



College of Occupational
Therapists of Ontario

PROFESSIONAL BOUNDARIES: DEFINING THE LINES

A Quality Assurance Program Workbook



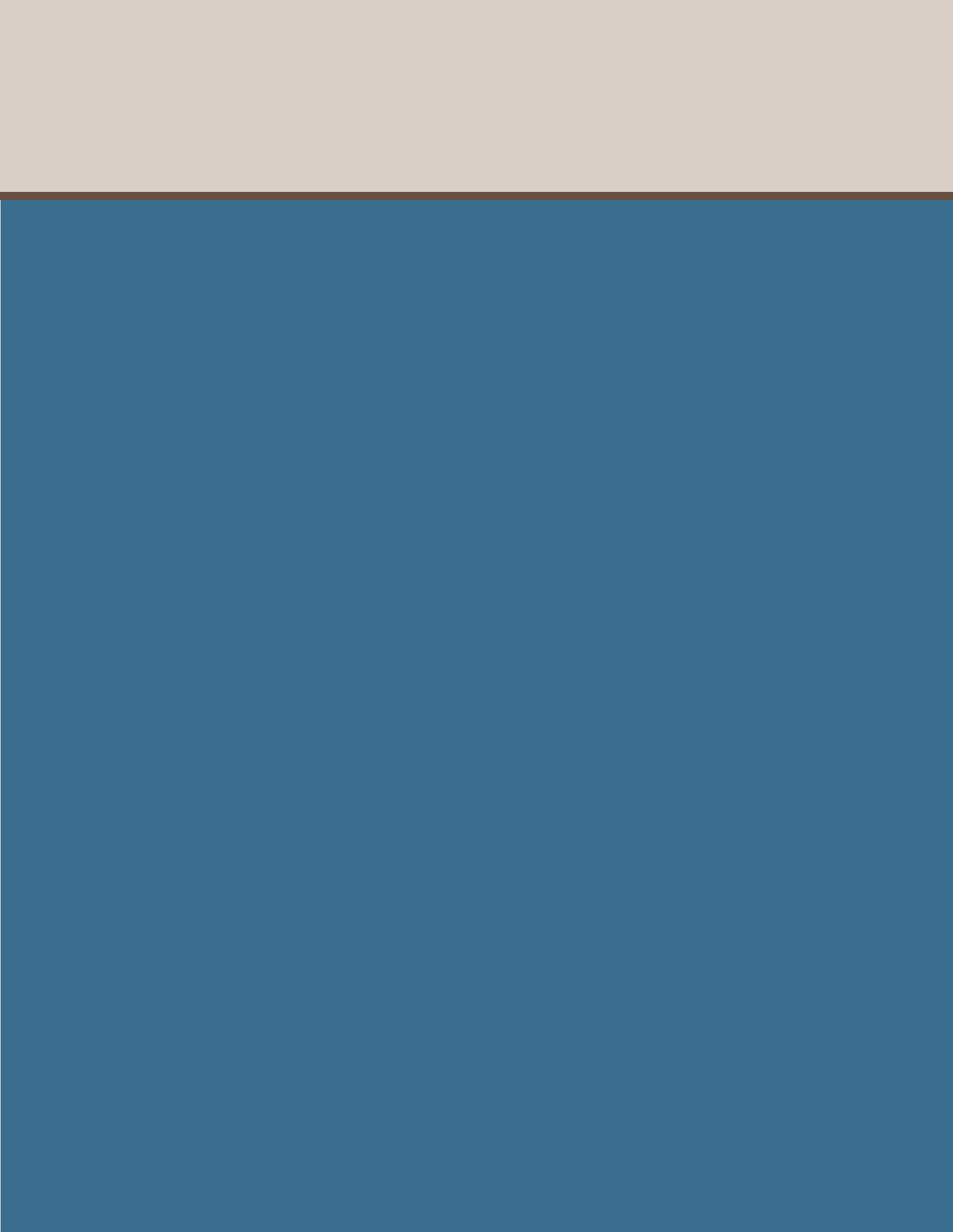


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INTRODUCTION

*In January 2009, the College of Occupational Therapists of Ontario's (the College) Council approved the **Standards for Professional Boundaries (COTO, 2009)**. This standard addresses an occupational therapist's (OT's) minimum requirements in understanding and managing boundary issues in his or her practice. Rather than being prescriptive, the standard outlines the process for identifying and resolving boundary issues.*

*Registrants frequently ask the College about boundaries and professionalism. This workbook and video, which are based on the Standards for Professional Boundaries, can help OTs learn to effectively manage boundaries as issues emerge in practice. For a complete discussion of the boundary violations leading to sexual abuse, refer to the College's **Standards for the Prevention of Sexual Abuse (COTO, 2007)**.*

This section of the workbook sets out the learning objectives and provides an overview of professional boundaries. It includes a reflective practice exercise to complete independently prior to proceeding to the next section.

Section 2 explores the elements of the therapeutic relationship; the power imbalance between the professional and client, and the need to respect client values and differences.

Section 3 identifies inappropriate changes in the client/professional relationship and self-monitors responses to the relationship.

Section 4 discusses how to manage professional boundaries. OTs are advised that it is her/his responsibility to anticipate, manage and remediate boundary problems as they arise.

Section 5 discusses the many types of boundary crossings.

The five practice scenarios in Section 6 reflect the content of the video. Each scenario is followed by questions designed to build knowledge and understanding of boundary issues. This section includes a reflective practice exercise.

The Appendix provides examples of transference and counter-transference.

LEARNING OBJECTIVES

Completing this workbook and reviewing the accompanying video will fulfill the following learning goals:

- √ Increase knowledge of the scope and parameters of professional boundaries
- √ Identify specific warning signs of potential boundary crossings
- √ Demonstrate an understanding of the differences between a boundary crossing and boundary violation
- √ Identify strategies to incorporate conscious decision-making to maintain professional boundaries
- √ Identify procedures and policies in a practice or practice setting that foster appropriate therapist-client relationships

Complete this self-study module on paper by using this workbook or online by accessing the E-learning module on the College website, www.coto.org. To facilitate discussion, it is suggested that this module is completed in conjunction with colleagues.

The content of this workbook is organized to support effective learning and is based on currently accepted adult learning principles. To maximize the learning benefits, do not jump from section to section. Instead, start at the beginning and work through the workbook. The milestones should be completed in the following order:

1. Complete reflective practice exercise 1
2. Review the core content of the workbook
3. Watch the video
4. Consider the scenarios presented in the video, and then answer the practice scenario questions
5. Complete reflective practice exercise 2

Store a copy of your completed exercises in Section 3A of your Professional Portfolio.

AN OVERVIEW OF PROFESSIONAL BOUNDARIES

In OT practice, a boundary is the edge or border at which the relationship or elements of the relationship change from professional and therapeutic, to personal and non-therapeutic. Effective boundary management is a key principle of OT practice. It is the OT's responsibility to establish and maintain professional boundaries and this principle is well supported in legislation (the *Regulated Health Professions Act, 1991*), regulations (*Professional Misconduct Regulation, O. Reg. 95/07*) and College standards (*Standards for Professional Boundaries and Standards for the Prevention of Sexual Abuse*).

More importantly perhaps, is that the public demands that health care professionals maintain boundaries. Client/therapist relationships are built on trust and integrity; any boundary that is mismanaged undermines these values and diminishes the therapeutic relationship.

Boundary issues are part of professional practice and can arise from a variety of circumstances. For example, boundary issues occur when an OT and client exchange gifts or when an OT enters into a financial relationship with a client. Boundary issues can also arise from a conflict of interest, inappropriate self-disclosure, or social or sexual interactions. While having a sexual relationship with a client clearly violates a professional boundary, other situations are less defined and may be considered boundary crossings.

It can be difficult to distinguish between a boundary crossing and boundary violation. But if seemingly harmless boundary crossings occur without being identified, they can compound and become boundary violations that hurt both the client and the OT. This progression into boundary violations has been described as a *cascading effect, slippery slope* or *crescendo pattern*.



REFLECTIVE PRACTICE EXERCISE 1

This exercise will help to assess your current understanding of boundary issues. Take a few minutes to independently answer the following questions. Base responses on your current beliefs, values and practice experiences. After completing the module, evaluate your learning by reflecting on your responses. This reflection can occur in a group setting for discussion purposes.

A) Answer Yes, No or Sometimes to the following questions.

- | | | | |
|--|-----|----|-----------|
| 1. I think it's OK to spend time with clients outside working hours. | YES | NO | SOMETIMES |
| 2. It's important to show clients that the OT knows what's best for them. | YES | NO | SOMETIMES |
| 3. It's OK to accept a gift from a client. | YES | NO | SOMETIMES |
| 4. It is acceptable for an OT to give a gift to a client. | YES | NO | SOMETIMES |
| 5. It's alright that some of my clients are also my friends. | YES | NO | SOMETIMES |
| 6. It's OK to attend social events with my clients and/or their family members. | YES | NO | SOMETIMES |
| 7. What I post on a social networking website is my business. | YES | NO | SOMETIMES |
| 8. I know how to decline a client's kind offer or gift without offending the client. | YES | NO | SOMETIMES |
| 9. It's acceptable for an OT to manage a client's finances. | YES | NO | SOMETIMES |
| 10. It's OK to violate a professional boundary if the need to cross the boundary can be reasonably explained. (Explanation to be provided in workbook) | YES | NO | SOMETIMES |

B) Complete these statements to help identify your values and learning needs.

1. Examples of a boundary crossing include _____

_____.
2. Examples of a boundary violation include _____

_____.
3. Transference occurs when _____

_____.
4. Counter-transference occurs when _____

_____.
5. If I'm concerned that I or a client is crossing a boundary, I would _____

_____.
6. If I notice that a colleague or peer is engaging in an inappropriate relationship with a client, I would _____

_____.
7. Warning signs that the boundaries of a professional relationship are becoming blurred include _____

_____.

ELEMENTS OF THE THERAPEUTIC RELATIONSHIP

2

Power, trust, respect, empathy, intimacy and professional judgment are the elements of the therapeutic relationship. Developing a thorough understanding of these elements will increase your awareness of professional boundaries and how crossing them affects clients.

The therapeutic relationship is defined as the relationship between the OT and client in the context of providing care. It begins when the client gives informed consent for the OT to begin the therapeutic process by gathering information, assessing and providing intervention to the client. The OT is expected to establish and maintain the therapeutic relationship. Improper management of the elements of a therapeutic relationship may create boundary problems.

POWER

There is an inherent power imbalance between the OT and client because the client is dependent on the professional's knowledge, skill and judgment.

Power imbalances exist in many relationships. Consider the power imbalance between parents and children, clerics and parishioners, coaches and players, and teachers and students. In these relationships, the power imbalance stems from one individual having more ability to influence the second individual, and from the second individual needing to rely on the first. An OT's power can influence other health care providers, payers, family members as well as the broader health care system. The more complex the needs of the client, the more vulnerable the client is to the direction of the professional.

