



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES

CAPITAL CENTER, 50 E. STATE STREET
PO BOX 727
TRENTON, NJ 08625

JAMES E. MCGREEVEY
Governor

GWENDOLYN L. HARRIS
Commissioner

ALAN G. KAUFMAN
Director
609-777-0702

DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

June 6, 2002

**SUBJECT: Administrative Bulletin 4:19
Ethical and Therapeutic Staff/Patient Interactions**

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it. Also attached is a revised Administrative Bulletin Index for your Manual.


Alan G. Kaufman
Director

AGK:pjt
Attachment

DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN 4:19

SUBJECT: ETHICAL AND THERAPEUTIC STAFF/PATIENT INTERACTIONS

I. PURPOSE:

To provide guidelines for staff which govern ethical staff-patient relationships with respect to interacting with individuals who have received or are receiving care and services within a state psychiatric hospital.

II. SCOPE:

This policy applies to all psychiatric hospitals operated by the Division of Mental Health Services.

Greystone Park Psychiatric Hospital
Trenton Psychiatric Hospital
Ancora Psychiatric Hospital
Ann Klein Forensic Center
Senator Garrett W. Hagedorn Psychiatric Hospital
Arthur Brisbane Child Treatment Center

III. AUTHORITY

A.O. 4:05; A.O. 4:13; A.O. 4:14; A.B. 3:18; A.B. 4:08; A.B. 4:13.

IV. STATEMENT

Interactions between staff and patients are a powerful force in the psychiatric treatment process, and care must be taken to insure that relationships which develop are appropriate and ethical.

Interactions between staff and patients must always aim to meet the highest level of professional and therapeutic standards of care. Caution shall be taken to avoid even the appearance of impropriety.

V. DEFINITIONS

ABUSE means any act, omission or non-action in which an employee engages with patients, that does not have as its legitimate goal the healthful, proper and humane care and treatment of the patient; which causes or may cause physical or

emotional harm or injury to a patient; or deprives a patient of his/her rights, as defined by law or Departmental policy.

CLINICAL TREATMENT STAFF – all staff charged with the responsibility to provide care and treatment which include but are not limited to: a physician; psychiatrist; psychologist; nursing direct care staff including: RNs, LPNs, HSTs, HSAs, RLS; MSOs; physical therapist or social worker; an occupational, recreational, art or music therapist; a substance abuse counselor; pastoral care staff member; clinical dietician.

EMPLOYEE/STAFF means a person employed by the State to work at a State psychiatric hospital or a person employed by a private entity under contract with the State to provide contracted services at a State psychiatric hospital.

EXPLOITATION involves any willful unjust or improper use of a person for the benefit or advantage of another. Employees commit an act of abuse when they: exploit a patient for their own benefit, or condone or encourage exploitation of a patient by another person. Examples of exploitation of a patient include, but are not limited to: financial transactions; appropriating, borrowing or taking without authorization personal property belonging to a patient; or engaging in sexual activity with a patient, regardless of whether the patient gives consent or the employee is on or off duty. Such sexual activity between a person and a patient is also considered a crime and will be fully prosecuted.

NEGLECT involves any act or omission which causes or may cause spiritual/emotional/physical pain, harm or injury to a patient, or which violates the patient's rights, is done carelessly and unintentionally which falls below reasonable standards of conduct expected of employees in performing their job. Examples of neglect to a patient include, but are not limited to: leaving a patient who requires supervision unattended; allowing a patient access to harmful substances (e.g. chemicals, sharp instruments); and failing to observe appropriate safety precautions.

NON-PHYSICAL ABUSE involves any willful act or omission which causes or may cause emotional harm, psychological harm, mental distress or humiliation or where it is reasonable to believe that harm would result regardless of the cognitive or sensory level of the patient. Examples of non-physical abuse to a patient include, but are not limited to: verbally assaulting; ignoring a need; teasing or degrading; and use of racial or gender slurs and/or slurs pertaining to one's sexuality.

PATIENT – an individual who is a known recipient of inpatient care currently or in the past.

PHYSICAL ABUSE – an inappropriate behavior on the part of staff which consists of any willful act or omission which causes or may cause physical pain, harm or injury to a patient or where it is reasonable to believe that pain, harm or injury would result. Examples of physical abuse to a patient may include, but are not limited to: slapping or kicking; pushing or rough handling; and failing to intervene in a patient fight that results in physical harm to a patient, etc.

PROFESSIONAL MISCONDUCT – an inappropriate behavior on the part of staff which means any act or omission by a member of the hospital's clinical treatment staff licensed and/or certified to practice in the State of New Jersey that demonstrates an impairment or gross incompetence; violates the code of ethics of the profession or the appropriate State licensing or certifying authority or professional board, if any, having jurisdiction over the person who has been reported; or which would present an imminent danger to an individual patient, a group of patients or the public health, safety or welfare. Such acts and omissions are considered Conduct Unbecoming a Public Employee as contained in N.J.A.C. Title 4.A:2-2.3 Part A, (6).

SOCIAL RELATIONSHIPS – casual activities, meetings, and contacts between patients and staff members that are informal in nature.

