Ethics in Massage Therapy

2 CE Hours

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Learning objectives

- Define the concept of power dynamics.
- Distinguish between transference and countertransference.
- Describe the nature of the fiduciary role.
- List four ways a practitioner might work outside his or her scope of practice.

- Explain the risks of dual or multiple role relationships between practitioner and client.
- Explain the relationship between patient autonomy and agreements, including the client’s bill of rights, informed consent, and right to refuse treatment.
- List four strategies that reinforce appropriate boundaries.

Introduction

This chapter addresses a range of issues of concern to the professional massage therapist and introduces a number of concepts important to the ethical practice of massage therapy. Successful completion of the course will equip you with the basic concepts and rationale for ethical decision-making in your practice, to help to navigate unknown ethical territory, identify questionable behavior, and develop a sense for “red flags” of potential conflict, as well as take steps to resolve these issues. Equally important, it will help you know when to seek professional guidance with a supervisor or mentor, or turn to other appropriate resources for professional assistance.

This course fulfills two credits of mandatory coursework in Ethics, and:

- Explains concepts important to ethical theory and practice in professional massage therapy and bodywork.
- Examines the value and function of ethical codes and professional standards of conduct.
- Emphasizes the delineation of boundaries that define the therapeutic relationship.

Principles of professional ethics

Ethics refers to principles of right or good conduct. Professional ethics in massage therapy is the application of guiding principles of right conduct to the study, practice, and business of massage therapy. Unlike personal ethics, which are flexible and open to debate, professional ethical codes are formally defined, mandatory standards of conduct established by and for members of professional associations to ensure quality and integrity in the profession.

Because virtually all state licensing authorities, certifying/accrediting agencies, and professional associations establish their own standards of conduct and ethical guidelines for their members, you will need to refer directly to the organizations and academic or training institutions with which you are affiliated, as well as state, local, and national associations, to review the ethical guidelines that apply specifically to you and your practice. This course is based on standards of ethical behavior embodied in both the AMTA and NCBTMB Code of Ethics and Standards of Practice, and common to the ethical codes of other agencies regulating massage therapy.

A Code of Ethics states the ethical responsibilities of the massage and bodywork professional. Standards of Practice further establish the expectations of professional conduct in regard to the law, confidentiality, business practices, roles and boundaries, and prevention of misconduct. This chapter is intended to clarify the meaning of statements and concepts central to the ethical practice of massage therapy.

The nature of the practitioner-client relationship is a fiduciary one. This means the client trusts that the practitioner will act in the client’s best interests. The fiduciary obligation is the duty of the practitioner to do so. This concept is central to professional practice and the therapeutic relationship. While the practitioner and client share the same primary concern and objective – the client’s welfare – it is the practitioner, by virtue of his or her professional status, who is ultimately responsible for the client’s safety, security, and well-being. The practitioner bears the burden of accountability because he or she is in a position of authority or power in relation to the client.

Individuals are treated ethically not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being. Such treatment falls under the principle of beneficence. The term “beneficence” is often understood to cover acts of kindness or charity that go beyond strict obligation. In this context, beneficence is understood in a stronger sense, as an obligation. Two general rules have been
formulated as complementary expressions of beneficent actions in this sense: (1) do not harm and (2) maximize possible benefits and minimize possible harms (beneficence and nonmaleficence).

The principle of beneficence requires us, other things being equal, to do good, or what will further the patient’s interest. The principle of nonmaleficence requires us, other things being equal, to avoid harm to the patient, or what would be against the patient’s interests. Both principles rest on the fundamental importance of what is in the patient’s interest. The first is the positive requirement to further the patient’s interest. The second is the requirement to refrain from doing what damages the patient’s interest. Different claims covered by the principle of beneficence may come into conflict and force difficult choices.

Accountability

Professional organizations protect public safety by certifying the competence of their members through licensing and continuing education requirements. Accreditation and professional affiliations maintain quality control and show your accountability to clients, colleagues, and the profession, as a whole. They confirm that you abide by prevailing health and safety standards, conduct yourself in accordance with relevant legislation and/or professional regulations, and possess the specialized knowledge and skills of your field.

Scope of practice

Scope of practice refers to your area of competence, usually obtained through formal study, training, and/or professional experience, and one for which you’ve received certification or other proof of qualification. Unlike other standardized training programs or fields of study, schools of professional massage therapy and state requirements vary significantly in the number of necessary hours of study and curriculum. Some schools provide substantial training in specialized procedures, such as lymphatic-drainage techniques or hydrotherapy, while others may only touch upon these subjects, if they are discussed at all.

Choosing to provide services for which you are not appropriately trained or competent is a dangerous personal decision that undermines the profession and may carry weighty legal implications. Your personal level of discretion and ethical standards will largely determine the manner in which you advertise your services, describe your education and professional experience, and list credentials. You will have to decide for yourself if you can rightfully claim substantive experience in a discipline for which you’ve attended a three-hour workshop or watched a series of instructional videos, or when you can properly call yourself an expert in one modality or another.

Misrepresenting one’s educational achievements, credentials, or abilities is a serious breach of responsibility that endangers client safety and reflects poorly on the profession as a whole. If a subject is outside your area of expertise, don’t hesitate to say so, and direct the client to appropriate informational resources or professional services. Make sure any information or suggestions you pass along are supported by the professional community and recent research findings, and are appropriate and safe for the client.

