Therapeutic boundaries in a prison setting:
A dialogue between an intern and her supervisor

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Abstract

A prison setting, with its numerous clinical issues, is a valuable learning experience for the graduate art therapy student. Oftentimes, they see the correctional facility as a dangerous challenge and an intriguing unknown. However, confusion and ambiguity often emerge while providing art therapy services. A graduate art therapy program in a major university in the Southeast instituted an internship/research site in a prison setting for its graduates. Ongoing dialogue between the intern placed at this facility and her faculty supervisor revealed unique boundary issues, specifically those that involve time, space, materials, self-disclosure, and transferential issues. Through supervision, the intern gained further insight into different approaches to addressing these boundary concerns. This essay focuses on the intern’s struggles with certain boundary transgressions and the supervisor’s responses to her inquiries.

Keywords: Art therapy; Prison; Boundaries; Supervision; Internship

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A prison setting is one of the most therapeutically impoverished environments. Prisoners display an inherent mistrust for verbal disclosure, and a well-grounded fear of other prisoners taking advantage of voiced vulnerabilities; thus, rigid defenses, manifested through silence, lies, and aggressive acts, are built for basic survival (Gussak, 1997, 2004). Furthermore, illiteracy and psychopathology, combined with a deficit in verbal communication, make it difficult for prison inmates to voice the mental, emotional and/or physical problems they experience (Fox, 1997; Gussak, 1997). Conversely, prisoners express a natural tendency for artistic and creative endeavors (Kornfeld, 1997; Ursprung, 1997). All of these factors combined make the prison setting a valuable learning experience for the graduate art therapy student. Some art therapy graduate students look forward to a clinical placement in corrections; they see it as a dangerous challenge and an intriguing unknown. However, they often experience confusion and ambiguity while providing art therapy services.

The Florida State University graduate art therapy program has instituted an internship/research site in a prison setting. The ongoing dialogue between the intern placed at this facility and her faculty supervisor reveals unique boundary issues. This essay addresses these boundary issues, their context, and suggestions for resolutions via the shared evaluation of the supervisory dyad.

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Boundaries: Time, space, materials, and self-disclosure

Bridges (1999) defines a boundary as a psychological holding environment maintained by the therapist. This entity, established by the therapist, enables free expression of client symptomatology and symbolic communication. Gutheil and Gabbard (1993) state that boundaries are amorphous and envelop the therapeutic interaction. Once in place, boundaries create an environment of safety and predictability that subsequently facilitate therapeutic discourse.

Approaches to the structure of boundaries vary across therapies and therapists. Some authors claim that a continuum of boundary interactions exists (Gutheil & Gabbard, 1998; Moon, 2000; Simon, 2001). Interactions oscillate between poles of complete rigidity and fluidity, opacity and transparency. In addition, therapists employ a sense of vigilance regarding their own transgressions and violations. Transgressions, also known as crossings, include any degree of self-disclosure, physical touch in time of trauma, or transference issues. Violations comprise repeated disclosure of therapist issues, dual relationships, bartering for goods and services, or overt sexual contact (Agell, Goodman, & Williams, 1995; Gutheil & Gabbard, 1998).

The boundaries of time, physical space, art materials, and self-disclosure are most relevant to the prison setting. Time is one of the initial boundaries established in a therapeutic paradigm and it institutes a sense of regularity and dependability (Gutheil & Gabbard, 1993; Agell et al., 1995). Although groups are structured, session length, group attendance, and tardiness are all interactions subject to boundary crossings. Another boundary particularly relevant to the construction of an effective therapeutic environment is physical and personal space. Although boundaries change according to various situations, establishing physical boundaries conveys either a need for distance or an invitation for proximity (Scott, 1993).

An additional physical boundary specific to the art therapist is the appropriateness of touching client artwork (Moon, 2000). Physical aspects unique to the art therapeutic space are room structure, water supply, table positioning, location of the therapist in the room, and exit doors. Placement and management of art materials and artwork also provide challenges to the art therapist’s working environment (Agell et al., 1995).

