

Practice Standard:
**THE THERAPEUTIC NURSE-CLIENT
RELATIONSHIP**



**Nurses Association
OF NEW BRUNSWICK**



Mission

The Association is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy.

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Note: In writing this document, the term nurse and the feminine pronoun have been used to mean registered nurse and include nurse practitioner. The masculine pronoun has been used to mean the client.

Preamble

Standards are authoritative statements that provide direction to registered nurses (RNs) about the legal and professional expectations for nursing practice. They inform RNs about their accountabilities and responsibilities, assisting them with reflective practice. Standards are broad statements that serve to guide, support and promote safe, competent and ethical nursing care.

RNs, as professionals, are committed to the development and implementation of practice standards through the ongoing acquisition, critical application and evaluation of relevant knowledge, attitudes, skills and judgement. Standard statements describe how RNs must practise nursing. Statements are further explained by indicators that are illustrative, action-oriented examples of how the standards can be met or demonstrated. Since indicators are not an exhaustive list of how standards are met, RNs need to consider how the standards apply to their practice setting or role.

The Nurses Association of New Brunswick (NANB) standards apply to all RNs working with any client regardless of nursing role or practice setting. NANB standards;

- guide, direct and regulate nursing practice;
- promote professional nursing practice;
- facilitate evaluation of nursing practice;
- enable the client to judge the adequacy of nursing care;
- provide guidelines to nurse researchers in identifying and exploring relationships between nursing practice and client care outcomes;
- provide guidelines for nurse administrators to support and facilitate safe, competent and ethical nursing practice within their agencies;
- provide guidelines for nurse educators in setting objectives of educational programs;
- link with relevant nursing legislation; and
- facilitate articulation of the role of nursing within the health-care team.

Introduction

This practice standard document relates to specific aspects of registered nurses' practice in relation to the therapeutic nurse-client relationship.

The therapeutic nurse-client relationship is one of the building blocks on which nursing practice is built. The therapeutic nurse-client relationship is a planned, time-limited and goal-directed connection between a registered nurse and a client and his significant others, for the purpose of meeting the client's health care needs.

The purpose of this document is to provide RNs with an understanding of the dynamics of the therapeutic nurse-client relationship which includes:

- establishing a therapeutic nurse-client relationship;
- setting and defining the limits of the relationship;
- recognizing and dealing with situations when boundaries that separate professional behaviour from non-professional behaviour are blurred;
- terminating the relationship in a professional manner; and
- maintaining a professional relationship with the client and his significant others after the termination of the therapeutic nurse-client relationship.

Principles of the Therapeutic Nurse-Client Relationship

The following are the underlying principles of the therapeutic nurse-client relationship.

- The therapeutic nurse-client relationship is established for the purpose of promoting client health and well-being.
- RNs practise in accordance with standards for nursing practice and the *Code of Ethics for Registered Nurses* (CNA 2008).
- RNs are responsible for setting and maintaining the appropriate boundaries within the therapeutic nurse-client relationship regardless of the wishes of a client or the setting in which the relationship occurs.
- RNs are responsible and accountable for their own actions in the therapeutic nurse-client relationship, including actions which result in outcomes that may have been unintended, but should have been foreseen.
- RNs recognize the impact that the determinants of health* and individual characteristics of the client have on both the therapeutic nurse-client relationship and the health of the client.



Components of the Therapeutic Nurse- Client Relationship

Registered nurses are expected to behave, interact and communicate in a professional manner and demonstrate professional presence* at all times. In the practice setting, RNs engage in professional relationships with clients and clients' significant others which are focused on client health care needs. This more intimate aspect of the professional relationship is called the therapeutic nurse-client relationship. The duration of the therapeutic nurse-client relationship is limited to the episode of care. However, the professional relationship established with the client and client's significant others may continue to exist after the episode of care. The duration of a professional relationship will depend, among other things, on the client's vulnerability and health condition, the duration of the episode of care, and the probability of having to care for the client again.

