

# PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - ADMINISTRATION  
ADMINISTRATIVE DIRECTIVE NO. 150  
(Replaces AD 150 dated 1/19/06)

Effective Date: December 7, 2006

**SUBJECT: RELATIONSHIP SECURITY: SAFE THERAPEUTIC INTERACTIONS**

I. PURPOSE

To ensure staff develop and maintain professional relationships which include strong and professional boundaries that result in safe and therapeutic interactions with all persons committed to Coalinga State Hospital (CSH).

II. AUTHORITY

Penal Code Sections 289.6 and 243.4; the ethical codes governing all health care professions call for development and maintenance of appropriate boundaries, require extreme caution with any form of dual relationship with service recipients, and expressly prohibit romantic/sexual relationships.

III. POLICY

The Department of Mental Health (DMH) and CSH recognize that the Hospital's safety and security rests, in large part, on the therapeutic quality of the relationships establish between staff and persons receiving Hospital services. Inappropriate and non-therapeutic relationships undermine this safety and security. Thus, DMH and CSH will not tolerate inappropriate interactions among its employees. Employees are expected at all times to interact with all Individuals in a professional and therapeutic manner. Any deviation from professional-therapeutic interaction will result in immediate corrective intervention by a supervisor, to minimize harm to the Individual, the staff, and the treatment milieu. Every employee shall support the hospital's Relationship Security program through ongoing "caring watchfulness" of self and others to prevent boundary problems from becoming policy violations or serious security hazards.

- A. Relationship Security is the security that accrues from positive, supportive, well-informed, and intelligent interactions between staff and Individuals receiving hospital services. It is the safety and treatment potential gained from the appropriate maintenance and monitoring of the therapeutic quality of all interactions and ongoing relationships.

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- B. Appropriate therapeutic interactions are those interactions that are based upon and purposefully support the person's Wellness-and-Recovery (W&R) plan. These interactions are essentially "one-way" interactions, intended for the benefit of the person being served. The parameters for determining whether or not an interaction is appropriate are defined by the person's W&R plan, the employee duty statement, professional roles and ethics, work assignments, and legal mandates.
- C. Inappropriate interactions exist on a continuum from careless or ill-informed boundary inattention to exploitive "dual relationships" where the employee is using his or her state-service position and the person's condition of confinement for personal gain. Dual relationships are typically the endpoint of progressive boundary crossings over time. These dual relationships are unethical, compromise the person's W&R plan, and deviate significantly from an employee's professional role. Examples of dual relationships include, but are not limited to, romantic/sexual involvements, contraband or drug exchanges, business relationships, religious counseling by non-clergy staff, and physical or psychological abuse of any kind. Overly social interactions, in which the staff member is deriving personal gratification or is meeting personal needs for admiration, social support, condolence or friendship through interactions with Individuals served, may also fall into the category of a dual relationship. The Hospital expressly forbids and will not tolerate staff engaging in dual relationships.
- D. Therapeutic Rules define the parameters of helping relationships and distinguish helping relationships from other types of relationships. Each staff member who works directly with individuals shall inform them about the purpose and limits of his/her interactions consistent with the "Therapeutic Rules" education material.
- E. Interacting with persons who are receiving forensic care is extremely complex. Certain behaviors (e.g., cold threats, stalking, staring) are designed to evoke reactions in staff such as confusion, anger, fear, sexual feelings, and/or the fracturing of the team cohesion. At times, an Individual may develop strong attachments to a staff member that may be sexually motivated, distressing, non-therapeutic and pose a serious safety concern. These pathological attachments necessarily become a focus for the person's recovery plan.
- F. The staff community must develop and maintain a level of interpersonal sophistication and maturity that provides for the identification and diffusion of cold-threat processes and over-involvements in a prompt and secure manner, and for the ongoing resolution of conflicts that fracture team cohesion. It is critical that all staff members understand that: (1) "lovesick" attachments can and do contribute to serious lapses in judgment and dangerous risk-taking behavior on the part of the involved employee, and (2) an employee can appear to "do everything right" and still be seriously involved.

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- G. An effective forensic treatment environment is characterized by constant monitoring of self and others and ongoing clinical supervision. To build and maintain a competent clinical community, experienced staff must regularly reach out and mentor less experienced staff through formal and informal processes. Likewise, less experienced staff must reach out and seek guidance and feedback from senior staff. The building and maintenance of staff cohesion is everyone's responsibility.