Therapists also struggle with the boundary issue of self-disclosure. Some authors propose that self-disclosure is not only verbal exchange, but also one that includes non-verbal cues (Stricker, 2003). Clients perceive elements of the environment, design, décor, and musical taste as aspects of self-disclosure (Gutheil & Gabbard, 1998). In many instances, these displays are unavoidable. These authors question the therapists’ aim during such disclosures. For example, if the self-disclosure has therapeutic benefit, it continues to be valuable; however, if the therapist burdens the client with unnecessary personal information, the self-disclosure is unconstructive and unnecessary.

Transference and countertransference

Therapists may not be able to conceal all personal information from their clients within the therapeutic exchange. Analysts practicing psychodynamic approaches state that once the client identifies with the therapist, an opportunity arises for the client to relate to the therapist as a self-object. The client’s past emotions and interactions activate in the current therapeutic exchange (Kahn, 1997; Schaverien, 1999). Simultaneously, the therapist’s feelings, attitudes, and habitual responses are also displayed in the therapeutic paradigm. Additionally, Schaverien (1999) states that the art therapist’s response to client artwork may represent a form of countertransference and can reflect the level of therapist engagement in the therapeutic relationship. Regardless of the balance, an intersubjective realm opens, where the lenses of both therapist and client converge to characterize the therapeutic interaction (Kahn, 1997).

Supervision

Although therapists endeavor to set appropriate boundaries, exceptions and minor transgressions do occur. Supervision and mentorship are important in establishing these boundaries for the beginning therapist (Bridges, 1999; Moon, 2000). The supervisory relationship, which includes the interns’ needs and the supervisor’s roles and duties, mirrors the therapeutic relationship in many ways. The quality of self-disclosure and the formation of trust can determine the effectiveness of the supervisory experience (Gawinski, Edwards, & Speice, 1999; Landay & Walker, 2003; Yourman, 2003).

The intern, upon entering the supervisory relationship, seeks support for the idiosyncratic challenges of the internship setting. Agency specific concerns, community responsibilities, professional collaboration, and clinical skills preoc-
cupy the intern during the initial encounter of novel clinical placements (Nelson, Johnson, & Thorngren, 2000). In supervision, the scrutiny of the intern’s personalization skills, which account for one dimension of clinical practice, are important to the acquisition of clinical competence (Gawinski et al., 1999). Close examination of this intrapersonal aspect of the intern eventually leads to their increased clinical proficiency.

The supervisor, upon acceptance of the supervisory role, performs many duties to ensure that learning takes place, i.e., teacher, counselor, or consultant (Nelson et al., 2000). Supervisors encourage change and fluctuate in the aforementioned roles, according to the needs of the intern. While embodying differing roles, the supervisor can attend to specific foci of the clinical exchange such as intervention, intern conceptualization, or personalization skills. Regardless of the clinical circumstances or foci, communication and disclosure are necessary for the efficacy of the supervisory dyad.

At times, the intern may feel guilt when discrepancies arise between anticipated and actual conditions of treatment (Yourman, 2003). The practicing intern may encounter a situation in treatment and react in a way that they think the supervisor will disapprove. Empathizing with the intern’s feelings of shame and inadequacy requires that the intern feel comfortable disclosing these feelings to the supervisor. The boundary of self-disclosure extends beyond the relationship of therapist-client to the supervisory dyad (Farber, 2003).

The supervisor can appropriately model this boundary but with the caveat that some disclosures can be too intimate, too self-serving, or incongruent with the clinical scenario (Landay & Walker, 2003). Ongoing and excessive personal self-disclosures can detract from the integrity of the supervisory relationship. Landay and Walker (2003) also claim that personal disclosures have a minor effect on the outcome of supervision. Although supervisory self-disclosure can be detrimental to the supervisory relationship, it can facilitate intern self-disclosure when done appropriately and in the service of the intern. By witnessing appropriate communication, the intern may become more willing to convey clinical vignettes that cause shame and feelings of inadequacy. Normalization of the intern’s feelings can strengthen the supervisory relationship and ensure a positive learning experience.

The internship experience

In this particular internship setting, exceptional support and guidance are necessary for proper information exchange and development of the student art therapist. The supervisor serves as a role model and disseminator of quintessential art therapeutic information. Regular supervision addresses the navigation of the facility and personnel structure, management of art materials, establishment of therapeutic boundaries, and above all, the transferences and interpersonal space between the therapist and the inmates. The following vignettes and dialogue address the challenges of boundary formation and maintenance. The resolution of these successive clinical scenarios may elucidate general struggles facing practicum students and professionals in the field of art therapy.