Whenever, the registered nurse provides nursing care, the following components of the therapeutic nurse-client relationship are present: power, trust, respect, and professional intimacy. The RN is in a privileged position because of the trust the client puts in her and because of the power imbalance that exists in the relationship. RNs must not abuse this trust by using this power to meet their own needs. This would constitute a conflict of interest. The therapeutic relationship differs from a non-professional or social relationship in that the needs of the client always come first. By virtue of the nature of the nurse-client relationship, it is not possible to maintain a therapeutic and a social relationship with the client at the same time (Appendix A).

Components

Power: The therapeutic nurse-client relationship is one of unequal power. Although RNs may not perceive themselves as having power in the relationship, they have more power than the client. The power of the RN comes from the authority associated with her position in the health care system, specialized knowledge, influence with other health care providers and the client's significant others, and access to privileged information. In any professional-client relationship, there is an imbalance of power in favor of the professional, and is reinforced in health care services by the inherent vulnerability of a client needing care.

Trust: Clients expect the RN to have the knowledge and skills to provide safe competent care, and to demonstrate caring attitudes and behaviours, and so entrust their care to the RN. Trust is critical, as the client is in a vulnerable position in the relationship. Part of trust is keeping one's word. If trust is breached, then it becomes very difficult to re-establish it.

Respect: Respect for the dignity and worth of the client is fundamental to the therapeutic nurse-client relationship. The RN needs to know and understand the culture and other aspects of the client's individuality (cultural safety*) and to take these into account when providing care. Being respectful means being non-judgemental of the client, and seeking to discover the meaning behind the client's behaviours.

Professional Intimacy: This does not refer to sexual intimacy. Professional Intimacy relates to the kinds of activities registered nurses perform for and with the client which create personal and private closeness on many levels. This can involve physical, emotional and spiritual elements.

The therapeutic nurse-client relationship varies with the context, the setting, the type of nursing services provided (acute, long term, mental health), and the client's health. Boundaries are the defining lines which separate the therapeutic behaviour of an RN from any behaviour which, well intentioned or not, could reduce the benefit of nursing care to clients. They are the limits to the nurse-client relationship which allow for a safe, therapeutic connection between the professional and the client. Boundaries give each person a sense of legitimate control in the relationship. It is the RN's responsibility to determine when actions or behaviours deviate from established boundaries and shift the nurse-client relationship from being therapeutic, to being non-therapeutic or non-professional in nature.

Standards and Indicators

This document contains four standards, each with accompanying indicators that describe a registered nurse's accountabilities related to the therapeutic nurse-client relationship. The standards are meant to guide nursing practice and have been organized for clarity and are not listed in order of priority.

Standard One: Communication

The registered nurse uses a wide range of communication strategies and interpersonal skills to establish, maintain and terminate the therapeutic nurse-client relationship.

The registered nurse:

- 1.1. introduces herself to the client by name and discusses with the client their respective roles within the therapeutic nurse-client relationship;
- 1.2. addresses the client by his preferred name and/or title;
- 1.3. gives the client time, opportunity and ability to explain himself, and listens to the client with the intent to understand him, without diminishing his feelings or without immediately giving advice;
- 1.4. informs the client that pertinent information will be shared with the health care team and identifies the general composition of the health care team;
- 1.5. is aware of own verbal and non-verbal communication style and how clients might perceive it;
- 1.6. adapts her communication style to address the determinants of health*, as necessary, to meet the therapeutic needs of the client;

- 1.7. recognizes that all behaviour has meaning and seeks to understand the cause of a client's comments, attitude or behaviour;
- 1.8. considers the client's level of understanding and discusses the client's beliefs and wishes when establishing the therapeutic nurse-client relationship;
- 1.9. advocates on client's behalf and encourages him to advocate on his own behalf;
- 1.10 refrains from maintaining any mode of communication with clients and client's significant others, outside the therapeutic nurse-client relationship unless it is required as part of the healthcare plan;
- 1.11 refrains from self-disclosure unless it meets a specific, identified therapeutic client need;
- 1.12 reflects on own behaviour and interactions with a client and the health care team, and invests time and effort to continually improve communication skills; and
- 1.13 plans for the termination of the therapeutic nurse-client relationship with the client, throughout the episode of care.