Safety

Practitioners are required to abide by industry standards of safety and hygiene. Client draping, towels, the table surface, and other relevant items or materials must be cleaned according to accepted standards of sanitation, and meet all legal health and safety requirements (including universal precautions relating to communicable diseases). Practitioners should know how to cover cuts and use sanitizing supplies such as disinfectant hand wipes effectively.

Practitioners must have the skills and knowledge to assess a client’s condition and provide safe and appropriate therapy. They must be attuned to verbal and non-verbal client feedback, and alert to possible contraindications for massage. Sometimes these decisions are less than clear-cut, requiring a bit of research or consultation with medical personnel more familiar with the client’s condition. Never allow the client, the client’s relatives, or even the client’s doctor to pressure you to proceed if you have any doubts regarding the safety of a specific procedure for a specific client. You are ultimately responsible for any injury sustained by the client during or resulting from massage and the medical and legal liability associated with it – even if the client’s physician specifically recommended or prescribed the bodywork.
If you have strong concerns about the client’s health related to medication or procedures received through another source, suggest that the client have a trusted health care professional review the course of treatment. Pronouncements like this should not be made flippantly, as they could be the basis of legal action against you for practicing medicine without a license. If you believe your client has a serious medical condition or may have suffered an injury, tell the client immediately and refer him/her to the appropriate health care professional. Do not discuss the condition with the client’s doctor or anyone else unless you have explicit permission from the client to do so. Be sure to document your referral and the reasons for it in the client record.

Keep scope of practice in mind when you give advice or make recommendations to clients. While listening attentively to your client is a relatively risk-free venture, sharing your opinions is not. Depending on the topic of conversation and your specific comments, you may be engaging in high-risk behavior whenever you have casual conversations with a client. Resisting requests for “advice” in any subject outside your areas of expertise is your safest option, but it is natural to be drawn into discussions with a client, especially one you’ve come to know well.

Advice can be a dangerous and slippery slope for practitioners in large part because they may have some knowledge and experience regarding a topic that is health-related, but not strictly within their scope of practice. If you have found an effective nutritional supplement or exercise program that relieves the same symptoms your client is experiencing, you may have a strong impulse to share that information with your client. Or, you may want to warn your client away from a health regime that you consider ineffective or potentially dangerous.

When giving your point of view, make sure you delineate a professional recommendation, based on years of experience and study, from suggestions or opinions of a more personal or general nature. Help your client distinguish between subject matter in which you are, and are not, professionally qualified. If a health or medical issue is outside your scope of practice, recommend that the client see a qualified health professional regarding the matter.

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**Patient autonomy, informed consent, and right to refuse**

Informed consent refers to a patient’s right to understand his or her condition and participate in decisions regarding that care or condition. The patient, or patient’s guardian, is required to sign a written statement acknowledging agreement to proposed treatment terms and awareness of the known risk factors associated with them.

It is through this process that a health care practitioner informs a patient about the risks and benefits of a proposed therapy and allows the patient to decide whether the therapy will be undertaken. It is based on the moral and legal premise of patient autonomy, and is the formal application of the client’s right to make decisions about his/her own health care.

The principle of autonomy (self-rule) is based on the principle of respect for persons, which holds that individual persons have the right to make their own choices and develop their own life plan. In a health care setting, the principle of autonomy translates into the principle of informed consent: You shall not treat a client without his/her informed consent. In order to affirm autonomy, every effort must be made to discuss treatment preferences with clients and to document them in written records.

In massage therapy, informed consent usually takes the form of an agreement between the practitioner and client that states their shared objectives, proposed treatment plan, expected outcome(s), and anticipated time frame for results. It may also refer to the client’s medical history, asserting that the client has informed the practitioner about all known physical or medical conditions and current medications, and will inform the practitioner if any of these conditions change.

The notice of informed consent in massage therapy typically includes a statement explaining the role of massage therapy in pain and stress reduction or other specified purpose, and its limitations:

- Massage therapy does not take the place of medical examinations, care, or treatment.
- The practitioner is not a doctor and does not diagnose medical conditions or prescribe medication.
- Clients should continue to consult their primary caregivers or other specialists for ongoing health care and medical conditions.
- Clients should consult their primary caregiver to review health care recommendations before making significant changes in their health and exercise regimen or diet.

In addition to being an ethical obligation of caregivers, legislation in all 50 states requires that clients be informed of all important aspects of a treatment and/or procedures, although the details of these laws and statutes differ greatly. General guidelines require clients to be informed of the nature of their condition and the proposed treatment or procedure, its purpose, risks and benefits and their probability, risks and benefits of alternatives, and risks and benefits of not receiving the treatment. Failure to obtain adequate informed consent renders a health care professional liable for negligence or battery and constitutes medical malpractice.

While informed consent is a well-established practice, it often fails to meet its stated purpose. Recent research findings strongly suggest that procedures to obtain informed consent may not adequately promote the patient’s comprehension of the information provided, rendering the consent not truly “informed.” Studies suggest that a majority of patients do not read a consent form before signing it, and less than half of the U.S. population understands commonly used medical terms. Additionally, clients with limited reading ability are at increased risk for medical errors, due to problems reading medication bottles, appointment slips, self-care instructions, and health education brochures. These clients are also likely to have trouble reading materials intended to aid in obtaining informed consent.
Several methods of improving the procedures of obtaining informed consent have been proposed, including improving the readability of consent forms, asking clients for recall to establish understanding, adding additional stimuli, such as multimedia presentations and providing written information. The following section discusses “best practices” for informed consent forms, but also applies to other written material intended for the client.

