



The Art & Science of Transformational Change

May 29 – June 2, 2025 | Litchfield, AZ



Impeccable Boundaries: An Advanced Class for Energy Psychology Practitioners

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27TH INTERNATIONAL
ENERGY PSYCHOLOGY CONFERENCE

Course Description



Maintaining boundaries is an important ethical principle in energy psychology clinical practice. We will review ethical standards around boundaries and focus on three less obvious issues: gray areas of boundary violations and crossings, adjusting boundaries to meet a client's unique needs, and how to meet different cultural expectations in helping relationships.

Course Outline



- Introductions
- Case Vignette and Discussion
- Benefits of Boundaries in Therapeutic Relationships
- Ethical Guidelines for Professional Boundaries in Mental Health
- The gray areas of boundary violations and crossings
- Adjusting boundaries to meet a client's unique needs
- Cross-Cultural Therapeutic Boundary Issues
- Case Vignettes – small group activity

Course Objectives



1. List at least three reasons for boundaries in therapeutic relationships
2. Describe appropriate flexible, culturally informed boundaries
3. Identify three different challenged situations and how to handle boundaries in those situations.
4. List at least three ways to create healthy boundaries in therapeutic relationships from the start of the relationship.

I've been seeing my therapist since July 2023. In January, she started asking to borrow small amounts of money. Since then, she has borrowed over \$800 from me, and she shows no intention of paying it back. This makes me feel uncomfortable about continuing treatment with her. I've actually found a new therapist, but I'm nervous about leaving my old therapist and getting my money back. How would you handle?

I'm 26 female, he is 38. I've been seeing him for about a year and a half now and he's helped me tremendously with my anxiety, childhood issues, social fears, etc. We've become close (as I'm sure you kind of do with your therapist) and we've even had lunch together before, when I needed help. I realized pretty early on that he had a kind of crush on me, if you will. It didn't bother me because he's always been professional. I like him, but I'm afraid there's something just not right about it that I currently can't see because of my bias towards him, because I like him and think he's really great, and cute.

I never thought I'd be in this position, but here I am.. I'm consumed with guilt and honestly a little confusion. I've been seeing my therapist for about a year, and he specializes in eating disorders, which is something I've struggled with for a long time. Over time, our sessions became more personal and emotional.

It started with longer eye contact and his comforting touch on my shoulder. After one particularly intense session, he hugged me for a little too long. The line began to blur, and I started to develop feelings for him. One evening, after a deeply personal conversation about my progress and how I wish I had someone to celebrate with, he invited me to grab some drinks. I thought it was just him being kind and supportive, but in the back of my head I honestly hoped he'd confirm having similar feelings that I'd been having.

We sat closer than usual, at one point he even reached out to hold my hand. I could feel the tension between us. He complimented my progress and told me how proud he was of me. That's honestly what sent me even further into this intense feeling of lust. His words were soothing, and before I knew it, we were kissing. It felt surreal, like a dream. One thing led to another, and we ended up going back to his place and sleeping together. I know it was a huge ethical breach, and now I'm struggling with my emotions. I'm terrified of the consequences and that I now need to look for a different therapist. I'm never good at starting over.. idk what I'm going to do, I just needed to tell someone.

Which of these boundaries did the therapist in these situations violate?

- Touch
- Time
- Space
- Location
- Gifts
- Self-disclosure



Benefits
of
Boundaries
in
Therapeutic
Relationships



What are Professional Boundaries?

Clearly established limits that allow for safe connections between service providers and their clients

Being friendly, not friends

A clear understanding of the limits and responsibilities of your role as a service provider

Protection

Protection of the therapeutic process

- Professional relationship – involving trust
- Not a friendship
- Minor boundary violations can give mixed messages

Protection of clients from exploitation

- Clients are vulnerable
- Practitioners are to protect them from harm

Protection of providers from liability

- Practitioners need to protect themselves from malpractice

Consequences of Having Loose or Poor Boundaries

Compassion fatigue

- the service provider's role may not feel sustainable

Splitting

- Potential for “splitting” on teams

Inadequate Services

- Clients may not be given appropriate or helpful services, which could affect their willingness to accept future services

Consequences of Having Loose or Poor Boundaries

Client may feel betrayed, abandoned, and/or poorly served

Service provider may act unethically

The reputation of the service provider's agency and/or profession may be compromised

Service provider and/or client may be emotionally traumatized and/or put in physical danger

What is a
Dual
Relationship?





