

Brookhaven Hospital

Tulsa's Specialty Hospital Programs for:

- Behavioral Health
- Chemical Dependency
- Eating Disorders
- Neurological Rehabilitation Institute
- Renewal: Christian Treatment and Recovery

Professional Boundaries

The Therapeutic Relationship

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Goals

1. Define professional boundaries i.e., the therapeutic relationship
2. Review counselor and client vulnerabilities to boundary violations
3. Understand venues of boundary problems
4. Complete a self-assessment of boundary issues that affect therapeutic work
5. Know prevention, and correction guidelines for boundary violations

The Definition of Professional Boundaries

- Mutually understood, unspoken physical and emotional limits of the relationship between the client and the counselor.
- When altered, what is allowed in the relationship becomes ambiguous.
- Without them, decreased chance we will be able to access, develop and fully realize our therapeutic gifts and talents.

Psychotherapy: A Potential Setting for Boundary Violations and Exploitation

What makes it vulnerable to boundary violations?

1. It involves a fiduciary (held in trust) relationship.
2. There is unequal power, especially early in the relationship.
3. The therapist sets all the rules.
4. Sessions are held in private, thus little accountability.

Counselor Vulnerabilities to Boundary Violations

- Relentless drive
- Financial stress
- Family Problems
- Naiveté
- Lowered self-esteem
- Burnout
- Childhood trauma
- Addiction (CD & sexual)
- Isolation
- Sociopath

Venues of Boundary Problems

Seven Areas of Concern

1. Over familiarity with clients.
2. Personal gain.
3. Gift giving and receiving.
4. Treatment of family and friends.
5. Social contacts.
6. Sexual relationships with clients.
7. Sexual harassment.

Dynamics in Cases of Exploitations

- Unconscious reenactment of incestuous longings.
- Wishes for nurturance can emerge.
- Rescue fantasies.
- Fantasies that love or sex are curative.
- Repression/disavowal of rage at client's thwarting therapeutic efforts.
- Fertile ground to act out anger at organization, supervisor, etc.
- Defense against grief and mourning at termination.
- "Safe ground to experiment—e.g., sorting out identity confusions

Client Vulnerabilities to Boundary Violations

- Impulsivity
- Borderline personality
- Confused, alone, want sex and caring
- Childhood Trauma
- Low self-esteem
- Needs validation
- Marital problems
- Psychiatric disorders

Sexual Misconduct

Definitions

- Sexual Impropriety: any behavior such as gestures or expressions that are sexually demeaning to a client or demonstrates a lack of respect for the client's privacy.
- Sexual transgression: any inappropriate touching of a client that is of a sexual nature, short of sexual violation.
- Sexual violation: counselor-client sex, whether or not initiated by the client, including, but not limited to sexual intercourse, masturbation, genital to genital contact, oral to genital contact, oral to anal contact, and genital to anal contact.

Sexual Misconduct (continued)

Research

- Stake and Oliver (1991) report nearly half of survey respondents indicated treating clients who had engaged in sexual contact with a previous therapist.
- Houseman and Stake (1999) report “The percentage of psychologists reporting sex with current clients has ranged from 3% to 12% among male therapists and from 0.5% to 3% among female therapists.
- Pope and Bajt (1988) of 100 psychologists who had participated as members of state ethics boards, the APA ethics committee, authors of legal/ethical psychology text books, or diplomats of the American Board Of Professional Psychology, 9% indicated they had engaged in sex with a client.

Self-disclosure and the Slippery Slope

Self-disclosure, the most common boundary violation

Problematic when:

- Disclose personal needs or problems.
- Discloser as common rather than a rare event during sessions.
- Disclosing things not clearly connected to client's problems or experiences; or not clearly things which would be likely to encourage or support the client.
- When it is not only frequent, but uses up more than a few minutes in a sessions.
- Occurs despite apparent client confusion or romantization.

The Slippery Slope

An Innocent Start

1. Gradual erosion of counselor neutrality.
2. Socialization outside of practice.
3. Client is treated as special.
4. Disclosure of personal and confidential information about other clients.
5. Counselor self-disclosure begins.
6. Physical contact begins.
7. Client gains control over counselor.