In order to ensure that clients understand the procedure to which they are consenting, it is important that all materials be presented in a comprehensible manner. Written health care materials, such as consent forms, are often written with a relatively complex sentence structure and vocabulary, making it difficult for the average adult to interpret the information. In addition, providing these materials in the language the client finds most familiar is likely to increase comprehension substantially for many individuals.

Providing written information to clients regarding their diagnoses, proposed treatments, and other information given during informed consent discussion allows the patient to refer back to such information, which promotes comprehension. Some investigators have proposed that clients should receive written consent forms days before receiving a procedure.

**Informed consent is always specific:** The goal of the informed consent process is to ensure that clients have an opportunity to be informed participants in decisions about their health care. To achieve that goal, practitioners must explain the patient’s condition and inform the patient about treatment options and alternatives, including the risks and benefits of each, providing the information that a “reasonable person” in similar circumstances would want to know in making the treatment decision. A key element of the process is that the practitioner explains why he or she believes recommended treatments or procedures will be more beneficial than alternatives in the context of the patient’s diagnosis. Thus informed consent is always specific: to the individual patient, the clinical situation, and the recommended plan of care or recommended treatment(s) or procedure(s).

**Consent for multiple treatments:** However, to say that consent is always specific is not the same as saying that separate consent is always required for every episode of repeated treatment. When the plan of care for a given diagnosis involves repeated treatments or procedures, practitioners should ensure the patient understands that he or she is consenting to multiple episodes of treatment. Separate consent is not required for each individual episode. If a patient’s condition changes enough to warrant a change in the plan of care, the practitioner must explain to the patient how the situation has changed, establish goals of care in light of the new situation, recommend a new plan of care, and obtain informed consent for the new plan or for specific treatment(s) or procedure(s) now recommended.

**Notification versus consent:** Informed consent is also different from “notification,” that is, providing general information relevant to clients’ participation in health care. Similarly, every patient entering a health care facility must be notified that his or her records will be used for purposes of routine health care operations. Likewise, each patient should be notified that his or her information may be used for quality improvement purposes to enable the organization to fulfill its obligation to monitor the quality of care it delivers and to carry out quality improvement activities for the benefit of all clients. Notification informs clients not only about their rights, but also about organizational activities and processes that shape how care is delivered. Like informed consent, notification serves the goal of respecting clients as moral agents.14

Informed consent should:

- Explain the patient’s condition and diagnosis clearly and concisely, in language he or she can understand.
- Inform the patient about the treatment(s) or procedure(s) you recommend, including:
  - The name, nature, and details of the recommended treatment(s) or procedure(s).
  - Indications for the recommended course of action.
  - Likelihood of success of the recommended treatment(s) or procedure(s) for this patient.
- Describe the expected benefits and known risks of the recommended treatment(s) or procedure(s).
- Describe reasonable alternatives to the recommended treatment(s) or procedure(s), including the expected benefits and known risks of each alternative.
- Identify the practitioners who will be involved in performing the treatment or procedure.
- Advise the patient if the recommended treatment or procedure is novel or unorthodox.
- Encourage the patient to ask questions.

**Intake interview and documentation**

Clients should fill out a formal intake form on their first visit that should include:

- Client’s name, address, and telephone or other contact number(s).
- Reason for visit.
- Medical history.
- Insurance/payment methods (if applicable).
- Person to call in case of emergency, with their contact information.

The client should also sign and date the following statements:

- Release of medical records.
- Notice of informed consent with scope and limitations of practice.
- Client’s Bill of Rights.

A Client’s Bill of Rights typically includes the following information:

- Name of practitioner.
- Details of practitioner certification and list of credentials.
- Practitioner’s area of expertise, philosophy, and/or approach to massage.
- Fees and service schedule.
- Payment terms.
● Adhere to the following guidelines for preparing and maintaining treatment strategies and expected objectives.
   ○ Practitioner’s assessment of the client’s physical condition.
   ○ Recommended treatment, estimated duration of treatment, and expected results.
   ○ Copy of client’s health forms/records held by practitioner.

● Statement of confidentiality.

● Statement of refusal, explaining the client’s right to terminate a course of treatment at any time and choose a new practitioner.

● Clients’ right to invoke, explaining client’s right to invoke these rights without fear of reprisal.

Business management and promotion

Conducting your business in an ethical manner is largely a matter of treating people fairly and decently, using your skills and time effectively, and adhering to high standards in your work. Your promotional materials, record keeping, financial dealings, and conduct in day-to-day business matters should also be able to pass ethical scrutiny. Maintaining your practice in good standing means:

● Filing local, state, and federal taxes.

● Discussing and/or displaying fee schedules and billing practices prior to a first meeting.

● Making the client’s welfare your paramount concern.

● Following generally accepted accounting practices.

● Keeping accurate financial records.

● Maintaining patient confidentiality.

Documentation and records

Proper documentation and record keeping is a critical, routine aspect of a successful practice. Keep notes legible and accurate. If it is ever necessary to refer to files at some time in the future (a medical emergency or legal proceedings, for example), the context and details of your notes should be clear. Other health care personnel will need to know the background, presenting context and details of your notes should be clear. Other health professionals.

