



Ethics for Bodyworkers TM

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PROGRAM OBJECTIVES

This program is to help massage therapists focus on professionalism and ethics so that they can better serve their clients and make a positive impact on their profession.

AN OVERVIEW FOR MASSAGE THERAPISTS

As massage therapists, we are faced with legal and ethical choices every day. These choices affect our present and future and can ultimately determine whether we will be successful in our endeavors, or not. In this program, we will:

- Explore strategies for making ethical decisions
- Learn how to effectively communicate and resolve ethical dilemmas and ultimately avoid them entirely
- Learn how your personal beliefs are related to your process of ethical reasoning

Ethics are not a black-and-white issue, and the very subject is difficult to define. Much of this course is based on the codes of ethics of the three largest massage therapy associations: American Massage Therapy Association, National Certification Board for Therapeutic Massage and Associated Bodywork and Massage Professionals. Most massage therapists believe that our profession is best served by adhering to standardized codes of ethics, as well as the local laws governing our profession. You, as a therapist, are also expected to adhere to your employer's code of ethics.

BACKGROUND

It is important to understand that our own personal values can affect our daily decisions in our professional practice, so we need to be clear about our own personal values as well. A professional code of ethics does not state how a massage therapist should think, because our thought processes are not necessarily regulated. However, our behaviors and actions *are* regulated. A professional code of ethics is necessary to help regulate the manner in which massage therapists act. A code of ethics provides the foundation on which we can formulate an appropriate, professional, proactive response, to various situations, clearly putting our client's welfare as the highest priority.

OUR PROFESSIONAL RELATIONSHIPS - AN OVERVIEW

Professional ethics and values help therapists in abiding by appropriate behavior in their professional relationships. Our actions and behaviors have a tremendous impact on every single person with whom we have a relationship. Our actions and behaviors also affect our clients' families, co-workers, employer, the community at large and our fellow professionals in the massage therapy field, as well as our relationships with other allied caregivers that we interact with for mutual client benefit. In all of these relationships we must constantly ask ourselves:

- (1) Who may be helped by my response?
- (2) Who may be harmed by my response?

Although a code of ethics may guide us in our relationships, our primary concern is for the safety and well-being of our clients. Our clients are the vulnerable party in a relationship based on trust, so open communications must take place between practitioner and client in the therapeutic relationship.

THE PRACTITIONER - CLIENT RELATIONSHIP

Communication - Verbal

Our primary concern is to serve the welfare of our client. Every word or action we create has a potential impact on our client therefore each word or action must be carefully measured prior to their creation. Clearly, our intentions are important since it is from our intentions that our actions and words arise; however, the way we communicate may cause harm. Communication is not just words. In fact, communication is the act of exchanging information through feelings, words and actions. In the course of the therapeutic relationship, the therapist communicates with the client in a variety of ways, through our behavior, our facial expressions, our spoken words and, most importantly, through our touch, because body language delivers our message much more obviously than even our words. Our communication skills are extremely important. Through effective communication, we can avoid the misunderstandings or miscommunications that lead to ethical and professional dilemmas.

As bodywork professionals, we must keep in mind that what is seen, what is felt and what is heard must match, to deliver a congruous, consistent message to our clients. We need to be able to communicate effectively, not just to solicit information from our clients in order to maintain our client records and convey information back to our clients, but also to practice ethically and professionally in our therapeutic relationships. Communication is conveyed, received and processed on many levels. Perhaps you have heard of or studied neurolinguistic programming (commonly known as NLP). If so, then you already know that people absorb or learn new data differently. If you are not familiar with NLP, here is a short summary for you. Some people are mostly visual, which means they see mental pictures when they process information, paint pictures with words when they speak, and they say things like "I see what you mean". Others are mostly kinesthetic, which means they primarily process information within their bodies either through touch, feelings or energy waves. They speak of their feelings and say things like "I know how you feel." Other people operate mostly within an auditory mode. They are closely attuned to the sounds, cadence and rhythms of speech. They may say things like "I hear what you're saying." Not as predominant as the first three, is the olfactory mode, which refers to the sense of smell. These people are quite sensitive to fragrances and odors.

People operate within all these modes, combining varying degrees of each. However, most people are visual/kinesthetic, which means they see information first and then feel it. The second most common pattern is auditory/kinesthetic, which is to hear first and then feel. To communicate effectively with people, we can best reach them by identifying their primary mode and then delivering information to them through that mode. How do we recognize their communication style? Encourage them to speak and explain, by asking them open-ended questions, not just "yes" and "no" questions. Then we must be observant of their body language and also be an attentive listener. As a result, we can deliver our message in the same style, subtly using similar body postures, words, tones, and speech style. Our communication lines are open; we are connecting and speaking the same language. This is a good way to prevent communication breakdowns and misconstrued intentions, which are typically at the root of ethical dilemmas. Beyond our actions and behaviors, the words we choose must be spoken with clear intentions of serving our client first and foremost. Trust is absolutely necessary for the therapeutic relationship. This is another reason to choose your words carefully, so as not to be misinterpreted or misunderstood. Broad statements like "call me anytime if you have a problem, I'm always available" then your relationship would be seriously undermined if that statement was not true 100 percent of the time. If the therapist was not reachable for some reason, due to a vacation or attendance at a seminar, for example, the client would not just feel disappointed but actually misled. This breach of trust could have been avoided with more precise communication and less informality. Dashed expectations undermine the trust necessary for the therapeutic relationship. We must choose the words we speak to our clients with care.

COMMUNICATING THROUGH TOUCH

Regardless of any persons' preferred method of delivering and receiving information, of all the styles of communication, the strongest message is delivered through the kinesthetic mode. The kinesthetic mode is not just the way we touch someone physically but also the tone of our voice, since tones are sound waves that are received by the listener not just through hearing but also through feeling the energy of the sounds. However, in comparison to the power of touch, our words simply do not deliver our message as strongly or as clearly as our touch does. This is one reason why it is absolutely necessary to take a little time before each massage session to clear and "center" ourselves before working with a client. After doing so we can convey clear and consistent messages, without clouding our communications with our own personal emotional "baggage", which would not serve our client at all and would foster transference and counter-transference.

As massage and bodywork professionals, we have a license to touch. We primarily communicate with our clients through touch. If we have negative or judgmental feelings at the time, we will convey them loud and clear. In fact, what we communicate through touch is what the client will receive, regardless of the words we may be saying. As far as the spoken word, what the therapist says is going to be taken literally by the client. The therapist should think very carefully about the potential impact their words could have on the individual client before speaking. If the therapist makes a statement that has the potential to be misconstrued, then it is not appropriate. If the therapist makes a statement that could be taken literally and yet it is not universally true, then it can adversely affect the therapeutic relationship. Whether the health care practitioner is a physician, nurse, massage therapist, counselor, or a member of any other health profession in which the practitioner alleviates discomfort or pain or facilitates a change in behavior, the practitioner is in a position of power that is unequal to the level of power of the client. This offset of power is a natural occurrence in the practitioner-client relationship and is, by itself, no problem. The potential problem that does arise is the misuse of this power to serve the interests of the practitioner rather than the client. The nature of the relationship between the practitioner and client must be objective. We cannot bring our own emotional "baggage" to the massage session. We don't want to confuse the true nature of the professional relationship and we don't encourage a client when we recognize they may be projecting their personal feelings on to us. This is the basis of the dynamic of transference.

We want to maintain a strictly professional relationship with clear roles because we are in this session to be serving the needs of our client. We cannot serve these needs if we are judging them or labeling them negatively. If we unconsciously bring in our own emotional burdens with us, we may attempt to resolve our problems by projecting our personal feelings on to our client, and then giving them inappropriate advice. This is an example of counter transference.

Another way to avoid transference and counter-transference is to limit your massage sessions to 50 or 60 minutes as the norm, with a maximum of 90 minutes. The fact is, after too much time has elapsed, it is easy for both of you to forget the original focus of the session. We want to be mindful that we are present as a health professional, and leave our personal burdens outside the door before we walk into the treatment room. We need self-awareness in order to serve the highest needs of our client. We must stay within the boundaries of the therapeutic relationship. We cannot let our personal feelings interfere with our commitment to quality care practiced with compassion.

Presentation

In addition to clearly communicating through words and touch, we also communicate our professionalism in other ways that help us balance a sense of objectivity and impartial detachment while providing competent care and compassion. The ABMP suggests that we wear clothing that sets us apart from our clients. To present yourself as a competent health care professional, suitable attire might be a professional lab coat, for example, which is available at any uniform or retail hospital supply store. It would be best to choose a lab coat that is roomy enough to provide sufficient freedom of movement. If you use your elbows when you apply massage, a short-sleeved jacket may be more practical. Suitable attire might also include clothing that is typically accepted within a "corporate casual" work environment. Perhaps you might also want to wear a nametag that indicates you are a professional massage therapist.

