

Professional Boundaries: Drawing Lines That Cannot Be Crossed

Healthcare providers assume a position of trust and authority with their patients/clients (hereafter “clients”), frequently becoming familiar with the most intimate and sensitive aspects of their lives. Sometimes, these relationships become too personal, leading to an erosion of boundaries, confusion of roles, and/or incidents of abusive or exploitive behavior. Consider the following case scenario:

A 37-year-old woman presented to a counselor for treatment. The client had post-traumatic stress disorder, resulting from abuse sustained during childhood and a difficult marriage. The client alleged that during and after her approximately year-long course of therapy, she and the counselor exchanged personal gifts and over 700 emails and text messages. The counselor also reportedly met with the client outside of the office and shared personal information with her. This breach of professional boundaries allegedly caused mental and emotional distress, exacerbating the client’s underlying condition.

The client subsequently sued the counselor. During discovery, the client’s expert testified that the defendant had breached the standard of care during therapy by maintaining a dual relationship with the client and continuing to provide counseling after the formal client-counselor relationship had ended. No defense was offered, and the matter was ultimately settled for a six-figure sum.

Allegations of dual relationships constitute a significant risk for counselors and other practitioners. According to [CNA/HPSO’s Understanding Counselor Liability Risk \(2014\)](#), approximately 40 percent of the professional liability claims brought against psychotherapists involved allegations of engaging in an inappropriate relationship with a client. These claims, which often included the practice’s owner, resulted in indemnity payments of \$2.2 million. They commonly alleged failure to:

- Adhere to the relevant professional code of ethics.
- Maintain proper social and sexual boundaries with the client.
- Act within the established scope of practice.

- Seek supervision and assistance when ethical questions arose.
- Transfer the client to another practitioner after conflicting roles had developed.
- Communicate appropriately in social media forums or when practicing telemedicine or telecounseling.
- Monitor services provided by other providers or providers-in-training.

To avoid damaged reputations and potentially costly claims, healthcare business owners must ensure that proper limits are maintained at all times between their employees and clients. This edition of *Healthcare Perspective* describes common boundary transgressions and their potential consequences, and suggests measures to minimize risk. The self-assessment checklist on [page 4](#) is intended to help healthcare business proprietors review and strengthen their risk management practices in this area.

DEFINING THE PROBLEM

Most healthcare specialties have a code of ethics that clarifies boundaries and appropriate behavior. These guidelines embody basic legal and professional standards, serving to ensure that the provider-client relationship exists to serve the client’s needs.

A violation of professional boundaries occurs whenever a practitioner uses the provider-client relationship to manipulate a client into meeting his or her needs. Such transgressions may take many forms, as when the provider:

- Assumes a dual role, e.g., socializing with a client under treatment.
- Extracts inappropriate professional fees or otherwise takes advantage of a client.
- Relates to a client in a flirtatious or overly familiar manner.
- Exchanges gifts with a client.
- Becomes a business partner with a client.
- Uses social media to connect with a client outside of the parameters of a professional relationship.

Not all transgressions are rooted in provider behavior. Clients too can behave in inappropriate, boundary-threatening ways, such as:

- Referring to a provider by his/her first name, despite requests not to.
- Asking personal questions of a provider that are irrelevant to the therapy.
- Displaying undue affection toward a provider.
- Attempting to socialize with a practitioner outside of the provider-client relationship.
- Giving expensive or highly personal gifts.
- Using sexually explicit language unnecessarily or provocatively.
- Physically or verbally abusing a provider.
- Attempting to seduce or initiate sexual contact with a provider.

While not all boundary issues are equally serious, they tend to impair the objectivity and judgment of both parties, thereby potentially compromising therapeutic effectiveness and distorting expectations. The worst-case scenario is when boundary violations lead to verbal, emotional, physical, financial or sexual misconduct, requiring direct, swift and proportionate intervention.