● Make sure the forms you use to collect client information are appropriate to your practice and cover all pertinent areas. Make sure forms are free of errors and are easy to read and understand. Questions should be stated simply. Avoid jargon or complicated medical terminology, or define terms, as needed. Review forms on a regular basis, and revise or simplify confusing formatting or content.

● Maintain accurate and truthful records: record only factual information, observations, and actions. Don’t record your opinions, or conjecture about the client or his/her condition. When recording statements made by your client (regarding an injury, for example), use quotation marks to demarcate the client’s words. Keep a separate file for personal notes or any material of a speculative nature.

● Both the practitioner and client are ensured the “right of refusal.” For a client, this means the right to refuse, modify, or terminate treatment regardless of any prior agreements or statements of consent. For a practitioner, this means the right to refuse to treat any person or condition for just and reasonable cause. These rights safeguard a client’s freedom to choose any practitioner, and a practitioner’s freedom to terminate treatment, if necessary. These rights might come into play in cases of negligence or abuse. For example, a practitioner can refuse to work with an abusive or unstable client, and a client can refuse treatment from a practitioner he or she suspects is practicing under the influence of alcohol, drugs, or any illegal substances.

● A right to information statement, asserting the client’s right to information:
   ○ Practitioner’s assessment of the client’s physical condition.
   ○ Recommended treatment, estimated duration of treatment, and expected results.
   ○ Copy of client’s health forms/records held by practitioner.

● Statement of confidentiality.

● Statement of refusal, explaining the client’s right to terminate a course of treatment at any time and choose a new practitioner.

● Clients’ right to invoke, explaining client’s right to invoke these rights without fear of reprisal.

● Respectful and cooperative collaboration with other professionals.

● Appropriate referrals, if necessary.

As a massage professional, any negative perceptions of your marketing materials or advertisements tend to reflect poorly on your colleagues and the profession as a whole. Promotional materials should:

● Include your license number, place of business, and phone number.

● Refrain from using fear or guilt as motivational tactics.

● Avoid unrealistic, misleading, or sensational claims, or promises to cure specific conditions or ailments.

● Avoid using any wording or image that might be construed as sexual in nature.

● Adhere to truth-in-advertising standards.

● Take a comprehensive case history and review it with the client before beginning treatment. This should include an overview of the client’s general state of health and thorough medical history, his or her reason(s) for seeking massage therapy, onset and duration of problematic symptoms, medical history of family members (if appropriate), and occupational background.

● Train staff members to record client histories and other important information properly and thoroughly, and to ask appropriate follow-up questions if there is any ambiguity in a response. Implement some structure or mechanism to ensure this information is complete for every client and answers are recorded in sufficient detail. Review any personal or medical information taken by other staff members in a personal interview with the client to ensure information was recorded properly and in adequate detail.

● Areas that do not apply to a specific client should be marked “N/A” (non applicable) rather than left blank.

● Develop a short, simple form that clients can use to note their progress (or lack of progress) at each visit.

● Document any client non-compliance with the care plan, including canceled appointments (dnka = did not keep appointment), refusal or failure to follow health care instructions and/or take needed medication, activities or behaviors that pose a risk to the client’s health. Communicate
the rationale for your opinion and do not proceed with any action that conflicts with your professional judgment.

- If you feel the client’s disregard for professional recommendations is putting him or her at risk, have the client sign a form acknowledging that he or she has been informed of the potential consequences of their action or inaction, and is choosing to refuse recommended treatment.
- Notes should be legible as well as accurate. Pay attention to your handwriting and use clearly written and recognized abbreviations. Remember that you and other people may need to refer to these notes years in the future. Make sure they are easy to read and understand.
- File records promptly and accurately. Establish a strict filing system and adhere to it, and be sure other staff members know the system and the importance of using it.
- The following guidelines were established for litigation purposes and should be standard practice in all health care environments:

Confidentiality

Keep all original records in your possession. Provide copies of x-rays, notes, and records documenting client care for clients or health care facilities requiring their own copies. Share information only in cases where disclosure is required by law, court order, or another appropriate, professionally approved manner, according to legal requirements.

Impress the importance of confidentiality and retaining original file copies upon all staff members. Institute the following procedures when providing copies, and make no exceptions:

- Have the client sign and date a release authorization form.
- Keep a copy of the release authorization with the client’s records.
- Copy only the information requested.
- Note in the client’s file: the party requesting the copy, what specifically was requested, and the date, to whom, and where the copy was sent.

All information and matters relating to a client’s background, condition, and treatment are strictly confidential and should not be communicated to a third party (even one involved in the patient’s care) without the client’s written consent or a court order. Treat clients with respect and dignity: Handle personal information with sensitivity and keep the content of written records a private matter. Practitioners who can’t resist telling secrets or repeating gossip in their personal lives should be aware of the heavy penalties associated with jeopardizing client confidentiality in a professional context. Without an understanding that their disclosures will be kept secret, clients may withhold personal information. This can hinder caregivers in their efforts to provide effective interventions or to attain important public health goals.

Disclosure of personal health information should protect patient confidentiality as much as possible. Where confidentiality cannot be maintained, clients should be informed about how their personal health information will be used and whether the information will be identifiable or anonymous. Coordination of health care, in daily practice, requires limited disclosure of information to other health care providers, companies related to client reimbursement or payment, etc.