## IV. METHOD

### A. Employee Responsibility:

1. **Self-Monitoring:** It is the responsibility of all employees to maintain therapeutic relationships that are supportive of treatment and within appropriate boundaries, and to report any concerns about the interactions they observe to their supervisor. When staff experience difficulty in managing boundaries and emotions evoked when working with Individuals served, they are expected to seek out support and discuss the reactions they are experiencing with their supervisor and/or the team.
2. **Therapeutic Rules:** As assigned, employees will explain and review the elements of an appropriate relationship with Individuals, using the worksheet, "Therapeutic Rules – Working With Staff to Make the Most of Your Treatment". This will include a discussion of examples of the types of interactions that are helpful and appropriately part of treatment, and the types of interactions that are inappropriate and harmful to treatment. This training will be documented in the Medical Record.
3. **Monitoring the Environment:** Dual relationships typically develop gradually, starting with boundary inattention progressing to boundary violations and dual relationships. Early intervention is essential to prevent major threats to the safety of staff, Individuals, and the public at large. To support early intervention, it is important to identify non-therapeutic interactions. Therefore, in the spirit of "caring watchfulness", staff shall report questionable interactions they have observed between staff and committed Individuals either to their supervisor or the employee's supervisor.
4. **Staff Volunteers:** To avoid dual relationships, staff will not be permitted to volunteer to work in other capacities with Individuals served.

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## B. Supervisor/Manager Responsibility:

Each supervisor has the obligation and responsibility to maintain a therapeutic environment which is free from inappropriate staff-patient relationships. Supervisors are responsible for taking direct, effective action to foster appropriate interactions and to prevent non-therapeutic interactions and dual relationships of which the supervisors are aware or should be aware, and for taking proactive steps to identify and prevent inappropriate relationships. Supervisors shall refer to the "Relationship Security Handbook for Supervisors" and shall receive SB 409 training on the subject.

The supervisor's responsibility requires that all allegations, including "rumors" and/or third-party complaints and observations be investigated. The supervisor shall record and document the observed or reported behavior and conduct a preliminary inquiry to determine the validity of the allegations, reporting the findings to his/her manager or Department Head, who will then notify the Clinical Administrator. In the event criminal misconduct is suspected, the supervisor/manager shall immediately notify the Department of Police Services (DPS).

1. Professional Development: Supervisors will be responsible for developing staff awareness and competency in relationship security. This is to be accomplished in a supportive and educative manner, as much as possible. Supervisors will discuss relationship issues in staff meetings and at off-site trainings. They will insure that all staff members are current in training on the subject. They are responsible to intervene in any non-therapeutic interactions and boundary inattention that may lead to dual relationships. Supervisors shall actively intervene early, in as supportive a fashion possible, to prevent the progression of observed or reported boundary violations.
2. Performance Reviews: Therapeutic relationships and issues of relationship security shall be addressed in every employee's probationary and annual reviews, when the employee's duties or work site require contact with Individuals served.
3. Reporting Responsibilities: When a supervisor suspects there has been a major breach in relationship security or that an employee is displaying consistent boundary inattention, he or she shall report all concerns to the employee's Program Director/Department Head and in cases involving an employee from another area, that unit's Program Director/Department Head.

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4. **Corrective Interventions:** All interactions with the employee regarding boundary problems and behaviors shall be documented. The supervisor shall meet with the employee and explore his or her experience and perception of the interactions and provide the employee with information regarding proper behavior. This interaction may include directions to the employee to change some aspect of her/his interaction with one or more Individuals. Supervisors need to articulate and document the specific problematic behaviors and the behavior change expected. Document all related interactions with the employee and place in the supervisory file according to the disciplinary process. Assist the employee by implementing supportive monitoring systems, such as assigning mentors, peer support, creation of a buddy system, additional training etc., as appropriate. Consider the separation of the involved employee and Individual, through reassignment or transfer. Reducing exposure may be helpful but not a guarantee of problem resolution. If an employee no longer displays overt boundary problems, this does not guarantee that there are no problems. Close monitoring of both the staff and the Individual served is necessary.
5. **Retraining:** The supervisor will insure and document that the employee has re-read all current, relevant Administrative Directives and provide remediation education material listed in the Supervisor Handbook and available in the professional library; If the employee fails to improve, enroll the employee in the next available "Relationship Security" training and document compliance.
6. **"High Risk Employee" case management conference:** Whenever an employee is counseled about his/her interactions with an Individual being served, the need for a case-management conference and remediation will be explored by the supervisory staff and personnel.
7. **Employee Assistance:** A supervisory EAP referral is recommended for any employee who has displayed boundary problems particularly if the employee fails to demonstrate expected behavior change. An EAP referral shall not take the place of on-the-job interventions or remediation.
8. **Documentation:** Document all employee counseling's regarding relationship security concerns in the employee's supervisory file carefully following the progressive discipline procedures and shall follow up and document the effectiveness of any and all recommendations, trainings, and corrective actions. Refer to the Relationship Security Handbook for Supervisors (Personnel Section) for assistance in documentation and processes.