Standard Two: Client-Centered Care

The registered nurse engages in a client-centered care approach to ensure that all behaviours and actions meet the therapeutic needs of the client.*

The registered nurse:

- 2.1. actively includes the client as a partner in care;
- 2.2. develops and follows a comprehensive health care plan* with the client and health care team that aims to meet the client's needs;
- 2.3 establishes with the client their mutual roles, as well as the roles of family and significant others, in achieving the goals identified in the health care plan;
- 2.4 gains an understanding of the client's abilities, limitations and needs related to his health condition and needs for nursing care or services;
- 2.5 discusses expectations with the client in meeting goals identified in the healthcare plan in the context of the client's health status and available resources;
- 2.6 recognizes the impact of own competency in establishing, maintaining and terminating a therapeutic nurse-client relationship on client's well-being;



- 2.7 recognizes that her own beliefs, wishes, feelings, fears, strengths and weaknesses, can interfere when establishing, maintaining and terminating the nurse-client relationship;
- 2.8 demonstrates sensitivity and respect for the client's choices, which originate from the client's individual values and beliefs;
- 2.9 discusses, throughout the therapeutic nurse-client relationship, ongoing plans for meeting the client's care needs after the termination of the therapeutic nurse-client relationship (for example, discharge planning with the client and/or referral to community organizations);
- 2.10 discloses any relationships, affiliations, or financial or personal interests that may create a conflict of interest which could impact the health care plan;
- 2.11 assesses the need to remove self from care when a conflict of interest has been identified; and
- 2.12 collaborates with members of the health care team, seeking information and assistance when dealing with challenging clients.

Standard Three: Boundaries

The registered nurse is responsible and accountable for establishing and maintaining boundaries in the therapeutic nurse-client relationship.

The registered nurse:

- 3.1 helps clients understand when requests are beyond the limits of the therapeutic nurse-client relationship;
- 3.2 does not interfere with the client's personal relationships unless such relationships negatively impact the clients' health and well being;
- 3.3 continually clarifies her role within the therapeutic nurse-client relationship, especially in situations in which the client may become unclear about the boundaries and limits of the relationship;
- 3.4 ensures that existing personal relationships do not undermine the judgement and objectivity in the therapeutic nurse-client relationship;
- 3.5 recognizes when the boundaries of the therapeutic nurse-client relationship are at risk of being compromised (Appendix C and D);
- 3.6 determines whether a particular activity or behaviour is appropriate within the context of a therapeutic nurse-client relationship (Appendix E);
- 3.7 recognizes there may be an increased need for vigilance in maintaining



boundaries in certain practice settings (i.e. mental health, community health, long term care) and when providing nursing care to family, friends and acquaintances (Appendix F); and

- 3.8 consults with a supervisor, colleague or NANB for any situation in which it is unclear whether a behaviour may cross a boundary of the therapeutic nurse-client relationship.

Standard Four: Protection from Harm

The registered nurse protects the client from harm by ensuring that abuse is prevented or stopped and reported.*

The registered nurse:

- 4.1. exhibits verbal and non-verbal behaviours that demonstrate respect for the client;
- 4.2. intervenes and reports incidents of verbal and non-verbal behaviours by others, that demonstrate disrespect for the client;
- 4.3. intervenes and reports others' behaviours or remarks toward a client that are perceived to be: violent, threatening or intended to inflict physical harm; romantic, sexually*, emotionally* or financially abusive*; or to be one of neglect*;
- 4.4. does not enter into a personal relationship with a client, or with a significant other of a client, when a therapeutic nurse-client relationship exists, or when there is a predictability that the underlying healthcare needs of the client would result in the therapeutic nurse-client relationship being re-established;
- 4.5. does not engage in activities that could result in personal or other material benefit at the expense of the client; and
- 4.6. avoids conflict of interest by refusing any request to take on the position of power of attorney* for anyone who is or has been a client, with the exception of those clients who are family members*.



Conclusion

The therapeutic nurse-client relationship is at the core of nursing practice. Expectation of professional nursing practice is that it is designed to ensure all interactions focus on the clients' needs. The practice standards for the therapeutic nurse-client relationship are meant to assist registered nurses in establishing, maintaining and terminating this relationship in an appropriate manner. Furthermore, RNs are responsible for establishing and respecting boundaries of the relationship and are accountable for their own behaviour.

