

Therapeutic Relationships

10.14.

COMPONENTS OF A THERAPEUTIC RELATIONSHIP

The following components are always present and form the foundation of the Massage Therapist - Client therapeutic relationship: power, trust, respect and personal closeness.

Power

In a therapeutic relationship, there is an imbalance of power favouring the Massage therapist.

The imbalance is a result of the massage therapist's authority in the health care system, their unique knowledge, and the client's dependence on the service provided by the Massage therapist.

A Massage therapist can influence other health care providers and payers, has access to privileged information, and has the ability to influence decisions made by the client's caregivers and/or significant others.

Clients may not want to compromise the relationship by challenging the knowledge and expertise of the Massage therapist.

Usually client's trust that the Massage therapist will use his or her skill and influence in their best interest, while sometimes feeling vulnerable in a relationship that creates a dependence on the Massage therapist.

As a consequence, there is a higher onus on the Massage therapist to be cognizant of this inherent vulnerability and the resulting power imbalance, and to create an environment in which the patient feels safe and undeterred from asking questions.

Trust

Clients trust that their Massage therapist possesses the requisite knowledge, abilities and skills to provide them with quality care.

Massage therapists have a responsibility not to harm or exploit and to create a safe environment.

Trust necessitates fulfilling the contract and acting in the client's best interest.

Trust is important and once breached, it is very difficult to re-establish.

Respect

Massage therapists have a responsibility to understand and respect individuals regardless of differences that may include but are not limited to gender, sexual orientation, and cultural, spiritual, physical, social, environmental, moral, ethical, economical, educational, political and ethnic background.

Massage therapists should act in a way that is respectful of the clients' knowledge and expertise about themselves.

Personal Closeness

This component does not refer to sexual intimacy. Personal closeness is inherent in a therapeutic relationship and may include but is not limited to:

- physical closeness
- disclosure of personal information
- being in varying degrees of undress; and
- witness to emotional behaviours.

Although these practices are acceptable when carried out appropriately, they do carry with them a greater degree of personal closeness than normally exists in other relationships, and may further deepen a client's feelings of vulnerability.

ESTABLISHING A THERAPEUTIC RELATIONSHIP AND MANAGING BOUNDARIES

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Regardless of the setting and length of the interaction, it is expected that the Massage therapist will act professionally in the management of the boundaries of the relationship.

This involves:

- introducing him or herself to the client by name and professional title and describing his or her role in the care of the client;
- addressing client by their preferred name or title unless inappropriate;
- listening to the client or caregiver in an open and non judgmental manner without dismissing their feelings;
- adopting a client-centered approach in establishing treatment goals and a plan of care;
- being vigilant for comments, attitudes or behaviours of clients that appear inappropriate in a therapeutic relationship;
- providing sufficient information to promote the client's free choices and obtaining informed consent before proceeding with treatment;
- advocating on behalf of clients to help them find the best possible solution for themselves, given their personal values, beliefs, and decision-making processes; and
- discussing the boundaries of confidentiality with the client including the Massage therapist's legal responsibilities.

To be successful at establishing and maintaining therapeutic relationships, Massage therapists need to adopt effective strategies to manage the limits or boundaries of therapeutic relationships. These strategies include but are not limited to the following practices.

Implement Reflective Practice

Massage therapists must continuously reflect on their own interactions with clients and on their own personal needs, wishes, feelings, fears, strengths and weaknesses that can interfere with understanding the client and providing each client with quality care.

Massage therapists' past experiences as well as age, values, gender, cultural and religious beliefs have an impact on interactions with patients.

Through reflection, massage therapists can gain an understanding of how these attributes can affect their relationship with clients and that the Massage therapist's attitudes and actions may be perceived differently than intended.

Massage therapists are obligated to act in the best interests of the patient.

At times it may be necessary for massage therapists to seek help from other resources in order to reflect on their own practice.

Follow a Plan of Care

It is important for the massage therapist to develop and follow a plan of care with the client and when applicable, with the family and other members of the healthcare team.

The massage therapist is required to obtain informed consent from the patient or substitute decision-maker for personal care prior to implementing the care plan.

A care plan will provide guidance in establishing the boundaries of a therapeutic relationship and define the treatment best suited to meet the client's short- and long-term goals.

