Foundations of Professional Ethics

- Ethical behavior
- Interpersonal skills
- Communication of each person’s roles and expectations
- Ability to gather client information
- Application of this information to knowledge of health and wellness
- Formulation of a condition-appropriate, client-centered session
The Therapeutic Relationship, Professionalism, and Confidentiality

• The *therapeutic relationship* is the basis of all treatment approaches, regardless of their specific aim
• The client needs to feel that the therapist is reliable, trustworthy, and consistent
• The client also needs to feel that the relationship has appropriate and clear *boundaries*
• The therapeutic relationship is a creative process and distinct to each therapist
• The efficacy of this relationship can be substantiated scientifically
The Therapeutic Relationship

• Relationship between the therapist and the client in which the therapist provides services that benefit the client
• Therapist acts in client’s best interest and is held accountable for actions
Importance of the Therapeutic Relationship

- Everything done for clients emerges from this relationship
- Provides a framework for thoughts, feelings, and actions
- Established during first session and maintained throughout later sessions
- Duration varies; may be a single session or a lifetime
Empathy & Respect

• The ability to understand the unique world of another person through his or her perspective

• Described as “standing in someone else’s shoes” or “seeing through someone else’s eyes”

• Recognizing and understanding the client’s feelings and experiences without mistaking them for our own

• The choice to treat someone or something with value and consideration

• Can be given to yourself, others, and situations, regardless of conflicting beliefs
Types of Respect

- Respect for self: Making healthy choices, eating appropriate amounts of healthy food, exercising, getting enough rest, appropriately expressing emotions, using proper body mechanics
- Respect for emotions: Acknowledging our own and others’ feelings
- Respect for privacy: Refraining from disclosing personal information
- Respect for clients: Listening and responding to their questions, modifying pressure in response to their requests, implementing professional boundaries (by considering client’s personal space, thoughts and feelings, and time and financial restrictions)
How We Show Respect

• Referring clients to appropriate providers to fulfill therapeutic goals
• Acknowledging and not abusing the power differential inherent in therapeutic relationships
• Not denigrating other health care providers or their methods
• Working within our scope of practice
• Following our code of ethics and the laws of society
• Having a willingness to learn about other cultures’ customs, beliefs, and worldviews
Unconditional Positive Regard

• The acceptance of another person regardless of what he or she says or does
  – Validates a person’s humanity
  – Includes physical, mental, spiritual, and emotional aspects

• Has the potential to be deeply healing for the client; too rarely in life do people feel truly understood and accepted

• Involves using our knowledge, skills, and abilities to best serve the client’s goals without inserting our own agendas

• Means that we acknowledge to ourselves that treatment planning is a co-creative process but that the fulfillment of therapeutic goals depends on factors out of our control
Unconditional Positive Regard

• Includes nondiscrimination with regard to:
  – Race
  – Nationality
  – Gender
  – Religion
  – Sexual orientation
Trust

• Feeling of confidence in someone or something
• Willingness to take risks and to be vulnerable to the actions of another
• Grows when risk taking is met with fulfilled expectations
• May lead to clearer communication and better identification of the client’s goals and expectations, which may result in better outcomes
Trust

• Includes expressions of *professionalism* (for example, demeanor, dress, speech)

• Therapists who behave professionally are often considered trustworthy

• Trust also develops through the safeguarding of the therapeutic relationship via professional boundaries
Power Differential and Vulnerability

• Each person in the therapeutic relationship has a different role
  – The client has a particular need and asks for help
  – The therapist has specific knowledge, skills, and abilities

• This situation creates a power differential, with the client more vulnerable

• Problems may arise if this power is misused to serve our interests rather than those of the client
Congruency

- Occurs when the external presentation (words and actions) coincides with the internal world of thoughts and feelings
  - You are sending a picture of the real you and being authentic and genuine
- Conveyed by listening to and communicating with clients without distorting their message and by believing that clients and their problems are important and worthy of consideration
- Involves maintaining a conscious awareness of thoughts and actions during a session (i.e., being mindful)
- We can be most present for our clients when we first fully embrace ourselves nonjudgmentally
Professionalism

• Adhering to a set of values and obligations, formally agreed-upon codes of conduct, and reasonable expectations of clients, colleagues, and co-workers

• Acting in the client’s best interest and putting his or her interest before your own

• Staying current with changes and discoveries in your professional field, as well as abiding by relevant laws and standards
Disclosure

