

**THE  
THERAPEUTIC  
RELATIONSHIP  
IN COUNSELLING AND PSYCHOTHERAPY**

# 1

## THE THERAPEUTIC FRAME

### Chapter outline

This chapter discusses:

- Setting boundaries.
- Confidentiality issues.
- Discussing the therapeutic relationship with clients.
- Contractual arrangements with clients.
- Finishing relationships with clients.

### INTRODUCTION

The *therapeutic frame* refers to the fixed elements of the therapeutic relationship that provide the context for the therapeutic work. It includes both environmental and relational conditions, and the ‘boundaries’ of the therapeutic process. This encompasses the date and time of meetings, the duration of sessions and of the therapy itself, contact and confidentiality. A good therapeutic frame should provide a safe and consistent professional structure for the therapeutic work to take place.

Central to the therapeutic frame are the *boundaries* established between counsellor and client. These are the rules and limits to the therapeutic relationship that are agreed at the start of the work and are established to create a safe, effective and ‘containing’ therapeutic environment for a client. These boundaries also serve to protect and

support you as the therapist, but it is important to remember that their first and foremost purpose is for the client's benefit.

The way in which therapists approach 'frame issues' will, to some extent, be determined by their therapeutic orientation. For instance, psychodynamic therapists may place a particular emphasis on maintaining consistency, creating a safe, unobtrusive environment in which the transference of previous relational experiences onto the client-therapist relationship can be identified and explored. Humanistic or cognitive-behavioural therapists, on the other hand, may be more inclined to emphasise flexibility and a communication of personal human warmth.

Whatever your approach, it is necessary here to understand both the underlying reasons for the boundaries you choose to set, and the level of consistency or flexibility you adopt in maintaining those boundaries.

## THE COUNSELLING ENVIRONMENT

The counselling environment refers to the external context in which the therapy takes place.

### *What should the counselling environment look like?*

To some extent the environment will depend on the context in which you are seeing the client.

Therapy rooms should be a calm, clear and clean environment. Ideally chairs should be as similar as possible, or at least of a similar height, to create a sense of equality in the relationship. Seating should be comfortable, with no harsh lighting (but not romantically dark either!), and the room should also be at a comfortable temperature. Most importantly the room needs to be confidential, so that the client will not be seen or heard by others. In this way you will be offering as much mutuality and safety and as little distraction in the situation as possible.

If you are counselling in your own home or office, you may wish to consider the information you will be disclosing to clients through environmental cues. For instance, they may see the type of house you have, the area you live in, and possibly who you live with or whether you live on your own. All of this may be unavoidable, but it is vital to bear in mind the possible impact that this may have on your clients. For example, if they have recently lost their partner, how might they feel seeing pictures of you and your family?

If you are counselling in an organisation, the setting may be beyond your control. However, you may still be able to choose where the chairs go, what is on the table and so on; having the urge to move the chairs closer or further apart for different clients can be quite enlightening. For example you might find that you tend to sit closer to a client you feel easy to empathise with, or have been seeing for a long period, but further away from a client you find challenging or more difficult to understand.

*How do I prepare for counselling if I am seeing a client in their own home?*

In some cases, you may be seeing clients in their home. This may be a requirement of an organisation, or because of the client's disability, incapacity or age. In such circumstances, it is worthwhile preparing for a range of eventualities; for example, think about what you would do if:

- The client offers you food or drink.
- The client stops to answer the telephone/door.
- The client lights up a cigarette in the session.
- Family members are within earshot.
- There is a pet wandering about in the room.
- The client wants to leave the television on silent.
- The client, a family member, or their pet starts acting aggressively towards you.

First and foremost, you will need to consider your safety. If you are working for an agency, it is likely that the client will have had an assessment session prior to your first session, so a 'safety check' will already have been done. If you are the first to enter the client's home, you will need to do this yourself. This will include such things as:

- Checking if you can get out if you need to (for instance, that the doors are not locked from the inside).
- Taking a working phone with you.
- Trying to arrange things so that you are seated nearest the door.
- Asking that any pets be kept outside the room during the session (especially large dogs, as they may appear friendly but you cannot be sure how they will react if the client becomes anxious).
- Finding out who else is going to be in the house.

If you are offered anything to eat (such as cake), it is fine to say 'no thanks', explaining why. During the first session it might help to explain that counselling tends to work better if both the client and the therapist

are focused on the session with a minimum of distractions. Along these lines, it can be helpful to ask at the beginning if the client could refrain from answering the door or the telephone during the session. Check with the client if they understand the need for confidentiality, and that others in the house do too.

Some clients may need to be seen in their own homes for medical reasons and might therefore need some sort of attention during the session (e.g. moving, medication), so you will need to be clear about what you can and cannot do yourself.