Understand the Limits of the Therapeutic Relationship

In a therapeutic relationship, the interests of the client always come first.

The power imbalance inherent in the relationship, the client's vulnerability, and the trust put in the Massage therapist place the obligation to manage the relationship appropriately squarely on the Massage therapist.

Massage therapists who abuse the power in the relationship for their personal advantage are behaving inappropriately.

Communicate the Expectations for and Limits of Confidentiality

The massage therapist has an obligation to explain to the client and obtain their agreement to the limits of confidentiality, the type of and amount of information collected, and how it will be used and, where appropriate, the need to share information with other members of the health care team.

Similarly, massage therapists need to understand their professional obligations regarding the release or withholding of health information, particularly when third party payers and employers are involved.

Be Sensitive to the Context in which the Care is Provided

More and more, care is being provided outside of traditional health care facilities such as hospitals, long-term care facilities and rehabilitation centers.

Massage therapists who are working in the community, either in a private practice, in industry, or in clients' homes must always clarify their role within the context in which they are practicing.

The client's home may feel like an informal environment, and the boundary between professional and personal relationships may become less clear.

For example, it may be tempting to do more for the client than is warranted by the care plan, such as sharing a meal, answering the telephone and conveying messages of a personal nature or transporting the client to personal appointments.

In some situations, the massage therapist's activities may be perceived as being outside their professional role.

Massage therapists who are concerned that they may be involved in a situation that crosses the boundaries of the therapeutic relationship may wish to speak with colleagues, their employer or CMT0.

When a boundary has been crossed, the massage therapist has an obligation to remedy the situation to the extent possible.

If a decision is made to terminate the therapeutic relationship, measures must be taken to ensure the client is not harmed by an interruption in treatment and that the massage therapist has fulfilled the professional obligations related to discontinuing treatment.

When considering performing activities that are outside the professional role, massage therapists should ask the following questions:

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Am I doing something for the client that the client needs to do in order to be independent?

Can other resources be used to meet this need?

Will the client expect that all massage therapists will perform these activities?

Will performing these activities cause difficulties when other massage therapists will not or cannot do the same?

Will the activities cause confusion for the client about the massage therapist's role?

Who benefits the most from performing these tasks?

Concluding the Therapeutic Relationship

From the time of the initial contact with a client, a massage therapist should establish with the client, and when applicable, family and other members of the health care team a projected period of time that the therapeutic relationship will last.

This estimate is based on the massage therapist's analysis of a variety of factors that may influence the client's outcomes and course of treatment.

Describing the relationship as finite from the very beginning helps to establish the expectation that discharge from treatment is the end point of the therapeutic relationship.

Close to the time when the relationship will be concluded, the massage therapist needs to discuss plans for meeting the client's needs after discharge from treatment.

WARNING SIGNS WITHIN A THERAPEUTIC RELATIONSHIP

There are a number of signs that indicate that the massage therapist may be crossing the boundaries in the therapeutic relationship.

If one or more of these signs are present, and a massage therapist believes boundaries are being crossed, as a self-regulating health professional, the massage therapist has an obligation to adopt measures that will ensure the boundaries are adjusted to ensure the integrity of the therapeutic relationship.

Examples of these are:

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- spending time with a client beyond what is needed to meet the therapeutic needs;
- preferential selection of clients who are incorporated into your caseload (e.g., a client is provided with an early or special appointment time from your schedule because you think the client is attractive or friendly);
- responding to "personal" overtures by the client;
- disclosing personal problems to a client;
- dressing differently when seeing a particular client;
- frequently thinking about a client outside of the context of the therapeutic relationship;
- being guarded or defensive when someone comments on or questions your interactions with a client;
- being hesitant (except for reasons of confidentiality) or embarrassed to discuss with your colleagues or family your activities with the client;
- spending time outside of the therapeutic relationship with a client;
- ignoring organizational policy or patterns when working with a specific client (e.g., scheduling the client during lunch hour or outside of normal hours of business);
- providing the client with a home phone number unless it is required in the context of a therapeutic relationship; and
- maintaining a client on treatment longer than is required.