Consider a client visiting an OT following a workplace accident. The OT has the power to assess impairment for a Workplace Safety and Insurance Board (WSIB) claim and recommend resources that the client may depend on. Therefore, the client is reliant on the OT's professional judgment, decision-making, advice, and power in the relationship.

The client also gives personal information to the professional which serves to make her/him vulnerable. Having personal information is also part of the power in the therapeutic relationship. Because the OT holds this power, it is incumbent that she/he wisely manages it in the client's best interests. The trust that the client places in the professional must never be betrayed; if trust is betrayed, it constitutes abuse.

The application of a client-centered approach does not mitigate the need for attention to the power imbalance in the relationship. Client-centered practice involves both respect for and partnership with the client. This value is demonstrated through client involvement and direction in decision-making, advocacy with and for the client's needs and recognition of the client's experience and knowledge.¹ Even though a client-centered approach recognizes the client's autonomy and participation in decision-making, the client remains in a position of trusting the OT to provide quality care and maintain an appropriate therapeutic relationship.

¹College of Occupational Therapists of Ontario. Principled Occupational Therapy Practice. 2002, page 13.

TRUST

Clients trust that OTs have the required abilities, knowledge and skills to provide quality care. It is incumbent on OTs not to exploit or harm clients, to provide them with a safe environment and to act in the client's best interests. When an OT breaches trust, it may be viewed in the extreme as abuse. If trust is broken, it may be difficult or impossible to regain.^{2,3}

An example of client trust is when the client feels a personal connection with her/his OT and believes that the OT will be able to help. If the OT allows a relationship to become too friendly or personal, the client may no longer feel comfortable within the boundaries of the professional relationship and may be confused about the OT's interest in her/him. One of the negative impacts of the OT's interactions with the client has turned into a barrier in the trusting relationship. When the OT recognizes this and redefines the boundaries of the relationship, the client may again be confused by this change; trust will need to be rebuilt. It is the responsibility of the OT to manage this situation through a more clear and transparent way of interacting with the client.

RESPECT

Showing respect for a client means acknowledging her/his inherent dignity, worth, uniqueness, values and beliefs. It is the OT's responsibility to accept and respect clients regardless of differences in race, ancestry, place of origin, skin colour, ethnic origin, citizenship, creed, gender, sexual orientation, age, marital status, family status or disability.⁴

The OT should be prepared to respect the client's personal choices. If, for example, a client reveals that she/he smokes cigarettes, it may be appropriate for the OT to discuss this lifestyle choice in the context of maintaining or improving the client's health. However, it would be inappropriate for the OT to personally disagree with the client's choices.

Respecting each client as an individual is important in establishing a therapeutic relationship. The OT must avoid personal biases, and stereotyping and instead strive to understand the client as an individual. For example, an apparently frail elderly woman may be more capable and independent than the OT assumes. If the OT over-directs, the client could become offended, and the therapeutic relationship may become complicated as the client may not trust the OT.

EMPATHY

In the client/professional relationship, empathy encompasses the concept of appropriate personal closeness while maintaining an objective approach. It reflects a close understanding of the client's situation without the subjective quality that sympathy would evoke.

For example, an OT listens to a client's fears about an upcoming surgery. It is appropriate for the OT to express an understanding of the client's concerns as long as the OT's comments are professional and objective.

If the OT is overly protective of a client and allows sympathy to overtake empathy, it may result in a boundary issue. For example, an OT may become overwhelmed with emotion when dealing with a child with a serious disability such that the OT offers extensive emotional support to the child's family. The OT may seek advice or support from a supervisor who may suggest the OT alter her/his approach to the family. It is best to predict the emotional impact of certain situations and plan to manage them. However this is not always possible and the OT will then need to re-establish the professional and therapeutic relationship.

²Adapted from "Establishing and Maintaining Therapeutic Relationships with Patients" by the College of Physiotherapists of Ontario, December 2008, page 4.

³College of Nurses of Ontario, One is Too Many, 2005, page 7.

⁴With reference to the *Ontario Human Rights Code*.

INTIMACY

Professional intimacy in the therapeutic relationship is inherent in good practice, however, it must be accompanied with an awareness of the pitfalls of misinterpretation by the client. The client may disclose personal information, be in varying degrees of undress or exhibit strong emotions. Although acceptable when appropriate, these factors may increase the degree of personal closeness beyond what exists in many therapeutic relationships and increase the client's vulnerability. Maintaining an appropriate professional demeanor may decrease any discomfort experienced, increase the client's feeling of safety and preserve the client's dignity.

A client may, for example, display intense emotion about the recent loss of a loved one. An appropriate professional response might be to discuss what the loss means to the client and to explore options for support for the client and her/his family.

PROFESSIONAL JUDGMENT

Professional judgment requires both awareness and the application of professional responsibility (which is identified in College publications). It also includes acting in the best interest of the client when faced with conflicting options. The onus is on the OT to know her/his professional responsibilities and to apply them to the situation accordingly.

Every client encounter is unique. The way the OT explains a course of treatment may differ dramatically from client to client. The OT uses professional judgment in how to give the client feedback or to make recommendations following an assessment. The OT uses judgment by responding to the cues a client gives during the discussion. A client who is fearful, anxious, and appears to not have the knowledge and coping skills to handle a complicated explanation may require more time to consider treatment recommendations than the client who appears more stable emotionally and who has exhibited an understanding about her/his condition.



3 TRANSFERENCE AND COUNTER-TRANSFERENCE

To maintain appropriate professional boundaries, it is important to understand the occurrence of transference and counter-transference and the impact of these dynamics on the therapeutic relationship. While the College does not promote any particular frame of reference, the concepts of transference and counter-transference are useful in describing the roots of some boundary issues.

UNDERSTANDING TRANSFERENCE AND COUNTER-TRANSFERENCE

Transference and counter-transference are phenomena related to *projection* which occur naturally for every client and every OT. Transference is typically an unconscious process where the attitudes, feelings and desires of the client's early significant relationships get transferred onto the OT. This dynamic can reflect a positive or a negative traumatic experience, such as abuse or the absence of nurturing in childhood.⁵ As a relationship with the OT deepens, the situation triggers feelings related to previous connections with others. The client begins to experience the OT in the present, in much the same way she/he experienced an individual who was significant from her/his past.

Counter-transference can be a response to the client's transference; the OT can become an object of the client's transference, and have her/his own transferences in response (*Standards and Guidelines for the Psychotherapies*, 1998). Counter-transference has to do with certain feelings an OT can have towards a client; the feelings the OT picks up from the client that are mixing with the OT's own feelings, emotions and past relationships.⁶

Counter-transference is much the same as transference, however, it is the OT's responsibility to the client to deal with her/his own issues and to minimize counter-transference impacting the therapy (although those issues might never be eliminated).

When the OT identifies a client's transference, boundaries should be established whereby the client can be open about her/his feelings, including feelings of a sexual nature, in the security that the OT will accept the client's feelings and not act out against her/him, as others may have in the past.

Acceptance and awareness are the key therapeutic tools to understanding the impact of transference. Acceptance and awareness lead naturally to understanding and separating the client's past relationships from the current relationship with the OT. While this occurs in any therapeutic relationship, it may be a goal when the intervention is psychotherapy.

For example, the OT may represent people in the client's life who have loved him and/or rejected her/him. The love interest is projected onto the OT because the OT may be the only person currently in the client's life who is completely accepting of the client, and views the client without judgment or agenda. The interactions between the OT and the client have brought these feelings into the therapeutic relationship as transferred feelings.

There is some inherent danger in transference, both to the client and the OT. Some OTs may transfer their own fears and feelings from past relationships onto a client. It is the OT's responsibility to recognize what these feelings represent to her/him and to keep them from impacting on the therapy.

⁵S. Lacombe, Transference, June, 2006

⁶B. Rothschild, Transference & countertransference, Energy and Character, 25, (2) September 1994

It is important to recognize transference and counter-transference as a normal occurrence in therapy. In some models of psychotherapy, for example, transference is used as a means to explore and understand how the client's early experiences influence current relationships and behaviours. In the course of psychotherapy, the OT may work with the client to recognize how previous relationships have been destructive for the client.

A task of the therapy is to work through these relationship issues towards developing more positive ways of interacting. However, that is beyond the scope of this workbook, which deals with maintaining boundaries and not the therapeutic use of transference. Any OT intending to use transference as a clinical tool requires additional training and needs to employ additional safeguards.

EXAMPLES OF TRANSFERENCE AND COUNTER-TRANSFERENCE

In all client/OT interactions, no matter what the area of practice (physical, mental health, or psychotherapy), the individual's internal needs are often brought to the surface in the therapeutic relationship. The following are examples of some client internal needs and the accompanying behaviour of the OT. It is important to note that the counter-transference response to the client's transference will always vary depending on the individual OT. Transference is not always evidence of a mental health problem or issue, it may be a reaction of one individual to another based on past relationships.

No matter what the area of practice, transference surfaces in a therapeutic relationship. OTs should work on her/his sense of the "therapeutic process" of therapy, and through introspection and/or supervision/mentoring/case review, may learn how her/his own needs may be at work in her/his therapeutic relationships. The OT who knows how to recognize and manage transference will be more effective.

EXAMPLE

As part of a treatment plan, Ling, an OT, is determining in collaboration with Jose, a client with a below elbow amputation, the tools and schedule Jose will need to regularly update his bank account and pay his bills. Jose's mother was over-protective of him when he was a child, therefore he often feels conflicted by feelings of wanting independence, while also wanting to please or receive attention.

During each visit, Jose asks Ling to demonstrate how to pay his bills, and Ling walks him through the process. Jose is demonstrating transference, as he wishes the OT to perform this function because this is his expectation and how his emotional needs were met when he was a child. Jose's reaction to Ling's treatment process is reflecting his dependence on his mother, which also triggers anger due to his mother's over-indulgence. Jose's refusal and reluctance to independently assume this task is a warning sign to Ling that something is interfering with the progress of treatment, and that an alternative solution should be explored.

When the OT continues to meet the client's needs for dependence, it may be harder for the client to disengage from the OT. Jose had become reliant on Ling for paying his bills, creating a dependency that will make it difficult to end the client/therapist relationship. It is the responsibility of the OT to address this boundary issue and to disengage from involvement with Jose's financial management.

Ling may be meeting her own needs to nurture in interactions with Jose, rather than acting in the best interests of the client. It is the role of the OT to be aware of how transference and counter-transference affect the therapeutic relationship, especially if these dynamics could lead to a boundary crossing.

COUNTER-TRANSFERENCE

OTs often experience counter-transference reactions to clients. Counter-transference may take the form of negative feelings that are disruptive to the client/professional relationship, or may encompass disproportionately positive, idealized or even eroticized reactions. Just as clients have expectations such as competence, freedom from exploitation, objectivity, comfort and relief, OTs often have unconscious or unspoken expectations of clients based on his/her own past experiences and relationships.

