

THERAPEUTIC RELATIONSHIPS AND PROFESSIONAL BOUNDARIES

Bunmi Buhari

M.B.B.S (IL), FWACP.

Department of Behavioural Sciences,
University of Ilorin Teaching Hospital,
Kwara State.

bunmi.buhari@gmail.com.

bunmi72@yahoo.com

ABSTRACT

The relationship that should exist between a therapist and his client is a relationship of trust. It should be a relationship that focuses on meeting the health care needs of the client. This relationship should serve as a means through which the therapist assists his client to resolve some difficulties that they are experiencing. One challenge that therapist however face as they get to know their clients intimately in the course of therapy is how to maintain proper boundaries. This is because the relationship often involves regular contact over time with client sharing their feelings with the therapist. These feelings often times have the potential to evoke actions that may be clinically inappropriate and unethical. These inappropriate actions when they occur are damaging to both the professional and the client. Professional boundaries are therefore intended to set limits and clearly define a safe, therapeutic connection between therapist and client. As professionals, it is up to the therapist to be aware of appropriate professional behaviors so that these boundaries are not violated. This paper is thus aimed at reminding us about the boundaries within therapeutic relations, how to maintain them during therapy and what to do when they occur.

All type of health care is delivered in relationships between professionals (therapist) and patients (clients). There is increasing evidence that the quality of the relationship between the therapist and client predicts outcome of healthcare or therapy received. A positive therapeutic relationship leads to better outcomes while a negative one becomes detrimental to the client. As health workers who relate with clients regularly, it is important that we learn how to deal with these relationships and keep them within ethical and professional limits. This is why boundaries are set as guidelines to help professionals. Health care professional in this paper refers to all the different professionals who deliver any form of health care from doctors, to nurses, psychologists, social workers, physiotherapists etc.

Professional relationships are therapeutic relationships that focus on meeting the health or care needs of the client. It places clients' needs first and foremost. It is a planned, goal-directed contractual connection between a therapist and a client. The relationship terminates when the identified goal is achieved. The constancy of therapist's interest no matter how disturbing subject. The therapist suspends all form of moral judgment shows empathy, insight, understanding and acceptance of client. These qualities are essential to achieve the goals of therapeutic relationship. The goals in a therapeutic relationship include facilitating communication of distressing thought and feelings, assisting clients with problem solving skills, helping clients to examine defeating behaviours and test alternatives and to promote self maximize his communication skills, understanding of human behaviour and personal strengths in order to enhance the client growth. The focus is on the clients' ideas, experiences and feelings phenomena occurring in a therapeutic relationship are crucial to in the formation and maintenance of the relationship.

Professional relationships occur within a continuum of involvement to zone of helpfulness and to over involvement. Under involvement occurs when the therapist is aloof, disrespectful and distant from the client. The zone of helpfulness is when the concern of therapist is geared towards meeting the needs of the client and the most beneficial. At the zone of over involvement occurs when the therapist starts to get emotionally involved and starts to care about the client. At this stage there is a sort of role diffusion and boundary violations occur (Crimm, Braunaga and Kahn).

Areas to consider in a therapeutic relationship are:-

Power- there is an inherent power imbalance between client and therapist usually in favour of the therapist. This is because the therapist is usually believed to have more knowledge about the client who relies on him for care. The therapist has authority, specialized knowledge and privileged information about his client. The therapist should try as much as possible not to impose their beliefs and values on patients. When power is used appropriately, a caring manner, the therapist can partner with his client to meet their care needs. The power imbalance between client and therapist sometimes however may be with the client. Some clients are CEOs of large corporations, successful

entrepreneurs or politicians and the therapist as to work hard at cultivating an aura of power so as to appear credible (Zur).

Trust- the client needs to trust that the therapist has the required knowledge, skills, and abilities to provide quality care. Building this level of trust between a therapist and client often takes time. To build trust, a therapist should exhibit such qualities and skills like showing respect and understanding. He must also be consistent and show interest in helping the client with his problem. Trust in a relationship is very fragile therefore every effort should be put into nurturing it. This is because when a breach occurs it is usually difficult to re establish trust (erns, cpibc).

Respect/ Empathy- the therapist must have the ability to accurately perceive the meanings and feelings of the client and to communicate that understanding to the client so as to enhance the growth of his clients. This is different from sympathy which as to do with pity, compassion and commiseration. Positive regard or respect is the ability to view another person (client) as being worthy of caring about and as someone who has strengths and achievement potential. The therapist should remember that they are treating humans and not diagnostic labels. Clients should be accepted for who they are and the therapist should be non judgmental.

Personal closeness/ Professional intimacy- the context of a therapeutic relationship can include varying degrees of physical closeness and or undress. It may also involve disclosure of sensitive personal or emotional information which can make client feel vulnerable to the therapist.