New clients

It is generally a good idea to assume that a new client knows nothing about massage therapy. Many massage therapists develop an information sheet to acquaint the client with basic massage concepts. Office personnel, customary procedures, and other useful points regarding their place of business, such as bathroom locations, and what to expect in a typical session, can be distributed to clients in the waiting room before their first session. Providing basic instructions and answers to common questions in a brief information sheet can be very effective in putting new clients at ease, especially when clients are new to the experience and unfamiliar with a facility’s personnel and way of conducting business.

During the session, be sure to inform the client when you move from one area to another, especially when the movement is to a particularly vulnerable area, such as the abdomen.

- Assess sensitivity and tolerance and inform the client as you progress to deeper movements.
- Perform tapotement only with client permission, and after you are certain the individual is adequately informed about the process.
Interpersonal dynamics and power in the therapeutic relationship

Interpersonal dynamics exist in all relationships, and are a normal and necessary part of a therapeutic relationship between client and practitioner. An important part of this dynamic is a power differential; the imbalance in authority or power that results from your greater expertise in the area of massage therapy. Your education, skills, experience in the field, and professional certification give you an authoritative advantage over your clients.

With any position of power comes the potential for abuse. Massage therapists, like many health care professionals, forge close relationships with people in their care. The combination of physical and social interaction between practitioner and client can trigger strong emotional responses in one or both parties, leading to small improprieties as well as egregious misconduct.

Asking your client, who is a lawyer, for free legal advice; requesting a church donation or selling your daughter’s Girl Scout cookies at the office; mentioning personal details about a client or repeating what was said during a session to a friend or spouse: All are subtle ways practitioners take unfair advantage of their relationships with clients. Even when clients appear to welcome, rather than resent, such requests or behavior, they are never appropriate and do not belong in a professional environment. It is equally inappropriate for practitioners to accept favors, free merchandise and services, or confidential information (such as stock tips) from a client. These interactions can distort the therapeutic relationship and obscure its primary objective.

It is not unusual for clients to unintentionally test professional boundaries, or practitioners to unknowingly relax them. When practitioners and clients are motivated by countertransference and transference, respectively, they are more susceptible to inappropriate impulses that can lead to misconduct. Transference refers to all the feelings experienced by the client, related to his or her past experiences and relationships, stirred up by or in the session. Transference is neither negative nor positive, but is “always a distortion; a projection of emotions from the past to current objects.” Countertransference refers to all the feelings experienced by the practitioner, related to his or her previous relationships and experiences, that are stirred up during the session, including the practitioner’s conscious and unconscious response to the client’s transference of emotions.

Be aware that transference and countertransference can activate strong emotional reactions and/or feelings of sexual attraction, raising unrealistic expectations on the part of clients and practitioners. Learn to identify emotional red flags of blurred professional/personal boundaries in your behavior. If you overreact, are preaching or lecturing or are uncomfortable, unsure of yourself, or dissatisfied in your interactions with a specific client, you may be experiencing countertransference, bringing emotions and reactions from your personal life into your professional environment.

Boundaries in the patient-practitioner relationship

Boundaries define the limits of appropriate behavior by a professional toward his or her clients. By establishing boundaries, a health care professional creates a respectful and protective space for the therapeutic relationship to occur. A boundary violation occurs when a health care professional’s behavior goes beyond appropriate professional limits.

The intimate nature of massage therapy includes practitioners in important and sometimes highly stressful life events, and the mutual dependence of colleagues working in close concert all present the potential for blurring of limits to professional relationships. Remaining within the bounds established by the purpose of the relationship can be especially difficult in prolonged or long-term relationships. Even so, in all encounters, practitioners are responsible for retaining their professional boundaries.

A variety of standards establish the limits of appropriate professional behavior, whether those limits are explicitly enumerated in standards of conduct, codes of ethics, or law, or tacitly conveyed through professional training and widespread acceptance. Individuals who seek help must rely on the professional they consult to be trustworthy: When practitioners behave in ways that call their professional judgment and objectivity into question, the trust on which the relationship depends is compromised. And when trust is compromised, the efficacy of the therapeutic relationship is negatively affected.

Part of your responsibility in maintaining clearly defined boundaries is to protect the client from you, should you act or speak inappropriately, or be motivated by anything but your client’s best interests. Inappropriate behavior tends to
relationships. While some feel that not all dual relationships are possible or practical, ideal. In small towns, for example, it may be perhaps best to avoid dual relationships, it is not always a compromise your own personal space and privacy.

Exactly where should you draw the line? It is helpful to ask yourself two questions before self-disclosing: (a) how will it benefit the client? and (b) how will it affect your professional boundaries? You should also consider your own privacy. For example, what if you and your client attend the same Alcoholics Anonymous meeting? Would this make it hard for you to get the full benefits of attending the meeting during times of stress or relapse? Self-disclosure is not always conscious and deliberate. Words can be blurted out, poorly thought out, or tinged with emotion. When in doubt, do not self-disclose.

In a similar vein, it is usually best to keep emotional responses or judgments (both negative and positive) to yourself. A good rule of thumb is to monitor your own feelings without imposing them on your client. If you are distracted by a strong feeling, mentally put it to one side. Wait until after the session, then talk with a peer or supervisor or deal with it personally. As with other boundary crossing, self-disclosure should be client-focused, based on the welfare of the client. Different clients and practitioners have different personal boundaries, so appropriate boundaries must function within the client’s comfort zone.

