

Boundaries within the counselling professions

**Good Practice in Action 110
Fact Sheet**

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Context

This resource is one of a suite, prepared by BACP, to enable members to engage with BACP's *Ethical Framework for the Counselling Professions* in respect of boundaries.

Purpose

The purpose of this resource is to stimulate ethical thinking when considering boundaries.

Using Fact Sheet resources

The membership agreement with BACP establishes a contractual commitment by members to abide by the *Ethical Framework for the Counselling Professions*, which includes a responsibility for members to keep the skills and knowledge relevant to their work up to date.

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Practice issues and dilemmas are often complex, and may vary depending on clients, particular models of working, the context of the work and the therapeutic interventions provided. We therefore strongly recommend consulting your supervisor, and also, wherever necessary, a suitably qualified practitioner or lawyer. Some professional insurers will provide legal advice as part of their service.

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In this resource, the terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care. The terms 'therapist' or 'counsellor' are used to refer to those trained specifically as psychotherapists and counsellors.

Introduction

This resource is to aid practitioners and trainee practitioners to identify the boundaries that need to be established in a therapeutic and relationships. It should be read in conjunction with Good Practice in Action 111 Clinical Reflections for Practice: *Boundaries within the counselling professions*.

1 Definition of boundaries in counselling

Boundaries provide the framework for the therapeutic relationship within which the work takes place. They can include, practical matters such as working space, session length, gifts, fees, confidentiality, between-session contact, social media policy and duration or number of sessions. They can also include interpersonal issues regarding the relationship that is offered including the model of counselling used, dual relationships, self-disclosure, touch, non-professional relationships, and practitioner competence. Boundaries can enable your clients to feel safely held and promote trust by showing clearly what the purpose of the relationship is, and what the client can expect from you.

It is the practitioner's responsibility to hold the boundaries and to ensure clarity for clients. All members of BACP are committed to '...agree with clients how we will work together' (*Ethical Framework, Commitment 3c*).

We also commit to providing clients with information so that they can make informed decisions about the services they want to receive (see Good Practice, point 30).

This information needs to give a clear indication of the boundaries within which the client and practitioner will work.

If clients are clear about what to expect from the practitioner and the therapy, then they are more likely to be able to engage with the process. Also, practitioners are less open to manipulation (either conscious or unconscious) and more able to enter into a working relationship. You can find out more about making the contract within Good Practice in Action 039 Commonly Asked Questions and GPiA 055 Fact Sheet: *Making the contract*.

2 The important boundaries in counselling

How practitioners define specific details of boundaries will vary according to the particular context, counselling methodology and client base that the practitioner works with. Some boundaries are imposed by organisational policy, or legal obligation (such as data protection and safeguarding), others (such as contact between sessions or boundaries of time and space) will be developed in line with the practitioner's particular context and with a commitment to the ethical values and principles set out in the *Ethical Framework*. Although not an exhaustive list, thought would usually be given to:

2.1 Location, time and number of sessions

It is vital to be clear about the length and frequency of the sessions, whether the work is to be time-limited or open-ended, and when and where the counselling sessions will take place, and what will happen if you are unable to continue working with the client, or the client wants to cancel a session.

Clarity over these practical points may reduce the client's feeling of vulnerability and help them to feel safe within the process. Transparency helps to provide a clear framework in which the therapeutic relationship can grow.

For an example of how unclear practical boundaries can affect the therapeutic relationship, please see vignette 2.3 in GPiA 111 Clinical Reflections for Practice: *Boundaries* where Sarah not keeping firm time boundaries leaves Ffion feeling that Sarah was '...not bothered about her'.

Where possible, the practitioner should give the client notice that they are taking leave. It is also important to agree what contact may be possible during their leave. Working with a client towards an agreed ending is good practice, however, there are some circumstances where it is not possible for the client or therapist to give notice with regards to taking leave or ending therapy. How to manage these circumstances are discussed in Fact Sheets: GPiA 072 *Unplanned endings*, and also GPiA 104 *Clinical wills and digital legacies*.

With regard to online or telephone therapy sessions boundaries should be put in place so a safe virtual platform is used for the session, and both the client and practitioner are speaking in a safe confidential space. For an example of when practical boundaries in virtual therapy can affect work with a client please refer to clinical vignette 2.1 in GPiA 111 Clinical Reflections for Practice: *Boundaries*.

2.2 Confidentiality

Counsellors have a duty to keep client confidentiality through not discussing or sharing client information inappropriately and by storing client data securely and according to the law. It is important to ensure clients understand the limits to confidentiality and when confidentiality might need to be broken. Circumstances where confidentiality needs to be broken should be outlined in the contract and discussed with the client at the initial session. Confidentiality might be broken if the client is in danger or if they are placing someone else in danger, the law requires information or when sharing information with other professionals. You can find more information about confidentiality in GPiA 014 Legal Resource: *Managing confidentiality*, and in the *Ethical Framework Good Practice*, points 33a-g.

