Sexual Boundary Violations in Psychotherapy

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3 CPD Hours

Sexual Boundary Violations in Psychotherapy:

Managing Transference and Countertransference Leading to Transgressions

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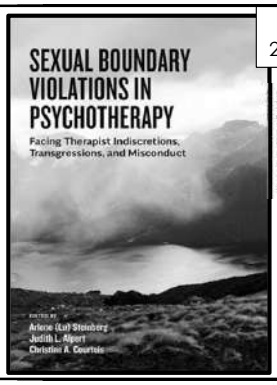
Just Released…

- July 27, 2021
- Available from APA Press* and Amazon

*currently offering a time-limited 25% discount!



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Agenda

I. Brief Overview of Sexual Boundary Violations (SBVs)

II. Defining SBVs

III. Dynamics

IV. The Effects and Aftermath

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If you ever find yourself saying "that will never happen to me…"

Think again!

It can happen to anyone, but there are ways to prevent it.

4

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Examples from just this week…

911 Episode

People Magazine Story

5

6

My Own Personal Trajectory: From Ignorance to Collateral Damage and Feeling Cursed

6

I suspect we all know or wonder about someone…

Do you?

7

7

Poll Questions

8

- Given this definition:

Sexual boundary violations occur when a mental health clinician exploits any aspect of the patient's or client's sexuality for their personal benefit.

- *Have you or anyone you know been a victim of Sexual Boundary Violations?*
  - *Yes*
  - *No*
- *Have you suspected or known of any therapists who have transgressed?*
  - *Yes*
  - *No*
- *Have you had adequate training about these issues?*
  - Yes
  - No

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I. Brief Overview of SBVs

DISCOVERED, LOST, AND REDISCOVERED

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Definition of Sexual Boundary Violation

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- When a mental health clinician or other individual, professional group, or organization agent exploits any aspect of a patient's or client's sexuality for their personal gain
  - The exploitation may involve words, behavior, or action and different degrees of severity and duration

****

- Given the power asymmetry of the therapy relationship, patients are ***not in a position to give consent***
- It is ***always the sole responsibility*** **of the mental health professional** to manage and maintain these boundaries

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SBVs: Discovered, Lost, and Rediscovered

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- **The issue was identified during Freud's time but went largely unrecognized until the 1970s**
  - **Freud cautioned against**
  - **A number of prominent analysts and trainers had sexual interactions with patients, trainees, and candidates**
  - **Rationalized with gender-based tropes and as being therapeutic**
- **SBVs began to receive attention in the 1960s and 70s due to:**
  - **Some sensational cases; Human potential movement**
  - **Impact of the Women's Movement's attention to sexual violence against women**
  - **An issue that involved a lot of shame and confusion, and secrecy**

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Remember these days?

60s, 70s & 80s

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SBVs: Discovered, Lost, and Rediscovered

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- In preliminary studies undertaken in 70s & 80s,
  - **7-12% of therapists admitted to sexual involvement**
- Most cases were of older male therapists and younger female patients/trainees
- Several professional and lay books were published
- Then attention frittered out, as it did with other types of sexual assault
  - Myths developed that it was no longer prevalent, wasn't damaging, was due to the female victim's pathology, seductiveness vengefulness, transference and countertransference, etc.

▶Note: it was never attributed to the male therapist!

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SBVs: Discovered, Lost, and Rediscovered

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- **"Rediscovered" recently: #MeToo**
- **SBV's in all types of professional relationships**
  - **sexual discrimination and oppression**
  - **sexualized atmosphere and comments**
  - **sexual harassment**
  - **sexual behavior, up to and including rape**
- **Professional relationships are fiduciary and require protection of the client**
  - **Sex in psychotherapy is within a fiduciary relationship**
- **There is no reason to believe prevalence has changed**
  - **now more female perpetrators**
  - **now more untraditional dyads**

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II. Defining SBVs: Boundaries, Ethics, & Laws, Types, Settings

- **PROFESSIONAL BOUNDARIES**
- **A CONTINUUM OF TYPES, MOTIVES, AND ISSUES**
- **TYPICAL DYAD CHANGES**
- **NEW DIGITAL FRONTIERS, SETTINGS, AND ISSUES**

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Professional Boundaries and Ethics: Definitions

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- A *boundary* can refer to:
  - the differentiation between self and other
  - what is regarded as therapeutic/healthy/safe rather than intrusive or exploitive
  - what is and what is not contained within the invisible social contract and fiduciary duty between the professional and the client
  - behavior that is appropriate and inappropriate, moral and immoral, and what may be freely consented to and what may not be
  - In terms of boundaries and their maintenance, the issue of consent is critical. How consent has been defined has changed over time

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Professional Boundaries and Ethics: Definitions, cont.