TRANSFERENCE

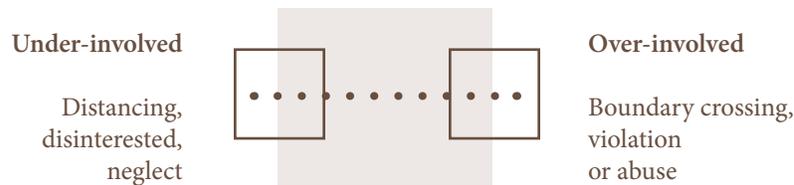
Transference is generally defined as the set of expectations, beliefs and emotional responses that a client brings to the client/therapist relationship. Transference reflects what past experiences a client has had with other important authority figures, such as a parent or love interest. Transference involves how those experiences influence the client's relationship with the occupational therapist. For example, whether the client likes, idealizes, feels attracted to, or feels irritated or angry toward the occupational therapist.⁷



⁷Adapted from *A Synopsis of Psychiatry: Behavioral Sciences, Clinical Psychiatry* by H.I. Kaplan & B.J. Sadock. 8th ed. Baltimore: Williams and Wilkins, 1998, pages 6-8.

MANAGING PROFESSIONAL BOUNDARIES

4



There is a continuum of professional boundaries⁸ whereby the OT is either maintaining appropriate boundaries or demonstrating behaviour of under-involvement or over-involvement. When an OT maintains professional boundaries, behaviour is demonstrated that shows respect for the client's individuality, privacy, personal space and time, as well as respect for the professionalism of the OT. The uninvolved OT demonstrates a lack of respect for a client's well-being, choices and values which include distancing, disinterest and neglect of client. The over-involved OT demonstrates behaviour that would be classified as a boundary crossing, violation or abuse. There is no clear line between the two ends (i.e., there is a range of acceptable behaviours between them).

The OT is expected to monitor behaviour to recognize warning signs and consciously manage such behaviour to ensure that she/he maintains a relationship that is not moving to one of the far ends of the continuum of professional boundaries. In some situations, the OT may move closer to one end of the continuum intentionally to support the therapeutic relationship. However, the OT would apply professional judgment and skill to ensure boundaries are controlled, that an unintentional boundary crossing or violation does not occur and that the client's well-being is protected.

For example, it may be appropriate for an OT to disclose personal information to a client to help build the therapeutic relationship or to de-mystify an issue. In this instance, the OT should not only be aware of the purpose of disclosing, but alert to ensuring that the disclosure does not continue beyond the value it brings to the therapeutic relationship. In contrast, an OT may disclose personal information as a natural reaction to an interest that the OT shares with the client. However, this disclosure may lead the client to believe that the relationship has moved from therapeutic to personal. The OT uses disclosure of personal information purposefully and may want to document the rationale for this action.

A long-time client and an OT have established a relationship by discussing common interests at the beginning of a session. During a discussion, the client shares that he is looking for work and is handy with household repairs. Coincidentally, the OT's neighbour is looking for a contractor to complete some work on his basement. Does the OT provide the client with the neighbour's contact information? Is this scenario moving into the over-involved area, where the OT must alter the therapeutic relationship? Later that day, a client mentions that he has a good friend who owns a body shop, and the OT's car is in need of repairs.

If the OT acts on this information, how will it affect the therapeutic relationship? What will happen if the neighbour doesn't like the client's work or the OT is unhappy with the body work on his car? Changing the relationship to a personal one may initially seem harmless and even supportive. However, allowing clients to engage in an OT's private affairs could affect the professional relationship.

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

⁸Adapted from the National Council of State Boards of Nursing; A nurse's guide to the importance of professional boundaries (need date)

THE NATURE OF BOUNDARIES

Boundaries exist in all aspects of life. An individual may feel uncomfortable if someone she/he had just met places a hand on her/his arm. It is possible to make this gesture out of genuine concern and find that the individual reacts with discomfort.

Consider an elderly man who finds it disrespectful when a younger person addresses him by his first name. However, if the two individuals are both elderly, the man may expect to be called by his first name.

These examples point out the sensitive, complex nature of the interactions OTs have with clients. They also suggest the importance of context on individual perceptions.

The OT's power comes from the professional position and access to private knowledge about the client. Establishing boundaries allows the OT to control this power differently and allows a safe connection to the client's needs. The therapeutic relationship engages the power imbalance between the OT and the client. In addition to the usual dynamics of human interactions, the client automatically places some degree of trust in the OT. To maintain professional boundaries, the OT would assess, on a case-by-case basis, the appropriateness of her/his behaviour in relation to the nature and expectations of each client. This process ensures that the OT maintains an ongoing therapeutic relationship and prevents a personal relationship from developing.

BOUNDARY CROSSINGS

In some situations, boundaries can be crossed without any overt harm to the client or the therapeutic relationship. For example, an OT may comment favourably on a client's new outfit or piece of clothing. The OT must be alert to the potential of this discussion leading to more personal discourses that could constitute a boundary violation and potentially harm the client. The OT must not lead the client to believe that her/his interest constitutes an endorsement for a personal relationship with the client, nor should the OT share any of her/his own values in the discussion.

In managing an intentional boundary crossing, the OT should be prepared to correct the crossing so the therapeutic relationship is appropriately re-established at the appropriate time. In contrast, unintentional boundary crossings may be more subtle, last longer, be more difficult to identify and be more difficult to correct.

EXAMPLE

Suppose an OT works with five colleagues and several support staff. The OT treats a client, Kelly, once. The next day, Kelly sends the OT a box of chocolates and a thank-you card. The OT will not be seeing Kelly again, and shares the gift with everyone in the office. The OT accepted a gift and personal gesture from a client, which is inconsistent with providing therapeutic care; the OT has crossed a boundary.

When contemplating accepting gifts, it is important to explore the meaning behind the gift-giving. How will accepting the gift affect the therapeutic relationship and the client's expectations? Does the client consciously or unconsciously expect that by giving a gift she or he will receive some form of special treatment? Will the gift change the nature of the relationship and impact clinical reasoning or decisions? Also consider if the gift is a personal or professional gesture. The gift may be no more than a token of appreciation and accepting it may not cause any harm. Informing the client that the OT will be sharing the gift with others in the office will diffuse the personal nature of the gift and position the OT at arm's length when receiving it.

BOUNDARY CROSSING

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

Let's explore this further. An OT has been treating Kelly every week for six months. Kelly gives the OT home made cookies on the second visit and each week she offers a gift of equal or greater value. Might the acceleration of gift-giving be an attempt by Kelly to manipulate the therapeutic relationship? Might the OT's view of Kelly change because she brings gifts? Can the OT imagine how Kelly might feel if the relationship becomes more relaxed and personal? Kelly could become offended if, after the third or fourth gift, the OT suddenly realizes that a problem is building and advises Kelly that the OT really shouldn't be accepting gifts. How might this affect the professional relationship with Kelly and how might her view of the OT as a professional change? A benign gesture can gradually and incrementally lead to boundary issues. Any apparently harmless boundary crossing can lead to a boundary violation.

EXAMPLE

Madeline has had a therapeutic relationship with her client Sandra for one year. Sandra is progressing well and the occupational therapy will continue for several more visits. Sandra asks Madeline to watch her perform a solo at her church, saying it will be a good way for her to view the accomplishments of her therapy.

What should the OT tell the client, considering the intent of the request and the value of attending? Does agreeing to attend serve the client's best interests? Would the observations truly provide necessary information? Is watching the solo the only way to gather this information? While it may seem an appropriate method to evaluate the therapy, what if the OT based the decision to attend on a personal interest in seeing how Sandra has progressed?

Sandra may see the invitation as an opportunity to establish a friendship with Madeline. In this case, attending the church service will blur the professional boundaries. Friendships are founded on supporting each other's needs, therapeutic relationships are not. To respond favourably to the request may not seem unreasonable on its own, but if Sandra interprets it as a willingness to establish a friendship, she may pursue further activities to strengthen the friendship. Most likely, the friendship will reach a point when the client's desire for friendship leads to requests with which Madeline is uncomfortable. It will then be challenging for the OT to re-establish a therapeutic relationship. Sandra may feel betrayed to learn that Madeline doesn't want to be friends. To avoid this situation, the OT should maintain clear boundaries with the initial request.

EXAMPLE

Jean has been treating Berk, a lawyer, for some time. When Jean begins having marital problems, she asks Berk for advice.

Jean crossed a boundary by seeking personal support from a client. In asking Berk for help, Jean has impacted the power imbalance of the relationship because Berk now knows personal and confidential information about Jean. Additionally, Berk's confidence in Jean's ability to provide competent care could be affected because Berk may wonder if Jean can perform under the stress.

Boundary crossings are critical on many levels. Depending on the severity and/or frequency, they may be clear indicators of problems to come, leading to harmful violations of the therapeutic relationship, risk of harm to the client and less effective professional care.

It is important to learn how to anticipate a boundary crossing to prevent it from progressing to a boundary violation. By developing this understanding, OTs will not only protect clients, but also her/his professional integrity.

BOUNDARY VIOLATIONS

A boundary is violated when personal or non-therapeutic elements develop within the therapeutic relationship, which subject the client to harm or risk of harm. The clearest examples of boundary violations involve abuse, which may be physical, financial, emotional, verbal or sexual.

BOUNDARY VIOLATION

A boundary violation occurs when the nature of the therapeutic relationship moves from professional to also being a personal one, such that harm or the potential for harm can come to the client.

Boundary violations may also harm the OT. By allowing personal or non-therapeutic issues in the relationship, the OT compromises his or her ability to provide care. There is also the potential of the boundary violation leading to a formal complaint against the OT, which could result in a College investigation and disciplinary measures.

Dating a client could result in a finding of professional misconduct and sexual abuse. Under the *Regulated Health Professions Act*, sexually abusing a client, including having consensual sexual relations with a client, constitutes professional misconduct.

THE ONUS TO MANAGE BOUNDARIES

Some professionals view attention to boundary management defensively or as a criticism of their professionalism. Naturally, some OTs feel boundary issues will never affect them, however taking steps to learn about and manage boundary issues pre-empt these issues and preserve the OT's professional integrity.

Angelo, an OT, shares his financial worries with Hanna, his client. Hanna offers both comfort and financial support. Angelo explains that it would be inappropriate to accept her financial help because of his professional obligations. Hanna says she understands, but has no difficulty in lending him money anyway.

The client's consent does not diminish the OT's duty to maintain boundaries. If Angelo is finding it difficult to move the situation back to a professional and therapeutic level, he could seek support and guidance from colleagues, his supervisor or the College's Practice Resource Service. If he cannot resolve the situation, it might be appropriate to arrange to transfer Hanna's care to another OT.

Given the nature of the therapeutic relationship, it is understandable to demonstrate empathy when a client introduces a situation that could be considered a boundary crossing. However, in most situations clear communication is in the client's and OT's best interests. In most situations, being direct with clients and addressing the boundary issues transparently will be the most effective way to manage boundary issues.

Boundaries can be difficult to determine. Each client brings his or her own understanding of the nature of a client/professional relationship and it falls to the professional to judge the appropriate limits of the relationship.

To maintain and recognize professional boundaries, follow these guidelines.

