I. INTRODUCTION

The Department of Mental Health (DMH) has established parameters to guide gift behavior among all its service providers. DMH recognizes that the giving and receiving of gifts in the course of providing service to its clients is an important event, not only in the therapist-client relationship, but also in the overall context of client relations under the recovery-based model of treatment. These parameters have been established to promote and enhance consistent and lasting recovery among the individual clients that DMH serves.

II. PURPOSE

DMH has created these parameters in order to:

1. Support DMH workforce members in successfully managing potential risks that involve boundaries and ethics of gift-giving in psychotherapy and counseling in a recovery-based mental health system;

2. Emphasize the Department’s recognition of cultural and contextual factors that govern gift behavior; and to

3. Raise awareness of relevant training and performance improvement needs;

III. RELATIONSHIP TO EXISTING POLICIES, PROCEDURES, AND REGULATIONS

These parameters are not substitutes for existing DMH policies and procedures, but rather serve as fixed limits or necessary conditions that govern gift-giving behavior. DMH workforce members are therefore required to always comply with the following authority:

1. DMH Code of Organizational Conduct, Ethics and Compliance

2. Compliance Policies and Programs: DMH P&P 112.2 Compliance Program

3. The Health Information Portability and Accountability Act (HIPAA): DMH P&P 500.1 to 500.10 HIPAA
IV. PARAMETERS ON GIFT BEHAVIOR THAT ARE ESSENTIAL TO THE UNDERSTANDING AND DEVELOPMENT OF SERVICE RELATIONSHIPS WITH DMH CLIENTS

1. Cultural Considerations

   a) DMH underscores the importance of instilling among its workforce members the requisite sensitivity, respect, and knowledge of the gift-giving customs and rituals of the clients that they serve.

   b) Ignorance of the cultural elements of gift-giving may be perceived by clients as disrespectful or humiliating; this, in turn, may interfere in the development of a trusting and therapeutic relationship.

   c) The enforcement of a zero-tolerance “no-gifts” rule or protocol can easily interfere with the therapeutic alliance, and be perceived by clients as a personal insult and rejection, which may result in a serious rupture in the therapeutic alliance.

2. Timing

   a) Inexpensive gifts at holiday times and at termination have traditionally been deemed appropriate.

   b) A gift given by a client very early in therapy, after a difficult, confrontational session, or after a missed session/appointment, may require further discussion with the client.

   c) Expensive gifts given on the way to the door at the last session or after termination also require ethical and clinical discussions with the client.

3. Impact on Others

   a) Receiving a precious family heirloom that has sentimental value to a client’s family members may cause stress and ill-feeling towards the client and the therapist.

   b) Leaving the therapist cash (any amount of money large or small, directly given or bequeathed) may also result in negative feelings by the client’s family members. DMH workforce members are not to accept gifts of cash from clients. Instead, clients may be encouraged to donate them to a favorite charity.
c) Expensive gifts may not only be unethical and clinically ill-advised, they may affect the client’s family members.

4. Therapists’ Gifts to Clients

a) Brochures, posters, books, CDs on mood swings, depression or other forms of educational material that are meant to help clients cope and recover are acceptable gifts from the therapist. These may also be looked upon as teaching aids that are part of the clinician’s arsenal of therapeutic tools.

b) Other types of therapists’ gifts may include a quarter for the parking meter, a dollar for the vending machine, or the incidental bus fare.

c) As in any clinical intervention, therapists are cautioned to be aware of their own motives when giving any form of gift to a client, and to be especially aware and careful that the gifts are not attempts to get the client to like the therapist or to avoid conflict.

d) Therapists must also take into consideration that their clients, or those who are close to their clients, may misinterpret their gifts.

e) Under certain circumstances, such as insurance issues and cost, medication samples dispensed by the treating psychiatrist can be perceived by the client as a gift. The nature and reason for dispensing sample medications should, therefore, be clarified to the patient as well as reflected in the clinical documentation.