## TIME BOUNDARIES

In commencing a therapeutic relationship with a client, it is important to establish clear agreements around the timing of the therapeutic work.

### *How many sessions should I offer?*

If you are counselling within an organisation, the number of sessions you can offer may be dictated by the organisation. It could be that you can ask for an extension for a particular client, but a clear assessment for the purpose of the extension, and what you are hoping to achieve, may be requested.

It is generally felt useful, at the start of therapy, to agree with your client to review the therapeutic work after a set period of time, for example four or six weeks. This is so that you and your client can look together at how the therapy is progressing, if the client feels they are getting that they want, and how to take the work forward (see Chapter 2 under client feedback).

### *How long should sessions be for?*

Therapists tend to offer sessions lasting for 50 or 60 minutes. There is no evidence that this is the optimal length of time for sessions, but this tends to give clients sufficient time to engage with their issues, without reaching exhaustion. A 50-minute session has the advantage that, if you are seeing clients back to back (one after the other), you have some time to write up your notes and prepare for the next client. However, some therapists give sessions of 90 minutes or more, and others may give shorter sessions, depending on their therapeutic orientation.

Whatever the session length, most therapists will tend to keep this fairly consistent across the course of therapy. This may be important in helping clients to feel 'safe' in the therapeutic work. It also means that they can take more responsibility for deciding how far to open up in any one session, as they will know the amount of time they have left to talk. However, there is also research to suggest that some clients may prefer a more flexible structure (Carey et al., 2007), where they can meet with the therapist for as long as feels helpful for any one session. This is also an approach that is sometimes used in more cognitive behavioural therapies, where therapist and client will meet for as long as is necessary to cover the agenda for the session.

### *How often should I meet my clients?*

Typically, therapists will meet their clients weekly. However, therapists from some orientations, such as psychoanalytic psychotherapy, may meet clients as frequently as five times a week. Other therapists may meet clients on a less regular basis: perhaps once a fortnight or once a month. This might be the case if the client cannot afford more regular sessions, or if the client wants ongoing support rather than intensive psychotherapy. In addition the frequency of meetings may be reduced as clients come towards the end of their therapy, where the focus may be more on maintenance of change than change itself.

### *Should sessions ever run over the agreed time boundaries?*

It is not uncommon for clients to bring up major issues just before the end of therapy (*the 'door knob' syndrome*) and there may be reasons for their doing so. This is illustrated by the following example, in which a short-term Employee Assisted Programme (EAP) client has come presenting with issues at work. The extract begins ten minutes before the end of the session:

**Client:** So I had to admit that I didn't know how to use a spreadsheet, and I just felt totally stupid.

**Therapist:** Not knowing about the spreadsheet made you feel stupid ... [pause] sorry, I think I got that wrong, was it more about someone else knowing that you don't know how to use a spreadsheet that made you feel stupid?

**Client:** Yes, it's other people knowing. I mean, I haven't done any spreadsheet training, so there's no reason why I should know how to use it, but, other people expect me to know.

*Therapist:* The expectations of others ...

*Client:* Yeah, it's ... I always feel like people are thinking, you know, what an idiot. All my life, people have told me I'm stupid ... [becomes visibly upset and begins to cry].

It is possible that the client has only brought up the subject of being called 'stupid' in the safety of knowing that there is not enough time to talk about it this week. Or it may just have naturally arisen out of the dialogue. If timed deliberately, they may be checking out the reaction of the therapist in order to assess whether this is something they can talk about in the future. However the client is clearly distressed. In such a state, and with one minute to go, should you still end the session at the agreed time? Of course you might argue that a careful therapist would orchestrate the session so that did not happen. But this is not always possible. And on this occasion, the situation was made more difficult by the fact that there was another client booked in ten minutes after the session finished.

In this instance, the therapist did decide to go beyond the allocated time, and continued the session for another ten minutes or so. They acknowledged the depth of the client's feeling, and gave the client space for the intensity of their feelings to subside. Having the advantage of a reception area, the therapist was able to answer the door to the next client and, apologising, ask them if they would be able to wait for a few minutes, which they said they were happy to do. Returning to the original client, the therapist was then able to take time to put in place some plans which would help the client to cope during the week. They agreed that the client would take the rest of the day off work, and that she would tell her flat-mate, not what it was about, but that something had come up in her counselling that was making her feel a bit shaky. The therapist then invited her to wait in the reception area until she felt composed enough to go out into the street. In this way the client felt heard, cared for, but also safe within the set boundaries. The therapist was also careful to address the impact on the second client of being asked to wait a few minutes.

There is some research to suggest that clients associate occasional 'boundary extensions' (for instance, going a few minutes over time, or visiting a client in hospital when they are sick) with beneficial therapeutic outcomes (Jones et al., 2003). However, there is a danger here that while some clients may see this as a gift, others might come to see such extensions as their 'right', and will then expect the same on other occasions. It may also leave them feeling uncertain or anxious about what the parameters of the therapeutic relationship are.

