

Flexible Therapeutic Boundaries in Psychotherapy and Counseling

Casey Truffo, Director of International Therapist Leadership Institute Interviews Dr. Ofer Zur

Casey Truffo: Hi it's Casey Truffo, and I'm delighted you guys are joining me again. In just a few minutes we're going to be talking with Dr. Ofer Zur. We have the opportunity to talk with him twice this week besides the kickoff call, that's very exciting, and he's going to be talking today about ethical, clinical, and practice-building tools for the 21st century, and in particular we're going to be talking about flexible therapeutic boundaries as practice-building tools. I think that this is going to be an amazingly interesting topic, so I'm very excited that you're here.

I'm just welcoming people before we get too far into the talk. I just want to say hello. Did anybody join us on the line? If you're calling in on the webcast, or listening through the Internet, if you could put in that Q&A box where you're calling from, we can welcome you. Good; Pamela from Virginia says she's back for more, welcome. I hope you guys are enjoying this conference, if you are please shoot us an email at support@therapistleadershipinstitute.com, and let us know what you think, or feel free to comment on the TLC login.com blog under each of the presenters if you've got thoughts and ideas about a presentation.

So far we've had an awesome time, we had a great kickoff, and then last night we had the opportunity to listen to Peter Hannah talking about web marketing. Today this morning we got to listen to Bill O'Hanlon talk about positive psychology, and again Ofer Zur is going to be joining us in just a moment, so if you guys have questions for Dr. Zur, please put them in that Q&A box, or shoot us an email. We'll try to open up the lines, we'll see how well our recording lines are. I appreciate you guys for what you are doing.

I also wanted to mention that we are going to be doing this conference again next year, and it will be April 19 through the 23rd. I'm very excited about that, we're already lining up some of our presenters. If you have some suggestions for presenters feel free to shoot them over to us, and we'll look into that. We're certainly taking your comments very seriously, and we want to make this a conference that you truly, truly love, and that you'll come back again, and again each year, and that we serve you from the Therapist Leadership Institute, that we serve you in whatever way you need to be served.

Let me just ask has anybody else joined us on the telephone line with me? Okay. Again we'll be getting started in just a moment. You know one of the things that was so cool for me about this conference is that this whole week I get to sit home

in my jeans and T-shirt drinking my bottled water, and chatting with people that I would normally only get to see at the conferences, and maybe not even really get to hear much of what they were saying, because there was another presenter opposite them, so this has been really exciting for me.

Okay we're just vamping here before we get started. Also I just wanted to let you know if you are over on the TLC login blog, there is your goodie bag that you can go into and see some of the options that presenters have offered to you, recordings or audios that you have the opportunity to have. Juliette Austin did a great video critique of a website, and what was good about it, so that might be an interesting thing, plus Dr. Zur, who is coming on in just a moment, has put a whole lot of resources there, so you might want to check that out.

Also there is a live chat room that if you want to connect with some of your peers, you can join that. Just log in and give yourself a name, and log in, and perhaps chat with some of your peers while you're there. Again let me ask has Dr. Zur joined us on the line? Okay I was talking to him just a moment ago, he'll be here in just a moment. If you guys have any questions for me, I always like to reward the people that get on early, so if you have any questions for me, if you want to put them in that Q&A box, either questions about the conference, or a question about the Therapist Leadership Institute, feel free to do that.

We're just going to wait a couple more minutes to get started. I can tell you about the rest of today if you're interested. Later today at 1:30 Pacific, 4:30 Eastern, we're going to be talking with Lori Schwanbeck on mindfulness, and I'm very excited about that talk. She's going to be talking about how to regulate our emotions using mindfulness, and DBT, and she's a very charismatic presenter. I think you'll enjoy that talk quite a bit, and then at 3 o'clock Eastern—excuse me—3 o'clock Pacific, 6 o'clock Eastern, Dr. Mike Brickey will be there talking about antiaging psychology, and that's going to be fun, where he's going to be talking about what we need to do to grow older with a fine quality of lifestyle, and then at 5 o'clock Pacific, 8 o'clock Eastern will be Dr. Bill Doherty, where he'll be talking about working with ambivalent couples--

couples that are trying to decide whether to get married or stay divorced. Again for those of you that are just joining, this is Casey Truffo, and in just a minute we're going to be talking with the Dr. Ofer Zur on boundaries in therapy, and how we can use flexible boundaries as practice-building tools. Ofer, hi.

Ofer Zur: I'm here.

Casey Truffo: Great. Well many of you know Dr. Zur, because he has an amazing site that with zillions and zillions of CEU programs, so those of you that would like to get CEU's online, learn a lot, have a lot of fun, and get them quickly, feel free to visit his site, and it's doctorzurinstitute.com, is that right?

Ofer Zur: zurinstitute.com, yes.

Casey Truffo: zurinstitute.com. Feel free to go there, and if you look in the resources section, and also if you look in the goodie bag, you'll see lots of free things that Dr. Zur has offered to you. I think that one of the most interesting things to me about Dr. Zur, is that many years ago when it was just a dream of everybody else, he found the Internet, and he started creating online CEU programs for us. How many do you have out there now Ofer?

Ofer Zur: I have 107.

Casey Truffo: 107, so believe me, you can go find something. I go there every year to get my CEUs, and I enjoy the ones on movies and therapy, and just the ethics, I get all my ethics things there, so it's interesting that today we're going to be talking about boundaries, so I'm very excited, and I don't want to take up any more of your time, so Ofer can you tell me a little bit about when we talk about boundaries, what are we talking about?

Ofer Zur: We're talking about 2 things today; we're talking about what are boundaries, and what boundaries have to do with making money? By the end of the hour, we hopefully have a sense of what are the ethics around boundary crossings, and what are boundary violations? What about touching clients? What about dual relationships, and what's the connection between all these ethical issues, and making a good living? I must admit with all my work on private practice, Casey, for years, and years, and years fighting managed care, and all this stuff, that you and I have been doing forever, in my work on ethics, this is the first time that I have been invited to create a bridge between the two.

It's obvious for me what the bridge is, and I alluded to that in my speaking and my writing, but this is the first time that I'm focusing on how flexibility in our practices can increase our income.

Casey Truffo: I think it's a wonderful marriage of those 2 topics, and it's not one that most of us think about. In fact sometimes we get a little bit nervous about it. Now I know that going into this, some people are going to be a little bit nervous when we're thinking about crossing boundaries, and doing some things that we might not have done before, so we want to make sure that we address that as we go along.

