

Is There Something Wrong or Questionable in Your Treatment?

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The purpose of this list is to alert you to boundary issues that frequently occur in poor or abusive treatment and health care. If you are currently in a treatment that doesn't feel right, and/or if several of the items below describe your treatment, I suggest that you find a consultant who does not know your current practitioner in order to assess whether or not the treatment is viable. If you have been in a treatment relationship that didn't feel good to you, this list might help you identify what went wrong. The list below is not exhaustive. It is intended to offer examples of the kinds of behaviors that very often accompany poor treatment. Although most items apply to psychotherapy, some can apply to other kinds of health care, pastoral counseling, or clergy relationships. There is a section on touch-based health care (including bodywork) at the end of this checklist.

Certain items below might not always reflect poor treatment. For example, it might make sense to break ties with abusive people in your life, and a practitioner might support this with your best interests in mind. If, however, the practitioner is encouraging you to break ties with all your close relationships with the sole purpose of making you extremely dependent on him or her, that is very likely to be poor treatment. A practitioner who encourages you to see him or her as often as you can afford might genuinely have your best interests in mind. The issue to examine is whether he/she is encouraging extra sessions as part of his or her own need to have you become excessively dependent. A practitioner might occasionally share something about him/herself in order to help you (e.g. let you know you're not the only one who has experienced that difficulty; offer some advice about what helped him/her in a similar situation). If, however, the practitioner talks about him or herself as a way of asking for help from you, as a way of having you serve as an audience, or as a way of derailing you from the issue you raised, there's probably serious trouble in your treatment.

Good, boundaried psychotherapy, pastoral counseling, addiction counseling, bodywork, medical practice, etc. should always be oriented to your emotional and medical needs and not to the emotional needs of the practitioner. Practitioners who are lonely, need attention, have deep unresolved problems, and/or who lack good training in boundary issues are apt to do marginal or poor treatment. There are good practitioners, and you have a right to be treated by them.

Many of the items listed below might fit into more than one category.

Business Practices

- Practitioner has offered to see me for free or for a very low fee as a favor to me.
- Since my fee is so low, the practitioner expects me to bring food for him/her to the sessions or to do other tasks in exchange for treatment.
- Practitioner bills insurance for sessions that don't occur.
- Sessions frequently run over by half an hour or more.
- I am usually the last appointment of the day.
- There is usually no one else around when I have my appointments.
- The practitioner often keeps me waiting for long periods of time.
- I owe the practitioner over \$1,000.
- I often don't know how long a session is going to last. Sometimes it's 20 minutes, other times it's an hour and a half.
- The practitioner frequently answers the phone during my sessions.
- If the practitioner is hungry, we go to a restaurant during my session.

Dependency, Isolation and Goal Derailment

- The practitioner has told me that I should break ties with most of my important relationships (such as those listed below) and I don't understand why:
 - Mother
 - Father
 - Sister(s)
 - Brother(s)
 - Partner or Spouse
 - Social groups
 - Religious activities
 - Treatment group
 - Close friend(s)
 - Political groups
 - 12-Step programs
 - Other
- The practitioner encourages me to see him/her as often as I can afford to do so, even if I don't feel a need to come so often.
- The practitioner encourages me to telephone him/her often, even if I feel I don't need to.
- The practitioner tells me what she/he is doing in terms of personal growth and suggests that I do the same thing.
- The practitioner goes out of his or her way to accommodate the frequent schedule changes that I request, even though it is very inconvenient for him/her.
- The practitioner suggested that I drop out of school.
- The practitioner seemed to think that my plans to go to/complete school were a bad idea.

- The practitioner thought that my ideas to change my career for the better were not a good idea.
- The practitioner offered to see me free if I were to run out of money, even if I needed long-term free treatment.
- The practitioner has given me his or her own used clothing.
- The practitioner tells me what clothing to wear and/or how to wear my hair.
- The practitioner demands that I talk to no one about my treatment.
- I have said several times that I'd like to see another practitioner for a consultation about my treatment, but my practitioner is adamant that I shouldn't do it.
- The practitioner regularly offers concrete support to me such as visits to my home, accompanying me in difficult situations, frequent calling to see how I am. When I am in a crisis, he/she is even more available.
- I feel with this practitioner as though I've found the kind of help and understanding I've wanted all my life.
- The practitioner regularly reminds me that she/he is the only person in my life who really cares about me. The practitioner regularly reminds me that he/she is the only person who really understands me and knows what's good for me.

Social Contact

- I have been to parties where the practitioner was and the practitioner didn't discuss the implications of traveling in the same social circles.
- The practitioner has invited me to parties.
- I have invited the practitioner to parties to which he/she came.
- I have invited the practitioner to parties to which he/she did not come but said it was because of a prior engagement.
- I have attended professional meetings with this practitioner at his/her invitation.
- This practitioner and I usually attend the same AA or Al-Anon (or equivalent) meeting.
- This practitioner often gives me a ride to the bus at the end of the session.
- This practitioner often gives me a ride home.
- I have stayed at this practitioner's house overnight.
- I have spent social time with members of this practitioner's family.
- I have been/am intimately involved with one or more members of this practitioner's family.