2.3 Out-of-session contact

Some practitioners might offer clients communication between sessions, either for a fee, or as part of the service. This maybe via e-mail, text message or on the telephone. It is important that any between-session contact is discussed and that it is realistic. It is also important that practitioners think about how to keep personal and professional communications separate, as blurred boundaries can cause problems. (See vignette 2.1 in GPiA 111 Clinical Reflections for Practice: *Boundaries*, which shows the complications for Malee arranging an appointment for a client in an agency setting on a personal messaging site.) Any change in contact between sessions needs to be discussed and managed in a sensitive manner. Contact between sessions also needs to be recorded in the client's notes. The client and therapist should agree about contact after the therapy sessions have ended.

2.4 Self-disclosure

It is important to think about the purpose of self-disclosure within the therapeutic relationship. Used appropriately, self-disclosure can lead to depth in the relationship.

However, if it is used inappropriately it can be confusing or hurtful, or shift the focus away from the client, and cross the boundary between personal and professional.

2.5 Touch

Therapists might offer some forms of touch as part of the therapy, but this would depend on the model of therapy being offered, and the client agreeing. In some humanistic therapies, non-sexual contact, such as hugging, may be regarded as acceptable, whereas in other psychodynamic therapies, it could be regarded as crossing a boundary. (Muller, 2017)

Any intervention involving touch needs to be managed carefully. It is important to talk about touch with the client; ask their permission and to discuss the therapeutic purpose and meaning with them. This helps to avoid misunderstandings and ensure safety.

2.6 Social media and working with a client online

It is important that we think about how our professional and personal online presence might impact on the therapeutic relationship. It is necessary that practitioners maintain online boundaries in a way that protects the integrity of the therapeutic relationship and promotes trust.

The *Ethical Framework* addresses the issue of social media use and advises that:

'reasonable care is taken to separate and maintain a distinction between our personal and professional presence on social media where this could result in harmful dual relationships with clients' (BACP, 2018).

It is not good practice to follow or search for clients online, to accept 'friend' requests from clients on personal social media accounts, and to post about clients online without the client's informed consent. Clients will need to be given information about exactly what will be shared, and the possible consequences for them.

However, clients will often search for information about their therapists online; it is important therefore to think carefully before posting information into public forums. For example, would you want your clients to read a blog giving intimate personal details about you or your family?

If a practitioner and client are working online, the boundaries should be agreed in the first meeting, and will need to include protocols for this. More details regarding working with clients online are found in GPiA 047. Working online requires additional skills, you can find details of the competence required at: www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula/telephone-and-e-counselling.

2.7 Fees

These should be discussed when the client first makes contact with the therapist. It is important to be clear about how much the sessions cost, the methods of payment that are accepted and when the sessions should be paid for, and what will happen if the client does not (or cannot) pay.

For example, if your client misses a session because of illness, will they be expected to pay? If your client loses their job and cannot afford to pay, what will you do?

2.8 Gifts

Clients may wish to offer their practitioner a gift during, or at the end of therapy. Some therapists may choose not to accept gifts from their clients, or only accept small gifts, therefore it is important to make their policy about accepting gifts clear at the start of therapy to prevent a client feeling rejected if a gift is refused. For an example of how the giving of gifts might affect a client, please refer to vignette 2.4 in GPiA 111 Clinical Reflections for Practice: *Boundaries* to see how counsellor Tim faces difficulties after accepting a coffee from his client Pablo who interprets this as a symbol of friendship.

2.9 Dual relationships

When a client and practitioner or supervisor and supervisee are involved in another relationship outside of the therapy room, these are referred to as dual relationships. Examples of these are:

- A family/friend connection
- Same religious congregation, shared group, hobby or club
- Neighbours
- A business or college colleague
- Has other responsibilities – such as line management
- Online interaction, e.g. social media.

An example of how a dual relationship infringes boundaries is given in vignette 2.2 in GPiA 111 Clinical Reflections for Practice: *Boundaries*.

The *Ethical Framework* states:

'...any dual or multiple relationships will be avoided where the risks of harm to the client outweigh any benefits to the client.' (Good Practice, point 33b).

Avoiding multiple relationships can be particularly difficult within small communities and in settings where members may have multiple roles. Discussion in supervision and using an ethical decision-making model can help to ensure ethical and responsible decisions are made that minimise the risk of any dual relationship to both clients and therapist.

The *Ethical Framework* commits members to not having '...sexual relationships with, or behave sexually towards our clients, supervisees or trainees' (Good Practice, point 34), and this extends (apart from exceptional circumstances) also to ex-clients or people close to our clients (see Good Practice, points 36-37). Conflicts of interest and issues of power or dependence may continue after our working relationship with a client, supervisee or trainee has ended. A practitioner making physical sexual advances to a client may constitute not only grounds for complaint under BACP's Professional Conduct procedure but may also, in some circumstances, be a criminal offence.