Collaborative partnership/ therapeutic alliance between the client and the therapist. There must be development of mutual understanding and partnership as the follow through with the therapeutic process

- herapeutic frame should involve discussions about the ing with the client and they should serve as guidelines to set age for professional relationship with clear boundaries for arties.
- Setting, duration, frequency, procedures, policies
- Absence of unnecessary physical contact
- Limited self disclosure from the therapist
- Obtaining informed consent to treatment from client
- Absence of dual relationships outside the treatment
- Be clear about therapeutic intention

Boundaries: Therapeutic Relationships and Professional Boundaries

- vii. Set and enforce boundaries
- viii. Confidentiality and limits of confidentiality
- ix. Clothing and language that is acceptable such preferred title or name to be addressed by.

The purpose of therapeutic frame in therapeutic relationship is to define the relationship with the client, establish the framework for treatment and set expectations. It is a major factor in establishing trust and it makes it possible to evaluate deviations from the frame. The contract between the therapist and client should be clear right from onset. Rules to be laid down should be agreed upon. Issues such as fees to be paid, when and how it would be paid should also be agreed on. Other issues are the number of sessions that is likely, provisions for evaluations at end of each session, rules such as no participation in therapeutic sessions when under influence of psychoactive substances like alcohol which may cloud judgement, should also be discussed prior to onset of the commencement of therapy.

Professional boundaries are the mutually understood, unspoken physical and emotional limits of the relationship between the client and the therapist. It is a foothold designed to keep professionals and clients most especially, away from danger. When this relationship is altered, what is allowed in the relationship becomes ambiguous and unclear. Without them, there is a decreased chance that the therapist will be able to access, develop and fully realize his therapeutic gifts and talents. Professional boundaries are intended to set limits and clearly define a safe, therapeutic connection between therapists and clients while they interact. A boundary is a dynamic line which if crossed, will constitute unprofessional or unethical behaviour and misuse of power. In forming professional boundaries, the culture and socio- demographic aspects of the client, the therapist, client's family and peers such as gender, ethnicity, age and attitudes to illness and death are important factors. Boundaries may be physical or abstract. The physical boundary delineates a person's physical space while the abstract marks the area of the ideas and beliefs that one cherishes. Shaking hands, kissing and hugging are examples of physical activities which may be acceptable to some people at certain times, yet abhorrent to others. Abstract boundaries could include behaviours such as rudeness, abrasiveness, being judgmental or asking inappropriate questions (Guthrie & Gabbard).

Boundaries within therapist involves self awareness of the therapist's own emotions, belief system and body sensations. Being

are of his own boundaries helps the therapist with how he negotiates the levels of connection and distance in the therapeutic relationships with his clients. It allows him to be honest, to experience integrity and to have a sense of connection with others. Different boundaries that exist between the client and therapist, the Spatial and personal, behavioural/ emotional and verbal.

Boundary blurring refers to the grey areas around professional boundaries. **Boundary crossing** are usually benign interactions which deviate from traditional medical interactions but do no harm to the patient, are non-exploitative and possibly supportive of the therapy. **Boundary violation** refers to any deliberate behaviour by the therapist that is recognizably inappropriate and in violation of the nature of a therapeutic relationship. It has the potential to exploit or harm the client. It arises when the therapist's interest displaces the professional's primary commitment to the client's welfare. Most boundary transgressions start out with good intentions by the therapist. At times therapists care too much and get too involved such that role limits gets confused. Boundary issues usually also exist in the continuum from normal work to challenges to crossings violations.

Parameters of relationship boundaries that are of importance: Role, Gift and services, Time, Language, Self disclosure, Social contacts and closings, Money, Place and space and Physical contact (Touch / sexual relationship).

The therapist should always put the patients' need to consideration at all times. The therapist should "Care about" and not "Care for" the client. He should be able to coach the client to do as much for himself by helping him to identify meaningful goals and fostering personal development.

Living dual roles within the relationship may give rise to conflict of interest. It is the professional's responsibility to maintain appropriate boundary in the professional relationship. This means that the therapist is held accountable if or when violations occur. A dual role involve having dual or multiple relationships with clients. Having multiple relationships with clients may compromise the integrity of the therapeutic process. The traditional reasons for imposing negative sanctions on dual relationships stem from theoretical, ethical, and pragmatic reasoning. The arguments are that clear boundaries may not be set and conflict of interest may occur. Not all dual roles are unethical. Some dual roles or

relationships cannot be avoided. It may be unrealistic to avoid this in rural or small communities. Therapists should make efforts to avoid dual relationships with client that can impair professional judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, therapist should take appropriate professional precautions such as informed consent, consultation, supervision and proper documentation (Pope). He should ask himself who the dual relationship benefits, whether it is necessary or exploitative and if it has the potential risk of causing damage to the client by disrupting the therapeutic relationship.