Being Present

Obviously, to practice with the highest standards of professionalism and ethics, we must be quite clear at all times, which surely means we must refrain from using any kind of mind-altering drug, alcohol or intoxicant prior to or during professional massage, bodywork, spa or somatic therapy session. This is specifically indicated in the code of ethics of the Associated Bodywork and Massage Professionals (ABMP), however, it is not specifically spelled out in the code of ethics of the American Massage Therapy Association (AMTA). In any event, it is obvious that a practitioner cannot maintain the clarity, awareness or balance required during a massage session if they are anesthetized in any way.

Family and Friends

While we are looking at the practitioner-client relationship, let's take a moment now to discuss treating one's own spouse, family members, or even friends. This can be problematic for the therapist because there exists an emotional connection already, which does not foster the appropriate objectivity of the therapeutic relationship. In these cases, one would not attempt to treat the individual. Instead, the practitioner would simply act as a loving spouse, family member or friend would in such a case and provide them with information or a more casual treatment, and then refer them to an appropriate professional for the therapeutic benefits that you cannot objectively provide. Besides, it is awkward at best to charge money for services rendered to a friend or family member.

Treatment Plan

Next, let's have a more in-depth discussion about the practitioner-client relationship in terms of working with our clients to create a treatment plan. Traditionally, the health care system has been paternalistic in its approach since the physician would take full responsibility to make all decisions regarding treatment because it was simply understood that the physician possessed a far greater knowledge base and expertise in the field of medicine. Practitioners made all the decisions, and they did not want their decisions to be questioned by the patient.

For thousands of years, healing practitioners have based their decisions on the code of ethics set forth by Hippocrates. The Hippocratic Oath includes two important principles, which are:

- Beneficence, which is the duty to do good.
- Non-maleficence, which is the duty to do no harm.

Until only recently, physicians would base their decisions on the Hippocratic Oath to the extent of even making decisions regarding treatment that a patient would not have chosen themselves if they had been given the choice to make. These days, however, many people want to be able to discuss the course of treatment with their physician and know that at least they certainly have the right to refuse treatment. Of course, we are speaking of clients who are mentally cognizant and of adult age. You might ask, "What if the client is functionally disturbed, or in the depths of depression or despair over an illness or other emotional situation?" Because these situations can affect their ability to be able to accept their self-responsibility in the healing process, these people may not be able to assume the right to self-determination.

We should still provide educational information, offer our willingness to communicate with their families as well, and provide a treatment plan that would best serve the client. There is no denying the certified, licensed massage

and bodywork practitioner does possess the expertise, training, skills, and knowledge and is in the position of controlling the situation. However, the truth is that this imbalance of power leaves a client feeling vulnerable.

The client wants and needs reassurance that he or she can trust the therapist to protect the client's interests and well-being. And they want to be part of the therapeutic, decision-making team.

The need for clearer practitioner-client communications affects not just medical doctors; it affects every health care provider. It is very important that patients have sufficient knowledge to make the proper determination regarding the treatment that is right for them. It is up to us to discuss treatment plans with our clients and answer any questions they may have to help them understand the ramifications of their decisions regarding any treatment. In health care approaches of the past, patients were treated as objects. The abstract theories of the Teleological and Deontological systems are incomplete since they do not take into account the particulars in each patient's unique situation. Knowledge of a particular patient, their family, their cultural heritage all provide important aspects to be considered when treating a particular patient, in addition to considering the abstract theories of the Teleological or Deontological approaches.

Today's practitioner also acts from the point of view of the advocate in assisting a patient in their self-determination. Advocacy is the ethical point of view that the right action to take is one that protects and enhances a patient's self-determination regarding health care decisions. The practitioner wants to support the patient's right to be self-determining. It is up to the caregiver to make available educational information for their patients and clients or to help them locate this information themselves. This means discussing, reviewing, and educating our patient with regard to their treatment options. We must clarify these options so that the patient can apply these scenarios against principles in their own lives to determine the best possible treatment for them. As long as the patient is cognitively intact, the patient has the right to determine his or her own care with the guidance and facilitation of the practitioner. The first priority is to determine if the patient is receiving the best possible care, even before considering the family of the patient.

The patient's right to decide the course of treatment is based on their informed consent. For a client to consent to a course of treatment, we must first provide them with necessary information, such as:

- All of the material risks associated with a proposed treatment
- The nature and purpose of the proposed procedures
- The anticipated outcome
- What happens if they do not have that treatment
- The likelihood of success

Whether we are planning a single session or a entire treatment plan, what is to be done or performed on the body of an adult of sound mind must be consented to by that adult, who has the right to determine and consent to these actions.

(1) The first step in working with a client is to provide information to them that explains how massage works, its benefits, general contraindications and the procedures that take place during a typical massage and bodywork treatment.

(2) To help establish the foundation of trust in the emerging therapeutic relationship, affirm your professional qualifications.

Provide honest information to your clients as to your education, training, qualifications, abilities, certification and licensure. Prominently display your certificates and diplomas. Or if you make "house calls", create an attractive presentation binder with page jackets to protect your important documents. Insert your certificates, diplomas, license, etc. as well as your Curriculum Vitae, resume or biography. Create a brochure, booklet or other printed handout that sets forth details like your date of graduation, the name of the accredited or state licensed massage therapy school you attended, the number of training hours, the length of time you have been in professional

practice, average number of massages a week, your continuing education training and hours, and the names of the professional associations of which you are an active member.

The more specificity you supply in your written materials, the more your materials provide a picture of veracity and truth to new clients, which helps establish the necessary foundation of trust in the emerging therapeutic relationship.

(3) Provide your client with written information on how to report misconduct of a massage therapist to national professional organizations, state licensing boards or government agencies. This should also be included in your brochure or booklet.

(4) In addition to providing this tangible, written documentation with details about your training and background as well as methods of reporting misconduct, you should also include your own procedures and policies of your practice. Your rules and requirements should be reviewed with your client in advance of the first session. Include this information in your written materials, too.

(5) Now it is time to complete client intake forms. The therapist takes a medical history of the client prior to the massage therapy session. Then performs a physical assessment, first with the client still clothed and then completing the physical assessment as the client lies on the massage table. The first massage session is an opportunity for the therapist to become acquainted with the new client's particular body structure. The therapist should inform the client beforehand that massage and bodywork is not a "quick-fix" to every problem and that the first session serves more as an introduction to assess the client's needs.

(6) Following massage, the final step in the informed consent process is to determine the goals of the next massage, and discuss them with your client. After the discussion, a specific care and treatment plan should be determined, written down and agreed to, and must include the following essentials:

- How often massage and bodywork sessions are to be appointed or scheduled
- The length of time for each of these regular, periodical massages
- A general session pattern that specifies the muscle groupings, trigger points, and/or full body massage to be attended during these specified massage sessions
- Self-help techniques the therapist will teach the client in order to assist the client in the development of their own self-management program. This is a good time to demonstrate the stretches or other self-help techniques for use between sessions.
- The number of anticipated sessions before the client will be reassessed
- The criteria to be determined at the time of reassessment, such as the reduction of the number of sessions in the maintenance schedule and/or the completion of a comprehensive self-help program
- The methodical, scientific measurement of improvement and progress to be recorded by the client between sessions and discussed and recorded during each massage session with the therapist
- When the client should notice results (in how many weeks or sessions should progress be noticeable)

These written points of the initial treatment plan are to be created by the therapist with this specific client in mind, recognizing their unique needs. This plan should take into account not just their physical needs for treatment, but also their lifestyle, schedule and available time. Not every client can afford the time or money for two or three massages a week, even if that course of action would be most appropriate in your estimation. Instead, find a solution that is a compromise. Perhaps one full hour a week with the addition of self-stretches or movements the client can perform at home between massage sessions to reinforce your healing work will be sufficient.

While developing this treatment plan, it would be an appropriate time to go over other adjunct therapies that would complement the massage and bodywork treatment plan and positively affect the projected outcome. Be prepared to make referrals to other certified or licensed practitioners who specialize in these therapies, those whom you know to be highly skilled and well regarded. (Later, we will further discuss scope of practice.)

This entire informed consent process is clearly meant to include the client's direct involvement and participation. Thus, it is essential to educate your clients as much as possible so they are able to make an informed consent to the procedures and treatments. The practitioner must avoid falling into a paternalistic approach, which minimizes client communications or assumes sole responsibility in dictating the treatment plan and unilateral decision-making. This is not acceptable in providing health care services today. There should be open communications based on trust, discussion and understanding.