The ideal outcome is probably that the extension or non-extension of boundaries is something that can be discussed between therapist and client, so that there is transparency and shared decision making about what

is taking place or has taken place. For instance, one client said that after a deeply distressing session she had left the room on the dot of 50 minutes as always, and sat outside in her car for a further 30 minutes in tears, feeling abandoned and uncared for (Knox, 2011). Her emotional state on leaving was not raised the following week either by the therapist or by herself, and she began to feel that her therapist simply did not care about her wellbeing. Never being addressed, it lay hidden in the back of her mind, and it was not long before it led to the ending of the relationship. Had the therapist raised this issue in the subsequent session, acknowledged the client's feelings, and perhaps explained the rationale for their firmness around boundaries, the outcome might have been different.

### *What do I do if my client arrives early?*

Imagine the following scenario. Your client is due at 6pm, and at 5:45pm you are ready for your client and waiting near the window looking out at the rain. You see your client arrive and stand on the doorstep. Do you:

- Invite her in and start the session early?
- Invite her in out of the rain and ask her to wait outside your room?
- Leave her outside until the start time of the session?

Let us say that you decide to invite the client inside and wait for a few minutes. You then notice that your client seems anxious. When the session starts do you:

- Address the fact that she arrived early, and explore why she might have done so?
- Mention the rain and that you hope she didn't get too wet?
- Say nothing, and allow your client to focus on what she wants?
- Offer her a cup of tea to warm up?
- Reflect that she seems a bit anxious?
- Try any combination of the above, or something else?

For the sake of consistency, it is generally a good idea to try and stick to the arranged starting time if you can. However, this needs to be balanced against relating to the client in a warm and caring way. Leaving a client sitting cold and wet for 15 minutes may be a means of 'holding the boundaries', but if it conveys an uninterested and uncaring attitude to that client, it may have an overall negative effect.

Ideally, these kinds of situations can be prepared for in advance by some thoughtful planning. This might involve physical things like organising a waiting area, and by preparing clients in advance so that

they know what will happen if they arrive early. If situations like the scenario above do arise, it can also be helpful to discuss these with clients. This can help to resolve any unexpressed feelings in the client that the situation may have evoked, and may also help to gain insights into the client's ways of relating to others. For instance, if they sat passively in wet clothes for 15 minutes and apologised for being early, does this say something about their tendency, in general, to defer to others?

## EXTERNAL CONTACT

By external contact we mean any contact with the client by phone, email, or in person outside of the therapy session.

### *Should I see or speak to my client outside the therapy session?*

For the sake of consistency and 'containment' – both for the client and yourself – it is probably best to try and keep contact with clients to the therapy room. Here, external contact should be limited to administrative matters, such as letting your client know if you need to cancel a session, or your client informing you when they cannot attend. However, some situations are likely to challenge any rules you have set down. Consider the following scenario with a relatively new client, as the session comes to an end:

*Client:* I just don't feel like there's any point sometimes.

*Therapist:* You feel like there's no point.

*Client:* Yeah. When I think about it, I can't really think of a solution, and it all seems a bit pointless [silence]. Sometimes I just think it would be easier if I wasn't here ... and better for everyone really.

*Therapist:* You feel like it would be better for you and for everyone if you weren't here. Can I just check, are you saying that sometimes you feel so bad that you have thoughts of killing yourself?

*Client:* Yeah ... yeah, I do sometimes. But then, other ... well, I mean, sort of, I mean, sitting here now, I don't really want to die. I mean, on a good day, I can think, 'Well, maybe I can do stuff, maybe I could get a job', but you know, then, on a bad day, I just think, 'What's the point, nobody else cares anyway'.

In this example, the client is not presenting as actively suicidal, but they are also telling the therapist that they do sometimes feel that way. So, how tightly would you hold to the 'no external contact' boundary during the

week with this client? Understandably you might be worried about them, but you would also be aware that you want to ‘start as you mean to go on’ – i.e. with fairly consistent boundaries and a clear sense for the client of what they can expect.

Some studies indicate that telling your client they can ring you if they are experiencing feelings of desperation during the week can provide tangible evidence to the client that you genuinely care (Knox & Cooper, 2010). Indeed, this may help to de-escalate a client’s suicidal feelings, particularly if this is partly driven by their belief that nobody cares whether they live or die. However, there is also the risk that offering this contact may be seen by the client as suggesting that they cannot cope without you. Encouraging your client to go to their GP or a hospital accident and emergency department may send the message that you have faith in their ability to look after themselves. On the other hand, they may interpret this as you trying to get rid of them, or that you are unable to handle their distress. Different clients, therefore, may interpret such an offer of contact in very different ways. It is important, therefore, when setting the therapeutic frame, to find out how your client feels about it. It is also important to review this as you go along, for example asking ‘How did you feel when I spoke to you/was unable to speak to you on the phone this week?’

