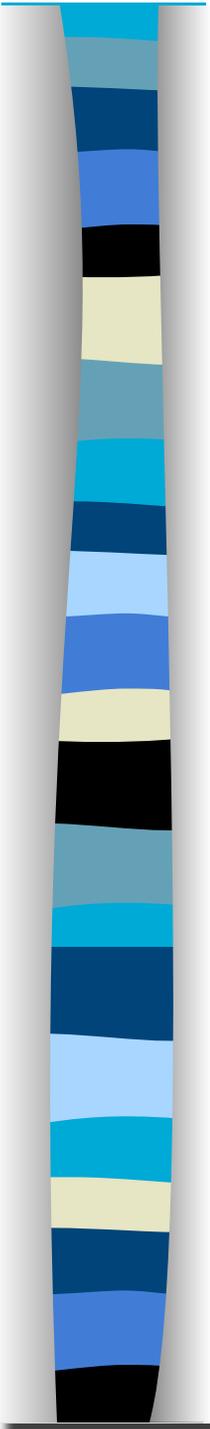
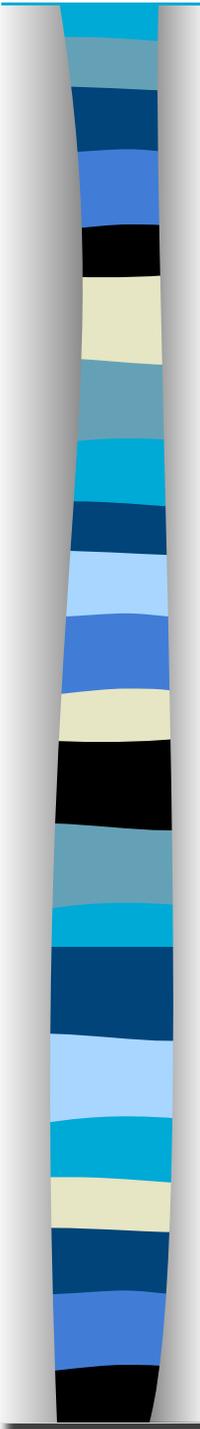


22a Therapeutic Relationships -  
Conflict, Transference,  
Dual Relationship,  
and Sexual Misconduct



## 22a H&H: Therapeutic Relationships - Conflict, Transference, Dual Relationship, and Sexual Misconduct Class Outline

5 minutes	Attendance, Breath of Arrival, and Reminders
10 minutes	Lecture:
25 minutes	Lecture:
15 minutes	Active study skills:
60 minutes	Total



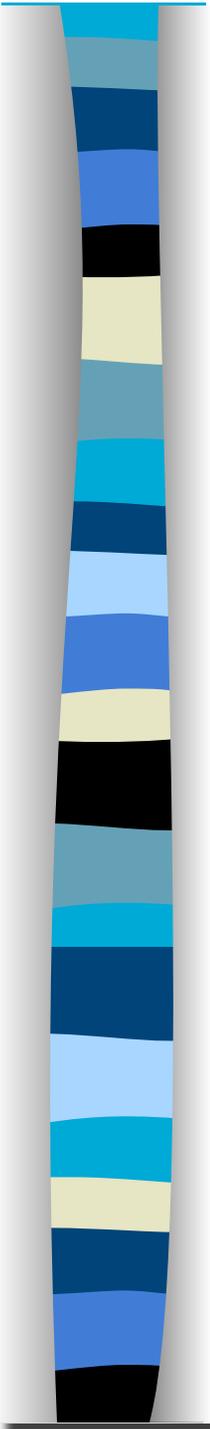
## 22a H&H: Therapeutic Relationships - Conflict, Transference, Dual Relationship, and Sexual Misconduct Class Outline

### **Exams:**

- 22b Swedish Touch Assessment
  - Packet A: 81-82

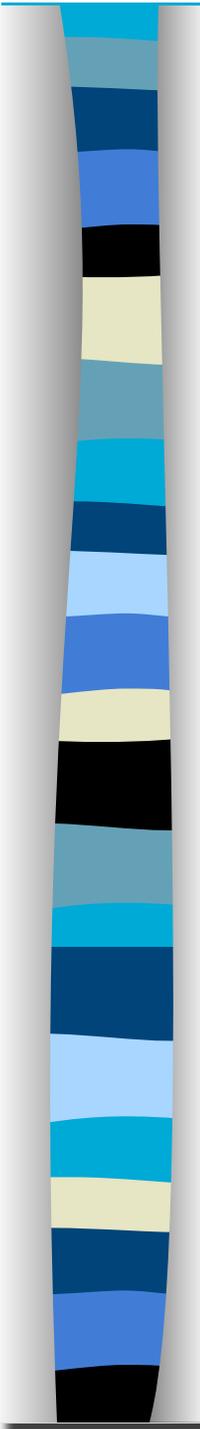
### **Preparation for upcoming classes:**

- 23a Pathology: Medications
  - Packet E: 25-34
  - Packet A-131
- 23b Swedish: Practical Exam
  - Packet A: 83-86



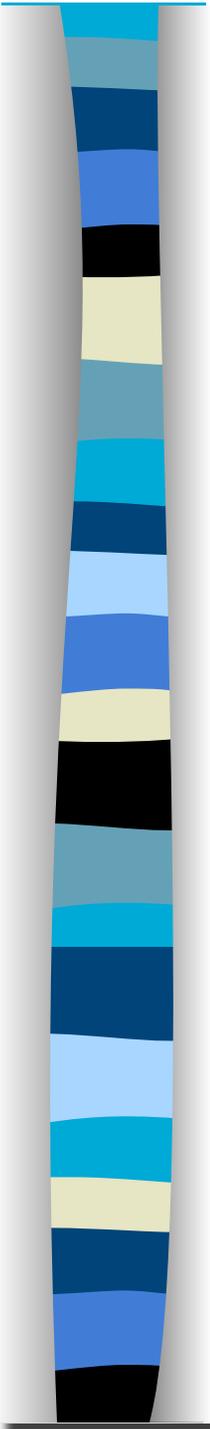
## Hydrotherapy Supplies

- Before each Hydrotherapy class begins, your instructor will check to see that you have ALL of your supplies.
- If you are lacking any supplies, you will have to leave class and make up the class at a later date.



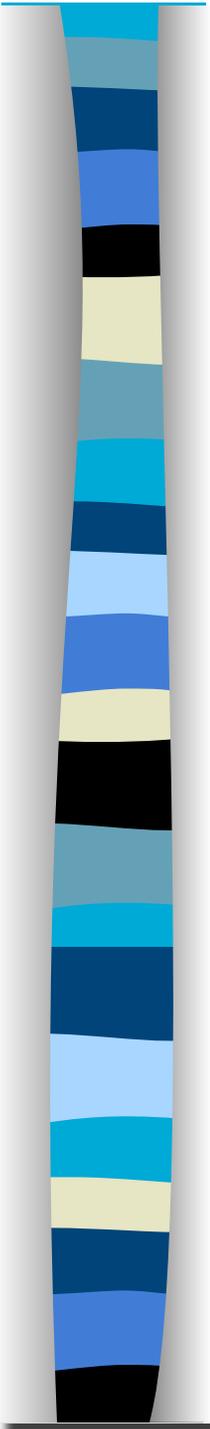
## Hydrotherapy Supplies

- 24b Hydrotherapy: Theory and Technique Demo
  - Your packet
- 25b Hydrotherapy: Dry Brushing, Cold Water Wash, and Foot Treatment
  - 1 natural bristle dry brush
  - 1 washcloth
  - 2 regular-sized bath towels
  - 1 set of sheets and a blanket
  - 1 medium plastic trash bag



## Hydrotherapy Supplies

- 26b Hydrotherapy: Cold Water Treading, Facial, and Herbal Wrap
  - 1 bathing suit
  - 2 long-type bath towels
  - 1 regular-size bath towel
  - 2 washcloths
  - 1 pair of flip-flops or sandals
  - Shorts or pants rolled up
  - 1 set of sheets and blanket
  - Facial toner and cotton pads
  - 1 medium plastic trash bag
  
