-patient relationship. Based on individual situation treatment goals are formulated; and the question is discussed whether a treatment is applicable to solve the underlying problems. A treatment contract clarifies rights and duties, and cooperation with third parties. Confidentiality is discussed and the therapist is given permission to contact third parties when necessary.



The remedial Boundary training

The offence-focused treatment is based on a semistructured cognitive-behavioral intervention approach consistent of 24 moduls (see: http://www.bsgp.ch/userdocs/APA2006%20Stalking.pdf). The specific treatment goals can be divided into offence and personality focused aspects.

offence focused:
- offence reconstruction
- cognitive distorsions
- underlying causes
- impulse control (internal-external)
- offence related personality aspects
- victim empathy
- improving impulse control
- openness
- intimacy and emotionality
- responsibility
- work – life-balance
- crisis-management

personality focussed:
- anger management
- power and powerlessness
- own victimisation
- social skills
- fear-reduction
- substance abuse
- eating problems
- identity and self esteem
- nature and ecology
- ethical concerns
- personal perspectives
- spirituality

The semistructured program guarantees that all important aspects of offender strategies are covered and that effective relapse prevention is established based on individual offence pattern. During the program an individual monitoring concept is developed and then implemented in cooperation with the regulating authorities or the employer. The montoring is performed until retirement (Abel et. Al. 1998). Usually the monitoring includes random questionnaires from patients, regular feedback from coworkers/staff and self reporting, as well as regular meetings with the therapist to discuss personal and professional issues.

The risk management includes background checks when recruiting new personel, the signing of a code of conduct which implicitely forbits any intimate contact with a patient, and a guideline of the institution concerning the prevention of sexual violence in the institution. The management develops a risk profile of any particular workplace and the inherent dangers and problems, e.g. vulnerable patients, night and weekend service, etc.

Conclusion

Prevention of PSM in institutional settings is possible. When considering offender strategies then the first step towards a safe institution must be: raising awareness and dealing proactively with the underlying problems. Professionals committing PSM are regarded as sex-offenders and treated using offense focused intervention techniques. For an effective and positive outcome it is important that health care regulating authorities and employers are committed and involved into the rehabilitation process.

The offence focused treatment offers a pragmatic approach in helping professionals in dealing with their difficulties, often related to attachment problems, and situational life conditions. The treatment is based on a assessment, a treatment contract with the involvement of regulating authorities or employers, the therapeutic intervention per se, and a monitoring developed cooperatively as the main relapse preventive strategy.

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