Ofer Zur: Absolutely, so let's start. What are therapeutic boundaries? Therapeutic boundaries involve issues of gifts, touch, self-disclosure, Internet transparency, bartering, what I call out-of-office experience.

Casey Truffo: Excuse me Ofer, excuse me I'm going to mute the lines because we're getting a little bit of interference, I'll be right back. Okay, go ahead please.

Ofer Zur: Can you hear me? Did you mute me too or not?

Casey Truffo: No I hope not.

Ofer Zur: Okay. Sometimes I know my wife would like to have a button that would mute me. Anyway so out-of-office experiences, which include home visits, nature therapy, all kinds of things. Home office is a boundary issue, dual relationship of course, and then there are issues of fee, time, proximity, space, clothing, and language. Therapeutic boundaries really define therapeutic relationships. They mark what the analysts used to call the therapeutic frame. It differentiates between what is psychotherapy, rather than what is social, familial, sexual, business, and other relationships.

It defines what we do in psychotherapy. Generally 2 types of boundaries. We have boundary crossing, versus boundary violation, and many people just confuse the two. Boundary violations are very easy to define. It has to do when us, therapists, cross the line of decency, or we violate our clients, we exploit them, and inflict intentionally harm on them. Boundary violations is easy to define. Boundary crossing is a little bit more subtle, because boundary crossing involves a lot of good stuff that we do in therapy like self-disclosure, or touch, or bartering, so it involves neutral and appropriate, or benign, and clinically effective interventions that are going beyond risk management, or old analytic practices, where you see it's completely anonymous, and you don't respond to clients, no self-disclosure, no touch.

If you read--they can sometimes--you read the risk management, and you avoid touch, or avoid bartering, or in other organizations, even though a lot of them are changing right now, you get the sense that good therapists do not touch, do not self disclose, do not sit close to the clients, do not go for walks, do not do home visits. Of course it's silly and ridiculous, and this is why so many therapists are not making good living, and we'll get to that.

An example of boundary crossings is clinically appropriate self-disclosure, home visits to the elderly, to the bedridden, nonsexual touch, which is one of the most powerful therapeutic interventions that we have in our arsenal of tools that we are definitely underusing in this culture. Appropriate gifts, when we receive gifts, or give gifts, are all appropriate; gifts go under boundary crossings. Appropriate non-exploitive bartering belongs here, attending a wedding, attending a graduation, taking an anorexic client for lunch; and there are two types of boundaries.

One is around us, around us and our clients, and the other one is between us and our clients. The one that is around us, and around the clients and ourselves, has to do with time, the place of therapy, the fees, bartering, and issues of confidentiality of privacy is around us and our clients. The type of boundaries that are between us and our clients, has to do with self-disclosure, touch again, gifts, dual relationship, language, proximity, how close do we sit to our clients, or how far.

Casey Truffo: Now let me just ask you a question. Why do you call that boundary crossing?

Ofer Zur: When Arnie Lazarus, the multimodel guy, and me wrote the first book, we were so confused how to call it, and how to define it, because self-disclosure, if somebody

comes to my office and talks about being a parent, and I talk about my struggles with the life of parenting, it's appropriate self-disclosure if it's clinically motivated. Nothing is boundary crossing about it if you think about it, but because it's moving away from this "don't touch, don't self disclose, don't barter," etc., or moving away from the analytic mode that so many therapists have been trained, it's become a boundary crossing.

It's a terrible name, I agree with you, but we haven't found a better name to lump all of these things together more than under "boundary crossing." We try to differentiate it from the boundary violations. Did I answer your question?

Casey Truffo: Yes, so what we're saying is boundary crossing is something that we can do when it's clinically appropriate and motivated, but we don't want to go into boundary violation, is that what you're saying?

Ofer Zur: Absolutely.

Casey Truffo: Okay, great.

Ofer Zur: Absolutely. We made a definition of what we are we talking about boundaries, and what are boundary crossings, and what are boundary violations. Now we can go into two ways, and Casey you can help me here. We can talk a little bit more about each of the boundary crossings, like the importance of self-disclosure, etc., the importance of touch, appropriately bartering, or we can go to the relevancy of them to practitioners. How would you like to go?

Casey Truffo: Let's go your first way first, and then maybe, talking about examples, what they are, and then maybe you can weave in how that's relevant?

Ofer Zur: Okay let's try to combine the two.

Casey Truffo: Is that possible?

Ofer Zur: Yeah let's try to combine the two, and please interrupt me and ask me to clarify.

Casey Truffo: That's one thing my husband will tell you, I do quite a bit, too.

Ofer Zur: I'm very interruptible, so as far as I'm concerned you can unmute the participants and they can interrupt me too.

Casey Truffo: We'll do that in a little bit.

Ofer Zur: It's your call. Let's start with self-disclosure. Self-disclosure is a revelation of personal rather than professional information about a therapist to a client. Another way to call self-disclosure, it would be called transparency. We know that transparency can be intentional or unintentional. There is a myth that self-disclosure is something that we choose to share with our clients, but then it's kind

of silly. Our clients come into our offices, and they know a whole slew of information about us regardless of whether we put the picture of our beloveds and our children on the desk; they know where we practice, what part of town we practice, what kind of clothing we wear.

Women will notice about each other's jewelry, and weight, and dress, and shoes, and earrings, and all the things that men are usually clueless to, and so self-disclosure is something that just happens. It's not only what we tell our clients. A woman tells me about how her husband treats her, and I raise an eyebrow, responding with some kind of moral outrage, verbal, or nonverbal, this is self-disclosure. I don't need to say anything, she can just sense the look on my face, and this will be a self-disclosure.

Some of it can be intentional, some of it can be unintentional. Some can be deliberate, and some can be accidental. Sometimes we just utter words, or respond, or sometimes we bump into our clients in the gym. A couple of months ago I was in the local gym, and I had a self-disclosure; I was naked in the local room, and guess what? There was another client of mine naked in the locker next to the shower, so this was another type of self-disclosure that was accidental. We saw some of it in the movie *Prime*. Accidental dual relationship, and accidental disclosure there.