When your client signs the Informed Consent form, remember that the informed consent is not that piece of paper, it has been the entire, formal process up to this point. Informed consent actually is a dialogue regarding their condition, prognosis, the course of treatment and the risks and benefits of the treatment. The law clearly states that every patient has the right to determine his or her treatment and/or to refuse treatment. Your client's informed consent to the treatment plan is an essential first step in your therapeutic relationship. Now, this initial intake process, which includes the informed consent, provides broad goals for the treatment plan. Subsequent visits will be treated as individual sessions, each of which will be in line with the original, broader treatment plan but will also spell out specific goals for each individual session.

While both the practitioner and the client should sign and date the original informed consent as well as any subsequent addenda, these formal procedures will not be necessary for every visit. Instead, for notes on each session regarding progress in the treatment, simply include your handwritten notes at the end of each visit in your client charting records, or SOAP charts.

SOAP CHARTS

The term "SOAP Charts" refers to your notes in your client's case file. SOAP stands for Subjective, Objective Assessment and Plan, which covers the following four criteria:

- (1) SUBJECTIVE data, which is the information your patient tells you about their personal health history background as well as his or her current complaints;
- (2) OBJECTIVE data, which is information based on the results from tests you perform as well as your clinical observations;
- (3) ASSESSMENT, which is information we observe and the recording of techniques we employ as a result of the continuing treatment; and
- (4) PLAN, which is the proposed course of treatment in the future.

SOAP charting are notes or charting methods that you will use to chart all massage sessions. The SOAP method provides you with a basic kind of standardized form to enable you to gather and record essential information for the client's file during every visit. We complete the "S" and "O" portions of the SOAP note form as a result of conversations with our client before the hands-on session actually begins. After the session, we complete the Assessment and Plan portions of the chart. We use SOAP charts for a few different reasons:

- SOAP charts are a valuable tool for tracking progress over the course of treatment and can be shared with the client and their primary care provider.
- This communication tool helps keep your client involved in their progress, making them more aware of their role in the ongoing process of their own healing. When they can see your notes and recognize the results gained during the course of the treatment, they are more likely to stay committed to reach the goal. They recognize their responsibilities to stay committed to the stretches and other self-help techniques you demonstrated to them during their initial visit and to keep their appointments with you.
- The SOAP charts help you to objectively measure the treatment's outcomes. Is the special treatment plan developed specifically for your unique client effectively helping your client or not? If not, perhaps it is time to change the plan.
- Since SOAP charts document sessions, they are required by insurance companies for corroborating and validating claims.
- Documentation is also treated as evidence during the course of a personal injury (or accident) lawsuit. Courts may demand that you produce your records, especially if your client is presenting your bills and demanding they get paid by the defendant they are suing. The Court would want to see not just your bills, but your client's charts.
- Additionally SOAP charts are required by some state licensing boards for all types of visits, whether they are for injuries or for preventive health reasons. Again, every licensed practitioner should be fully aware of their state licensing board's codes and regulations affecting their field.

As time goes on during the treatment, any changes to the original treatment plan (as long as they are not major, radical changes) can be noted in the SOAP chart or other session charting procedures you may use. Your charts may be reviewed by your client anytime they want to see them. In fact, you should plan on regularly sharing your notes with your client whenever you discuss their progress. Certainly, the appearance of your notes should be clear, legible, concise and neat. Yes, neatness does count, so if you make an error in your notes, you should simply draw a single line through your error and make your revision either next to the crossed out error or above it. You don't want to use pencil, correcting fluid or even attempt to erase your notes. Cross out neatly with a single line, if necessary. Write legibly with a black pen, or if you prefer, you can even type your notes if you wish. Naturally, any abbreviations you use should be universally accepted. If it's your own creation, use the entire word instead so that it is completely self-explanatory to anyone who would read it.

Releasing Client Files

By the way, did you know that your files are not considered confidential, in comparison to a physician's files, which are considered confidential? As mentioned earlier, your files may be ordered to be released by a court. So leave out any subjective, nonessential information supplied by the client that may later possibly prove embarrassing to them. Again, good note taking is essential for tracking your client's progress and providing essential information to anyone reading your notes. In the highest interest of your client, it may become necessary to release your client's charts to another health professional for their information. Which brings us to another form to be signed by the client - a medical release form, one that you could exchange with another health professional in order to share their records as well.

This form would say something similar to:

"I, [Client Name], give my permission to [Therapist/Health Provider Name], to provide and/or exchange information with [Referring Physician Name or other professional], regarding these conditions or physical complaints I am currently experiencing: pain in my neck and shoulders following a car accident, or my migraine headaches. These records may cover the period from November 15, 2000 through June 30, 2001, or whenever the treatment has been concluded. At any time I may revoke this permission orally or in writing.

Signed, John Doe.

Dated, August 5, 2011."

Confidentiality Of The Practitioner

Here is another, separate issue that also concerns an issue of confidentiality: Should you talk to your client about your own personal life challenges, successes or problems? Some codes of ethics do not specify whether or not you should disclose personal information about yourself to your clients. Some therapists may choose to offer personal revelations gained as a result of their own transformative, healing experiences, particularly in cases of overcoming addictions or other seemingly insurmountable challenges. These therapists most likely believe that by sharing their own personal stories, they offer hope that there is light at the end of the tunnel for their client's own process. However, they may also be sabotaging their therapeutic relationship with their client. That is certainly not in the best interest of their client.

Self-disclosure is not normally a topic addressed within a code of ethics. Rather, it is one of the "gray" areas that therapists must judge based on the ultimate benefit of the client - not at just the present moment of the conversation - but in the long term for a productive, therapeutic relationship.

In this case, the therapist must ask him or herself, "If I share this information, will it undermine our therapeutic relationship that I have worked to establish? Or, would self-disclosure help increase my client's trust in my abilities by demonstrating that I certainly understand how my client may be feeling in their healing process."

Sometimes your decisions must be made on a case-by-case basis. Sometimes there are no black-or-white situations but rather an internal check on your own intuition and logic as it concerns this particular client. Personal disclosure is just one example of the situation often not specifically addressed in the code of ethics for massage therapists.

Personal Values

When your personal value system conflicts with your professional code of ethics value system, then your professional code of ethics value system absolutely must prevail. However, in a situation like this one, where your professional code of ethics has no specific mention of a given area, then you must rely on your own values always with the highest good of the client in mind. In cases like this where there is no definitive ethical stance by your licensing board or other professional organization, we must rely on our own personal values system. We are always asking the questions, "Is this in my client's best interest? Whose interest am I really serving? Could my personal disclosure benefit my client? Could it serve my client by establishing trust in my abilities to help them, or does it confuse the client and undermine their confidence in me as a professional?"

Again, in cases where our personal belief systems conflict with the code of ethics clearly stated belief system, then the requirements stated in the code of ethics must prevail. For example, some medical professionals are precluded from ever having social contact with a patient, regardless of how much time has elapsed since the termination of the professional relationship. Other licensed health professionals must allow two years to elapse (following the conclusion of the professional relationship) before beginning any other kind of social relationship. However, the codes of ethics of massage therapists and fitness therapists do not specifically preclude social contact with the client at the conclusion of a session, much less having to wait for a period of time after the conclusion of the entire therapeutic relationship.

In these situations, the codes vary widely in regard to social contact with their clients.

We will discuss social contact more later in this course. The point here is that we may disagree with the codes, however, the requirements of the codes of ethics of our profession must prevail. If the code clearly states a regulation, you are obligated to follow it regardless of your opinion about it. And, if you practice in more than one health care field, you must comply with the stricter of the two different codes of ethics.

Legal limitations

Now, let's discuss the legal limitations and responsibilities of your practice. What is the scope of your practice? The focus of massage and bodywork is on the body. Read your state licensing board's code of ethics and you will see that you are limited in your scope of practice to the body and the practice of massage. You can make suggestions, present ideas, offer information and make referrals but without sufficient training and a high level of skills in other healing practices, you cannot practice outside your scope of the massage and bodywork profession. You probably already have relationships with other practitioners outside your chosen field and you will "network" to establish new relationships. You will need to be knowledgeable yourself about other complementary therapies and get to know other practitioners before you make referrals. Build your knowledge base as well as your Rolodex, because you need to communicate with other health professionals and educators in order to provide your mutual client with the best possible care.