- *Disclosure*: Honest and open sharing of personal knowledge, as well as of thoughts, feelings, ideas, and insights

- Client will disclose:
  - Medical information
  - Treatment goals
Self-Disclosure

• Clients often want some sense of who you are as a person; this may lead to them asking personal questions about you

• *Self-disclosure* is the act of revealing our own thoughts, feelings, and personal histories to clients

• There is a fine line between disclosing too much and too little
Self-Disclosure

• Too much or inappropriate self-disclosure can be confusing for clients
• Avoid disclosing personal experience of a similar problem
• Client may perceive the therapist’s experience of the problem as more significant because of the power differential
  – This removes the focus from the client
Self-Disclosure

• Consider your reasons for disclosing personal information
  – Does it serve the relationship, the client, or you?
  – Does it create boundary problems?

• Ask yourself if you are disclosing personal information without realizing it
  – What would your clients find out about you with a Google search?
  – How will you respond to a client’s friend request on Facebook or Twitter?
  – How much personal information do you share on Facebook?
Confidentiality

- *Confidentiality*: The act of keeping information private or secret
- The client is “confident” that you will not disclose information without consent
- When you discuss cases with colleagues, client information should not be traceable to a specific person
- Personal information about clients is closely guarded; even the fact that a certain person is a client cannot be disclosed
  - However, clients can disclose session details and their perceptions of the quality of care received
Legal Versus Ethical Issues

• Legal issues: Laws, rules, and regulations
  – Massage laws protect the public

• Ethical issues: Human duty, conduct, and responsibility
  – Represent values, ideals, and standards of conduct

• Some issues have both legal and ethical implications
Disclosure and Confidentiality

• Protect client confidentiality in social settings
  – Name-dropping is rarely impressive and reveals therapist’s inability to protect client’s privacy

• Avoid sharing client information with a referring client
  – This includes client information within couples

• If the client initiates conversation in a social setting, do not reveal treatment information if others are nearby

• Client interviews should be conducted in a private area, and treatment rooms should be soundproof
Limits to Confidentiality

- Confidentiality is maintained unless:
  - Disclosure is requested by the client in writing (for example, to other health care providers, insurance companies, or lawyers)
  - Disclosure is medically necessary (for example, in an emergency situation)
  - Disclosure is required by law (for example, when subpoenaed by court order)
  - Disclosure is necessary for the protection of the public (for example, when there are suspicions of child or elder abuse or neglect or when there is a threat to self or others)
Mandatory Reporting

• Legislation requires specific individuals or professions to report concerns of neglect or abuse to protection agencies; this is called mandatory reporting

• Usually involves professions that have regular contact with vulnerable populations, such as children, disabled persons, and the elderly (for example, health care providers, mental health counselors, teachers; physician-client privilege does not apply)

• Therapists need to know whether they are mandatory reporters in the states in which they practice

• Duty to protect: Mental health professionals are required to take action if a client makes a direct reference to suicide

• Duty to warn: Action must be taken if a client makes a direct threat to harm another person
Boundaries

- Guidelines, rules and limits that we create in relationships
- Help determine reasonable, safe, and acceptable ways to interact with others
- Based on our roles in relationships
- Delineate differences between clients and therapists
- Clarify individual responsibilities and define expectations
- Established and maintained through communication; they must be flexible, and some are negotiable
Boundaries

• Part of all healthy relationships
• Create predictability, which leads to safety and trust
• Pave the way to fulfilling relationships that embrace empathy, respect, trust, and congruency
• Boundaries also help protect us; abuse and neglect are more likely to occur in relationships without clear boundaries
Understanding Healthy Boundaries

• Without previous experience with good boundaries, establishing and maintaining healthy boundaries can be difficult; mentors and mental health counselors may be helpful with this

• Consider the analogy of a cell:
  – The semipermeable membrane lets nutrients in and keeps toxic materials out; it also defines the cell’s separate existence
  – Cells have an innate intelligence; for example, they “know” whether they are brain cells or liver cells

• Another example is an intact immune system, which maintains the integrity of the body’s unique individuality
Types of Boundaries

- Physical
- Intellectual
- Emotional
- Time
- Location
- Financial
Physical Boundaries

• Provide a barrier between you and another person

• Include your physical body and your sense of personal space
  – Each person has a different amount of personal space that feels safe to him or her

• Define the who, when, where, how, and under what circumstances we feel safe with touch
Physical Boundaries