THERAPEUTIC RELATIONSHIPS – contacts between patients and staff that are conducted with the aim to improve the patient's clinical condition and accorded by practice standards as described by a licensed health practitioner's discipline. Pre-existing social or familial relationships preclude a professional therapeutic relationship.

VI. GUIDELINES

1. All patients receiving services are at all times to be treated with dignity, courtesy, consideration and respect taking into account their various cultural, ethnic and religious preferences.
2. All professional staff have ethical standards to which they subscribe as members of their profession or to which they are held as a matter of regulation and law.
3. All staff in addition to professional ethical standards, are bound by both professional ethical standards and standards that foster therapeutic relationships which are in accordance with a patient's plan of care.
4. All staff members in a hospital are most clearly helpful to patients if their relationship exists within the context of a clinical treatment plan, organized to assist the patients' movement towards their treatment goals.
5. Avoiding inappropriate interactions between patients and staff does not imply being unfriendly. Though staff relationships with patients are to be therapeutic in nature, teaching or modeling relationships are more helpful and appropriate than posing as a friend to the patient.
6. All activity between patients and staff is of such a nature that it can and should be discussed and shared with the treatment team and supervisory staff. Any interaction that cannot be disclosed in such a manner is probably unacceptable and denies the patient his/her benefit to treatment.

7. When staff are concerned that a patient's attempt to approach them outside the normal context of the therapeutic relationship may be unethical or inappropriate, they should inform the patient of that concern and seek guidance from their clinical supervisor, team leader or other team staff as soon as possible. Failure to do so may result in disciplinary action.
8. Staff who become aware of inappropriate staff/patient interactions are to advise their immediate supervisor or team leader for consideration of guidance and action. Failure to do so may result in disciplinary action.
9. Staff who exploit patients for their own purposes can upon review and investigation be disciplined and/or charged with abuse or professional misconduct.

VII. STANDARDS FOR ETHICAL AND APPROPRIATE RELATIONSHIPS BETWEEN STAFF AND PATIENTS.

1. The foundation of all staff-patient interactions is the development of a positive, caring, therapeutic relationship. Therefore, it is the responsibility of staff to maintain a relationship with patients on a therapeutic basis.
2. Staff are to recognize the trust placed in, and unique power of, the therapeutic relationship. While acknowledging the complexity of this type of relationship, staff shall not exploit the trust and/or dependency of patients. Business or close personal relationships with patients could impair professional judgement, compromise the integrity of treatment, and/or promote the employee's personal gain and are not acceptable.
3. Staff are to use their knowledge and professional associations for the benefit of patients they serve and not to secure unfair personal advantage.
4. Staff shall be aware of maintaining appropriate standards in the relationship between themselves and patients because of the inherent imbalance in power and knowledge between them.
5. Transgressions or abuses of appropriate relationship standards which occur because of the power imbalance include requests for financial advice, benefit or influence on decisions outside of the health care context, and/or romantic or sexual relationships.
6. Staff-patient ethical issues and/or transgressions or abuses of appropriate relationship standards requires common sense, responsible judgement and vigilance and may be of concern even with former patients because the relationship involves a power imbalance that can continue to exist following the discharge of the patient from the hospital.
7. Staff members are to monitor any of his/her personal biases and should seek consultation or supervision as needed in order to deliver care to patients in a sensitive, nonjudgmental and nondiscriminatory manner.

VIII. INAPPROPRIATE STAFF TO PATIENT INTERACTIONS

Staff are to avoid the following types of behavior with patients that could impair professional judgement, compromise the integrity of treatment and care, and/or either use or convey an appearance of using the relationship for staff's own gain.

The listing of behaviors given under each category of inappropriate staff to patient interactions are not exhaustive and are provided as examples.

1. **DISCOURTESY**
including, but not limited to, disrespectful or unprofessional language or behavior including the use of obscenities or lewd gestures.
2. **CONDUCT THAT CROSSES THE STAFF PATIENT BOUNDARY**
including, but not limited to, sexual contact; physical, mental or verbal abuse; inappropriate physical contact or mistreatment.
3. **FINANCIAL TRANSACTIONS**
including, but not limited to, financial relationships with patients during hospitalization and after discharge i.e. cashing patient checks; taking loans from patients; buying from or selling or giving to a patient or former patient items such as a car, furniture or household goods; renting a room or apartment to a patient or former patient.
4. **NEGLECT OF DUTY OR WILLFUL FAILURE TO DEVOTE ATTENTION TO TASKS WHICH COULD RESULT IN DANGER**
including, but not limited to, failure to report verbal or physical abuse; assisting in an escape or not informing the hospital of knowledge of an escape.
5. **PROFESSIONAL MISCONDUCT/UNPROFESSIONAL BEHAVIOR**
including, but not limited to, disclosure of confidential information outside of the treatment team, except for consultative and administrative purposes within the hospital; religious proselytizing; entertaining a patient or former patient in one's home without informing or advising your clinical supervisor/treatment team and/or with intent to take advantage of the individual; denial of a patient's rights outside of the appropriate denial of rights process; inappropriate or improper social contact.

6/6/02
Date

Alan G. Kaufman
Alan G. Kaufman, Director