

# Boundaries

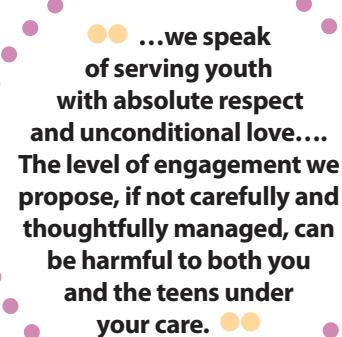
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## ■ Why This Matters

It is our connection that allows us to reach teens. In this text, we speak of serving youth with absolute respect and unconditional love. We write of engaging them in a way that listens deeply while recognizing them as experts in their own lives. We emphasize the importance of being trustworthy so that young people can comfortably share the details we need to know to serve them best.

The level of engagement we propose, if not carefully and thoughtfully managed, can be harmful to both you and the teens under your care. When you allow yourself to connect deeply, you become vulnerable. The exposure to others' pain and the toxic levels of stress they have endured can lead to your own traumatization and burnout. Further, for the sake of the teens with whom you make meaningful and critical connections, you have to strive for the balance that offers absolute security without making them reliant or even dependent on you for their forward movement.

To ensure our relationships with youth remain therapeutic for them and safe for us, we need to be thoughtful about boundaries. Remember, we have boundaries not to separate us but to allow us to draw nearer.



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## ■ Uses and Limits of This Discussion on Boundaries

Professional organizations offer guidelines that assist us to maintain appropriate boundaries (see the Code of Ethics From Key Organizations in the online version of this chapter). The discussion offered here is not intended to supersede the policies and guidelines of your professional organization or institution. In fact, those guidelines should be your minimum standards.

The intent of this chapter is to augment existing guidelines and to engage you in a reflective process so that you are better prepared to have the most effective relationships with young people. It is meant to stimulate thought, not to be prescriptive. You may find that some issues raised here can serve as starting points in discussions with colleagues about how you, as a group, can best serve. Because this chapter is not all-inclusive, your discussions may raise key points worthy of consideration not included here.

## ■ Therapeutic Connections

### Absolute Respect and Unconditional Love

We are to serve youth with absolute respect. Respecting youth may involve a change in mind-set, but it likely does not pose any boundary issues. We offer respect when we withhold judgment and understand that even behaviors we reject are likely chosen to help one navigate stressful situations. For example, the use of drugs may numb a young person from emotions they find intolerable. We grant respect through thoughtful listening that elicits strengths. We act respectfully when we recognize people as experts in their own lives and understand they must be in charge of determining if, and when, they are prepared to change.

We are also to serve youth with unconditional love. *Love* is more complex and certainly raises boundary considerations. The word holds a variety of meanings, some of which imply a kind of closeness or intimacy inappropriate for our settings. This may limit our comfort with using the word *love* in the English-speaking world.

In other languages and cultures, different words for love allow us to distinguish between sexual love and other forms of love. For example, Greek clearly distinguishes among sexual love (*eros*), brotherly love (*phileo*), and the unconditional love (*agape*) often referred to in Christian liturgy. *Loving-kindness* is a term used to convey the concept of pure compassion (eg, the Buddhist term *metta*, the Hebrew word *chesed*, and the Arabic word *mahabbah*).

It is the compassion we have for other humans, the commitment to loving-kindness, that is central to our mission to serve. It is this love that gives us the genuine concern and empathy to engage others in a healing process. However, because we function in a primarily English-speaking culture, we may choose to restrict use of the word *love* to prevent any miscommunications or uncomfortable feelings. Withholding use of the word, however, should not limit our use of the construct. Perhaps it may feel more comfortable to strive to be loving. While *love* may imply a quality of deep connection or enduring devotion not applicable for our professional relationships, *loving* is to be kind, forgiving, nonjudgmental, accepting, affirming, respectful, and open.