As with time boundaries, sometimes the most important part of setting – and negotiating – boundaries around external contact is conveying a natural human warmth and caring attitude. A client of mine (Rosanne) once told me that she had attempted suicide during the week. When I asked if she had thought of ringing me when her feelings escalated to that point, she said she had not wanted to bother me on a Sunday. It seems I had made the boundaries very clear, and the client was being very ‘well behaved’ in sticking to them – to the point that she very nearly died. Having agreed a plan of action to keep her safe, I ended by saying that she could phone me at any time if she felt like that again. I added that if I was able to talk, I would, and if not, then I would arrange a time with her when I would be available to talk. I did not know it at the time (as is so often the case) but some time later my client told me that my offer had had a profound effect on her – she felt that I thought she was worth extra care, and that feeling was the start of her rebuilding her own sense of worth, and crucially, self-care. Interestingly, I do not remember her ever taking me up on the offer, but it seemed to have helped to know that she could if she reached desperation point again.

### *Should I accept invitations on social media sites?*

Social media sites like Facebook, Twitter and LinkedIn create a whole new set of potential issues for therapists. Becoming a friend on sites

such as Facebook not only gives you access to whole areas of your clients' lives, families and friends, it also gives them the same access to yours. For these reasons, it is probably better avoided in most cases, in order to avoid becoming too involved in your client's world outside the therapy room, or they in yours. Should your client send you an invitation to become a friend on such a site, you can politely explain at the next session why this may not be helpful or appropriate, remembering to check out how that feels for them. The likelihood of such situations arising can be lessened by ensuring that your own online settings are private, so that your own personal page is not accessible by the general public. If you want a public arena, then you can set up a professional page, or a professional blog, which you would be happy for your clients to access.

A slightly more difficult situation to judge is if your client asks you to look at something like a picture on their own Facebook page. If you do so, you will see what they are trying to communicate to you. However you will also see a lot of other aspects of their lives – family, friends, people they have spoken about – which can give you a different impression of your client from the one you have gained from the counselling room. This could then potentially impact on your relationship in unexpected ways. Here, it might be worth explaining concerns to the client, and asking them if there is any other way you can see what they want you to see. For instance, perhaps they could show you the picture on their phone instead.

Many public figures have fallen foul of the implications of commenting on Twitter. If you do so with your own name, consider what your clients might think if they read it. Remember that by responding to someone's comment you 're-tweet' that comment which you may not agree with. Also consider that anything you tweet can be re-tweeted in a response by someone else.

### *How do I deal with a dual relationship?*

Occasionally dual relationships will occur, for example if a student is seeing a therapist connected to their educational institution, and then subsequently finds them tutoring on a course or being a group supervisor. In such cases it can be helpful to acknowledge the dual role in therapy, ask the client how they feel about it, and to discuss together any plans or agreed ways of dealing with particular situations that might arise.

Sometimes a client might try to give you a dual role by asking for a reference or a letter for a housing department for example. This may impact on the relationship, as you are now both therapist and reference

giver (or housing application supporter). If you decide to comply with the request the likely impact should be explored and monitored with the client. A request for a report for court proceedings in particular has the potential to create a different, and potentially unhelpful, dynamic. Discussing any such requests with your supervisor can help to ensure you are making a fully informed decision, and also minimise the likelihood of (or prepare you for) unexpected consequences.

### *How do I stick to the boundaries with an 'unboundaried' client?*

The potential for keeping to your chosen boundaries also requires the client's involvement. It is all very well stating the boundaries at the start, but what if the client does not understand or agree with them, or is simply someone who does not abide by 'the rules'? A client's perception of what is an exceptional circumstance may also differ radically from your own. Here, it is worth remembering that few clients are likely to come to the relationship with an understanding of what a 'therapeutic frame' is, or why it might be important. You may set very clear boundaries at the start, but if the client does not understand their potential importance, they might be less inclined to adhere to those boundaries.

As with most things, prevention is better than cure. Having an open, clear and collaborative discussion with clients about the boundaries of the therapeutic work and the reasons why they may be helpful at the start of therapy can prevent misunderstandings and possible feelings of rejection at a later date.

All clients may extend the boundaries at some point, perhaps arrive early/late, run over, contact you during the week, ask for personal information and so on. These things as a one-off are probably fairly easy to deal with, it can, however, become more of an issue when a pattern emerges, and you may need to challenge such behaviours. The following tips might help:

1. Be clear about boundaries at the start, and if you notice a pattern emerging, gently address it as soon as possible, as the longer it goes on, the harder it may be to challenge.
2. If you go along with an extension of a particular boundary – for example run over time or have contact during the week – be clear that, while you may be happy to do so on this occasion, this is not something you would normally do.
3. Be aware of any underlying feelings of resentment towards a client who asks for more. Think about their history and what might lead them to feel the need to extend the boundaries you have set.
4. Try to model the boundaries you are setting. For example, always be punctual, and perhaps mention towards the end of sessions that you

have ten minutes left. If a client does contact you during the week, make an assessment of the urgency and if appropriate say this is something you can talk about at the next session.