RESPONDING TO IMPROPER BEHAVIOR

Each state board formulates its own policies regarding professional boundaries and sexual misconduct. Healthcare business owners and providers are responsible for being conversant with state laws and other guidelines governing their operations.

Every member of the healthcare team is professionally and ethically obligated to report inappropriate situations, relationships and provider behavior. Blatant acts of sexual misconduct should be reported to the provider's supervisor, employer, the state board and possibly local law enforcement authorities, depending upon the jurisdiction. Managers or employers can protect the organization from allegations of vicarious liability by reporting inappropriate conduct to the licensing board, as defined and required by state law, and by alerting police if there is reason to believe that a criminal act – such as theft, battery or rape – has occurred. In such a situation, the provider under suspicion should be placed on leave during the criminal investigation. In addition, the client's consent should be obtained before his or her identity is disclosed to the authorities.

Allegations of boundary violations can be difficult to defend. Damages may include medical bills for post-incident treatment, as well as lost wages if the client cannot work due to the trauma. Pain and suffering also may enter into damage calculations, depending upon state law.

The potential consequences of boundary transgressions by providers can be severe, possibly including license suspension or revocation, as well as termination of employment. In addition, civil actions can arise, alleging battery, intentional infliction of emotional distress or other injury. More flagrant violations may result in criminal charges being levied against the provider and possibly the business owner under the theory of ostensible agency.

When a client breaches professional boundaries, the provider must thoroughly document the incident in the client care record, describing in detail the client's actions, history, psychosocial needs and possible motivations for the transgression. The provider also should meet with the client to reiterate the nature, limits and behavioral expectations of the relationship. The meeting should be carefully documented.

Every effort should be made to discuss the client's behavior in a constructive manner and to re-establish professional boundaries. However, if the client repeatedly behaves inappropriately and the relationship is no longer therapeutic in nature, it may be necessary to terminate it. Reasons for discharge should be ethically and therapeutically justifiable and documented in the client care record. Clients should be notified in writing of the termination and clearly informed as to why it is clinically indicated, when it takes effect, where to obtain emergency care and what referral services, if any, are available.

RISK MANAGEMENT STRATEGIES

All healthcare business owners should implement policies addressing violations of professional boundaries, including dual relationships with clients and other improprieties. Written protocols should be reviewed and updated annually and reinforced via ongoing office and clinical staff education programs.

The following proactive measures can help raise awareness of boundary-related offenses and promote a healthy, ethically sound environment of care:

Know the state-prescribed code of ethics. Healthcare business owners are responsible for ensuring that their staff members practice in a manner consistent with state and professional standards, as established by the relevant code of ethics. Providers must

be conversant with the code of ethics for their area of practice, and business owners should offer ongoing continuing education programs designed to strengthen practitioners' awareness of professional boundaries and ethical expectations.

Clarify roles and boundaries. Professional boundaries reflect many variables, such as the setting in which care is rendered, the personal needs of clients and the types of care provided. If, for example, effective therapy requires touching the client's body or treating the client after business hours, then these parameters should be discussed with and agreed to by the client. By documenting mutual expectations in the client care record, providers can clarify the scope of a therapeutic relationship.

In more sensitive situations, such as when clients are asked to reveal intimate details about themselves, providers may wish to ask them at the outset of care to acknowledge in writing basic rules and acceptable limits of behavior. Such written agreements delineate client and provider roles and articulate the modes and goals of treatment, in order to prevent potential misunderstanding.

Avoid dual relationships. Providers must exercise professional judgment whenever they interact with clients outside of a professional setting, in order to avoid ambiguity in what is supposed to be a therapeutic, client-centered relationship. Examples of dual relationships include:

- Accepting as a client an individual with whom the provider has a sexual/romantic history.
- Forming a sexual/romantic bond with a current client.
- Bartering with a client for the provision of services.
- Treating a friend or relative.
- Exerting undue power or control over a client.
- Referring a client to a business in which the provider has a financial interest.
- Entering into a business relationship with a client.