Client/Therapist relationship

ROLE OF MASSAGE THERAPIST TO CLIENT

In a therapeutic relationship we are specifically serving the health care interests of vulnerable persons. The therapeutic relationship's primary function is to facilitate the health and well being of clients, ensuring that we bring our full presence and commitment to the experience.

The following is a list of questions that can assist a therapist is bringing clarity and presence to the relationship.

Why am I here?

What can I bring to the therapeutic experience?

Am I here for the client or for me?

Do I need the client to confirm or validate me?

Do I need the client to like me in order to feel better about myself?

Do I need to prove to the client that I am effective?

Do I need the client to admire me?

Do I need the client to need me?

Do I feel inadequate when I think I am not making progress or enough progress with a client?

Boundaries

Boundaries

Necessary limits of personal space for comfort

The area you occupy that you feel is appropriately under your control

Sometimes your boundary is a few cm. or sometimes more than meter.

Boundary violations

When professionals exploit relationships to meet personal needs rather than the clients' needs

Client is not able to protect his/her own rights

Clients are perceived as vulnerable persons

Can develop a parent/child relationship unconsciously

Boundaries are violated when one person crosses a line by doing something to another person without the other person's consent.

Characteristics of Healthy Boundaries

Awareness and Clarity

- Become self aware and overcoming prejudices
- Think clearly at all times
- Refrain from any mood altering substances

Appropriateness

- Must be appropriate for the setting

Congruency

- Must be congruent with the individuals values, goals and priorities
- Those that are not congruent with the client will be difficult to maintain

Protective

- Must protect the individual's sense of well being and integrity
- Must enhance and protect self worth

Flexibility and Adaptability

- Individual should periodically evaluate the appropriateness of the boundaries and be willing to create more rigid or flexible ones

What can Professionals do to ensure they don't abuse their power?

It is good to establish and maintain trust through their willingness to engage fully and respectfully with their client.

They can take charge of accepting their authority and setting the tone and direction that keep the work focused and task oriented.

Create and maintain a safe work environment by establishing clear boundaries. It is also good for yourself to define behaviors that are necessary to fulfill their expectations by keeping themselves mindful of their own power to effect their own decisions.

Should place the client's interest and well-being first.

Crossing Boundaries: Common Mistakes

Do not represent yourself as being qualified in a specific modality without proper training and experience

Playing psychotherapist, especially when a client experiences an emotional release during a session, is another common error

Asking a client to be a friend (dual relationship)

Making comments about a client appearance

Working on a client that has clear contraindication to treatment

Two main types of Boundary Violations

1. Gross Violation

e.g. engage in sexual activity with clients

2. Dual Relationships

A **dual relationship** involves the blending and merging of a professional relationship with a client with another potentially incompatible role.

Some forms of dual relationships include:

Combining the roles of therapist and teacher

Bartering therapy for goods and services

Providing therapy to a relative or a friend's relative

Socializing outside therapy sessions

Becoming emotionally or sexually involved with a client or a former client

Dual Relationship Scale

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High Risk

Serious harm - prohibited behavior (e.g. sexual relationship)

Moderate Risk

Moderate harm - highly discouraged behavior (e.g. friends with client, treating relatives, etc.)

Unlikely Risk

Unforeseeable harm - individual discretion (e.g. any type of behavior which doesn't fall into the above categories, but which could merge roles)

Checklist

Does this situation pose a dual relationship?

What roles would I be merging?

What laws, policies, beliefs, or values need to be considered?

Where would I rate the potential for harm using the dual relationship scale?

What are the risks to the client? What are the benefits to the client?

What are the risks for me, the therapist?

What are the benefits for me the therapist?

Why are dual relationships ethically wrong?

When the two roles come together to form another kind of relationship it reflects a lack of awareness or concern about the impact of our behavior on our clients.

Our primary goal is to serve and benefit the well being of our clients.

When we place our needs and/or desire above the well being of our clients, we are behaving unethically.