- This practitioner and I have close friends in common.
- Practitioner said or implied that we could be friends when treatment was over.
- The practitioner sometimes takes drugs or drinks alcohol with me.
- The practitioner has given me illegal drugs.
- I have seen my practitioner nude at the health spa, gym, etc.
- I have seen my practitioner at the gym or health club (dressed).
- My practitioner and I are on the same sports team.
- My practitioner and I are on competing sports teams and predictably see each other in that context.
- I have access to a lot of personal information about the practitioner from mutual friends or colleagues.
- We have never discussed how social contact outside the professional relationship might affect the professional relationship.
- Other kinds of social contact. Please describe:

Feeling Special

- The practitioner told me that I was his/her favorite client.
- The practitioner talked about other clients in my presence.
- The practitioner took calls from other clients in my presence and let me know who they were.
- The practitioner said that she/he had never known anyone like me before.
- The practitioner gives me lots of presents and says they're a reflection of how important I am to him/her.
- The practitioner tells me about other clients in a way that makes me feel important, trusted and special.
- The practitioner told me I was special.
- Other ways the practitioner helped you feel special. Please describe:

Cult Themes

- There are many clients who seem close to this practitioner. I have met them or heard about them.
- The practitioner likes to foster a sense of family and community among his/her clients, which I have been part of.
- There are often parties or social meetings at the practitioner's home, which I have attended.

- The practitioner often takes former clients on as trainees at his/her training institute.
- The practitioner plays the role of “guru” for his/her clients. He/she has a vision about how the world should be and is trying to develop a community of clients as followers/participants in this community.
- I myself have been part of the planning group for the community the practitioner hopes to develop.
- The practitioner talks about other clients I know with no respect for their right to confidentiality.
- Ritualized group activities such as ceremonies were part of my relationship with the practitioner and his/her community.
- The practitioner is the “guru” of the group in which she/he is involved.
- Ritualized, sadistic activity in the presence of others.
- Other ways the practitioner established a community or family-type atmosphere. Please describe:

Mind Control

- The practitioner uses hypnosis as part of the treatment and I often don't know what's going on. When I ask, he/she refuses to answer.
- I feel as though I've been hypnotized or somehow in a trance-like state in the practitioner's presence, though he/she doesn't seem to obviously use hypnosis.
- I remember the practitioner making hypnotic suggestions that I don't feel comfortable with.
- After treatment was over, I began to remember some of the things the practitioner said or did while I was in a trance-like state, which in retrospect feel very uncomfortable or abusive.
- The practitioner suggested that I kill myself.
- The practitioner failed to take my suicidal feelings seriously. The practitioner suggested or implied that I might be better off dead.
- The practitioner fostered a lot of dependency and then started trying to get me to do things I didn't want to do.
- The practitioner insulted what I believed were the good parts of my life.
- A short time after I started treatment, my life began to fall apart. The practitioner didn't seem concerned about my life. Rather, he/she seemed concerned that I stay dependent on him/her. Sometimes I feel/felt drugged after sessions. Other ways the practitioner affected your thinking or undermined your strength. Please describe:

Sexual Activity

- The practitioner engaged (with or without physical force) in overt sexual contact such as: kissing of mouth, breasts, genitals; sexual hugs (prolonged full body hugs, pelvic thrusts, obvious erections); partial or total disrobing for the purpose of sexual contact; fondling of breasts or genitals (with or without clothing); masturbation; oral sex; vaginal or anal intercourse; use of sex toys; sexual activity while I was drugged. Practitioner engaged in sexual activity with me against my will.
- Practitioner initiated sexual activity with me on the condition that I keep quiet about it, by saying things like: If this gets out it will ruin me and/or my family.
- After the sexual part of my relationship with the practitioner ended, he/she told me that if I told anyone she/he'd be ruined.
- After the sexual part of my relationship with the practitioner ended, he/she threatened to expose embarrassing parts of my psychological history if I ever told anyone in authority or filed a complaint.
- Practitioner threatens that if I don't work on my repressed sexuality by being sexual with him/her, I'll never get better.

Seductive Language and Nonverbal Interaction:

- Practitioner says, "If only I'd known you back then, we'd have made a good couple..."
- Practitioner compliments my body.
- Practitioner discusses his/ her sexual attraction to me.
- Practitioner says, "If only we both weren't married..."
- Practitioner says he/she would like to have an affair with me when treatment is over.
- Practitioner seems to have a voyeuristic interest in my sex life.
- Practitioner sends me love letters.
- Practitioner gives me sex toys to use at home, tells me how to use them and asks for details about how I'm doing with them.
- Practitioner makes frequent comments on my appearance with the goal of having me appear as "sexually attractive" as possible.
- Practitioner often suggested or implied that we could have an affair when treatment was over.
- Practitioner looks at me in a voyeuristic way.
- After treatment ended, the practitioner called to ask me for a date.
- A short time after treatment ended, I started a sexual relationship with the practitioner.

