

What do counsellors and psychotherapists mean by 'professional boundaries'?

by Rosemary Kent

Introduction

This information sheet will help you and your therapist ensure that you have a psychologically safe environment in which to work. The term 'therapist' is used to refer collectively to counsellors and psychotherapists. 'You' refers to 'you, the client' but this information sheet is equally relevant for therapists and counsellors. This Client Information Sheet defines professional boundaries, explains their purpose and describes what 'well-boundaried' practice is. It also aims to help you to recognise situations where therapists cross or break boundaries, and respond appropriately.

Overview of 'professional boundaries'

Therapists have a duty of care to their clients, and clients should expect their therapist to act in their best interests at all times. You need to be confident that the service you receive will be ethical as well as effective.

Trust is central to the profession of counselling and psychotherapy because:

- clients may experience feelings of vulnerability
- clients may feel that the therapist is powerful in relation to them.

What are boundaries?

Boundaries are agreed limits, within which psychological safety is provided, and it is the responsibility of the therapist to maintain them. They may also be seen as implicit and explicit 'rules' which are part of the formal nature of all therapy. They protect both clients and therapists. There is a consensus of ethical standards of practice in the counselling/psychotherapy profession, which includes the principle

'doing no harm'. See the BACP's *Ethical Framework* 2013, available at www.bacp.co.uk.

Why do we need boundaries?

It is the therapist's responsibility to protect their clients from psychological harm. Boundaries enable you to experience the therapy relationship as one where there are formal roles – a relationship that differs from a one-off conversation with a stranger, or confiding in a friend. Therapists need to be sensitive to the imbalance of power between the two roles of therapist and client, and the impact this may have.

Boundaries maintain clear standards of therapy and protect you from poor or unethical practice.

What sort of boundaries might you expect in therapy?

Some general boundaries are not usually explicitly discussed within each client/therapist relationship, but are taken for granted by therapists as being part of the professional 'ethos' of all therapists. This applies, for example, to the boundary which forbids therapists from having a sexual relationship with their client.

Other specific boundaries may be negotiated at the start of therapy, and are part of the 'terms and conditions' of the therapy contract. For instance, as well as arranging fees, times and frequency of appointments, therapists might discuss whether it is acceptable or desirable for you to have telephone conversations between therapy sessions, and under what circumstances, so that you both have clear expectations.

Some boundary issues may depend on the theoretical orientation of the

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therapist – notably, in some humanistic therapies, non-sexual contact, such as hugging, may be regarded as acceptable, whereas in psychodynamic therapy, this would be regarded as crossing a boundary. Another example is ‘self disclosure’: some humanistic therapists regard the sharing of some personal experiences where appropriate for therapeutic purposes, as acceptable, whereas in psychodynamic therapy, this would not be. It is advisable to ask the therapist about the way in which they work and ensure that you feel comfortable with their approach (see *BACP Client Information Sheets C1, C2 and C3*. Also *BACP Information Sheet T2*).

Certain boundaries would usually be expected in a therapy relationship, no matter what type of therapy is being provided.

They include:

- providing consistency, predictability and security for therapy sessions, such as offering the same time and same place on a regular basis, unless otherwise agreed with you
- ensuring that sessions are in an environment which is calm, with no distractions, and the focus is on you as the client
- providing therapy sessions only at a time and in a place where confidentiality can be ensured
- ensuring that as far as possible contact between therapist and client is limited to pre-arranged appointments
- avoiding overlapping or multiple types of relationships with clients, eg student/teacher or supervisee/supervisor relationships should not co-exist with the client/therapist relationship
- appropriately and ethically managing physical attraction between therapist and client, if it occurs, rather than it being acted on
- maintaining neutrality rather than judging or imposing the therapist’s values
- avoiding giving, receiving or exchanging gifts during the therapy relationship
- managing the end of therapy in an appropriate way and ensuring formal boundaries are maintained once the therapy relationship has been concluded and/or during a break in therapy sessions.

Are boundaries fixed or flexible?