Self-disclosure could be verbal, nonverbal, it can be avoidable, and unavoidable. It can be appropriate, inappropriate, or benign. It's unavoidable in small communities, in small communities, it doesn't need to be rural communities, it can LGBT communities, veteran communities, rehab communities, etc. The biggest thing about self-disclosure that's relevant also to the Internet, but before that, how self-disclosure is linked to our capacity to increase our income. Modern-day clients are not clients, they are really consumers.

They would like to know, who is the person who treats them? Not only where we went to school, and what are our fees, they would like to know do we believe in God? I'm talking about the kind of market that Casey and I have been working on to try to introduce to clinicians for years; it's not a DSM, necessarily, client; these are people who would like to live better. These are people who would like to die better; these are people would like to parent and love better. These people who are paying full fee, out-of-pocket, would like to know who we are as people.

Do you have children? Do you believe in God? Where are you from? How long have you been in northern California? It's much more than our schooling. What's your theoretical orientation; they don't care. They would like to know me as a person; they would like to know about my struggles.

Casey Truffo: Do you think that's because they're trying to see if you can relate to them?

Ofer Zur: They would like to see, more than if I can relate to them, they can see if I can help them.

Casey Truffo: I see.

Ofer Zur: They don't care if I--the relation is just on the way to help. Does this guy have life experiences, and way of thinking that will take me to the next level? Is this person afraid; is this therapist afraid to talk about death? Can I trust this person with my dreams and my shame? If I bring the idea, clients think to themselves, about pornography, is this person very tight on their morals? Is this person, if I tell them that I had an affair, will they freak out and send me to confession? They would like to know our values and experiences so they can relate to us as a first step, and ultimately they would like to know whether we can help them.

Casey Truffo: They also want to know how safe it is.

Ofer Zur: They would like to know how safe it is. For that, the self-disclosure is not only in the room, we'll add into that the online, the transparency.

Casey Truffo: Got it, so we're talking about online, not just in the room. I'm hoping you're going to talk about more about that.

Ofer Zur: Yeah and we can talk about it right now. It's part of the self-disclosure.

Casey Truffo: Okay, great.

Ofer Zur: Our clients, who are not clients, but really consumers, the same way before they go into a surgery ... I went to surgery, and I Googled my surgeon, and I wanted to know how many lawsuits, or if he had any, did he lose the lawsuits, did he settle out of court? How many complaints there are with the medical board about him? Did he get an award? Has he published? I would like to know that before I go under the knife, I'm safe. It takes me total 20 seconds to find a lot of information, so our clients Google us on a regular basis.

All the young ones are shocked that we don't have a MySpace or Facebook, or the minimum LinkedIn account, profile.

Casey Truffo: Yeah.

Ofer Zur: They are upset, even in treatment; she was surprised that he didn't have a MySpace account, actually he did have and she couldn't find it, I think, but another client found his MySpace account, and she found out that he's single. They find a whole bunch of stuff on us. If we don't have any Web presence, a lot of young, not only young, I guess most of the young ones, even 50 and 60 years old savvy consumers will Google us.

Casey Truffo: Yes.

Ofer Zur: Not really young, it's a new approach, so they Google us, if they don't find anything

about us, they think that maybe we're nobodies, because who doesn't have the minimum some webpage with some basic bio and some helpful tips.

Casey Truffo: Well you know not only that, when what I was doing a presentation recently, this lady told me that her neighbor was running for City Council, and she said she didn't agree with the neighbor's politics, but to try to be a good neighbor she gave him a very small check for his campaign, and then it showed up on the Web as she was a contributor for his campaign, and now she's linked politically to him.

Ofer Zur: Absolutely, so once you do anything online, or off-line, it's like Larry Rosen said, "It's the tooth on your forehead." I explain it to my boys, and my daughter, whatever you put on the website, on MySpace, or in Facebook, it's going to be there forever. Pictures of you, statements by you, opinions by you will be there forever, even though when you change the profile. Clients not only Google us, sometimes they go further and they find out more stuff about us. I have 5 ways that people can Google us, they can just do quick Google things, they can even get more curious, and try to find more information.

I have heard that clients join social networks, and became friends with the therapists, and the jury is out how appropriate it is, or it depends on how your site is set up. This is something that you really don't know, it's a new arena. Some clients they join even Listserv, and chat rooms, and they can hear the therapists talking about them in ethical consultation online. They find out what you discuss online. Then Casey, if you give me 5 minutes, I can go online and find out your 10 years cell phone records, all the calls you've done in the last 10 years, it wouldn't cost me more than \$40, probably I can get it for \$9.99, I think.

This is the level of intrusiveness that online is affording to us and to our clients. I have a client that found out that I lived next to the uncle who molested her.

Casey Truffo: Oh my word.

Ofer Zur: I don't know who's the uncle, I don't know even who is this person, I chose not to see them in therapy, because I found out that for her to Google to find my home address, to MapQuest it, and to find his relationship to her uncle was highly intrusive, and I'm not too sensitive to being--the self-disclosure. It was too intrusive for me, and I decided not to see her, but it's not unusual about clients who will find out a lot of information about us legally, or illegally.

Casey Truffo: Let me ask you a question on that. I work with a lot of therapists who say to me, "I don't want to put a website out there, because I'm terrified I'm going to get stalkers, and I don't want people to know anything about me." There's got to be some way to--go ahead.

Ofer Zur: Stay in hiding, and a modern consumer will say, "Who the hell this guy is?"

Casey Truffo: Right, you're not a real business person.

Ofer Zur: You're not a real business person, I'm talking to somebody right now who started a business in window washing, so he went to WordPress, and for \$12, whatever you guys pay for the year, you don't need to be a big expert, and in an hour he had a website on his window washing. He exists, as we see say, if you are a business, if you're serious, have a website, it does not need to be elaborate, most of you can do something that's helpful. At the minimum you put your bio. Not very helpful, but at least you exist.

Casey Truffo: Right.

Ofer Zur: It's better than nothing. To find out about yourself, Google yourself regularly. See what consumers, i.e., clients, will find about you.

Casey Truffo: Can I tell you a quick story on that?

Ofer Zur: Please.

Casey Truffo: We had our website hacked about 10 days before the conference, and some bad, bad people, they didn't get any client data, because we don't store it there, but some bad, bad people put links at the bottom of our webpages, so that if you Googled me, you saw that I was entertaining and dancing with naked ladies, and I was selling used cars. We worked hard to clean it up, but it was thousands and thousands of pages, and I decided not to share that with my newsletter readers until I was talking to a colleague and she said, "No you need to do that, because if people are Googling you out there, you need to be on record as to what happened." I thought that was an interesting thought.

