



Professional Boundaries and the Prevention of Sexual Abuse

Welcome to the 2018 PREP: Professional Boundaries and the Prevention of Sexual Abuse.

Occupational therapists are responsible to establish and maintain professional boundaries to ensure the occupational therapy services they provide are safe, effective and ethical.

What to Expect with this PREP

Using seven practice scenarios, this PREP will describe the professional boundary expectations for OTs and demonstrate the application to practice. After each case scenario is a Reflective Practice question. Links to various resources are embedded throughout the PREP to supplement your learning and assist you in decision-making when answering the Reflective Practice questions. Specific learning needs identified through completion of the PREP may be added to your Professional Development Plan.

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Introduction

Maintaining proper boundaries has never been as prominent a societal issue as it is today. Increasingly, there are reports about sexual harassment and abuse by leaders in our society, racial discrimination, disregard of people's sexual identity or expression, and inappropriate use of social media, to give just a few examples.

In response to the growing reports related to sexual abuse, the Ministry of Health and Long-Term Care has made and continues to make significant changes to the *Regulated Health Professions Act, 1991* (RHPA) (<https://www.ontario.ca/laws/statute/91r18>) to more effectively define, prevent and address sexual abuse by regulated health professionals.

The College has provided OTs with guidance on professional boundaries in several resources including:

- Standards for Professional Boundaries (2015) (<https://www.coto.org/resources/standards-for-professional-boundaries>)
- Code of Ethics (2011) (<https://www.coto.org/resources/code-of-ethics>)
- Conscious Decision-Making in Occupational Therapy Practice (2012) (<https://www.coto.org/resources/conscious-decision-making-in-occupational-therapy-practice>)
- Standards for the Prevention of Sexual Abuse (2013) (<https://www.coto.org/resources/standards-for-the-prevention-of-sexual-abuse>)
- Practice Guideline: Using Social Media (2014) (https://www.coto.org/docs/default-source/guides-guidelines/guidelines_useofsocialmedia.pdf?sfvrsn=2)
- Standards for Prevention and Management of Conflict of Interest (2012) (<https://www.coto.org/resources/standards-for-prevention-and-management-of-conflict-of-interest>).

With increased visibility in the media, society has gained an enhanced awareness and sensitivity to these issues, which provides a good opportunity for the College to reinforce expectations about maintaining professional boundaries.

Given the rapid pace of change in society, frequent amendments to legislation, the number of inquiries to the College from occupational therapists (OTs) and the general public about professional obligations and the maintenance of professional boundaries, it is timely and appropriate to revisit this topic. The 2018 PREP provides a simplified framework for OTs to apply to decision-making about professional boundaries.

Throughout this PREP there are references to various College resources in effect at the time of writing. As resources undergo periodic review and revision, readers are encouraged to visit the College website (<https://www.coto.org/standards-and-resources>) to ensure they are reviewing the most up-to-date version.

Learning Objectives

Upon completion of this PREP you will be able to:

1. Understand the importance of boundaries in professional practice.
2. Recognize the difference between a professional boundary crossing and a professional boundary violation.
3. Understand the power imbalance that exists between an OT and their client and the responsibilities of an occupational therapist to maintain professional boundaries.
4. Identify potential warning signs of a boundary crossing and implement strategies for conscious decision-making to maintain professional boundaries.
5. Describe the professional boundary risks associated with the use of social media and technology in occupational therapy practice.
6. Understand the changes to legislation and legal requirements for mandatory reporting of sexual abuse of a patient that apply to occupational therapists.

Definitions

What is a professional boundary?

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

What is a professional boundary crossing?

A professional boundary crossing occurs when an OT initiates a behaviour or allows a behaviour to persist in a relationship that compromises or sets a future course that compromises the OT's relationship with their client. The potential for boundary crossings relates directly to the client's position of vulnerability in the therapeutic relationship. When a boundary crossing occurs, the relationship can become more unbalanced in favour of the OT.

What is a professional boundary violation?

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

What is sexual abuse?

Sexual abuse of a patient by a member is defined in the *Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991* (RHPA) (<https://www.ontario.ca/laws/statute/91r18>) as:

- Sexual intercourse or other forms of physical sexual relations between the member and the patient,
- Touching, of a sexual nature, of the patient by the member, or
- Behaviour or remarks of a sexual nature by the member towards the patient.

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Note: The RHPA uses the terms member to refer to a regulated health professional and patient to refer to the person receiving health care services. The College uses the terms registrant and client respectively. For the purpose of this PREP, the terms “member” and “registrant” and the terms “patient” and “client” have the same meaning.

Overview

Foundational Concepts

To understand the nature of professional boundaries and the harm that can result from crossing them, it is useful to consider the two foundational concepts of trust and power.

- **Trust:** The professional relationship between an OT and a client is based on trust. “Trust” means the client feels confident that the OT is serving the client’s best interests and that the client can rely upon the OT not to do anything that could harm them. Unless the client feels “safe” with the OT, the client may not fully participate or engage with the OT to achieve the best result. Safety is not limited to physical safety. Fear that an OT may disclose or otherwise misuse the client’s personal health information means the client may withhold information the OT would need to do his or her job effectively. Similarly, a concern that the OT is judging the client may make the client feel unsafe and may result in the client answering questions incompletely.
- **Power:** The OT-client relationship involves a power imbalance in favour of the OT. Here, “power” means that the dominant role of the OT gives the OT the ability to make decisions that affect or influence the interests of the client. For example, the OT has the status of a “professional” and the role of an “expert”. The client comes to the OT in a position of need to address health or occupational issues and is therefore relying on the expertise and knowledge of the OT. The OT often develops treatment plans and makes findings or recommendations that can have a significant impact upon the client, such as improved functional status, access to funding or services. The client is in the position where he or she is expected to disclose personal information about themselves, while the OT is not expected to do so and generally should not disclose personal information about themselves. In some situations, the OT may need to touch the body of the client, which involves some degree of intimacy and vulnerability on the part of the client. Clients may feel judged as the OT examines them and asks questions to better understand their status and needs. Additionally, in some situations there may be costs associated with services, which may create added stress to the client and their interactions with the OT.