- Ensure all decisions and actions serve the client's best interests.
- Clearly separate and keep apart your needs and interests.
- The client's best interests in a therapeutic relationship generally relate to the original purpose for seeking occupational therapy services.

If you are unsure of the therapeutic value of a decision or action, ask the following questions.

- Are you comfortable recording this action in the client's chart?
- Is the action consistent with the intervention plan?
- Is the action considered work or billable time?
- How would other OTs view this action?

If your answers suggest there is no clear link to the delivery of clinical services, then the action likely doesn't serve the client's best interests.

ESTABLISHING AND MAINTAINING BOUNDARIES

OTs can adopt a number of risk-management strategies to effectively establish and maintain professional boundaries. By anticipating boundary crossings, OTs can develop strategies on how to address a boundary issue should it arise.

An OT should consider establishing practices and procedures regarding:

- giving and receiving gifts;
- treating family members and his or her partner and/or treating anyone with whom one has a dual relationship (e.g. employee, employer, teacher, student, creditor, debtor);
- social invitations from clients;
- personal financial relationships with clients;
- limits on personal self-disclosure and client self-disclosure;
- non-therapeutic requests from clients;
- limits on relationships with family members of clients; and
- relationships with former clients.

Practices and procedures need not be written, but must be thought through and consistently applied. In a large practice, written policies ensure that all members are consistent in their client responses and communicating expectations to clients. For example, a small statement in a client-focused brochure indicating a “no gift policy” will help pre-empt unsolicited gift-giving and will support the OT’s ability to decline gifts.

A large practice offers the advantage of group discussions when developing and implementing policies. An individual practitioner might consider consulting his or her colleagues when establishing policies.



WHEN A BOUNDARY IS CROSSED OR VIOLATED

Do not overlook the potential severity of any boundary issue. Each boundary issue is perceived from the unique perspective of the individuals involved. What is a minor issue in one situation may be of far greater concern under a different set of circumstances. The nature of the care and duration of the boundary issue are also factors in determining the severity of a boundary crossing or violation.

A boundary violation threatens the appropriateness of the therapeutic relationship and places both the client and OT at risk of harm. The failure to act immediately on discovering a boundary violation further increases the risk of harm.

The OT is responsible for the quality of the therapeutic relationship, therefore the OT must openly take responsibility for a boundary violation when it occurs. When a boundary issue is identified, it is up to the OT to take steps to re-establish the professional relationship. The OT could explain to the client why the situation is unacceptable. If the OT successfully addresses a boundary issue with a client and re-establishes professional boundaries, it is wise to note the incident in the client’s file and indicate how it was managed.

In more problematic circumstances, the OT should seek support and guidance from peers, supervisors and the College's Practice Resource Service. If the violation is so egregious that the therapeutic relationship cannot be re-established, the OT should arrange to transfer the client's care.

It is not mandatory to report boundary crossings or violations to the College. Except for a situation in which sexual relations are involved, incompetence or incapacity of the registrant is a concern; or the situation results in the termination of the business relationship with the OT. However, another OT, health care professional or member of the public could make a complaint to the College related to a boundary crossings or a violation.

IDENTIFYING CHANGES THROUGH SELF-MONITORING

Therapeutic relationships change over time, and sometimes the changes are so subtle they elude recognition. Established practices and procedures can help the OT manage boundaries. The OT should also engage in regular self-monitoring of her/his practice.

EXAMPLE

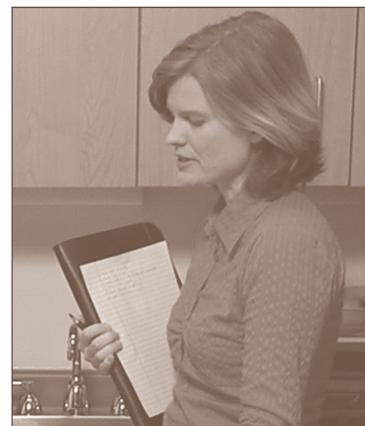
Albert's client Michelle has been attending sessions for several months. He finds Michelle bright and attractive, and he recognizes his feelings are a normal human response. Albert is confident that he will not indicate his interest to her or allow it to affect the care he provides. Michelle's OT treatment requirements change, and Albert sends an email to a colleague asking his advice on how to proceed with Michelle's care. The next day, Albert encounters the colleague who asks him more about Michelle's situation. Albert finds he's uncomfortable discussing Michelle. It occurs to him that he has developed significant personal feelings for his client.

Albert immediately identifies that personal feelings have developed in his professional relationship. He decides to self-monitor to avoid similar situations in the future. He also speaks to his colleague about the problem, and asks how he might address options for the appropriate management of Michelle's care.

OTs should make a conscious effort to look for warning signs of boundary crossings, as they may indicate that the OT is heading toward a boundary violation. Warning signs include:

- exchanging gifts, home phone numbers or personal information with the client;
- making exceptional appointments or billing arrangements;
- changes in the relationship which are not due to the normal therapeutic process, such as more personal disclosure not related to the care (exchanging gifts, social invitations, sharing personal information);
- paying more attention to one client than others;
- favouring or giving special consideration to the client;
- inappropriate touching;
- non-professional feelings about a client;
- preoccupation with thoughts about the client;
- excessive personal disclosure;
- extending the care of the client unnecessarily; and
- adjusting the frequency of appointments or location of care.

Seek guidance and support from peers, supervisors or the College's confidential Practice Advisory Resource for help in your efforts to self-monitor.



TYPES OF BOUNDARY CROSSINGS

5

The College's Principled Occupational Therapy Practice and the Standards for Professional Boundaries state that an OT will make an effort to avoid dual relationships, such as treating family members, a partner or friends. If an OT has a personal relationship with a client, it can impair her/his judgment and increase the risk of misunderstanding or exploitation.⁹

FAMILY MEMBERS AND PARTNERS

An OT should only provide professional services, especially for a fee, to family members, a partner or friends if no other OT is available to provide care. The OT must make a full disclosure of all potential issues to all individuals involved. The intervention must then be thorough and objective. The OT should also take care to limit advice to family, partners and friends if a complete assessment has not been undertaken.¹⁰

EXAMPLE

Robyn is an OT at a children's treatment centre. During a family dinner, Robyn's cousin Karen asks her if she thinks her son is autistic. Karen reports that her child's kindergarten teacher has noticed frequent repetitive motions, poor eye contact, and difficulties concentrating and following instructions.

Given the risks involved in providing professional advice and the implications of the diagnosis, the OT would apply her professional judgment and react more cautiously in managing the situation. Consider if Karen's opinion is perceived as a professional service and/or diagnosis? What are the dangers if Robyn gives Karen her professional opinion? In this situation, it may be appropriate for Robyn to suggest specific resources and express that she appreciates that the situation is stressful. Conducting an assessment and providing professional advice would not be in Robyn or Karen's best interests. In all situations, the OT would apply his/her professional judgment in determining the extent of the information provided in a personal request.

There are immediate personal issues at play when trying to establish a therapeutic relationship with a family member. It is prudent to develop and consistently maintain practices and procedures that clearly outline why the request to treat a family member cannot be accepted.

⁹College of Occupational Therapists of Ontario. Principled Occupational Therapy Practice. 2002, 7.4.

¹⁰College of Occupational Therapists of Ontario. Principled Occupational Therapy Practice. 2002, 7.5.

CURRENT CLIENTS

It is a breach of a standard if an OT enters into personal relationships with clients.¹¹ Due to the significant, often long-lasting effects of the power imbalance between the OT and client, it is incumbent on the OT to establish practices and procedures that will protect the boundaries of the therapeutic relationship. A client's willingness to participate in, or consent to, a personal relationship is not a defence.

OTs should also avoid personal relationships with clients' family members, which can create conflicting emotional attachments. Likewise, problems may arise if the OT enters into a personal relationship with a colleague's client. This situation can become problematic if the OT involved in the relationship has access to the client's confidential information in the practice setting.

FORMER CLIENTS

Relationships with former clients pose a particularly difficult set of considerations. A former client may be one that the OT saw once and only briefly in hospital or the client may have attended occupational therapy services for years. The nature of the care must also be considered. To determine the appropriateness of the relationship, ask this fundamental question: How much influence did the earlier therapeutic relationship have on this individual, and what is its current impact on a potential personal relationship?

College standards discourage personal relationships with former clients unless, in the professional judgment of the OT, reasonable time has passed since the therapeutic relationship has ended and the OT is confident that the client no longer experiences dependence on her/him. If it is determined that a personal relationship is appropriate, the OT must ensure that the individual does not become her/his client in the future.

As a general guideline, it is inappropriate for an OT to enter into a personal relationship within two years of terminating the therapeutic relationship. The application of professional judgment is essential to this consideration based on the OT's reasonable evaluation of the passage of time and the client's degree of dependency.

OTs generally provide service to many vulnerable client populations. At any time, clients may be particularly vulnerable and unable to apply judgment with respect to relationships. The OT is expected to provide a professional relationship that keeps the client safe despite their vulnerabilities. The client will trust the OT to remain professional.

In the College's *Standards for Professional Boundaries*, Standard 10 describes the avoidance of a personal relationship with a client for two years. That is a general guideline that is not appropriate to all circumstances. For example, in a psychotherapy practice where there has been a significant course of psychotherapy with a client, it is not appropriate to develop a personal relationship with a client at any time.



¹¹College of Occupational Therapists of Ontario. *Principled Occupational Therapy Practice*. 2002, 4.6.

STUDENTS AND SUBORDINATES

Although the relationship between OTs and OT students and subordinates is not therapeutic, OTs have an obligation to ensure that appropriate boundaries are maintained. Principled practice requires that the OT recognize her/his own needs, values and the potentially influential position over students and subordinates. The OT occupies a position of power and must not exploit the trust the relationship entails.¹² For example, the OT has the power to influence a student's evaluation or the subordinate's employment. Students and subordinates rely on and are vulnerable to the OT and trust the OT not to abuse this influence. As with clients, students and subordinates must be approached with respect. It is the responsibility of the OT to ensure that when dealing with students and subordinates, power is not misused, client care is never compromised and conflicts of interest are avoided.

CONCLUSION

The OT assesses the client, gives the client his/her professional opinion, recommends intervention and advises the client. These actions define the relationship as advisor/advisee which can be seen as an unequal relationship. The client is not the OT's friend, and the purpose of coming together is for the OT to assist the client through a professional relationship. In client-centered care, the client participates in decision-making, however, the relationship still occurs due to the needs of the client for intervention. The onus, therefore, falls solely on the professional to ensure that her/his power is not intentionally or unintentionally misused, and that boundaries are maintained in the best interests of the client.

The application of a client-centered approach does not mitigate the need for attention to the power imbalance in the relationship. Client-centered practice involves both respect for and partnership with the client. This value is demonstrated through client involvement and direction in decision-making, advocacy with and for the client's needs and recognition of the client's experience and knowledge. Even though a client-centered approach recognizes the client's autonomy and participation in decision-making; the client remains in a position of trusting the OT to provide quality care and maintain an appropriate therapeutic relationship.