Ofer Zur: There are incredible hazards, and the hazards are real, as you just described. There are all kind of hazards. People can go to Yelp and give you bad reviews. As a chiropractor in San Francisco, you have to be very careful if you're going to fight it. The simple way about Googling yourself, go and sign up to Google Alerts. Are you one Google Alerts Casey?

Casey Truffo: Oh yes.

Ofer Zur: Okay, I have 6, 7 Google Alerts. One with OZur PhD, Dr. Zur, Ofer Zur, I have different variations, so I hear on a daily, or weekly basis, what my consumers can find about me. It's www.google.com/alerts. It doesn't cost you anything, so we could talk more about Googling and Internet, but let's move on a little bit.

Casey Truffo: Sure.

Ofer Zur: Flexibility, one of the things that if we want to be in business, where the money is, we need to attend, as Casey has been teaching us for years, we need to attend to the baby boomers. You know when the baby boomers were born the Gerber industry exploded. When we, the baby boomers, you are young for us a little bit

Casey aren't you?

Casey Truffo: I'm 56.

Ofer Zur: Oh my goodness so you're with us, okay. When Casey and I turned in her 40s and 50s, 2 industries exploded, the diet, nutrition, the Andrew Weil industries, and the exercise industry, and not too much later the Deepak Chopra spirituality, the Secret, and all this stuff exploding. It's not only for the baby boomer, but this is where the money is at. Now the baby boomers, who experienced our parents declining, and we didn't like the way they declined, we didn't like our parents with 20 years of Alzheimer, and there is a whole new industry about how to age well.

Mike Brickey is part of this conference, and he is one of the leading people of discussing to age well. Our biggest source of income if we know how to tap into that, would be baby boomers who would like to age well. They are not afraid of death, they would like to be in control of their death, and they would like to live all the way to the edge. Two years ago I climbed Kilimanjaro at age 56, and I summited. Last summer at 58 I went backpacking on the glaciers.

Casey Truffo: Wow.

Ofer Zur: This is what we baby boomers do in different variations. We live well, we live with excitement. This is the last generation for a while to have a lot of money with us regardless of the stock market. The baby boomers are doing well. Yeah their savings may have gone from \$3 million to \$1 1/2 million, but still it's quite a bit, and we are working into our 60s, and we often like what we do. We need to learn how to work with the baby boomers, how does it tie to boundaries?

Baby boomers are going to engage with us as almost semi equal. Again, a lot of self-disclosure, a lot of talking about our relationships to death. The second thing we need to learn with the baby boomers, we need to meet them where they want to be met. Often if they're sick, we're going to come to their houses. I see winery owners at their wineries. We walk around the vineyards, and talk about growing old. They show me where they want to be buried, right there.

Casey Truffo: Really?

Ofer Zur: We meet the baby boomers, they're used to being in control, they drive the cars they want, they get all the plastic surgeries that they want. They replace their teeth, they replace their boobs, they do liposuction, they do whatever they want. They have the resources, they're used to that, they think they're entitled to that, and if we want to serve them, we better meet them where they want to meet us. Some of them like the office, many of them do not like it, because our offices remind them a little bit too much of the medical.

They don't feel sick, they don't feel ill. They just need a coach how to grow old well. How to die well. How to feel closer to God, and our offices are not necessarily the

best place to talk about these issues. Sometimes it's their homes, and sometimes it's a winery, and sometimes it's just a beautiful park. Flexibility is what they demand, it's what they expect, that's what they'll pay for. If you're going to stay rigid when answering the questions with questions, and you're not going to self disclose, and you're not going to be flexible, ... I have somebody come from Palo Alto all the way to Sonoma every other week, and it's sometimes 2 hours, sometimes even more, it's a minimum 2 hours session.

He won't go for less. He comes all the way from Palo Alto, then he's going to do a little bit of he decided to take the day off, so he drove to go out and drove vineyards. I'm flexible, I'm going to give him 2 hours, of course he's paying for it really well. I worked with an executive had fear of flying. Without a blink we went to the desensitizing exercises, and then we booked a flight, and I flew with him to LA and back.

Casey Truffo: That's great.

Ofer Zur: It's an out-of-office experience.

Casey Truffo: I just think that the healing then must be exponential.

Ofer Zur: If you engage, and you are flexible, and nothing wrong clinically in doing desensitizing fear of flying on a plane.

Casey Truffo: How do you respond to the people that say, "Okay well taking them to a mall, or walking in nature, that just feels like it's inappropriate." How do you respond to that?

Ofer Zur: It's clinically appropriate, it's in my treatment plan. I'll say I flew with him for these clinical reasons, and this person seemed to be much more open and flexible while we are walking on a beautiful trail. This person is not revealing in the office, he doesn't want to come to the office. I don't sleep with him or her on the trail, I don't exploit them. We do therapy as we walk and talk, and I document it. In complex cases I call somebody to consult with, and watch out who you call, you know?

Casey Truffo: Yeah, only ask questions you want the answer to.

Ofer Zur: Exactly. Then if you consult with somebody like me on these ethics, I mean I wrote the book on boundaries, APA published it, so I can give you a sense what is the standard of care. Home visit will fall within that, flying with a client, and walking; I have an older lady that we go on walks with her dogs once a week. I'm the only person that she sees in her life. One child died, the other child is on the other side of the country, her parents died, she's in her late 60s, she loves the dogs, and she has no interest in coming to my office, but she'll walk and talk, because she's like my daughter, she does side-by-side intimacy.

When you look at her straight in the eyes she doesn't talk well; so is my daughter.

Casey Truffo: Wow.

Ofer Zur: I document it as a clinically driven decision to do walk and talk with her 2 dogs, per her request.

Casey Truffo: I think now would be a really good time, let's open up the calls and see if anybody has any questions, because if so they're probably right on their lips.

Ofer Zur: Perhaps I'll say a few more sentences.

Casey Truffo: Sure, go ahead.

Ofer Zur: The rest of the boundaries that I discussed, touch; you know I work with another old lady, sometimes I'm the only one who touches her once a week. She comes to my office and I hold her hand.

Casey Truffo: Awe.