When trainees present me with the story of a patient, their opening line needs to be, “This is \_\_\_\_\_, and what I love about her is \_\_\_\_\_.” They need to do the hard work of seeing youth in the context of their lives and seeing their strength, their beauty, their spark. Are they compassionate despite having received very little affirmation from those who were supposed to care for them? Are they resilient in the face of repeated challenges? Do they have a sense of loyalty that arises from the need to find trust in a world that hasn’t seemed trustworthy? Once trainees view the adolescent through this lens, they have a deeper sense of genuine respect and are thus prepared to invite that youth to engage in the kind of decisions that will maximize their potential to contribute to the world. Once we have elicited stories in this context, we can reflect them back to youth in a way that takes shame away from our interaction, instills pride in young people, and allows them to build on their inherent strengths as they continue to grow as human beings (see Chapter 44, Focusing and Building on Existing Strengths). Put simply, they know we are on their team and therefore allow us to partner with them.

The love offered in a youth-serving setting must be unidirectional. It is delivered through your empathy, respect, and deep-seated desire that the adolescent develops safely and securely. It is the lens through which you choose to care for others. It is something you give youth, requiring absolutely nothing in return. You are asking only for a youth’s commitment to be their best self and permission to be part of that process. You do not require affirmation or acceptance yourself. You can rejuvenate from the energy that comes from connection and service, but it is not the adolescent’s job to offer you anything. This allows the relationship to be one in which they can genuinely heal and grow.

The love offered in a youth-serving setting must have boundaries. It exists so that young people can experience being valued and can know they have a space that is absolutely safe to think about who they want to be and how they will contribute. It creates a safe space from which they can recover from pain and shift directions if they may be headed for trouble. The safe space should allow teens to gain confidence in their existing competencies and learn to build new ones. It must not cross the line into forging a relationship in which the teen becomes reliant on us. If it does, the potential for harm is great because the adolescent might not develop the skills to think independently and might be less likely to forge healthy relationships with future helping professionals.

## Being Trauma Sensitive

To be loving to others, you sometimes have to get yourself out of the way. Young people and their parents may not always give us the affirmation we crave. In fact, they may at times be unkind or hostile. Naturally, this can generate resentment at feeling undervalued or defensiveness for being treated badly. Both resentment and defensiveness interfere with forming the therapeutic connections young people deserve.

One of the core principles of the *Reaching Teens Trauma-Sensitive Model* is “Knowing what is about you and what is not about you.” When we are trauma sensitive, we understand that the people who need us the most might be the ones who first push us away. They might—at least initially—be least likely to give us the affirmation we desire. They have earned the right to be less trusting, more vigilant, and more assertive. They may have learned that to be heard, they need to speak louder and to “carry a bigger stick.” We must realize that these behaviors are not about us; they are a reflection of what happened to them. This allows us to avoid a defensive posture and to maintain the presence necessary to serve them well. Sometimes, self-talk helps us maintain this boundary. Saying to yourself, “*This is not about me, because they’ve likely earned these feelings or behaviors; I just happen to be on the receiving end now,*” enables you to continue to see the person in their best light. It is through that lens that you are positioned to make a difference.

## Sharing Your Own Experiences

We know that youth seek friendly caregivers to whom they relate. But to what extent does relatedness imply you need to share your personal life and experiences? Draw from your institutional regulations, but reflect on the following points:

- If an adolescent asks you personal information consistent with typical friendly conversation, determine your own comfort level in responding. If that teen inquires about genuinely personal information, it is worth exploring why having that information feels important. If the young person persists, it is reasonable to respond that the visit must focus on him, because you are there to serve him.
- If you tend to have loose boundaries in your personal lives and with colleagues or you find that sharing is how you forge quick connections, be particularly vigilant when working with youth. Youth do not need to know your personal life to trust you or feel secure in your presence.
- Sometimes your sharing can actually be misinterpreted as if you are minimizing the teen’s concerns. In some cases, it could be viewed as though you are trying to compete with her experiences or belittling what she is feeling.
- Always ask yourself about the therapeutic direction if you choose to share something. If you feel relieved of a burden after sharing, the therapeutic direction is wrong. Neither youth nor their parents are supposed to be caring for you.
- Never share anything that you wouldn’t want on the evening news. You are committed to upholding privacy; that is not a mutual commitment.
- Never share anything that may make you appear impaired. No one wants an impaired caregiver. This means that present struggles should never be disclosed. You have to determine whether your experience with overcoming a challenge is therapeutic for a teen. Any sharing about struggles must occur in the context of an existing solution. Each of us needs to determine what this means. In my case, I will judiciously share with a youth who feels deeply depressed and hopeless that I was depressed as a 17-year-old. The context is in how treatable depression is, how it needs to be put into a “this, too, shall pass” category, and how lifelong lessons of sensitivity and empathy can be learned from our challenges. (For clarity, stating, “This, too, shall pass,” must not minimize the intensity of the present discomfort; instead, it is intended to offer hope that the future can be brighter, to reinforce “You will get through this.”)
- You may consider skillful (or judicious) self-disclosure when a teen subtly suggests he wants to see you as a real human being. This may involve sharing something that says that you are real, but be careful not to mistakenly believe the teen cares about the details or travails of your life, lest your relationship become more about you than about the youth. For example, you might say, “*Yes, I have stress in my life as well; that is why I exercise regularly.*”

## Avoiding the Rescue Fantasy

It is difficult to bear witness to suffering and not want to change it. Sometimes the solutions feel so obvious. We care so much that we just want to fix the unbearable circumstances in the lives of our youth. However, we can enter a rescue fantasy when our passion to save the youth we care for is so powerful that we forget that change is long-lasting only when a person owns the process. Further, when you dive

in so deeply that you try to change the youth single-handedly, they might feel as if they need to make a choice to please you. Ultimately, their fear of disappointing you might have them select an option they are not ready for or may drive them away, especially if they relapse into unhealthy behaviors. Perhaps as important, you will become woefully disappointed when you engage in rescue fantasies. You will view slow progress or relapses as a personal failure. This will contribute to your burnout and limit your ability to potentiate change over a long, fulfilling career.

Instead, understand that you are a facilitator. Adolescents are in charge of the process. They are the experts in their own lives. Their success or failure rests on their decisions. You own neither the successes nor the disappointments. You trust that your consistent presence will ultimately guide the young person in a positive direction. You give information. You believe in the potential of change. You offer affirmation. You offer options. You help them determine when change offers the best solutions. You celebrate your connection, not what they must do to please you. Then, they'll still include you in their life, even when they know they have erred.

## I or We?

An added downside of the rescue fantasy is that it may interfere with the young person forming close relationships with other caring adults. It feels great to be a favorite, but it is generally not good for young people if they see you as uniquely qualified or caring. You have to turn off sometimes and can do so only if your colleagues can cover. You want to practice as a "we"—a group of caring adults who is committed to serving and supporting adolescents. As you receive compliments, learn to reflexively share the praise. *"Thank you. I do care deeply, and it is such a pleasure to work with you. I am so lucky to work at a place with so many colleagues who care about and know how to support young people."*

## Teens Must Own Their Progress

Our role in well-developed boundaries as facilitators, rather than fixers, can make the difference in whether our investment in youth has staying power. We must reinforce for youth that they are the experts in their own lives and are in control of their progress. We do so while supporting them fully and helping them understand we are on their team. If we overstep our own importance in their progress, we may set them up for failure.

People who have had low expectations repeatedly conveyed to them have not learned to expect good things in their lives. Therefore, their successes can trigger anxiety, as an expectation of impending failure surfaces. If they believe they rely on us for their success, their fear and expectation of failure may rise just as they are ready to graduate from our programs. This can be the root of self-sabotage. In a self-defeating preemptive strike, they may choose to take control by generating their own failure, often masked in indifference. We hope this will be less likely to happen if they see the seeds of success as something they possess within them, rather than believe our involvement was the key ingredient.