Sometimes we need to communicate with physicians to get written permission to perform certain techniques. If certain techniques were contraindicated, then we would not perform them without a written referral from our client's primary care provider. Your scope of practice is your professional boundaries and limitations. That means as a massage therapist or other bodywork professional, you would not serve more than one role. You would not offer psychological or spiritual counseling, or provide specific data about nutrition, medical interventions or training protocols. You can neither diagnose nor prescribe supplements that could be considered medication. Neither would you want your clients to feel pressured (even indirectly) to buy any products from you, either. What can you do in addition to hands-on bodywork? You can:

- Encourage your client to pursue an overall wellness approach.
- Teach preventive measures, such as stress management techniques like effective breathing techniques, progressive relaxation and imagery.
- Make general dietary suggestions.
- Propose an appropriate exercise program.

- Offer general information with educational intentions without directing your client to take any particular action.
- Give specific recommendations as to self-massage or other self-help bodywork; otherwise, avoid specific recommendations and keep the information general so your client makes their own decisions about other health care modalities outside massage and bodywork. When you encourage your client to maintain wellness, you are within your scope of practice. And, remember, when you are offering suggestions about maintaining good health to your clients, your example is the best teacher of all. You can prevent the typical "burnout" of the healer by taking steps to insure your own wellness. Meditate, exercise, achieve harmony in your own life first- and then you can better assist others who are struggling to do the same.

THE PRACTITIONER - COLLEAGUE RELATIONSHIP

The therapeutic relationship goes beyond the one-on-one relationship with the client. Professional relationships encompass all relationships with anyone associated within or to the profession.

Boundary limitations must be honored with all colleagues with whom we work, regardless of profession.

For example, if a medical physician refers a client to us, that is their patient and we should honor the physician's stricter code of ethics on all counts, including the preclusion of social contact. (Again, the more conservative code of ethics always prevails.) Likewise, when we refer a client to an allied health professional, we also have the right to make that referral contingent of that professional's agreement to adhere to our code of ethics, if it is the stricter one of the two.

Although massage therapy and bodywork encompasses many diverse practices, it is important that we all share a set of common values that serve the entire field. By virtue of all the diversity, it is essential that we all share a basic system of professional values and ethics, in addition to our professional associations and the states' in which we practice. A basic system of professional ethics and values includes respecting the rights of all ethical practitioners, cooperating with all health care professionals in a friendly and professional manner as well as those health care professionals endeavoring to serve the best interest of clients at all times.

YOUR RELATIONSHIP WITH YOUR COMMUNITY AT LARGE

You may present workshops in your community or have some other opportunity for high visibility in public. How you represent yourself and your profession in public will have tremendous impact, especially if your exposure results in media coverage. When you speak to the media or communicate to the public through workshops, published articles or audio or video presentations, your words and actions are effectively "carved in stone". The implications of the spoken word or written word are "forever" unless you manage to temper any inadvertent damage immediately through appropriate action. Misinterpretations or statements taken out of context can leave you misunderstood and subsequently blamed for any bad impressions that result. Again, always choose your words carefully in any situation, just as you choose your actions deliberately (with forethought and ethical considerations foremost in your mind).

The news media print stories of scandal and disaster because these stories sell newspapers. Stories that feed the people's fear generally serve someone else's greed. The media is a powerful tool. Sometimes as the result of bad press coverage, an entire professional field can be affected by governmental measures taken as a result of social pressure based on isolated negative events. The complementary health care practitioner faces pressure from all sides in any event. The spotlight is on them. They must practice with the utmost integrity, sincerity, healing intentions, awareness of the power of the spoken word, and diplomacy when representing its profession.

While it clearly serves the individual practitioner to create a reputable image, it also serves our profession. Our public statements are available for the media to quote out of context. It is, therefore, important to counter-balance any unintentional negative press or publicity by (1) practicing ethically; (2) involving yourself in your

community visibly and in a positive light; and (3) disseminating careful, accurate, public statements for publishing by the media. Let's talk about advertising in the media. When we promote our services through advertising, whether it is on the radio, television, magazines or newspapers, or even on the Internet, we are conveying a strong message not only as to who we are, but also about our entire profession. Ethical advertising, without false claims, means advertising only the techniques for which we have received sufficient training or certification. Ethical advertising is in good taste.

Ethical advertising projects a positive, professional image for not only us (the practitioners), but also your business practice or place of employment and the whole profession in general. In providing your professional services to your clients, you are responsible toward your client, yourself, your co-workers, your massage practice, your entire profession, society and the environment.

BREACHING THE CODE OF ETHICS

Sexual Misconduct

In reviewing your professional organization's codes of ethics as well as your state licensing boards, you may recognize several different areas from which a potential breach could arise, perhaps improper advertising or lack of maintaining client confidentiality, or administering techniques outside the scope of practice.

You may maintain the highest standards of professional conduct and strive to avoid these breaches, but what if you become aware of a breach of ethics instigated by one of your colleagues? In the event you observe any kind of unprofessional and unethical conduct in a colleague, which could potentially impact and abuse the vulnerability of the client, then the colleague's accountability is not only on the line, but also your own, because you must report such unethical behavior as part of your own practice of ethics.

For example, most certified massage therapists and bodywork professionals belong to a professional organization. Most professional organizations are dedicated to maintaining the credibility and accountability of the profession, and thus, do not permit instigation or tolerance of sexual advances during the course of a massage therapy session. In fact, the American Massage Therapy Association's code of ethics provides a total prohibition against "any sexual conduct or sexual activities involving their clients." In contrast, the Associated Bodywork and Massage Professionals' code of ethics states that such activity is precluded "while acting in the capacity of massage, bodywork, spa or somatic therapies practitioner." In such case where the code of ethics does not explicitly state what happens when we are not acting in our professional capacity, we are left to wonder if it would be acceptable following the massage session, outside the office, when we are no longer acting as a health care professional.

So a code of ethics may not specifically preclude your colleague from meeting their client socially after a session, outside the treatment room. Every professional association is different, and so is every institution in which we may work. Codes of ethics may vary. So you must consider the primary question, "does this behavior serve the client's best interests?" when deciding how to proceed during the following example.

Now, for the sake of this example, let's say you are aware that one of your colleagues has initiated some kind of sexual advance while acting in the capacity of massage, bodywork, spa, or somatic therapies practitioner. Clearly, your colleague does not have his or her client's well-being and safety first and foremost in mind. If ethical boundaries have been exploited by a colleague in the form of sexual misconduct, interventions are the first recourse. It is important to first confront the other therapist directly and constructively and inquire about their behavior. Help them by working with them to recognize the inappropriateness of their actions. Ask your colleague if this is the kind of relationship they want to have with their client. If they say they want to continue this course of action, then you could suggest that he or she should remove themselves from their role as therapist and refer the client to another therapist who can practice on a more professional level instead. Your colleague should accept full responsibility for this decision when presenting it to their client. And when providing the referral, they should inform their client that professional boundaries have been breached. The client should not feel at fault. So discuss it with your colleague. If he or she will not allow you to help resolve the situation this way, then the next step is to approach their supervisor, if they have one, to report them. However, here is an example of the problem of the enforcement of a code of ethics. We are asking the supervisor to reprimand a staff member for unprofessional

behavior. Although certain responses are appropriate in certain situations, our society often prefers to look the other way when a colleague or staff member acts inappropriately.

The fact is, it is the supervisor's responsibility to enforce ethical and professional behavior and to educate staff members that anything else will not be tolerated, and that only ethical behavior is acceptable. In fact, it is required at all times. The last step, if all else fails, is to report the inappropriate behavior to the governing or regulating board. Start at the bottom and work up instead of going straight to the top immediately. Why should you get involved in this process to begin with?

Because when one member of our profession behaves in an unethical manner and takes advantage of a situation for his or her own interests, they are causing harm to others. Also, you could look at it this way too: this incident could easily be publicized by the media and cause harm to your entire profession.

Think about it: The actions of one practitioner impact your whole profession, so it is imperative to hold your colleague accountable for his or her actions. Your empathy and compassion for your colleague in this case does not serve the honorability and respectability of your profession and is thus misguided. Public trust can only be earned and can be easily lost. Consider what the implications are for one misguided and inappropriate action. It can tarnish the credibility you have worked hard to gain. The entire field can be harmed. The community suffers, too. An individual who could benefit from receiving health care from a complementary or integrative health care professional may miss out if the sincerity of the entire or associated fields are called into question.