Ofer Zur: That's all that I do. I can recite the alphabet in Hebrew, and she wouldn't mind. The only thing that she feels is me holding her hand. I document it, I consulted with somebody who was really expert on touch too, so I put a note in my thing about the appropriateness of that. There's nothing to fear. I know some attorney is telling you give an A frame hug. I don't know, for some people it's very insulting. You try to give an A frame hug to a Middle Easterner, or to a Mexican, or Hispanic person, and it's insulting.

Casey Truffo: Yeah.

Ofer Zur: You can do it in Norway.

Casey Truffo: Yeah I remember one time when I was in therapy, and the therapist gave me the old punch in the arm hug, you know? I'm like, "Wow, that was sort of not very intimate," and it called for a hug at that moment I thought.

Ofer Zur: Yeah, flexibility is what modern consumers want, and it's applied to all the boundaries as we talked to this, from home visits, to touch, to self-disclosure, to any kind of out-of-office experience, and many other boundaries, whether you sit on the same level with them, how far you sit, how close you sit, I mean, they like to be in control, modern consumers. Respond to that, if you want to be in business, and not to work for another managed-care company for \$2 per session after you spend 50 hours with paperwork; we need to be flexible.

Casey Truffo: I love that. I love that, thank you. Would now be an okay time to see if we have any questions? Okay if you have any questions on the webcast, feel free to put them in that Q&A box. I'm going to open up the lines for just a second. Here we go. Hi guys. Are you guys there?

Speaker 6: Hey, yes.

Casey Truffo: Okay. Any thoughts, comments, questions, on that? What do you guys think about the idea of boundary crossing like that, by doing things that are clinically appropriate, but that might at first you go, "Wow, is that a good idea?" Like the flying. I remember once taking an 8-year-old to lunch at McDonald's, and he opened up like crazy.

Speaker 6: I have less of a problem with this, because I had previously worked in occupational therapy, and that is so similar to what we do, where I would spend an hour with a client at a time, but it did involve physical touch, and so I still have a license to touch people, so I have a greater comfort doing that, but I definitely learned during that work that I bring along into the new work I do some things you need to do as a therapist, and a clinician, what sometimes the state licensing board, or the attorneys, tell you you shouldn't do, is totally appropriate.

Ofer Zur: State licensing boards don't tell you to not to touch. Risk management experts are telling you not to touch.

Speaker 6: You're right, that's correct.

Ofer Zur: It's a myth.

Speaker 6: Yeah, you're right.

Ofer Zur: We have thousands of studies about the efficacy of touch, and you know probably from your career it's sometimes much more effective than all our verbiage.

Speaker 6: Yes.

Casey Truffo: Good, thanks for that. That's a very good comment, insightful. Anybody else have another thought/comment? I heard another voice.

Speaker 7: Well I completely relate to it. I have actually a 12-step background, and everyone in 12 step hugs, and so and it's so healing, and that's kind of me, and all my clients know that I have that 12-step background, but I also work with a lot of adolescents, and kids, and I'll ask them to bring 3 things to the first session, and sometimes they bring their animals. They'll bring a cat or a dog, and I think I get that self-disclosure on my end, that I allow that. I love it when they can bring something that's really important.

Ofer Zur: In treatment, a little child in treatment brought a turtle. Except he forgot the turtle, and the therapist ended up with a turtle for a whole week.

Speaker 7: Well I tell them, "You better be careful, because I may keep them here."

Ofer Zur: Yeah.

Speaker 7: I think that I'm telling them something about them, and I guess I had never framed it that way, but by accepting that, or welcoming that, I want to see then what is important to them, and in that I feel joined to them.

Ofer Zur: Absolutely. We didn't mention gifts, which is also very, very important. Normal people give gifts to each other. Gifts during the holidays, and gifts for celebration, and gifts towards termination, and we have this dogma against gifts the same we have a dogma against leaving the office, even though it's all touch, because even though it's such a human, basic, way to relate, and to express gratitude.

Casey Truffo: Okay, I think we're going to have to mute those again. Any other quick comments? If you're in a noisy area, and we could keep the line open, if you could mute yourself, that would be great. To mute yourself you press star 6; Ofer please don't do that, and if you want to unmute, press star 7. Let's try that for a minute. Okay, any other thoughts/comments, we've got a couple on the webcast here.

Sylvia: Casey?

Casey Truffo: Yes.

Sylvia: I'm Sylvia with Therapy in the Park.

Casey Truffo: Yes Sylvia.

Sylvia: I've been listening to the conference, and to the speaker right now, and I do agree. I notice that because I do start off with an office visit, and then if it's case appropriate, we do have sessions in the park, and I actually see patients, how it helps to relax and they open up, and they find it easier to talk, so I see resolutions happening quicker. I agree, I think as long as you document, or at least that's what I've been doing, I think it's okay. I do have them sign off on a waiver, that they're having therapy in the park, and it could be overheard, and that kind of thing. I've been trying to cover myself as much as I can.

Ofer Zur: You cover yourself with simple informed consent. I have informed consent for email, I say, "Emails are not safe, an email can be intruded upon, and email can be broke into, in my office policy, and if you choose to own my signature, and my emails, and if you choose to use email you're taking an informed risk," it's the same thing being in a park. It's all about respecting that our clients can make an informed consent.

Sylvia: Yeah. No, I like what you're doing. I never thought of all the other things that you've talked about, but it definitely gives a whole new light on the subject, so I'm really glad ...

Ofer Zur: I have a whole online course about out-of-office experience.

Speaker 7: I have a question.

Sylvia: Thank you.

Casey Truffo: Sure Sylvia.

Sylvia: The question is ...

Ofer Zur: Speak a little bit louder, or closer to the phone please.

Sylvia: My question is how do you work with new interns, helping them learn the essence of boundaries, when frequently they don't yet have an understanding of where the boundary is, when they're working in these new situations?

Ofer Zur: You know I found out that actually new students, it's the other way around what you're saying. New students have a much better understanding of boundaries, because they haven't been exposed to 20 years of immoral risk management teaching that most of us old-timers have. They come as healthy approach to the issues of gifts, and if a child gives them a little painting, they say, "Thank you," they don't say, "What does that mean?" Somebody gives them a cake around the holidays, they just say, "How wonderful." They don't say, "Oh, look at my office policies."

I found that the interns actually are healthier than so many of us that got frightened over the years, and you ask them to focus on one thing. What is the welfare of the client? Who is the client? What's the client's ethnic background? Because it determines the relationship to touch, and relationship to gifts, and relationship to self-disclosure. What's the diagnosis? If it's a borderline, you keep the boundaries tighter than you will with just a normal healthy adult that doesn't have such a disturbing diagnosis.