3 Equality, diversity and inclusion (EDI)

Diversity is the presence of particular differences, or characteristics, between individuals in a group of people or a society. The 2010 Equality Act sets out nine protected characteristics and if you are an employer, or offering services to the public – for example offering therapy within a private practice, you may not discriminate against people on the grounds of:

- sex and gender
- gender reassignment
- sexual orientation
- disability
- race
- religion and belief
- age
- marriage and civil partnership
- pregnancy and maternity.

Equality is the principle that every person should be treated fairly and equally. This is an important value in therapy. The *Ethical Framework* highlights that we have a duty to demonstrate equality and respect diversity in our interactions with clients and we must uphold these values also in relation to our colleagues. Equality, however, is more than just doing the same thing for everyone, it is about understanding the individual's particular culture, or access needs, in order to work effectively.

For example, rigid boundaries on not physically touching clients may be inappropriate for a client with a disability who may need you to touch them in order to guide them to your consulting room, or to sit close to them so that they can lip-read. A client from a different cultural background, however, may find sitting too close, or touching inappropriate. Agreeing in advance with clients what would be helpful to them and maintaining these agreed boundaries, are vital in ensuring a fair service is provided.

People have the right to the same level of service, and developing an inclusive therapeutic practice means ensuring that the boundaries agreed do not exclude people, particularly those with the protected characteristics shown above. However, inclusivity and our commitment through the *Ethical Framework* (Good Practice, point 23) means that we need to go beyond the legal minimum and ensure the boundaries we agree with our clients are respectful and appropriate for their particular needs.

For example, we may have a boundary around times of sessions (all clients will meet with us for 50 minutes), how appropriate would this be, however, for a client with a life-limiting illness, who could only concentrate for 20 minutes at a time, or someone with an interpreter who may need longer sessions to ensure you are able to communicate with each other effectively?

Virtual or telephone therapy sessions allow therapy to be offered to a more diverse population and eliminate some of the practical issues that people face when trying to access therapy. Virtual therapy sessions open up possibilities for practitioners to work with a more diverse client group. When working with virtual clients practitioners might encounter wider cultural differences.

Practitioners need to be aware of the issues that might arise and present them in supervision so they can find inclusive ways of working with virtual clients. It is also important to be aware that clients might have issues accessing technology.

4 When boundaries are broken

If boundaries are crossed or blurred, ethical dilemmas will arise, and this can be unsettling and unsafe for both the practitioner and the client. When this happens, the practitioner has an ethical duty (*Ethical Framework, Good Practice, point 52*) to:

- inform their client of anything that places them at risk of harm, or causes them harm (whether or not they are aware of what has occurred)
- take immediate action to prevent or limit any harm
- offer an apology when this is appropriate
- discuss the situation in supervision.

When appropriate, it may also be important to inform:

- their organisational manager
- if a trainee, their course provider
- their professional indemnity insurer and BACP.

Seeking help from a more senior practitioner at the earliest possible time helps to ensure that any harm to the client can be kept to a minimum.

Hopefully if the client feels that a boundary has been crossed, they will be able to discuss it with you and the issue can be resolved.

5 Supervision

Regular supervision is vital in ensuring that the practitioner manages their boundaries and that they work in an ethical manner.

It is the practitioner's ethical responsibility to keep boundaries and to discuss any boundary issues within supervision.

It is the supervisor's role to monitor whether their supervisee is maintaining the boundaries in both their role as a practitioner and as a supervisee.

The boundaries of the supervision relationship are also discussed within GPiA 077 *Dual roles in the counselling professions* and in an article by Martin (2018) and also within the suite of resources on supervision, which can be found at: www.bacp.co.uk/search?q=supervision&SortOrder=0&RecordTypes=GoodPractice.

Boundaries within supervisory relationships can be especially challenging in services where practitioners do not have a choice of supervisor, or where the supervisor has another role in the organisation (for example has line-management responsibilities). They can also be challenging in training situations where the supervisor also has responsibilities in respect of assessing the trainee's practice for their course provider.

Clear contracting at the start of work can help all parties to understand any potential dual roles, raise any concerns and mitigate any harm.

Summary

Practitioners should ensure that they contract carefully with clients setting clear boundaries for therapy so that there is no confusion at any point in their work with clients. If they realise that a boundary has been crossed, they need to discuss this within supervision, and address with the client as soon as possible to avoid causing difficulties in the therapeutic relationship.

Clients should feel able to raise concerns with their therapist, and to know their rights, and feel comfortable acting on those rights if required. Boundaries need to be firm enough for the client to feel safe, but flexible enough to ensure inclusion. If a boundary is crossed, it is important that this is discussed within supervision and that the client is informed of anything that places them at risk of harm.

About the author

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