Feelings experienced by clients can be heightened for a variety of reasons. If the client is in discomfort or does not speak the language used by the OT, the client may feel even more vulnerable.

Responsibilities of the Occupational Therapist

Building upon the foundational concepts of trust and power, OTs must:

1. Always act in the client's best interests.
2. Understand they are solely responsible to maintain professional boundaries.
3. Understand that failing to maintain boundaries can affect the quality of the outcome for the client.
4. Understand that crossing boundaries can harm clients and compromise the public's trust in the profession.
5. Take action to prevent and report sexual abuse.

A challenge for OTs is that professional boundary issues can present themselves in numerous ways, many of which are quite subtle. Further complicating the maintenance of professional boundaries is that it is the subjective perception of the action by the client that matters most. Even if the action, objectively speaking in mainstream Canadian culture, is completely acceptable, if it is perceived otherwise by the client the foundational concepts of trust and power are still compromised. OTs need to approach professional boundary issues with perceptiveness and good judgement. It is the OT's responsibility to understand the impact of their actions. To ensure professional boundaries are maintained OTs **must**:

- **Avoid Self-Disclosure:** When an OT shares personal details about their private life, it can confuse clients. Clients might assume the OT wants to have more than a professional relationship. Self-disclosure often suggests the professional relationship is serving a personal need for the OT rather than serving the client's best interests. Self-disclosure can result in the OT becoming dependent on the client to serve the OT's own emotional or relationship needs, which is damaging to the relationship. While there are circumstances in which limited self-disclosure can be appropriate and useful, caution and good professional judgement must be exercised.
- **Avoid Giving or Receiving Gifts:** Giving and receiving gifts is potentially dangerous to the professional relationship. A small token of appreciation purchased by the client or given at the end of a series of visits may be acceptable but should never be encouraged. When determining how to respond, one should be sensitive to the client's culture where refusing a gift may be considered a serious insult. However, anything beyond token gifts can indicate the client is developing a personal relationship with the OT. The client may even expect, perhaps unconsciously, something in return. Gift giving by an OT will often confuse a client. Even small gifts of emotional value, such as a keepsake, can confuse the client even though the financial value is small. While many clients would find a holiday season card from an OT to be a kind gesture and good business sense, some clients might feel obliged to send one in return. Thought should be given to the type of clients in one's practice and how they may perceive or respond to any gestures, small or large; some new Canadians might be unfamiliar with the holiday card tradition, for example.
- **Avoid Dual Relationships:** A dual relationship is where the client has an additional connection to the OT other than solely as a client; they might be a family friend of the OT for example. Any dual relationship has the potential for the other relationship to interfere with the professional one. Some examples of this include where an individual's OT is also their work colleague, their team mate, or their mentor. It is best to avoid dual relationships whenever possible. Where the other relationship predates the professional one, such as with a relative, or pre-existing friend, referring the client to another OT is the preferred option. Where a referral is not possible, for example, in a small town where there are few OTs, special safeguards are essential, including discussing the dual relationship

with the client and agreeing with the client to be formal during visits and never talk about health issues outside of scheduled appointments.

- **Avoid Practicing Outside of Established Customs:** Established customs usually exist for a reason. Ignoring a custom, such as the generally accepted understanding of ‘work day’ to mean Monday through Friday, confuses the nature of the professional relationship. For example, for many OTs, client interactions typically take place during defined hours from 9:00am-5:00pm at a specific facility location. Meeting the client outside of those defined hours or at another location such as a restaurant, in this case, is outside of the usual practice approach and may result in the client perceiving a blurring of the professional relationship. The client might feel confused about whether it’s more of a social visit and may question, for example, whether they should pay for a meal. That said, established practice customs evolve. OTs who engage in home visits may have very different hours of operation than a facility-based OT. However, arriving at a client’s home for an evening or weekend appointment may cause confusion or a presumption that the OT is making a special exception if the OT has not clearly communicated their service hours to the client. Another established custom is the process of booking an appointment for OT services. If an OT were to arrive at a client’s home without first making an appointment, it may cause confusion to the client. By ignoring these customs of scheduling an appointment or adhering to more traditional appointment times, the client might begin thinking the interactions are social rather than strictly professional in nature. Treating clients as special, or different from other clients, can be easily misinterpreted and require OTs to engage in self-reflection to prevent unnecessary variations in the treatment of clients from happening. OTs must set and reinforce clear expectations such as their defined work hours and be diligent about maintaining those hours to minimize any risk that the client may perceive the client-therapist relationship to be of a personal nature or that a professional boundary is being crossed.
- **Avoid Sharing Personal Opinions:** Everyone, including healthcare professionals, has personal opinions, and OTs are no exception. However, OTs should not use their position of power to promote their personal opinions about such topics as religion, politics or lifestyle choices to clients. OTs have a responsibility to continuously reflect on their behaviour to avoid unfiltered, inappropriate responses or engaging in an unprofessional, or disrespectful manner in situations that may relay their personal opinions. For example, an OT should not make derogatory or disrespectful comments about a client or substitute decision-maker (SDM) that they find particularly challenging to work with. Disclosing personal reactions usually does not advance the professional relationship and may unduly influence or bias how others approach and interact with the client.
- **Avoid Becoming Friends:** Being a personal friend with a client is a form of a dual relationship. Clients should not be placed in the position where they feel they must become friends with the OT in order to receive ongoing services. It is difficult for all and even the most assertive of clients to communicate that they do not want to be friends. OTs bear the sole responsibility to not allow a personal friendship to develop during professional encounters. As such, OTs must also respond professionally if they perceive a client is interested in pursuing a friendship or personal relationship outside the client-therapist relationship. When unavoidable, caution should be taken where pre-existing friends use an OT’s services. At a minimum the OT should set clear expectations for the professional relationship and keep the conversation entirely professional within the professional context. In some cases, where the boundaries cannot be maintained or where the OT finds it difficult to provide the same level of objective advice as would be given to other clients, the OT should

refer the friend to a colleague. For example, billing a friend for professional services can lead to awkwardness or possibly pressure to be misleading to the friend's insurance company.