You don't touch women who were sexually molested until the right time clinically for that. What I teach the interns is not don't, don't, don't, don't. I teach the interns to differentiate, to learn about their own comfort zone with gifts, touch, self-disclosure. To learn who is the client, and to apply all these things thoughtfully, and engagingly, and I've found them so much healthier than a lot of us in the field. They don't need to be reined in, and I think the rest of the field needs to more flexible, it's easy to work with the new interns, because they haven't lost their humanity yet.

Casey Truffo: I also think new interns should charge the same as their supervisors, because I think they often are closer to their passion, and their education.

Speaker 7: I agree.

Casey Truffo: Yeah. We had a couple of questions on the website here. Mark asks, "How would

you advise communicating your flexibility on your website, or would you?"

- Ofer Zur: Absolutely. I mean, goodness, you go to my website, you'll see exercises in flexibility. You go to my philosophy of treatment, and you'll see my opinion about the DSM, and my opinion about the myth about that any touch leads to sex, so I express my opinion, people love it, and they come, and I've been maintaining waiting lists for at least 18 years.
- Casey Truffo: There you go.
- Ofer Zur: We are in a small town, I mean I'm just in a small town, it's not even San Francisco, Berkeley, Oakland, LA, Chicago, so I communicated with the way I write, with the way I state my philosophy, and so people can find it. I also model it when people do want to know about my life, they can find out my CV, and they'll see all my zillions of publications, but what they really care is about my bio.
- Casey Truffo: Interesting.
- Ofer Zur: They'll go to my bio and will get some pictures from Kilimanjaro, they'll see me backpacking on the glaciers, they'll see, I don't know, biking.
- Casey Truffo: Let me just interrupt and ask if you are in a noisy area, or you're on a speaker phone, if you could press star 6, that would be great, and then if you want to open up and talk again, then you want to press star 7.
- Ofer Zur: There's many ways to discuss if you're flexible without saying, "I'm flexible."
- Casey Truffo: Yeah right.
- Ofer Zur: Model the flexibility. Go to my website, I mean you can spend the next 5 months on my website, it's that big, but just find out where my bio is, or go to get the sense of flavor of the site, and you get the sense this guy is all over the map, and he's pretty flexible. I'm modeling to the way I post things online without saying, "I'm Mr. Flexibility."
- Casey Truffo: Ofer, Ellen in Wilmington says that she does home therapy with adolescents and families, and often she ends up going to court with them, or to DSS, whenever they need support. Most of them are impoverished, and have been kicked around, and she worries sometimes about the various roles she takes. She ends up doing therapy in the car, at the grocery store, wherever she can.
- Ofer Zur: You know I've done therapy in a car. There's at least 2 clients in my career that would not come to the office, they were much too paranoid in the office, and the only place that they really did therapy was side-by-side in the car, and very effective, I documented it, I documented why not in the office. I documented what was the conversation, so I justified what I did for clinical reasons. That's all what we need to do in order to fit within the standard of care. If it's very complex, your

relationship, either in a small town, within the rehab community, LGBT community, if you are a very complex relationship, consult.

There's not one week in my life that I don't have a couple of consultations that people try to preempt; what the consultation tells you is are you within the sum of the sphere or not? [It's incredible that risk management strategy and consultation, rather than don't, to don't, to don't, because we know from research that doctors [of clients] are being sued in much higher rates. 50:37]

Casey Truffo: Ofer, excuse me, just let me interrupt you. We're getting an echo here, let me mute everybody for a second. I'm sorry, go ahead please.

Ofer Zur: You can hear things I don't. My wife says it, too, actually. Where were we?

Casey Truffo: You were talking about doctors.

Ofer Zur: What you need to do is really to consult rather than avoid.

Casey Truffo: Then we had one more question about somebody's concerned again, we were talking about the boundary issues, and Christopher says, "Informed consent may cover the client/therapist confidentiality, but what about state licensing boards? As therapists, we're held accountable to their ethical standards, which may be more restrictive than our agreements with individual clients, I'm sure you have a thought on that."

Ofer Zur: God, no, my informed consent is consistent with the code of ethics and my state law. My informed consent is not less restrictive than the code of ethics adopted by most states, definitely here in California, or by state law. It's the state law that says that if a client is dangerous to himself or others, I have the right to break confidentiality in my informed consent. My informed consent is reflective on the standard of care, it's not less restrictive by no means.

Casey Truffo: What you said earlier too, is that it's not the state licensing boards that have issues with a lot of things we're talking about, it's the risk management people.

Ofer Zur: It's the risk management people, and what is risk management? Risk management is when we avoid doing things that may not appear right in court, or may not appear good for the board, but using the avoidance approach; our clients are not paying us to practice risk management. They're paying us to help them, and if we help them thoughtfully, and we help them with integrity, and with clinically appropriate intervention, we'll be fine. We will be fine.

Casey Truffo: Perfect.

Ofer Zur: I have clinical forms online as part of, it's not an online course, it's clinical forms, I have 58 clinical forms that you can adapt yourself, and put your letterhead, and make whatever changes you need to do according to your profession and your

state, and you can have it with your client by tomorrow morning. It's very simple, and very consumer friendly.

Casey Truffo: Perfect. The things that are coming in on the message board here are just fast and furious. People telling how much they agree with you, so I think we're right on.

Ofer Zur: I would like to get some challenges, Casey.

Casey Truffo: Yeah so if you have challenges in there, feel free to put them in the webcast also. So far we don't.

Ofer Zur: Okay, that's not good.

Casey Truffo: It's kind of surprising, but I might challenge you. What about they say that the, and we talked about this on the kickoff call too, a little bit, about the risk management people do say that the person who is most likely to sue you, is the person that you've bent over backwards for.

Ofer Zur: You know that's exactly, that's not a bad statement, necessarily, because we know borderlines can make us do a lot of things that we'll never do in the right mind, so how do we deal with that? We do the two things that I mentioned before, we think what is clinically appropriate? In complex cases consult, or get a supervision, or get a peer supervision, so you're right. If clients get us to do something that is not clinically appropriate, or clinically driven, we'll be in trouble. The same way when we have sex with our clients.