- 27b Hydrotherapy: Heat, Cold, and Contrast Treatments
  - 4 regular-sized bath towels
  - 1 set of sheets and a blanket
  - 1 medium plastic trash bag



# Classroom Rules

**Punctuality** - everybody's time is precious

- Be ready to learn at the start of class; we'll have you out of here on time
- Tardiness: arriving late, returning late after breaks, leaving during class, leaving early

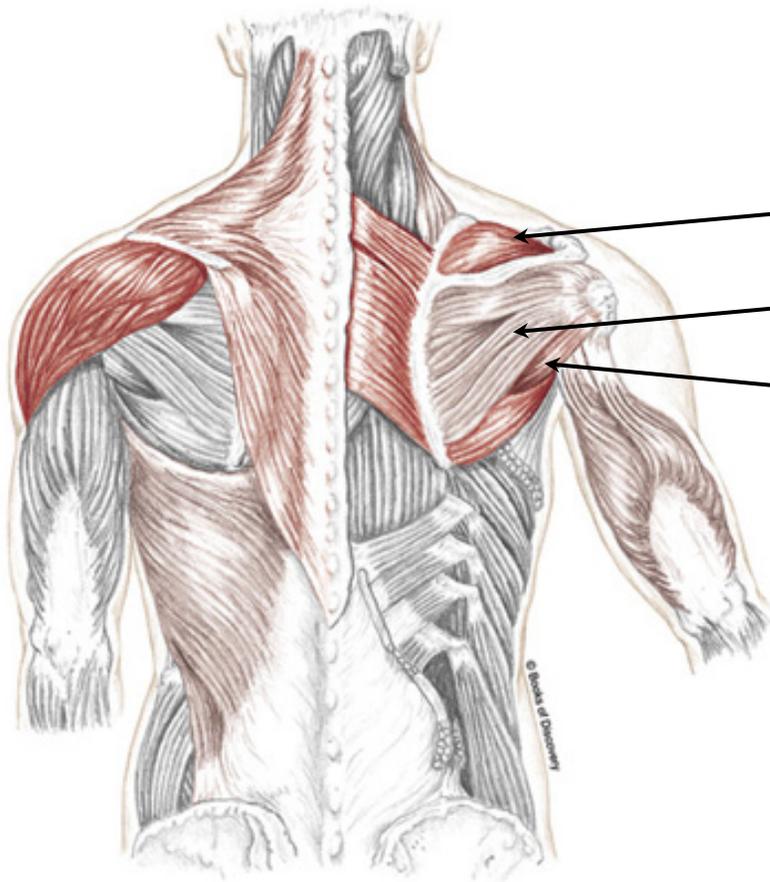
**The following are not allowed:**

- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

*You will receive one verbal warning, then you'll have to leave the room.*

# The Rotator Cuff

Trail Guide, Page 74



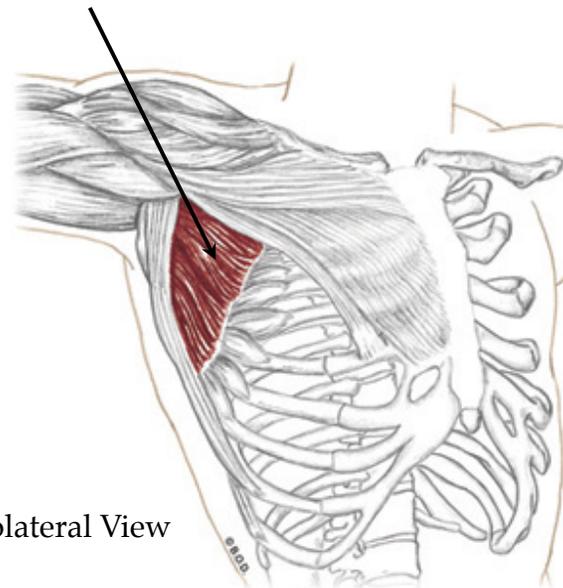
Posterior View

Supraspinatus S

Infraspinatus I

Teres Minor T

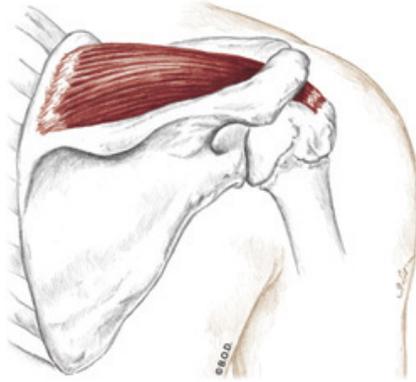
Subscapularis S



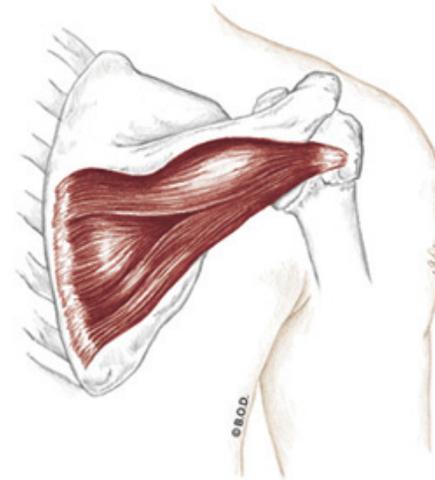
Anterolateral View

# The Rotator Cuff

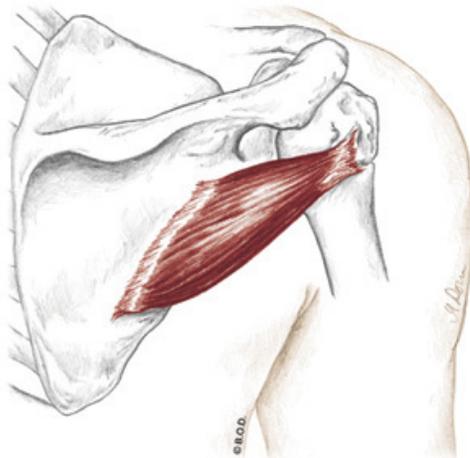
Trail Guide, Page 74



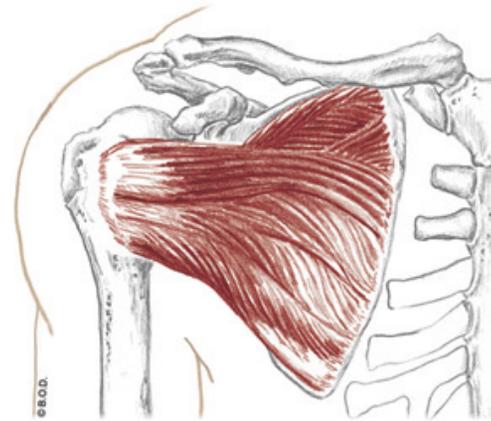
Supraspinatus  
Posterior View



Infraspinatus  
Posterior View



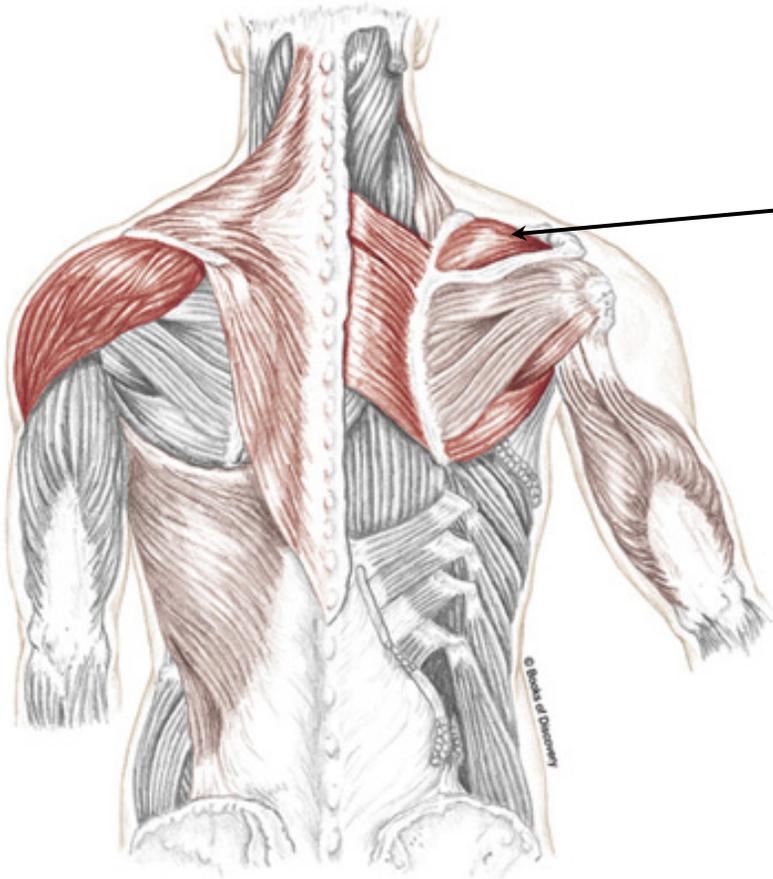
Teres Minor  
Posterior View



Subscapularis  
Anterior View

# Supraspinatus

Trail Guide, Page 75



**Supraspinatus** is located in the supraspinous fossa, deep to the trapezius' middle fibers.

Its belly runs underneath the acromion and attaches to the humerus.

