

## Appendix 1 Supplementary materials

### A1 : Complementary data for Different Forms of Boundary Work by Psychiatrists

PSYCHIATRISTS' INTRA-PROFESSIONAL BOUNDARY WORK	
Time T1	Time T2
<p><b>Competitive boundary work: <i>Confronting</i> intra-professionally to establish leadership</b></p> <p><i>We know that between Dr. Denise and myself, it just doesn't work. We have already seen in the small teams that when we are together, it doesn't work (Interview, psychiatrist).</i></p> <p><i>The doctors meet between themselves to discuss the organization of the clinic, but the problem is that they don't have the same orientation, the same way of seeing things. (Interview, psychologist).</i></p>	<p><b>Collaborative boundary work: <i>Differentiating</i> intra-professionally to support autonomy</b></p> <p><i>In the (intra-professional) medical team, we agreed that it was more useful to split into smaller subteams. We took into account the doctors' needs (Interview, psychiatrist).</i></p> <p><i>Carole comments on the division into teams: "The teams with one psychiatrist is a way to help them organize among themselves." Simone adds, "It's a way for them to stop measuring themselves against each other." (Observation, psychologists' meeting).</i></p>
PSYCHIATRISTS' INTER-PROFESSIONAL BOUNDARY WORK VS. PSYCHOLOGISTS	
<p><b>Collaborative boundary work: <i>Differentiating</i> to respect professional boundaries and autonomy</b></p> <p><i>The psychiatrists, they sometimes come to see us: "Would you take this patient in therapy? Would you try to see him? It seems to me that this little guy would benefit from your intervention" "OK, that's fine. We'll let them talk and we'll see if a therapy is really appropriate." I've always had enough professional autonomy to work as I wanted (Interview, psychologist)</i></p>	<p><b>Collaborative boundary work: <i>Differentiating</i> inter-professionally to respect autonomy</b></p> <p><i>We have different roles but it's clear that there is a complicity between psychiatrists and psychologists. (Interview, psychiatrist).</i></p> <p><i>We couldn't work if we didn't have the doctors, and the doctors could not work if we weren't there either. We complete each other and we need each other (Interview, psychologist).</i></p>
PSYCHIATRISTS' INTER-PROFESSIONAL BOUNDARY WORK VS. SOCIAL WORKERS	
<p><b>Competitive boundary work: <i>Infringing</i> territory</b></p> <p><i>The doctor is omnipresent. Even if they try to make us believe that this is an egalitarian model... they still have important weight (Interview, social worker).</i></p> <p><i>Its clear that when a doctor calls for a placement for a child when there isn't even a social worker in the file, this makes us very angry, because it is the social assessment that determines whether there can be a placement or not (Interview, social worker).</i></p> <p><i>The doctor has ordered a placement. Ah! But, how come it isn't the social workers who are involved. There is some confusion about roles here... (Interview, social worker)</i></p>	<p><b>Competitive boundary work: <i>Infringing</i> territory</b></p> <p><i>Because we arrive... for example, we decide something in the team, we talk about the file, and we arrive in the meeting with the client, and she (the psychiatrist) turned everything upside down, and never told us about it (Interview, social worker).</i></p> <p><i>[Before the psychiatrist' arrival in the meeting] A social worker deplores the unilateral work of the psychiatrist. How could you come out with a diagnosis like that which goes completely against everything we have just said about the case over 10 weeks during two hours? We have observed the patient, and you in your office, you decide on a treatment completely contrary to our observations? (Observation, clinical meeting).</i></p>

## A2 : Complementary data for Different Forms of Boundary Work by Psychologists

PSYCHOLOGISTS INTRA-PROFESSIONAL BOUNDARY WORK	
Time T1	Time T2
<p><b>Collaborative boundary work: <i>Differentiating intra-professionally to support collaboration</i></b></p> <p><i>“We don’t all have to do the same thing. There are some who prefer doing tests, others do neuro-psychology, others prefer therapy. Personally, I like to develop new projects, and start therapy groups. Which means that when we meet together, we benefit from all that, we benefit from the different interests and niches everyone has (Interview, psychologist).</i></p> <p><i>“I look at the psychologists in the team. They are all different from each other, but at the same time, they are also tightly knitted together (Interview, social worker).</i></p> <p><i>There’s a presentation about a new psychological test (...). The psychologist describes the test and explains how it works to the others. As she’s still a student at the university, Laura seems to be familiar with all the latest tests and shares her knowledge with colleagues (Observation, psychologists’ meeting).</i></p>	<p><b>Collaborative boundary work: <i>Differentiating intra-professionally to support collaboration</i></b></p> <p><i>(During intra-professional meetings), we exchange on the evolution of psychology, tests, etc., what to do when we see that there are tools we need that we do not have, we share these things. We talk about the training we’ve had and we can discuss our experience in each of the teams as well. We can talk about the division of tasks: who will do what, etc. New approaches, new books. Basically, everything that comes out, everything that concerns our profession, our approach (Interview, psychologist).</i></p> <p><i>The intra-professional meetings are helpful. This is a place where, as psychologists, we recognize each other, group together and tighten our identity. (Interview, psychologist).</i></p> <p><i>We still maintain the links between us psychologists, irrespective of the fact that we’re divided into different teams (Interview, psychologist)</i></p>
PSYCHOLOGISTS’ INTER-PROFESSIONAL BOUNDARY WORK VS. PSYCHIATRISTS	
<p><b>Collaborative boundary work: <i>Differentiating inter-professionally to support collaboration</i></b></p> <p><i>“As a psychologist, I sometimes do the initial assessment of the patient, I clear the terrain first (...). As well as lightening the load of the psychiatrist, that means that the patient can develop a relationship with me. So then it will be easier to begin working with them in psychotherapy” (Interview, psychologist).</i></p> <p><i>“My role is to inform the doctor. If he says, “We have a medical appointment on the agenda and I’m involved in the file, I’ll make sure I have some information before the appointment on how things are going. These are relevant bits of information for the medical appointment.” (Interview, psychologist).</i></p>	<p><b>Collaborative boundary work: <i>Differentiating inter-professionally to support collaboration</i></b></p> <p><i>The doctor will present the point, and we, as psychologists, will raise questions and discuss whether it is right time to do an evaluation. It isn’t just dispatching. It’s more of a discussion between the psychologist and the psychiatrist around the file (Interview, psychologist).</i></p>
PSYCHOLOGISTS’ INTER-PROFESSIONAL BOUNDARY WORK VS. SOCIAL WORKERS	
<p><b>Competitive boundary work: <i>Infringing territory</i></b></p> <p><i>Social workers are trained with the systemic approach but so are we. We know that we are in a system and we know how to do systemic interventions (Interview, psychologist)</i></p> <p><i>A psychologist comments: “I saw the parents. The father – I’m having a lot of trouble with him, he says that he doesn’t want any help.” (...) A social worker asks, “Would you like me to intervene?” (...) The psychologist responds rather shortly, “I suggest that we go ahead with just myself and [the psychiatrist] as we started.” (Observation, clinical meeting)</i></p>	<p><b>Competitive boundary work: <i>Infringing territory</i></b></p> <p><i>I have previously done mother-child interventions, and I have worked with mothers exclusively as well. The social workers do not like that, they think that we are intruding on their territory. But if I am evaluating a case and I think that this is the best entry point because that is where most of the tension lies, well, I will begin there anyway (Interview, psychologist).</i></p>