Boundaries should always serve the interests of you, the client. However, there can of course be differing opinions about what these might be. For instance, if you arrive 15 minutes late for a session, in a distressed state, should the therapist extend the session for 15 minutes, or finish at the normal time? One opinion

would be that to extend the session undermines the idea of consistency – essential for clients to feel that at least the structure of therapy is consistent and predictable – whereas an alternative view would be that this lack of flexibility conveys an uncaring attitude. (The therapist must also balance needs, eg they may have another client waiting to start their session and giving you an extra 15 minutes may make the next client session late, or the extra time may allow the therapist no time to make notes between sessions.) Too much flexibility can lead to confusion, whereas too little might lead to a therapist being seen as unhelpful or cold.

If a therapist deliberately crosses a boundary, this should be based on:

- the needs of you, the client, not the whim of the therapist
- the therapist making a professional judgment about whether it is appropriate to the context of your therapy
- ensuring that a particular decision could be justified to professional colleagues, if challenged
- anticipating the likely effect a boundary crossing may have on you, as well as the therapist’s intention in making it.

Who is responsible for keeping the boundaries in place?

Setting up, monitoring and maintaining boundaries is the responsibility of the therapist, and is part of their ethical practice. This ensures you feel comfortable and feel able to talk about any experiences or feelings, even if they seem taboo, frightening or embarrassing.

What if things seem to be going wrong?

Sometimes, therapists may unintentionally ignore or cross a boundary. If you feel uncomfortable with anything that has happened in the session, it is important that you are able to tell your therapist your reaction to a boundary being crossed – for instance, if your therapist tells you her negative opinion of the place you go to on holiday, you may (perhaps later in the session) tell her about your reaction. If the therapist acknowledges their error, this may be uncomfortable, but not necessarily harmful. Preferably, it should be discussed in the session.

In general, when therapists focus on their own needs, and finding ways of getting clients to fulfil those needs, it is an indication that boundaries are not being properly maintained, for example, a therapist who seeks praise, reassurance, or wants you to constantly show gratitude for their work.

Boundaries may be at risk if a therapist gradually changes from their usual practice, or drifts away from the goals or contract originally agreed with you.

No therapist should ever make sexual advances to you.

Other danger signs are:

- rather than focusing on you, the therapist directs energy towards meeting his or her own needs – for example, talking about themselves, or unexpectedly ending sessions early
- reversal of roles: you are told about the therapist's problems and 'required' to 'care' for them
- the therapist suggests that he or she is the only practitioner or person who can meet your needs
- you are offered additional sessions (which you had not agreed at the outset) without there being a clinical justification
- the therapist is insincere and/or flatters you
- the therapist seems blaming or judgmental towards you
- the therapist flirts with you
- the therapist 'takes sides' with you no matter what the situation, or argues with you
- the therapist lends or borrows money from you
- the therapist continues to work with you in spite of difficulties occurring which seem beyond the therapist's competence or experience
- the therapist's motivations and behaviour are furtive/secretive
- you begin to feel uneasy, tense, or unsafe
- the therapist suggests that the two of you have a 'special relationship' which may at first seem exciting or flattering, but implies something secretive or unprofessional.

If you are concerned about boundaries not being kept, or you feel confused about whether they are being broken or not, it may be that you don't feel able to discuss this with your therapist. This is an understandable reaction. If possible, you should seek out a trusted friend, or another therapist, to express your worries to – they are likely to be able to clarify with you whether or not your therapist is acting unprofessionally. You should not need to give their name, nor to discuss what you talked about in therapy sessions if you do not want to.

It is wise to check that your therapist is a member of a professional body/register, such as BACP (www.bacpregister.org.uk), as therapists' professional organisations have a framework or code of ethical practice. The *Ethical Framework* for BACP can be found on the website www.bacp.co.uk.

If you are unable to resolve your discomfort about a boundary issue in discussion with the therapist or are feeling concerned about a broken boundary, you can

contact your therapist's professional organisation, where you can discuss the matter and if you wish you can disclose your name and the name of the therapist.

For more information you can contact the 'Ask Kathleen' section of the BACP Register website www.bacpregister.org.uk/public or email kathleen.daymond@bacp.co.uk.