Supraspinatus is the only rotator cuff muscle that is not involved in shoulder rotation.

What do you use supraspinatus for?

Posterior View

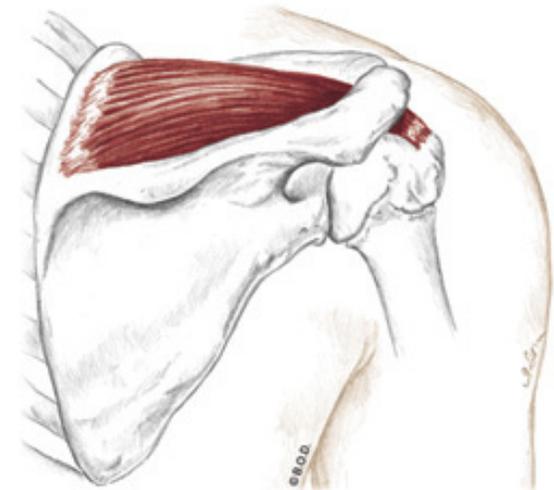
# Supraspinatus, page 75

**A** Abduct the shoulder joint (glenohumeral joint)

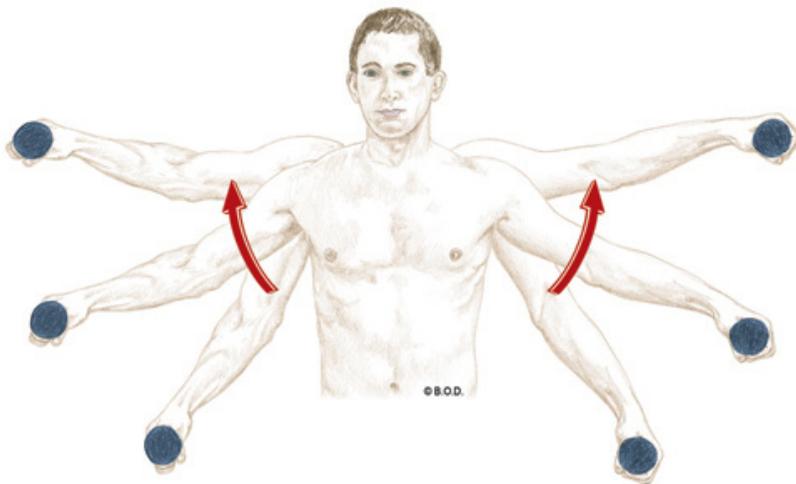
**S** Stabilize the head of the humerus in glenoid cavity

**O** Supraspinous fossa of the scapula

**I** Greater tubercle of the humerus



Posterior View



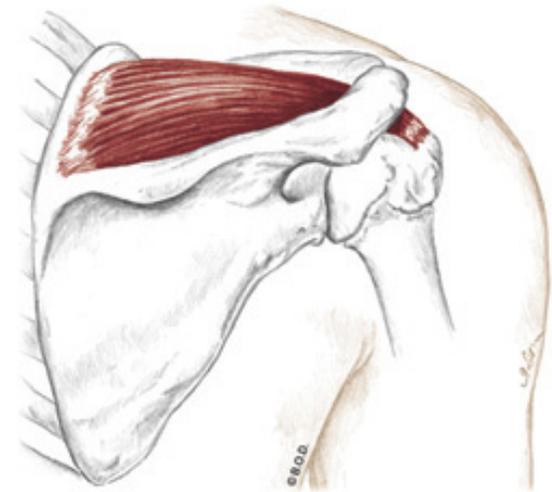
## Supraspinatus, page 75

**A** **Abduct** the shoulder joint (glenohumeral joint)

**Stabilize** the head of the humerus in glenoid cavity

**O** Supraspinous fossa of the scapula

**I** Greater tubercle of the humerus



Posterior View

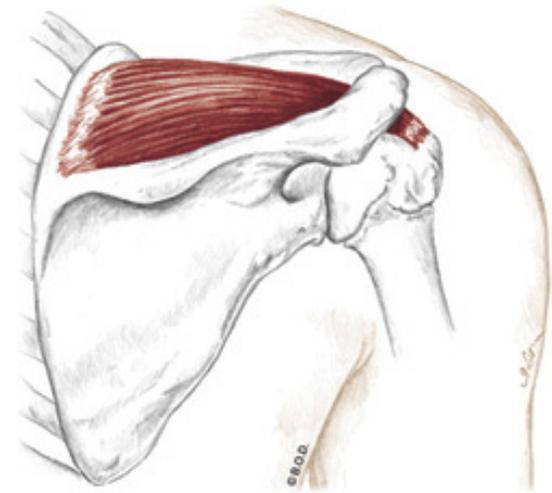
# Supraspinatus, page 75

**A** **Abduct** the shoulder joint (glenohumeral joint)

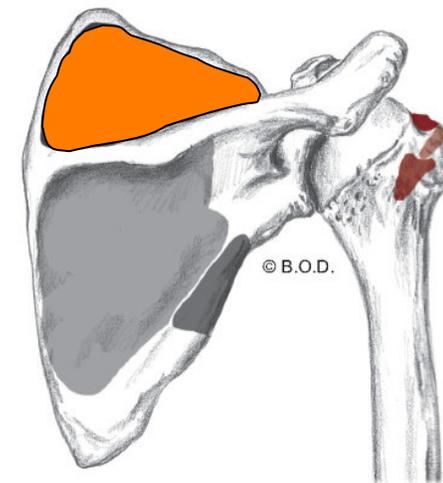
**Stabilize** the head of the humerus in glenoid cavity