To reduce the risk of dual relationships, establish written policies prohibiting inappropriate provider-client interactions and situations. Inform providers of these expectations upon hiring and regularly thereafter, documenting all such communications.

Limit self-disclosure. Occasionally, it is necessary to reveal personal matters to a client. However, repeated disclosures may become the precursor to a boundary transgression. As a general rule, any self-disclosure should be related to the client's overall treatment goals – for example, providing a mobile telephone number to be used only for urgent situations – and the rationale should be documented. If necessary, consult with a colleague to discuss whether one's professional objectivity has been compromised.

Standardize appointment policies. Attempting to be everything to everybody can lead to exhaustion, impaired judgment and professional burnout. Providers should establish the nature and limits of their availability at the start of the client relationship. The following measures can help maintain a therapeutic routine that is fair to both client and provider:

- Utilize a fixed, professional setting for all appointments.
- State at first meeting the time and length of appointments.
- Establish a fair fee, consistent with local norms.
- Accept only monetary payment, rather than exchange of services.
- Obtain written informed consent for therapies that involve touching the client.

Utilize social media prudently. Social media outlets can present challenges, potentially blurring the line between professional and personal communication. Providers should adopt conservative privacy settings for their accounts and decline "friend" requests from current or former clients. General speaking, message content should be limited to routine information, such as educational resources, office hours and related logistics, and appointment and other care reminders.

A breach of boundaries can have devastating consequences for clients, healthcare providers and business owners. By implementing and enforcing sound policies, professional practices can prevent initial ethical lapses that ultimately may develop into serious violations and associated liability exposure.

Self-assessment Checklist: Provider-client Boundaries

This resource is designed to help healthcare business owners evaluate policies and procedures relating to professional ethics and behavior. For additional risk control tools and information on a range of other risk management-related topics, visit the websites of [CNA](#), [HPSO](#) and/or [NSO](#).

RISK CONTROL GUIDELINES	YES/NO	ACTION(S) NEEDED TO REDUCE RISKS
HEALTHCARE PROVIDERS		
<i>I avoid any activities with clients that fall outside of accepted medical or mental health practices (e.g., agreeing to meet them at social events or communicating with them on a social media site outside of the parameters of a professional relationship).</i>		
<i>I avoid any high-risk client situations, such as a dual relationship.</i>		
<i>I do not relate to clients in what may appear to be a self-serving manner (e.g., by charging excessive fees or exchanging services for personal or sexual favors).</i>		
<i>I conduct therapy in an open and straightforward manner, never communicating, meeting or working with clients secretly.</i>		
<i>I understand facility policies and procedures regarding professional boundaries and adhere to these policies consistently.</i>		
<i>I avoid multiple relationships with clients, their significant others and their family members.</i>		
<i>I read my state practice act at least once a year to ensure that I understand the legal and ethical scope of practice in my state.</i>		
<i>I unilaterally terminate relationships with clients only if clinically indicated, and in such situations I always:</i> <ul style="list-style-type: none"> ▪ Notify the client and offer to discuss the reasons. ▪ Draft and send a termination letter, retaining a copy in the client's file. ▪ Note the client's response to the termination letter. 		
HEALTHCARE BUSINESS OWNERS		
<i>I offer appropriate clinical support for providers in compliance with supervisory or employment agreements.</i>		
<i>I educate providers about boundary issues, alerting them to the following red flags:</i> <ul style="list-style-type: none"> ▪ Assuming a dual role. ▪ Extracting inappropriate fees. ▪ Engaging in inappropriate activities with a client. ▪ Accepting gifts from or giving gifts to a client. ▪ Becoming a business partner with a client. ▪ Connecting inappropriately with a client on a social media site. 		
<i>I conduct ongoing peer review and performance evaluations of all healthcare providers' competencies, focusing on clinical conduct, ethical awareness, and rapport with colleagues and clients.</i>		
<i>I am familiar with the provisions of my state's practice act governing scope of practice and professional boundaries.</i>		



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