A team is available that can help you explore the difficulties you might be experiencing or simply discuss what to expect from your therapist in terms of good practice. If you wish to make a complaint, you can expect to be supported in the process, as this will protect other clients in the future.

What could I expect of therapy that would indicate that proper professional boundaries are in place?

Most therapists work ethically and effectively. The following aspects should indicate that your therapist takes seriously the whole issue of boundaries:

- arrangements regarding fees and appointments are clear and professional
- information on the therapist's training and experience are readily shared
- the therapist's skill is devoted to your concerns
- you have a sense of trust that the therapist is maintaining confidentiality in accordance with your agreement and within the requirements of the law
- the therapist demonstrates how feelings can be safely discussed and understood rather than acted upon
- the therapist supports and encourages your self-confidence and autonomy
- the therapist treats you with respect, care and dignity.

Boundaries and confidentiality

Whether you are seeing an independent practitioner, or your therapy is taking place within a health care setting, a university, your workplace or as part of an Employee Assistance Programme, you are entitled to know what the boundaries are regarding confidentiality. In any situation, these should be explained clearly to you at the start of therapy, and re-discussed at any time if you want clarification. There are only a limited number of situations when a therapist may find it necessary to pass on information about you to another person (and then only to another professional with a legitimate reason for needing the information). Examples when this may occur are: when the law requires it, when you or another person is at risk of harm, therapists talking to their professional supervisors about their therapeutic

work, referring you to another professional for help, or sharing basic information relating to health with a health professional involved in your care.

Many organisations have specific policy guidelines about confidentiality for therapists working with children or vulnerable adults. It is always the responsibility of the therapist to know about, and inform you of any organisational policies which affect the therapeutic work. Therapists' professional guidelines and ethical frameworks address these in more detail.

In some cases, legal sanctions can be imposed if boundaries are broken – for example a therapist making physical sexual advances to a client may constitute not only grounds for complaint but may also be a criminal offence.

Conclusion

By explaining and keeping to appropriate professional boundaries, therapists ensure that clients are psychologically safe during therapy. It sometimes happens that a therapist may cross a boundary without this causing a major problem, but it should not be ignored – if the therapist does not raise the issue, you should do so, if you can. If this feels too difficult, or if there are frequent or serious boundary crossings which make you uncomfortable, it will help to talk to someone else, in confidence, about it. If a therapist is acting in an unprofessional way, you should seek support and contact his or her professional organisation.

Most therapists behave in an ethical manner, and keep the focus on the client at all times. Boundaries help you to feel that there is a proper structure and purpose to the therapy, no matter what theoretical approach the therapist uses.

About the author

Rosemary Kent is a qualified social worker and Chartered Counselling Psychologist, now retired. She has worked as an independent practitioner, in the voluntary sector and in general practice, and has specialised in working with addictions and eating disorders. She has extensive experience in dealing with professional conduct issues, including providing training with the *Prevention of Professional Abuse Network* (more recently known as *Witness*).

Recommended additional reading

BACP (2013). *Ethical Framework for Good Practice in Counselling and Psychotherapy*. Lutterworth: BACP.

Please refer to other Client Information Sheets and to the Information Sheets for practitioners:
www.bacpregister.org.uk/public

BACP Information Sheet. C1 How to get the best out of Your Therapist, Tessa Roxburgh, (2013)

BACP Information Sheet. C2 What are counselling and psychotherapy? Pauline Driscoll (2013)

BACP Information Sheet. C3 Choosing a counsellor or psychotherapist. Heather Dale (2013)

Gabriel, Lynne. (2005) *Speaking the Unspeakable* London: Routledge

Jones, Caroline. (2000) (ed) *Questions of Ethics in Counselling and Psychotherapy* Buckingham, Oxford University Press

Syme, G. (2003) *Dual Relationships in Counselling and Psychotherapy: exploring the limits* London: Sage

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It should be noted that this information sheet offers broad guidance, which sets out professional good practice, but it should not be substituted for legal and for other professional advice applicable to your particular circumstances.

BACP is aware that law and practice are always in a process of development and change. If you have evidence that this information sheet is now inaccurate or out of date feel free to contact us. If you know of any impending changes that affect its content we would also be pleased to hear from you.