OTs are likely to encounter many different situations that will require critical, conscious consideration to identify and manage boundaries issues.

Professional judgment should be applied to each boundary circumstance. The OT applies her/his knowledge, skills and judgment, as well as engaging continuing competence, self-monitoring and awareness of the ongoing dynamics of the client-professional relationship. When OTs understand boundary issues, positive therapeutic relationships can be created. Establishing good practices can help avoid many boundary problems from developing.

¹²College of Occupational Therapists of Ontario. *Principled Occupational Therapy Practice*. 2002, 4.3, 4.4.

PRACTICE SCENARIOS AND QUESTIONS

SCENARIO ONE – PERSONAL RELATIONSHIPS

Karen has been receiving occupational therapy treatments for several weeks. During the last session, Karen asks the OT how her weekend was and the OT asks Karen about her weekend. Karen enthusiastically describes her son's hockey game and how it was tied 1-1 with 30 seconds left when her son scored the winning goal.

The OT explains that her younger brother is involved in hockey and that she really enjoys attending his games. As they discuss their hockey experiences, the OT and Karen discover they are involved in the same league. Karen suggests that they sit together. Karen also suggests that she and the OT drive to next month's tournament together.

Question 1: Identify the boundary issues in this scenario.

Question 2: What Performance Indicators in the College's *Standards for Professional Boundaries* apply?

Question 3: How would you respond to the client's offers?

- (a) I would tell Karen that I should not become involved with clients outside of the therapeutic relationship.
- (b) I would tell Karen that I could sit with her at the next hockey game, but that we shouldn't discuss anything personal. I would also let Karen know that I am uncomfortable with sharing the drive to the tournament.
- (c) I would tell Karen that I will say "hi" at the next game, but my professional standards do not permit a personal relationship with a client because it may affect the therapeutic relationship and client care.
- (d) I would explain to Karen that my professional obligations do not allow a personal relationship with a client even when the therapeutic relationship has ended.

Question 4: At what point in the conversation could the OT have regained control of the therapeutic relationship?

SCENARIO TWO – GIFT-GIVING

Sue has an OT visit to assess her safety in her kitchen. The OT expresses satisfaction with Sue's progress since her injury and indicates that they can soon start planning for Sue's return to work. As the visit nears a close, the OT asks Sue if there is anything else she would like to discuss.

Sue tells the OT that she is struggling to make ends meet and thinking about having a garage sale to boost her cash flow. The OT commends Sue on the idea and asks if she has any friends or neighbours who can help her. Sue says her next-door neighbour has offered to help. Sue says she's concerned because neither of them knows much about running a garage sale or how to price items.

Sue asks the OT if she has ever had a garage sale. When the OT says that she has helped plan a garage sale, Sue asks the OT to help with her sale. To avert having to directly decline the request, the OT offers to assist Sue in planning the sale and asks what items she wants to sell. Sue says she would like to sell some of her paintings.

Then Sue offers the OT a painting in appreciation for helping her over the last few months. Sue adds that she could sell the painting, but would rather give it to the OT to thank her. The OT admires the painting and tells Sue she thinks it could be worth a considerable amount of money.

Question 1: Identify the boundary issues in this scenario.

Question 2: What Performance Indicators in the College's *Standards for Professional Boundaries* apply?

Question 3: How would you handle this situation?

- (a) I would diplomatically decline the gift and contact the neighbour who offered to help with the garage sale.
- (b) I would tell Sue that I appreciate the gift and would like to donate it to the garage sale. Then I would help Sue plan for the sale.
- (c) I would tell Sue that my professional responsibilities do not allow me to accept gifts. Then I would help Sue plan a successful garage sale.
- (d) I would accept the gift and tell Sue that I'll put it in the office's reception room for all to enjoy. Then, I would proceed with helping Sue organize the sale.

Question 4: At what point should the OT have re-established appropriate boundaries?

Question 5: How would this situation be different if the client offers to donate the painting to the OT clinic?

SCENARIO THREE – SOCIAL NETWORKING

Sujeetha, an OT, enters the hospital room of her client, Mrs. Rantin who introduces Sujeetha to her son Jeff. Sujeetha explains to Jeff that she is his mother's OT and that the purpose of her visit today is to measure Mrs. Rantin for her wheelchair. Sujeetha asks Mrs. Rantin if her current chair is comfortable and Mrs. Rantin replies that she has had some difficulties with the wheelchair. Sujeetha asks Mrs. Rantin for permission to adjust her in the chair and take measurements, and to do so in Jeff's presence. Mrs. Rantin consents.

As Sujeetha takes measurements, Jeff explains to Sujeetha that he has been doing some research on the Internet about equipment that might help his mother when she returns home. He says he has found a group on Facebook (a social networking website where users can send messages, look at friends' photos and interact online) that discusses such equipment. Jeff says the group might increase Sujeetha's business and asks for her email address so he can invite her into the group as a "friend". Sujeetha responds by saying she loves Facebook and that she met her boyfriend through Facebook.

Question 1: Identify the boundary issues in this scenario.

Question 2: What Performance Indicators in the College's *Standards for Professional Boundaries* apply?

Question 3: How would you respond to Jeff's offer?

- (a) I would thank Jeff and explain that I already have access to the group.
- (b) I would thank Jeff and give him my email address. I would tell him that I will only look at the information he supplies and not respond to any correspondence.
- (c) I would explain to Jeff that it would be inappropriate to develop a personal and/or business relationship with a client's family member.
- (d) I would tell Jeff that I would appreciate the contact information so I can pursue the information, but for professional reasons I could not become involved with the group.

Question 4: What could potentially result if Sujeetha accepts Jeff's offer?

Question 5: In what ways does Sujeetha demonstrate appropriate and inappropriate professional conduct?

SCENARIO FOUR – DATING

Amanda, an OT, greets James, a client with a brain injury. She asks him how he is progressing and how he manages his headaches. James says he is doing well and compliments Amanda on her new hairstyle. Amanda, obviously pleased with the compliment, thanks James, telling him she had wanted to do something new with her hair.

James says he is concerned that the sessions with Amanda are winding down. He says that he feels very comfortable with her and does not want to see another OT. Amanda thanks James and says she will miss him also. As the appointment nears an end, Amanda tells James she will see him again in two weeks. James responds by saying that two weeks seems like a long time and asks if he can see her sooner. After consulting her appointment calendar, Amanda shifts an appointment with another client and schedules James for the following week.

In a meeting with her supervisor, Amanda reviews the status of her current clients. Amanda expresses pleasure with James's progress and reports that he complimented her on her new hairstyle and that she juggled her schedule to accommodate his request for an earlier appointment. Amanda tells her supervisor that James expressed concerns about leaving her care. She says she's worried about assigning James to another OT because she feels she has developed a good relationship with him. Through the discussion, Amanda comes to recognize that she would like to date James. The supervisor recommends discontinuing James's care and arranging for a referral to another OT.

Question 1: Identify the boundary issues in this scenario.

Question 2: What Performance Indicators in the College's *Standards for Professional Boundaries* apply?

Question 3: How should Amanda have dealt with the situation?

- (a) Amanda should have been more alert to changes in the therapeutic relationship and diplomatically discussed the situation with James. If the discussion did not re-establish the therapeutic boundaries, Amanda should have taken proactive steps and spoken with her supervisor.
- (b) Amanda should have anticipated boundary crossings, established and maintained boundaries to preserve the therapeutic relationship and self-monitored her reactions. She should also have seen the need to seek assistance.
- (c) Although she missed several yellow and red flags, Amanda fully disclosed the situation to her supervisor. She was also open to accepting the recommendation of her supervisor to discontinue James' care and arrange for his referral to another OT.
- (d) Amanda should have been better versed in the College's *Standards for Professional Boundaries*.

Question 4: Because James was recovering from a brain injury, he could be considered a vulnerable client. In what ways would the appropriate responses to this situation have differed if James was not considered vulnerable?

Question 5: Describe the concepts of transference and counter-transference. Do you think that either or both of these concepts are at play in this scenario? Explain your reasons.

SCENARIO FIVE – FINANCIAL BOUNDARIES

Kathryn, an OT, has been seeing Greg for three months to help him with personal management issues. At the end of a regular visit, Kathryn provides Greg with bus tickets for the following week, indicating that she will hold onto the remainder of the month's tickets and allocate them to him at their weekly visits.

Greg expresses that he is concerned about his ability to handle money. He says that by the end of the month he doesn't have enough money left to buy food and cigarettes. In response to his mention of cigarettes, Kathryn endeavours to show no reaction. Greg asks Kathryn if he can bring in his monthly cheque so she can give him the money he needs week by week. "If you can do that, I won't have to worry about money anymore," he says. Kathryn tells Greg that she'll help him learn how to manage his money by himself.

Question 1: Identify the boundary issues in this scenario.

Question 2: What Performance Indicators in the College's *Standards for Professional Boundaries* apply?

Question 3: What is the best way to handle this situation?

- (a) Kathryn should explain to Greg that it is a violation of standards to handle his money herself.
- (b) Kathryn should not agree to manage Greg's money. Instead, Kathryn should help arrange for a trustee to work with Greg separately on his money management skills.
- (c) Kathryn should agree to manage Greg's money as a means of helping him. However, Kathryn should insist that Greg sign for the money he gives to and receives from her.
- (d) Kathryn should not have agreed to allocate Greg's bus tickets to him.
- (e) Kathryn should first try to assist Greg in managing his money himself. If this is unsuccessful, she should direct Greg in finding a trustee to independently manage his money.

Question 4: What implications or concerns might arise if Kathryn agrees to Greg's request?

APPENDIX

TRANSFERENCE AND COUNTER-TRANSFERENCE



| Pattern | Client | Occupational Therapist |
|--------------------|---|---|
| | TRANSFERENCE | COUNTER-TRANSFERENCE |
| Needy | Sees OT as nurturing mother/caregiver; dependent, or sees OT as non-nurturing mother; hurt, angry. | Overly involved in caring for client, or repulsed by client's needs |
| Compliant | Pretends that everything the OT does, works for him. | Believes the client's compliance is genuine. |
| Defiant | Refuses to cooperate with much of the therapy. Fights with OT and criticizes her/his approach. | Feels ineffective and incompetent. Feels hurt by criticisms or becomes frustrated with client. Gets into arguments and power struggles with client. |
| Passive-Aggressive | Experiences the OT as pressuring her to perform. Consciously wants to please the OT, but fails to do therapy correctly, or if she does, fails to progress in life or denies progress. Unconsciously, this is an expression of anger at the OT and an attempt to defeat the OT, who she experiences as attempting to control her and change her. | Becomes frustrated with the client for failing, or feels ineffective and incompetent. |
| Controlling | Refuses to allow OT to do much. Must be in control of the therapy. | Gets into a power struggle with the client. |
| Codependent | Tries to take care of the OT. Picks up on clues of OT's pain or life struggles and engages OT in talking about them. Notices OT's insecurities and assuages them. | Allows client to take care of him and support him. |
| Prideful | Expects OT to appreciate or admire him, acts superior and demeaning toward OT. | OT becomes resentful or angry at client for grandiosity or condescension and challenges him in an unsupportive way. |

B

APPENDIX REFERENCES

Legislative Reference

Professional Misconduct, O.Reg. 95/07.

