

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

SEXUAL MISCONDUCT AND PROFESSIONAL BOUNDARIES

In British Columbia, psychologists are regulated by the College of Psychologists of British Columbia (the “College”) as per the [Health Professions Act \(HPA\)](#) and are bound by the College’s [Code of Conduct](#). The *Code of Conduct* (the “Code”) contains various provisions requiring registrants to attend carefully to client welfare. This document is intended to highlight issues relevant to psychologists’ professional boundaries that should already be familiar to College registrants through their training and attentiveness to Code requirements.

The relationship between a client and a psychologist is based on respect and trust, regardless of whether the client is seeing the psychologist for an assessment or for therapy. Registrants are responsible for understanding relationship dynamics and responding to individuals in their care in an appropriate and professional manner. This requirement is well-established in the *Code of Conduct* (see, for example, Code Standards 5.1, 5.26, and 5.33). The Code also contains clear standards regarding registrants’ responsibility for professional behavior, including specific prohibitions against sexual harassment and sexual contact with clients, supervisees, research subjects, and employees (see Code Standards 1.3, 4.18, 5.14 and 5.28).

Sexual misconduct includes behaviours such as:

1. Sexually suggestive remarks, sexual propositions, and demeaning sexual comments;
2. Sexual touching such as hugging, petting, fondling, and kissing;
3. Sexual intercourse and other forms of physical sexual relations.

Sexual misconduct does not include behaviour and remarks by a registrant to a client that are of a clinical nature and appropriate to the professional service being provided.

Sexual harassment and unwanted sexual contact are prohibited under the *Canadian Human Rights Act* and the *BC Human Rights Code*. Sexual misconduct is an abuse of power and a serious violation of the relationship of trust between a psychologist and client, supervisee, research subject, or employee. The College of Psychologists of British Columbia has a zero-tolerance policy towards registrants having sex with clients.

An individual who believes they have experienced a sexual violation by a registered psychologist is urged to file a complaint by calling the College at 604-736-6164 (select option #3) or by filing a [written complaint](#).

Duty to Report

Section 32.4 of the *Health Professions Act* (HPA) requires a registered psychologist who has reasonable and probable grounds to believe a registered health professional has engaged in sexual misconduct to report that behaviour to the other individual’s regulatory college. There may be consent requirements related to this obligation [see HPA s. 32.4(2)] and a registrant with questions regarding their duty to report sexual misconduct should contact the [Practice Support Line](#).

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
PROFESSIONAL BOUNDARIES IN PSYCHOLOGY

Relationships

Psychologists are trained to treat their clients respectfully, compassionately, and responsibly and to not compromise the professional relationship established with them. They are also trained to be attentive to individual differences, including those related to gender, culture, age, race, ethnicity, religion, sexual orientation, disability, language, and socioeconomic status. This does not mean, however, that relationship dilemmas or difficult situations cannot arise from time to time.

The following outlines the nature of the professional relationship, provides information to help registrants recognize potential problem situations, and suggests some strategies to consider in managing professional boundaries.

Characteristics of Professional Boundaries

Boundaries are the framework within which the psychologist/client relationship occurs. Boundaries make the relationship professional and safe for the client, and they set the parameters within which the psychological services are delivered. Professional boundaries typically include the scheduled length and time of a session, limits of personal disclosure, limits regarding the use of touch, consistent fee setting, and the general tone of the professional relationship.

The primary concern in establishing and managing boundaries with each individual client must be in the best interests of that client (see Code Standards 5.1 and 5.26). Except for behaviours of a sexual nature or obvious conflicts of interest, boundary considerations often are not clear-cut matters of right and wrong. Rather, they are dependent upon many factors and require careful deliberation of all the issues, always keeping in mind the best interests of the client.

Who Negotiates the Boundaries in the Professional Relationship?