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- A boundary helps maintain:
  - Objectivity
  - Role definition and differentiation
  - Fiduciary duty of client welfare and protection
  - Ethics to "Do no harm"

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Laws

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- **Changed in recent decades**
  - Violation of fiduciary duty to patient
  - With children: considered child sexual abuse—mandated reporting
- **Vary by state**
  - Definitions
  - Penalties inconsistent
  - Reporting requirements differ
- **SBVs as criminal behavior in many states**

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Laws

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- Some states have criminal statutes and conviction may mean loss of licensure and even imprisonment
- Some states require convicted therapist to register as a sex offender
- No national repository of information, so some convicted therapists just move from one state to another and start over again
  - Some change the name of what they do to hypnotherapist, life coach, healer, etc.

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State Licensing Boards

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- Licensing Boards adjudicate state statutes for professional licensure
- Many use APA Code of Ethics as the standard
- Reports of misconduct made to the Board
- Different states handle reports differently
  - In some cases, reported therapist immediately removed from practice and may be sent for treatment
  - In others, therapist remains in practice during investigation
- Different outcomes by case: therapist can be mandated into treatment/rehabilitation, additional training, and supervision (or all three); have license suspended for a period of time; have license reinstated or permanently revoked
- Board can refer a case for criminal prosecution

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Professional Ethics Codes

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- **Past conflicts about prohibitions**
  - **Not prohibited by APA until 1977!**
- **Now, all professions explicitly forbid sexual contact between therapists and patients, most with no time limitation**
  - **Extended to students/trainees/supervisees/ candidates, employees and relatives of patients**

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Slide 19

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Professional Ethics Codes

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- APA and NASW codes allow but do not encourage romantic relationship/sexual contact two years post-termination
  - Onus is on the therapist to evaluate for potential for harm
  - What if relationship doesn't work?
  - What if it does?
- These issues are controversial and continue to be debated during code revisions and updates

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Typical Dyad ≠ Older Male/Younger Female

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- Demographics of dyad are changing
- Females perpetrating in greater numbers
  - Due to more female psychotherapists?
  - Due to power of the role?
  - Due to inadequate training?
  - Other?
- Intersectional dyads are more common
  - Non-binary individuals
- Racial, gender, cultural and religious issues may be at play
  - Discrimination, oppression, gender roles, use of cultural traditions and religion to rationalize and justify…

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New Digital Frontiers

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- Social media, pictures, videos
- Texting, tweeting, Snapchat
- Emails
- Phone calls

- All can create a slippery slope
- Ease of communication and miscommunication
- Contact may become compulsive and create obsessive need for more contact
- Contact may become seductive and sexualized over time
  - Sexting & pictures

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New Digital Frontiers, Settings, and Issues

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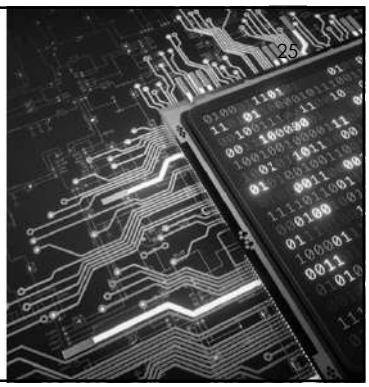

- Ethical and other issues:
  - Lack of boundary between personal and professional life
  - Social media: Therapist must be discreet
    - use privacy filters
    - be careful what pictures are posted, what sites are accessed
  - Cyber-stalking possibilities
  - Need for boundaries and limits on use
  - Use leaves a permanent record

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New Digital Frontiers, Settings, and Issues

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- Confidentiality/HIPPA issues
- A trail of evidence, for others to find or in a legal action
- Blackmail possibilities for either party
- Should patients Google their therapists?
- Should therapists Google their patients?