**O** Supraspinous fossa of the scapula

**I** Greater tubercle of the humerus

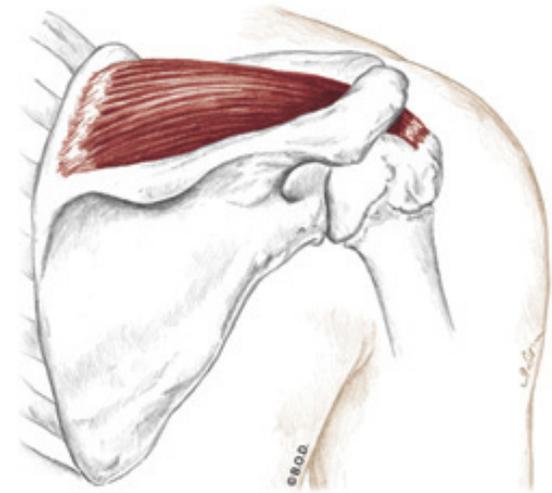


Posterior View

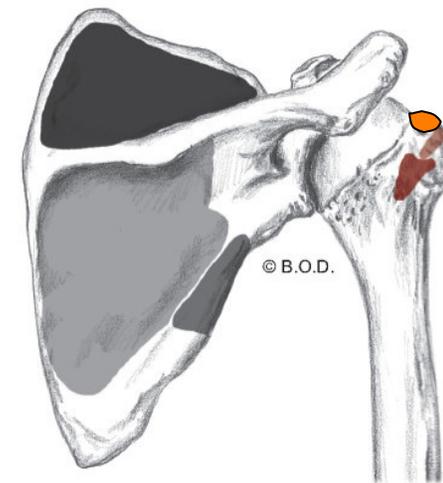


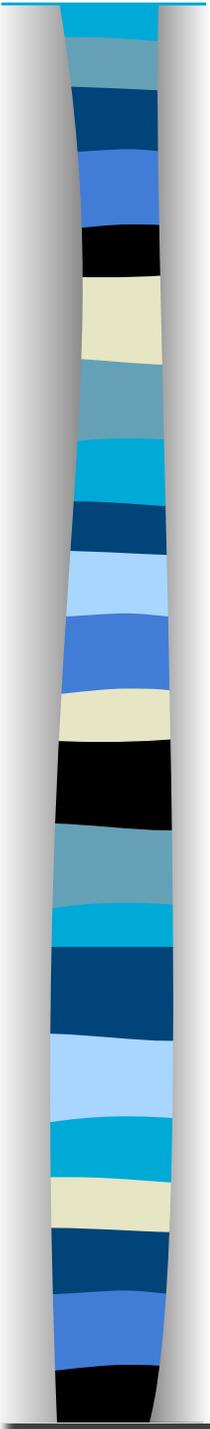
# Supraspinatus, page 75

- A** **Abduct** the shoulder joint (glenohumeral joint)
- S** **Stabilize** the head of the humerus in glenoid cavity
- O** Supraspinous fossa of the scapula
- I** Greater tubercle of the humerus

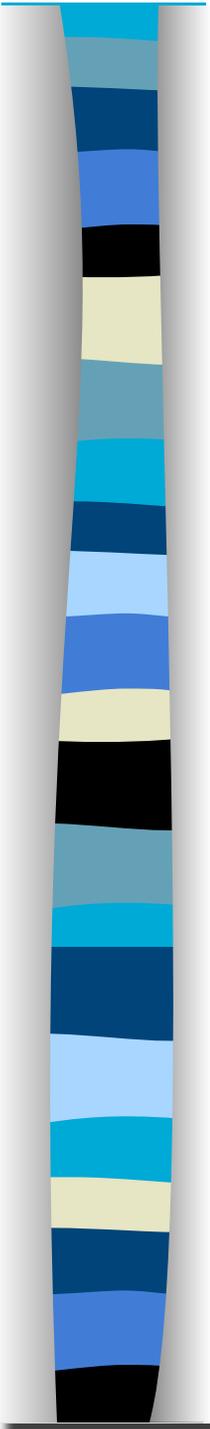


Posterior View





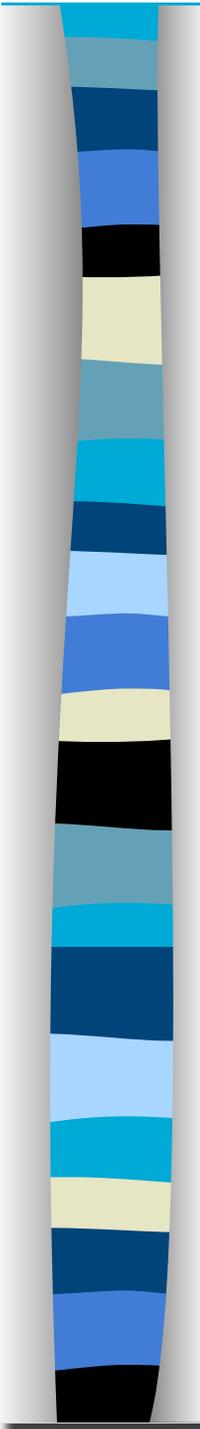
22a Therapeutic Relationships -  
Conflict, Transference,  
Dual Relationship,  
and Sexual Misconduct  
H-27



## Conflict and Conflict Resolution

**Conflicts** can arise from vague or nonexistent boundaries or unmet client expectations such as:

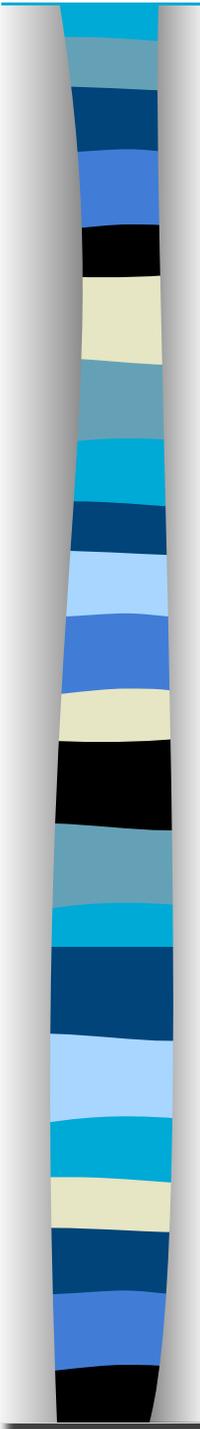
- Not starting the massage on time
- Not adequately addressing the client's problem area
- Canceling a client's appointment for the 3<sup>rd</sup> time this month



# Conflict and Conflict Resolution

## Some strategies to help resolve conflicts:

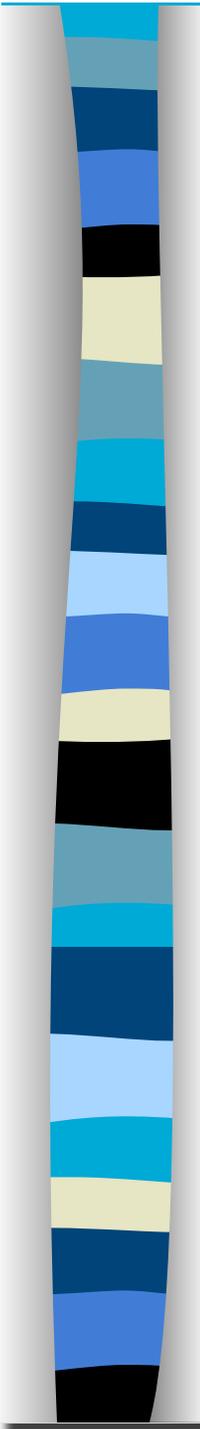
- Identify and accept the problem
- Communicate with “I” messages
- Have healthy boundaries
- Solutions should be in the client's and the relationship’s best interest
- Be open to a variety of solutions.



# Conflict and Conflict Resolution

## More strategies to help resolve conflicts:

- Do not take problems and differences personally .
- Take full responsibility for your own behavior .
- Take a break if you or other person is too angry or excessively emotional
- Look for the lesson after the conflict is resolved
- Ask client “What you would like for me to do?” Comply within reason



## Conflict and Conflict Resolution

**Incident Report** See Salvo, Chapter 2, page 28 for the Incident Report Form  
This is not required, but it is a good way to record the facts for later reference.

Date: \_\_\_\_\_ Client's Name \_\_\_\_\_

Time: \_\_\_\_\_ Therapist's Name \_\_\_\_\_

Place: \_\_\_\_\_

Therapist's perceptions of incident:

Individuals involved in the incident:

Actions taken:

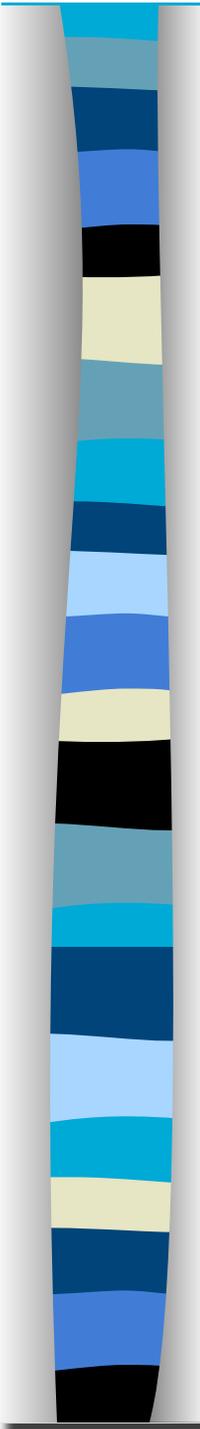
\_\_\_\_\_  
Signature of Massage Therapist