5. Take any such issues to supervision, both to receive some guidance on how to handle specific situations, and to explore the dynamic between you and your client that might be contributing to their behaviours.

## CONFIDENTIALITY

While the level of confidentiality you keep might seem fairly straightforward, how much you tell your client at the start, and how you would actually go about breaking confidentiality should you need to, can be more complicated.

*What do I tell my client about confidentiality at the start of the therapy?*

Most therapists would agree that in the initial contracting stages it is vital that you tell your client about the confidential nature of the relationship, and explain under what circumstances you might need to break that confidentiality. For adult clients, this would normally mean breaking confidentiality if you felt that they (or someone they told you about) were at risk of serious harm or death. Essentially, it is getting the balance right between telling your client either too much or too little at the start.

If you work for an organisation, agency, or educational institution, you will need to follow their policies on confidentiality, and therefore it is important that you fully understand these and are willing to work within them.

*In which situations would I need to break confidentiality?*

The most likely reason for breaking confidentiality is around suicide risk or extreme self-harm, if the life of the client or someone they tell you about is in danger, or for the protection of a child. It is up to you as the therapist to assess whether or not your client is at risk of serious harm or death (for issues around child protection see Chapter 7). Using your supervisor can be crucial at these times. It is also worth reflecting on your own risk tolerance or risk aversion. If you know yourself to be a risk tolerant person in life generally, then you might

also be tempted to take risks and hold confidentiality at times when for professional reasons it might be better to break it. If you tend to be risk averse, then you may feel the need to break confidentiality rather than, for example, work with a suicidal client to de-escalate their suicidal thoughts and feelings. It also depends on the beliefs you hold around suicide; you might believe, for example, that it is anyone's right to take their own life, and that it is not your role to try to stop them. This might lead you to maintain confidentiality in cases where there is a high risk of your client killing themselves. If you believe that people who are suffering from depression or mental health issues are not in the right state to be making decisions about ending their life, then you will be more likely to try to act to prevent them from killing themselves.

When explaining the limits of confidentiality, it is important that you do not frighten your clients into not wanting to talk about their suicidal feelings. However it is equally important that you do not promote the idea that committing suicide is the best solution to a client's problems, or you could be increasing the risk of that client taking action. For a detailed exploration of working with suicidal clients see Andrew Reeves' volume *Working with Risk in Counselling and Psychotherapy* (2015) in this series.

*If I have to break confidentiality, how much do I tell my client about the actual process?*

Another aspect to consider is how much you tell your client about the actual process of breaking confidentiality should this become necessary – for example whom you would tell, when you would tell them, how much information you would disclose, whether you would let the client know first, and so on. If you felt they were at risk from suicide, for example, you might say that in the event of believing that they were a risk to themselves you would need to tell their GP or another medical professional. (This is one reason why it is important to obtain your client's GP details at the start of the therapy.) Keeping the information brief and concise can reduce the likelihood of them becoming reluctant to talk about how bad they really feel. However, not being clear with clients from the start could lead them to feeling confused or betrayed should disclosure become necessary. It is necessary, therefore, to find a balance that is appropriate for the setting in which you work. One option would be to provide clients with a fairly concise description verbally, but then to provide more details of this and other contractual issues in written form, for those clients to read in their own time.

## TALKING ABOUT THE RELATIONSHIP

To what extent should therapists talk to clients about the therapeutic relationship?

*Should I talk about the nature of the relationship itself at the beginning?*

The existential therapist Yalom (2001) has described three types of therapist disclosure: information about the therapist; shared feelings in the moment; and information about the process of therapy. Yalom felt that the third type, though not always used, makes a vital contribution to the process. If the journey is to be a collaborative effort then, as far as possible, the client needs to be 'in the know' and not left wondering what it is all about. Not explaining anything about the nature of the relationship at the beginning can leave a client in a hidden state of confusion, which could potentially create a distance between client and therapist. Remember that the way in which things are done in therapy (for instance, someone listening without interrupting, while keeping to strict time boundaries) can be a very alien and unusual experience for clients, and therefore may need considerable explanation for them to understand what is going on. On the other hand, if you spend too much time talking about the therapeutic relationship and what clients should expect, they may feel distracted from what they came to talk about, and possibly become even more confused. Some tips that can act as a guide are as follows:

1. Make your own assessment of the level of distress your client is in as they come through the door. Some will be bursting to tell their story, others will be less desperate or even reluctant to talk.
2. If you feel they are in a calm, at least relatively stable state, you might decide to go straight into a level of introduction around what they can expect.
3. If they are in a distressed state, you might want to wait until the end of the session, bring it to a close with about ten minutes to go, and then explain a little about the process.
4. Ask the client if they would like to know a little about how the counselling will work, and what they can expect. Remember that different clients will want, and benefit from, different things.
5. Sending out some information to new clients in advance of their first session about how the therapy might work and what they can expect will help them to arrive more prepared to engage in the process and less anxious about what will happen.