**"I couldn't do this without you, Mr Jones." "No, son, it is my honor to be along for the ride, but your drive is what is making this program work for you."**

## Barriers to Forging Therapeutic Connections

### Checking In With Yourself

It can be personally challenging to work with teens. To meet their needs, we have to converse about things rarely discussed in polite society, such as sexuality. We have to guide them as they try to answer one of the fundamental questions of adolescence: "Who am I?" One of the reasons we may struggle in our work with teens is that most of us have remaining unresolved adolescent issues. First, how many of us have really fully answered the question "Who am I?" Further, self-esteem remains an issue for many adults, but we likely remember our struggles most acutely from our adolescence. Were we considered attractive? Were we confused about relationships?

We need to go through a reflective process to understand which adolescent issues remain in our adult lives. Where are we stuck? We also need to know which peers generated painful interactions or had the most powerful influences over our development. Finally, we need to think about how we were parented.

Reflecting on these questions will begin to help you understand the origin of those remaining adolescent issues—your buttons. Only when you bring these issues to awareness will you be prepared to more objectively serve youth, leaving your past out of the equation. Only then will you be able to most skillfully work with parents to learn to effectively guide their children. This process may also help you prevent unintended boundary issues. For purposes of illustration, let us consider a few examples.

- If you wished you were in the popular crowd but were never quite accepted, you might still need to prove your worthiness. A popular, athletic teen might come to you minimizing his alcoholic binges. Rather than objectively noting the warning signs he is bringing to your attention, you might desire to be accepted and inadvertently join him in his feigned denial.
- If you were bullied, you might instinctively dislike the youth in your presence whose dress or persona reminds you of past tormentors.
- If you were parented by an authoritarian “You’ll do as I say. Why? Because I said so!” parent, you might have difficulty seeing that the father in your office is drawing from the only toolbox he has to parent his son. Your judgment of him as controlling may prevent you from being able to engage him to expand his skill set.
- If you did not garner the sexual attention or romantic relationships you desired as an adolescent, you might resent a popular, attractive youth for having what you didn’t. How can you objectively guide that teen toward healthy romantic or sexual decision-making when you are working through your own feelings of inadequacy or disappointment?

Another whole layer to this isn’t about the teens. It’s about you. Emotional labor increases when your buttons are pushed. This labor drains us and hastens burnout. Working through our own issues is just as protective to us as it is to the youth we serve.

## ■ Overcoming Counter-therapeutic Boundaries Incorporated During Our Training and Daily Practices

We chose to work with people so that we could make a difference in their lives. We may have held an idealistic view about the extent of our potential impact. Over time, many of us become jaded and wonder whether we make any difference at all. There are multiple reasons why this may occur, but one of them may be the different lens through which we begin to view those we serve. When we view people in a negative light, judgment and shame enter our interactions, we lose our objectivity, and our ability to be change agents is diminished.

How did we begin to feel so frustrated with those we serve? How did they become *other*, so different from us that we begin to see them as responsible for their own struggling, as recalcitrant to progress?

In training, as in practice, we are exposed to unimaginable pain. We care for people who seem to have tragedy revisit them as a constant unwelcomed but expected visitor. We likely see the consequences of abuse. We may see illness and death. The truth is that those misfortunes and struggling could happen to us or to our family members. It is simply too painful to continually imagine your own vulnerability or see your mother’s face in that of a woman worn by fate and circumstance. It is unbearable to imagine your child as you care for a young girl who has been neglected.

We cannot remain objective and feel continually vulnerable in our professional settings, just as we cannot live in constant fear as we walk the streets. When we hear of a mugging in our neighborhood, we need to convince ourselves that we remain safe. “I don’t walk on that block.” “I rarely go out after dark.” Similarly, when we are exposed to human suffering, we need to generate a protective story that helps us not feel personally vulnerable. In an act of self-protection, we might begin to hold people responsible for their fate. We begin to paint people as *other*, someone different from us or from someone we see in our photos at home. This shield may be adaptive, but it can also prevent us from seeing people accurately and can create a toxic boundary that interferes with our therapeutic interaction.

