

**COMMONWEALTH OF MASSACHUSETTS**  
**COMMITTEE ON ACUPUNCTURE**  
**POLICY STATEMENT 1993-01**  
(Adopted July 15, 1993)

**CODE OF ETHICAL BEHAVIOR & CHECKLIST**

It is essential for all acupuncturists to maintain appropriate boundaries with patients throughout the course of treatment. In light of the seriousness of this issue, the Committee on Acupuncture, at its July 15, 1993 meeting, adopted the attached *Code of Ethical Behavior* for use by all acupuncturists licensed in Massachusetts. The Committee also endorses the use of the attached checklist.

## **CODE OF ETHICAL BEHAVIOR**

The following is a list of suggested guidelines for appropriate behavior between practitioner and client so that a safe environment is created for both practitioner and client around the issue of sexual boundaries.

1. No sexual contact or intercourse between practitioner and patient before, during, or after a treatment session.
2. No sexual contact or dating between practitioner and patient during the course of treatment.
3. If the practitioner and patient want to have a romantic/sexual relationship, the professional relationship must be terminated first.
4. The practitioner is responsible for maintaining appropriate boundaries even if the patient is perceived as being seductive.
5. The patient undresses and dresses in private.
6. The patient has a clear choice as to whether he/she is nude, wears underwear or a smock during the treatment.
7. The practitioner never works on or in the genital area or the anus. The patient always gives permission for work to be done near these areas unless it is an emergency situation (e.g. CV 1 in a drowning situation).
8. The practitioner never works on the nipple of a patient.
9. The practitioner uses only the hands to palpate and only the hands and elbows to perform massage/acupressure on a patient.
10. The practitioner uses only the knee, lateral aspect of the hip and lower leg for bracing.
11. The practitioner does not use inappropriate parts of the body for bracing (i.e. front of the pelvis).
12. The patient will always be fully draped except for the part of the body being worked on. The genitals will never be undraped. The practitioner will obtain informed verbal consent <sup>1</sup> before undraping the breasts, buttocks or abdomen. At any time during a session, the patient may decide not to permit these or any other parts of the body to be undraped.

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<sup>1</sup> This article was adapted and reorganized from a questionnaire developed by Estelle Disch.

*(Estelle Disch has practiced for over 20 years as a clinical sociologist and psychotherapist. She teaches sociology at UMass-Boston and has conducted workshops, training and supervision groups for many years. Estelle co-directed BASTA! -- Boston Associates to Stop Therapy Abuse, where she has worked with survivors of sexual abuse by helping professionals for almost eight years.)*

13. The practitioner refrains from flirting with the patients verbally or otherwise creating a flirtatious atmosphere in the treatment context.
14. The practitioner uses appropriate clinical terminology when speaking about body parts to the patient.
15. The practitioner does not make remarks about the client's body which contain sexual innuendo.
16. The practitioner does not probe intrusively for explicit details about the patient's sexual history, or in any way imply that the patient must give such information.
17. If information about the client's sexual history or habits is communicated, the practitioner does not offer value judgments of the client's behavior.
18. In cases where the practitioner suspects a sexual abuse history but this is not perceived by the patient, the practitioner refrains from confronting the patient with his/her interpretation.
19. The practitioner must remain within his/her scope of practice and training when dealing with sexual issues. Suspected cases of abuse should be referred out for more specialized professional help, unless the practitioner has such training.
- 20.<sup>1</sup> The practitioner seeks informed consent from the patient to work on certain parts of the body. The practitioner clearly conveys permission to the patient to accept or refuse aspects of the treatment at any time. For example -- groin area, on the chest around breast tissue, buttock, around the pubis near genital area, in the perineum and between the coccyx and the anus. Any lesion or related problems should be referred to a specialist appropriately.

### Components of Verbal Informed Consent

1. The practitioner gives the patient information about the nature of the proposed treatment (body parts to be treated, type of treatment, possible sensations that might be felt, etc.) and duration of the treatment.
2. The practitioner gives reasoning/rationale for the proposed treatment.
3. The practitioner and the patient create and understand a shared objective for the outcome of the treatment.
4. The patient feels a sense of free choice with respect to accepting or rejecting the proposed treatment or parts of it, either before, during or after the treatment begins.

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# Discovering Your Boundary Issues

by Ben E. Benjamin

Often as practitioners we are unaware of whether we are overstepping our boundaries with our clients. Sometimes we may feel uneasy about our relationship with a particular client, yet we cannot put our finger on why we feel the way we do.