“A dual relationship in psychotherapy occurs when the therapist engages in another, significantly different relationship with the patient. The two relationships may be concurrent or sequential.”

Kinds of Dual Relationships

Social dual relationship: The therapist is also a friend.

Professional dual relationship: The therapist doubles as someone's work colleague or collaborator.

Business dual relationship: The therapist is also involved with someone in a business capacity.

Kinds of Dual Relationships

Communal dual relationship: Both the therapist and client are members of a small community and will likely run into each other or be involved in the same activities outside of the office.

Institutional dual relationship: The therapist serves an additional role inherent to a particular institution, such as a prison, hospital, or military base. For example, a therapist could be a prisoner's counselor and their parole evaluator.

Forensic dual relationship: The therapist is a counselor as well as a witness in legal trials or hearings involving his or her client.

Kinds of Dual Relationships

Supervisory dual relationship: The therapist is also responsible for overseeing and supervising the client's development as a professional therapist, as often occurs in educational settings.

Digital, online, or Internet dual relationship: The therapist is connected to the client on social media sites such as Facebook, Twitter, and LinkedIn.

Sexual dual relationship: The therapist and client are engaged in a sexual and/or romantic relationship.

Ethical
Guidelines
for
Professional
Boundaries in
Mental Health





Key Ethics Resources

<https://www.energypsych.org/ethics-resources>

- [ACEP Code of Ethics and Standards of Professional Practice](#) ↗
- [EP Practitioner Marketing Guidelines](#) ↗
- [Ethics and Risk Management Tips](#)
- [Principles and Guidelines for Professional Practice - how to know if your trainer or practitioner is behaving in an ethical and responsible manner](#)



Code of Ethics

Social workers are obligated to maintain clear boundaries in their relationships with clients:

“Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries...”
(standard 1.06[c]).



- *Code of Ethics*

“Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities” (standard 4.03).

As a general guide, social workers should attempt to distinguish between private conduct that directly interferes with, or has the potential to interfere with, their performance of professional functions and obligations and private conduct that is tangential or unrelated to professional obligations.

Code of Ethics

Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client.

1.06 C



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Code of Ethics

A.5. Prohibited Noncounseling Roles and Relationships

A.5.a. Sexual and/or Romantic Relationships Prohibited
Sexual and/or romantic counselor– client interactions or relationships with current clients, their romantic partners, or their family members are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

A.5.b. Previous Sexual and/or Romantic Relationships
Counselors are prohibited from engaging in counseling relationships with persons with whom they have had a previous sexual and/or romantic relationship.



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A.5. Prohibited Noncounseling Roles and Relationships

- A.5.c. Sexual and/or Romantic Relationships With Former Clients
Sexual and/or romantic counselor– client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact. This prohibition applies to both in-person and electronic interactions or relationships. Counselors, before engaging in sexual and/or romantic interactions or relationships with former clients, their romantic partners, or their family members, demonstrate forethought and document (in written form) whether the interaction or relationship can be viewed as exploitive in any way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering into such an interaction or relationship.



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A.5. Prohibited Noncounseling Roles and Relationships

- A.5.d. Friends or Family Members Counselors are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.
- A.5.e. Personal Virtual Relationships With Current Clients Counselors are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship (e.g., through social and other media).



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- A.6. Managing and Maintaining Boundaries and Professional Relationships
 - A.6.a. Previous Relationships Counselors consider the risks and benefits of accepting as clients those with whom they have had a previous relationship. These potential clients may include individuals with whom the counselor has had a casual, distant, or past relationship. Examples include mutual or past membership in a professional association, organization, or community. When counselors accept these clients, they take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.



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- A.6. Managing and Maintaining Boundaries and Professional Relationships
 - A.6.b. Extending Counseling Boundaries Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the hospital. In extending these boundaries, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired, and no harm occurs.



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- A.6. Managing and Maintaining Boundaries and Professional Relationships
 - A.6.c. Documenting Boundary Extensions If counselors extend boundaries as described in A.6.a. and A.6.b., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.



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- A.6. Managing and Maintaining Boundaries and Professional Relationships
 - A.6.d. Role Changes in the Professional Relationship When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client's right to refuse services related to the change. Examples of role changes include but are not limited to 1. changing from individual to relationship or family counseling, or vice versa; 2. changing from an evaluative role to a therapeutic role, or vice versa; and 3. changing from a counselor to a mediator role, or vice versa. Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes.