## ■ Creating Clear Limits

### Accepting Gifts

Teens and their parents may wish to offer tokens of appreciation for your caring service. Although some institutions maintain a strict no-gift policy, many of us are left to determine our own policies. While there may not be clear-cut answers, there are points to consider.

- Consider cultural context; in some cases, it may be genuinely insulting to turn down a gift.
- A teen craft or a baked item that took time and care to create but that has little monetary value should likely be taken with appropriate appreciation for the thoughtfulness.
- Pictures of teens or craftwork with their name on it should not be displayed in public areas. First, it could be misinterpreted as favoritism, unless all your youth are represented somehow in a public space. Second, if your setting ensures confidentiality, this is inconsistent with creating a space that honors privacy. Say something like *"I so appreciate this and I will keep it in my own area. We are not allowed to display it in public, both to guarantee your privacy and so no other youth think we expect them to do this for us. Again, thank you so very much."*
- If a family wishes to thank you with an item that has significant monetary value, you should graciously decline. A polite way of doing so is to say, *"I greatly appreciate your thoughtfulness, but it is so important that Ben knows I have served him as best as I could only because of how much I care about his well-being."* If the family continues to insist, you might consider suggesting they make a charitable contribution in honor of their son's well-being. Whether that charity is associated with your institution is a matter for your personal consideration.

### Immediacy: Central to Adolescent Care or Destructive to Preparing for Adulthood?

One of the central tenets of adolescent care is immediacy. Adolescents aren't the best at keeping schedules. Their needs often manifest as crises, and even when there is no objective crisis, it may feel like one to them. Sometimes young people present with a hidden agenda and what we get is not what we expected when we walked into the room. Further, we know that when we do not offer treatment right away, we might lose a young person to an issue that feels more urgent at another time. For these reasons, many of us are committed to meeting the needs of teens in the moment.

Adult life is not about immediacy. It is about delayed gratification. It is filled with long lines and waits for appointments. This presents us with a paradox. How do we grant immediacy while preparing a teen for real life?

There are no easy answers to this question. Certainly, crises have to be met with a sense of urgency. Perhaps first and second contacts also have to be granted immediacy. But as we forge relationships, we have to also teach about how to navigate the real world. Therefore, we should approach each teen as an individual and balance their immediate need with their long-term requirement to understand responsibility. Every teen needs to receive a quick safety check to assess for the acuity of the need and for a hidden agenda. Then we offer appropriate boundaries so that we can serve the needs of other waiting youth and prepare the teen to learn how best to access care over a lifetime.

### 24-7 Availability?

It is critical for teens to know they can reach a responsible adult if needed. However, that does not mean they have to reach each of us individually.

In today's 24-7 digital world, many youth have become accustomed to instant access. In parallel, many of us use cell phones, texts, and emails to reach youth with important information. For this reason, many teens are more commonly requesting cell phone access or email availability. Although most teens will likely be respectful of that privilege, the reality of how teens use communication today is that some may begin using these available means of contact liberally and at all hours.

It is critical that we maintain some personal boundaries that allow us space and time to recharge. You will have to determine whether the specific needs of your professional services require you to give teens immediate contact. However, even if you do, consider a policy that ensures a teen can connect with a caring adult immediately who will assess the situation, refer if immediate care is required, and report to you as you become available during routine hours. This self-protective strategy will also reinforce to youth that you are a professional, not a friend.

## ■ Personal Limits and Burnout Prevention

### How Much Do I Give?

We all have only so much time and energy. This text offers a variety of intervention strategies and techniques. We certainly cannot offer every adolescent each strategy. Rather, we draw from our repertoire to meet the immediate needs of youth. If each teen received hours of your time, you would serve very few. If each received all your energy, you would have no reserves to take home with you. We must choose how much to give in each situation. As you think about the boundaries around how you offer service, here are a few thoughts for reflection.