CASE EXAMPLE OF TEXTING MISUSE
CASE EXAMPLE OF CYBER-STALKING

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A Continuum of Types, Motives, and Issues

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Less severe	More severe
Situational	Predatory
Naïve/Lovesick	Intentional
One-time	Repeated/Serial/Concurrent
Less or non pathological	Pathological
Less about power/control	More about power/control
"Benign" narcissist	Traumatic narcissist

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Two Different Types of Transgressors

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-One-time transgressors (lovesick- Gabbard)
Due to more situational issues, poor training, rescue fantasies
May feel genuine remorse & rehabilitation is possible.

- Psychopathic predator or multiple, serial predator, malignant narcissist,
Lack of remorse and empathy , blames victim, rehabilitation is probably not possible

We are all vulnerable to transgressions, particularly at times of situational stress
Need to make it easier for transgressors or "about to be' transgressors to get help (supervision/consultation)

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That Said, Sexual Contact By A Therapist Can be Seen as "Professional Incest" and Can Constitute Rape

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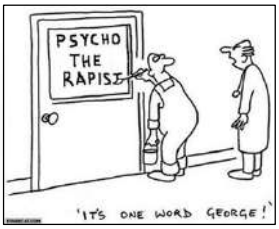

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III. Typical Dynamics, Transference and Countertransference

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- COMMON DYNAMICS
- "SLIPPERY SLOPE"
- GROOMING AND GASLIGHTING
- EXPLOITATION AND BETRAYAL
- TRAUMA BONDING AND AMBIVALENT ATTACHMENT

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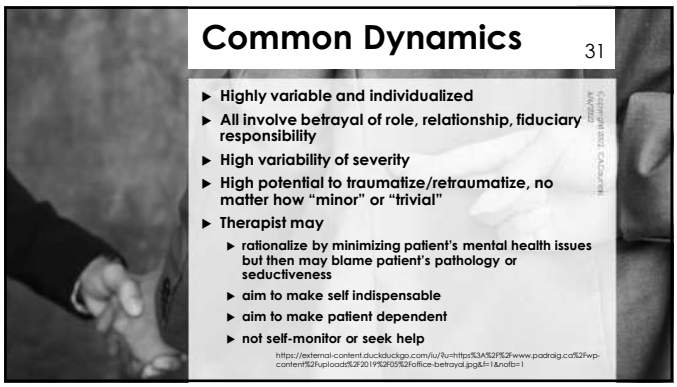

Common Dynamics

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- Highly variable and individualized
- All involve betrayal of role, relationship, fiduciary responsibility
- High variability of severity
- High potential to traumatize/retraumatize, no matter how "minor" or "trivial"
- Therapist may
  - rationalize by minimizing patient's mental health issues but then may blame patient's pathology or seductiveness
  - aim to make self indispensable
  - aim to make patient dependent
  - not self-monitor or seek help

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Role of Transference and Countertransference

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- **Countertransference** is the therapist's transference
- Also unconscious
- Can be positive, negative and/or sexualize
- Occurs in all Treatment modalities
- Clients may try to seduce the therapist, and it is the therapist's obligation to analyze the behavior.

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Role of Transference and Countertransference

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- **Transference** is the displacement of feelings for a significant other (eg. Parent) to the therapist.
- It may be unconscious
- Can be positive, negative and/or sexualized (erotic transference)
- Occurs in all treatment modalities
- Transference may be a defense against mourning, hatred or envy

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Some Transference Positions

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- Dependent/"hungry" for outside approval
- Childlike/naïve/helpless
- Avoidant/detached
- Inconsistent
- "Catch me if you can"
- Eroticized/seductive
- Self-harming/self-loathing/unlovable
- Traumatic transference
- Traumatic reenactments

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Some Countertransference Positions

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- Three main categories:
  - Approach
  - Avoid
  - Aggress

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Approach

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- Too close/intrusive
- Rescue
- Overdisclosure/too familiar
- Eroticized
- Boundary crossings into violations
- Fear (of patient, of suicide)
- Loneliness
- Lovelorn
- Lovestruck
- Voyeur
- Predator

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Avoid

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- Detached
- Distant
- Fearful or scared
- Open to seduction
- Too boundaried to unboundaried?
- Voyeuristic
- Other?