- **Obtain Informed Consent:** People have boundaries related to their personal space, even where it does not involve touching. When touching is involved, even when required to meet therapeutic goals, it can easily be misinterpreted. A client can view an act of encouragement by an OT, such as a hug as an invasion of space or even a sexual gesture. Extreme care must be taken in any touching of clients. The nature and purpose of any clinical touching must always be explained first, and the client should always give consent before the touching begins. The degree of discomfort from touching varies with the personality, age, gender, culture and experience of the client. Touching by an OT should never be a surprise to the client. While this advice applies to all clients, it is important to keep in mind that some clients have experienced physical abuse and unexpectedly touching a client could be startling and upsetting. The OT should ensure that the client consents to any touching. Similarly, when OTs require a client to undress or uncover for the purpose of an assessment or intervention, OTs must obtain informed consent from the client. In some situations, some individuals may feel vulnerable when needing to disrobe and the situation may feel intrusive.
- **Exercise Caution when Working with Children and Youth:** Special boundary issues arise when OTs work with children, including how an OT may touch, hold or move the child during an assessment or intervention. An area of risk is where the parent, guardian or teacher leaves the child alone with the OT, to do something in an adjacent room or even leave the building temporarily. In some practice contexts the parent may not be present, such as in a school or residential facility. The OT then becomes both the health practitioner and the temporary guardian of the child. Misunderstandings can easily arise. Consider managing a behavioural issue with a client where the safety of the client or others is at risk. Additionally, there is the potential for different challenges to arise depending on the age of the client. OTs need to remember there is no minimum age of consent for health care treatment in Ontario. As such, the OT is responsible for determining whether the client is capable of making their own health care decisions. If the client is capable, it is the client, not their parent, who has the authority to provide informed consent, including whether their parent should be part of the decision-making. Given the child is legally permitted to consent to their own health care services, OTs should also bear this in mind when communicating with their clients and must consider all the other potential risks associated with maintaining professional boundaries including the need to touch, transfer or request the child to disrobe as part of OT assessment and treatment processes.
- **Prevent Sexual Abuse:** The *Regulated Health Professions Act, 1991* is designed to eliminate any form of sexual contact between regulated health professionals and clients. Because of the professional status and influence of OTs, there is potential for any sexual contact to cause serious harm to the client. Even if the client initiates, or purports to “consent” to the sexual contact, it is prohibited for the OT. The term “sexual abuse” is intended to convey how seriously the conduct is taken. However, it should not be thought that only deliberately exploitative conduct is captured by the phrase. In fact, sexual abuse includes conduct that might, on the surface, appear to be genuine and sincere, in the case of a hug for example. In either case, whether it be deliberately exploitative or genuine and sincere affection, the conduct may legally be considered sexual abuse. Therefore, OTs must use extreme caution with respect to their behaviour and actions towards clients and always maintain professional boundaries.

Managing Professional Boundaries

A useful approach to managing professional boundaries is illustrated in the College’s Conscious Decision-Making in Occupational Therapy (2012) framework. A 4A approach has been developed for this PREP to further assist OTs in remembering the critical steps to follow in the management of professional boundaries: **Apply**, **Anticipate**, **Assess** and **Act**. The basic concepts of the 4As are as follows:

- **Apply.** Apply the legislation, standards and resources. The legislation clearly outlines the expectations for regulated health professionals related to sexual abuse. The College has published standards, guidelines and resources that provide extensive information to help OTs manage a professional boundary issue when it arises. Reviewing and implementing the Standards for Professional Boundaries is an example of applying information. This step is consistent with the expectation provided in the College’s Guide to the Code of Ethics (2012) that requires OTs to take responsibility for maintaining accountability by: *“maintaining an up-to-date awareness of the laws, regulations, standards, policies and current evidence relevant to the services you provide”*.
- **Anticipate.** Anticipate when a professional boundary issue could arise and recognize real or potential boundary crossings and violations. Ideally, anticipating and recognizing the possibility of a professional boundary issue will help OTs avoid challenging situations in the first place. However, some actions that might be innocuous in themselves, such as having a brief conversation when one meets outside of practice, can lead to unanticipated professional boundary issues. In addition, spotting a client’s unexpected reaction to the OT’s good intentions is also critical.
- **Assess.** Assess the risk of a professional boundary situation that may or is going awry. This is essential for addressing a boundary crossing before it becomes a boundary violation. Identifying the risks to the client, to others and to the OT themselves can help the OT successfully address the concern. When evaluating the level of risk in any given situation, there is no “right” answer. It would depend on all of the circumstances including the OT’s honest evaluation of their own motives and how it would be received by the client both in the short and long-term. The answer, however, could influence the OT both in deciding whether or not to take action and helping to determine the best solution that could address some of the risks.
- **Act.** Act to address a professional boundary concern with the best solution. There will usually be several options available to the OT. Being creative may even identify more than one reasonable option. Applying good judgement will allow the OT to identify, analyze and effectively act to implement the best option.

Scenarios

Using these 4As will enable OTs to avoid and, failing that, to recognize professional boundary issues, to evaluate them effectively and to select and execute a good solution.

This PREP will examine seven practice scenarios in which the 4A approach can be applied.

Scenario #1: Gift Giving

Both the giving and receiving of gifts is fraught with misinterpretation. Gifts should be avoided where possible. However, on occasion, refusing to accept a gift can also harm the professional relationship, particularly where the culture of the client includes such gestures.