The Slippery Slope

An Innocent Start (continued)

8. Appointments or sessions extended in time.
9. Appointments or sessions rescheduled for end of day.
10. Counselor stops billing client.
11. Extra-therapeutic contact begins.
12. Dating begins.
13. Counselor-client sex occurs.

Supervisory Boundaries

1. Supervisor-trainee relationship also unequal.
2. Most ethics code stipulate personal or sexual relationship are unethical.
3. Supervisor must take responsibility to maintain boundary.
4. Supervisory role must be eliminated if both parties wish to pursue relationship.

Supervisory Areas of Watchfulness and Self-awareness

1. Obvious therapist distress.
2. Therapeutic drift i.e., shifting styles and approach to a given client.
3. Lack of goals and reflection on progress in therapy.
4. Therapy which exceeds normal length for client of that type.
5. Exceeding areas of competence and/or reluctance/unwillingness to refer.

Supervisory Areas of Watchfulness and Self-awareness (continued)

6. Unwise techniques.

- Routine hugs
- Face to face intimate hugs
- Excessive touch
- Sessions in non-traditional setting
- Adult clients on lap
- Routine or common socializing with clients
- Excessive self-disclosure by therapist
- Direct intervention in client's life

Supervisory Area of Watchfulness and Self-awareness (continued)

7. Becoming enmeshed in client's life—treating close friends or family members.

8. Unique vulnerabilities.

- Attraction
- Over-identification with client
- Uniquely similar family dynamics
- Divorce or loss in therapist's life
- Identity disturbances in therapist

Consequences to Counselors and Supervisors

Legal, Professional, and Personal

Legal	Licensure problems
Legal and Professional	Report to the board
Professional	Damage to agency or practice Loss of public trust Loss of managed care affiliation
Professional/Personal	Financial/loss of revenue Negative publicity (notoriety)
Personal	Harmful effect on family Emotional stress Guilt, shame, depression

Consequences to Clients

- Exacerbation of presenting symptoms
- Dependency
- Anxiety
- Sexual disorder
- Sleep disorder
- Cognitive dysfunction
- Substance abuse
- Relationship problems
- Mistrust of professionals
- Reluctant to seek treatment

Assessing Your Position

- Client feels more like a friend, or you want to be friends when therapy ends.
- Sexual feelings in response to a client.
- Would like to be lovers when therapy ends.
- You have sexual contact with a client.
- Often choose clothing with a particular client in mind.
- Sessions frequently run overtime.
- Reveal a lot about yourself, or engaging in friend-like conversation.
- Sharing personal problems with a client.
- You allow a client to confront you.

Assessing Your Position (continued)

- Without discussing ahead of time, you attend a social event which you knew the client would be present.
- Accepting gifts or favors without reviewing why the gift was given, or occurred at that particular time in therapy.
- Client owes you a lot of money and you are not sure how to handle it.
- Finding it difficult to refrain from talking about a particular client with people close to you.
- Accepting valuable gifts from a client.
- You do so much for one client, you feel exhausted.
- Inviting a client to a public or social event.

Assessing Your Position (continued)

- Sometimes feel like controlling or punishing a client.
- Client has invested money in an enterprise of yours, or vice versa.
- Client has done personal favors for you e.g., posting mail or picking up dry cleaning.
- Client behaves seductively toward you and you don't know how to handle it.
- Identify so strongly with a client's emotional distress that you have real difficulty attending to the client's situation.

Prevention Guidelines

1. Recognize client reactions to you, and yours to the client.
2. Feelings are okay, actions are not.
3. Establish office rules.
4. Provide training on potential violations.
5. Establish support staff boundaries as well.
6. Monitor the waiting room.
7. Inform staff.
8. Documentation of client behavior.
9. No "exceptions."
10. Second opinions.
11. Consultation or appropriate referral.

Actions to Take

1. Perform a self-assessment.
2. Stop behavior and/or refer client.
3. Talk with a trusted colleague, don't keep it a secret.
4. Seek help from professional experienced in working with counselors with adequate follow-up and monitoring.
5. Follow treatment recommendations.
6. Use support groups e.g., staffing meetings.