College References

Principled Occupational Therapy Practice, 2002.

Standards for Professional Boundaries, 2009

Standards for the Prevention of Sexual Abuse, 2007.

Other References

Cameron, P., Ennis, J., Deadman, J. *Standards and Guidelines for Psychotherapies*. University of Toronto Press, 1998.

College of Physiotherapists of Ontario. *Establishing and Maintaining Therapeutic Relationships with Patients*. 2008.

Gutheil, T.G., Gabbard, G.O. "Boundaries in Psychotherapy. The Concept of Boundaries in Clinical Practice: Theoretical and Risk-Management Dimensions." kspope.com/ethics/boundaries.php. Accessed 20 February 2009.

Kaplan, H.I., Sadock, B.J. *Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*. 8th edition. Baltimore: Williams and Wilkins, 1998. 6-8.

Norris, D.M., Gutheil, T.G., Strasburger, L.H. "This Couldn't Happen to Me: Boundary Problems and Sexual Misconduct in the Psychotherapy Relationship." *Psychiatric Services* 2003, 54:4. 520.

Rothschild, B. "Transference and Countertransference: A Common Sense Perspective." <http://home.webuniverse.net/babette/Transference.html>, Accessed 21 May 2009.

PROFESSIONAL BOUNDARIES ANSWERS

*Store your PREP Module and one copy of the Practice Scenarios
in section 3B of your Professional Portfolio*

The Prescribed Regulatory Education Program (PREP) has been designed to help Registrants stay up-to-date in their professional practice. This PREP Module, Professional Boundaries: Defining the Lines was developed to assist Registrants to understand and comply with their professional obligations regarding maintaining professional boundaries.

PREP Modules are designed as self-directed learning tools for adult learners. Registrants confirm that most learning occurs from engaging in the process of completing a module. Reading and reflecting on the answers and rationale reinforces learning and may help Registrants identify further learning needs. Reviewing the answers and rationale with other OTs may enhance your learning experience. It is a professional responsibility to take action if learning needs are identified. You are encouraged to incorporate any learning needs into your Professional Development Plan.

Keep the following items in mind as you review the answers:

- 1. The case scenarios are brief and only provide key information. You may have made some additional assumptions. As you read the answers, you may realize that your assumptions were different than those the College used and therefore you arrived at a different answer. It is important to decide if your understanding and rationale were sound. While not all choices were wrong, there was one “best” or most complete answer based on the information provided and the assumptions the College made.*
- 2. If you identify that your reasoning was not sound or you did not fully understand the material and have a learning need, record on your Professional Development Plan any actions you need to take.*

ANSWERS TO THE SCENARIO QUESTIONS

SCENARIO ONE – PERSONAL RELATIONSHIPS

Question 1: Identify the boundary issues in this scenario.

One issue of concern for the OT is the development of a personal relationship with a client. Consider the OT’s response to Karen’s invitation to meet at a hockey game that their family members are participating in and the suggestion that they share a ride to the upcoming hockey tournament. If the OT accepts the invitation, it would be considered a boundary violation.

Another boundary problem is less clear and deals with the OT disclosing personal information. The initial disclose of personal information supported the therapeutic relationship in that the OT responded to a mutual interest. This scenario demonstrates how easily sharing personal information can escalate to a situation in which the OT may inadvertently encourage the client to move beyond the therapeutic relationship.

Question 2: What Performance Indicators in the College's *Standards for Professional Boundaries* apply?

According to standard statement 1, *"the OT will foster therapeutic relationships with clients in a transparent, ethical, client-centered manner with respect for diversity of beliefs, uniqueness, values and interests."* Standard statement 2 states that *"the OT will assume full responsibility for anticipating, establishing and maintaining appropriate boundaries with clients at all times."*

In the course of anticipating, establishing and maintaining appropriate boundaries with their clients, Performance Indicator 2.4 states that:

An OT will demonstrate that practices and procedures have been established in his or her practice regarding attempts to solicit, encourage, or the receipt/exchange of ... social invitations from clients.

In this scenario, the OT is invited to chat and to share travel. The OT could have given thought to how she would evaluate and respond to such invitations in advance by developing practices and procedures to address them. However, not all situations can be anticipated in advance of a managing a boundary issue. The OT may be taken by surprise with an unexpected offer of friendship from a client and a policy may not address the situation. In this instance, it would be appropriate for the OT to explain to Karen that her professional obligations do not permit her to engage in personal relationships with clients. It is important for the OT to explain that she must maintain a professional relationship and avoid a personal one to protect the therapeutic relationship.

More broadly, Performance Indicator 5.9 also raises a cautionary flag for the OT. It states, *"the OT will avoid doing anything for the client that does not conform with the therapeutic relationship."* It supports the intent of Performance Indicator 2.4(b) prohibiting the acceptance of social invitations from clients.

Performance Indicator 5.2 states, *"an OT will avoid inappropriate disclosure of the OT's own personal information or emotional concerns to the client."* In this case, the OT responded to Karen's question about her weekend. The OT elected to discuss how she helped her friend move and her interest in her brother's hockey team. Both topics can be viewed as reasonably innocuous conversations, but the latter provided the basis to identify commonalities between the two and provided an opportunity for Karen to issue two invitations. Self-disclosure by an OT may not be harmful to the therapeutic relationship; indeed, there may be opportunities for the OT, in an objective and calculated manner, to engage self-disclosure as a means of establishing therapeutic rapport. However, the OT should be aware of the need to pull back from self-disclosure and be able to anticipate potential repercussions of self-disclosure.

Question 3: How would you respond to the client's offer?

- (a) I would tell Karen that I should not become involved with clients outside of the therapeutic relationship.
- (b) I would tell Karen that I could sit with her at the next hockey game, but that we shouldn't discuss anything personal. I would also let Karen know that I'm uncomfortable about sharing the drive to the tournament.
- (c) I would tell Karen that I'll say "hi" at the next game, but my professional standards do not permit a personal relationship with a client because it may affect the therapeutic relationship and client care.
- (d) I would explain to Karen that my professional obligations do not allow a personal relationship with a client even when the therapeutic relationship has ended.

Answer (c) is the best answer. It not only allows Karen to understand that you must uphold your professional obligations but also tells her that your rejection of the invitation is not a personal one, but one that protects the therapeutic relationship to the client's benefit. This is in direct contrast with answer (a) which offers an inadequate explanation of the OT's professional obligations. While answer (b) attempts to limit the nature of the relationship by meeting at the hockey game and limiting discussion, it can still be seen as a boundary crossing because it is occurring outside of the therapeutic relationship. It would also be extremely difficult for the OT to contain this situation and manage the future boundary issues.

Whether or not answer (d) would be appropriate would depend on a number of evaluations on the part of the OT. Is the OT interested in continuing the relationship? If so, she should explain her obligations, as expressed in standard statement 10 below.

An OT 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 OT should never enter into a personal relationship with the client; and
- (d) Make decisions about personal relationships with former clients on the basis of professional responsibility that reflects the public interest.

In applying this standard, the OT should consider the length and nature of the relationship. For example, is Karen's invitation related to the ending of the relationship and her attachment to the OT and the care she has received over their time together? If, in the view of the OT, these are significant factors, they may lead the OT to withdraw from any future contact. If not, the OT should clearly explain the time restrictions and criteria for future personal contact to Karen.

Question 4: At what point in the conversation could the OT have regained control of the therapeutic relationship?

The most obvious point at which the OT could have pulled back and remedied the boundary crossing was when Karen suggested that they could sit together and chat at the hockey game. When the OT did not do this, it allowed Karen to go further and make the suggestion that they share the drive to the upcoming tournament. Perhaps less obvious was the point at which the OT responded to Karen's question about her weekend by disclosing personal details. This may have inadvertently encouraged Karen and led her to issue the invitations.

SCENARIO TWO – GIFT-GIVING

Question 1: Identify the boundary issues in this scenario.

There are two and possibly three boundary issues in this scenario. One is the matter of the OT's direct assistance with the garage sale. Another is that the client offered the OT a gift. Tangential to the latter issue is whether the OT's personal opinion that Sue's painting has monetary value is appropriate.

Question 2: What Performance Indicators in the College's *Standards for Professional Boundaries* apply?

This scenario suggests two principal areas in which boundary issues are in question. Standard Statements 1 and 2 apply in this scenario.

According to Standard Statement 1, "*The OT 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.*" Furthermore, Standard Statement 2 states, "*The OT will assume full responsibility for anticipating, establishing and maintaining appropriate boundaries with clients at all times.*"

When considering her response to Sue's invitation to participate in the garage sale, the OT should consider the impact of what might be perceived as personal or social engagement with, or special favours for the client. To help make an appropriate decision, the OT could ask herself: Does attending the garage sale clearly serve the client's best interests? Would the OT consider it billable time? How would others view the behaviour? Is the OT doing a favour to the client or providing this service as part of her treatment plan? Would the OT document her involvement in the garage sale in the client records as part of the plan of care?

The OT's participation has the potential to compromise the therapeutic relationship, as it may cloud the OT's responsibility to outline the parameters of the relationship. The OT should self-monitor, as outlined in Performance Indicator 5.9, "*Avoid doing anything for the client that does not conform with the therapeutic relationship.*" Awareness of this indicator could turn on the yellow flag for the OT, alerting her that a boundary is being approached. Further, the OT's ability to make the best decision in this case would improve by taking the steps suggested by Performance Indicator 2.4(d) and developing practices and procedures to manage non-therapeutic requests from clients. In this instance, and also in respect to gift-giving, it is the full responsibility of the OT to anticipate, establish and maintain boundaries at all times.

The OT's ability to manage instances in which clients offer gifts would be enhanced if the OT has established practices and procedures in accordance with Performance Indicator 2.4(a). Furthermore, Performance Indicator 5.8 assists the OT in recognizing that the request for personal favours and the offer of a gift is a yellow flag boundary problem and a potential risk to maintaining an appropriate therapeutic relationship as required by Performance Indicator 2.2.

Question 3: How would you handle this situation?

- (a) I would diplomatically decline the gift and contact the neighbour who offered to help with the garage sale.
- (b) I would tell Sue that I appreciate the gift and would like to donate it to the garage sale. Then I would help Sue plan for the sale.
- (c) I would tell Sue that my professional responsibilities do not allow me from accepting gifts. Then I would help Sue plan a successful garage sale.
- (d) I would accept the gift and tell Sue that I'll put it in the office's reception room for all to enjoy. Then, I would proceed with helping Sue organize the sale.