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Attack

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- Hostility
- Frustration
- Disgust/dislike
- Need for control
- Coercive
- Acting out
- Aggression
- Predator

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The "Slippery Slope" and Grooming

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- **Sexual innuendo and actions can occur from first session or over time**
  - **immediate or gradual**
  - **ongoing or intermittent**
- **"Slippery slope" of events, actions and grooming**
  - **fostering of dependence through availability, special attention, favors, etc.**
  - **no boundaries or limits**
  - **increased number of and longer sessions**
  - **scheduled at end of day to not be observed**
  - **increasingly personal self-disclosure**

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The "Slippery Slope" and Grooming

40

- paradoxical role reversal: patient may become the therapist/caregiver
- increasing discussion of attraction, sexual desires, fantasies
- general to sexualized touch, kissing and fondling
- mutual disrobing
- increased sexual contact up to and including oral sex and intercourse

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Common Dynamics

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- "Slippery slope" does not inevitably result in SBV
  - Therapist has responsibility to seek help/consultation/supervision
  - There are many points of stopping along the way
  - Addiction or other problems in therapist and/or patient may impact
  - Therapist always has the sole and ultimate professional responsibility
  - It is better to end a treatment than to engage sexually
- Transference issues
  - Traumatic and other transference such as dependence, neediness, seductiveness as a way of relating
- Countertransference issues
  - too close/empathic/involved/rescuing → resentment, hostility, abandonment
  - too distant/detached/abandoning
  - anger/aggression/hostility/punishment

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Common Dynamics

42

- Over-engagement may be due to threats of suicide or self-harm
  - Therapist needs consultation and help
- Sexual trauma survivor/patient at highest risk
  - Incest/CSA survivors are most vulnerable
    - used to dual relationships, gaslighting
    - reenactment may involve attempts to sexualize, as aggression/dependence/attachment, other
  - Traumatic reenactment in therapy
- Less recognized issue: Therapist with own unacknowledged/unaddressed trauma history that is reenacted with the patient

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Gaslighting and Trauma Bonding

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- Confusion of and entrancement of the victim/patient by therapist who repeatedly challenges reality
- Things are not what they seem
- Use of the relationship to ensnare & manipulate patient
  - betrayal trauma
  - secrecy and entrapment
- Attachment dynamics
  - source of help is source of exploitation/injury—disorganizing
  - attempts to please to maintain attachment/approval
  - ambivalent and disorganized attachment
  - trauma bonding
  - Stockholm Syndrome?

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Betrayal Trauma and Betrayal Blindness

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- Long recognized dynamic of relational/intimate abuse
- Freud's theory and research expanded understanding
- "Betrayal blindness":
  - related to past betrayal trauma
  - vulnerability
  - not knowing who to trust
  - not seeing the obvious
  - not knowing how to recognized or protect self

The closer the relationship and the greater the degree of betrayal, the more serious the consequences

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IV. The Aftermath

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- EFFECTS: VICTIMS SPEAK INDIVIDUALLY AND THROUGH TELL
- INSULT TO INJURY: SECOND INJURY AND INSTITUTIONAL BETRAYAL
- COLLATERAL DAMAGE
- THERAPY FOR EACH PARTY: SPECIAL ISSUES
- SUPERVISION AND REHABILITATION OF THERAPIST?

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Personalizing the Story: Victim Voices and Narratives

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Psychological Effects

Primary responses:

- Shame and confusion
- Depression and anxiety
- Self-injury
- Suicidality
- Self-alienation/isolation
- Mistrust
- Anger
- Grief and complicated bereavement; ambivalent loss
- Illness and medical compromise
- Decline in functioning over time

Can be highly impacted by how relationship ends—often badly and abruptly, without notice and with detachement.