Gift Giving Scenario

Darren is an OT working in an outpatient clinic and mainly provides assessment and consultation services to adults with physical medicine needs. During one of his sessions his client Maria voices her stress about the fact the weather is becoming increasingly cold outside and she does not have enough money to buy her five-year-old son a winter coat. She adds that his coat from last year is too small and has holes in it. Darren informs her that he has an extra winter coat his son no longer needs and he would be happy to bring it for her at the next session.

This scenario reinforces the fundamental concept of power. Darren's offer adds to the power differential and exposes Maria's relative disadvantages. There is also a risk Maria's trust in Darren could be affected if she senses any ulterior reason for the offer, such as, self-satisfaction or an attraction to Maria.

Now use the 4A approach to analyze this scenario.

- **Apply**

The giving and receiving of gifts is discussed at some length in the Colleges' Standards for Professional Boundaries (2015). These Standards discuss the risks to the professional relationship in accepting gifts from clients and strongly discourages the practice in most circumstances. The Standards state the OT will: "*avoid the receipt or exchange of gifts*".

In addition, the respect for autonomy principle in the Code of Ethics (2012) also applies, including recognizing each client's right to make choices for themselves and honouring the dignity and worth of each individual.

- **Anticipate**

Darren, like most OTs, is likely aware that any exchange of gifts with a client is a danger area. The challenge for Darren is to not react immediately to the need with the simplest solution that would, at the same time, affirm his self-image as a caring and generous person. Darren needs to pause and think through the risks and consider other possible solutions before taking action.

- **Assess**

It is a fine balance between maintaining professional boundaries and remaining "human". Darren should ask himself what expectations he might be creating. Will Maria expect a coat each year? Would she feel the need to reciprocate? These expectations invariably shift the power imbalance further in favour of the OT and muddy the personal/professional relationship.

Even if Maria has no expectations, accepting the offer may increase her dependency upon Darren and make it more difficult for Darren to facilitate her autonomy. Maria may feel that she has an obligation to accept

Darren's recommendations and not express any misgivings she might have as to their appropriateness for her. Asking oneself questions is a useful tool when conducting a risk assessment. Darren should also ask himself whether he would do this for every client? Is he treating Maria as special? Some standard questions that might be considered in any professional boundary issue are:

1. Am I behaving differently with this client, student or employee than with others?
2. Is this client receiving preferential treatment?
3. Could I or would I reasonably do this for all clients in my care?
4. Are my actions in the client's best interest?
5. Do my actions benefit me or the client?
6. Will this have or has this had an impact on the service I am delivering?
7. Would I behave the same way in front of my colleagues?
8. Would I be comfortable documenting my actions, behaviours or decisions in the client's record?
9. How would my behavior be viewed by the client, family members of the client, colleagues, my employer, the College, my family and friends?
10. Would my actions break the law, be deemed professional misconduct or contravene professional standards?

Darren could evaluate the degree of risk of this situation to the professional relationship on a scale from low to extreme. In your view, would this risk be:

- Low – unlikely to have a negative impact
- Moderate – could have a negative impact
- Serious – likely to have a negative impact
- Extreme – almost certainly to have a negative impact

This scenario would be characterized as a moderate risk as the interaction could be relatively isolated in many circumstances. However, given the extent of the confusion that might arise, some OTs might view this as a serious risk.

- **Act**

Now determine the best solution and act.

Question #1: Gift Giving

Is Darren crossing a boundary by bringing Maria his son's coat?

- a. Yes, but it would be an appropriate one-time boundary crossing.*
- b. No, because he had a child's coat to give away and did not go out and purchase a new one.*
- c. No, he is not crossing a boundary because he is giving the coat by his own free will. Maria did not ask him for a coat.*
- d. Yes, he should not have mentioned he has an extra child's winter coat to give away, and instead he should have directed Maria to community resources where she may have been able to obtain a winter coat for her son.*

In this scenario, the best answer is d). **Yes, he should not have mentioned he has an extra child's winter coat to give away, and instead he should have directed Maria to community resources where she may**

have been able to obtain a winter coat for her son. This is the best answer because it does not cross any boundaries. If Maria accepts the coat from Darren, she may feel a sense of obligation towards him and it may change the dynamic of the therapeutic relationship. Engaging in one boundary crossing puts him and Maria at risk for additional crossings or violations. Would Maria begin to expect additional items for example, or feel obliged to give something in return? Would Darren feel pressure to give additional items? Darren should ask himself what his motivation is to provide the coat to determine if it is related to the therapeutic relationship or identified goals as opposed to meeting his own needs.

In fact, Darren could use this situation to work with Maria to develop her problem-solving skills so that she can address future needs of a similar nature on her own and so that she can gain a heightened sense of independence. This would be an example of bringing creativity to finding a solution to the professional boundary concern.

Answers a), b), and c) are not the best options. It is the OT's obligation to balance empathy and the client's needs with managing professional boundaries and protecting the therapeutic relationship. OTs should reflect on the potential impact that giving or receiving gifts can have on the therapeutic or professional relationship.

Scenario #2 – Dual Relationships

Dual relationships have the potential to confuse the client about the role of the OT and the expectations for appropriate behaviour. They can also make it more difficult to manage the therapeutic relationship with the client.

Dual Relationships Scenario

Klaus is an OT who recently relocated to a small town with his family. He works on the orthopaedics floor at the local hospital. Klaus was very involved with the curling club in the city he used to live in and would like to join the only curling club in his new town.

Mrs. Williams, who is much older than Klaus, is admitted to his floor for a short stay after treatment of a compound fracture of her right wrist resulting from a fall she sustained in her home. Klaus assesses Mrs. Williams, provides her with exercises, education and strategies to help prevent future falls and recommends an OT home safety assessment given her previous history. Through their discussion, Klaus comes to learn that Mrs. Williams is a member of the curling club and plays on the team that he was hoping to join.

This scenario raises the challenges of dual relationships in smaller centres where it is common to know one's clients.

Now use the 4A approach to analyze this scenario.

