



## CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

### Working with relationships and boundaries: Part 2 – Setting boundaries

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#### ABSTRACT

*Background:* While I was acting as a critical companion to a practitioner he disclosed a very personal past history to me. I discussed this with my own supervisor who advised me that I needed to set clear boundaries around my facilitation work. This 2 part reflection, using both creative work and theoretical literature, is a direct response to that advice.

*Aim:* Part 2 - To explore content boundaries within a critical companionship relationship.

*Conclusions:* The relationship between a critical companion and practitioner needs to be mutually negotiated, open, honest, non-hierarchical and person-centred. At the same time, the critical companion needs to initially take the lead in setting content boundaries, so that both parties are clear as to what are appropriate issues for them to work on together. The practitioner should be advised to seek alternative support, outside the facilitative relationship, for any identified personal issues that are impacting on their practice.

*Implications for practice:*

- Facilitators need specific guidance on both developing relationships and setting appropriate boundaries within their work
- All those working in any facilitative capacity should ensure that they have their own professional support mechanisms in place

**Keywords:** Critical companionship, facilitation, facilitation relationships, facilitation boundaries, critical reflection

#### Background

As part of my current role, I work as a facilitator supporting individual practitioners with their professional development through work-based learning. To underpin this way of working I use 'critical companionship' (Titchen, 2000, 2003) as my guiding framework. Critical companionship is a conceptual framework for an holistic, person-centred, helping relationship between an experienced facilitator and a co-learner who embark together on an experiential learning journey (Titchen, 2000).

This paper is Part 2 of a reflection that I undertook in response to an email that I received from a practitioner that I was working with. The email gave me a brief rundown of his personal past history, and the current situation he found himself in. At the end of the email he asked whether I still wanted to continue working with him, in view of what I now knew about him. The issue he raised was a

personal one and not directly related to our work together, so the email that I sent in response said that I was more than happy to continue, but I gave him the option of ending the critical companionship relationship if he wanted. I also said in the email that I was not able to offer him any counselling, but as a friend I could listen if he ever needed to talk. I did say however, that when we next met we would discuss alternative sources of support that were available to him.

After sending the email I discussed the issue with my own supervisor who told me that I must set up boundaries in my facilitation relationships, and that this issue would fall outside that boundary so I must not become involved, not even as a 'friend'. Following this discussion I explored the issue of boundaries with reference to the relationship domain within critical companionship. It is that reflection that is presented in Part 1 – Developing Relationships (see International Practice Development Journal 2012, Vol. 2. No. 1. Article 9).

I presented that reflection in my own supervision a few weeks after completing it. The feedback reproduced here (with my supervisor's permission) was taken from our conversation during supervision.

*B – 'Do you want to talk about the other reflection, about the boundaries?'*

*C – 'Yes please - did you get chance to look at it?'*

*B – 'Yes I did. I thought actually it was a really good reflection, very thorough and very systematic. I suppose the issue that was troubling - that isn't the right word but I don't know what is the right word - was this issue about just putting a boundary around the one person who had shared his personal issues with you. I can understand how you interpreted it that way, but that was not what I was intending. For me it was about what boundaries do you as a facilitator have around yourself generally, in that situation. So where you had your three images, for me it certainly wasn't the one where everyone was in your boundary and one person was outside. That for me would be completely inauthentic, and I think you identified that. Equally it wasn't the one where everyone was blended, because that just creates a mess which in the end was what the image was. The issue, and what a lot of the supervision literature is around, is the facilitator or supervisor needing clear boundaries about what is in the relationship and what is outside the relationship. It is not so much the relationship domain per se, in terms of the authentic connection you may have with the person, but it is about what is legitimate to focus on, and what is not. The reason why that is there is because, irrespective of how authentic you might want to be, you can never be a therapist. That is not the contract you are in. And what I was left with from the reflection was a sense of you leaving it open to enable you to occasionally justify being a therapist.'*

*C – 'Right. OK.'*

*B – 'Even if that wasn't what was dominant in your head, it felt that it was still there as a situation you could potentially walk into, and for me that needs to be firmly closed off. This is not the contract that he has signed up to with you, or you have signed up to with him. Whether he gets some therapeutic effect from it is a different story, but it is not your role to engage in what might be seen as therapeutic interventions. That is the boundary issue that I was meaning, and that boundary issue has not been covered. Does that make sense?'*

*C – 'Yes, I think so. What came into my head as you were talking was a Johns' paper on clinical supervision and what is an appropriate subject to bring to clinical supervision and what isn't, is that it?'*

*B – ‘Yes. So it is very important for you to understand that this is not a therapist’s role. It can have a therapeutic effect of course for everyone involved in it, but that is different to what is the intent or the primary purpose of the relationship. So I just thought your reflection got confused in leaving that door open, and I feel very strongly it needs to be firmly closed.’*

*C – ‘Yes, OK. I’ll reconsider this then. Thank you.’*

Following this feedback I felt I needed to consider setting boundaries in a slightly different way, and consider the content of our facilitation sessions rather than the relationship between us. To support this I have utilised some clinical supervision literature, partly because it considers the issues that are brought to supervision, but also because, depending on the way supervision is used, it can have emancipatory intent (Johns, 2001). This is important to me because my intention is to support the practitioners I am working with to grow and flourish, so to use literature that advocated a more technical process would not be authentic to my way of working.

