

# Statement on Professional Boundary Setting

## Introduction

The JCCP and CPSA Code of Practice requires all Practitioners duty to ensure that they keep their clients psychologically safe. Safe professional practice is underpinned by the principle of setting defined boundaries which may be defined as agreed limits or rules which help provide this safety and protect both the client and the practitioner. They set a formal structure, purpose and standards for the administration of aesthetics procedures.

Practitioners are responsible for setting up, monitoring and maintaining boundaries as part of their professional practice. Boundary setting require you to create a therapeutic relationship where the client feels safe and comfortable and free from both conscious and unconscious intimidation or exploitation.

Boundaries should always serve the patient/client's interests.

## Boundaries

There are a range of instances when boundaries should be set to define the parameters of your interaction with your clients/patients. Boundaries can include practical details such as fees and appointment times, or what contact you might have between sessions. These may be negotiated at the outset as part of your contract with the client/patient.

Other boundaries are not explicitly discussed but are essential as part of the practitioner's case of professional/ethical practice – such as refraining from any form of conversation or behaviour that might be interpreted as being 'sexual' in nature (including not having **any form** of sexual relationship with a client/patient).

Other boundaries have been explored in the JCCP/CPSA Code of Practice depend and relate to the Practitioner's scope of knowledge and the need to always conduct as assessment or treatment session in a professional and non-intrusive manner. It is always advisable to ask clients/patients about their preferences for social distancing and to ensure that the client/patient has been fully briefed and consent to any form of 'physical touch' or close proximity. Practitioners should undertake to ensure that their clients/patients 'feel comfortable' with their proposed treatment plan.

Boundaries that all practitioners should maintain include:

- providing consistency, predictability and security during all procedural encounter ensuring sessions take place in a calm environment with no distractions and where confidentiality can be ensured
- limiting contact between the practitioner and the client/patient to pre-arranged appointments, as far as possible
- appropriately and ethically managing any emotional and/or physical attraction between you and offering to provide a chaperone if requested
- remaining impartial rather than judging you or imposing their values
- not giving, receiving or exchanging any gifts during the treatment sessions
- managing the end of the treatment contract in an appropriate way and ensuring formal boundaries are maintained during any breaks in treatment and after treatment has ended.

## Good Practice for Boundary Setting

Practitioners should:

- make clear, professional arrangements regarding fees and appointments
- readily provide information about your training and experience
- focus on you and your concerns
- show that you will maintain your confidentiality appropriately
- demonstrate how feelings can be safely discussed and understood rather than acted upon
- support and encourage your self-confidence and autonomy
- treat you with respect, care and dignity
- engaging in professional supervision sessions that facilitate time to discuss professional boundary issues
- maintaining boundaries of confidentiality as set out in the JCCP/CPSA Code of Practice. These should be clearly explained at the start of the treatment contract. And discussed with each client/patient.

## Crossing Boundaries

If a Practitioner deliberately crosses a boundary, this should be based on:

- their professional judgement about whether it's appropriate in the context of an individual client/patient's treatment plan
- confidence that they you could justify your decision to professional colleagues/regulators , if challenged
- anticipating the likely effect that the boundary crossing, and your intention to do it, may have on your client/patient

## Examples of Boundary Crossing

- Practitioners seeking praise, reassurance or constantly wanting clients/patients to show gratitude for their work
- Practitioners gradually changing from their usual practice or drifting away from the contract originally agreed with their patient/client.
- Practitioners focus on their own needs rather than their patient/client – for example talking about themselves or unexpectedly ending sessions early.
- Practitioners share their problems and expects their patient/client you to 'empathise' with them.
- Suggesting you are the only practitioner or person who can meet their patient/client's needs.
- Offers additional sessions, not agreed at the outset, without there being a clinical justification.
- Practitioners behaving in an insincere or flattering manner towards their patient/client or appearing to judge or blame them.
- 'Flirting with patients/clients - no practitioner should ever make sexual advances towards their patient/client.

- Practitioners who 'take sides with their patient/client, no matter what the situation, or argues with their patient/client.
- Lending or borrowing money from their Practitioner.
- Practitioners working with their patient/client despite any issues which seem beyond their competence or experience.
- Practitioners who infer/suggests one of their patients/clients might have a special relationship with them, which may seem exciting or flattering but implies something secretive or unprofessional.
- Making patients/clients feel uneasy, tense or unsafe.
- Often allowing sessions to overrun the agreed time.

## **Conclusion**

The JCCP recognises that sometimes practitioners are concerned or confused about boundaries being broken. Practitioner can sometimes cross a boundary without it causing a major problem, but it should not be ignored. Practitioners should always record their concerns and ensure that a confidential discussion takes place with their line manager and supervisor. Sometimes breaking boundaries can be a legal matter as well as grounds for complaint. For example, a practitioner making sexual advances to a client may be a criminal offence and a reportable offence to their professional regulator and to the JCCP in their capacity as a Professional Standards Authority Accredited Register.

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