It might be helpful to say to your clients at the beginning that they should let you know if there is anything they are not happy with, in order to prevent difficulties building up and getting in the way.

## CONTRACTUAL ARRANGEMENTS

Contractual arrangements with clients can vary, ranging from verbal agreements to quite detailed and signed written contracts.

### *What information do I need from a new client?*

It is important to obtain the client's full name and address, and contact details, and who they live with. You should also ask for their GP's details, explaining that you are not going to contact them or disclose any information except in an emergency or with the client's consent.

It is also advisable to ask if they are on any medication, and if they have ever had thoughts of or have attempted suicide, again assuring them that you are not going to do anything with this information, unless they are at serious risk of self-harm. Such information will inform any future assessment of risk you may have to make.

### *Should I have a written contract?*

Agreeing a contract at the beginning can help bring some structure to the therapy, in terms of clients knowing how long they have, and whether or not an extension will be possible. A confidentiality policy would normally be part of the contract, both in giving the client a sense of safety, and in ensuring that they are aware of when and how confidentiality might need to be broken. This also acts as a reinforcement of the core boundaries that have been agreed around the time, place, contact and so on. Some therapists like to have a written contract signed by both the client and themselves, and most counselling organisations will have their own contracts. A signed contract can protect both client and therapist. Again, however, research indicates that the particular contractual arrangements made by therapist and client prior to the commencement of therapy are not strongly related to outcomes (Orlinsky et al., 1994).

### *What should be included in the contract?*

A typical written contract might include the following:

- A brief description of your approach, and some idea of what the sessions will look like.
- The number of sessions, or open-ended with scheduled reviews about how the client feels the therapy is progressing.
- The time and duration of individual sessions.

- The venue.
- Fees, payment methods, agreement regarding missed sessions, any likely increase in fees.
- Your confidentiality policy and procedures.
- Procedures for reviews or evaluation and feedback.
- Notice to terminate agreement.

### *What if I don't feel comfortable charging clients?*

It may seem to fly in the face of a therapeutic helper relationship to be discussing payment with your client. On the other hand, exploring and negotiating financial issues with clients may help 'open up' other issues in their lives: for instance, how do they feel about money, and how much do they value their own mental health?

### *How do I deal with money when working for a charitable organisation?*

If you are working for an organisation that charges a small amount, you may not have to deal with the money at all, and if you do, any negotiations are likely to have been done at the assessment. However, some organisations ask for whatever the client can afford, and you may have to ask the client this yourself, and then agree on an amount. It is sometimes thought that clients who pay more will give more value to the therapy and are therefore likely to do better, but there is little evidence to support this. Indeed Orlinsky et al. (1994) found that outcome is not strongly related to the payment of a reduced fee.

### *How do I set a fee in my own private practice?*

It is probably worth checking the advertisements and professional body lists (such as BACP) to see what others are charging. If you are starting out you might want to position yourself somewhere at the lower end, until you become a bit more experienced. Some new therapists charge far below the going rate, but it is worth remembering that you are a qualified professional, and doing so may undermine your own practice and confidence in your own professionalism.

The taking and receiving of money can have an impact on the relationship itself, and it is worth looking for signs of whether your client might resent having to pay for the sessions, however helpful they are finding them. You might want to ask what it means to them, to be paying whatever it is a week to you, but only if you feel this is relevant to the therapy.

### *When should I offer concessionary rates, if at all?*

Imagine the following scenario. A client contacts you and says they would like counselling following the death of their father after a long illness. They have been unable to work for some time and they are struggling financially, so they cannot afford your normal rates. You would like to take them on as a client, and you are struggling to find enough clients at the time.

What do you do in this situation? Some therapists will decide on the number of 'concessional' places they can offer at any one time. So, for example, if you see ten clients per week, you might offer two places at concessional rates. Some might not be able to afford the offer of a concessionary rate, or will decide not to for other reasons. However, they may have the name of a colleague who does offer concessionary rates, or the contact details of a local low cost counselling agency, to give out as a resource. If you do decide to offer concessionary rates, there are several ways of deciding what these should be. For example:

1. Negotiate a rate with the client that they feel that they would be able to pay, and that you are happy to accept.
2. Have a standard 'means tested' rate, so that if your potential client is a full-time student, a pensioner, unemployed, or earning less than a pre-determined amount, you might offer them therapy at a standard reduced rate on sight of proof of their employment situation.
3. Have a standard concessionary rate but trust the potential client's account of their own lack of ability to pay the full rate.