Glossary

Abuse: The misuse of power or a betrayal of trust, respect or intimacy between the RN and the client which the RN knows may cause, or could be reasonably expected to cause, physical, emotional or spiritual harm to a client. This includes all types of abuse by RNs for example: emotional, verbal, physical, sexual, neglect and financial.

Accountability: The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties (Ellis & Hartley, 2005).

Client: Reflects the range of individuals and /or groups with whom RNs have interactions with and can include individuals, families, groups, populations or entire communities as well as students, colleagues and other health-care professionals.

Client centered care: Places the client and their significant others at the centre of their own health care, using their needs and wishes to inform the health care plan.

Community: An organized group of persons bound together by ties of social, ethnic, cultural, occupational origin or geographic location (Canadian Public Health Association, as cited in CNA, 2004).

Conflict of interest: Occurs when an RN's personal or private interests interfere with the interests of a person receiving care or with the RN's professional responsibilities.

Cultural safety: Addresses power relationships between the service provider and the people who use the service. This usually requires registered nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practise in a way that affirms the culture of clients and registered nurses. Unsafe cultural practice is any action which demeans, diminishes or disempowers the cultural identity and well being of people. (Walker ;St Pierre-Hansen; Cromarty;Kelly& Minty, 2010.

Crossing boundaries: An action or behaviour that deviates from an established professional boundary in the nurse-client relationship; even where the action or behaviour appears appropriate, it is not acceptable when it benefits the nurse's personal needs rather than the needs of the client.

Determinants of health: At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behaviour. These factors are referred to as 'determinants of health'. They do not exist in isolation from each other. It is the combined influence of the determinants of health that determines health status. The 12 determinates of health identified by Health Canada are income and social status, social support networks, education, employment or working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture.

Emotional/verbal abuse: Verbal and non-verbal behaviours that may reasonably be perceived to demonstrate disrespect for the client and which are perceived by the client or others to be demeaning, seductive, exploitive, insulting, derogatory or humiliating.

Family members: Those people identified by the person receiving care or in need of care as providing familial support, whether or not there is a biologic relationship. However, in matters of legal decision-making it must be noted that provincial legislation is not uniform across Canada and may include an obligation to recognize family members in priority according to their biologic relationship (CNA, 2008).

Financial abuse: Actions taken with or without the informed consent of the client that result in monetary, personal or other material benefit, gain or profit to the nurse, or in monetary or personal material loss for the client (CNO, 2003).

Health care plan: An integrated interdisciplinary strategy designed to meet a client's identified health care needs. The health care plan is formulated based on the information gathered in an integrated interdisciplinary assessment, and indicates how each of the identified needs will be met. Interdisciplinary team members work with clients in resolving health issues arising from the assessment (Adapted from Smith, Smith, Newhook, & Hobson, 2006, p. 94).

Modes of communication: Include the use of non-verbals such as a facial gestures (smiling, frowning), body language (arms crossed), and the impression one give to others with one's appearance (dress, body image). Modes of verbal communication can be through the use of spoken or written words including the use of telephones, cell phones, email, and social networking.

Neglect: Involves exhibiting behaviours towards clients that may be reasonably perceived by the client, RNs or others to be a breach of the professional's duty of care.

Power of Attorney: A document used when someone wants to delegate, to another, legal authority over his or her affairs. The person who signs a Power of Attorney is called the principal or donor. The principal chooses someone (called an agent, donee or attorney-in-fact) to have power of attorney, meaning the agent can make property, financial, personal care and other decisions for the principal. It provides protection by authorizing someone to act on your behalf should you become unable to make the necessary decisions for yourself. A Power of Attorney can also be used as a personal healthcare directive to outline your wishes regarding future health treatment, should it become impossible for you to express your wishes at the time a significant decision needs to be made. (GNB: Justice and Consumer Affairs, 2010)

Professional presence: As a reflective practitioner, the registered nurse demonstrates confidence, integrity, optimism, passion, and empathy, in accordance with professional standards, guidelines and codes of ethics. This includes the registered nurses' verbal and non-verbal communications and the ability to articulate a positive role and professional image, including the use of name and title (Adapted from Lachman, 2001; SRNA, 2007).