Treatment Process

- Practitioner tells me his/her problems so that I can offer help or advice.
- Practitioner talks a lot about him/herself and I don't understand the relevance of what she/he is sharing for my treatment.
- Practitioner seems to free associate to what I say and spin off into his/her own thinking. I feel like my issues aren't being addressed.
- Practitioner always acts like he/she knows what's best for me without asking me.
- Practitioner is cold, distant, rigid.
- Practitioner gets very angry, sometimes yells at me.
- Practitioner interprets everything that happens between us as transference, even when I'm sure he/she has had a clear effect on how I feel.
- Since starting treatment, I've felt worse rather than better, and the practitioner doesn't seem concerned that this is happening or explain why it might be happening.
- After starting treatment, my life began to fall apart. Rather than being concerned about the quality of my life or my state of mind, the practitioner seems more interested that I stay dependent upon him/her.
- Since starting treatment, I've felt suicidal for the first time in my life; the practitioner doesn't seem concerned.
- Practitioner is hostile, sadistic.
- Practitioner seems to enjoy my pain.
- Practitioner fails to take my suicidal feelings seriously.
- Practitioner suggested, either directly or indirectly, that I kill myself (e.g. that I would be better off dead; that s/he dreamt that I was dead; that suicide might be a reasonable alternative for me, etc.).
- Practitioner insults parts of myself over which I have little or no control such as my physical characteristics and abilities, weight, race, gender, age, sexual orientation, hospitalization history, etc.
- Practitioner insults other aspects of my life. She/he seems more interested in tearing me down than in building me up.
- Practitioner threatens that if I don't do what he/she says, I'll never get better. Sometimes that feels right, sometimes it doesn't.
- The practitioner diminished the importance of a prior abusive treatment.

- The practitioner refuses to address my current needs, always insisting that my current problems must be addressed by working with my earlier experiences.
- The practitioner repeatedly yells at me in a loud voice.
- I often say that I don't think treatment is going very well and the practitioner brushes me off.
- When I raise questions about what is happening in my treatment, the practitioner refuses to discuss the treatment process, how he/she works, what I can expect from the treatment, etc.
- The practitioner would not tell me what his/her credentials are.
- The practitioner misrepresented his/her credentials.
- The practitioner advertised services that he/she was not qualified to deliver.
- The practitioner uses drugs or alcohol with me.
- The practitioner encouraged me to use drugs or alcohol, even though he/she knows that I have a history of troubles with drugs or alcohol.
- The practitioner seemed drugged or drunk in sessions.
- The practitioner and I used drugs or alcohol together during treatment sessions or office visits.
- The practitioner insults me for having the problems I have.
- The treatment ended without a termination process.
- The treatment ended with me feeling very upset, and the practitioner didn't suggest a referral to another practitioner.
- The practitioner talked about me with other people without my permission.
- The practitioner failed to carefully explain the limits of confidentiality.
- Other aspects of the therapy process that didn't feel right. Please describe:

Dual Roles

- The practitioner is my clinical supervisor (or vice versa).
- I work for the practitioner.
- I work for the practitioner in exchange for treatment sessions.
- The practitioner is/was my teacher, dissertation advisor, etc.
- The practitioner and I are friends apart from the treatment.
- The practitioner is a relative of mine.

- The practitioner is a close friend of my family.
- The practitioner and I are colleagues or peers in a work setting.
- The practitioner and I are engaged in a joint business venture.
- The practitioner has borrowed money from me.
- Other dual roles. Please describe:

In Bodywork, Health Care etc. Involving Physical Contact

- This practitioner touches parts of my body that seem unrelated to the issues I've presented, and I don't understand why. When I ask, I don't get an adequate explanation.
- This practitioner's touches seem more like sexual caresses than the kind of touch that feels appropriate in a medical treatment or examination.
- This practitioner's hands seem to linger too long on my body during a physical examination or treatment.
- This practitioner touches me in ways that hurt without preparing me for what will happen and without negotiating what my treatment or diagnostic alternatives might be.
- This practitioner seems to enjoy the fact that some of the physical contact he/she initiates is painful to me.
- This practitioner blames me for the health problems I have and acts as though I deserve them.
- This practitioner seems hostile towards my body.
- This practitioner makes comments of a sexualized nature about my body.
- This practitioner has not asked me whether there are parts of my body that I would prefer not to have touched.
- This practitioner does not explain what she/he is doing or what I should expect in an exam or treatment.
- This practitioner leaves parts of my body uncovered after she/he has finished examining or treating those parts, even though I have requested that my body be covered except for those parts being treated or examined.
- If I take a friend or advocate along when I see this practitioner, he/she addresses communication to that person rather than to me.