\_\_\_\_\_  
Date

Reviewed and resolved:

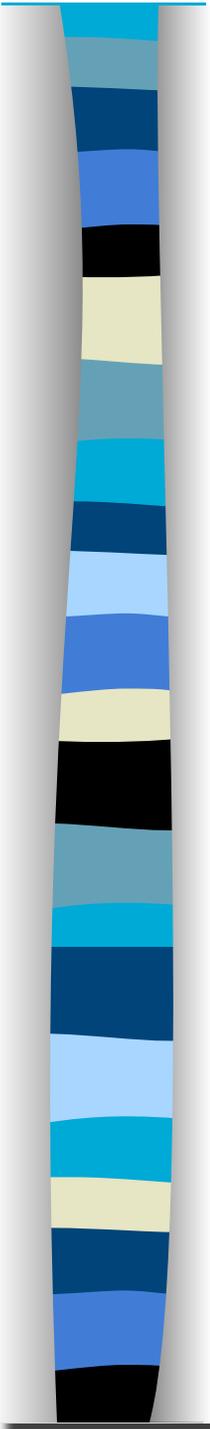
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_



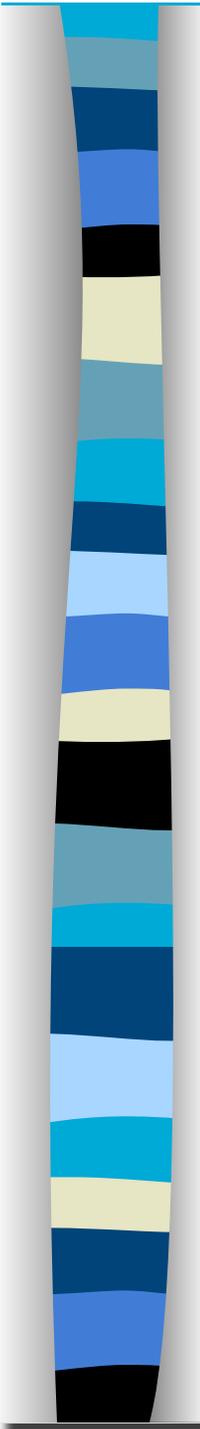
## Conflict and Conflict Resolution

**Conflicts of Interest** Be careful with respect to your boundaries and your client's if you or your employer is putting you in the position of being a salesperson for products. This can be a conflict of interest as well as a violation of boundaries.



## Transference and Countertransference

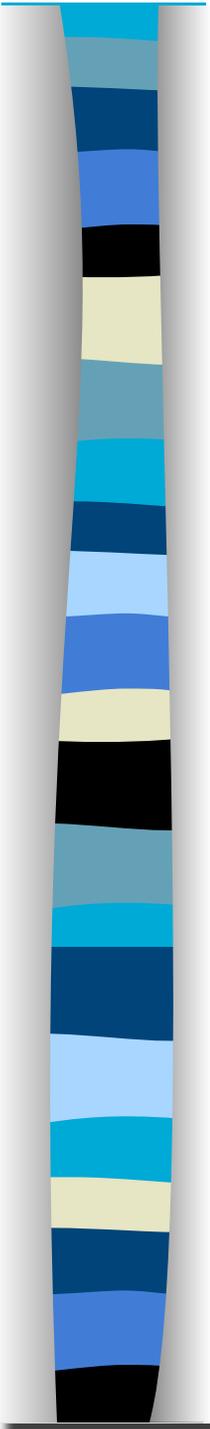
**Transference** When a client feels consciously or unconsciously that the therapist is someone other than a health care provider. For instance, they want the therapist to be their friend, not only a health care provider. Often can be transference of feelings or thoughts related to early significant person in their life.



## Transference and Countertransference

**Countertransference** When a therapist feels the client is something more than just a client. Can result in the therapist bringing unresolved emotional issues or personal needs into the therapeutic relationship.

Either of these can be positive or negative (e.g. strong attraction or disappointment).

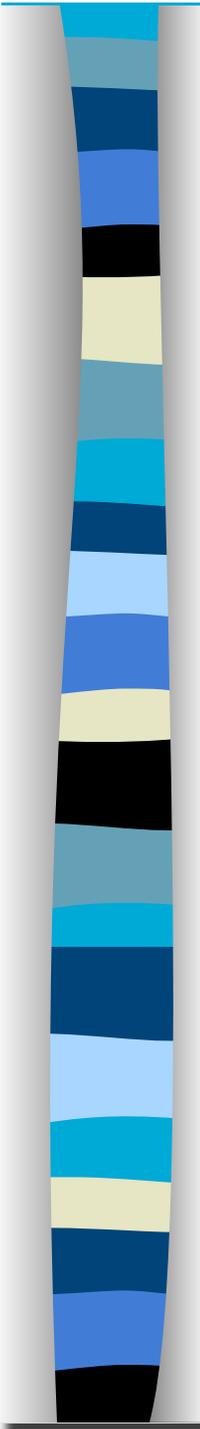


# Transference and Countertransference

## Countertransference . .

### May occur from:

- Inability to maintain professional distance .
- Attention gained from client's transference.
- Clients who act as mirrors of your life.

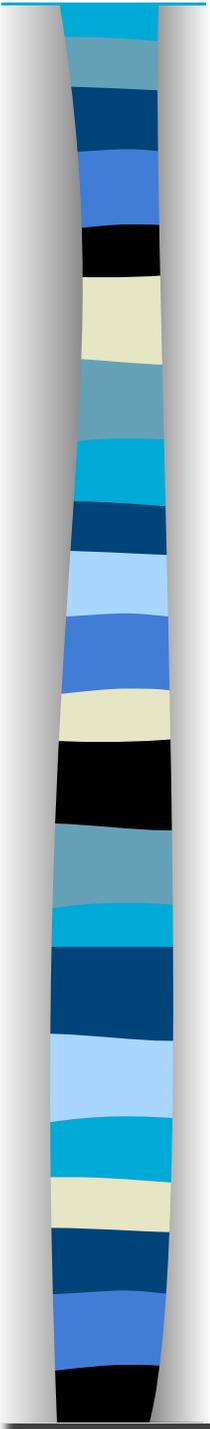


# Transference and Countertransference

## Countertransference . .

### Signs include:

- Getting involved in a client's personal life.
- Having intense feelings toward a client .
- Thinking excessively about a client.
- Romantic and sexual fantasizing.
- Excusing inappropriate behavior or bending boundaries .



# Transference and Countertransference

## Countertransference . .

### What to do:

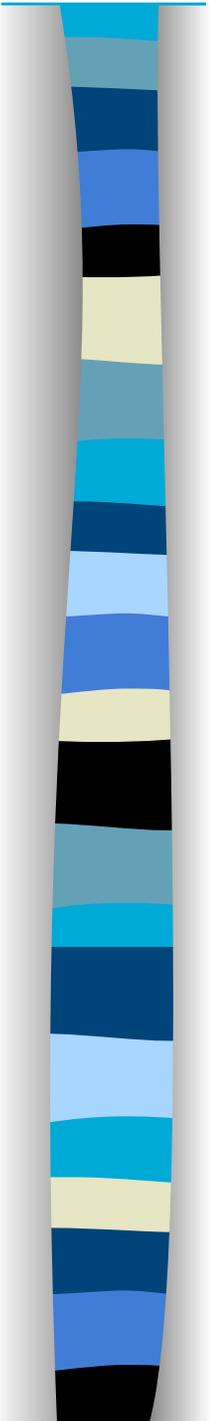
- Find other ways to meet personal needs
- Get help from colleague or counselor
- May need to terminate the relationship
- Refer client to another therapist