In any professional relationship there is an inherent power imbalance. The psychologist's power arises from the client's trust that the psychologist has the expertise to help with his or her problems, and the client's disclosure of personal information that would not normally be revealed. The fact that services cannot be provided unless clients are willing to cooperate introduces a fundamental power imbalance. The psychologist therefore has a fiduciary duty to act in the best interests of the client, is ultimately responsible for managing boundaries, and is accountable should violations occur. Given the power imbalance inherent in the psychologist/client relationship, clients may find it difficult to negotiate boundaries or to recognize or defend themselves against boundary violations. As well, clients may be unaware of the need for professional boundaries and therefore may at times even initiate behaviour or make requests that could constitute boundary violations. The psychologist has a professional obligation to manage such situations in the event they occur.

Areas Where it May Be Difficult to Draw a Line or Where Boundaries Can Become Blurred

There are a number of areas in which one has to maintain boundaries. Below are some typical areas that can present potential difficulties.

Self-disclosure: Although in some cases self-disclosure may be appropriate, registrants need to be careful that the purpose of the self-disclosure is for the client's benefit. A number of dangers may exist in self disclosure, including shifting the focus from the needs of the client to the needs of the psychologist, or moving the professional relationship towards one of friendship. The blurring of boundaries may confuse the client with respect to roles and expectations. Client individual differences may also need to be considered when contemplating self-disclosure. The primary question to be asked is, "Does the self-disclosure serve the client's clinical needs/goals?"

Giving or receiving significant gifts: Giving or receiving gifts of more than token value is contrary to professional standards because of the risk of changing the clinical relationship. For example, a client who receives a gift from a registrant could feel pressured to reciprocate in order to avoid damaging the relationship and consequently receiving "inferior" care. Conversely, a psychologist who accepts a significant gift from a client risks altering the clinical relationship and could feel pressured to reciprocate by offering "special" care. There is also a risk that a client may misconstrue the meaning of giving or receiving a gift and become confused regarding the professional relationship and boundaries. Again, client individual differences may also need to be considered. (See Code Standard 5.6 regarding gifts.)

Dual and overlapping relationships: Dual relationships should be avoided (see Code Standards 5.10 and 5.12). Dual relationships occur in situations in which the registrant is the clinician but also holds a different significant authority or emotional relationship with the client. For example, a registrant may also be a course instructor, workplace supervisor, family member, or friend. Registrants need to remain cognizant that the purposes of avoiding dual relationships are to avoid exploiting the inherent power imbalance in the clinical relationship and to avoid damaging the clinical relationship.

Overlapping relationships, while potentially problematic, may not always be possible to avoid. Overlapping relationships, in which a registrant has contact but no significant authority or emotional relationship with the client may occur particularly for registrants who are psychologists in small communities, or for psychologists who work with a particular client population with which they are also affiliated. Such overlapping relationships can occur in situations in which, for example, the registrant is a member of a particular religious or ethnic group and tends to practice within this community or, where the registrant has a child with a learning disability and is also active in a local association and does learning disability assessments. Situations where there may be overlapping relationships need to be judged on a case by case basis.

Power Imbalances: Registrants should avoid relationships with their clients outside of the professional relationship where either the registrant or the client is in a position to give a special favour or to hold any type of power over the other. As examples, situations to be avoided include:

- employing a client or any of a client's close relatives;
- seeking professional consultation from a client in the client's area of expertise;
- involving oneself in business ventures where one could benefit financially from a client's expertise or information;
- engaging in therapy with, or conducting an assessment of, a current student; or
- requesting favours from a client, such as baby-sitting, typing, or any other type of assistance that involves a relationship outside of the established professional one (See Code Standards 5.4 and 5.5).

Becoming friends: Registrants should avoid becoming friends with clients and should refrain from socializing with them. Although there are no explicit guidelines that prohibit friendships from developing once therapy has terminated, registrants must use their clinical judgment in assessing the appropriateness of this for the individual client, including with consideration of cultural norms specific to the client. Potential power imbalances may continue to exist and influence the client well past the termination of the formal professional relationship. In the course of therapy, some psychologists may in exceptional circumstances engage in activities that resemble friendship, such as going on an outing with a child or adolescent, or attending a client's special event. A psychologist involved in conducting an assessment may choose to observe a client outside of the office setting. In all cases it is the registrant's responsibility to ensure that the relationship remains professional and does not develop into a friendship or a romantic involvement, and that the client remains clear regarding the registrant's role.