- **Apply**

Dual relationships are discussed at some length in the Colleges' Standards for Professional Boundaries (2015). The Standards state: *"The OT will avoid non-professional relationships with current clients."* The Standards emphasize the power dynamics present in dual relationships:

“OTs are in a position of authority over their clients. This authority or power imbalance arises from the knowledge OTs have regarding the client’s health status, the client’s dependence on the professional knowledge, skill and judgement of the OT, and the decision-making authority of the OT regarding treatment plans. This power imbalance places the client in a vulnerable position in the therapeutic relationship. OTs are expected to be aware of this inherent imbalance and ensure professional boundaries are maintained to protect the best interests of the client and keep the client safe. Professional boundaries cannot be appropriately maintained if a non-professional relationship is established.”

This scenario may also raise issues around client expectations. Mrs. Williams may expect preferential treatment from Klaus should they begin to play on the same curling team and establish an additional relationship. This personal relationship may also result in Mrs. Williams viewing their professional relationship differently, which may cause her to question Klaus’ recommendations and advice if there are other personal issues where Klaus and Mrs. Williams have differing opinions or personal biases. The Standards also discuss the need to avoid personal relationships with former clients.

In addition, the Colleges’ Standards for Prevention and Management of Conflict of Interest (2012) state: *“The occupational therapist will avoid dual or multiple relationships (e.g., personal, professional or financial relationships) that could compromise their professional judgement or increase the risk of a boundary violation leading to conflict of interest.”* The Standards further state that: *“An occupational therapist will ... Identify when dual or multiple roles affect or could be reasonably perceived to affect one’s judgement, or ability to be impartial and neutral in the therapeutic relationship (e.g., business partner, friend, relative)”*.

While confidentiality is not specifically mentioned in the Code of Ethics (2012), the Guide to the Code of Ethics (2012) (<https://www.coto.org/resources/guide-to-the-code-of-ethics>) identifies maintaining client confidentiality as a component of the principle of collaboration and communication.

- **Anticipate**

The challenge for Klaus is failing to anticipate and recognize that this circumstance could result in a dual relationship and confidentiality issues. Klaus might view joining a curling team as not being a deep personal relationship. Klaus might also not recognize that it would be difficult to interact with the client in the curling context without identifying and occasionally referencing their professional relationship. Klaus should be asking himself questions about how Mrs. Williams could interpret his desire to join her curling team and how they would interact if he did so.

- **Assess**

Klaus should evaluate how joining the curling team could affect his professional relationship with this client. It would be awkward if Mrs. Williams did not want Klaus to join the team and this might be the case for any number of reasons, such as the team might have unspoken expectations of the type of person they would like to see join the team. Mrs. Williams could also interpret their professional encounters differently because of the request, for example she might feel that Klaus is endeavouring to have her discharged earlier to hasten the curling connection.

In addition, it will be difficult to manage the confidentiality issues surrounding this new relationship.

However, there are some mitigating factors as well. The professional relationship will likely be relatively brief. The professional interactions may not involve a high degree of psychological or emotional support that might increase the vulnerability of the client. The age differences between them and that both may be in stable family situations might diminish the closeness of the personal relationship. In addition, the proposed dual relationship is in a group context, which might also diminish its intensity.

Klaus could evaluate the degree of risk of this situation to the professional relationship on a scale from low to extreme. In your view, would this risk be:

- Low – unlikely to have a negative impact
- Moderate – could have a negative impact
- Serious – likely to have a negative impact
- Extreme – almost certainly to have a negative impact

This scenario would be characterized as a moderate risk as there is the potential for unanticipated consequences. However, because of the mitigating factors, some OTs might view this as a low risk. They might argue that it could just as easily happen if Klaus and Mrs. Williams were already on the same curling team and she fell, resulting in Klaus becoming her OT. That scenario would likely not be a basis for Klaus to decline to treat her.

- **Act**

Now determine the best solution and act.

Question #2 - Dual Relationships

Should Klaus join Mrs. Williams' curling team?

- a. *No, because he is treating Mrs. Williams and she is his client. Since she is already playing on the team it would be best for Klaus to avoid joining the curling team.*
- b. *Yes, because it is a small town and Klaus should be able to pursue his interests as well and join the curling team.*
- c. *Yes, because Klaus can join the team and respect client confidentiality by not acknowledging Mrs. Williams and their previous professional relationship.*
- d. *No, Klaus should wait to join Mrs. Williams' curling team until after discharging her.*

In this scenario the best answer is **a) No, because he has treated Mrs. Williams and she is his client. Since she is already playing on the team it would be best for Klaus to avoid joining the curling team.**

This is the best answer because Klaus is aware that Mrs. Williams is already playing on this curling team. He would be crossing a boundary to now join the team. It also may put Mrs. Williams in an awkward position because she has seen Klaus in a professional capacity. In addition, a reasonable alternative exists in Klaus joining the club but waiting for an opening on another team. While some of the same considerations apply as they may see each other there and would need to manage the confidentiality issues, those concerns are considerably reduced.

Answers b) and c) are not the best options because they involve a more frequent and deeper personal relationship than if Klaus plays for another team and because a creative and reasonable alternative exists. Answer d) is not the best answer because Klaus should avoid entering into personal relationships with former clients.

Although OTs are encouraged to pursue their interests outside of work, they must also realize when their personal and professional lives can collide and possibly lead to boundary crossings and violations. Living and working in a smaller community increases the likelihood that OTs will encounter their clients, colleagues, and others in the community.

Scenario #3 – Boundaries Relating to Personal Space and Children

A very basic boundary involves respecting personal space. In addition, OTs may face special challenges in identifying boundaries related to children or, in this case, a youth.

Boundaries Relating to Personal Space and Children Scenario

Vivian, an OT, was asked to provide consultation recommendations to a school to promote independence with toileting routines for a grade 8 student with autism, named Jonny. Vivian was informed by Jonny's parents that they have no concerns regarding toileting, however they provided consent for her to complete the assessment at school. Vivian also spoke to Jonny's teacher, who reported that he is completely dependent with all aspects of toileting and wears incontinence briefs at school.