Overlapping relationships occurs when therapist has contact but no significant authority or emotional relationship with the client.

Gift and services

This is not always as simple as they appear. Receiving or giving gifts can interfere with decision making and /or therapist's objectivity. It may also confuse roles. Monetary value and cultural factors should be considered when giving or receiving gifts. Although, giving a gift is an ancient and universal way to express gratitude, appreciation, altruism, and love the therapist should always explore the meaning and context of the gift. They should also handle the interpretation with clinical sensitivity. Refusing a gift could at times be detrimental to the therapeutic relationship. Appropriate gift giving may be a healthy aspect of therapist client relationship as it can increase therapeutic effectiveness (boundary crossing). When not sure of what to do, the therapist should consult with colleagues or supervisors for advice.

Time

Giving appointments or having sessions after office hour slots/ hour, the expectations of more time or Special allowances for a client or making exceptions to the rules for certain client may initially start as boundary crossing and eventually get to violations. Sometimes it may be that the time or sessions are limited.

Language

Verbal and non verbal communication such as sarcasm, retaliation, intimidation, teasing or taunting, swearing, cultural abuse, and inappropriate tones of voices that express impatience or exasperation may connote boundary transgression (e.g. b/c). Being too formal with clients can contribute to professional distancing and being too familiar can also lead to boundary crossing and subsequently violation. The culture of the client is important in as

would help with knowing what is appropriate. The use of too familiar, inappropriate, colloquial language or first names may undermine professional relationship.

The use of translators when dealing with language barrier should be done with care. This is because often times there could be misinterpretation of what is being discussed. It may also involve divulgence of sensitive and personal information to third parties. Tone of voice, body language and facial expression

Self disclosure

Self disclosure by therapist if appropriate may be helpful and an important clinical tool i.e. it benefits the clients' health care needs (Zur). However, if excessive it usually is a precursor to therapist personal needs, problems or things not clearly connected to patients' problem or experience are prohibited. The therapist must self scrutinize the motivation for such disclosure by himself (Braniga and Kahn).

Social relationship with former clients

The amount of time that has passed between the last therapeutic care contact is important. There is no clear cut agreement on the duration from last involvement but some have given a time frame of about a year (Kardener et al). Issues that should however be considered in determining what is right or wrong concerning having social relationships with former clients are:-

- The vulnerability and maturity of former client
- The potential for negative outcomes with the residual power imbalance that exist between both parties
- The potential impact on the well being of the client

Family and friends

Treatment of family members and friends is an avenue for boundary problems. It may result in inadequate or overly involved care being provided by the therapist. Objectivity may be compromised. Caring for friends and family may only be allowed under emergency situations.

Nothing

This is a representation of social boundary. The type of clothing that is worn by therapist or client; when and how to examine or expose clients are important aspect that should be considered in a therapeutic relationship.

Money

There should be no other financial transaction between both parties aside payment of professional fee. Lending or borrowing of money, discussing investment or bartering in place of the standard fee is not acceptable. The fee received by a therapist is the only appropriate and allowable material gratification to be derived from clinical work. In cases where the therapist makes a decision to see a patient for free, this should be made known instead of allowing bills lapse or mount. What fees are to be paid and when they are to be paid should be discussed in order to avoid this.

Unacceptable behaviour by a therapist while in a therapeutic relationship include:-

- Abuse
- Commencing a social relationship
- Neglect
- Exploitation
- Acting as representative under powers of attorney or representation agreements
- Utilizing information obtained in the therapeutic relationship to the advantage of therapist or disadvantage of client

Precursors to sexual boundary violations by therapist:-

- Structural risk inherent in the doctor-patient relationship
- unequal private, dyadic relationship
- Pre-existing vulnerabilities in the professional such as psychiatric illness, insufficient support, supervision or oversight
- Pre-existing vulnerabilities in the patient/ client like psychiatric illness or previous boundary violations
- Situational stressors such as family problems, midlife crises, burnout or heavy workload

Sexual violations

What constitute sexual violations is not always clear. It is however usually preceded by self disclosure on the part of the therapist. Sexual misconduct allows a continuum from sexual impropriety to transgression and then violations. Sexual impropriety is any behaviour such as gestures or expressions that are sexually demeaning to a patient, or which demonstrate a lack of respect for the patient's privacy. Sexual transgression is any inappropriate touching of a patient that is a sexual nature but short of violation. Sexual

violation is patient-physician sex, whether or not initiated by patient, 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 (Broughton).