Maintaining established conventions: Ignoring established conventions that help to maintain a necessary professional distance between clients and registrants can lead to boundary violations. Examples include providing treatment in social rather than professional settings, not charging for services rendered (unless this arrangement is consistent with a registrant's professional policies regarding *pro bono* services), not maintaining clear boundaries between living and professional space in home offices, and scheduling appointments outside of regular hours or when no one else is in the office.

Physical Contact: There are a variety of ways of using touch to communicate nurturing, understanding, and support, such as a pat on the back or shoulder, a hug, or a handshake. Such touch, however, can also be interpreted as sexual or inappropriate. Careful and sound clinical judgment is necessary when using touch for supportive or other clinical reasons. Psychologists must be cautious and respectful when any physical contact is involved, recognizing the diversity of cultural and other norms based on client individual differences with respect to touching, and remaining cognizant that such behaviour may be misinterpreted.

Assessment and therapeutic work with children requires special consideration. Some agencies or institutions, for example, advise their staff to avoid any touching of children. In other settings, however, touching may be permitted, ordinarily if it is to occur in public. In working with children and considering the question of touching, one might ask, "Would I do this in the presence of my colleagues or this child's parents?" Again, good clinical judgment should prevail for the protection of both the client and the registrant.

Some clinical situations, such as neuropsychological testing and biofeedback, or clinical interventions such as bioenergetics, require touching the client. When such touch is necessary, it is important to explain this to the client, to ensure the client's understanding, and to obtain the client's fully informed consent. If there is concern that a particular client may misinterpret a psychologist's actions, the registrant may wish to have someone else present in the session, consider an alternative clinical approach, or think about a referral to another appropriate practitioner.

Informal Communication and Humour: Miscommunication between a psychologist and a client may cause the client to misunderstand a registrant's intent.

Personal compliments about a client's appearance or telling a 'racy' joke could be misinterpreted by a client as an interest in them personally. It is important to set a professional tone in dealing with clients and to

avoid remarks of a sexual nature (jokes, offhand comments or use of vulgar language) that could be overheard by a client or a member of the public.

Questions to Consider in Examining Potential Boundary Issues

In each individual case, boundary issues may pose dilemmas for the psychologist and there may be no clear or obvious answer. In considering how to proceed, the following questions may be helpful.

- Is this in my client's best interest? Whose needs are being served?
- Will this have a negative impact on the service I am delivering? Should I make a note of my concerns or consult with a colleague? How would this be viewed by the client's family or significant other? How would I feel telling a colleague about this?
- Am I treating this client differently (e.g., appointment length, time of appointments, extent of personal disclosures) than other clients?
- Does this client mean something 'special' to me? Am I taking advantage of the client?
- Does this action benefit me rather than the client?
- Am I comfortable in documenting this decision/behaviour in the client file?
- Does this contravene the College's *Code of Conduct*, governing legislation, or other generally accepted standards of professional conduct?

Boundary Violations and Sexual Abuse

There are NO circumstances in which sexual activity between a registrant and a client is acceptable. Sexual activity between a psychologist and a client is always detrimental to client care, regardless of what rationalization or belief system the registrant might choose to use to excuse it. The unequal balance of power and influence makes it impossible for a client to give meaningful consent to any sexual involvement with their psychologist; client consent and willingness to participate in a personal relationship do not relieve the registrant of his or her duties and responsibilities for ethical conduct in this area. Failure to exercise responsibility for the professional relationship and to allow a sexual relationship to develop is an abuse of the power and trust which are unique and vital to the psychologist/client relationship.

The CPBC Code of Conduct is very explicit on this matter:

5.28 No sexual or romantic relationships with those under one's authority or with clients or former clients.

- a) A registrant must not enter into sexual or romantic relationships with individuals over whom he or she has supervisory or evaluative influence or other authority, such as students, supervisees, employees, and research participants.
- b) A registrant must not engage in sexual or other physical intimacies, or enter into a romantic relationship, with any client or former client, or with individuals they know to be close relatives, guardians, or significant others such as a spouse, former spouse, child, sibling, parent or grandparent of a client or former client.