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- A.6. Managing and Maintaining Boundaries and Professional Relationships
 - A.6.e. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships) Counselors avoid entering into nonprofessional relationships with former clients, their romantic partners, or their family members when the interaction is potentially harmful to the client. This applies to both in-person and electronic interactions or relationships.



Code Of Ethics

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Code Of Ethics

3.05 Multiple Relationships

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm , and 3.07, Third-Party Requests for Services.)

The Gray Area
of
Boundary
Violations and
Crossings



Boundary Violations

They are:

- Inherently unethical
- Departure from standard practice
- High probability of causing harm

Examples

- Hiring clients to do work for you
- Having an intimate/sexual relationship with client
- Dating a client's parent

Boundary Crossing

"...benign, discussible, nonprogressive departure departures from an established treatment framework that are creative and conscientious attempts to adapt the treatment to the individual patient." Glass (2018)

They may be:

- May or may not be unethical
- Departure from standard practice
- May be a carefully considered exception to the general rule based on a lower probability of harm and a high likelihood of benefit to the individual

Boundary Crossing

Risk

- can jar the safety and predictability of the mode of relating that has been established between therapist and client
- carry a risk of disrupting the working alliance, despite their goal of improving it

Benefits

- greater therapeutic flexibility and creativity

Boundary Crossing

Examples

- Initiating a call to a client who has been apprehensive before a surgical procedure or after it to see how they are doing
- Suggesting a decreased fee for a client who has lost a job
- Allowing sessions to run over when the client is needy or deeply upset with the therapist
- Attending a clients' school performance, graduation
- Attending the same church
- Children play on same soccer team

Boundary Crossing

“Boundary crossing are the therapist's attempt to adapt an existing therapeutic alliance to foster the patient's capacity to work in therapy. These interventions affect the patient's experience of his/her boundaries in the treatment, are discussible and nonexploitative. They may be disturbing to the patient, could be experienced as intrusive or seductive, and could become a step down the "slippery slope, [towards boundary violations],but are not intrinsically so.

Glass, 2018

The Grey Area Boundary Crossing

They are a greater deviation from standard or established techniques.

They may be experienced by the patient as seductive or intrusive

They are not inherently steps down the slippery slope to boundary violations

To minimize the impact of a misunderstood boundary crossing, the therapist explores its impact on the relationship and impact or possible impact on the client

The Grey Area Boundary Crossing

Examples

- Changing the amount of time or frequency of meetings
- Changing the formality of how each party addresses the other
- Raising or lower the fee based on the client's situation



Aggregated Boundary Crossing

When boundary crossing become so profuse, prolonged, unquestioned, and unconnected to any obvious therapeutic intent that, in the aggregate, they could be seen to verge on malpractice

When the relationship is so enmeshed that neither the patient nor the treater can or want to relinquish it but the client is not making progress. (This is distinguished from a long-term treatment with a client for whom the relationship is stabilizing – may have a serious mental illness or personality disorder.)

Considerations: Is a dual relationship appropriate during treatment?

How will this secondary relationship change the power differential or take advantage of a power differential in the therapeutic relationship?

How long will this relationship last? Is it a one-time occurrence or expected to last indefinitely?

How will ending one relationship affect the other relationship?

How much will objectivity be impaired?

What is the risk of exploitation?

Considerations: Is a dual relationship appropriate after treatment?

The amount of time that has passed since the professional relationship

The nature, duration, and intensity of the professional relationship

The circumstance of termination

The client's history and vulnerability

The client's current mental status; and

The likelihood of an adverse impact on the client

Pseudo-Boundary Violations

Violations that break confidentiality and are legally and ethically sanctioned in order to protect the client, others in the client's life or the public.

- Duty to Warn - Tarasoff
- Child or Elder abuse
- Involuntary hospitalization due to danger to self or others

They may illicit the subjective experience of intrusion and betrayal in the patient, similar to other boundary violations

Crossings Versus Violations

Boundary **crossing**
are initiated to

- enhance the treatment

Boundary **violations**
(even those in the
gray areas)

- are often motivated by
the therapist personal
interest.

