

Managing Intrusive and Manipulative Behaviors: Our Collective Responsibilities
UCONN School of Nursing, Centre for Correctional Health Practice-based Research Networks

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Overview

One of the most important competencies required of all correctional staff, is the ability to create and maintain appropriate relationships with offenders. This simple edict can be particularly challenging in correctional settings, where the behaviors of offenders are often intrusive and manipulative. Regardless of their roles and responsibilities, correctional staff (including nurses and officers) are cautioned about undue familiarity, or getting “too close”, to the offenders in their care. Guidance regarding appropriate relationships is often rooted in the achievement of correctional goals in general, leaving nurses and other healthcare professionals to struggle with how to become meaningfully engaged with offenders in a manner that safely promotes the achievement of therapeutic treatment goals. Managing intrusive and manipulative behaviors in correctional settings is fraught with perplexing practical and moral dilemmas not commonly encountered in more traditional health care settings, and are best accomplished by creating, maintaining, and respecting boundaries in professional relationships.

By drawing upon contemporary literature, codes of ethics, and the presenter’s research and scholarship in this area, participants will be given the opportunity to consider their own clinical experiences, identify their fiduciary responsibilities, and reflect upon common relationship issues that occur in practice. While it is recognized that “there are no clear one-size-fits-all answers”, matter-of-fact practical approaches to the management of intrusive and manipulative behavior vis-à-vis prevention of boundary violations with offenders will be explored in an effort to bridge theory, practice, and research in the correctional milieu.

Goal

The purpose of this presentation is to enable the learner to gain a deeper and more meaningful understanding of how to manage intrusive and manipulative behaviors, particularly as they relate to undue familiarity, boundary violations and sexual transgressions that commonly occur in correctional settings. Through the exploration of practical strategies, safe and competent practice will be promoted.

Objectives

1. Examine the role of boundaries in therapeutic and custodial relationships within correctional settings.
2. Discuss relational and contextual factors that contribute to undue familiarity and boundary violations within correctional settings.

3. Review clinical and research vignettes that illustrate the complexity of relationship challenges in correctional settings.
4. Explore matter-of-fact approaches to the management of intrusive and manipulative behaviors, including the prevention of boundary violations that bridge theory, practice, and research within the correctional milieu.

Selected References

- Austin, W., Bergum, V., Nuttgens, S. & Peternelj-Taylor, C. (2006). A Re-visioning of Boundaries in Professional Helping Relationships: Exploring Other Metaphors. *Ethics & Behavior*, 16(2), 77-94.
- Bergum, V. (1994). Knowledge for ethical care. *Nursing Ethics: An International Journal for Health Care Professionals*, 1(2), 72-79.
- Brown, I. S. (1994). Boundaries in feminist therapy: A conceptual formulation. *Women and Therapy*, 15, 29-38.
- Canales, M.K. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science*, 22(4), 16-31.
- Collins, D. T. (1989). Sexual involvement between psychiatric hospital staff and their patients. In G. O. Gabbard (Ed.), *Sexual exploitation in professional relationships* (pp. 151-162). Washington, DC: American Psychiatric Press Inc.
- Epstein, R. S. (1994). *Keeping boundaries: Maintaining safety and integrity in the psychotherapeutic process*. American Psychiatric Press: Washington, DC.
- Frais, A. (2001, August). Whistleblowing heroes – boon or burden? *Bulletin of Medical Ethics*, 170, 13-17.
- Gallop, R. (1998). Abuse of power in the nurse-client relationship. *Nursing Standard*, 12(37), 28-31.
- Gutheil, T. G. & Gabbard, G. O. (1993). The concept of boundaries in clinical practice: Theoretical and risk-management dimensions. *American Journal of Psychiatry*, 150(2), 188-196.
- Gutheil, T. G. & Gabbard, G. O. (1998). Misuses and misunderstandings of boundary theory in clinical and regulatory settings. *American Journal of Psychiatry*, 155, 409-414.
- Herlihy, B. & Corey, B. (2006). *Boundary issues in counselling: Multiple roles and responsibilities* (2nd ed.). Alexandria, VA: American Counseling Association.
- Melia, P., Moran, T. & Mason, T. (1999). Triumvarate nursing for personality disordered patients: Crossing the boundaries safely. *Journal of Psychiatric and Mental Health Nursing*, 6(1), 15-20.
- National Council of State Boards of Nursing. (1996). *Quick reference for professional boundaries and sexual misconduct cases*. Chicago: Author.

- Penfold, P. S. (1992). Sexual abuse by therapists: Maintaining the conspiracy of silence. *Canadian Journal of Community Mental Health, 11*, 5-15.
- Penfold, P. S. (1998). *Sexual abuse by health professionals*. Toronto, ON: University of Toronto Press.
- Peternelj-Taylor, C. (1998). Forbidden love: Sexual exploitation in the forensic milieu. *Journal of Psychosocial Nursing and Mental Health Services, 36*(6), 17-23.
- Peternelj-Taylor, C. (2002). Professional boundaries: A matter of therapeutic integrity. *Journal of Psychosocial Nursing, 40*(4), 22-29.
- Peternelj-Taylor, C. (2004). An Exploration of "Othering" in forensic psychiatric and correctional nursing. *Canadian Journal of Nursing Research, 36*(4), 130-146.
- Peternelj-Taylor, C. (2012). Boundaries and desire in forensic mental health nursing. In A. Aiyegbusi & G. Kelly (Eds.), *Professional and Therapeutic Boundaries in Forensic Mental Health Practice* (pp. 124-136). London: Jessica Kingsley Publishers.
- Peternelj-Taylor, C. & Yonge, O. (2003). Exploring boundaries in the nurse-client relationship: Professional roles and responsibilities. *Perspectives in Psychiatric Care, 39*(2), 55-66.
- Peternelj-Taylor, C. & Schafer, P. (2008). Management of therapeutic boundaries. In Kettles, A., Woods, P., & Byrt, R. (Eds.), *Forensic mental health Nursing: Capabilities, roles and responsibilities* (pp. 309-331), London: Quay Books.
- Pilette, P. C., Berck, C. B., & Achber, L. C. (1995). Therapeutic management of helping boundaries. *Journal of Psychosocial Nursing, 33*(1), 40-47.
- Pope, K. S., Sonne, J. L., & Holyroyd, J. (1993). *Sexual feelings in psychotherapy*. Washington, DC: American Psychological Association.
- Registered Nurses Association of Ontario. (2002). *Establishing therapeutic relationships*. Retrieved from <http://rnao.ca/bpg/guidelines/establishing-therapeutic-relationships>
- Rushton, C. H., Armstrong, L., & McEnhill, M. (1996). Establishing therapeutic boundaries as patient advocates. *Pediatric Nursing, 22*, 185-189.
- Schafer, P. & Peternelj-Taylor, C. (2003). Therapeutic boundaries and boundary maintenance: The perspective of forensic patients enrolled in a treatment program for violent offenders. *Issues in Mental Health Nursing, 24*, 605-625.
- Simon, R.I. (1999). Therapist-patient sex: from boundary violations to sexual misconduct. *Psychiatric Clinics of North America, 22*, 31-47.
- Storch, J. L. (2007). Enduring values in changing times: The CNA code of ethics. *Canadian Nurse, 103*(4), 29-37.