Answer (c) is the most appropriate. The College discourages accepting gifts from clients. In the professional judgment of the OT, there may be some instances in which accepting a gift is acceptable, however, this is not one of them. The thought behind Sue's gift, given its apparent value and personal attachment, should play a role in the OT's decision-making. The OT should also consider the impact on Sue if she accepts the gift. It might encourage Sue to believe that their relationship has become personal. Additionally, Sue may expect special treatment and/or a favour in return. For example, Sue might expect the OT to work the garage sale with her. When declining the gift, the OT should carefully explain why accepting it would be outside the boundaries of the client/professional relationship.

By helping Sue plan the garage sale during a treatment session, rather than participating in the sale, the OT is fulfilling her professional role rather than allowing it to become or be perceived as becoming a personal involvement. However, if the OT had provided a direct response to Sue's request for assistance at the garage sale and discussed boundary issues with the client at that time, the conversation may have led Sue to a better understanding of their relationship and averted the gift-giving situation.

Being proactive in creating a "no gift-giving" environment also supports establishing clear boundaries. There are several ways in which an OT and/or a practice setting can communicate to clients that gift-giving should be avoided by establishing and communicating clear policies.

Answer (a) is partially acceptable because the OT has appropriately declined the gift. However, the second part of this answer is problematic because even though the OT does not entertain Sue's offer to participate in the garage sale, she crosses a boundary by contacting the neighbour. Instead, the OT should suggest to Sue that she contact the neighbour directly as part of the planning of the sale.

Answer (b) proposes a solution to the receipt of the gift that is only partially helpful. It achieves the same effect as answer (c), in that the OT does not keep the gift herself, by accepting and then donating Sue's painting to the garage sale. The OT, however, has imposed a personal action in the relationship that unnecessarily threatens to compromise her therapeutic relationship with Sue. Also, the OT does not consciously address the issue of gift-giving with the client, which could help to establish boundaries and ensure that gifts are not offered in the future.

Like answer (b), answer (d) also creates a personal connection between Sue and the OT if the gift is accepted and the painting is hung in the OT's office.

Question 4: At what point should the OT have re-established appropriate boundaries?

Both Sue's request to participate in the garage sale and her offer of the painting should have been strong signals to the OT that boundaries were being approached. They should lead her to take steps to avoid any crossings or violations. The OT should have also considered the potential impact of telling Sue that she thought her painting might have considerable monetary value.

Question 5: How would this situation be different if the client offers to donate the painting to the OT clinic?

The offer of donating the painting to the clinic would still constitute a boundary crossing as accepting the gift of a personal expression is not conducive to maintaining the therapeutic relationship as the client may unconsciously expect special consideration as a client of the clinic. However, the situation does differ to the extent that receipt of the gift on behalf of the clinic eliminates concerns of receiving the painting personally as it would be a gift shared by her colleagues and those visiting the clinic. In either event, practices and procedures should be in place to deal with offers of gifts.

SCENARIO THREE – SOCIAL NETWORKING

Question 1: Identify the boundary issues in this scenario.

This scenario suggests a number of areas in which boundary issues arise. The prominent issue for Sujeetha is engaging in a social relationship with a member of a client's family. Should she accept Jeff's offer of joining him on Facebook, Sujeetha could be engaging in business opportunities that could be seen as a conflict of interest for her. Sujeetha also crossed a boundary by disclosing personal information. In contrast to Scenario One, the context in which the information was shared did not support the therapeutic relationship. Any of these developments could contribute to future boundary complications with her client.

Question 2: What Performance Indicators in the College's *Standards for Professional Boundaries* apply?

Performance Indicators 2.3 and 9.2 speak to the importance of avoiding relationships with members of a client's family.

Performance Indicator 2.3 addresses the importance of, "*establishing appropriate boundaries with families, caregivers and partners of clients at the outset and maintaining them on an ongoing basis and beyond discharge.*" Similarly, Performance Indicator 9.2 cautions the OT to, "*avoid inappropriate relationships with those associated closely with a client (e.g. the parent of a client)*" and Performance Indicator 2.4(b) prohibits the OT from receiving a social invitation from a client or extending such an invitation.

The reasoning behind this standard statement is based on the potential to compromise the therapeutic care of the client should the interests that develop between the OT and family member conflict with the interests of the client. In this scenario, suppose that the OT provided services to Jeff's friend, an indirect referral through the online networking service, and the friend did not pay the bill for service. As a result, there would be tension between Jeff and Sujeetha that would be obvious to Mrs. Rantin. This tension could compromise Sujeetha's ability to professionally and objectively provide Mrs. Rantin's ongoing care.

More broadly, Performance Indicator 5.9 should also raise a cautionary flag for the OT. It requires the OT to avoid doing anything for a client that does not conform with the therapeutic relationship. It supports the intent of Performance Indicator 2.4(b), which prohibits accepting social invitations from clients. As well, Performance Indicator 5.2 states, "*the OT will avoid inappropriate disclosure of the OT's own personal information or emotional concerns to the client.*" In contrast with the disclosure of personal information in Scenario One, in which the disclosure of information may have had some therapeutic value, disclosure in this situation does not further the therapeutic relationship, and is therefore inappropriate.

Jeff suggests that a Facebook connection could benefit Sujeetha's business. Several indicators underline the importance of avoiding financial relationships with clients or family members because they may lead to a conflict of interest. Performance Indicators 2.4(c) and 9.4 restrict OTs from making financial connections with clients. These indicators instruct the OT to assume responsibility for anticipating, establishing and maintaining appropriate boundaries (standard statement 2) by avoiding non-professional relationships with respect to financial dealings with clients and their family members. Performance Indicator 5.12 requires OTs to question whether an action or a circumstance constitutes a conflict of interest. OTs should also remember that a conflict of interest is grounds for disciplinary action and could be considered an act of professional misconduct.

Question 3: How would you respond to Jeff's offer?

- (a) I would thank Jeff and explain that I already have access to the group.
- (b) I would thank Jeff and give him my email address. I would tell him that I will only look at the information he supplies and not respond to any correspondence.
- (c) I would tell Jeff that I would appreciate the contact information so I can pursue the information, but for professional reasons I could not become involved with the group.
- (d) I would explain to Jeff that it would be inappropriate to develop a personal and/or business relationship with a client's family member.

Answer (d) is the best answer. This approach serves as a high-level response that encompasses all of the more specific problems the scenario raises. By advising Jeff that you could not accept his offer on this basis, you are setting the stage to explain the more detailed complications of why it would be inappropriate for you to enter into a personal relationship with a family member of a client. It is inappropriate to network with a client outside your professional role, seek business contacts through a client or to rely on client testimonials.

Answers (a), (b) and (c) are in part, appropriate, but also problematic. Answers (a) and (b) distance you from Jeff's network by avoiding direct engagement. But stating that you will follow up on Facebook on your own still acknowledges that you are accepting his referral. The answers are incomplete because they do not address the problem of having a social relationship with a client's family member.

Answer (c) addresses the issue of a non-professional relationship with Jeff in part by stating that you cannot become involved in the group, but it would be better not to accept the contact information or indicate your willingness to follow up.

Question 4: What could potentially result if Sujeetha accepts Jeff's offer?

Social networking has become such a communication success that it now rivals telephone and written communication, and even personal contact. As such, it poses a clear risk to the maintenance of the therapeutic relationship. Had Sujeetha accepted Jeff's offer, she would be accepting a social invitation from a family member of a client and further, she would be socially engaging with others she had contacted through Facebook. As the connections Jeff has relate to resources for his mother's care, it would be very difficult for Sujeetha to separate her professional and personal lives in the ensuing communication. Further, any business benefits that Sujeetha might experience would constitute not only a conflict of interest for her, but potential grounds for professional misconduct.

Question 5: In what ways does Sujeetha demonstrate appropriate and inappropriate professional conduct?

Sujeetha acted appropriately when she introduced herself to Jeff and explained her professional relationship with his mother. Sujeetha also followed appropriate steps to secure Mrs. Rantin's consent to touch her in the course of measuring her wheelchair.

However, Sujeetha's conduct was inappropriate when she responded to Jeff's invitation to join Facebook. She told Jeff that she was already a member of Facebook and had met her boyfriend through Facebook. Sujeetha should have not shared her personal information. Instead, she should have used the opportunity to explain to Jeff why accepting the invitation was inappropriate.

SCENARIO FOUR – DATING

Question 1: Identify the boundary issues in this scenario.

There are a number of boundary issues in this scenario. The principal problem is the apparent personal connection between Amanda and James. Many warning signs exist that professional boundaries are being crossed or violated. These are illustrated by Amanda's positive response to James' comment about her new hairstyle, how reluctant he is to see the treatment coming to an end and Amanda's action in rearranging her schedule to accommodate James' request to see her sooner, even though his treatment is coming to a close. Amanda then comes to recognize that she would like to date James.

Question 2: What Performance Indicators in the College's *Standards for Professional Boundaries* apply?

Aside from not fostering a therapeutic relationship with James (Standard Statement 1), Amanda's actions suggest that she has not fully anticipated, established or maintained an appropriate therapeutic relationship with him (Standard Statement 2). Nor has she considered Standard Statement 9, in which the OT is directed to avoid non-professional relationships with current clients and to comply with this directive by developing and implementing practice procedures. Further, the issue of self-monitoring is raised as Amanda may not have been alert to the nature of changing interactions with the client (Performance Indicator 5.1). Performance Indicator 5.4 warns OTs to, "be alert to increased attention given to clients because it may signal that a boundary problem is arising." Amanda violates Performance Indicator 5.6, which prohibits *special exceptions to scheduling client appointments that may indicate a personal interest*. Even more importantly, in her discussion with her supervisor, Amanda discloses her interest in dating James without realizing that it is against standards and policy.

Question 3: What do you think about how Amanda dealt with this situation?

- (a) Amanda should have been more alert to changes in the therapeutic relationship and diplomatically discussed the situation with James. If the discussion didn't re-establish the therapeutic boundaries, Amanda should have taken proactive steps and spoken with her supervisor.
- (b) Amanda should have anticipated boundary crossings, established and maintained boundaries to preserve the therapeutic relationship and self-monitored her reactions. She should also have seen the need to seek assistance.
- (c) Although she missed several yellow and red flags, Amanda fully disclosed the situation to her supervisor. She was also open to and correct in accepting the recommendation of her supervisor to discontinue James' care and arrange for his referral to another OT.
- (d) Amanda should have been better versed in the College's *Standards for Professional Boundaries*.

While all of the answers are correct, the best answer is (a) because it would prevent the boundary crossings from occurring. As such, the best interests of James would have been met. The impact from the corrective steps that Amanda is forced to take as a result of her professional oversights could be avoided.

Answer (b) is truthful because it captures Amanda's errors in dealing with James. She should have immediately reacted to James' comment about her hairstyle by explaining how the comment personalized their relationship. Addressing the hairstyle comment may have pre-empted the ensuing complications, although the relationship was likely already crossing professional boundaries. Active self-monitoring may have alerted Amanda that James's perceptions of the relationship were changing, as were her own, and signalled the need to immediately correct the situation.

