



College of Occupational
Therapists of Ontario

STANDARDS FOR PROFESSIONAL BOUNDARIES



STANDARDS FOR PROFESSIONAL BOUNDARIES

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Introduction

Occupational therapists, like all health practitioners, are in a unique relationship of trust with their clients. The client/professional relationship is by definition an unequal relationship, which results in a power imbalance in favour of the professional. This is due to the occupational therapist's position of authority and professional knowledge in relation to the client's health status, vulnerability, unique circumstances and personal history. A client's desire to improve his or her health leads to a need to establish trust in the professional much more quickly and completely than he or she might do otherwise. The power in the relationship also results from recommendations made by the occupational therapist and their influence on possible benefits the client may or may not receive. If the occupational therapist uses this position of power and/or takes advantage of a client's vulnerability to violate appropriate boundaries, it is an abuse of power, whether done consciously or unconsciously.

Occupational therapists are responsible for anticipating the boundaries that exist with their clients, as well as setting and managing boundaries relating to personal dignity, privacy, control and professional detachment, to ensure that the trust a client has placed in the occupational therapist is not betrayed. In identifying and setting boundaries, occupational therapists need to work to ensure that client goals will be reached and their words and actions will not be misinterpreted by the client. In order to maintain healthy, trusting professional relationships, occupational therapists must ensure their own competence, integrity and dependability with respect to identifying risk for potential boundary violations by establishing and maintaining appropriate professional boundaries on an ongoing basis, and managing violations should they occur.

The effective maintenance of boundaries between the client and the OT is a continuous process. More specifically, boundary violations do not always occur at a single point in time. They can be the cumulative outcome of boundary crossings over a period of time. A single boundary crossing may constitute professional impropriety without immediate harm to the client. However, in an ongoing client/professional relationship, a boundary crossing or a series of boundary crossings may lead to a boundary violation. A boundary violation is an overt change in the nature of the client/professional relationship from a professional to a personal one. By comparison, a boundary crossing may be a subtle event in which the

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professional either initiates or allows the client conduct in which there may be a temporary excursion across appropriate professional lines. When a client/professional relationship has moved to a personal relationship, this constitutes a boundary violation which ultimately may subject the client to harm.

Occupational therapists are required to use their professional judgment to be aware of and apply professional knowledge to the prevention, setting and management of boundaries in a wide variety of circumstances. Occupational therapists should also undertake active and ongoing self-monitoring of their actions in, and response to, the therapeutic situations they encounter and their interactions or interpersonal relationships with clients.

The topic of boundaries is a broad one, covering many issues, including but not limited to: sexual relations, financial dealings, social interactions, conflict of interest, differences in values, and breach of confidentiality. Boundaries may also differ from circumstance to circumstance or client to client, or over time in a given client/therapist relationship. Boundary issues require more than just management by the occupational therapist when they occur, they also require anticipation and ongoing self-monitoring on the part of the occupational therapist as a means of preventing their development. By way of example, an arm around the shoulder or a hug may mean very different things to the grieving client, an elderly client and a young child, or a single, female/male professional. The refusal of a gift for example, may be appropriate as a general rule, but in some cultures can be viewed as an insult. Boundary issues involve the occupational therapist's anticipation of, and respect for the diversity of beliefs, values and interests possessed by clients. They also call for a reflective insight into intended and unintended interpretations of interpersonal relationships, words, or gestures during interactions with clients.

In light of the occupational therapist's clinical knowledge and the trust placed in them by the client, the occupational therapist must keep in mind that it is his or her responsibility to prevent boundary violations from developing through an abuse of this power. The onus is on the occupational therapist to recognize issues of power and control; anticipate, be alert to, respect and manage boundaries, and practice in a manner which establishes and preserves the client's trust. Occupational therapists, in their client-centred practice, can work to minimize the power differential, however it should be acknowledged that the power does exist. **The consent of a client is never a defence to a violated boundary.**

Attending to the possibility of boundary crossings or violations does not mean that the occupational therapist is no longer able to demonstrate care in the therapeutic relationship. This relationship requires a combination of comprehensive care and therapeutic rapport. Indeed, in the context of sexual abuse, the *Procedural Code of the Regulated Health Professions Act, 1991* recognizes that while sexual abuse of a client is not permitted, "touching, behaviour or remarks of a clinical nature appropriate to the service provided..." are integral to the therapeutic relationship. Like all people, health professionals feel emotions. In the therapeutic relationship however, health professionals must stay alert to inappropriate behaviour during their interactions with clients and to responses of clients that might compromise the integrity of the therapeutic relationship, in the present or the future. The trust that the client invests in the occupational therapist, as mentioned above, is one for which the occupational therapist alone is responsible for managing. In appropriately managing client trust, the occupational therapist serves to protect the client, further validating a caring relationship between them.