If you are employed by a health and wellness center, a clinic, or other institution and observe unprofessional behavior of a colleague or of your employer him or herself, then you will probably also consider the impact on financial security as well before reporting this unethical or illegal behavior. You will ponder the possibility that when you "rock the boat", you may also possibly jeopardize your colleague's job, or your own. If the financial security of the practitioner is the determining factor in whether or not to take action regarding a violation of ethics, then obviously the client's well-being has not been of the highest interest. In addition, what if an institution or other system of policies in place supersedes our individualistic code of ethics? We are then forced to make a decision whether or not to choose a paycheck or other financial security versus losing our job because the system does not agree with an ethical violation we have reported to a supervisor. Remember, a matter of personal conscience can haunt you for the rest of your life. Consider that as part of the system, we are just as culpable and liable if any ethical violation has a serious impact on a client in the future. Repercussions can come years later after the fact or incident. Therefore, consider long and hard the long-term implications of agreeing to bury an ethical violation because the system sets it up for you to do so. Remember, ethical, moral and legal considerations do not always match. In other words, just because an action may be considered ethical and legal, if it is in your intent to be immoral and it is not for the good of the client, then it is inappropriate regardless.

Our primary responsibility is to our client. We want to foster a relationship that is guided by mutual respect and a desire for growth and development. We do not want to undermine the foundation of trust and mutual respect. Beyond sexual misconduct, clearly there are other grounds that a code of ethics may cover, such as:

- Personal prejudices
- Competency
- Professional boundaries, which is the scope of practice
- Confidentiality

Personal Prejudice

Examples of personal prejudice might include the avoidance of those people of other cultures, sexual orientations, or clients with HIV/AIDS. If my personal bias would interfere with the therapeutic relationship because I am unable to control it, then it is appropriate for me to refer the patient to another health care professional for help. My discrimination does not serve the highest good of the client.

You may choose to refuse treatment to an individual based on other criteria. For example: if a client sexually harasses you or makes you feel unsafe in any way. However, if you feel you must turn away a client based on personal bias then you must still provide the prospective client with a referral to another practitioner because you cannot give the quality care your therapeutic role would require.

Personal prejudices can also extend to the types of complementary therapies we may suggest to our clients. This kind of personal prejudice is also inappropriate if it does not serve our clients' health and well-being. In our role as a health educator, we provide our clients with the highest quality information possible, which does not include our own personal prejudices regarding a specific modality or toward another.

Continuing education studies include learning more about these other complementary modalities and allow you to stay Network with other professionals, share insights together, and find opportunities to integrate with them. It is all a learning process, so always keep learning more about your own field and more about allied fields.

Competency

Graduation from an accredited school is only the beginning of the learning process. Any health care practitioner, regardless of their profession, is educated in order to achieve licensure or certification or other recognition that allows them to practice their profession. However, this education does not ensure competency but simply indicates the level of education achieved. As we continue our studies and learn more about the physiological effects of specific massage, bodywork, spa, or somatic therapy techniques, we learn how to determine whether application is contraindicated and whether we need a note from the primary care provider if the client insists on a particular technique that is contraindicated.

We also learn how to determine the most effective and beneficial techniques to apply to a given client.

Competency requires continuous study and absorption of new information that allows the truly holistic practitioner to reach the understanding that it is not the symptoms they are supposed to treat as much as it is to help the client relieve the actual cause of the pain, which is causing the symptoms. Sometimes the deeper pain is caused by physiological trauma while for other problems the source could be emotional or psychological trauma.

Competency requires delving deeper to determine or at least approach the cause of the pain in order to truly facilitate healing in the client and not to simply involve the client in an endless series of treatments that only temporarily relieve the symptoms. This is about competent care, not about abusing power.

We are not suggesting the therapist attempt to provide psychological counseling, just simply attentive or reflective listening. Allow your clients to express themselves without your judgment or interference.

What is reflective listening? When you listen carefully and then repeat what you just heard in your own words to affirm your understanding. You would not voice your opinion or offer your advice in response. You would not add or change your client's message about their feelings, just simply rephrase it, to clarify it in your own mind.

Professional Boundaries

We are there to listen but not to offer counseling. As we listen attentively, we may discover that the client needs more help than we can appropriately offer. We are not there to diagnose or provide any other service or therapy that would require a license to practice, such as psychotherapy, chiropractic, osteopathy, physical therapy, podiatry, orthopedics, acupuncture, or any other branch of medicine unless we have a license to do so. Therefore, we refer clients to a qualified professional when appropriate.

Knowing our limits of competency ensures us the objectivity to refer a client elsewhere if we are unable to treat the client in the manner that would help the client the most. Helping people to resolve their pain requires competency and not just education. Legal and ethical regulations do not usually cover the issue of competency; however, it is a legitimate area to consider in order to serve our client's highest good and well-being.

Confidentiality

Regarding confidentiality, we never discuss our client's information with anyone outside the therapeutic relationship without our client's signed medical release form specifically giving us permission to discuss his or her case. If our client does not give written permission, and we need to discuss their case with our supervisor or a peer, then we insure their anonymity by not using our client's name. If our client's case were so unique that an outsider could still recognize the identity of your client, then you would simply not discuss the case with them. We hold in confidence all information obtained in our professional practice and we use professional judgment in disclosing this information. As we mentioned earlier, however, a Court of Law may demand that you turn over your client's records. In this case, your records are not considered confidential, while a physician's records could be considered confidential and would not have to be turned over for inspection by the Court.

Other Ethical Decisions

Here are some other examples of typical ethical decisions we must face as practitioners: In light of the threat of managed care on many of the mental health professions, many practitioners have diversified their skills in order to be able to move into another field if necessary. If we are certified in more than one specialty and the different specialties or professions, are each covered by a different code of ethics, then which code of ethics prevails when we practice diverse specialties? In most professional codes of ethics, the practitioner is not to socialize with their clients outside of the treatment office. For example, let's assume you are a psychologist who also practices hypnotherapy or massage. As a psychologist, you are not permitted to socialize with a client outside the treatment office. Yet at the same time, as a massage therapist or a hypnotherapist, your second profession would permit socializing outside of the treatment office.

If we are accepting the responsibilities of our different professions, then we have accepted the code of ethics of each. For example, if you are a licensed nurse as well as a massage professional, then you subscribe to two different codes of ethics, too, and would be bound by both. Accordingly, when examining the issue of practitioner-client relationship and considering the different codes of ethics, we must adhere to the strictest of the codes when determining the right course of action. In some professions, social contact is prohibited by their code of ethics. You may voluntarily choose this course of action to maintain professionalism in your practice, regardless of the fact that your code of ethics may not preclude social contact following treatment. In these cases, we are presented with a variety of potential situations that may arise. Here are some examples:

- You are out with your "significant other" and run into a client in a public place. Do you acknowledge the client's presence with a greeting? Or if your client greets you, should you acknowledge them in return? In this instance, we must decide whether or not to respond to our client in public or to initiate contact with our client in public. If we decide that generally, we prefer not to initiate contact or possibly not even acknowledge our client in a public place, then we must discuss this with our client beforehand as part of the basis of our practitioner-client relationship during the first visit. Explain that you respect their privacy and would not want to disclose their therapeutic relationship with you. Prepare your client for your standard practice in such a situation in advance. Perhaps you will decide not to initiate contact by greeting your client in public but would simply acknowledge their greeting with a simple "hello" and without introducing your client to your companions at a social event. On the other hand, it may be preferable for you to simply ignore your client's greeting entirely. If it is your intention not to acknowledge your client in a public place whatsoever, then by all means communicate this practice or policy during the first introductory visit. If this is your stance, you must communicate it very clearly in the beginning of the therapeutic relationship. Here is another example:

- You are attending a group meeting during your own personal time, and one of your clients is there as a part of this group. Would you discuss your own personal issues with your client, in this context? In this example, even though you are not present at the group meeting as a professional, it would be a good idea for your relationship with your client to remain distant and non-intimate in the group setting. It might not serve your client's best interests to confide the intimate details of your own personal issues with your client outside the treatment room or office. Spending time with your client over a cup of tea discussing your mutual issues would not be acceptable for those professions that preclude social contact outside the treatment office. However, since massage therapists are not precluded from social contact after treatment sessions by their code of ethics, this becomes a personal decision. It does not serve the therapeutic relationship to try to also maintain a social relationship as well. It undermines the foundation of the professional relationship and therefore does not serve the client's best interests.

Why don't the codes of ethics of massage and bodywork professionals preclude social contact outside the treatment office, at least for a specified period of time, such as one or two years after the last visit? We are not sure, except it may be because this particular issue has been ignored, or just not seen as important enough to be considered potentially detrimental to the therapeutic relationship. In time, we believe this will change as the massage profession is recognized as an important, legitimate, serious, health profession that can have tremendous impact on our clients' health and well-being.