The prison internship program, housed in a maximum-security prison in rural North Florida, resulted from research initiatives instituted through joint collaborations with the Florida Department of Corrections and the Florida State University. This research, conducted as a part of a larger study, assessed art therapy’s efficacy in the prison setting. The principal investigator and the research assistant/intern developed the research paradigm and conducted the sessions. The Research Assistant/Art Therapy Intern carried out six closed groups once a week for eight weeks. The intern, the principal investigator, and the on-site psychologist selected inmates based upon inmate willingness, security status, and need for psychiatric intervention. The intern designed directives that addressed the issues of socialization, depression, frustration tolerance, and autonomy. In the following section, the authors will address the boundary issues of time, personal and environmental space, art materials, and self-disclosure.

Each section outlines clinical experiences and questions the intern asked during supervision. Although this is not an exhaustive account of all the questions asked, the ones included here represent the general themes discussed. The letter “I,” preceding each question designates “intern.” The subsequent responses, preceded by the letter “S,” are summaries provided by the supervisor during supervision sessions.

Time

The art therapy intern administered groups at specified times of the week. Each group contained an average of six individuals and each was “called out” to pass the gate and enter session. On several occasions, inmates challenged the length of the sessions, broke promises to attend group, and left in the middle of sessions. Many times the inmates
would lie and state they were leaving to use the commode and instead they left to smoke a cigarette. Other inmates claimed they “had business” and had to leave early. Business included any number of activities: gambling, convenience store purchases, or drug deals. Conversely, other inmates had valid excuses for breaking the structure of the group agreement, such as conflicting mental health and medical call-outs (mandatory appointments), chaplain visitation, or an inability to break previous, arbitrary work assignments. The structure of group attendance was negotiated verbally, an arrangement which ultimately frustrated and concerned the intern.

I: How much should I inquire about problems with attendance?

S: Once you have found out that the business that the inmates had to conduct included illegal and illicit activities, you could make it known to the group that you are aware of such activities. Because of the manipulations that occur in the general population, letting inmates know that you are aware of such activities lets the group members know that you are neither naïve nor willing to look the other way. Once that is established, you have set a precedent to inquire why they may be absent. In these circumstances, it may actually be antitherapeutic not to ask.

I: Can inquiring about a disciplinary report (DR) be a trigger for defensive and hostile behavior?

S: Perhaps; but, this should not deter you from asking these questions. Everything is “grist for the mill,” and if they react in a hostile or defensive manner, you can address it directly. Ideally, the question about the DR’s can be asked in a way to avoid such reactions.

I: Well, I was trying to lighten the situation of this particular inmate’s DR by using humor. I think I said something like, “So you going to stay out of trouble until next week, right?” The inmate became immediately defensive and perceived my statements as an inquisition. He accused me of acting like his mother and vehemently denied any wrongdoing.

S: You may consider phrasing the question in a manner that is non-judgmental or presumptuous. You should make it seem that you view the report as “normal” so inquiring and addressing the DR’s can be helpful. However, I would suggest making such an inquiry away from the group. As well as becoming defensive, inmates may receive validation or support for their behaviors and their account of the incident could become a bragging session. Just be aware of your group members and their ability to discuss such issues.

I: Do the boundaries for entering and exiting a group vary according to the facility or are there some general guidelines for this particular setting? Can strict rules deter a member from participating?

I: It seems as if there is limited institutional support for the psychological callouts. I am not sure if I can enforce the standards of institutional callouts.

S: There should already be some general guidelines established by the prison for attending group sessions. The inmates already know them, but they may do everything they can to disobey proper systemic procedures. It behooves you to maintain consistency with the facility’s rules. However, it is the facility’s responsibility to know where the inmates are for security reasons. Your concern regarding attendance is therapeutic, yet inmates will see attendance as a luxury and/or privilege. A “contract” or a set of guidelines, with repercussions for those who do not follow the guidelines, should be enough structure for those who wish to participate.

I: I suppose that I should have composed a written document and made everyone sign. I tried a verbal agreement but there were those that did not come to group, regardless. I did impose a structure in which two missed sessions necessitated dismissal. I understood turning inmates away but my bias toward establishing a good therapeutic setting and the goals of the research project prohibited my firm response at times.