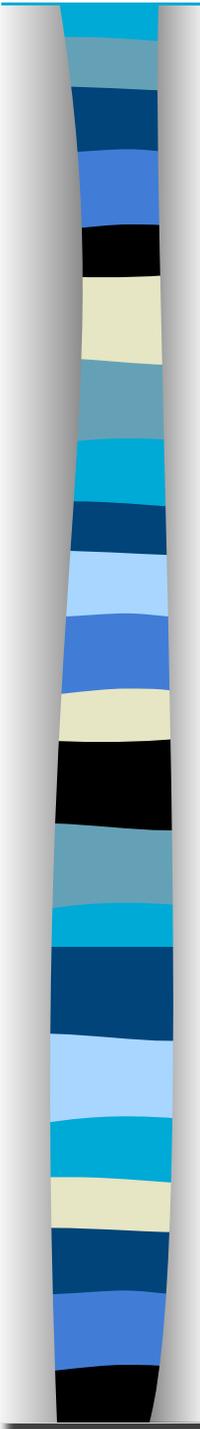
# Transference and Countertransference

## Seductive Client

### Seductiveness arises from:

- Dominance
- Control
- Selfishness
- Not about love or sex



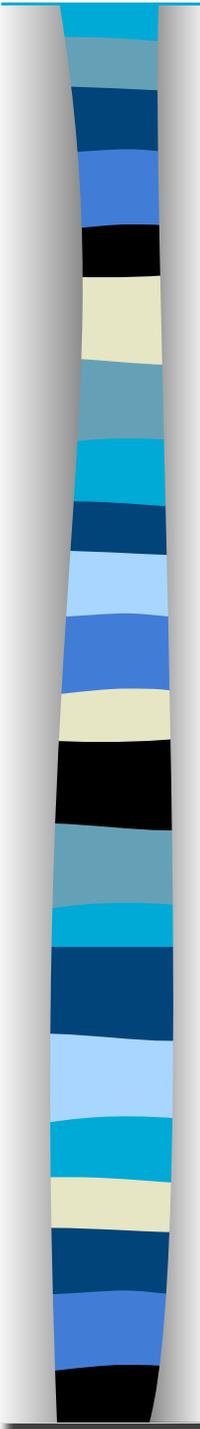


# Transference and Countertransference

## Seductive Client

### What to do:

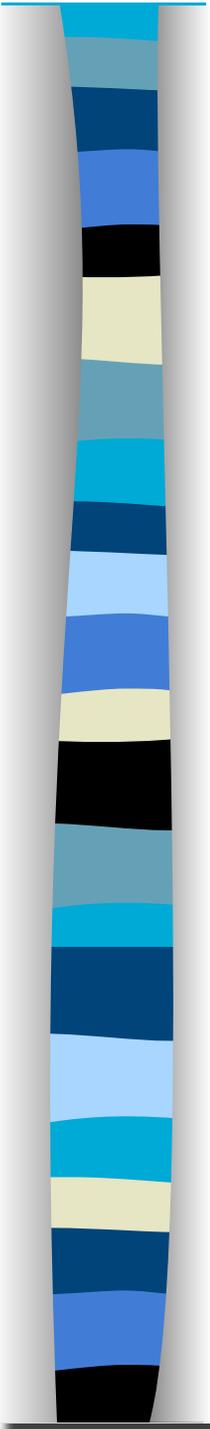
- Maintain strict boundaries
- Get help from colleague or counselor
- May need to terminate the relationship
- Refer client to another therapist



## Dual Relationships

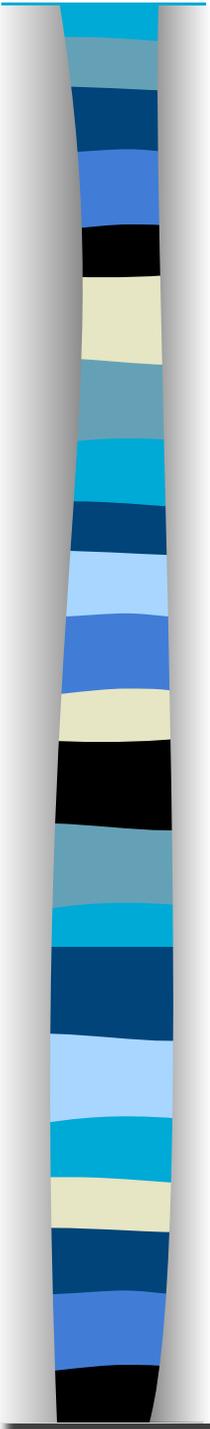
**Dual relationships** When we have more than one type of relationship with a client. More than just a therapeutic relationship.

- May thwart professionalism and ability to focus on client's needs. It changes roles and expectations. Boundaries may be harder to manage. Avoid wearing "two hats". When you are a therapist, be a therapist.



## Dual Relationships

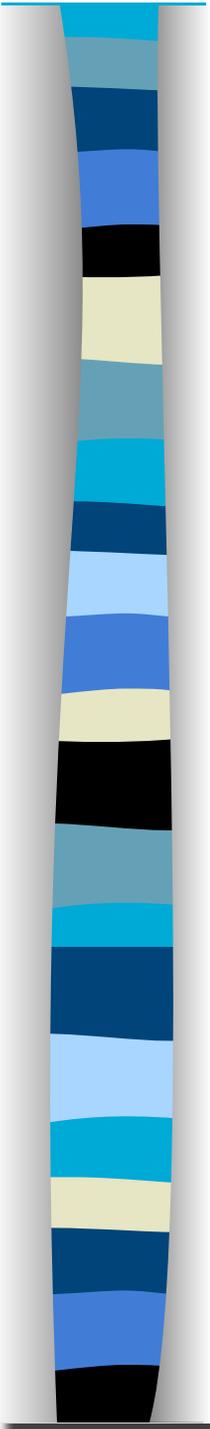
- When you are a friend, be a friend. When you are a family member, be a family member. Maintaining boundaries is your responsibility, not the client's responsibility.



# Dual Relationships

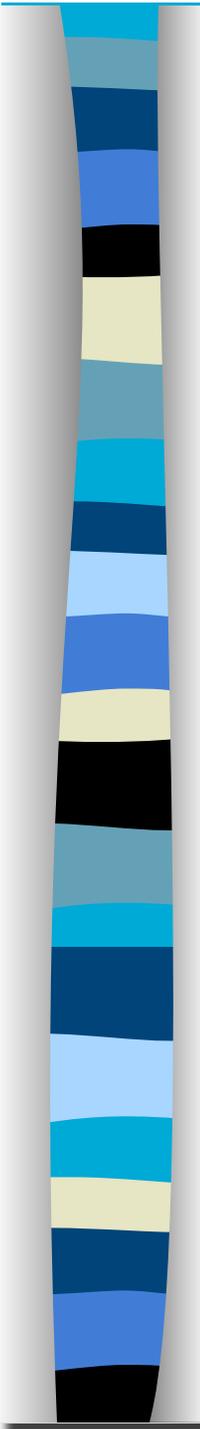
## Friendship

- Most common dual relationship
- May be difficult to remain in therapist role if client is a friend
- Sessions may become social affairs rather than professional events
- Therapist may not focus on client's needs



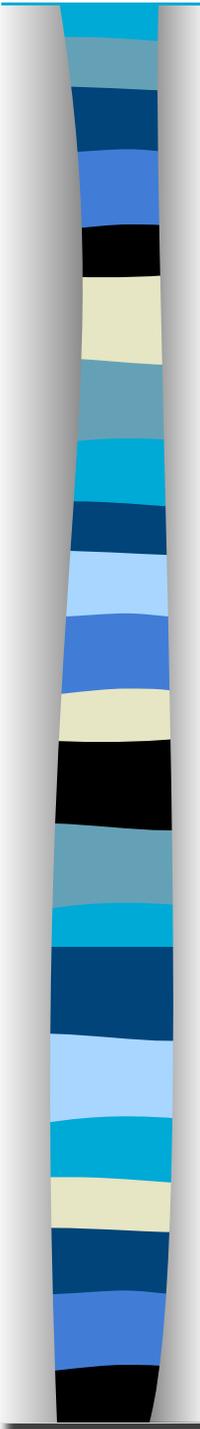
## Dual Relationships

- Get explicit understanding concerning the difference between the professional role you will play as their therapist. They must understand and agree regarding that position and their role as a client to keep clear boundaries and clear roles.