### A3: Complementary data for Different Forms of Boundary Work by Social workers

<b>SOCIAL WORKERS' INTRA-PROFESSIONAL BOUNDARY WORK</b>	
<b>Time T1</b>	<b>Time T2</b>
<p><b>Collaborative boundary work: <i>Collectivizing intra-professionally to share common goals</i></b>  <i>We are a critical mass, so we hold social worker meetings. Together we position ourselves on ethical and professional issues in relation to our work environment (Interview, Social worker).</i></p> <p><i>Céline asks for a point to be added to the agenda of their intra-professional meeting about "informality". (...): "In the past, we always took the time to exchange news, to ask how things were going, to tell each other stories." Maude adds, "Yes, sometimes, just sharing what we're living..." Céline continues, "Taking the time to let go, to clear our minds. We did it spontaneously, but now, it seems that we want to be efficient, we have meeting agendas, and I think we are losing this." Ginette adds, "But we should set a time for this,...maybe 10 minutes?" Maude agrees, "Yes because otherwise, this could go on for a long time." Céline says, "I'm not too worried about time. I just want to preserve the atmosphere and our team spirit." (Observation, social workers' meeting).</i></p>	<p><b>Competitive boundary work: <i>Confronting intra-professionally</i></b>  <i>The team of social workers – that we can no longer call a team – has been more or less dissolved. It no longer exists. There are no more meetings, everyone works more or less in isolation (Interview, social worker).</i></p> <p><i>I felt that I was supposed to detest people that certain other people detest. I feel that when we talk about placements for example, I have to agree with the party line, as if there was some kind of dictatorship among the social workers (Interview, social worker).</i></p> <p><i>We are targeted as the dysfunctional group in the clinic (Interview, social worker).</i></p> <p><i>There are some people in social worker team who have literally stopped talking to me (Interview, social worker).</i></p>
<b>SOCIAL WORKERS' INTER-PROFESSIONAL BOUNDARY WORK VS. PSYCHIATRISTS + PSYCHOLOGISTS</b>	
<p><b>Competitive boundary work: <i>Confronting to gain professional autonomy and a distinctive role</i></b>  <i>For me, the family and systemic interventions are specific to social work. So these practices should belong to us (Interview, social worker)</i></p> <p><i>Listen, do we (the social workers) tell parents: 'You will see the doctor, he will give you this mediation and it will go very well' ". I do not allow myself to do that. Well, it should be the same for us for the placement (Interview, social worker)</i></p> <p><i>We are sometimes be treated as people who just follow orders. For example, a doctor can say, "Please place this child." But I would like to respond, "Let me take my time to evaluate the situation and see if I will use this solution (the placement) or maybe I will find a different solution.... In this sphere, you are going beyond your field of expertise so leave it to me. " (Interview, social worker)</i></p>	<p><b>Competitive boundary work: <i>Confronting to gain professional autonomy and a distinctive role</i></b>  <i>There are irritants because some of the psychologists see the families and hold on to the files. For example, [psychologist name] still does things that do not concern her because they should be done by a social worker. So one of us [name of social worker] let her know our uneasiness. [The psychologist] heard the complaint, she stopped this for a few weeks, but then it came back. She kept on seeing the families as before (Interview, social worker).</i></p> <p><b>Collaborative boundary work: <i>Accommodating to support collaboration</i></b>  <i>They are really good social workers. But they don't have my support for calling out loudly and strongly that it is us who do placements (Interview, social worker).</i></p> <p><i>Every week, I do group therapy with [psychologist]. Together, we talk a lot about the parent-child relationship (Interview, social worker)</i></p>