S: Remember, your goals are developing appropriate socialization and problem solving skills so that the participants can get along both inside and outside the institution. It is therapeutic to establish such guidelines. If it then deters a member from participating (and this may seem contrary to our altruistic belief system), that person should not be in the group in the first place. Just like in any therapeutic context, the group members should be willing to meet you halfway.

I: How much attention should be allotted to a group member that is trying to monopolize the therapist’s attention and/or group conversation? How do I balance time and attention between environmental vigilance and my fear of possible victimization?

S: As Yalom (1985) indicates, many groups contend with monopolists. An inmate may monopolize attention to fulfill a need for validation, to feel appreciated, even to secure a sense that he is deemed acceptable. However, in the prison setting there is the added element of monopolizing the therapist with the possible intent to garner inappropriate favor or to distract the therapist’s attention so that someone else may take advantage of this redirection.

I: You mean like when the glue sticks were stolen. I thought I was being compassionate in listening to this group member’s stories of his conviction but at the end of the group, I counted the supplies and came up short.
S: You should constantly be alert of all interactions with the inmates in the group, not just the monopolist. You should also trust your own instinct. If you are uncomfortable, there may be a reason. If the inmate is paying special attention to you like wanting extra time during or after the group, sending you letters, or wanting special art lessons, you should let your supervisor know. Make a note for yourself, complete with date, time, and description of circumstances. You will want to guard against any repercussions that may come from the facility, i.e., over-familiarity (being overly friendly or too permissive with the inmates).

**Personal and environmental space**

The intern and her supervisor continually evaluated personal and environmental space boundaries. In the initial design of the group environment, the intern noted the location of the water supply, restroom facilities, doorways, case manager offices, and her physical relation to these elements. There were many times that she found it necessary to move to the back of the room where the sink was located. This area had no exit and was behind a partition. Additionally, upon first meeting certain inmates, they extended their hands to greet her, which at times felt like a transgression of personal space. Several questions arose regarding environmental and personal space.

I: Should I be concerned that I have to be out of the prisoners’ vision briefly during the session and that there are places in the room with limited access to the doorway?

S: Unequivocally, yes. Despite the need and the desire to create a trusting relationship in the setting, you must not forget that you need to keep yourself safe. It depends what you mean by out of vision; I would establish a position where you could always be seen from the doorway, and always make someone aware that you are in session.

I: Should I stand for most of the session or should I sit?

S: This is a personal choice. I prefer standing up and walking around so that the members of the group feel that I am accessible, and that they can ask me questions. Otherwise, they might feel that they are disturbing me. In addition, if you are standing and walking around, you can watch the interactions between the group members better than if you were sitting. You also give the impression that you are more interested in their work if you are moving around.

I: I have a different outlook on this matter. I believe that standing over the inmates conveys a subtle notion of superiority and may be met with resistance from the inmate. I would prefer sitting at least some of the time.

S: If you feel that standing may invade their space or draw their attention away from their work, then try not to hover over them; rather walk about from a healthy distance, and then stand in an unobtrusive spot to observe.

I: How should I react when an inmate extends his hand for a greeting?

S: This may seem like a simple question, but this question alone raises a number of different issues. The most pragmatic question is what is the policy of the facility? If the facility maintains that no one should shake hands with the inmates, then you can always respond with “you know better” and you may assume that the inmate is testing you. Some prison facilities also believe that if you shake hands with someone, you are being over-familiar, and it should not be condoned. As well, it may be seen as a security issue; if they are close enough to shake hands, then they are too close. Additionally, if an inmate has a grip on your hand, and is strong enough, he can then grab you or hurt you. Some psychotherapists believe that no physical contact should occur between the therapist and a client, including shaking hands. However, there is also a humanizing aspect and a sense of acceptance when a handshake is returned. The bottom line is, if you are uncomfortable with shaking an inmate’s hand, then you establish a guideline, and you let everyone know that you do not shake hands with your clients.

**Art materials**

Initially, the intern established loose boundaries regarding art materials. At the beginning of each session, she placed the materials on an eight-foot table and asked the inmates to collect their supplies after she gave the directive. At the end of the session, she asked the inmates to return their supplies and artwork. She would count the materials at the end of the day, but not in front of the inmates. During the third week of therapy sessions, three glue sticks and an entire pack of colored pencils were missing. Aside from feeling general confusion regarding the actual instance in which these materials disappeared, the intern also experienced feelings of mistrust.