Sexual abuse: Form of professional misconduct and means: sexual intercourse or other forms of physical sexual relations between the nurse and the client; or touching, of a sexual nature, of the client by the nurse; or behaviour or remarks of a sexual nature by the nurse towards the client. (*Nurses Act*)

Significant other: A person having importance in, or influence on, another's life.

Appendix A: Differences Between the Therapeutic Nurse-Client Relationship and Non-Professional Relationships

Characteristic	Professional Therapeutic Nurse-Client Relationship	Non-Professional Relationship (casual, friendship, romantic)
Location of relationship	Place defined and limited to where nursing care is provided.	Place unlimited; often undefined.
Purpose of relationship	Goal-directed to provide care to client.	Pleasure, interest-directed.
Structure of relationship	For RN to provide care to client.	Spontaneous, unstructured.
Power balance	Unequal power – RN has more power due to authority, knowledge, influence and access to privileged information about client.	Relatively equal.
Responsibility for the relationship	RN is responsible for establishing and maintaining professional relationship, not the client.	Equal responsibility to establish and maintain.
Preparation for the relationship	RN requires formal knowledge, preparation, orientation and training.	No formal requirement.
Time spent in relationship	Exists during the episode of care.	Personal choice for how much time is spent in relationship.

Appendix B: Giving and Accepting Gifts

Registered nurses may find themselves in a situation in which a client gives them a gift. The RN should abstain from accepting gifts at the risk of being in conflict of interest unless, in rare instances, the refusal will harm the therapeutic nurse-client relationship. If the refusal could be harmful, the RN should consult with a supervisor and document the consultation before accepting the gift.

When considering accepting a gift from a client the RN should consider:

- whether the client is mentally competent;
- the client's intent and expectation in offering the gift (that is, will the client expect anything in return, or will the registered nurse feel a special obligation to that client over others);
- the appropriateness of the timing (for example, on discharge versus Valentine's Day);
- the potential for negative feelings on the part of other clients who may not be able to, or choose not to give gifts;
- the monetary value and appropriateness of the gift; and
- whether accepting the gift would change the dynamics of the therapeutic relationship.

Gift giving may be acceptable when:

- it is part of the therapeutic plan or approach for the client;
- it is given from a corporation or an agency, or from a group of RNs caring for a client;
- the client is clear that the RN does not expect a gift in return;
- it does not change the dynamics of the relationship of the RN with the client;
- it does not affect the relationship that other RNs have with the client; and
- it has no potential for negative feelings on the part of other clients.



Appendix C: Warning Signs Regarding the Therapeutic Nurse- Client Relationship

There are a number of warning signs that indicate registered nurses may be crossing the boundaries in the therapeutic nurse-client relationship. Examples of these are:

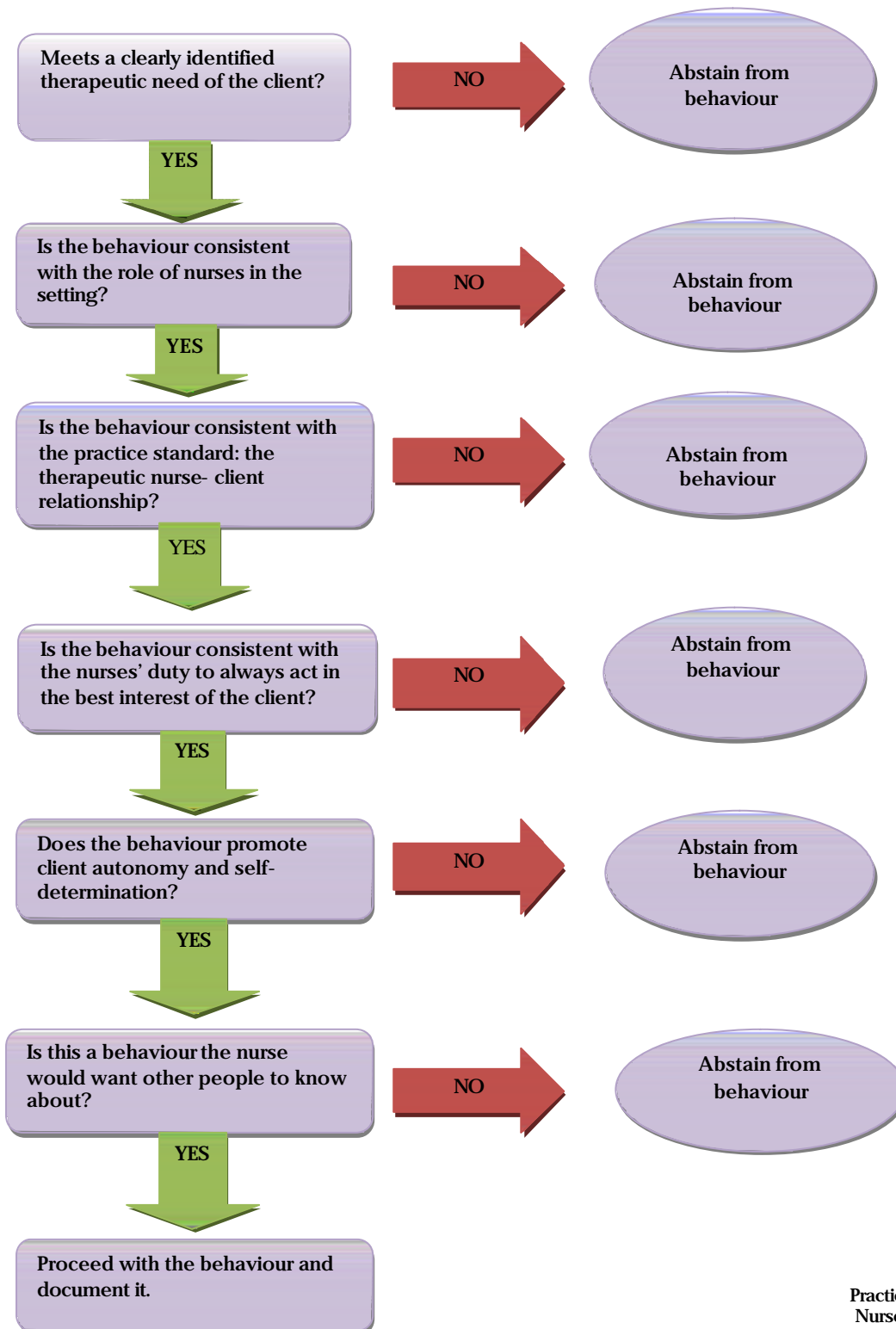
- spending extra time with one client beyond therapeutic needs;
- changing client assignments to give care to one specific client;
- feeling other members of the team do not understand a specific client as well as you;
- disclosing personal problems to a specific client or a client's significant other;
- dressing differently when seeing a specific client or a client's significant other;
- thinking about the client or a client's significant other frequently when away from work;
- being guarded or defensive when someone questions the RN's interactions with the client or the client's significant other;
- spending off duty time with a client or a client's significant other;
- ignoring policies of the agency when working with a specific client or a client's significant other;
- keeping secrets with a client apart from the health team;
- giving a client or a client's significant other one's home phone number, personal cell phone number, email address or adding a client or a client's significant other as a friend on social networking sites; and
- a specific client talks only to one RN and refuses to speak to other RNs.

If one or more of these signs are present in a relationship, further assessment of all aspects of the relationship is needed to determine if professional boundaries are being crossed. For example, it may be found that the client speaks mostly to one RN because that is the model of care being used in that setting, and in this case it would not be inappropriate.



Appendix D: Decision Making Guide

Proposed Behaviour



Appendix E: Providing Nursing Services to Family, Friends or Acquaintances

Providing nursing care to family, friends or acquaintances can provide special challenges to an RN. In some instances, RNs, especially when working in small communities, may be required to care for family, friends or acquaintances. There are a number of factors to be considered in these situations:

Input from client: The client needs to have input into the decision about who provides their care as some clients may not be comfortable with receiving nursing services from someone with whom they have a prior relationship.