### **Appropriate issues**

#### Personal/professional split

In one of the early studies undertaken to begin the process of evaluating the impact of clinical supervision, White et al. (1998) reported that amongst the participants a common ground rule was to confine clinical supervision sessions to work-related matters and to exclude personal matters, ‘unless they appeared to have an impact on performance at work’ (White et al., 1998, p 188). As time has moved on however, it seems to have become increasingly recognised that this is not as easy as it seems, simply because, as Heath and Freshwater (2000) argue, ‘self-awareness, acceptance of an internal locus of control and responsibility for one’s own actions is at the heart of professional practice’ (Heath and Freshwater, 2000, p 1299). Some involvement of the self in supervision must therefore occur. Esterhuizen and Freshwater (2008) are more explicit in linking professional and personal behaviour. They believe that professional issues generally have a personal component to them that needs to be addressed before the professional issue can be successfully tackled. At the same time it is recognised that behaviour demonstrated in a professional setting will often be identified as occurring in the practitioner’s personal life as well (Esterhuizen and Freshwater, 2008). So it would appear that the ‘easy’ answer of stating that professional issues are appropriate for clinical supervision and personal issues are inappropriate is not sufficient.

To a large extent the issue of appropriateness seems to depend on the underpinning philosophy of the supervision and whether it is seen as being mainly about personal development (e.g. Johns, 2000), or mainly about professional development (e.g. Yegdich, 1998). There are however conflicting views as to what constitutes ‘professional’ development issues with Esterhuizen and Freshwater (2008) suggesting that issues related to management, inter-professional interaction, relationships with peers and patient’s families, and organisational concerns all influence professional development (Esterhuizen and Freshwater, 2008, p 123) however, Yegdich (1998) is quite dismissive that something like the issue of failing to get a job promotion is anything other than a personal issue.

It has been suggested that if the practitioner does bring a personal issue to supervision then it is the supervisor’s responsibility to try to make a connection between that and the practitioner’s practice (Power, 2007). If this cannot be done, then the practitioner should be advised to seek help with their issue from a different source. This links to the idea that clinical supervision becomes therapy and therefore inappropriate, when the personal issues become central (Heath and Freshwater, 2000). It seems however, that this is not always easy to recognise or to do, which is illustrated by Yegdich (1998), who eloquently critiques a supervision session described by Faugier (1992). She illustrates clearly how this has slipped into ‘therapy’ by completely losing the focus of the patient and instead turning the focus onto the nurse and her personal issues. She goes on to state that although the

boundaries between 'the social, personal and the therapeutic professional' are unclear, it is still important to try to define them (Yegdich, 1998, p 200).

#### Developing self-awareness

For Esterhuizen and Freshwater (2008), a key feature of supervision is developing self-awareness in an individual. It is this self-awareness that they believe enables the practitioner to adapt their behaviours and ultimately change or improve their practice. Similarly, within critical companionship the processes within the facilitation domain are focussed on raising the practitioner's awareness of both themselves and the practice they often take for granted (Titchen, 2004). Although Esterhuizen and Freshwater (2008) believe that self-awareness develops at the border between the personal and the professional, they do not advocate that both should be dealt with in supervision. They are instead very explicit that both parties involved in the relationship need to clearly set boundaries, with the supervisor having the responsibility to maintain their professional role and the practitioner having the responsibility to address any specific personal issues in a different setting to the supervision relationship. They go on to say that as part of their role 'the supervisor could suggest where the individual may receive help, but in no way should take on the role of counsellor' (Esterhuizen and Freshwater, 2008, p 126). So in reality, it seems that it is not the complete exclusion of personal issues from the discussion that is important, but rather making sure that they are only included where they directly impinge on the practitioner's working life, and then only identifying them in order to raise the practitioner's self-awareness so that they can take personal action in a more appropriate setting.

#### Power-related issues

There are other perceived problems with bringing personal issues to supervision, with Cotton (2001) suggesting that the process can become like a 'confessional', with individuals revealing their failings in a Foucauldian manner to a 'more powerful other', thus making themselves 'targets for surveillance, control and expert intervention' (Cotton, 2001, p 516). In a similar way, although explicitly referring to the way nurses are made to write reflective accounts of their practice for academic awards, Ghaye (2007) raises the question of whether expecting nurses to expose their deeper feelings to relative strangers is ethical. Conversely, Esterhuizen and Freshwater (2008) suggest that organising clinical supervision specifically as a method of control and management may actually reduce the risk that supervisory sessions drift into a counselling mode (Esterhuizen and Freshwater, 2008).