Here is another question to consider:

Is it appropriate to compliment your client on their appearance? Using the primary filter, you must decide on whether or not it's in your client's best interest and what harm could be done as a result of this action or verbal communication. Consider each situation individually. If your client is suffering from (or is a survivor of) sexual abuse, you might actually trigger a response that is not going to serve the best interest of the client. To such a client, a compliment about their appearance connotes sexual attractiveness, in which your client could feel threatened, vulnerable or defensive. Another possible result for a different client may be to subconsciously react by behaving seductively. While your intentions could be to affirm and create a positive self-image in your client without any dishonorable intentions on your part, you could unknowingly or unintentionally provoke an unproductive response that sabotages your therapeutic relationship. In the long run, it is for the client's highest good to keep the relationship focused professionally.

Suppose you told a client that he or she was attractive, and if your client then had the occasion to mention this to another of your clients, how would that make the other client feel whom you did not compliment the same way? So, considering the many pitfalls that such an innocent statement contains, it would be wise to refrain from making these compliments, as they may not serve your client's best interest. After all, in spite of your good intentions, while your profession's code of ethics may not specifically preclude such a statement, this is an example of a case in which the practitioner must rely on the wisdom of your inner code of ethics that is based on the primary filter; "is this action going to serve my client?" Also consider that if an employer were to tell an employee "you're very attractive," that employer would probably be sued for sexual harassment. Clearly, it is a "loaded" statement that can and should be avoided.

Establishing the professional nature of the therapeutic relationship requires going beyond the code of ethics as well as our own personal value system sometimes. In certain situations, there may not be a limitation specified by the professional code of ethics, and it may also be within your own personal comfort zone to compliment a client (with "good", healing intentions.) However, it may not be in your client's best interest to do so and may undermine the professional nature of your therapeutic relationship. For massage and bodywork professionals, their own personal set of values must prevail yet the professional consciousness filter must always be in place asking "is this for the highest good of my client? Does this serve the professional nature of our therapeutic relationship?" For example, a staff nurse at a hospital may find it appropriate to share personal disclosure and/or acknowledge contact with a patient outside the hospital on a social basis. Yet on the other hand, if the nurse were a psychiatric nurse, then she would most likely refrain from sharing personal disclosure and acknowledging contact in a social situation with a patient. These decisions are based on a personal value system rather than a value system imposed by a professional code of ethics.

Again, the question that must be asked is *"Does this serve the best interest of my client/patient?"*

For nurses or other professionals who are part of a team unit, a facility code of ethics, if any, would prevail. By working together as a team and using the same code criteria, the team can support the same code used by the facilitating therapist or staff member. A health center's code of ethics insures consistent facility-client relationships.

CONCLUSION

Professional ethics requires accountability, which is taking responsibility for our actions and behaviors. Professional ethics help us to help our clients to the best of our abilities, and to do no harm. We hope you have found this course has provided you with a structure for ethical decision making. It has been our intention to help you, as a committed professional, to establish a firm foundation on which you can make ethical and professional decisions that best serve your client, yourself, your profession, your community, and your world.

ETHICS COMPONENT

YOUR BELIEF SYSTEM

Why did you become a massage therapist? _____

Had you ever received a professional massage *prior* to going to massage school? _____

Now that you are an LMP, are you glad you made the decision to become one? Why or why not? _____

What is your personal view of bodywork? _____

VALUES & EMOTIONS

What is your biggest fear? _____

What comments from others has made you angry or hurt your feelings? _____

What do you do when these comments are made? _____

Word Association: (write in the first word that comes to mind when you read/see the word) There is no right or wrong answer, and you will not have to share this information with your fellow workshop attendees. These answers will help you understand yourself and your emotions about touch, sexuality, and other issues.

Employers _____

Masseuse _____

Massage _____

IRS _____

Touch _____

Homosexual _____

Spa _____

Taxes _____

Rape _____

Ethics _____

Boundaries _____

Sensual _____

Employees _____

"Friends with benefits" _____

BOUNDARIES: LIMITS BETWEEN ACCEPTABLE/UNACCEPTABLE BEHAVIORS

Exercise #1:

Your personal boundaries: List two boundaries, in each of the four categories below, that you adhere to personally (example: Physical Boundaries: I think that all of my clients should only remove clothing to the level of their comfort)

1. Emotional

a. _____

b. _____

2. Physical

a. _____

b. _____

3. Sexual

a. _____

b. _____

4. Social

a. _____

b. _____

Exercise #2

What you believe about yourself today.

1. I know I will never _____ with a client.

2. I know I will always _____ with a client.

3. I think I will never _____ with a client.

4. I think I will always _____ with a client.

DO YOU HAVE ONE?

Assignment:

1. Read the three different codes of ethics below (National Certification Board for Therapeutic Massage and Bodywork, American Massage Therapy Association, and the Associated Massage and Bodywork Professionals.)
2. Write your own code of ethics that you are willing to live by and are willing to post in a prominent place in your own massage office.

NATIONAL CERTIFICATION BOARD FOR THERAPEUTIC MASSAGE AND BODYWORK CODE OF ETHICS:

NCBTMB certificants and applicants for certification shall act in a manner that justifies public trust and confidence, enhances the reputation of the profession, and safeguards the interest of individual clients. Certificants and applicants for certification will:

- I. Have a sincere commitment to provide the highest quality of care to those who seek their professional services.
- II. Represent their qualifications honestly, including education and professional affiliations, and provide only those services that they are qualified to perform.
- III. Accurately inform clients, other health care practitioners, and the public of the scope and limitations of their discipline.
- IV. Acknowledge the limitations of and contraindications for massage and bodywork and refer clients to appropriate health professionals.
- V. Provide treatment only where there is reasonable expectation that it will be advantageous to the client.
- VI. Consistently maintain and improve professional knowledge and competence, striving for professional excellence through regular assessment of personal and professional strengths and weaknesses and through continued education training.
- VII. Conduct their business and professional activities with honesty and integrity, and respect the inherent worth of all persons.
- VIII. Refuse to unjustly discriminate against clients and/or health professionals.
- IX. Safeguard the confidentiality of all client information, unless disclosure is requested by the client in writing, is medically necessary, is required by law, or necessary for the protection of the public.
- X. Respect the client's right to treatment with informed and voluntary consent. The certified practitioner will obtain and record the informed consent of the client, or client's advocate, before providing treatment. This consent may be written or verbal.
- XI. Respect the client's right to refuse, modify or terminate treatment regardless of prior consent given.

- XII. Provide draping and treatment in a way that ensures the safety, comfort and privacy of the client.
- XIII. Exercise the right to refuse to treat any person or part of the body for just and reasonable cause.
- XIV. Refrain, under all circumstances, from initiating or engaging in any sexual conduct, sexual activities, or sexualizing behavior involving a client, even if the client attempts to sexualize the relationship unless a pre-existing relationship exists between an applicant or a practitioner and the client prior to the applicant or practitioner applying to be certified by NCBTMB.
- XV. Avoid any interest, activity or influence which might be in conflict with the practitioner's obligation to act in the best interests of the client or the profession.
- XVI. Respect the client's boundaries with regard to privacy, disclosure, exposure, emotional expression, beliefs and the client's reasonable expectations of professional behavior. Practitioners will respect the client's autonomy.
- XVII. Refuse any gifts or benefits that are intended to influence a referral, decision or treatment, or that are purely for personal gain and not for the good of the client.
- XVIII. Follow the NCBTMB Standards of Practice, this Code of Ethics, and all policies, procedures, guidelines, regulations, codes, and requirements promulgated by the National Certification Board for Therapeutic Massage & Bodywork.

AMERICAN MASSAGE THERAPY ASSOCIATION

Code of Ethics

This Code of Ethics is a summary statement of the standards of conduct that define ethical behavior for the massage therapist. Adherence to the Code is a prerequisite for admission to and continued membership in the American Massage Therapy Association (AMTA).

Principles of Ethics. The Principles of Ethics form the first part of the Code of Ethics. They are aspirational and inspirational model standards of exemplary professional conduct for all members of the association. These Principles should not be regarded as limitations or restrictions, but as goals for which members should constantly strive.

Massage therapists/practitioners shall:

1. Demonstrate commitment to provide the highest quality massage therapy/bodywork to those who seek their professional service.
2. Acknowledge the inherent worth and individuality of each person by not discriminating or behaving in any prejudicial manner with clients and/or colleagues.
3. Demonstrate professional excellence through regular self-assessment of strengths, limitations, and effectiveness by continued education and training.
4. Acknowledge the confidential nature of the professional relationship with clients and respect each client's right to privacy within the constraints of the law.