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Insult to Injury:

Second Injury and Institutional Betrayal

- **Observation/reporting/disclosure break the silence/secrecy and creates a crisis**
- **Response is usually inadequate or further injurious**
- **Criminal justice, licensing boards, and agencies and institutions may be unresponsive or worse**
  - **Victim often disbelieved, challenged, ignored, mistreated**
- **Alleged perpetrator therapist may receive better response than patient/victim: DARVO**

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Collateral Damage:

Increasingly recognized

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- Both therapist offender and patient victim
- Family members
  - Spouse/partners, children, others
- Co-workers/colleagues
- Institutions/agencies
- Psychologist profession
- Therapist may lose license/profession, family members, colleagues, friends, livelihood, even personal freedom

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Therapy for Each Party:

Special Issues and Challenges; Supervision and Rehabilitation of Therapist?

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- Therapy for previously victimized patient and perpetrator therapist is fraught with difficulties/challenges
  - Mistrust of all therapists
    - Testing
    - Will you do the same?
  - Degree of injury
  - Ambivalent attachment to perpetrator
  - Motivation
  - Transference and CT: therapist might be appalled by colleague/perpetrator and may want to take action
  - Decision-making belongs to the client
    - State law might mandate reporting

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Treatment, Supervision, and Rehabilitation of The Therapist?

- Therapy and supervision for perpetrator therapist are similarly complicated
  - Should not be conducted by the same person
  - Usually mandated by Board
  - Requires detailed assessment and evaluation: no confidentiality
  - Specialized training for therapist and supervisor recommended
  - Does not always work
  - Griefwork in some cases
- Is therapy and supervision adequate for some therapists to be rehabilitated and returned to practice?
  - How is this determined?
  - Methods need ongoing development and monitoring
- Challenges when license is revoked

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Guess What?

It's the rare offender/therapist who apologizes and makes amends

Instead, they may continue to deny responsibility and blame the client/victim (DARVO)

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Most Important Issues

- 1) The need to understand offending therapists in more depth in terms of their motivations and any personal characteristics or impairment that make them vulnerable to erotic transference or as otherwise dangerous to clients.
- 2) Licensing board members, legislators, and criminal justice personnel need more specialized information and training regarding SBVs and the development of consistent standards of practice across jurisdictions would be helpful, as would a national repository of cases.

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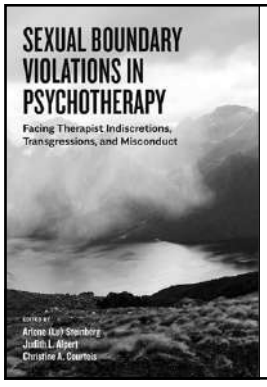

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Common Themes Throughout the Book

- Psychotherapy is asymmetric in power between therapist and client
- Significant damage to the patient, therapist, family members, organizations, colleagues, and professions takes place when sexual boundaries are violated
- Being a mental health professional or trainee does not protect against becoming a victim of SBVs
- Being a well-trained and senior therapist does not prevent sexual boundary violations
  - Grandiosity/entitlement/power/idealization or age-related anxiety
- Parties involved in a sexual relationship require support in the aftermath of disclosure or reporting or in any administrative, legal, or criminal proceedings

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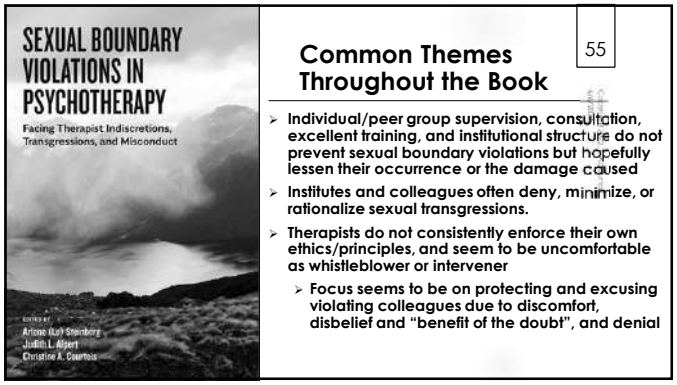

Common Themes Throughout the Book

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- Individual/peer group supervision, consultation, excellent training, and institutional structure do not prevent sexual boundary violations but hopefully lessen their occurrence or the damage caused
- Institutes and colleagues often deny, minimize, or rationalize sexual transgressions.
- Therapists do not consistently enforce their own ethics/principles, and seem to be uncomfortable as whistleblower or intervener
  - Focus seems to be on protecting and excusing violating colleagues due to discomfort, disbelief and "benefit of the doubt", and denial