Vivian visits Jonny at school for the consultation. Vivian enters the washroom and observes Jonny with a male Educational Assistant (EA). It appears that Jonny does not participate in toileting, cannot manage his clothing, or clean up after himself. The EA wears gloves for the duration of the activity and provides Jonny with hand over hand assistance during toileting.

At a school case conference, it is reported that Jonny demonstrates no understanding of toileting or what is required. English is a second language for both parents and Jonny's father seems to understand more of the conversation than his mother. Jonny's father becomes upset after hearing the recount of the current toileting routine with Jonny, the EA and Vivian. Jonny's father states that he is not comfortable with a female OT being present in the bathroom observing his son.

In this scenario there are overlapping issues related to personal space involving a child (youth) with a disability and informed consent. The scenario may also have a cultural overlay. There are elements of both trust in terms of the confidence of Jonny's father in the OT, and power, for example the OT using her status to assume she can observe the toileting routine in this scenario.

Now use the 4A approach to analyze this scenario.

- **Apply**

Several standards apply to this scenario. For example, the Standards for Professional Boundaries (2015) state: *"The OT will foster therapeutic relationships with clients in a transparent, ethical, client-centred manner with respect for diversity of beliefs, uniqueness, values and interests."* Also, according to these Standards OTs should take into account the client's capacity, beliefs, values, choices, religion, lifestyle, socio-economic status and culture.

In addition, some aspects of this scenario appear to relate to obtaining informed consent. The Standards for Consent (2017) state: “...the client has been given all the information a reasonable person in the same circumstances would require in order to make a decision about the services including: ... Purpose and nature of the service;”

Many of the Colleges’ standards and guidelines discuss the need for OTs to respect the diversity and individuality of clients. For example, the Guide to the Code of Ethics (2012) references the need to recognize diversity of “age, culture, gender, gender identity, religious beliefs, sexuality, socio-economic status and health literacy”.

- **Anticipate**

While Vivian did identify the need for informed consent and likely understood there were privacy and personal space issues related to the assessment of toileting routines, she may not have appreciated how complicated these interrelated boundary issues were in the circumstances.

- **Assess**

A number of factors increased the risk for Vivian in this situation, including the following:

- She did not obtain informed consent directly from Jonny’s parents, who are the substitute decision-makers, as his father was not aware that Vivian would be directly observing Jonny toileting.
- The parents were from a different culture.
- English was a second language for the parents.
- The activity being assessed (toileting routine) is ordinarily considered to be private.
- Jonny was a grade 8 student and more of a youth than a child.
- She was entering into a situation that already existed and she was not part of the earlier communications and expectations.
- The parents were of the view that there were no concerns about the toileting routine while Jonny’s teacher had a very different view. This was a red flag.
- She was of a different gender than the EA, which might, especially in the context of a toileting assessment of a youth, be relevant.
- The parents may not have appreciated what was involved with an OT assessment of this nature.

On the other hand, Vivian received consent from Jonny’s parents for the assessment, which by its nature would likely involve Vivian observing Jonny’s toileting routine. In addition, the assessment would involve the presence of the EA who routinely was involved in Jonny’s toileting routine. Vivian would not be touching Jonny during the assessment.

Vivian could evaluate the degree of risk of this situation on a scale from low to extreme. In your view, would this risk be:

- Low – unlikely to have a negative impact
- Moderate – could have a negative impact
- Serious – likely to have a negative impact
- Extreme – almost certainly to have a negative impact

This scenario would be characterized as a serious risk as the nature of the assessment was private and there were some red flags, primarily that the parents did not have any concerns while the school staff did.

This scenario also highlights that the risks related to boundary crossings are unique to each situation. What might be deemed or perceived as appropriate in one situation may not be deemed appropriate in another, especially with respect to assessments that are more private in nature.

- **Act**

Now determine the best solution and act.

Question # 3 - Boundaries Relating to Personal Space and Children

Did Vivian cross a boundary by being in the bathroom with Jonny and the EA during the toileting assessment?

- No, because Jonny's parents provided consent for her to complete the toileting assessment at school.*
- Yes, because Vivian did not ensure that Jonny's parents understood what her assessment would entail.*
- No, because OTs often address toileting as one of the activities of daily living.*
- No, because Vivian was not in the bathroom alone with Jonny. The male EA was also present.*

In this scenario, the best answer is **b) Yes, because Vivian did not ensure that Jonny's parents understood what her assessment would entail.** This is the best answer because although she obtained consent prior to the assessment, she did not explain that she would be present in the bathroom during the toileting assessment. Vivian should have taken into account the family's culture and inquired about any concerns the family might have with her addressing toileting with their grade 8 son. An interpreter may also have assisted in this case.

Answers a), c), and d) are not the best options. OTs should consider all aspects of diversity when working with clients and families.

Scenario #4 – Sexual Abuse

Sexual abuse is a form of boundary crossing that transforms into a boundary violation. A **professional boundary crossing** occurs when an OT initiates a behaviour or allows a behaviour to persist in a relationship that compromises or sets a future course that compromises the OT's relationship with their client. A **professional boundary violation** occurs when the nature of the therapeutic relationship moves from professional to personal (see Standards for Professional Boundaries, 2015).

The Regulated Health Professions Act, 1991 (RHPA) (<https://www.ontario.ca/laws/statute/91r18>) contains a number of provisions relating to sexual abuse. The legislation:

- defines sexual abuse;
- requires mandatory reporting of sexual abuse by regulated health professionals;

- provides procedural protections and rights for clients who raise sexual abuse concerns (e.g., non-publication of their identity; the right to provide impact statements at hearings);
- requires Colleges to provide funding for therapy and counselling; and
- includes enhanced penalties, such as the mandatory revocation of a certificate of registration for certain frank acts of sexual abuse.