Considering the above in relation to my role as a facilitator, I can see that the key issue is explicitly setting out the boundaries prior to agreeing to work with the practitioner. This would include being specific as to what are considered personal issues and therefore inappropriate for us to work on together. This issue is important not just for my well-being, but also for protecting the well-being of the practitioner and preventing him from inappropriately exposing himself and making himself potentially vulnerable. My role as facilitator is to try to establish an environment that maximises the learning for the practitioner, and Brockbank and McGill (2007) suggest that this is best achieved initially by me taking responsibility, in a hierarchical mode, for articulating and holding the boundaries of our relationship until the practitioner is familiar with the process and can share the responsibility with me.

Having therefore considered the issue of boundaries in a slightly different way, I have now painted another picture which moves forward from the three pictures in Part 1.

**Image 4.** Working with a boundary set within each person



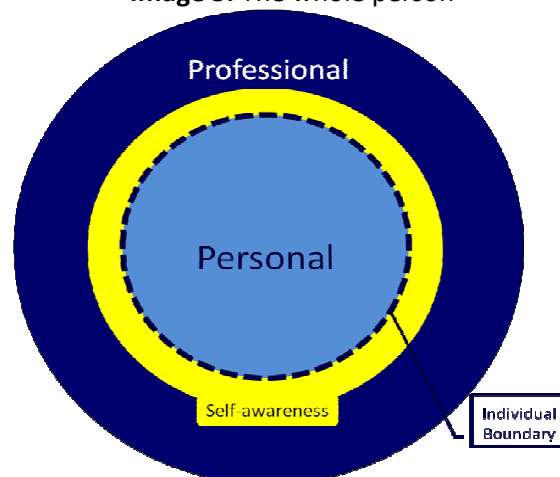
This image shows how I now visualise my critical companionship relationships. I can still work with the individual practitioner as a whole person, but now we only focus on the outer ring which contains the professional issues. I still have a mutual, reciprocal relationship with each individual practitioner and them with me. Comparing this to Image 3 in Part 1, I am also now completely visible, and I am not being ‘overwhelmed’ by working with a number of practitioners. This picture not only ‘feels’ stable, but it looks open and transparent.

### Conclusion

The feedback I had from my supervisor, and the work I have done since then, has made me view this issue differently. In Part 1, I had been focussing on setting a boundary either completely around me, or between me and some of the practitioners I am working with, which had the potential to impinge on the important relationship between us. Now however, I am focussing on each of us setting the boundary within ourselves and identifying at the outset what issues are appropriate for us to be working with as a part of our critical companionship relationship.

I now try to visualise each person as made up of different layers wrapped around each other. The central core is the personal layer and the outer ring is the professional layer. Between these two layers is the practitioners self-awareness, and it is this that enables the practitioner to change or improve their own practice. The boundary sits around the outside of the personal layer and is a broken line to indicate the potential within each individual for movement between the personal and the professional.

**Image 5.** The whole person



Visualising it in this way enables me to know the practitioner as a whole person (as far as he is prepared to share), to build a relationship with the practitioner on an equal basis and enables me to tailor my interventions to ensure that they are the most appropriate for each individual practitioner. It also helps to address the issues mentioned in Part 1, about the practitioner getting to know me as the facilitator, as it enables me to work in an open, honest, non-hierarchical relationship without having to divulge all my own personal issues to the practitioners. It encourages me to only focus on the appropriate outer professional layer, and ensures that I do not delve into the deeper personal layer (either mine or theirs) that should remain behind the boundary and out of reach.

Setting the boundary within each practitioner, rather than between me and the practitioners, enables me to maintain authenticity in my work. So when I am working as a critical companion I can have a mutual, reciprocal, person-centred relationship with the practitioner, but still keep appropriate boundaries in place for the focus of the facilitation work. Focussing on setting the boundary in this way, enables me to be more effective as a facilitator, as although I am mindful of the person I am facilitating, I am not incapacitated by worrying about their personal issues. It should also enable the practitioner to feel safe within the relationship, knowing they will not be expected to expose their personal issues for scrutiny.

Finally, undertaking this whole piece of work has enabled me to see with greater clarity, issues relating to my own supervision relationship. It has also helped me to realise the actions I need to take to address these issues.

#### **Action points as a result of this reflection**

- I am going to have an open and honest discussion with each of the practitioners that I am working with
- I will use my paintings to explain the importance of building relationships but setting boundaries
- We will renegotiate our 1:1 contracts to make explicit where those boundaries are
- I will revisit my own supervision contract with my supervisors

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