Answer (c) reflects Amanda's potential to deal with future situations. Although she may not have recognized the warning signs, the good relationship she has with her supervisor allowed her to assess the situation with James and engage in a constructive resolution. This situation provided Amanda with the opportunity to consider how she would handle future relationships with her clients. Part of Amanda's remediation process should include a comprehensive review of the College's *Standards for Professional Boundaries*, as recommended in answer (d).

Question 4: Because James was recovering from a brain injury, he could be considered a vulnerable patient. In what ways would the appropriate responses to this situation have differed if James was not considered vulnerable?

Any client can be vulnerable, and vulnerability must be considered across the client population. Deciding on how to best respond to a boundary situation takes professional judgment and must consider the client and his or her condition. In most cases, a direct approach is best for resolving the situation. However, after considering the client's vulnerability, the OT may determine an alternative way to manage the situation. In this scenario, Amanda's supervisor is an excellent resource to help her manage the problem and facilitate transfer of care while objectively considering the well-being of the client.

Question 5: Describe the concepts of transference and counter-transference. Do you think that either or both of these concepts are at play in this scenario? Explain your reasons.

Transference occurs when the client unconsciously transfers onto the OT feelings experienced in an earlier relationship. Counter-transference occurs when the OT develops an unconscious emotional dependence or co-dependence, in response to the client's dependency, expectations and/or emotional responses.

According to the College's *Standards for Professional Boundaries*, there is a power imbalance inherent in the therapeutic relationship and the OT has sole responsibility for managing it in the best interests of the client. While this scenario does not indicate that James is transferring his past experiences onto Amanda, or she to him, what is evidently developing between them is a personal relationship that could develop into co-dependency. This is particularly problematic in this scenario for two reasons. The boundary crossings may be further complicated to the extent that James is considered vulnerable. More importantly, since Amanda failed to realize the dangers of her own connection with James, she would have allowed the relationship to develop to his detriment as well as her own. It is clear that neither the OT nor the client were consciously aware of what was developing between them. Amanda did not identify the problem with James until it is addressed in the discussion with her supervisor. Amanda's failing not only makes it more difficult to explain to James what the problem is, but now it also involves telling him that the therapeutic relationship she has with him must end.

SCENARIO FIVE – FINANCIAL BOUNDARIES

Question 1: Identify the boundary issues in this scenario.

This scenario identifies two potential boundary problems. One relates to maintaining appropriate professional boundaries in regards to financial arrangements, including his bus tickets. Another issue is respecting the client's beliefs and values, as witnessed by Kathryn's response to Greg's need to set aside money to buy cigarettes.

Question 2: What Performance Indicators in the College's *Standards for Professional Boundaries* apply?

With respect to Greg's money management issues, Kathryn should be aware of the need to develop her own practices and procedures regarding Performance Indicator 2.4(c), which addresses financial connections with clients. She should ask herself at what stage in handling Greg's money might it be considered a boundary crossing or violation, as described in Performance Indicator 5.9.

According to Standard Statement 1, "*the OT 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.*" The following three Performance Indicators apply to Kathryn's reaction to Greg's need to manage his money so he can afford to smoke.

- 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 the OT's own values or beliefs to adversely affect the client/therapist relationship;*
- 1.4 Recognize the OT's own personal needs and values as they impact on the client/therapist relationship due to the authority vested in the OT.*

While it may be appropriate for Kathryn to discuss with Greg the impact of smoking on his health and finances, she should avoid revealing her personal views. Any reaction by her would improperly impose her values and beliefs on the client/therapist relationship and demonstrate disrespect for Greg's choices and lifestyle.

Question 3: What is the best way to handle this situation?

- (a) Kathryn should explain to Greg that it is a violation of standards to handle his money herself.
- (b) Kathryn should not agree to manage Greg's money. Instead, Kathryn should help arrange for a trustee to work with him separately on his money management skills.
- (c) Kathryn should agree to manage Greg's money as a means of helping him. However, Kathryn should insist that Greg sign for the money he gives to and receives from her.
- (d) Kathryn should not have agreed to allocate Greg's bus tickets to him.

(e) Kathryn should first try to assist Greg in managing his money himself. If this is unsuccessful, she should direct Greg in finding a trustee to independently manage his money.

The best answer is (e). Kathryn responded appropriately to Greg's request by deflecting it through her suggestion to help him manage his money himself. She is giving Greg the opportunity to develop his own management skills by working through strategies that can be adjusted over time based on his progress. If Greg continues to need assistance, she may need to offer to arrange for a trustee to work with him. This strategy would remove Kathryn from any future boundary problems.

Answer (a) is correct to the extent that it properly addresses the need for Kathryn to explain her professional role with respect to Greg's financial issues. However, it is incomplete. Kathryn should have taken additional steps to offer appropriate options for Greg.

Answer (b) also overlooks the helpful and therapeutic option of having Greg attempt to deal with the problem himself.

Answer (c) is highly problematic. Kathryn may be protecting her ability to demonstrate management of Greg's money by having him sign for each transaction. Nonetheless, she is still crossing a boundary by forming a complicated financial connection with Greg.

Answer (d) is debatable. In Greg's situation, Kathryn's distribution of the bus tickets seems innocuous enough, but it formed the basis for his request for further financial assistance. When Kathryn agreed to help with the bus tickets, she could have prevented future requests by explaining the limitations on her ability to become further involved in his finances.

Question 4: What implications or concerns might arise if Kathryn agrees to Greg's request?

This scenario suggests that Kathryn has already begun to manage Greg's affairs by allocating his bus tickets on a weekly basis. This gesture could be viewed as a boundary crossing as Kathryn is making a connection with Greg that has some financial value. However, Kathryn could face far greater problems if she begins to handle Greg's cash. In doing so, Kathryn is increasing her exposure for accountability of Greg's money. The College's standard clearly prohibits financial relationships with clients. As such, it would be inappropriate for Kathryn to accept a role that could be seen as that of a trustee or power of attorney. She would be crossing a significant boundary that would not only make her vulnerable to a potential dispute over her management, but also hamper Greg's progress toward independence.

SELF-REFLECTIVE EXERCISE 2

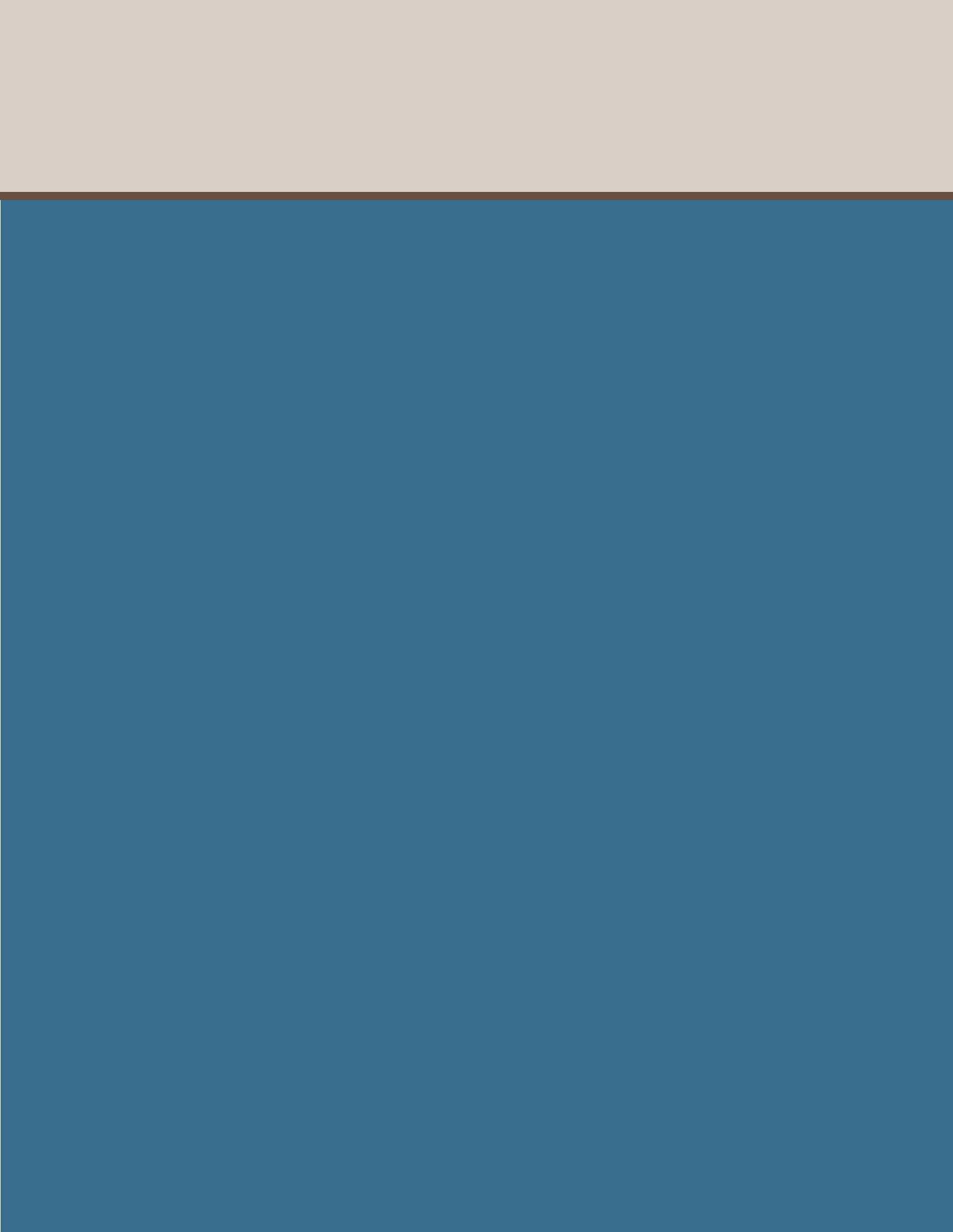
Professional Boundaries: Defining the Lines

Use this form to assess your learning needs based on your responses to the Practice Scenarios within the PREP Module and the provision of the best answers and rationale from the College. This information will be required at Competency Review and Evaluation.

Instructions

1. Review your response sheet from Professional Boundaries: Defining the Lines.
2. Record your answers from your Response Sheet.
3. Review the best answers and rationale provided by the College.
4. Record the best answers.
5. Note discrepancies between your answer and the best answer. Comment, if necessary, on your assumptions and rationale as compared to those of the College. You may already have recorded your thinking in the margin of your module. It is not necessary to duplicate or re-copy information. In this case, refer to your previous work using the space provided.
6. Identify any learning needs based on gaps in your understanding of the material covered in the module and complete the “Learning Needs” column.
7. Consider these learning needs as you create your Professional Development Plan for the upcoming year. Where you have identified a need, make sure to record it on your plan to address in the current year or track for the future.

| Scenario # | Question # | My Answer (#) | Best Answer (#) | Comments | Learning Need? (Yes/No) |
|------------|------------|---------------|-----------------|----------|-------------------------|
| 1 | Q3 | | | | |
| 2 | Q3 | | | | |
| 3 | Q3 | | | | |
| 4 | Q3 | | | | |
| 5 | Q3 | | | | |



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