In 2016, an independent review of the application of the sexual abuse provisions of the RHPA concluded that many reports of sexual abuse were not being adequately dealt with by regulated health colleges and they were not meeting their responsibilities for a zero tolerance approach (McPhedran, 2016). As a result, the Government of Ontario announced initiatives to raise awareness of sexual abuse in health care whereby all regulated health colleges were required to report to the Ministry of Health and Long-Term Care on the status of their measures for preventing and dealing with sexual abuse. In addition, the government passed the *Protecting Patients Act, 2017* (PPA) (http://www.ontla.on.ca/web/committee-proceedings/committee_business.do?BusinessType=Bill&BillID=4477&locale=en&CommID=141) which significantly amended the RHPA.

In the RHPA, “sexual abuse” of a patient by a member means,

(a) sexual intercourse or other forms of physical sexual relations between the member and the patient,

(b) touching, of a sexual nature, of the patient by the member, or

(c) behaviour or remarks of a sexual nature by the member towards the patient. 1993, c. 37, s. 4.

(Section 3 of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*)

The 2017 amendments to the RHPA extended the sexual abuse provisions to persons who were clients for one year after the relationship ended and introduced the ability to establish criteria for defining a patient.

For the purpose of sexual abuse, the RHPA defines patient as follows:

“patient”, without restricting the ordinary meaning of the term, includes,

(a) an individual who was a member’s patient within one year or such longer period of time as may be prescribed from the date on which the individual ceased to be the member’s patient, and

(b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43 (1) (o) of the *Regulated Health Professions Act, 1991*; (“patient”)

(Subsection 1(3) of the *Health Professions Procedural Code*, that being Schedule 2 to the *Regulated Health Professions Act, 1991*)

Regulations made under the RHPA define additional criteria for determining if an individual is a patient as follows:

The following criteria are prescribed criteria for the purposes of determining whether an individual is a patient of a member for the purposes of subsection 1 (6) of the Health Professions Procedural Code in Schedule 2 to the Act:

1. *An individual is a patient of a member if there is direct interaction between the member and the individual and any of the following conditions are satisfied:*
 - i. *The member has, in respect of a health care service provided by the member to the individual, charged or received payment from the individual or a third party on behalf of the individual.*
 - ii. *The member has contributed to a health record or file for the individual.*
 - iii. *The individual has consented to the health care service recommended by the member.*
 - iv. *The member prescribed a drug for which a prescription is needed to the individual.*
2. *Despite paragraph 1, an individual is not a patient of a member if all of the following conditions are satisfied:*
 - i. *There is, at the time the member provides the health care services, a sexual relationship between the individual and the member.*
 - ii. *The member provided the health care service to the individual in emergency circumstances or in circumstances where the service is minor in nature.*
 - iii. *The member has taken reasonable steps to transfer the care of the individual to another member or there is no reasonable opportunity to transfer care to another member.*

(Subsection 1(6) of the Health Professions Procedural Code, that being Schedule 2 to the Regulated Health Professions Act, 1991)

While it may not constitute sexual abuse, the College's position is that it is unprofessional for an OT to enter into a personal relationship with a client until one year has passed since the therapeutic relationship ended. Note that this expectation has changed to align with the introduction of the definition of patient into the RHPA and will be reflected in upcoming versions of the Standards for Professional Boundaries. The College's Standards for Professional Boundaries (2015) (<https://www.coto.org/resources/standards-for-professional-boundaries>) state that: *"if the care provided involved an especially vulnerable client, the OT should never enter into a personal relationship with the client"*.

The 2017 amendments also include the following provisions to the *Regulated Health Professions Act, 1991* (RHPA) (<https://www.ontario.ca/laws/statute/91r18>):

- Colleges have the ability to impose an interim suspension or restrictions immediately (and not just after the investigation is completed) where clients are likely to be harmed;
- The criteria for mandatory revocation has been expanded (e.g., they now include the non-clinical touching of a client's genitals, anus, breasts or buttocks);
- The maximum fine for failing to make a mandatory report of sexual abuse has increased to \$50,000 in the case of an individual regulated health professional and \$200,000 in the case of a corporation; and
- The criteria for funding support services for clients reporting abuse has been expanded.

When does an OT need to report suspected sexual abuse of a client by a regulated health professional?

Occupational therapists must file a report if they have reasonable grounds to believe that a patient may have been or is being sexually abused by an occupational therapist or another regulated health professional.

Mandatory Reports for Sexual Abuse

When completing a mandatory report, the following requirements **must be met**:

1. The report must be filed to the College of the regulated health professional who is the subject of the report.
2. The report must be filed in writing and contain:
 - a. the name of the person filing the report;
 - b. the name of the regulated health professional who is the subject of the report;
 - c. an explanation of the alleged sexual abuse, and,
 - d. with consent*, the name of the patient believed to have been sexually abused

*The name of a patient who may have been sexually abused must NOT be included in a report unless the patient, or if the patient is incapable, the patient's representative, consents in writing to the inclusion of the patient's name.

3. The report must be filed within 30 days of the OT becoming aware of the sexual abuse unless the OT believes the regulated health professional will continue to sexually abuse the patient or will sexually abuse other patients, in which case the report must be filed immediately.
4. If the OT who is required to file the report is providing psychotherapy to the regulated health professional who is the subject of the report, the report must also contain the OT's opinion, if able to form one, as to whether or not the regulated health professional is likely to sexually abuse patients in the future.
5. The OT providing psychotherapy must also file another report to the College of the regulated health professional, if the OT ceases to provide psychotherapy to the regulated health professional.

If the OT does not know the name of the regulated health professional who allegedly abused a patient, the OT is not required to file a report.

How to file a report:

OTs can make a report using the [online form](#) found on the College's website or by email, mail or fax to the Office of the Registrar.

What happens when a report is made?

The Registrar reviews all mandatory reports received; assesses the level of risk posed to the public and determines the appropriate regulatory response. If there is sufficient information to provide reasonable and probable grounds to believe that a practitioner has engaged in professional misconduct such as sexual abuse, the Registrar will seek the Inquiries, Complaints and Reports Committee's (ICRC) approval to appoint an investigator. If an investigator is appointed, the results of the investigation are reported to the ICRC.