This standard deals with the expectations of conduct in the client/therapist relationship that specifically relates to the preservation of appropriate boundaries between occupational therapist and client. Occupational therapists are advised to consult the *Code of Ethics, 2002*, *Principled Occupational Therapy Practice, 2002* and *Standards for the Prevention of Sexual Abuse, 2007* for additional guidance on College expectations for professional client/therapist relationships.

Definitions

What is a professional boundary?

A boundary is the implicit or explicit demarcation separating the professional relationship with a client from one that is personal.

What is professional boundary crossing?

A boundary is crossed when an occupational therapist initiates a behaviour or allows a behaviour to persist in a relationship that compromises or sets a future course that compromises the occupational therapist's relationship with his or her client. The potential for boundary crossings relates directly to the client's position of vulnerability in the therapeutic relationship and when they occur, the relationship can become unbalanced and destabilized in favour of the occupational therapist.

What is a professional boundary violation?

A boundary violation occurs when the nature of the therapeutic relationship moves from being a professional relationship to also being a personal one.

What is Transference?¹

Transference is generally defined as the set of expectations, beliefs, and emotional responses that a client brings to the client/therapist relationship. Transference reflects not necessarily who an occupational therapist is, or how an occupational therapist acts in reality, but rather what persistent experiences a client has had with other important authority figures throughout life, such as a parent. Transference involves how those experiences influence the client's relationship with his or her occupational therapist; for example, whether the client likes, idealizes, feels attracted to, or feels irritated or angry towards the occupational therapist.

What is Counter-Transference?²

Just as clients bring transference attitudes to the therapeutic relationship, occupational therapists themselves often have counter-transference reactions to their clients. Counter-transference may take the form of negative feelings that are disruptive to the client/therapist relationship, but may also encompass disproportionately positive, idealizing or even eroticized reactions. Just as clients have expectations — such as competence, freedom from exploitation, objectivity, comfort and relief — occupational therapists often have unconscious or unspoken expectations of clients.

¹ The terms "transference" and "counter-transference" are frequently used in literature related to sexual abuse. While they are psychoanalytical in origin, and not intended to indicate the adoption of a psychoanalytical framework, they are nonetheless incorporated here as best demonstrating an important dynamic comprising boundary issues. These definitions have been adapted from H.I Kaplan & B.J. Sadock, "Synopsis of Psychiatry-Behaviour Sciences/Clinical Psychiatry," 8th ed., (Baltimore: Williams & Wilkins, 1998) 6-8.

² Ibid.

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Conflict of Interest

A conflict of interest arises when the occupational therapist has a relationship or interest that could be seen as improperly influencing his or her professional judgment or ability to act in the best interest of the client. Conflicts may present in different ways and if identified, whether they are real or perceived, need to be addressed.

Application of the Standards of Practice for Professional Boundaries for Occupational Therapists

The following **standards** describe the minimum expectation for occupational therapists.

- The **performance indicators** listed below each standard describe more specific behaviours that demonstrate the standard has been met.
- It is not expected that all performance indicators will be evident at all times, but could be demonstrated if requested.
- There may be some situations where the occupational therapist determines that a particular performance indicator has less relevance due to client factors and/or environmental factors. Such situations may call for the occupational therapist to seek further clarification.
- It is expected that occupational therapists will always use their clinical judgment to determine how to best meet client needs in accordance with the standards of the profession.
- It is also expected that occupational therapists will be able to provide the rationale for any variations from the standard.

Pursuant to the *Regulated Health Professions Act, 1991*, the College is authorized to make regulations in relation to professional practice. The College's *Professional Misconduct Regulation* establishes that "contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession," constitutes grounds for professional misconduct. In addition, the College expects that for the purposes of setting and managing boundaries between themselves and their clients, all occupational therapists adhere to the following standards.