Remember that those personal and professional boundaries exist for the benefit of both the practitioner and the client. Changing or moving boundaries, which are the limits within which the therapeutic relationship occurs, results in an unclear or ambiguous relationship that is a risk to the safety of the client, although it may not appear to have negative repercussions at that time. Transgressions often have delayed consequences that do not appear harmful initially. Detecting boundary violations is complicated by the fact that transgressions are more often a process than an individual event or occurrence. Boundary violations may be subtle, or masked by the professional/patient relationship.

**Personal boundaries and self-disclosure**

Self-disclosure is the process in which the practitioner reveals personal (rather than general or professional) information about him/herself to the client. There are many different motivations for and types of self-disclosure. An incident may be deliberate or accidental, initiated by either the client or the therapist, and can be spoken or unspoken. An example of unspoken intentional self-disclosure is how you choose to decorate your workplace (with careful selection of a meaningful poster or picture, or a family photo, for example). Some self-disclosure is unavoidable, as your presence communicates facts about you such as your gender, and approximate age, etc.

Some disclosure is accidental because it is not meant to be shared but is communicated through body language or tone of voice. Accidental self-disclosure also occurs in cases where a practitioner bumps into a client unexpectedly, when both are sitting in their doctor’s waiting room, for example. You may or may not want to disclose information about why you are there, and it may be difficult to find a safe middle ground, revealing enough to be professional and friendly, but not enough to compromise your own personal space and privacy.

A dual or multiple role relationship occurs when an individual either at the same time or different points in time engages in two role categories, for example, in addition to the professional therapeutic relationship, there is also another relationship, such as relative, friend, student, business partner, or instructor. While it is perhaps best to avoid dual relationships, it is not always a possible or practical ideal. In small towns, for example, it may be more difficult to avoid dual relationships.

There is a great range of opinion regarding the propriety of dual relationships. While some feel that not all dual relationships are negative, all have that potential. Some organizations suggest that dual relationships are acceptable, if not exploitative. To ensure that the relationships do not cross the line into exploitation, it is important to follow recommended procedures including informed consent, open discussion, consultation, supervision, and examination of personal motivation, all of which should be documented.

Some professionals consider it unethical to work on friends, while others consider it acceptable to proceed as long as appropriate measures are taken to ensure there are no detrimental effects to the therapeutic or preexisting relationship. It is always best to avoid
multiple relationships if it appears likely that the relationship might interfere with the therapeutic relationship. However, existence of a dual relationship is not necessarily a violation of boundaries. This is usually referred to as a “prohibited dual relationship.” This means a dual relationship which might impair objectivity or effectiveness, or permit exploitation, or create an actual, apparent or potential conflict of interest.

It is your responsibility, not your client’s, to maintain appropriate boundaries in your professional relationship. If a complaint is filed, it will be your responsibility to demonstrate that a client has not been exploited or coerced, intentionally or unintentionally. Be especially vigilant regarding any conduct that could impair your objectivity and professional judgment in serving your client, and any conduct that carries the risk and/or the appearance of exploitation or potential harm to your client.

Recognize and avoid the dangers of dual relationships when relating to clients in more than one context, whether professional, social, educational, or commercial. Dual relationships can occur simultaneously or consecutively. Prohibited dual relationships can include, but are not limited to:

- Accepting as a client anyone with whom you have had a prior sexual relationship.
- Forming a sexual relationship with a current client or someone who has been your client.
- Treating clients to whom you are related by blood or legal ties.
- Bartering with clients for the provision of services.

## Terminating a professional relationship

If you feel it is appropriate, either because a specified, finite course of treatment with a client is concluding, or because you believe your relationship with the client has become dysfunctional, unproductive, or emotionally damaging, it may be necessary to terminate your professional relationship with the client. While this can be a difficult and uncomfortable task, it is important that it not be postponed out of a desire to avoid confrontation or discomfort.

Terminating a potentially damaging relationship is an important professional obligation with specific responsibilities. Practitioners must be able to realistically assess their own limitations and/or their client’s potential for therapeutic benefits, and make a determination in their client’s best interests, without feelings of failure or guilt. They must develop a plan for termination that is considerate of the client, with attention to the possibility that it will be received with emotion or distress.

Informed consent provides a framework for termination because it specifies the need for an ongoing discussion between the client and practitioner regarding the expected goals and anticipated time-line for therapeutic benefits. Involve your client in the process so he or she is aware of treatment objectives and can ask questions and make determinations about his or her progress toward them. Discuss obstacles to client progress as they come up, so your client is not surprised by an unexpected pronouncement or abrupt changes in your assessment of the client’s condition from one session to the next. Be sure to follow customary procedures for client assessment, and document relevant information about the client’s progress or lack of progress toward treatment goals.

Before terminating the client, be sure to:

- Consult appropriate information resources and supervising personnel. Contact a professional colleague or supervisor about your situation with the client, post a question on a professional massage therapy website, or refer to professional organizations with which you are affiliated. You may be able to find an alternative to terminating the client, or a sensitive way to present the issue to him or her. If you appeal to any of these resources, be absolutely certain that you maintain strict rules of confidentiality and privacy, ensuring that the client’s name or other identifying information is never revealed.
- Do a reality check. Make sure you and the client are “on the same page” by comparing your understanding of a therapeutic relationship with theirs, and discussing disparities in the way you and the client perceive your relationship, including difficulties and desired objectives. This kind of clarification can help you determine the scope of the problem and whether it is the result of miscommunication or misinterpretation, something that can be remedied, or requires termination.