I: Was it all right that I tested this boundary and experientially discovered the limits of the facility and population? Should I be concerned that the prison considered these items contraband?
S: You did test the boundaries, and you discovered your limits within this particular population. Whether or not it was all right is another issue. Sometimes inmates may steal for no other reason than an opportunity to seize a moment. My thinking is why even tempt them.

I: I suppose I had to see for myself if the inmates could or could not be trusted due to the culture of theft among this population.

S: Let us examine this objectively. Even if an inmate comes into prison and has not had a previous history of stealing, the cultural mores of the prison may dictate that an inmate will learn how to steal and use such goods to barter in the general population. It is the cultural norm, and it is our job to be aware of this. Thus, I would have made it clear to them immediately that the materials are closely monitored, and that if anything is missing, the others in the group may suffer. If the materials end up missing, I would let the facility administration know. Not so much because of the value of the material or that they were considered contraband, but because if you do not notify the authorities, it may send a signal to the inmates that you will not turn anyone in for doing something against the rules. If you do not notify the facility, they will begin to suspect you as being too lenient or even consider you a security risk.

I: I suppose a material sign-out sheet would have been a good preventative measure but my optimism or negligence of facts regarding prison culture prohibited me from initiating such a procedure.

The above-mentioned incident was the most flagrant violation of material boundaries. More discrete transgressions occurred. Inmates would often beg for the materials. They stated that their tattoo “hustle” depended upon a specific pigment found in the colored pencils. This issue was easily resolved because of the institutional policy regarding gifts to inmates; the institution prohibited any gift to an inmate by a staff member or volunteer.

Verbal threats of stealing the materials also happened on a daily basis. After the theft incident, the stealing threats became more frequent. Sniffing Sharpie® markers also became a regular occurrence and the intern discontinued use of the markers as a result. She also witnessed a flagrant misuse of a material when an inmate grabbed her pen. He and another inmate role played a stabbing scenario and commented on the effectiveness of this pen in the proposed context.

Other material boundary crossings occurred when the issue of personal artwork and poetry arose. Several inmates requested to bring writing samples into the art therapy session. In the beginning, the intern did not prohibit them. She asked these inmates to show their drawings and poems to the rest of the group; these inmates rejected this. Instead, the intern would read the creative writings and examine sketchbooks in an attempt to validate creative expression after the group session. She gave no personal feedback for she assumed that it was inappropriate to make a judgment. Although the review of such works seemed benign, it would have consequences that proved to be evident of simple boundary transgressions:

I: I had a feeling that I should not exert my personal bias toward the inmate’s artwork. Was this correct?

S: I believe so. Inmates are used to being judged. They were judged prior to going to prison and they are constantly being judged in prison. If you accept their artwork and avoid qualifying statements, then by extension, you are accepting them.

I: Should I endeavor to control the content of the artwork when the subjects of sex, gang violence, or drugs are present? Should I use the symbolism with a therapeutic end in mind?

S: It depends. Was the content of the artwork created to test the boundaries? Did they do it for a reaction? As nebulous as it sounds, trust your instinct to determine if you feel that the image was drawn or the literature was composed to test you. In this case you can confront the inmate; you can either cite the policy of the facility or turn it into a therapeutic learning experience and ask the other group members to address the issues. Granted, there is an obvious distrust of sexuality, aggression, and escape by prison personnel and the artwork should be allowed to sublimate these primitive drives; however, your job is to understand the difference between sublimation and attention seeking challenges.

I: There were several instances where feelings and behaviors were sublimated appropriately within the artwork and literature created. There were also times that a facial expression or a comment would undermine this display of artistic work. It did not seem to matter whether this interaction took place within the group setting or outside the group. If an inmate brought a piece of artwork for review to elicit a response or to garner a reaction, I could tell by their anticipatory demeanor. Genuine sublimation did not come with such expectancy.