It all falls under do you have a clinical intention? Did you articulate in writing, and sometimes we have to remember that when you are in a dual relationship like in a rehab community, or in small communities, within the church community in LA, the LGBT community in Chicago, you're sometimes in a community and you have dual relationship, or people choose you because they know you, which happens to me a lot in a small town. You need to document the dual relationship, you need to have a good dialogue with your clients about the risks and benefits of dual relationship, and consult when the dual relationship are very intense, or very complicated.

The answer is, when clients get us to do things that we don't want to, we are out of the clinical intent, and indeed we are in trouble, that's very accurate.

Casey Truffo: Perfect. Now you had mentioned earlier a little bit about bartering, do you want to talk about that at all?

Ofer Zur: You know, bartering is actually something we'll talk more on Thursday when we're going to talk about how to survive in economic times, and bartering is part of the flexibility. I worked with an artist who doesn't really, he was cash poor, and art rich, he doesn't believe much in cash, so we bartered in art, whether a sculpture, and I bartered with another person for a painting. There's two ways to barter, you can barter for services, and you can barter for goods. Much easier and less complicated

to barter for goods, because you can establish a fair market value.

You can have somebody appraise a painting; it may have been shown in a gallery. Services are much more complicated, they're not unethical per se, but they are something that even I, with all my flexibility, bring a word of caution. If the client starts doing the billing for you, or clean your office, housesit, walk your dog, what happens if somebody works on your car, and then the engine blows up? Somebody paints your house, and the paint starts peeling off? Bartering for services or dual relationship, and can be complicated. I don't say not to do it, but definitely consult, and be very thoughtful about it.

Bartering for goods are better, and happens much more frequent in hard economic times. We'll talk more about it on Thursday.

Casey Truffo: We'll talk more about that on Thursday, because Dr. Zur is going to be back talking with us on Thursday, just to give you a hint on that, on therapy in times of financial crisis, and if you're in any kind of private practice situation, you really don't want to miss that. That's Thursday, April 23, 1:30 Pacific, 4:30 Eastern. In fact the conference schedule is already set, and Ofer, you contacted me and said, "You know I think we really need to spend some time with therapists, and talking to them about how to deal with this financial crisis," and so we added it immediately, so I'm very grateful to you for that.

Ofer Zur: Thank you.

Casey Truffo: Before I open up the lines again, did you have another thing you wanted to say, or should I open up the lines?

Ofer Zur: Open the lines, but ask them to challenge me a little bit.

Casey Truffo: Yeah let's make it hard for him. Listen you guys have been too easy on him.

Ofer Zur: I know you have to make my test do learn something.

Casey Truffo: Okay hold on. What do you guys think about this? This could be dangerous out there, taking people to the park. What if you're in a car accident? Thoughts, comments, questions.

Ofer Zur: Somebody want to ask me a question?

Casey Truffo: Did you have a question?

Ofer Zur: I can't hear.

Casey Truffo: She says, "What about intensive in-home therapy?"

Ofer Zur: What about it?

Casey Truffo: If you ask that question, could you put your mouth closer to the microphone, or to your phone, we can't hear.

Ofer Zur: Say a little bit more, I'm not sure what the question is.

Casey Truffo: I didn't hear it either, sorry. Anybody else have a question?

Ofer Zur: I'll try to figure it out. In-home therapy, any modality that you want, it's just the setting is the home. If the person is homebound, you have to have a clinical reason to do it at their home, and sometimes seeing where the family is happening in the house, where the kids are, where's the living room, where the parents are fighting, what's the layout of the house, may be beneficial to some family therapies, so have a good clinical reason. The client may be bedridden, the client may be too frail, the client may not have transportation.

There may be many, many reasons. If you do home visits, learn how to do in-home therapy, because sometimes the neighbors can come in, and sometimes the television is blaring, sometimes it's dinner time, and you'll be served alcohol, so of course, I have a course, part of my 107 courses, I have a course on home visits.

Casey Truffo: zurinstitute.com.

Ofer Zur: You know if you're going to do a lot of home visits, it would be really nice to show that you have competence in that by taking my courses. I'm not sure if anybody else on the planet is offering a course on home visits, or just read the material. Sometimes that's even reading an article, and copying the first page, and dropping it in the file of the client can show that you made an effort to be competent, to show competency by educating yourself, and it can be a fantastic risk management as well as educational option.

Casey Truffo: What about attending a wedding, going to visit somebody in the hospital?

Ofer Zur: You know this is part of the flexibility that--I love to attend weddings when the clients invite me. Everybody is so concerned, "Oh how do you introduce yourself in a wedding, or in a funeral." I worked with a couple, and the man died, and of course I was coming to the funeral to support the wife, or a graduation...I work with a shy young boy who finally made it to the school play, and of course I was there cheering him in the audience, but as you can see everything has a clinical rationale.

You talk ahead of time, ahead of the wedding, you talk about how would you like me to introduce myself? Do you want me as a colleague? As your therapist? Some couples are not hesitant to talk about the wedding ceremony, and they would like to thank Dr. Zur, so everybody knows I'm Dr. Zur, their therapist. It's their choice. I wouldn't say that, but it's their choice, so you talk about it ahead of time, and you act accordingly. Everybody is so paranoid about, "Oh my goodness, if you go for an anorexic lunch, what about confidentiality?"

I'm not sure what the issue is about confidentiality, you talk with the client, how would you like to be introduced, and you take the cues from them. It's their choice, they make an informed choice. We honor it, and you document it.

Casey Truffo: Are there places where you could see us getting in trouble?

Ofer Zur: You know, doing things without thinking about the clinical impact can get you into trouble. Doing things impulsively, just because you like to go to the park, that's not a good reason to go to the park.

Casey Truffo: Okay, so you've got an agoraphobic who doesn't want to leave your office, but you feel like getting out in the park and trying to drag them out there is not a good idea?

Ofer Zur: You need to find out why you do things, and to find the clinical rationale that has to do with the client, the background, your orientation, the setting, your background, training, and competence. You put what I call the context of therapy into the picture, and you'll be fine, and you document your thinking process. You document what is the risk of touching this woman at this time of therapy, what's the risk of not touching her? What's the risk of attending a wedding, and perhaps there won't be many risks, and what's the risk of not attending the wedding?