Returning to the example above, imagine how you would feel if you discovered that your client who was unemployed has returned to work and is living a much more lavish lifestyle than you can ever hope to aspire to yourself. You would then be left with the decision of whether to raise this with them or say nothing. This situation may have been avoided if you had put a time limit on the concessionary rate at the start, which then gives you the opportunity to review their financial situation at regular intervals. Alternatively, in your initial contract, you might want to ask them to let you know if their financial situation changes, and trust that they will do so.

### *When and how should I take the money?*

It is important to consider the actual process of transferring money: for example, whether you want to send an invoice, and if so at what frequency – weekly or monthly. Many therapists will ask for cash or a cheque at each session. This makes the financial transaction more

visible in the room, which could feel more uncomfortable, but may also act as a catalyst for a more transparent and open discussion of the client's relationship to money, and indeed of their relationship with you. Asking for the money at the beginning of the session can keep it from intruding on the ending, especially if the client has been particularly distressed in a session. It can be helpful to let the client know in the first session not just the amount but how and when they should pay you, thus reducing any unnecessary anxiety on their part.

### *Should I ever give credit?*

There are no guidelines to say you should never do this. However, giving credit can be fraught with difficulties. It should be done with careful consideration for the client's ability to pay, how well and for how long you have known them, and how much debt they are building up. Giving credit in some circumstances might support the therapy – for example, if a client is going through hard times and you offer credit, this may help them to feel that you really care for them and understand their situation (Knox, 2011).

### *Should I charge for missed sessions?*

Most therapists consider it right to charge for missed sessions, as this puts value on the process, and on the time spent together, and discourages clients from simply not showing up. There is also the consideration that if clients see their therapy as a priority, they might take it more seriously. However, to avoid difficult situations or disagreements, it is essential to let them know at the start that missed sessions will be charged for, unless given notice of, for example, a minimum of 48 hours. This then gives them a chance to question this rule and raise any concerns they may have. It also gives a message to the client about the value you put on the sessions, and perhaps the respect you have for your and their time too. Some therapists are less strict about payment absences due to illness, and in some circumstances giving notice might not be possible.

## FINISHING RELATIONSHIPS WITH CLIENTS

It is often said that you start working towards the ending of therapy from the moment the client first comes through the door. Therapists from different approaches may deal with endings in different ways.

*Should I ever suggest the ending with clients or should I leave it to them?*

How the ending of the relationship is experienced by the client will depend on a range of variables, including how well you have prepared them, and how well they have prepared themselves. It will also depend on whether your sessions are externally time-limited, for example you are working in a setting providing short-term counselling of perhaps six to eight weeks. If your contract is open-ended, there is less pressure to focus on the ending. The advantage of this is that clients can have more control in the timing and nature of the ending. However there are pitfalls here too: allowing clients to carry on indefinitely can increase their sense of dependency on you, and may lead them to feel that they cannot cope on their own.

If your client is going round in circles, or clearly not engaging in the process of therapy, then bringing up the subject of ending might stimulate them to look at ways of moving forward. It is probably best to discuss this with your supervisor first, so that you are sure your actions are for the benefit of that client.

*Should the therapy end when the initial aims have been reached?*

If you are offering open-ended therapy, this is really up to the client. It may be that some of the goals of the therapy have been reached, and that this is enough for the client for now. If you feel the client may be receptive, you could ask if they would like to explore further issues that have arisen during the course of the therapy, or that they have touched on, but in a way that they can say no without feeling judged.

*Should we agree a 'notice to terminate'?*

In open-ended counselling, some therapists will put in place a contractual agreement about endings at the start of the therapy, which may include, for example, a 'notice to terminate'. This is in order to avoid confusion, or the client being left with unfinished business. This would entail an agreement about how much notice either party should give the other prior to ending. How long this might be would vary, but too short and there might not be enough time for the client to complete any ongoing explorations, and too long and the ending becomes drawn out and unhelpful in itself. In a long-term relationship notice of six weeks

might be needed. In relationships of over several years, two or three months might be appropriate, as and where possible.

*Is it ever appropriate to have contact with a client after the therapy has ended?*

If you keep the ending 'clean' and final, then you may be helping the client to accept and adjust to the ending of the relationship and the loss, and to move forward in their lives. However, they may be feeling that there are yet other paths to tread, paths which they would like to tread with your help in the future. Is that something you would be prepared to consider? Indeed, is it something that you have the choice to consider?