If it is necessary to terminate the client, be sure it is done when you have sufficient time to discuss the subject fully. Take the time to respond to any questions the client may have, and give the client sufficient time to react to the news, respond to it, and regain composure. Do your best to leave the client with positive feelings about you and the practice of massage therapy. Provide referrals to other massage practitioners or health care professionals, as appropriate.

- Entering into financial or business transactions with clients (other than the provision of massage services).

Other situations that complicate the massage therapy relationship are: extending the session, lending and borrowing money, meeting at inappropriate places or times, giving or receiving gifts, soliciting donations, inappropriate self-disclosure, socialization with clients, and inappropriate use of language. Maintaining appropriate boundaries is an essential part of compassionate, effective, and ethical massage therapy practice.

Although practitioners and clients may be similarly affected by these psychological processes and equally capable of showing poor judgment or acting irrationally, licensed practitioners are bound by their professional affiliation to act responsibly, even when the client does not.

Appropriate behaviors reinforce professional boundaries. Try to maintain the same structure and rules of conduct in each session, with each client. Examine the rationale and potential repercussions of any changes or exceptions you make for specific clients, even at their request, before you implement them. Bending a rule may not always endanger the therapeutic process, but impropriety can be a “slippery slope.” If you uncharacteristically deviate from normal session structure or protocol, suspect your impulses may be motivated by self-interest, or are having strong emotional responses to a client, seek peer support or supervision.
Sexuality and massage

Sexual misconduct, one of the most egregious examples of inappropriate behavior, refers to any sexual activity between the massage therapist and client. While women are less likely than men to be accused of sexual misconduct, they are not immune to such allegations. Some practitioners employ strategies of avoidance, ignoring the issue of sexuality entirely, either consciously or unconsciously, due to their own embarrassment or discomfort with the topic. While this approach may save you an awkward moment or two, an inability or refusal to address the subject when necessary (ignoring signs of sexual arousal, for example) may not only be inappropriate, but professionally irresponsible and a breach of ethical conduct.

Strategies for client safety

The emotional, financial, and legal consequences of professional misconduct for both the client and professional community are profound. Preventive policies should include an educational component explaining power dynamics in the therapeutic session, what constitutes appropriate and inappropriate conduct with individuals of the same and opposite genders, and strategies for speaking and acting in ways that delineate and reinforce appropriate boundaries.

Ensuring your clients’ safety requires more than not being sexual toward them, or avoiding overt sexual behaviors with them. It means actively and consciously “desexualizing” the experience of massage; that is, making something with potential sexuality no longer sexual, or de-emphasizing that dimension. Desexualizing massage is a process of deconstructing the experience into its component parts, acknowledging human sexuality as a given, and accepting the practitioner and client as sexual beings.

It’s natural for clients to feel some degree of anxiety or insecurity related to the process of disrobing and draping. Minimize anxiety or concern by stating and/or providing written information regarding disrobing. Before the client undresses, state that a draping procedure is required for purposes of modesty and physical comfort. Mention or have a written notice that explains draping; that it will cover all parts of the client’s body except the specific area receiving attention. Once you finish work in that area, you will recover it, and move to the next area. Tell clients to let you know if they have a question or concern, or are uncomfortable in any way. If you encounter a client who prefers not to be draped, explain that you are unable to proceed with the session until the client agrees to this customary procedure.

Explain to clients what can and cannot be removed or left on without impeding your access to those parts of the body; reassure the client that it is not necessary to remove any more clothing than their personal comfort or modesty will allow. Request that clients do not begin undressing until you have left the room. Never allow the client to dress or undress in your presence. Inform your client before you begin what areas will be your focus and ask permission to proceed. Expose and work on only one area of the body at a time, and cover the exposed part before moving on to another area.

Avoid ambiguity or the appearance of impropriety in your words and manner. Dress appropriately in a professional manner, avoiding any outfit that could be construed as revealing or provocative. Your demeanor should approximate that of other professional health care personnel. Use appropriate language; avoid cursing or indelicate comments. Use medical terminology when referring to physical conditions or parts of the body. Never discuss sexual topics with or in front of the client, joke about sexual matters, make sexual remarks or jokes, or use sexual innuendo.

Maintain a comfortable and professional environment. Avoid meeting new clients at unknown locations, at hotels, or in the client’s home, where your personal safety may be at greater risk. If you meet the client on-site, set up the massage table in a neutral location, rather than a bedroom. Encourage relaxation through your client’s visual, auditory, and olfactory senses, but keep the look and smell of your environment subdued and professional. Avoid creating an overly perfumed, romantic, or sensual atmosphere. Remember that a client may be allergic to certain odors, have strong negative reactions to certain smells, or associate a given odor with an unpleasant memory or incident. Music should also be soothing and subtle, and played only after you have asked your client about his or her preference for music or silence during the massage.

Misconduct

Misconduct has been a persistent and troubling issue in health care and medical professions since the early days of modern medicine. Written more than 2,000 years ago, the Hippocratic Oath urged members of the medical profession to refrain from “mischief, and in particular, sexual relationships with both female and male persons.” In recent years, accusations of misconduct in the health care and personal service industries have become increasingly common, due in part to formal regulation of the complaint process and greater awareness of the issue among the general public.