What's the risk of not accepting the gift? Every action and inaction has risks and benefits, and to see it in a good clinical note, does not need to be 5 printed pages, it can be just 1 paragraph, can get you out of trouble, because you created a clinical rationale, even though if it may not go well, you won't be judged by the outcome. You'll be judged by the process. If a client, for example, died, or committed suicide, that doesn't mean that we acted below the standard of care, the question is have we done suicide assessment, and crisis intervention, etc. Not only have we done all this, did we document it too.

Casey Truffo: Then just two things I wanted to mention before we wind up here. One is you have a great course on record-keeping that I've taken, so I recommend that for people. It can help with making sure that you keep these things in the record, like you just said a great idea was maybe to read an article on this and put it in a file so that, and your clinical rationale with that in the file, so again zurinstitute.com. Then also I wanted to ask you why is this flexibility do you think so important to building a practice with consumers today? You alluded to that in the beginning, but I'd love another line or two on that.

Ofer Zur: To recap that part is modern consumers are very entitled. They are not meek patients that just do what the doctor tells them to do. They are informed, and they are entitled, and if you look at the advertisements on medical services online, on television, you see how the pharmaceutical companies and hospitals got the sense that clients have a sense of they want to know the information, and they feel entitled to get what they want, when they want, how they want it, from a car, to a

television, to cosmetic surgery, to psychotherapy.

If we are not flexible, they don't get a sense that they get what they want, how they want, when they want it, because we are rigid, and they don't get it, and they shouldn't be coming to see us, because we're not flexible. Healing happens in context of connection, and flexibility, not in rigidity and fear of risk management.

Casey Truffo: What about gifts?

Ofer Zur: Gifts are the same thing, you know. If it's appropriate gifts, we say, "Thank you," inappropriate gift, not much different than inappropriate touch, or inappropriate anything within the exchange. The question is, is this gift appropriate? A super expensive gift in general are not appropriate, even though we'd like to get this BMW car, it will sound really nice to get this car, it's not appropriate, but sometimes very cheap presents are inappropriate. Sometimes giving a client a condom can save lives, sometimes giving a client a condom is a come on, a sexual come on, and it's illegal and unethical.

The meaning of the gift needs to be thought about, and not always to discuss. You don't always ask clients about the meaning. Sometimes you just say, "Thank you," but within your mind, you think about the clinical appropriateness of the gift. Of course, I have a course on gifts.

Casey Truffo: Of course you do, and this really wasn't meant to say go buy everything that Dr. Zur has, he just has been studying this for a long time, and he's got a lot of resources, so if you're interested in that, please check it out, I really do recommend it.

Ofer Zur: I know it's funny, I didn't mean to do promoting.

Casey Truffo: I know. It's hard to find something you don't have a course on.

Ofer Zur: Yeah.

Casey Truffo: Fantastic, well I've had a wonderful time today, and I really hope that you guys who have listened to this on the webcast, Dr. Zur do you have a minute for a couple more questions?

Ofer Zur: Yeah.

Casey Truffo: Deb asks what about Skype therapy to people in other countries like China?

Ofer Zur: Telehealth.

Casey Truffo: Yes.

Ofer Zur: I have a course on telehealth.

Casey Truffo: Of course you do, I was just wondering if you were going to say that.

Ofer Zur: You know it's up-and-coming. Practicing telehealth across state lines is ill-advised, or very tricky, it can be unethical, it can be illegal, however, telehealth within your state is a growing industry. The coaches have perfected it as you know, Casey, really well, and I think it's a very effective ... I do a few telehealth, both telephone, and Skype, and e-therapy, I do all formats with clients outside the area, or while they're traveling, so e-therapy is an up-and-coming practice.

The state boards are holding to whatever territorial powers they have, so practicing across state lines could be very tricky, and don't do that until you really, really consult with informed people, and read the state law of your state, and the client state, but short of that, China probably would not apply, because they don't have licensing requirements there as far as I know, who knows, they may. It can be very, very effective. We know that suicide prevention has been done online for decades, much more successful than face-to-face therapy.

Most of us have not trained in e-therapy, because it's a new thing, or telephone therapy, but we have a lot of research that shows the efficacy of that. Again, you need to do it with appropriate clients, you need to do it for good clinical reasons.

Casey Truffo: Excellent. Then Sue just wanted to know, "What's the worst decision you made regarding to being flexible, and how did it, if it did, change your practice?"

Ofer Zur: Oh my goodness, I would need 5 hours to list my mistakes. Oh my goodness. Befriending former clients failed miserably a couple of times, not always, but I'm very, very cautious. Inviting people to my Hanukkah party for good clinical reasons worked most of the time, and then I got burned a few times when it didn't work well, because the client didn't get enough attention, or they get zero attention. I mean we have 80 people in our Hanukkah party. Goodness, I stumble, right, left, up, and down, and my sense is, my hope is, that I learn from each stumble.

Casey Truffo: I think we've all been there.

Ofer Zur: I hate to stumble, I'm trying to, but I try to stumble thoughtfully, that means I don't like to be blindsided. Blindsided, I learn something from that, but then I know there's no guarantees I'm going to touch this person if she or he will sexualize it or not.

Casey Truffo: Exactly.

Ofer Zur: As you can see from Kilimanjaro, or being a deep-sea diver, or paratrooper, I'm not risk-averse, I try to be thoughtful about the risks.

Casey Truffo: Well this is been fantastic for me, and Sharon just says here on the tele-class, and I just want to echo what she says, "I want to thank Dr. Zur for a wonderful session about boundaries. I've been to his website, and I found it very helpful in many

different ways," so we're really grateful you were on for this time, and we look forward to talking with you again on Thursday in 2 days, where we talk about the finances part of it.

Ofer Zur: Thank you Casey, you have been really, you've been such a force, and I'm so happy you took the torch of private practice outside and ran with that.

Casey Truffo: Well thank you, I think the first thing I did was get your practice billing stuff probably 10 or 12 years ago.

Ofer Zur: I know, I'm so happy, and you're doing such a fantastic job in bringing it into the modern era, and this conference is another example of your fantastic work, and I'm so critical of almost everybody in my field, so you've been really a jewel.

Casey Truffo: Thank you, okay well thanks to everybody on the webcast, thank you Dr. Zur, and we'll be seeing everybody else again; Lori Schwanbeck is going to be up talking about mindfulness soon I guess in about 25 minutes, so we'll talk to you guys then, and thanks Ofer, we'll talk soon.

Ofer Zur: Definitely, thank you Casey, thank you everybody.