College publications contain practice parameters and standards which should be considered by all Ontario occupational therapists in the care of their clients and in the practice of the profession. College publications are developed in consultation with occupational therapists and describe current professional expectations. It is important to note that these College publications may be used by Colleges of other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

OVERVIEW OF THE STANDARDS FOR PROFESSIONAL BOUNDARIES

Standard 1

The occupational therapist will foster therapeutic relationships with his or her clients in a transparent, ethical, client-centred manner with respect for diversity of beliefs, uniqueness, values and interests.

Performance Indicators

An occupational therapist will:

- 1.1 Recognize the position of power the occupational therapist has over the client within the therapeutic relationship;
- 1.2 Respect the uniqueness and diversity of each client, taking into account such things as the client's capacity, beliefs, values, choices, religion, lifestyle, socioeconomic status, and culture;
- 1.3 Not allow his or her own values or beliefs to adversely affect the client/therapist relationship;
- 1.4 Recognize his or her own personal needs and values as they impact on the client/therapist relationship due to the authority vested in the occupational therapist;
- 1.5 Identify the appropriate boundaries of therapeutic relationships with clients;
- 1.6 Not exploit these relationships for any form of non-therapeutic or personal gain, benefit or advantage;
- 1.7 Demonstrate appropriate understanding of those elements of the *Code of Ethics, Standards for the Prevention of Sexual Abuse* and *Principled Occupational Therapy Practice* as they apply to professional boundaries;
- 1.8 Integrate into professional practice, those elements of the *Code of Ethics, Standards for the Prevention of Sexual Abuse* and *Principled Occupational Therapy Practice* as they apply to professional boundaries.

Standard 2

Occupational therapists are expected to assume responsibility for proactively determining the possible risks for boundary violations within the context of their practice. This is what is meant by anticipating what boundaries will be necessary to establish. At times, a boundary crossing will occur; that is, an occupational therapist may move into behavioural territory that if continued, could lead to a boundary violation. Occupational therapists are expected to recognize these boundary crossings that may occur for therapeutic reasons, but, at the same time, to take care to ensure that a temporary boundary crossing does not progress to become a boundary violation.

The occupational therapist will assume full responsibility for anticipating, establishing and maintaining appropriate boundaries with clients at all times.

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Performance Indicators

An occupational therapist will:

- 2.1 Assume responsibility for anticipating, establishing and maintaining appropriate boundaries with his or her clients, regardless of the client's actions, consent or participation;
- 2.2 Identify the potential risks within his or her practice in relation to professional boundaries;
- 2.3 Establish appropriate boundaries with families, caregivers and partners of clients at the outset and maintain them on an ongoing basis and beyond discharge; (see Standard 10)
- 2.4 Demonstrate that practices and procedures have been established in his or her practice regarding attempts to solicit, encourage, or the receipt/exchange of the following which include but are not limited to:
 - (a) Gift-giving by clients;
 - (b) Social invitations from clients;
 - (c) Financial connections with clients; and
 - (d) Non-therapeutic requests made by clients.
- 2.5 Display professional conduct at all times;
- 2.6 Communicate in a non-judgmental manner;
- 2.7 Seek advice when appropriate; and
- 2.8 Be able to provide reasoning in support of professional judgment for variations in practice that involve boundary crossings.

Standard 3

In relation to the topic of professional boundaries, the theory of transference and counter-transference is an important consideration. The presence of transference and/or counter-transference is an unconscious process and is an inherent aspect of the way we relate to others. Individuals cannot necessarily control the presence of these feelings until they are aware of them, but they can control the attitudes and behaviours that they display in response to these feelings and emotions. For example, an occupational therapist may not understand why he or she has a strong like or dislike to a client, but can recognize that it would not be appropriate to convey these feelings to a client or to act on them. It is important that occupational therapists are consciously aware of these feelings and emotions and reflect on what may be the result of transference/counter-transference and what may be a warranted response to the situation. Conscious awareness of this process will assist occupational therapists to manage these feelings and not act on inappropriate emotions, thereby preventing a possible boundary violation.³

³ Content taken from anonymous comments made in feedback to the Draft Standards.