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9. Therapeutic issues: See to it that any and all issues relative to the role of the Individual served and his experience of the dual relationship are addressed in treatment and fully documented including review of the therapeutic rules. Be watchful for self harm behavior.
10. Criminal aspects: If it is necessary to establish facts about the case, or to rule out criminal activity, notify the Senior Special Investigator (SSI). Formal investigation in dual relationship cases is not intended to take the place of supportive early intervention or the ongoing management and monitoring of the situation. If the SSI investigation is inconclusive, it should be noted that supervisory disciplinary action may still be indicated.

## C. W&R Team's Responsibility:

The team shall:

1. Identify Individuals considered or known to be high risk for boundary crossing based upon history and clinical characteristics.
2. Ensure that appropriate alerts and appropriate clinical information are communicated to both unit and off-unit staff.
3. Ensure that the clinical issues regarding relationship security breaches or dual relationships are addressed in the person's W&R Plan and documented in the record - (See Supervisory Manual "Clinical Section").
4. When a dual relationship is discovered, the team shall carefully monitor reactions and address clinical needs, e.g., suicidal ideation, as appropriate.

## D. Individual's Responsibility:

As a part of sharing the responsibility for the success of their plan and for maintaining a secure and therapeutic hospital environment, it is expected that Individuals will refrain from initiating interactions with staff members that are listed as "Not OK" on the "Therapeutic Rules – Working With Staff to Make The Most Of Your Hospital Stay" handout. As a component of the Therapeutic Rules, Individuals are reminded to report any concerns to the team that they have regarding non-therapeutic, sexually motivated or otherwise distressing staff interactions.

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## E. SSI Responsibility:

Suspected inappropriate involvement brought to the attention of the SSI will be investigated. Investigations are confidential. No access to reports will be given to the employee, representative, or supervisor without the consent of the Executive Director. Completed investigations needing further review/action will be referred to the Executive Director, except when adverse action may be recommended. In that situation, the SSI would forward the investigation (depending upon the employee's role/department) to the Personnel Officer, the Medical Director, Hospital Administrator, or Clinical Administrator. The employee and their Program Director or Department Head will be advised as to the status of the investigation once it is complete.

## F. Clinical Administrator and Discipline Chiefs:

The Clinical Administrator shall be notified in writing by the Program Director/ Department Head of any concerns about dual relationships or breaches in relationship security and be updated as the situation unfolds. The Clinical Administrator will notify discipline chiefs as appropriate. The issue may then be addressed as a performance and peer review matter.

## G. Hospital Administrator:

The Department Head of the service in question shall notify the Hospital Administrator of any concerns regarding dual relationships involving any staff member in Administrative Services.

## H. DPS Criminal Investigations Unit:

The DPS Criminal Investigations Unit shall be notified in any dual relationship case where criminal activity is suspected. The Executive Director, Program Director, Chief of Police Services or designee or the Senior Special Investigator may notify the Criminal Investigations unit. The findings of all criminal investigations, founded or unfounded, shall be reported in writing to the Executive Director who shall see to it that all involved departments (clinical and administrative) shall be notified.

## I. Executive Director:

The findings of all investigations will be documented in writing and forwarded to the Executive Director or designee. Investigators will notify the Executive Director of the all-investigative findings including unsubstantiated reports and the closing of any investigation. The Executive Director or designee shall communicate information relative to treatment and/or security to the program directors/department heads of the involved staff and/or Individuals.

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## J. Training:

1. All designated supervisors of employees who have contact with CSH committed individuals shall receive training on the subject of relationship security as part of AB 409 program. This course is offered, at minimum, annually and more often as needed.
2. Training on relationship security shall be provided to all new employees as part of new employee orientation.
3. All programs and departments with direct contact with CSH Individuals shall provide site-specific relationship security training annually.



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W. T. VOSS  
Executive Director