5. Project a professional image and uphold the highest standards of professionalism.
6. Accept responsibility to do no harm to the physical, mental and emotional well-being of self, clients, and associates.

Rules of Ethics. The Rules of Ethics are mandatory and direct specific standards of minimally-acceptable professional conduct for all members of the association. The Rules of Ethics are enforceable for all association members, and any members who violate this Code shall be subject to disciplinary action.

Massage therapists/practitioners shall:

1. Conduct all business and professional activities within their scope of practice and all applicable legal and regulatory requirements.
2. Refrain from engaging in any sexual conduct or sexual activities involving their clients in the course of a massage therapy session.
3. Be truthful in advertising and marketing, and refrain from misrepresenting his or her services, charges for services, credentials, training, experience, ability or results.
4. Refrain from using AMTA membership, including the AMTA name, logo or other intellectual property, or the member's position, in any way that is unauthorized, improper or misleading.
5. Refrain from engaging in any activity which would violate confidentiality commitments and/or proprietary rights of AMTA or any other person or organization.

ASSOCIATED MASSAGE AND BODYWORK PROFESSIONALS

ABMP Code of Ethics

As a member of Associated Bodywork & Massage Professionals (ABMP), I pledge my commitment to the highest principles of the massage and bodywork profession as outlined here:

1. **Commitment to High-Quality Care**
I will serve the best interests of my clients at all times and provide the highest quality of bodywork and service possible. I recognize that the obligation for building and maintaining an effective, healthy, and safe therapeutic relationship with my clients is my responsibility.
2. **Commitment to Do No Harm**
I will conduct a thorough health history intake process for each client and evaluate the health history to rule out contraindications or determine appropriate session adaptations. If I see signs of, or suspect, an undiagnosed condition that massage may be inappropriate for, I will refer that client to a physician or other qualified health-care professional and delay the massage session until approval from the physician has been granted. I understand the importance of ethical touch and therapeutic intent and will conduct sessions with the sole objective of benefitting the client.
3. **Commitment to Honest Representation of Qualifications**
I will not work outside the commonly accepted scope of practice for massage therapists and bodywork professionals. I will adhere to my state's scope of practice guidelines (when applicable). I will only provide treatments and techniques for which I am fully trained and hold credible credentials. I will carefully

evaluate the needs of each client and refer the client to another provider if the client requires work beyond my capabilities, or beyond the capacity of massage and bodywork. I will not use the trademarks and symbols associated with a particular system or group without authentic affiliation. I will acknowledge the limitations of massage and bodywork by refraining from exaggerating the benefits of massage therapy and related services throughout my marketing.

4. **Commitment to Uphold the Inherent Worth of All Individuals**

I will demonstrate compassion, respect, and tolerance for others. I will seek to decrease discrimination, misunderstandings, and prejudice. I understand there are situations when it is appropriate to decline service to a client because it is in the best interests of a client's health, or for my personal safety, but I will not refuse service to any client based on disability, ethnicity, gender, marital status, physical build, or sexual orientation; religious, national, or political affiliation; social or economic status.

5. **Commitment to Respect Client Dignity and Basic Rights**

I will demonstrate my respect for the dignity and rights of all individuals by providing a clean, comfortable, and safe environment for sessions, using appropriate and skilled draping procedures, giving clients recourse in the event of dissatisfaction with treatment, and upholding the integrity of the therapeutic relationship.

6. **Commitment to Informed Consent**

I will recognize a client's right to determine what happens to his or her body. I understand that a client may suffer emotional and physical harm if a therapist fails to listen to the client and imposes his or her own beliefs on a situation. I will fully inform my clients of choices relating to their care, and disclose policies and limitations that may affect their care. I will not provide massage without obtaining a client's informed consent (or that of the guardian or advocate for the client) to the session plan.

7. **Commitment to Confidentiality**

I will keep client communication and information confidential and will not share client information without the client's written consent, within the limits of the law. I will ensure every effort is made to respect a client's right to privacy and provide an environment where personal health-related details cannot be overheard or seen by others.

8. **Commitment to Personal and Professional Boundaries**

I will refrain from and prevent behaviors that may be considered sexual in my massage practice and uphold the highest professional standards in order to desexualize massage. I will not date a client, engage in sexual intercourse with a client, or allow any level of sexual impropriety (behavior or language) from clients or myself. I understand that sexual impropriety may lead to sexual harassment charges, the loss of my massage credentials, lawsuits for personal damages, criminal charges, fines, attorney's fees, court costs, and jail time.

9. **Commitment to Honesty in Business**

I will know and follow good business practices with regard to record keeping, regulation compliance, and tax law. I will set fair fees and practice honesty throughout my marketing materials. I will not accept gifts, compensation, or other benefits intended to influence a decision related to a client. If I use the Associated Bodywork & Massage Professionals logo, I promise to do so appropriately to establish my credibility and market my practice.

10. Commitment to Professionalism

I will maintain clear and honest communication with clients and colleagues. I will not use recreational drugs or alcohol before or during massage sessions. I will project a professional image with respect to my behavior and personal appearance in keeping with the highest standards of the massage profession. I will not actively seek to take someone else's clients, disrespect a client or colleague, or willingly malign another therapist or other allied professional. I will actively strive to positively promote the massage and bodywork profession by committing to self-development and continually building my professional skills.

MY PERSONAL CODE OF ETHICS:

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

11. Have a Plan

I remember when I was in massage school and was asked to be an “actor” in a role-playing exercise for our ethics training class. My instructor told me that she would play the client and I would be the therapist massaging her. She told me upfront that she was going to “come onto” me, making inappropriate advances. It was my job to respond in a professional way. I could deflect, rebuke, tell her the massage was over, or respond in any way I chose. Easy. I could do that. I even knew it was going to happen so who couldn’t do that? I was sadly mistaken.

The role-play commenced. I began massaging my instructor’s arm for a moment or two and then the teacher simply placed her hand on my chest and said, “My god you’re cute...” She bit her lip and gave me a “wanting look”. I froze! How could that be?? I wasn’t even attracted to her and I froze! I felt my skin flush with embarrassment and didn’t know what to say. I couldn’t even for a sentence let alone move. I thought I was prepared but preparation takes more than just “knowing it is going to happen”.

The truth is that we need a “game plan” for a number of scenarios and need to practice our responses so when that day comes, our words flow naturally and we are not caught off guard. The following questions are designed for you to create your own “game plan” for a variety of scenarios that involve a combination of our own belief system, personal level of self-confidence and our code of ethics. Take a moment to think each scenario through and write out what you will specifically say and do if and when you encounter each of the following statements:

1. A client is on your treatment table receiving massage and suddenly asks, “Would you mind massaging ‘everything’?” What would you say and what actions might you take? _____

2. A client is lying supine on your treatment table as you are working on his arm. He looks you in the eyes, smiles and begins telling you how attractive you are. How do you respond? _____

3. A male client is lying supine on the table with eyes closed. You become aware that he has an obvious erection yet he says nothing and makes no inappropriate gestures. Do you react during the session? If so, what do you say and do? If you choose to say nothing and he instead

apologizes for his erection during the massage, what do you say and why? _____

4. You are working as an employee for a clinic and a client “no-shows” you. The client knows the clinic’s no-show/last-minute-cancelation policy and knows she will receive a \$50 charge. The client calls and asks you for a favor... she wants you to tell your employer that she called you to cancel the day before but you forgot to make a note of it. Further, she will “split the cost” and give you \$25 for helping her out and promises it won’t happen again. What do you do and say? (If you own your own business, what would you tell your employees to do in this situation?) _____

5. Your client is receiving treatment for his on-the-job injuries and the treatments are being covered by his state’s workers insurance program. You determine that he does not have any actual injuries and he confesses he actually isn’t in pain any longer but wants to keep coming for the “free massage.” He asks you to write down that he still has pain at a level “7 on a 1-10 pain scale” so that he can get the free massage. What do you say and do? _____

6. If you do not usually make reminder calls, what do you say to your client when they forget their appointment and tell you that it is your fault because you did not remind them? _____

7. You have found yourself in the common situation of friends and family who expect you to give them a free or significantly discounted price on your massage services. You are growing increasingly uncomfortable with the previous arrangement and need to address the issue. What do you say to them specifically? *(If this is not the case for you, answer as though a colleague has asked you for advice on what to say to their friends and family in this situation.)* _____

8. During a treatment session you find a mole that looks suspiciously like it could potentially be cancer. What do you say to your client to ensure they get it looked at without “diagnosing” the condition, even if they continue to ask you if you “think it is cancer”? _____