Prevention and Avoidance of Sexual Misconduct

The best way to maintain appropriate boundaries in a professional relationship is through the registrant's focus on maintaining good personal psychological health, the registrant's awareness of potential problems,

and good, clear communication. One's power and control over a client should not be underestimated. One should also remain aware that the client may experience touch, personal references, and sexual matters very differently from the registrant due to a variety of factors, including gender, cultural, or religious background, or personal trauma such as childhood sexual abuse. Risky situations should be avoided, and the proper boundaries of any psychologist/client relationship should be communicated clearly and early in the treatment or assessment process.

Self-Care and Self-Monitoring

The College's Continuing Competency Program requires all registrants to undertake an ongoing review of their own specific factors that may contribute to their stress load or in some other way affect their ability to perform professionally. Registrants must assess the impact of these factors on their competence and ability to meet professional obligations, and engage in self-care sufficient to mitigate the negative impact of any factors identified or take steps to reduce or withdraw from professional activities as appropriate. Registrants should include in their self-monitoring program an evaluation of any factors which might contribute to them committing boundary violations or otherwise impair their judgment and interfere with their ability to benefit and not harm others. (See Code Standards 3.27, 3.28, and 3.29.)

Warning Signs

There may be times in the practice of psychology when a registrant could feel drawn toward a client or could experience feelings of attraction to a client. It is vital that the psychologist recognize these feelings as early as possible and take action to prevent the relationship from developing into something other than a professional one. If a client attempts to sexualize the relationship, the obligation is always on the psychologist not to cross that line.

Before actual physical contact or abuse occurs there are often a number of warning signs or changes in the clinician's behaviour. Registrants should be alert to such signs that suggest he or she may be starting to treat a particular client differently. These may include sharing personal problems with the client, offering to conduct therapy in social situations such as over dinner, offering to drive a client home, not charging for therapy (outside of an appropriately established *pro bono* arrangement), or making sure the client is scheduled to see you when no one else is in the office.

The following guidelines suggest approaches to prevent boundary violations and avoid complaints of sexual misconduct:

- Be cognizant of cultural and individual diversity and developmental and other issues that shape relationships and client perceptions.
- Do not use words, gestures, tone of voice, expressions, or any other behaviours which clients may interpret as seductive, sexually demeaning, or as sexually abusive; take care to appreciate what a client may infer or understand to be the purpose of a communication.
- Do not make sexualized comments about a client's body or clothing.
- Do not criticize a client's sexual orientation or values concerning sexuality.
- Do not ask details of sexual history or sexual likes/dislikes unless directly related to the purpose of the psychological service.
- Do not request a date with a client.
- Do not engage in inappropriate "affectionate" behaviour with a client such as hugging or kissing; do offer

appropriate and clearly supportive contact when warranted and clinically appropriate.

- Do not engage in any contact that is sexual (from touching to intercourse).
- Do not talk about your own sexual preferences, fantasies, problems, activities, or performance.
- Learn how to appropriately respond to seductive clients and to control the clinical setting.
- If conducting assessments (e.g., neuropsychological evaluations) or using treatment methods (e.g., conditioning, bioenergetics, etc.) which involve physical touch or contact, take care to obtain informed client consent and be aware of how potentially sensitive a client may be to touch.
- Maintain good records that reflect any intimate questions of a sexual nature and document any and all comments or concerns made by a client relative to alleged sexual abuse, and any other unusual incident that may occur during the course of, or after, an appointment.

What Can Registrants Do if Concerns about Boundaries Arise?

If a registrant experiences a problem with a client, or is concerned about how they are feeling about a client or how a client is feeling about them, he or she should seek assistance as soon as possible. If the client tries to sexualize the relationship, this should be documented as should actions taken to defuse the situation. Registrants are encouraged to talk to a trusted colleague or mentor, to seek professional help from a qualified practitioner in the psychologist community, or to call the [Practice Support Service](#) at the College.