The occupational therapist will understand the causes and effects of transference and counter-transference and will anticipate, identify and manage them as they relate to either conscious or unconscious vulnerabilities in the therapeutic relationship.

Performance Indicators

An occupational therapist will:

- 3.1 Recognize that the power imbalance in the therapeutic relationship exists and that the trust inherent in the relationship can lead to non-therapeutic dependence on the part of the client;
- 3.2 Recognize that the occupational therapist can be vulnerable to co-dependence on the client;
- 3.3 Recognize that the presence of transference and/or counter-transference that is not recognized and managed, can lead to a violation of the client's trust in the occupational therapist;
- 3.4 Effectively manage the presence of transference or counter-transference.

Standard 4

Occupational therapists develop therapeutic relationships with their clients which are influenced by factors within either the client's or the occupational therapist's environment. There can be changes in circumstances of the client or the occupational therapist that may create an increased risk of boundary crossings or violations. Occupational therapists should be alert to changes in their relationships with clients that may create an increased risk of boundary issues and to manage these effectively.

The occupational therapist will be aware of changes in a therapeutic relationship that might raise boundary issues that were not previously present.

Performance Indicators

An occupational therapist will:

- 4.1 Effectively manage changes in interaction with a client that suggest the potential for a boundary crossing;
- 4.2 Be alert to, and effectively manage, behavioural changes or other indicators in a client that may signal a boundary crossing or violation;
- 4.3 Be alert to, and effectively manage his or her own emotional reactions to a client and ensure that they do not interfere with the therapeutic relationship.

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Standard 5

The occupational therapist will actively self-monitor and reflect on his or her actions in, and responses to, the therapeutic relationship.

Performance Indicators

An occupational therapist will:

- 5.1 Be alert to the nature of changing interactions with clients;
- 5.2 Avoid inappropriate disclosure of the occupational therapist's own personal information or emotional concerns to the client;
- 5.3 Not engage in care that provides special privileges as compared to other clients;
- 5.4 Be alert to increased attention given to clients which might signify a change in the nature of the relationship;
- 5.5 Be aware of any preoccupation about a client beyond the confines of the therapeutic relationship;
- 5.6 Avoid special exceptions to scheduling client appointments that may indicate a personal interest;
- 5.7 Avoid the provision of personal telephone numbers or other means of non-professional contact;
- 5.8 Avoid the receipt or exchange of gifts;
- 5.9 Avoid doing anything for the client that does not conform with the therapeutic relationship;
- 5.10 Avoid billing irregularities that may signify special treatment of a client;
- 5.11 Be alert to the desire to continue therapy beyond what is professionally required;
- 5.12 Question whether an action or a circumstance constitutes a conflict of interest;
- 5.13 Be aware of and reflect on the reason for any personal discomfort that he or she experiences when discussing the client with others, as it may signal a developing personal relationship with the client;
- 5.14 Not engage in touching the client in a non-therapeutic manner (*Please refer to the Standards for Prevention of Sexual Abuse, COTO, 2007*);
- 5.15 Ensure all contacts with clients maintain professional boundaries, whether in the clinical or non-clinical setting.

Standard 6

The occupational therapist will understand that client consent is never a defence against a boundary violation.

Performance Indicators

An occupational therapist will:

- 6.1 Develop and maintain practices and procedures to explain to the client that client consent does not permit a non-therapeutic relationship or allow for a personal relationship with the client;
- 6.2 When appropriate, clearly and diplomatically explain why client consent does not justify a boundary violation.

Standard 7

The occupational therapist will address and manage a boundary violation should it occur.

Performance Indicators

An occupational therapist will:

- 7.1 Not enter into a therapeutic relationship and/or accept a client with whom the occupational therapist already has a personal relationship and where professional boundaries may not be sustainable;
- 7.2 Immediately take steps to address and rectify a boundary violation when it occurs;
- 7.3 Seek peer and/or third party assistance as appropriate;
- 7.4 End the client relationship when indicated and arrange for referral to another professional;
- 7.5 Accept responsibility for boundary crossings and violations when they occur.

Standard 8

The occupational therapist will avoid providing occupational therapy services to his or her own family members or partner, or with individuals they know personally and where professional boundaries may not be sustainable.