This checklist is for practitioners who want to find out if they have boundary issues with one or more of their clients. If you check off any of these items, boundary issues may be interfering with your ability to work effectively. It is a good idea to seek professional supervision if you notice any of these behaviors continuing even after you have attempted to change them.

## Are You in Trouble with a Client?

Estelle Disch, Ph.D.

Client's initials or pseudonym: \_\_\_\_\_

1. \_\_\_\_ This client feels more like a friend than a client.
2. \_\_\_\_ I often tell my personal problems to this client.
3. \_\_\_\_ I feel sexually aroused in response to this client.
4. \_\_\_\_ I want to be friends with this client when therapy ends.
5. \_\_\_\_ I'm waiting for therapy to end in order to become romantically involved with this client.
6. \_\_\_\_ To be honest, I think the goodbye hugs last too long with this client.
7. \_\_\_\_ Sessions often run overtime with this client.
8. \_\_\_\_ I tend to accept gifts or favors from this client without examining why the gift was given.
9. \_\_\_\_ I have a barter arrangement with this client that is sometimes a source of tension for me.
10. \_\_\_\_ I have had sexual contact with this client.
11. \_\_\_\_ I sometimes choose my clothing with this particular client in mind.
12. \_\_\_\_ I have attended small professional or social events at which I knew this client would be present, without discussing it ahead of time.

13. \_\_\_\_ This client often invites me to social events, and I don't feel comfortable saying either yes or no.
14. \_\_\_\_ I have physical contact with this client after she/he gets off the table in my office.
15. \_\_\_\_ Sometimes when I'm touching this client during our regular body work sessions, I feel like the contact is sexualized for one or the other or both of us.
16. \_\_\_\_ There's something I like about being alone in the office with this client when no one else is around.
17. \_\_\_\_ I am tempted to lock the door when working with this client.
18. \_\_\_\_ This client is very seductive, and I often don't know how to handle it.
19. \_\_\_\_ This client owes me a lot of money, and I don't know what to do about it.
20. \_\_\_\_ I have invited this client to public or social events.
21. \_\_\_\_ I am often late for sessions with this particular client.
22. \_\_\_\_ I find myself cajoling, teasing, joking a lot with this client.
23. \_\_\_\_ I am in a heavy emotional crisis myself, and I identify so much with this client's pain that I can hardly attend to the client.
24. \_\_\_\_ I allow this client to comfort me.
25. \_\_\_\_ I feel like this client and I are very much alike.
26. \_\_\_\_ This client scares me.
27. \_\_\_\_ This client's pain is so deep I can hardly stand it.
28. \_\_\_\_ I enjoy feeling more powerful than this client.
29. \_\_\_\_ Sometimes I feel like I'm in over my head with this client.
30. \_\_\_\_ I often feel hooked or lost with this client, and advice from colleagues and former teachers hasn't helped.
31. \_\_\_\_ I often feel invaded or pushed by this client and have a difficult time standing my ground.
32. \_\_\_\_ I sometimes hate this client.
33. \_\_\_\_ I sometimes feel like punishing or controlling this client.
34. \_\_\_\_ I feel overly protective of this client.
35. \_\_\_\_ I sometimes have a drink or use some recreational drugs with this client.

- 36. \_\_\_\_\_ I don't regularly check out what the physical contact I have with this client means for the client.
- 37. \_\_\_\_\_ I accommodate this client's schedule and then feel angry/manipulated.
- 38. \_\_\_\_\_ This client's fee feels too high or too low to me.
- 39. \_\_\_\_\_ This client has invested money in an enterprise of mine or vice versa.
- 40. \_\_\_\_\_ I have hired this client to work for me.
- 41. \_\_\_\_\_ This client has hired me to work for him/her.
- 42. \_\_\_\_\_ I find it very difficult to keep from talking about this client with people close to me.
- 43. \_\_\_\_\_ I find myself saying a lot about myself with this client – telling stories, engaging in peer-like conversation.
- 44. \_\_\_\_\_ If I were to list people in my clientele with whom I could envision myself in a sexual relationship, this client would be on the list.
- 45. \_\_\_\_\_ I call this client a lot and go out of my way to meet with her/him in locations convenient to her/him.
- 46. \_\_\_\_\_ This client has spent time at my home (apart from the office).
- 47. \_\_\_\_\_ I'm doing so much on this client's behalf that I feel exhausted.

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