- All youth and families deserve respectful, thoughtful, competent service.
- All youth deserve an assessment at every encounter to consider whether their concerns at presentation mask hidden agendas or underlying crises.
- Some youth have a concern that will require a long-term therapeutic alliance. You may not be the one who will offer that long-term care. In these cases, your role is to reinforce that effective treatment is available and that seeking help is an act of great strength. By helping the adolescent understand that she deserves to feel better and that you admire her for seeking guidance, you reduce the shame or stigma that serves as a barrier to forward movement (see Chapter 49, *Helping Youth Overcome Shame and Stigma [and Doing Our Best to Not Be a Part of the Problem]*). In these cases, you do not want to delve too deeply beyond an assessment for safety because you want the teen's connection to be with the person with whom they will forge a long-term relationship, rather than with you. If a young person needs more than you can offer, it would be counterproductive if she believed you were the most effective caregiver she could have.
- On the other hand, when youth are not in need of a different level of service than the one that you can offer, you should do everything to fulfill their needs. In practical terms, this means that you might offer more personal attention to the youth who does not have the greatest needs because you will refer those with the most urgent or complex issues to more specialized services.
- Every teen you encounter needs to know the breadth of services you offer and to form a trustworthy relationship so that they know how to access care in times of greater need.
- All youth need to know that you have colleagues. You will not be universally available. They need to know that other trustworthy adults can also serve their needs. In fact, they should learn that they can get second opinions and respectfully disagree with what you may recommend.

### The Safety of a Toolbox

How do you feel deeply and have genuine empathy without losing yourself? How do you expose yourself to others' pain and have strong enough boundaries that you can leave work behind and go home to tend to your own needs?

Again, no easy answers. But please allow me to share my journey. I have long understood that my caring is precisely the ingredient that allows me to enter teens' lives. In my earlier years, my caring was mediated through the emotional impact their stories held over me. (They still do.) In my younger years, I experienced the vulnerability fully and reflected back how I was moved. It worked, but it was a drain of energy and was moving me toward burnout. In a matter of time, I would have grown numb to the pain if only to protect myself.

Many of the brief intervention techniques offered in this work allow me to feel without experiencing pain. With eliciting and reflecting, I listen genuinely for strengths and share my perceptions, techniques hopefully empowering the adolescent (see Chapter 44). With techniques that make youth own their solutions, I facilitate while granting ownership to the youth (see Chapter 48, *Helping Adolescents Own Their Solutions*). With motivational interviewing techniques, I empathize to create a safe space for youth to determine the pace of change (see Chapter 46, *Motivational Interviewing*). When I guide youth to manage stress, I know that, ultimately, their decisional balance will change and they will more comfortably choose prosocial behaviors over quick, easy fixes (see Chapter 50, *Stress Management and Coping*).

I care. I feel. I reflect those feelings. I draw from my toolbox and trust that I have given all that I can. I no longer bleed. I have abandoned the rescue fantasy and know that youth empowerment is far more effective. I go home and recharge.

## Honoring Loved Ones' Emotions and Experiences

If you are to serve over a lifetime, you must separate your home life from your work life. That is a tall order for us because people who choose to work with teens tend to be intensely committed to the youth we serve. That is a good thing and we must give our all when we are at work. However, assuming that some of the young people you serve are those deserving of focused attention, you bear witness to some heart-wrenching stories.

When you return home, the worst thing you could do is belittle or minimize any feelings your partner or child might be having because either is worrying about something that pales by comparison to the problems you heard during the day. Once you begin doing that, your connections with your family become damaged; in turn, you'll learn to resent your work. If it is important to a family member or loved one, it is important. Period. There is no reason to compare or contrast their experience with anything else you've witnessed. This is one of the hardest boundaries to commit to, but it is essential for your personal and professional well-being.

## Handling Others' Pain While Preventing Burnout

Boundaries are needed to protect us from repeated exposure to pain. But those boundaries need to be managed in a way that still allows us to process our experiences and reactions.