Techniques for
Creating
And
Maintaining
Professional
Boundaries



Techniques for Creating & Maintaining Healthy Professional Boundaries

As early as possible in the relationship (ideally at your initial meeting/intake/assessment), establish clear agreements with the client regarding

- your role as a service provider
- your availability
- best ways to communicate with you
- what to do if you see one another in public

Techniques for Creating & Maintaining Healthy Professional Boundaries

When boundary issues or warning signs appear

- address these issues with the client quickly
- be sensitive to their feelings when doing this
- emphasize the importance of and your commitment to maintaining healthy boundaries

Techniques for Creating & Maintaining Healthy Professional Boundaries

Self-disclosure

- if you do decide to tell a client something personal about yourself
 - ensure that the information is related to the client's goals.
- too much self-disclosure shifts the focus from the client to the service provider and can confuse the client in terms of roles and expectations of the relationship.

Techniques for Creating & Maintaining Healthy Professional Boundaries

How a client interprets your words and actions might not match what you were trying to communicate

- With sensitive, therapeutic relationships, you may need to frequently
 - clarify your role and boundaries
 - ask the client to repeat back what you said to ensure that he/she understands
 - give the client an opportunity to ask clarifying questions

Techniques for Creating & Maintaining Healthy Professional Boundaries

When you have questions or concerns regarding boundary issues or talking with clients about professional boundaries

- Consult with
 - supervisor or consultant
 - professional colleagues
 - other providers in your field

What is the Best Way to Set Boundaries Around Social Media



Have policy in writing – informed consent



Review this policy with clients – especially teens when you start treatment – explain privacy issues



Keep your privacy setting at maximum with any social media account you use



If you are likely to be viewed through mutual acquaintances – consider carefully what you post



Do not research clients via social media

Adjusting
Boundaries to
Meet
a Client's
Unique
Needs



Corrective Emotional Experience



The classical understanding of the term 'corrective emotional experience'

Alexander and French (1946)

The therapeutic action of the therapist in providing patients with a good experience that is 'corrective' in the sense that it is in contrast to what patients have come to expect

Corrective Emotional Experience

The corrective emotional experience is felt by the client who expects certain responses from people but is instead surprised by the therapist's disconfirmation of the expected response.

Examples:

- Being happy to see the client
- Not being critical when the client fails at something in their life
- Encouraging healthy or independent decision making
- Challenging dangerous or unsafe behaviors

Meet the Unique Needs



Meeting the client's unique needs may involve a **gray area** or boundary crossing.

Always keep in mind why you are engaging in an intervention:

- Does it meet the clients needs?
- Is it a corrective emotional experience?
- Does it primary meet your needs?

Cross-
Cultural
Therapeutic
Boundary
Issues



Cross-Cultural Mental Health Services

Providers have self awareness, knowledge, and skills necessary to apply theory and technique to diverse populations and settings

Goal of Cultural Sensitivity in Therapeutic Relationships

Build a strong therapeutic relationship, allowing client to feel understood and able to trust the therapist to be vulnerable and engage in therapeutic work.

Social/Cultural Context & Boundaries

Type of practice:

Community organizing or a private clinical counseling?

Setting:

Family-based service or outpatient psychiatric setting?

Level of community involvement:

Is community involvement needed to gain access to a population?

Client's sense of self:

How vulnerable is the client? Is he or she likely to misinterpret behavior, or does he or she have a strong sense of self that could distinguish roles?

Social/Cultural Context & Boundaries

Legality:

Are there legal ramifications?

Culture:

Does this client's culture require more or less friendliness/closeness?

Therapist's self:

Is the worker trying to fulfill some personal need?

Available supervision:

Is competent consultation available & used?

Flexible versus Inflexible Boundaries

Language

Communication

Gifts

Answering
Personal
Question

Invitations

Language

What should
you call the
client?

What should
you ask the
client to call
you?

Other
formality
requirements
based on
language and
culture?

Communication

What are the best ways to communicate (phone, text, email) with the client based on professional boundaries and the client's cultural background?

Gifts

When and how
to you accept a
gift from a client?

How do you set
limits around
gifts?

When and why
would you give a
gift?

Answering Personal Questions • Self-Disclosure

Which kinds of questions would you answer and why?

How would you explain not answering personal questions to someone who is not aware of the culture of psychotherapy?


Invitations

What kinds of invitations would you accept from a client and why?

How would you explain why you are not accepting an invitation?

Boundary Issues Specific to Energy Psychology

Issue	Intervention
Touch	Explain and ask Use other method
Practitioner's energy hygiene • over sharing – verbally or energetically	Between session clearing Before session grounding
Pushing EP on clients	Explain Offer
Practicing and trades with colleagues	Clearly define roles Set ground rules



Boundaries should provide a foundation that fosters a sense of safety for the client, a sense of knowing that the therapist will always act in the best interest of the client.