Consequences of violations

- Damage caused by the violation itself and its discovery to client

- to second parties or third parties such as work or professional colleagues and family members.
- to the therapist

- legal and regulatory consequences of sexual boundary violation

Actions to be taken to avoid violations or prevent them

- Follow the therapist priorities and make sure the treatment paradigm is based on patients' needs
- Maintain balance in the relationship and avoid extra therapeutic contacts as much as possible
- Provide consistency in care and support without preferential treatment
- Exploitation of patients should not be acceptable
- Do not make or imply promises you cannot keep
- Make proper and objective documentation
- Practice only where you have expertise
- Discuss limits of confidentiality

The therapist should also follow Iron's 5 principles to guide professional relationships:

- Have respect for clients' dignity
- Avoid personal gratification at clients' expense
- Do not interfere in a client's personal relationships
- promote client's autonomy and self-determination
- Promote a fiduciary / trusting relationship

Other preventive measures to be taken by therapists are that the therapist should be well educated about therapeutic relationships and know the medical ethics entailed in ones field of practice. This education should start from medical school and continue into practice. The therapist should also be aware of transference and counter transference that may occur during the cause of therapy. Then not sure about certain issues he should consult with senior colleagues and get the required advice. The therapist should also be good care of self and have a satisfying personal life. He needs to be aware of patient risk factors and therapist risk factors and he should constantly evaluate the therapeutic relationship to see if it is within the set frame.

Summi 8 Therapeutic Relationships and Professional Boundaries

Warning signs to watch for are:-

- Frequently thinking of client when away from work
- Frequently planning other clients' care around a particular client's needs
- Spending free time with client especially outside work
- Sharing personal information or work concerns with client
- Favouring a client's care at the expense of another one
- Keeping secrets with the client
- Selective reporting of client's behaviour to appropriate authority
- Receiving gifts and continued contact/communication with client after discharge or therapy
- Paying special attention to dressing when seeing a particular client

What to do when transgression has occurred

- Perform a self assessment of the situation
- Stop the behaviour
- Document behaviour
- Refer client if need be
- Talk to a trusted colleague/ mentor about the event
- Seek professional advice
- Follow treatment recommendations
- Use support groups such as staff meetings

Conclusion

Integral to the process and goal of therapy is the maintenance of professional boundaries. They are healthy, both for the client/patient and the therapist. Individual and cultural factors play a role in modulating this relationship. A client is by default vulnerable. It behooves the therapist to uphold this trust, and indeed, the professional Oath.

differentiations have some flaws. For instance, concluding that counselling is used for normal individuals and psychotherapy for

Bibliography

- Atkins EL & Stein R. When the boundary is crossed. A protocol for attorneys and mental health professionals. *American Journal of Forensic Psychology* 1993; 11(3): 23-21
- Boundaries A nurturing potential main theme report www.nurturingspotential.net/issue17/Boundaries.htm
- Broughton R. Professional boundaries the therapeutic relationship. Brookhaven Hospital. Retrieved from [www.brookhavenhospital.com/files/20011/09/profession](http://www.brookhavenhospital.com/files/20011/09/professional)al
- College of physical therapist of British Columbia. Where's the line? Professional Boundaries in a therapeutic Relationship www.cptbc.org
- CRNNS. Professional boundaries and expectations for nurse-client relationships. Halifax, NS, 2002
- Guthell TG & Gabbard GO. The concept of boundaries in clinical practice: Theoretical and Risk management dimensions. *Am J Psych*. 1993; 150:188-196
- Guthell TG, Gabbard GO. Misuses and misunderstandings of boundary theory in clinical and regulatory settings. *Am J Psychiatry* 1998; 155: 409-14.
- Irons R, Schneider JR. A path to wholeness, in the wounded healer: addiction- sensitive approach to the sexually exploitative professional. 1999, Jacob Aaronson: New York.
- Kahn A & Branigan M. Professional Relationships: The Zone of Helpfulness. CEDR2006
- Kardener SH, Fuller M, Mensh IN. A survey of physicians' attitudes and practices regarding erotic and nonerotic contact with patients. *Am J Psych*. 1973; 130: 1077-81
- Nursing Council of New Zealand. Guidelines: Professional Boundaries. 2012. www.nursingcouncil.org.nz
- Strasburger LH. Practical boundary keeping. *Primary Psychiatry*. 2002; 9(4): 50-55
- Pope KS. Dual Relationships. Multiple Relationships, & Boundary Decisions. www.kpope.com/dual/index.php assessed 16-03-2013
- Varcarolis EM. Developing therapeutic relations. - www.coursewareobjects.com/.../155-170_Varcarolis_Ch10.pdf <http://www.zurinstitute.com/giftsintherapy.html>. Retrieved from 3/3/2013
- Zur O& Lazarus AA. Six arguments against dual relationships and their rebuttals. Retrieved from www.zurinstitute.com/dualarguments.html. on 3/3/2013
- Zur O. "In treatment" Therapeutic Boundaries and Ethical Issues in the 21st HBO TV Series. www.zurinstitute.com/intreatment_hbo.html#dual