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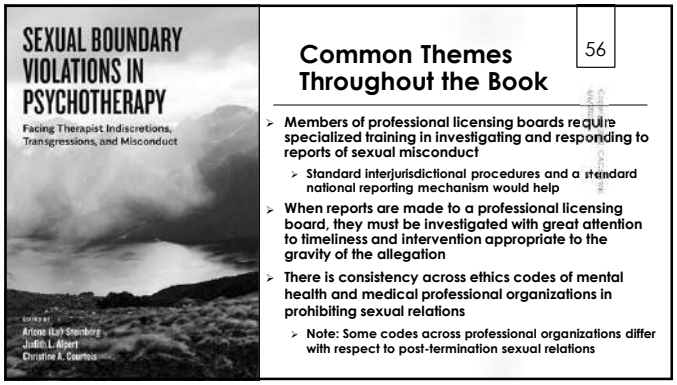

Common Themes Throughout the Book

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- Members of professional licensing boards require specialized training in investigating and responding to reports of sexual misconduct
  - Standard interjurisdictional procedures and a standard national reporting mechanism would help
- When reports are made to a professional licensing board, they must be investigated with great attention to timeliness and intervention appropriate to the gravity of the allegation
- There is consistency across ethics codes of mental health and medical professional organizations in prohibiting sexual relations
  - Note: Some codes across professional organizations differ with respect to post-termination sexual relations

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In Sum: SBV Is Not Benign or Victimless

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- SBV is a professional integrity/ethics/ responsibility issue
- Silence must be broken, and both parties restored if possible
- Consequences need to be publicized as prevention
  - Increased patient education
- Additional and specialized methods of redress and investigation are needed for both parties
- Laws and adjudicative actions must continue to evolve
- More research is needed

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Thank you for listening!

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References

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Alpert, J. L., & Steinberg, A. (2017). Sexual boundary violations: A century of violations and a time to analyze. *Psychoanalytic Psychology*, *34*(2), 144–150. https://doi.org/10.1037/pap0000094

Celenza, A. (2011). *Sexual boundary violations: Therapeutic, supervisory, and academic contexts*. Jason Aronson.

Courtois, C. A. (2010). *Healing the incest wound: Adult survivors in therapy* (2nd ed.). W. W. Norton.

Drum, K. B., & Littleton, H. L. (2014). Therapeutic boundaries in telepsychology: Unique issues and best practice recommendations. *Professional Psychology: Research and Practice*, *45*(5), 309–315. https://doi.org/10.1037/a0036127

Freyd, J. J. (2018, January 11). When sexual assault victims speak out, their institutions often betray them. *The Conversation*. https://theconversation.com/whensexual-assault-victims-speak-out-their-institutions-often-betray-them-87050

Gabbard, G. O. (2017). Sexual boundary violations in psychoanalysis: A 30-year retrospective. In J. L. Alpert & A. Steinberg (Eds.). (2017). *Psychoanalytic Psychology*,*4*(2), 1–24.

Pope, K. *Sexual feelings in psychotherapy*. American Psychological Association.

59

References

60

Reamer, F. G. (2020). *Boundary issues and dual relationships in the human services (*3rd ed.). Columbia University Press.

Reamer, F. G. (2021). *Ethics and risk management in online and distance behavioral health*. Cognella Academic Publishing.

Steinberg, A., & Alpert, J. (2017). Sexual boundary violations: An agenda deserving more consideration. *Psychoanalytic Psychologist*, *34*(2), 221–226.

Steinberg, A., Alpert, J., & Courtois, C. A. (2021). *Sexual boundary violations: in psychotherapy: Facing indiscretions, transgressions and misconduct*. American Psychological Association.

TELL, Therapist Exploitation Link Line.

Zur, O. (2012). TelePsychology or TeleMental Health in the digital age: The future is here. *California Psychologist*, *45*(1), 13–15.

Zur, O. (Ed.). (2017). *Multiple relationships in psychotherapy and counseling: Unavoidable, common, and mandatory dual relations in therapy*.

60