The strongest among us cannot endure unlimited contact to pain. One of my mentors, Stephen Ludwig, MD, metaphorically describes witnessing others' trauma and suffering as being like radiation exposure. In sharp contrast to the belief that repeated exposure immunizes us, he states that there is only so much pain a person can absorb. Just as people who work with radioactive materials wear a counter on their protective vests that measures acute exposure and long-term exposure, we need to check in with ourselves to see how cumulative contact with toxic stress is affecting our own well-being.

Our challenge is to try to handle and transform the pain, instead of simply allow it to build to a toxic level. It is critical to know our own capacity for absorbing pain in any particular moment. But the capacity may be somewhat dynamic. If we can recognize and skillfully transform our pain, perhaps we can heal ourselves and build our capacity to continue to serve others.

Many of us try to protect ourselves from our painful experiences and contacts by tucking them away "safely" into a container. Our intent is to process the situation later, when we have the safety of time and space. We move to our next encounter with a false confidence, believing that our experience has been contained. The problem is that too often, we do not process our emotions as we had planned. As more content is downloaded into the temporary safety of our containers, the walls of that container need to strengthen and thicken to hold the content. The container figuratively transforms into a leaden box; lead is toxic to our systems, impossible to see through, and too heavy to lift. When our passion and pain are trapped inside a leaden box, we become numb. We have inadvertently created a toxic boundary, one that closes ourselves off from our emotions and that may limit our ability to access the very passions that support our ability to be a healer. When we are numb, our ability to be fully present with the youth we serve, to listen with kindness, curiosity, and without judgment, is limited.

Instead, we need to create a safe repository for our emotions and experiences, one in which we can both safely deposit and easily access material. If we can create a mental Tupperware box, we can plan to store what we cannot immediately digest. Rather than having randomly placed our experiences and emotions into an impermeable container, we remain cognizant of the vessel's content. We decide which portion we would like to digest at any moment. We then ladle that content out while retaining the rest safely inside for later processing. We figuratively burp the box, knowing the remaining contents remain safely stored inside for a later day.

To feel comfortable ladling out these experiences and stories, we have to possess the emotional tools that can safely process the content. These emotional tools can include talking, writing, journaling, praying, crying, laughing, and creative expression. Most critically, we all benefit from colleagues with whom we can debrief and process. As long as we pretend that it is brave to ignore how personally exhausting and challenging it can be to bear witness to these issues, we will feel ashamed of our internal struggles.

Together, we can stem burnout and consistently remind each other that we need to care for ourselves with the same level of compassion as we care for others (see Chapters 90, Healer, Heal Thyself, and 91, Advancing Adult Compassion Resilience in Youth-Serving Professionals.)

## ■ Final Thought

Never think of boundaries as something that gets in the way of your service. Think of them as something adolescents need to gain a personal sense of empowerment and something you need so that you can offer compassionate, caring service over a lifetime.

## Related Video Content

- ▶ 20.0 Boundaries: Essential to Our Healthy Relationships With Youth and Our Professional Longevity. *Ginsburg and Hill*
- ▶ 20.1 Over-empathizing Can Feel Like Judgment. *Pletcher*
- ▶ 20.2 Toxic Boundaries: How Seeing People as “Other” Disrupts Our Connections and Diminishes Us. *Ginsburg*
- ▶ 20.3 Professionals Offer Healing “Love,” But for Youth Who Have Been Mistreated or Let Down, It Is Only Safe With Clear Boundaries. *Hill and McAndrews*
- ▶ 14.1 Checking In on Yourself: What About Your Own Adolescence Might Flavor Your Interactions With Youth? *Ginsburg*
- ▶ 34.5 Addressing Worrisome Behaviors and Addictions: Partnering With Parents to Create Safe and Appropriate Boundaries. *McAndrews*
- ▶ 34.8 Helping Parents Understand the Additive Role Professionals Can Play in Their Adolescents’ Lives. *Jenkins*
- ▶ 36.1 Offering Boundaries and Being Role Models: Adults’ Critical Role in the Lives of Adolescents. *Ginsburg*
- ▶ 66.11 Never Make Promises to Homeless and Marginalized Youth That You Cannot Keep. *Hill*
- ▶ 66.12 Homeless Teens: Boundaries, Rules, and High Expectations Can Be Welcomed by Underparented Youth. *Hill and Covenant House Pennsylvania staff*
- ▶ 66.13 The Importance of Understanding Boundaries (and Your Own Buttons) When Working With Marginalized Youth. *Hill*
- ▶ 67.1 How “Choreographed Conversations” Can Prevent Burnout While We Still Give Youth What They Need. *Ginsburg*
- ▶ 67.2 The Tupperware Box: A Model for Releasing Trapped Emotions. *Ginsburg*
- ▶ 67.5 Deep Boundaried Connections Restore Our Own Energy. *Singh*