Self awareness/reflection: RNs must reflect carefully on whether they can maintain objectivity in caring for a client and whether the relationship interferes with meeting the client's needs. It is also necessary to be sure that providing care to family/friends does not interfere with the care of other clients or with the dynamics of the health care team. Before making the decision, the RN may wish to discuss the situation with colleagues and the employer.

Maintaining Boundaries: An RN is expected to disclose personal relationships and remove self from care however there are situations in which an RN may be required to provide nursing care for a family member, friend or acquaintance. When this occurs the following issues must be considered: awareness of the potential difficulties concerning boundaries between the RN's professional role and personal role, in the situation; clarifying what the boundary is for the client; the need for meeting personal needs outside the therapeutic relationship, and if this is not possible, finding alternative care arrangements; and developing and following a healthcare plan. If a significant other of the RN is admitted to an agency where the RN is providing services, the RN must make every effort to ensure that alternative care arrangements are made. Until alternative arrangements are made; however, the RN may provide care.

Confidentiality: An RN caring for family or friends needs to carefully consider issues of confidentiality, and use caution to avoid revealing information about the client to other family and friends even after the nurse-client relationship ends.

Appendix F: When to terminate the Therapeutic Nurse- Client Relationship

The therapeutic nurse-client relationship ends when the episode of care ends. However, there may be circumstances that require an RN or an NP to terminate the relationship before the episode of care has ended. Ending the therapeutic nurse-client relationship while the client still requires care should not be undertaken lightly and should only occur when all other avenues have been considered.

Registered nurses have a duty to act in the best interests of their clients. Clients are entitled to be treated with respect and without discrimination during all stages of the therapeutic nurse-client relationship, even if the relationship faces termination. RNs enter into a therapeutic nurse-client relationship with a commitment to provide their clients with quality service. However, when circumstances affect the RN's ability to achieve this, the RN may decide it is necessary to end the therapeutic nurse-client relationship. In some cases, it may be the client who decides to end the relationship.

RNs are entitled to end the therapeutic nurse-client relationship under certain circumstances. Each situation is ultimately fact-specific. RNs are expected to apply good clinical judgement and compassion in each case to determine the most appropriate course of action.

Ending the relationship before the episode of care has ended will usually have significant consequences for the client. Registered nurses should always carefully evaluate any decision to discontinue care and should use reasonable efforts to resolve any issues affecting the relationship with the client prior to any final decision.

Reasonable efforts include discussing with the client, when possible, the reasons affecting the RN's ability to provide quality care and/or the elements that are necessary for an effective therapeutic nurse-client relationship. If RNs are uncertain whether or not it is professionally acceptable to end a therapeutic nurse-client relationship, they are advised to contact the NANB.

Situations which may result in a decision to end a therapeutic nurse-client relationship before the episode of care has ended include:

- Breakdown of trust and respect between the RN and the patient. Trust and respect are essential elements of an effective therapeutic nurse-client relationship. RNs may find in the course of providing services to a client that these elements break down to the extent that the nurse is no longer able to provide quality care to the patient.

This may occur when there has been:

- client fraud, such as for the purpose of obtaining narcotics or other drugs;
- serious threat of harm to the RN;
- other forms of inappropriate behaviour towards the RN (inappropriate behaviour can include foul language, rudeness, argumentativeness, etc);
- a conflict of interest that compromises the RN's duty;
- a communication breakdown that makes it impossible to provide quality care.

Situations where it is inappropriate for a nurse to end a therapeutic nurse-client relationship before the episode of care has ended include:

- Dismissing a client based on any prohibited ground in the *Human Rights Code* (including race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity and expression, age, marital status, family status or disability) may lead to an allegation of discrimination, which could lead to a proceeding before the Human Rights Tribunal.
- The client chooses not to follow the RN's treatment advice, clients are entitled to make decisions about their health care. In general, they can make their own decisions about treatment and lifestyle, even if the RN does not agree with those decisions. In general, a RN should not end a therapeutic nurse-client relationship because the client chooses not to follow the RN's advice.