Performance Indicators

An occupational therapist will:

- 8.1 Maintain practices and procedures that clearly communicate that a request for occupational therapy services by an individual with whom the occupational therapist has a personal relationship, may be inappropriate if professional boundaries may not be sustainable;
- 8.2 Clearly, sensitively and consistently explain, with justification, why the request cannot be accepted.

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Standard 9

The occupational therapist will avoid non-professional relationships with current clients.

Performance Indicators

An occupational therapist will:

- 9.1 In the context of therapeutic practice, develop and implement a practice and procedure that defines the meaning of a current client;
- 9.2 Avoid inappropriate relationships with those associated closely with a client (e.g. the parent of a client);
- 9.3 Avoid entering into non-therapeutic relationships with clients being treated by colleagues, or clients in the same service/area of practice, especially if the occupational therapist is privy to the client's personal information;
- 9.4 Avoid personal financial relationships with his or her clients.

Standard 10

The occupational therapist will avoid personal relationships with former clients, unless it can be reasonably established that sufficient time has passed since the professional relationship ended and the occupational therapist can demonstrate that the client is no longer dependent on the occupational therapist.

Performance Indicators

An occupational therapist will:

- 10.1 An occupational therapist will, if making a decision to enter into a personal relationship with a former client:
 - a) Demonstrate that the power imbalance attached to the therapeutic relationship no longer exists;
 - b) Ensure that the personal relationship is never subject to therapeutic involvement;
 - c) Generally not enter into a personal relationship with a client until two years have passed since the therapeutic relationship has ended. If the care provided involved especially vulnerable clients, the occupational therapist should never enter into a personal relationship with the client;⁴
 - d) Make decisions about personal relationships with former clients on the basis of professional responsibility that reflects the public interest.

⁴ These guidelines regarding the length of time that should pass after the therapeutic relationship ends with a client in general, or especially vulnerable clients, are based on guidelines currently recognized by a number of other health professions in Ontario. As with other aspects of this Standard, the occupational therapist must employ his or her clinical reasoning and judgment in determining the appropriate amount of time that should pass following the end of the therapeutic relationship if and before a personal relationship begins. It is also expected that occupational therapists will be able to provide the rationale for their actions.

Standard 11

Occupational therapists form professional associations with many professionals and non-professionals in the course of their practices. As with the relationship with clients, professional boundaries are also required with those with whom the occupational therapist works. Occupational therapists have a position of power over students and subordinates. This should be recognized by the occupational therapist in order to prevent abuse or misuse of this power. Professional boundaries can also be needed with some colleagues in order to prevent situations of conflict of interest. Occupational therapists are expected to reflect on their relationships with their students, subordinates and colleagues to ensure that their position of power does not lead to misuse or abuse, that client care is not compromised, and that situations of conflict of interest are prevented.

The occupational therapist will apply the principles set out in this boundary standard to their relationships with students and subordinates.

Performance Indicators

An occupational therapist will:

- 11.1 Maintain appropriate boundaries and adherence to standards, as outlined in this document, with students and subordinates.

Legislative References:

Regulated Health Professions Act, 1991 and Schedule 2, the Procedural Code

Professional Misconduct Regulation, 2007 – Made under the *Occupational Therapy Act, 1991*.

College References:

Code of Ethics, COTO, 2002

Principled Occupational Therapy Practice, COTO, 2002

Standards for the Prevention of Sexual Abuse, COTO, 2007

Other References:

Kaplan H.I., Sadock, B.J., *Synopsis of Psychiatry – Behaviour Sciences/Clinical Psychiatry*, 8th Edition. Baltimore: Williams & Wilkins, 1998, 6-8.

Townsend, Elizabeth A., Polatajko, Helene J., *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-Being, and Justice Through Occupation*; Canadian Association of Occupational Therapists, 2007.

Practice Examples

1. Mixing Personal and Professional Obligations

An occupational therapist works in a long-term care facility and is planning on attending the facility's barbeque, meant for clients and their families, as to support the clients and help during the barbeque. The OT does not have child care for her children on the day of the event. The OT is exploring the option of bringing her children to the barbeque. Considering the standard statement(s) and performance indicator(s) from the *Standards for Professional Boundaries, COTO, 2009*, what should the OT consider prior to the decision to bring her children to the event?