• These boundaries are flexible and adapt to different situations
• Customary physical space is about 3 feet in American culture, although this may be flexible in certain situations
• Treatment planning establishes areas massaged and avoided
Physical Boundaries

- Client decides amount of clothing left on for massage
- Draping and not working under the drape
- How deep and how long an area is worked
- Part of therapist’s body touching client
  - Not inadvertently touching client with clothing or other body parts
Physical Boundaries

• When it comes to hugging, ask yourself:
  – How do you know you have the client’s permission?
    • Was it spoken or unspoken?
  – Does the client initiate the hug?
    • How long does it last?
  – What is your work setting, and what is the norm?
  – Do you hug clients of both genders? Only those you consider attractive?
  – Do you hug only young clients? Mature clients?
Intellectual Boundaries

• Include our beliefs, thoughts, and ideas and safeguard our self-esteem

• When others agree with us, we feel safe, validated, and close to the like-minded person

• If not, we feel vulnerable or challenged
  – If this person is an authority figure, we may feel especially vulnerable

• How do we present information to clients?
  – Perhaps ask if the person is interested in more information about a topic beforehand
Emotional Boundaries

• Help to identify our own feelings and keep them separate from the feelings of others

• If we have good emotional boundaries, we create an environment in which clients feel safe and supported

• If client has an emotional release during massage of a specific area, ask before resuming or returning to it during subsequent sessions

• Massage therapists are not trained to differentiate between helpful and harmful emotional experiences; they should “seek not, forbid not” these experiences
Time Boundaries

• Provide guidelines for how we spend our time at work
• Separate professional time from personal time
• Client has essentially rented the therapist for a particular time frame
• Communicate time policies
  – Does the session begin during intake OR when massage starts?
Time Boundaries

• Cancellations
  – How far ahead do you expect clients to cancel?
  – Do you charge the client?
• No-shows
  – Do you charge the client?
• What happens if you miss an appointment?
Time Boundaries

• Do you have set office hours?
  – Do you ever bend this rule?
    • Under what circumstances?

• Do you charge extra for after-hours or off-day appointments?
Location Boundaries

• Provide guidelines about where services are provided
• Location should project professionalism, whether in a spa, clinic, home office, or other setting
• Avoid performing services or giving professional opinions during social events
  – Suggest an appointment instead
Location Boundaries

• Home offices
  – Ideally, have separate entrance and work space
  – Area should be as clutter free as possible, with few to no personal items
  – Comply with zoning rules and regulations
Location Boundaries

• Home Visits or On-site Massage
  – Ask about space for massage
  – Inquire about parking distance
  – Establish policy for new client outcalls, such as a third-party contact
  • Obtain new client’s permission first
Financial Boundaries

• These involve issues of money, which is an important part of professional practice
• Therapeutic relationship is also a business relationship
• Boundaries exist regarding fee schedules and payment procedures
Financial Boundaries

• Inform clients of:
  – Fee schedule
  – When payment is due and types of payment accepted
  – Insufficient funds policy
Financial Boundaries

- Massaging other therapists
  - Will you offer and/or expect a discount?
    - What if you charge more?
  - Will you trade for services?
    - When will trades be scheduled?
Transference and Countertransference

• Occur in all relationships: therapeutic, personal, and professional
• Psychotherapists have long been taught about the experiences of personalization that occur in therapy and counseling
• Massage therapists need to recognize these to reduce their negative impact on the therapeutic relationship
Transference

- Occurs when clients transfer feelings, thoughts, and behavior they have related to a significant person in their early life onto the therapist
- Therapist assumes a more significant role in the client’s subconscious mind
- May occur when needs in client’s personal life are not being met but are now being met in the therapeutic setting by the therapist
- The client sees and relates to the therapist as if the therapist was a significant person from the client’s past
Countertransference

- Involves the emotional reactions of the therapist toward the client
- May result from unmet personal needs, unresolved emotional issues, or internal conflicts brought into the relationship unconsciously
- Occurs when therapists view clients as people from their pasts
- May also occur when you see aspects of yourself in your clients
- Runs counter to (in the opposite direction of) transference
- May be necessary to terminate the therapeutic relationship if countertransference is irrevocable
Boundary Management

• Boundaries need to be managed
• Communicate clearly about boundaries and the consequences of crossing them when obtaining consent for therapy
  – This reduces or eliminates misunderstandings
Boundary Management