Self-disclosure

As mentioned in the previous vignette, certain consequences arose when the inmates were allowed to bring writing samples and sketchbooks to the art therapy session. Often there was not enough time during the session to attend to
writing samples, so the intern would spend five to 10 min after the session reviewing the writings or sketchbooks. Many of the inmates misconstrued this review of writing samples and artwork to mean that the intern was available to review legal documents, accept intimate letters of attachment, view graphic portrayals of the female figure, and other intense subject matter. Inadvertently, session hours were extended to allow for individual counseling sessions and confessions. This left the intern confused, vacillating between wanting to help the inmates and the desire to maintain clear boundaries.

The intern entered into the therapeutic paradigm with rigid guidelines regarding what she would reveal personally. She tried to keep a natural presence and to reveal only superficial identifying information such as school and research affiliation, musical preference, literary interest, preference for artistic medium, and some extracurricular activities. Personal opinions, political and religious affiliation, romantic attachments, and familial attributes were concealed from the inmates. Despite this attempt to withhold personal information from the therapeutic relationship, she still received advances for time and personal attention.

The deluge of personal communication resulting from the extended time boundary led unwittingly into other personal space and self-disclosure boundary transgressions. Because of her therapeutic interest in the inmate’s creative productions and general expressions, the intern became the subject of various transferential relationships, i.e., best friend, girlfriend, or sister.

I: How much or how little do we reveal of ourselves in therapy, especially with this population?
S: You may never know the consequences of revealing personal information. Any personal disclosure may signal to the group that you are more accessible than you really want to be. You are in an environment where self-disclosure is suspect and is deliberately suppressed for survival. This may result in the inmate starving for personal contact. You may view your patterns of disclosure as innocuous, while the inmate may see your actions as an attempt at personal connection.

I: Are simple boundary transgressions in any way related to the extent or degree of transferences? If so, what is the nature of this relationship?
S: Transference is a natural byproduct of any therapeutic exchange. The inmate’s environment may be too primitive to take advantage of the transferential relationship that would develop. In less restrictive environs, transferential relationships can be used therapeutically. However, such a relationship in prison may cause too much regression and the inmate may not see it other than what they want the relationship to be.

I: What sort of transferences can I expect as a result of the way I establish my personal boundaries? Although I tried to remain as opaque as possible without losing the essence of human interaction, could I have prevented the type of exchange witnessed in the above vignette? Or is it inevitable?
S: The inmate’s boundaries are so thin that it is your job to create strong boundaries. Is it inevitable? I do not know if it is inevitable, but boundary transgressions are more than likely. How we respond to those boundary transgressions determines therapeutic outcome. Structure in all prior boundaries can help create clearer identity between the therapist and the inmate. Always be vigilant in all realms of self-disclosure. However, do not ignore nor lie to the inmate that asks a direct personal question. Rather, use the question for therapeutic interaction; you may ask the inmates questions such as, “how will this information help you?” Then address the issue of personal boundaries directly.

I: I understand that all of these personal interactions may be inevitable. The extent to which they become violations or major transgressions can be controlled to some degree by the structure provided in all of the above-mentioned boundary dimensions. So, 5 min after a group meeting time may seem like a perfect compromise but is misconstrued as special attention. If I had maintained the boundary of time, an inmate’s drive to disclose personal information could have been released within the group or within the artwork, not afterward. If it was a pressing issue allowed to surface in a public context, it would eventually. There is a “slippery slope” regarding all boundaries and that certain settings necessitate certain boundary formation.

Conclusion

This article focuses on one intern’s struggle with the boundaries of time, space, materials, and self-disclosure, and the supervisor’s responses to her inquiries. The information and discussions summarized, although specific to the intern’s situations, can be generalized for the edification of all clinicians in the prison setting. Rather than focusing on how art therapy is used in prison or its efficacy, this article focuses on the pragmatic issues interns and first time art therapists face in a prison setting—chiefly, the boundaries that prisoners often challenge. In many clinical settings,
therapists need to learn the delicate balance between distance and therapeutic openness. It is difficult for a therapist to know how to exhibit genuine interest in the process while avoiding boundary transgressions. In a prison, this is even more significant. It is common for inmates to challenge the boundaries of the institution and its rules in order to “work the system.” There is also a tendency for the institutional staff to suspect every action in their wards. The therapist is caught between wanting to provide sound clinical therapy and building a valuable rapport with the inmates, and simultaneously representing and maintaining the integrity and security of the institution. This balancing act can only be resolved by clarifying and maintaining strong therapeutic and personal boundaries, and constantly being aware of one’s own limitations and issues.

References