Most Common Dual Relationship

FRIENDSHIP

In friendship the relationship is 50/50

In a therapeutic relationship this is not the case, the therapist knows much more about the client than the client knows about the therapist

The therapeutic relationship exists to benefit the client

Turning clients into friends may also interfere with our relationship with other clients

Maintaining professional boundaries is difficult with someone with whom we have a close relationship

When a friend then becomes a client, professional boundaries must be established

Each party needs to understand their position and responsibility

Conversation must be kept in focus on the client

Friends are still required to pay the associated fee with the treatment and should not expect a “deal”

Friends who are being used as “guinea pigs” for a massage student should be aware that after graduation they are required to follow the fee schedule of other clients

Dating Clients

If a therapeutic relationship is moving into a potentially romantic relationship the therapeutic relationship must be terminated immediately

Code of ethics requires a 1 year period to pass between the time the therapist has terminated the relationship and begins to start a more personal relationship

The decision to pursue personal relationship with ex-clients should be considered carefully

Such situations can easily damage the therapist's relationship with other clients and, damage reputations

The best decision is to not date ex-clients

Why is it ethically wrong to become sexually involved with a client?

It is a betrayal to trust of the contract and an abuse of power given to professionals to act in the client's best interests.

Erotic contact fosters dependence.

Clients can come to think of their therapist as an ideal person instead of forming meaningful relationships with others.

Objectivity is lost.

Professionals become more concerned about the feelings the clients have towards them instead of doing their job.

The client can often feel taken advantage of and may devalue contributions of other health care providers.

Sexual Misconduct

Defined as any sexual contact between therapist and client or any sexualizing of the therapeutic relationship

The action may be as innocent as making a comment that got misinterpreted to something as obvious as a male client requesting sexual services

Given that the profession uses touch as our primary therapeutic tool we need to be prepared for the possibility that our touch will be misread

The therapist must be aware of the possible impact that their touch can have and be willing to take responsibility for how touch affects their clients

Examples of sexual misconduct:

Engaging in verbal or physical flirtatious behaviour

Gestures or expressions that are seductive in any nature

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Looking at a client seductively

Sexual comments about a client's body or clothing

Telling sexual jokes

Failure to ensure privacy when draping

Entering the room before the client is completely draped or dressed

Conversations about sexual problems, sexual performance, preferences, or fantasies

Asking client on a date

Unnecessary examination or treatment

Inappropriate touching of breast or pelvic area

Therapists breasts or pelvic area touching a client

Intercourse

Rape

Here are some ways to avoid those situations:

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Avoid terms of endearment

Use anatomical references and clinical terminology

In advertising avoid words such as release, available any time, my place or yours, total relaxation and full body massage (these can all be misinterpreted)

When booking a new client in for an appointment as for his/her goals of treatment

Do not work in a secluded office with clients you do not know

Do not schedule new clients late in the day

Realize problems associated with a home office

Out calls deserve special consideration

Avoid wearing clothing that might give the wrong impression

Obtain separate consent when working on the gluteal or breast tissue

Beware to body contact during the massage

Dialogue

It is important that you know how to properly communicate with clients regarding your case findings and the suggested approaches to the clients needs.

Make sure to explain fees and payment policies to the patient and obtain agreement for a fee schedule (cancellation policy)

Consent

How can you make sure that your consent is related to the HCCA and standards of practice?

Zero Tolerance Policy

What is a zero tolerance policy?

According to BDC.ca- A zero tolerance policy enables your company to proactively prevent and manage employee behaviour that is illegal, inappropriate, or contrary to your organization's code of conduct, while giving employees the means to express themselves.

How does this apply to Massage Therapy?

Humour vs. sexual innuendos

How can you tell the difference between your client trying to be funny and sexual innuendos?

Give me some examples

Ethical behaviour in glute and breast massage

Do not make any comments about your clients body. We do not want to make our clients feel uncomfortable.

We can talk about the quality of the tissue and the muscle. Make sure to avoid comments on size or making comparisons.

Always ask for consent again before you treat these areas.

Respect clients physical privacy

If a client is uncomfortable with a technique or area to be treated we do not need to know why. The only reason we need to know is if we are making the client feel uncomfortable.

Do not have a client disrobe with you in the room. Always make sure they are wearing appropriate clothing for assessment and discuss it with them prior to the treatment.

Comply with confidentiality and information privacy requirements

PHIA!! Everything that your client tells you is confidential!

How do we employ and maintain informed consent?

Give me some examples

**Test 2 next class on
HCCA, relationships, and PHIA**