• Your professional role never goes away and is not suspended when you leave the office
• To establish and maintain professional boundaries:
  – Be aware of the boundary
  – Clarify the boundary
  – Meet personal needs outside the therapeutic relationship
  – Develop and follow a treatment plan
Client Abuse and Neglect

- Occurs when any professional does not recognize and respect the rights and boundaries of clients
- Potential for harm exists in all relationships in which there is an imbalance of power
- Neglect: Improper treatment due to carelessness or thoughtlessness; harm caused by action or inaction that is unintentional, accidental, and reckless
- Abuse: Improper treatment that is intentional and deliberate, often for personal gain or benefit; can be physical, mental, emotional, financial, or sexual in nature
Physical Abuse

- Involves knowingly crossing a client’s physical boundary (for example, ignoring a client’s request for less pressure)
- If a client becomes bruised or injured as a result of physical abuse, battery charges may be filed
- A client’s muscular tension pattern may be defensive in nature to psychologically protect the client and may not respond well to massage techniques; attempts to change this pattern may retraumatize the client
Financial Abuse

• Intentionally taking advantage of a client’s financial resources
• Charging a higher rate for wealthy clients
• Accepting expensive gifts from a client
Sexual Abuse

• May be physical, verbal, or nonverbal
• Includes verbal advances and leaning against a client during a massage
Crossing Boundaries: Common Mistakes

- Lack of proper training and experience
- Disregarding contraindications
- Comments about a client’s body or appearance
- Asking clients to be your friend
- Playing psychotherapist
Conflict Resolution

• Conflict occurs when people feel that someone or something is keeping them from achieving their goals or is incompatible with their needs and concerns

• Conflicts can arise from:
  – Vague or nonexistent boundaries
  – Unmet client expectations, such as:
    • Not starting the massage on time
    • Not adequately addressing the client’s problem area
    • Repeatedly cancelling a client’s appointment
Strategies

• When a client is unhappy, take action as soon as possible
• Listen carefully and sincerely
• Ask client about suggestions for resolution and comply within reason
• Communicate with “I” messages
• Take responsibility for your actions and communicate about what you want and need
• Take a break if you or the other person becomes angry
Conflicts of Interest: Selling Products

• A conflict of interest involves a situation in which a therapist could exploit a relationship for personal gain
• These conflicts arise when therapists use therapeutic relationships to serve their interests rather than the client’s interests
• Selling anything to clients other than professional services creates a dual relationship; you are both therapist and salesperson, and such dual relationships are often problematic
Dual Relationships

• *Dual relationships*: Situations in which two or more different relationships exist between clients and therapists
  – Social dual relationships: Clients who are friends or contacts on social networking sites
  – Professional dual relationships: Socializing with colleagues during continuing education classes, conferences, or conventions
  – Business dual relationships: Having clients who are business partners or who provide business support
  – Communal dual relationships: Having clients who live in the same community and who participate in the same activities at the same time
  – Sexual dual relationships: Sexual involvement with clients is always unethical and often illegal
Dual Relationships

• **Avoid wearing “two hats”**
  – When we are in the role of therapist, be a therapist
  – When we are in the role of friend, be a friend
  – When we are in the role of family member, be a family member

• **Can be challenging to maintain boundaries if we have more than one role in a client’s life**
  – Difficult to treat clients equally when some are friends and others are not
  – Boundaries are blurred, conflicts are more complicated, and potential for abuse and neglect is higher
Friendships

- Most common dual relationship
- May be difficult to remain in therapist role if client is a friend
- Sessions may become social affairs rather than professional events
- Therapist may not focus on client’s needs
Friendships

- Friendships differ from therapeutic relationships in that friendships involve:
  - Choice
  - Mutuality
  - Trust
  - Pleasure
  - Reciprocity
Friendships

• Friendship is ideally a 50/50 relationship
  – A therapeutic relationship is not

• We typically do not show our clients our lower selves; this is the part of us that is reserved only for those closest to us and includes our pettiness, neediness, jealousies, idiosyncrasies, and quirks
Friends Who Become Clients

• The therapist provides a service for which the client/friend pays
• Keep the conversation and focus on the client during the session
• In some cases, it may be better for your friend to see a different therapist
Friends and Massage School

• While in school, you will practice massage techniques on fellow students
• Stay focused on the client/student and recognize that the power differential exists while he or she is on your table
Friends and Social Networking Sites

