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RISK MANAGEMENT



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CONSIDER THIS ...

How Far Is Too Far? Crossing Boundaries in Therapeutic Relationships

While there appears to be a clear understanding of what constitutes a boundary violation, defining the boundary remains challenging as the line can be ambiguous with often no right or wrong answer. The APA Ethical Principles and Code of Conduct (2017) ("Ethics Code") provides guidance on boundary and relationship questions to guide Psychologists toward an ethical course of action. The Ethics Code states that relationships which give rise to the potential for exploitation or harm to the client, or those that impair objectivity in judgment, must be avoided.¹

Boundary crossing, if allowed to progress, may hurt both the therapist and the client. The good news is that a consensus exists among professionals in the mental health community that there are boundary crossings which are unquestionably considered helpful and therapeutic to clients. However, with no straightforward formula to delineate between helpful boundaries and harmful or unhealthy boundaries, the resulting 'grey area' creates challenges for most psychologists. Examining the general public's perception and understanding of what an unhealthy boundary crossing looks like may provide additional insight on the right ethical course of action, including the impact of boundary crossing on relationships on a case-by-case basis.

Common Occurrences of Crossed Boundaries

Several common occurrences in which a therapist may unknowingly cross a boundary into an unhealthy and harmful relationship, as seen from the clients' point of view, are listed below:

- Continuing the relationship outside of the normal therapy sessions, such as social visits.
- Telling a client they are your favorite.
- Frontal hugs lasting more than a brief second or the touching of a client during a therapeutic session.
- Texting a patient about non-therapy related matters such as forwarding jokes and memes to clients, or using non-professional expressions like "hugs and kisses," or "good night".

How Far Is Too Far? Crossing Boundaries in Therapeutic Relationships (continued)

- Treating a session like a co-therapy session by both disclosing details about your personal life, including oversharing private details or personal issues with the client.
- Turning the focus of the session from the client to the therapist.
- Becoming friends with the client and therefore creating a dual relationship.
- Asking the client personal questions not relevant to their therapy and diagnosis.
- Offering services for free (except in instances of acceptable pro bono work) and/or bartering for alternative forms of compensation.
- Asking a client for advice due to the client's expertise on a particular subject, either in or out of session.
- Requesting a testimonial endorsement from the client for marketing and other advertising purposes.
- Making false promises, such as promising the client results or "cures" to prevent them from discontinuing the relationship.
- Engaging in a business relationship with the client.
- Allowing the client to consistently violate the terms and conditions of the service or treatment agreement.
- Accepting gifts or giving gifts to clients.
- Soliciting or accepting friend requests from clients on any forms of social media.
- Not properly addressing a client's expression of affection toward the therapist and/or transference issues.
- Failing to refer a client out to another provider if the therapist develops affection/countertransference issues toward the client.
- Initiating a romantic or sexual relationship with the client.





Risk Management Considerations

Considering these boundaries from the clients' perspective, one should acknowledge that any boundary dilemma encountered demands an exercise of clinical and ethical judgment to discern between appropriate and inappropriate action within the given context. The following are some risk management considerations that can guide you in your decision-making process:

- Approach each boundary crossing decision with the client's best interest in mind to maintain a safe working and therapeutic environment.
- Establish real and tangible boundaries with the client at onset, by distinguishing therapy from ordinary support, and/or friendship, for safe therapy.
- Discuss and agree upon rules, expectations, and relationship parameters before commencing therapy to establish a successful therapeutic relationship.
- Set clear boundaries when treating more than one family member.
- Consider the following boundary guidelines:
 - Whose needs would the action in consideration meet?
 - Does the action in consideration provide therapeutic value to the client?
 - Is the action consistent with APA Ethical Principles of Psychologists and Code of Conduct?
 - Is the action potentially damaging to the profession?
- When in doubt, consult with your colleagues, or contact the American Psychological Association Ethics Office for additional assistance.
- Always document the rationale behind the decision-making process and the client's response to the action taken.

Conclusion

Attaining and maintaining healthy boundaries is a goal that all psychologists should work toward while providing supportive therapy services to clients. Strong and consistent boundaries build trust and make therapy safe for both the client and the therapist. Building healthy boundaries not only promotes compliance with the Ethics Code, but also lets clients know you have their best interest in mind. In summation, while concerns for a client's well-being can cloud judgement, the use of both the risk considerations above and the APA Ethical Principles of Psychologists and Code of Conduct, can assist in clarifying the boundary line and help provide a safe and therapeutic environment for all parties involved.



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¹ American Psychological Association, Ethical Principles of Psychologists and Code of Conduct (Washington, DC: American Psychological Association, 2017), <https://www.apa.org/ethics/code/>.

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