Many counselling agencies, especially where counsellors are voluntary and the counselling is free or low cost, will not allow counsellors to see clients privately in the future. This is to protect clients from unscrupulous counsellors trying to build up a private practice. Even where a counsellor has the client's needs at heart, the client may be so attached to them that they will agree to paying a private fee that they cannot afford in order to continue seeing them. Some agencies will allow private work to resume after a period of time has elapsed, for example three or six months, *provided that it is the client who contacts the counsellor*. It is hoped that the client will have time to process the ending, and if they then contact the therapist it will be out of a genuine need to do more work with someone they know and trust, rather than through dependency or a fear of ending. In order to prevent anger and frustration at the end of such short-term contracts, it is important to be very clear about what is and is not permitted at the end of the allotted time from the start.

In terms of ongoing contact, one option might be to invite clients to contact you again for further sessions if they feel they need these (provided the setting allows for this). Some therapists will also offer a follow-up session at a future point – perhaps six weeks, or three months – as standard. The advantage of this is that clients have the reassurance of knowing that should their improved state of being not continue, they will still have their therapist's support. This also gives them an opportunity to address any residual issues that may arise after the therapy has ended. Other therapists, however, may feel that offering a follow-up session can 'muddy the waters' and dilute the experience of the ending itself. If clients know that they have a follow-up session in a few weeks, then the ending is not, strictly speaking, the ending – or at least it is a different type of ending.

*What do I do when clients drop out of therapy?*

If a client simply DNAs (does not attend) with no communication from them, contacting them to find out why not only shows that you care, but also gives them an opportunity to re-engage. They might have a perfectly understandable reason for their absence, such as an emergency or sudden illness, but equally it might be an indication that they are pulling back from the relationship and/or the therapy. It could help to ask them if there is anything that happened which they found unhelpful, especially if you have sensed some tension or dis-ease in a session.

If it becomes clear that they are not coming back at all, you will need to find a balance between showing that you care about their wellbeing and trying to find out if the situation is repairable, on the one hand, and respecting their decision to leave on the other. Some therapists might make perhaps two or three attempts at contacting a client. When you feel sure that the client has left, sending a final warm, respectful email or letter expressing your understanding that they have decided to end the therapy, telling them that you respect their decision, and wishing them all the best for the future, can let them know that they mattered to you. You might also want to let them know that if your assumptions are incorrect, or should they change their mind, you would be happy to continue seeing them.

When a client ends the relationship by either simply not returning, or in anger or after a breakdown of the relationship, the therapist can be left not knowing what went wrong – if anything. Perhaps the first thing to bear in mind is that, according to the research, only about 30% of clients drop out of therapy because they are dissatisfied with the therapeutic process (Pekarik, 1992). It helps to remember that this happens to all of us. Sometimes there was nothing that could have been done, and there can be a whole range of reasons for a client leaving which may have nothing to do with the therapist. However, if you do not explore whether you had a part to play in the breakdown of the relationship – either in supervision or in your own self-reflection – then any mistakes you may have made may be more likely to be repeated. The reality is that a proportion of clients do get worse as a result of therapy (Lilienfield, 2007), and a small minority may come away feeling humiliated, abandoned, manipulated, traumatised and emotionally abused by their therapists (Bates, 2006). We would all like to think these are not our clients, but unless we are willing to reflect honestly on our practice, we are unlikely to know.

### Personal reflection

- Think about how comfortable you feel with setting the therapeutic frame.
- Which boundaries will you find more difficult to put in place and hold?
- How does your chosen approach impact on how you set and keep the boundaries?
- How might your personality impact on your boundary keeping?
- To what extent, if at all, might you want to be flexible in specific instances such as clients presenting as high risk?

### Chapter summary

Setting the therapeutic frame is complicated, and needs careful consideration. The task is to be clear enough so that your clients understand the basic boundaries, and also understand why they are there, without appearing too clinical, rigid or dictatorial, and without scaring or confusing clients. A collaborative approach gives clients some sense of agency in the process, which enhances the possibility of an effective, mutual relationship. Lack of clarity at the start can lead to misunderstandings, confusion and frustration, both for clients and therapists.

### Ideas for research

- Clients' experiences of flexible or strict boundary keeping by therapists.
- Therapists' experiences of the challenges in keeping boundaries.
- Therapists' experiences of breaking confidentiality.
- An exploration of how much therapists tell their clients about the relationship or the therapeutic process at the start of the therapy.
- Clients' experiences of endings in time-limited therapy.
- Clients' experiences of different types of endings.

## RECOMMENDED READING

- Bond, T. and Mitchells, B. (2008) *Confidentiality and Record Keeping in Counselling and Psychotherapy* (BACP). London: Sage.
- Gray, A. (1994) *An Introduction to the Therapeutic Frame*. London: Routledge.
- Syme, G. (1994) *Counselling in Independent Practice*. Buckingham: Open University Press.