## Group Learning and Discussion/Personal Reflection

Boundaries are something that have to be reflected on throughout our careers. Our challenge is to create a safe space in which we can address the issues that challenge our boundaries. We must understand that this can't be a topic relegated to an annual discussion; it must be an integral part of organizational cultures.

First, conduct a thoughtful conversation about the challenges to safe and appropriate boundaries that have occurred in your setting. This conversation will likely reveal we all sometimes struggle with boundaries. Hopefully, that process will ease movement toward the next step: consideration of how to create planned opportunities and spontaneous opportunities to address boundaries continually. One such model is supervision, during which each of us, no matter how senior, has the opportunity to debrief with colleagues about experiences we find challenging as well as to proactively prepare for challenging interactions. Supervision has to feel safe enough that it is not viewed as criticism but rather as an opportunity for growth and reflection. Further, it has to be valued as a key strategy in burnout prevention and professional self-care. Supervision is only one model.

Use this opportunity to discuss as a group what model would work best to allow each of you to continue to address boundaries as part of a strategy to create a climate and culture that is therapeutic for young people and enables us to serve over a lifetime.

## Suggested Reading

American Academy of Pediatrics Committee on Bioethics. Pediatrician-family-patient relationships: managing the boundaries. *Pediatrics*. 2009;124(6):1685–1688

Bloom SL, Farragher B. Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care. New York, NY: Oxford University Press; 2013

Jain S, Roberts LW. Ethics in psychotherapy: a focus on professional boundaries and confidentiality practices. *Psychiatr Clin North Am*. 2009;32(2):299–314

National Council of State Boards of Nursing. A Nurse's Guide to Professional Boundaries. Chicago, IL: National Council of State Boards of Nursing; 2018. [https://www.ncsbn.org/ProfessionalBoundaries\\_Complete.pdf](https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf)  
Accessed September 16, 2019

Norcross JC, VandenBos GR. Leaving It at the Office: A Guide to Psychotherapist Self-care. 2nd ed. New York, NY: Guilford Press; 2018

van Dernoot Lipsky L. Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others. San Francisco, CA: Berrett-Koehler Publishers; 2009

## Code of Ethics From Key Organizations

American Medical Association *AMA Code of Medical Ethics* (2016)

American Association for Marriage and Family Therapy "Code of Ethics"

American Association of Pastoral Counselors code of ethics (2012)

American Association of Sex Educators, Counselors and Therapists (AASECT) *Code of Ethics & Conduct for AASECT Certified Members* (2014)

American Counseling Association (ACA) *2014 ACA Code of Ethics*

American Mental Health Counselors Association (AMHCA) *AMHCA Code of Ethics* (2015)

American Music Therapy Association "Code of Ethics" (2019)

American Psychoanalytic Association "Code of Ethics: Principles and Standards of Ethics for Psychoanalysts"

American Psychological Association "Ethical Principles of Psychologists and Code of Conduct" (2016)

American School Counselor Association (ASCA) *ASCA Ethical Standards for School Counselors* (2016)