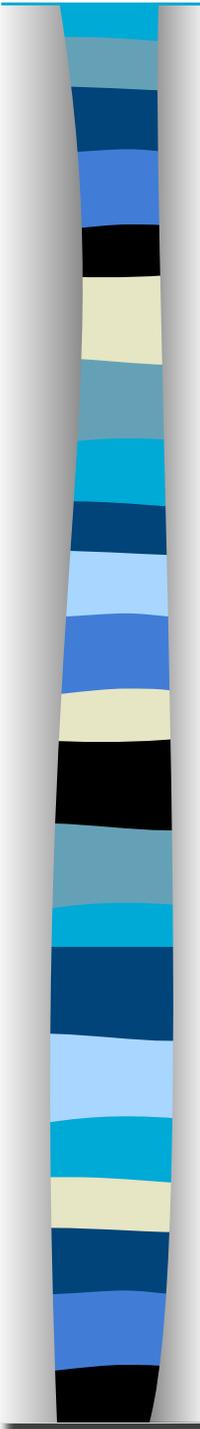
## Dual Relationships

- Get clarity and agreement beforehand regarding how much you will charge, scheduling appointments, respecting your time by being on time, not canceling without sufficient notice, honoring all of your policies.
- Do not confuse therapeutic relationship with intimate relationships.



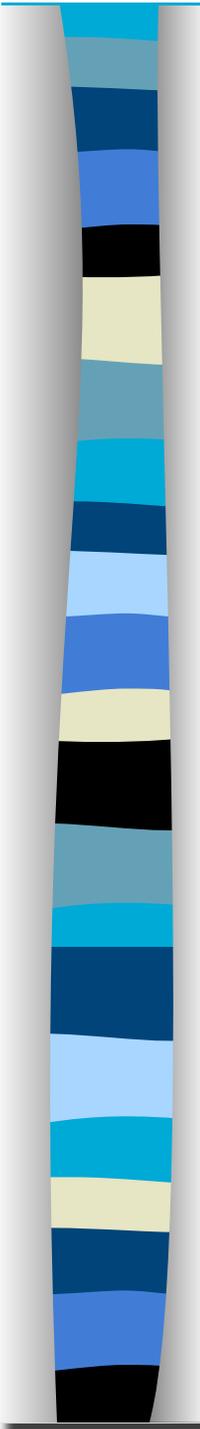
## Dual Relationships

- Some Codes of Ethics recommend discontinuing client-therapist relationship for a minimum of 6 months before either party might initiate something other than the therapeutic relationship.



## Dual Relationships

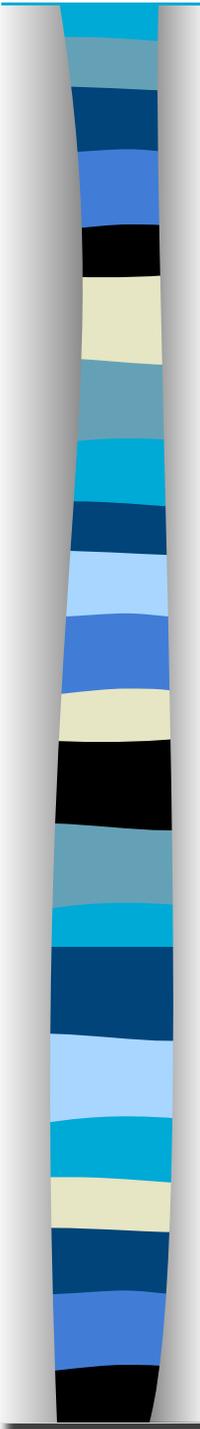
- If you are dually licensed, consider carefully the varying boundaries of each and consider the possibility of keeping these roles clearly separated. For example, seeing someone one time for a nutritional consult if you are a licensed nutritionist and at a separate time for massage therapy.



## Sexual Misconduct

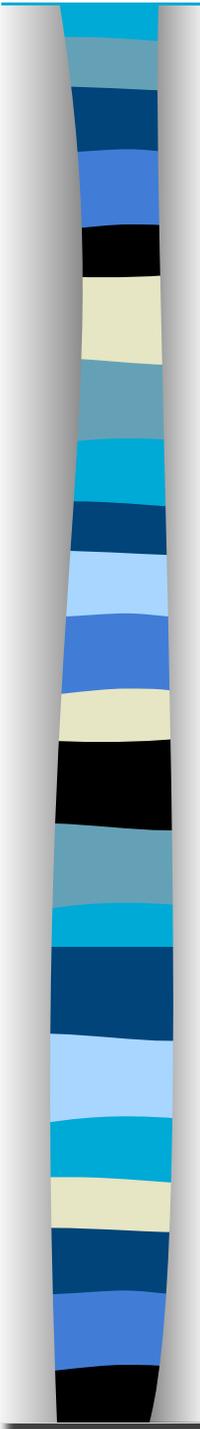
**Sexual misconduct** Any sexual contact between the therapist and client or sexualizing of the therapeutic relationship.

- Ranges from: innocent comments about client's body, dating a client, sexual harassment, to offering clients sexual services.



## Sexual Misconduct

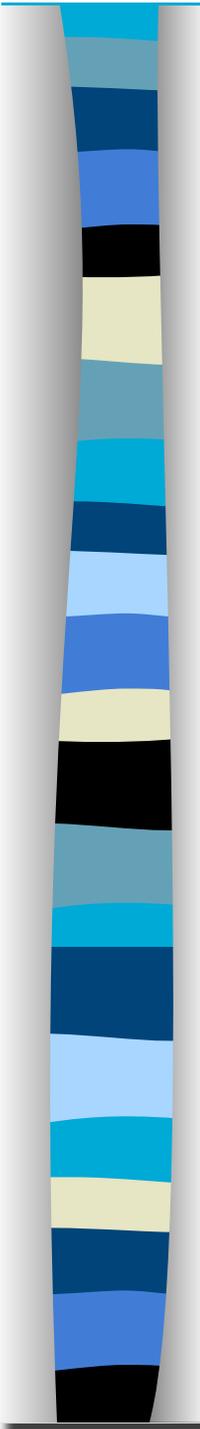
- Feelings of sexual attraction toward clients and vice versa are normal, acting out the attraction is inappropriate.
- Get professional help when needed.
- Potential for sexual misconduct is in every profession, not just massage



## Sexual Misconduct

**Negative Perceptions of Massage** Illusion of massage as euphemism for prostitution is perpetuated by media.

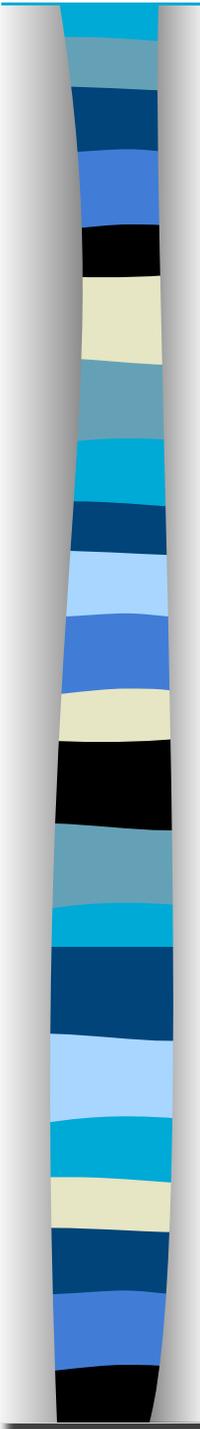
- Society sexualizes touch.
- As we become mainstream, negative perceptions will fade but if you encounter a negative perception, respectfully and professionally respond based on fact.