9. You have a husband and wife as clients and the wife tells mentions details about her marriage over the past few massage treatments and wonders if divorce is the answer. On her husband's next massage treatment, he lets it slip that he has been having an extramarital affair. He feels "horrible" about it and swears it will "stop soon". On her next visit, his wife asks you, "Has my husband said anything about our relationship? Do you know anything? He feels so distant." The client asks what you would do if it was you in their situation. How do you respond? _____

10. As you are getting to know a client over a period of time, you discover that not only are you attracted to the client but the feeling is mutual. The client asks you out for a "harmless" cup of coffee outside the office. Regardless of any potential laws in your particular state, how do you respond and what do you say? _____

11. You have grown increasingly uncomfortable with a client because of things they have said during their sessions with you. You may not be able to specifically have a reason, but the person just feels "creepy" and you no longer feel safe. Referring the client to another colleague would not be appropriate because the client might also treat the colleague in the same way. How do you "fire" the client and tell him or her that you can no longer provide them with treatment? _____

12. Your finances are low and you are worried you might not be able to make your rent. Your client just arrived who always tips you well and it is your last time-slot of the day. When you open your linen closet, you realize you are out of sheets! You look across the room and see the linens from your last client and although “used”, they appear and smell “clean” still. Using the linens again would meet your financial need, but you know that wouldn’t be ethical. What do you do? _____

13. You find out that a fellow massage therapist is receiving referrals from a chiropractor who gives the referrals with a “kickback” arrangement. The therapist gives the chiropractor 10% of the fees paid by the insurance company in exchange for an exclusive referral arrangement. You confront the therapist and she offers you \$1,000 if you don’t tell anyone. What do you do? (If you live in a state without insurance reimbursement, answer from the standpoint of cash kickbacks for cash-client referrals.) _____

14. It is tax time and your CPA is in the process of preparing your IRS tax returns. She has your computer backup detailing the check deposits and then asks you if there is any additional “cash” income received from your massage business. Although you indeed received \$10,000 in cash payments last year, you know you would save a few thousand dollars if you were to simply say “no”. What do you do? _____

ETHICS & PROFESSIONALISM QUIZ

Please circle the correct answer.

1. A professional code of ethics dictates
 - A. what you should think.
 - B. your feelings.
 - C. your beliefs.
 - D. your actions and behaviors.
 - E. None of the above.

2. It is necessary for the practitioner to examine his or her own personal belief system because
 - A. personal beliefs are also part of the reasoning process and we need to be able to recognize when they come into conflict with the therapeutic needs of our client or their family.
 - B. our personal beliefs are the primary basis of our professional values system.
 - C. we must totally reject our personal beliefs while engaged in our professional practice.
 - D. All of the above.
 - E. None of the above.

3. The codes of ethics according to which we practice professionally, are those set forth by
 - A. our state government that licensed us to practice.
 - B. the professional organizations to which we belong.
 - C. the healthcare institution that may employ us.
 - D. All of the above.
 - E. None of the above.

4. The two main schools of thought with regard to ethics are
 - A. Teleological and Deontological.
 - B. Consequentialist and Utilitarianism.
 - C. John Stewart Mills and Hippocrates'.
 - D. Formalism and Deontological.
 - E. None of the above.

5. Even beyond the limitations of our one-to-one, practitioner/client relationships, our actions and behaviors also affect

- A. our clients' families.
- B. our colleagues.
- C. the members of our entire profession.
- D. allied caregivers.
- E. All of the above.

6. In all of our practitioner-client relationships we must first ask ourselves whether or not the interests of the _____ are being served by a given response and could a given response cause harm.

- A. practitioner
- B. entire profession
- C. client
- D. community at large
- E. world

7. The therapeutic relationship must be primarily based on

- A. keeping scheduled appointments.
- B. trust and open communications between both parties.
- C. respect for the practitioner's qualifications and expertise.
- D. the initial treatment plan.
- E. None of the above.

8. Communication is the act of exchanging information through

- A. spoken words.
- B. body language.
- C. actions.
- D. behaviors.
- E. All of the above.

9. As bodywork professionals, we want to deliver a congruous, consistent message to our clients in order to

- A. solicit information from our clients.
- B. maintain our client records.
- C. convey information back to our clients.
- D. practice ethically and professionally.
- E. All of the above.

10. Most people process information in the _____ mode.

- A. kinesthetic
- B. auditory
- C. visual
- D. visual/kinesthetic
- E. kinesthetic/auditory

11. To better communicate with a client who is predominantly visual, I would

- A. respond with phrases like "I see your point".
- B. demonstrate eye exercises for better vision.
- C. read their treatment plan to them.
- D. All of the above.
- E. None of the above.

12. I can better discover my client's predominant communications mode by

- A. observing his or her body language.
- B. being an attentive listener.
- C. asking them open-ended questions.
- D. None of the above.
- E. A, B, and C above.

13. Typically at the root of most ethical dilemmas we find

- A. uncooperative clients.
- B. communication breakdowns and misconstrued intentions.
- C. financial problems.
- D. bad press in the media.
- E. sexual misconduct

14. The strongest messages our clients perceive are those we deliver to them through
- A. our words.
 - B. our touch.
 - C. our facial expressions.
 - D. our vocal tones.
 - E. our behaviors.
15. Counter-transference would occur if
- A. I kept my objectivity.
 - B. I gave my client inappropriate advice based on my personal conflicts and feelings.
 - C. a client interfered with the relationship by projecting his/her personal feelings onto me.
 - D. if my client transferred all responsibility for the entire healing outcome to me.
 - E. None of the above.
16. An example of behavior that could undermine the trust of my client is if I
- A. made a promise to my client that they might take literally and which I could not subsequently keep.
 - B. lost my objectivity while treating my client.
 - C. communicated unclearly and thus caused a misunderstanding.
 - D. was not aware of my own personal "agenda" while treating my client
 - E. All of the above.
17. When a friend or family member asks for a therapeutic massage, it may be in their best interest to tell them
- A. I would be happy to serve them just as I would any other client
 - B. that since they requested it, I would honor their request
 - C. I could do it as a special favor but only if our friendship would not interfere with the therapeutic relationship.
 - D. while I could not provide professional therapy, I could help them briefly as a friend would, and give them a referral to another practitioner.
 - E. All of the above.

18. The information that a new client needs to be given at the first meeting before completing intake forms is

- A. information on the effectiveness of massage, its benefits, contraindications and typical treatment procedures.
- B. your professional credentials in order to establish trust
- C. written information on how to report any misconduct of a massage therapist.
- D. your own procedures and policies of your practice.
- E. All of the above.

19. Regarding client education, I provide information to my clients

- A. so they can take more responsibility in their own healing process.
- B. to help them make their own decisions regarding adjunct therapies that I am not licensed to perform.
- C. to foster open communications based on trust, discussion, and understanding.
- D. to help my client determine their treatment and/or to refuse treatment
- E. All of the above.

20. Informed Consent is

- A. a piece of paper that my client signs giving permission to treat without any prior discussion.
- B. only a verbal agreement between my client and me giving permission for treatment without any prior discussion.
- C. the entire process of determining a client's treatment through an informative give and take dialogue between the therapist and the client.
- D. the therapist's consent to treat a patient.
- E. None of the above.

21. We use SOAP charts because

- A. they are a valuable tool for tracking progress over the course of treatment.
- B. these forms make our clients more aware of their role in the ongoing process of their own healing.
- C. they help me objectively measure the treatment's outcomes.
- D. they are required by insurance companies.
- E. All of the above.

22. Regarding professional confidentiality, my position is that

- A. it applies only to therapists who are state licensed.
- B. it is appropriate to share information about my client with my client's spouse.
- C. I should never disclose any information about my clients under any circumstances whatsoever.
- D. my client files are just as confidential as a medical doctor's.
- E. it is only ethical to release information to a Court of Law or to my client's health insurance company or to a specified healthcare provider if my client signs a medical release form.

23. Beyond hands-on therapy, it is also within the scope of my practice as a practitioner of massage, bodywork, spa or somatic therapies to

- A. make suggestions, present ideas, offer information, and make referrals.
- B. prescribe herbal remedies to be taken orally.
- C. provide specific data about nutrition.
- D. diagnose my client's complaints.
- E. All of the above.

24. When your personal value system conflicts with your professional code of ethics, then your decisions must be based on

- A. your personal value system.
- B. your client's family's value system.
- C. your client's value system.
- D. your personal highest good in mind.
- E. your professional code of ethics.

25. My primary responsibility is to

- A. my client.
- B. my colleague.
- C. my employer.
- D. society.
- E. my client's family.