• Social networking has made dual relationships more complicated than ever and can make boundary management even trickier

• However, the Internet is also a tremendous boon for marketing and networking

• Social networking sites should be considered an open public folder that can be read by anyone
Family Members

• Working with family members can be a source of great joy, especially when they are in pain or need our services
• Outline your roles and responsibilities
• Avoid bringing any family dynamic into the therapeutic relationship
Family Members

• Consider:
  – Will you work on family during normal office hours or only during your off time?
  – Will you charge family members? If so, will your fees be different?
  – How will you handle missed appointments?
  – If you work with one family member and not another, will this negatively affect family dynamics?
Dating Clients

• Safest decision may be to *not* date former clients

• Consider:
  – Length of therapeutic relationship
  – Level of client disclosure in the relationship
  – Did transference occur?
  – Does the client still see therapist in authoritative role?
Sexual Misconduct

• Behavior used to obtain sexual gratification against another person’s will or at their expense

• Includes:
  – Sexual harassment
  – Nonconsensual sexual contact
  – Any sexual activity between someone in an authoritative role and a subordinate

• Sexual harassment: Type of sexual misconduct that consists of nonconsensual sexual advances, requests for sexual favors, and other conduct of a sexual nature
Examples of Sexual Misconduct

- Flirtatious behavior and comments about a client’s body or clothing
- Seductive or sexual gestures or expressions
- Sexual innuendos and explicit jokes
- Discussing sexual problems
- Kissing a client or asking a client out on a date
- Unnecessary examination of the pelvic area or of female breasts
- Offering sexual services to clients
- Telling a client that you are attracted to him or her
- Sexual arousal or self-stimulation in the presence of clients, including rubbing a body part against a client or the massage table
- Having any type of sex with a client
Negative Perception of Massage

- Illusion of massage as a euphemism for prostitution is perpetuated by media
- Society sexualizes touch
- Legitimate business are often advertised side-by-side with individuals offering adult entertainment and sexual services
Risk Management

• Be proactive
  – Identify potential risks
  – Take precautionary steps to reduce their likelihood of occurring

• Touch may be misinterpreted
  – The gentleness and attentiveness used by massage therapists may only otherwise be shared with a lover
  – Clients who are survivors of sexual abuse may misinterpret touch, and therapists who are survivors may not realize they are being sexually inappropriate
Sexual Risk Management

• Ways to reduce the risk of sexual misconduct:
  – Avoid terms of endearment
  – Avoid suggestive wording in ads
  – Avoid secluded offices with unknown clients
  – Realize issues involved with home offices
  – Screen out-calls carefully; get referrals
  – Avoid unconscious sexual signals
Massage and Sexual Responses

• Sexual activity has no place in the therapeutic relationship

• However, clients may experience a sexual response to touch

• Strategies for male clients:
  – Ignore it
    • May be a reflex response
  – Distract client with conversation
    • “Tell me about your mother.”
  – Ask him to roll over
Massage and Sexual Responses

- Erection with inappropriate behavior means the client is sexualizing the massage
  - If consequences were discussed previously, proceed with those actions
  - If not, remove your hands, step back, and move to the door
    - Say, “Your behavior is unacceptable. If you continue, I will end this session.”
    - If he stops, continue if you feel comfortable
Terminating a Session

• Remove your hands from the client and step back toward door

• Tell the client the massage is over

• Inform the client that you will wait outside while he or she gets dressed

• Avoid answering questions until the client is dressed and out of the massage room

• Document events and actions taken
Sexual Misconduct by Colleagues

• Every therapist must contemplate possible consequences of his or her own inappropriate behavior, particularly sexual misconduct

• Client’s realization of what happened rarely occurs during the session
Sexual Misconduct by Colleagues

• There is professional responsibility to take action if we hear allegations regarding a colleague engaged in sexual misconduct
  – Speak to the therapist about the nature of the allegation
  – If allegations are confirmed, suggest that the therapist seek professional help and refer the client to another therapist

• If you cannot speak to this therapist directly or if he or she does not recognize the problem, speak to his or her supervisor
Sexual Misconduct of a Colleague

- If the misconduct is confirmed but the therapist will not stop, file a report with the proper authorities.
- Therapists have a “duty to report” in many states.
- If we have firsthand knowledge, we are required to file a report with the state licensing board.
- Therapists who are not concerned about the damage caused by their sexual misconduct must be stopped; these individuals have a blatant disregard for ethics and morals.