# Sexual Misconduct

## Examples of Sexual Misconduct:

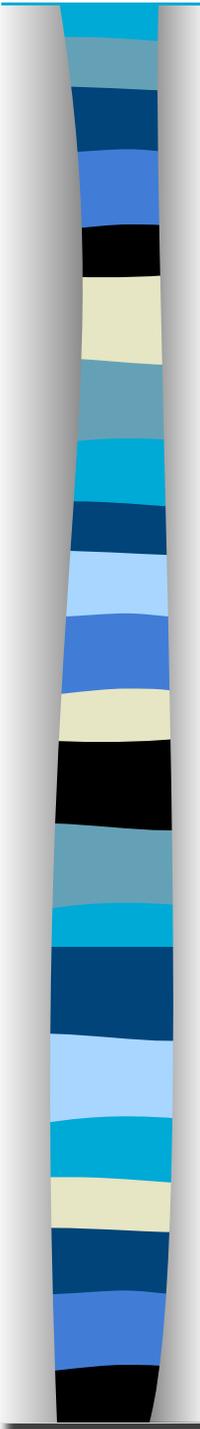
- Flirting or seductive gestures
- Telling sexual jokes
- Failure to ensure privacy through proper draping practices
- Entering room before client is completely draped or dressed
- Masturbation, intercourse, and rape.



# Sexual Misconduct

## Precautions

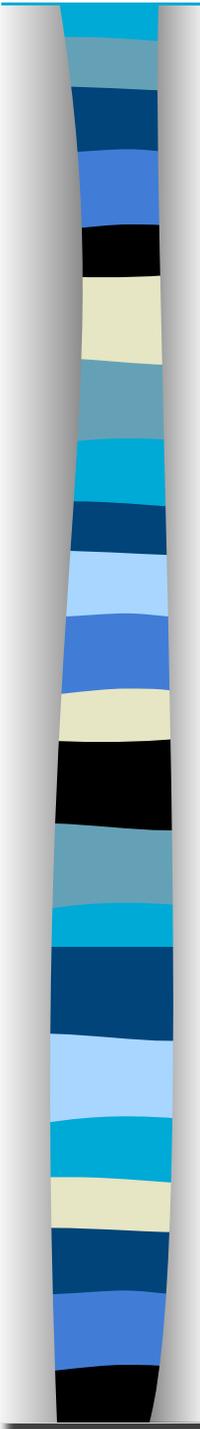
- Avoid terms of endearment.
- Avoid suggestive wording in ads.
- Avoid secluded office with unknown clients.
- Realize issues involved with home office .
- Screen out-calls carefully. Get a referral.
- Avoid unconscious sexual signals (e.g. choice of clothing, aromas, inadvertent body contact).



# Sexual Misconduct

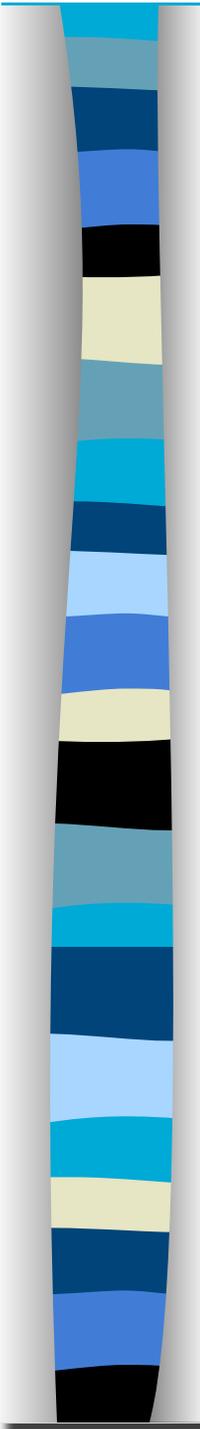
## Erections

- Ignore it? - difficult
- Move to very distal area – e.g. the feet, stimulating circulation elsewhere and giving person a chance to redistribute his attention
- Ask the person to roll over?
  
- If there is one or more instances when you suspect sexualizing of the massage and the relationship, then a conversation is necessary and the session, at least temporarily, discontinued.



## Sexual Misconduct

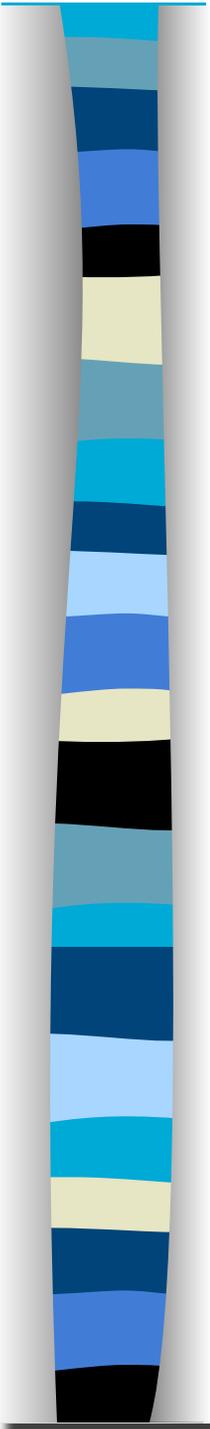
**The Massage Rules in Texas** - "A licensee shall immediately discontinue the massage therapy session, activity or the professional relationship when a client initiates any verbal or physical contact with the licensee that is intended to arouse or gratify the sexual desire of either person. "



# Sexual Misconduct

## Terminating Session

- Remove hands from client, step back toward door. Tell client the massage is over. State that you will wait.
- Avoid answering questions until client is dressed and out of massage room.
- If therapist works alone and is frightened, call 911 and stay on phone until client leaves or lock yourself in separate room. Always document such events and actions taken in an Incident Report.



# Sexual Misconduct

## NEVER COMMIT INAPPROPRIATE BEHAVIOR

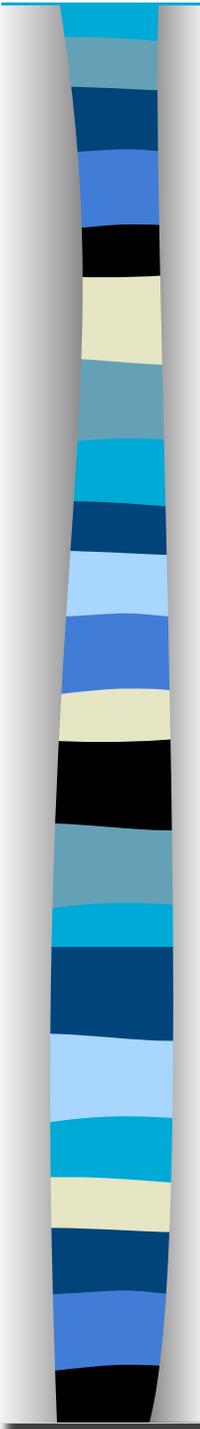
Consequences for violating the trust the client puts in you may be:

### Client:

- Trauma or heightening of trauma from past events
- Destroying their trust in massage therapy
- Harming their health

### Therapist:

- Loss of income, license, and reputation
- Loss of marriage, friendships, and peer relationships.
- Lawsuit for damages, fines, attorney's fees, court costs, and jail time



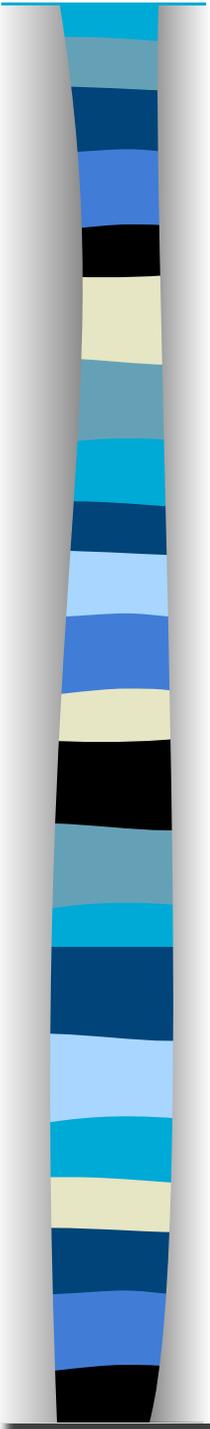
## Sexual Misconduct

**Sexual Misconduct of a Colleague** Report any, even second-hand, information about any therapist committing sexual misconduct. Encourage the offended party to report to Texas Department of State Health Services: 834-6616.

[http://www.dshs.state.tx.us/message/mt\\_complaint.shtm](http://www.dshs.state.tx.us/message/mt_complaint.shtm)

Call 1-800-942-5540 to request the appropriate form or obtain more information.

*This number is for complaints only.*



22a Therapeutic Relationships -  
Conflict, Transference,  
Dual Relationship,  
and Sexual Misconduct