Misconduct takes many different forms that vary considerably in type and degree of severity. The following examples of misconduct demonstrate the need for ethical vigilance in every aspect of business practice, from organizational matters, to billing, to social interactions. Even in cases where inappropriate behaviors are the unintended result of thoughtlessness, errors in judgment, or improper planning, they risk potentially serious repercussions for the client and heavy penalties for the practitioner. Victims may face emotional and physical scarring with lifelong implications, and allegations of misconduct—even false ones—wreak havoc with practitioners’ lives and livelihoods. Misconduct takes many forms. The following list provides some examples:
• Misrepresentation of educational status: Identifying yourself as a craniosacral therapist after taking a two-hour course.

• Substance Abuse: Practicing under the influence of alcohol, drugs, or any illegal substances (with the exception of prescribed dosage of prescription medication which does not significantly impair the practitioner).

• Financial impropriety: Charging a cash-paying client a different fee than an insurance-paying client.

• Exploiting the power differential: Asking a stockbroker for financial tips during a treatment.

• Misleading claims of curative abilities: Telling a client you guarantee her pain will be gone in two sessions.

• Accessibility: Refusing to adapt your office (or making some reasonable accommodation) for those with physical challenges.

• Bigotry: Refusing to work with someone due to race, religion, size, or sexual orientation.

• Inappropriate advertising: Using a provocative picture in advertising; presenting misleading qualifications.

• Dual relationships: Dating a client.

• Violation of laws: Practicing out of your home, when it is not permitted by law.

• Confidentiality: Name-dropping famous clients; telling a spouse details about his partner’s session.

• Contraindications: Treating a client when you are sick/infectious; ignoring signs of conditions that preclude physical contact.

• Informed consent: Working on a minor without parental knowledge; treating someone’s injury without permission.

• Practicing beyond scope of practice: Doing spinal adjustments, massage or counseling without appropriate training.

• Sexual misconduct: Watching a client undress or hugging a client in a sexual way.

Harassment

Harassment is a specific kind of misconduct or boundary violation in which an individual of equal or greater authority is inappropriately familiar with a co-worker or junior employee. Harassment can manifest itself in abusive remarks or behavior, belittling statements and actions, and discussion or commentary of an overly personal or offensive nature. Sexual harassment is abuse of power, typically exercised within the context of work, containing a sexual or gender-specific component.

The Equal Employment Opportunity Commission defines sexual harassment as any unwelcome advance, request, verbal statement, or physical conduct of a sexual nature, including visual displays, in which:6

• Submission is made a condition of an individual’s employment, either explicitly or implicitly.

• Submission forms the basis for work-related evaluations, such as decisions regarding employment benefits or advancement.

• The individual is subject to intimidating, offensive, or hostile environmental elements that interfere with the individual’s ability to work effectively or productively.

Sexual harassment, like sexual misconduct, is not defined by any specific sexual interaction between two individuals. Harassment may include the discussion of sexually explicit topics of conversation at a place of business, unnecessary or inappropriate references to specific body parts or functions, and visual depictions of a provocative or offensive nature, such as posters or calendars featuring photos of nude or scantily clad models. Sexual harassment can occur between men and women, women and women, men and men, or any other combination of sexual or gender identity. Sexual harassment may feel humiliating or shameful, making the victim reluctant to report the incident.

Reporting misconduct

If you believe another practitioner is acting unethically or illegally, you have a responsibility to report it. Contact your state board, the certifying organization (NCBTMB, AMTA, etc.), or the Agency for Healthcare Administration (AHCA) to file a complaint. The AHCA is responsible for analyzing complaints and reports involving potential misconduct and initiating investigations. The boards and councils within statewide organizations determine probable cause and disciplinary action.

Endnotes & Bibliography


2. MIA Professional and Ethics Seminar (Manitoba) June 9, 2002

3. The Ethics of Touch [Benjamin and Sohnen-Moe, 2003]


5. The Ethics of Touch, Benjamin, Ben E. and Sohnen-Moe, Cheree, 2003


17. Alternative Therapies: Journal of Alternative Therapies in Health and Medicine


2. The nature of the practitioner-client relationship is a fiduciary one. This means:
   a. The client and the practitioner are subject to interpersonal dynamics.
   b. The client trusts that the practitioner will act in the client’s best interests.
   c. The client and practitioner are equal in the power differential.
   d. The relationship is not therapeutic.

3. If you suspect you are acting out of an unhealthy need or motive, or feel your interactions or relationship with the client are impeding rather than facilitating the therapeutic process, you should:
   a. Respectfully and courteously discuss the topic with your client.
   b. Encourage the client to take an active interest in health concerns.
   c. Seek assistance and/or supervision, consult a professional massage therapy organization with which you are affiliated.
   d. Explain your fiduciary responsibilities to the client.

4. If you believe your client has a serious medical condition or may have suffered an injury, which of the following is not recommended:
   a. Tell the client immediately and refer him/her to the appropriate health care professional.
   b. Discuss the condition with the client’s doctor even if you do not have explicit permission from the client to do so.
   c. Do not document your referral and the reasons for it in the client record, due to privacy laws.
   d. Give medical advice and make recommendations to clients.

5. Transference and countertransference can:
   a. Activate strong emotional reactions and/or feelings of sexual attraction.
   b. Raise realistic expectations on the part of clients and practitioners.
   c. Keep you from overreacting.
   d. Identify red flags.