Discussion

According to the *Standards for Professional Boundaries, COTO 2009*, "An occupational therapist will foster therapeutic relationships with his or her clients in a transparent, ethical, client-centered manner with respect for diversity of beliefs, uniqueness, values and interests." In this scenario, the occupational therapist should consider performance indicator 1.4, "*An occupational therapist will recognize his/her own personal needs and values as they impact on the client/professional relationship due to the authority vested in the therapist*", and 1.5, "*Identify the appropriate boundaries of therapeutic relationships with clients*". The OT is crossing the professional boundaries when mixing personal and professional obligations. The barbeque is meant to benefit the clients, and the OT is expected to identify her own personal gain or benefit that would result from bringing her children to the barbeque. In this case, the OT would experience personal gain from sharing her personal experiences about her children with the clients and by eliminating the financial burden and stress of obtaining child care for that day. The OT should also consider performance indicator 5.2, "*An occupational therapist will avoid inappropriate disclosure of his/her own personal information or emotional concerns to the client*". The OT is expected to avoid inappropriate disclosure of his/her own personal information with the client(s).

In addition, standard statement 9 states, "*The occupational therapist will avoid non-professional relationships with current clients.*" This applies to this situation, as bringing one's children to a barbeque that requires a professional relationship be maintained with clients, may lead to a boundary violation. When an OT invites one's family members to a client-focused event, it blurs the lines between personal and professional relationships. The OT may initiate the perception of a personal relationship by clients, which sets a future course that compromises their professional relationship, and can eventually lead to a boundary violation where the nature of the therapeutic relationship moves from being professional to also personal.

2. Accepting a Gift

An OT working for an auto insurance company where he provides assessment reports to clients and the insurance adjuster. During one of his assessments for a client who was involved in a motor vehicle accident, he engaged in a conversation about hockey with the client. During this conversation, the OT expressed regret at his inability to obtain hockey tickets due to other financial priorities. Following the OT's submission of the assessment report to both the client and the insurance adjuster, the client sends hockey tickets to the OT with a thank you letter expressing his appreciation for the thorough assessment. What must the OT consider in order to meet the Standards in relation to maintaining professional boundaries?

Discussion

According to the *Standards for Professional Boundaries, COTO, 2009*, “The occupational therapist will assume full responsibility for anticipating, establishing and maintaining appropriate boundaries with clients at all times.” An OT in this case would be expected to identify any possible risks whereby boundaries could be breached or perceived to be breached. Performance Indicator 2.4(a) states that, “An occupational therapist will demonstrate that practices and procedures have been established in his or her practice regarding attempts to solicit, encouragement of, or receipt/exchange of gift-giving by clients”. Whether or not the gift was sent before or after the assessment report was submitted by the OT to both client and insurance adjuster, this situation presents a conflict of interest. The OT should refuse the gift as per College Standards as the gift-giving may be a presumed attempt to influence care that the client receives, especially in this context where an insurance adjuster is involved.

There is always a risk that communication or actions by a professional could be misinterpreted. In this case, the conversation about hockey inadvertently solicits hockey tickets from the client. Setting appropriate boundaries and using clear, professional communication is especially important with clients. While establishing rapport with clients is a natural process, OTs need to pay extra attention to the messages they may consciously or unconsciously send when they communicate with clients.

In rare instances, the refusal of a gift will offend the client and harm the therapeutic relationship (i.e. cultural beliefs of the client are impacted). Consider a client who offers an OT a small gift during a home visit as a gesture of appreciation. The client may be from a culture where offering gifts is the only way to secure health care. In situations like this, prior to accepting the gift, the OT would refer to agency policies, ensure that he/she has not solicited the gift-giving in any manner, consider the capacity of the client, and if the gift-giving is a method to ensure personal gain or benefit on behalf of the client. If the OT decides to accept the gift after all considerations, then he/she should convey that such gestures are not necessary, and that the best offering is knowing whether or not the client is satisfied with the care that is being provided.

OTs can manage these situations in their practice by setting clear policies regarding not accepting gifts from clients, and convey these to clients either when gifts are offered, or on their organization's documents/letters/brochures as a proactive measure. Some people may feel personally rejected when a professional rejects their gifts. The refusal of a gift can always include an expression of appreciation for the thought of the gift, and that the refusal of the gift is in the best interest of the client/therapist relationship.