Communicating a decision to terminate

Decisions to terminate a therapeutic nurse-client relationship are difficult for both RNs and clients. In all circumstances, RNs must have a transparent and bonafide rationale for ending the relationship. This should be shared with the client when appropriate, and documented in the client's medical record. In most cases, it is appropriate and useful for the client to understand the reasons why services are being discontinued.

Other Resources

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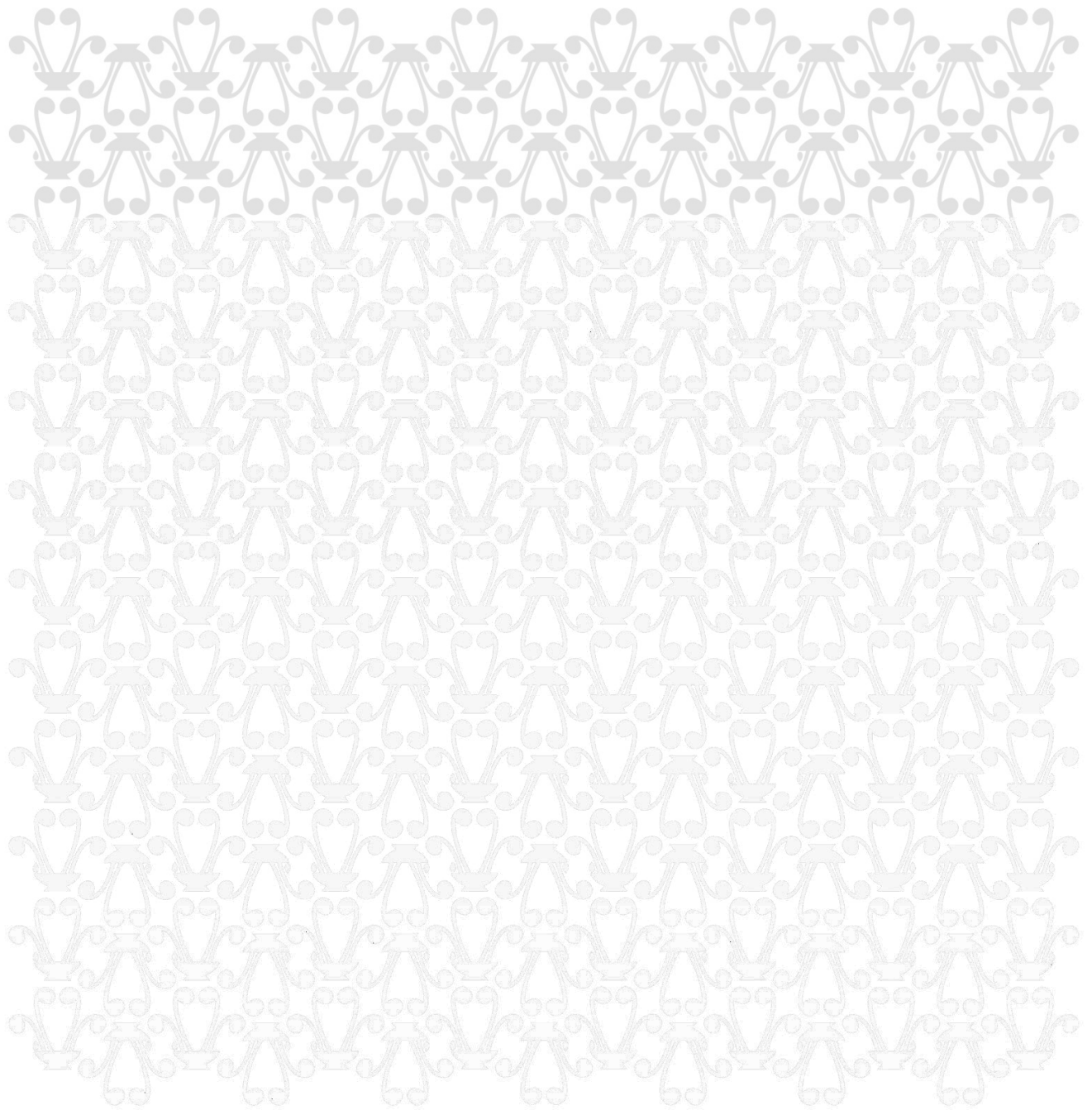
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