

## 10-Foot Rule Redirection

Patient Name: \_\_\_\_\_

The purpose of this redirection is to assist the patient in recognizing old patterns of behavior that led to inappropriate boundary observance while in treatment.

By completing this form, the patient indicates their commitment to improve on the following behavior:

- Failure to establish healthy boundary with a peer
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*I will improve the above behavior by completing the following action:*

- Maintain at least **10 feet of distance** from the peer in question

*I recognize that by complying with this redirection, I will be keeping my focus on my recovery and demonstrating my willingness to be responsible for my actions and their consequences.*

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_