If the College initiates an investigation, a representative from the College usually contacts the OT who is the subject of the report to advise him/her that a report has been received; and to discuss and answer questions about the process. Generally, the subject of the mandatory report is given a summary of the report. The subject of the report is always put on notice of the results of the investigation and asked to provide a response to the ICRC. In rare cases, some investigations might occur before the subject of the report is notified (such as to preserve evidence).

For more information about the mandatory reporting process, visit the College's website. (<https://www.coto.org/standards-and-resources/employer-resources/mandatory-reports-faq>)

An OT filing a report may contact the College to ask questions about the mandatory reporting process prior to making the report and would not be required to share their name. When and if an OT decides to make a formal report, they would be required to identify themselves.

If you have concerns about the practice of an occupational therapist, you can contact the College's Manager of Investigations & Resolutions by email or phone to discuss the matter.

Understanding professional boundaries is critical for the prevention of boundary violations including sexual abuse. An OT who practices with safe professional boundaries protects not only the client, but also themselves.

Sexual Abuse Scenario

Hannah is an OT working in a rehabilitation facility for clients with spinal cord injury (SCI). Hannah has been treating her client, Justin, for 6 months. Justin is a young male who sustained a SCI after a motorcycle accident. Hannah assisted with obtaining a wheelchair for Justin, addressed his ADLs, worked with Justin on issues related to body image, and recently has begun to address sexual function post-SCI. Justin has expressed that one of his primary concerns is no longer being able to attract potential girlfriends. Hannah has provided emotional support and even referred Justin to a psychoeducational group for clients with SCI.

As they continue in their sessions, Hannah finds she is really enjoying her time with Justin. She tends to schedule their appointments at the end of the day, so she has more time with him and they have begun talking about more personal topics such as their interest in movies and music.

During one session, Hannah realizes how far Justin has come in his occupational therapy treatment. As Justin is transferring independently from his wheelchair to the plinth table, Hannah comments on how muscular his arms have become. After he successfully completes his transfer, she becomes overcome with emotion and rushes to give Justin a hug and kiss on the cheek. At that moment, her OT colleague Josie enters the rehabilitation room to get some supplies and oversees the hug and kiss.

This scenario raises sexual abuse issues for both Hannah and Josie. Hannah has power over the emotional and physical well-being of Justin and has obtained his trust. Josie now also has power through information she has gained by observing the hug and kiss.

Now use the 4A approach to analyze this scenario.

- **Apply**

There is a dedicated College standard on the topic of sexual abuse that discusses the issues in detail: Standards for the Prevention of Sexual Abuse (2013). These Standards provide a definition of sexual abuse, state the responsibility of OTs to prevent sexual abuse from occurring and describe the mandatory duty to report sexual abuse by others. The Standards for Professional Boundaries (2015) also emphasize the requirement for OTs to not enter into personal relationships with current or former clients. The performance indicators for the standard related to self-monitoring and reflecting provide a checklist of actions or thoughts that may indicate boundary crossings are imminent. In addition, the Standards speak to the need for Hannah to anticipate, identify and manage vulnerabilities including introducing the concept of transference and counter-transference. Transference refers to the unconscious wishes or needs of the client, in this case it might refer to Justin confusing his need to attract girlfriends; countertransference refers to the unconscious needs or wishes of the OT, in this case it might refer to Hannah's personal needs for a relationship or even the need to be valued as an OT.

Josie likely has some understanding that she is required to report sexual abuse. However, she may not be aware of the breadth of the definition of sexual abuse. Josie may also not be aware that all forms of sexual abuse that she learns of in her professional capacity must be reported.

- **Anticipate**

Hannah almost certainly knows that developing a romantic relationship with a client crosses a boundary and can quickly evolve into sexual abuse. However, like many OTs, she probably thinks that it could never happen to her because she would never deliberately exploit a client in that way. What Hannah may not perceive is how her feelings can transform into behaviour that falls within the definition of sexual abuse. Hannah likely has not noticed the significance of the progression of boundary crossings in terms of spending time with Justin, speaking about personal topics and treating him as special.

- **Assess**

From Hannah's perspective, she has probably failed to identify the early signs of counter-transference - her own wishes and needs related to Justin, their relationship and the situation. She is now in a position where significant harm can come to both her and Justin. It is also important to note that addressing sexual dysfunction can be an integral part of the OT's role. There are resources and strategies that OTs can use to help address this topic in the safest way to minimize potential for boundary crossings. If Hannah had considered some of the questions highlighted previously she might have identified the risk sooner:

1. Am I behaving differently with this client?
2. Is this client receiving preferential treatment?
3. Could I or would I reasonably do this for all clients in my care?
4. Are my actions in the client's best interest?

5. Do my actions benefit me or the client?
6. Will this have or has this had an impact on the service I am delivering?
7. Would I behave the same way in front of my colleagues?
8. Would I be comfortable documenting my actions, behaviours or decisions in the client's record?
9. How would my behavior be viewed by the client, family members of the client, colleagues, my employer, the College, my family and friends?
10. Would my actions break the law, be deemed professional misconduct or contravene professional standards?

From Josie's perspective she now has to consider the risks to Justin, her employer, her profession and herself. Those risks need to take priority over her concern about the impact of making a report, on Hannah or their working relationship. Justin is in a vulnerable position and consent is not a rationale for Hannah's behavior or abuse of power. Josie's employer faces liability for Hannah's actions and without intervention further harm could occur to Justin or other clients. There is a significant risk of reputational harm to Josie's employer and to the OT profession as a whole that would be exacerbated if Josie does not make a report. Josie is also at significant personal risk in terms of her employment and her registration with the College. She could also face prosecution, as well as a fine if she does not make a report.

Josie could evaluate the degree of risk of this situation on a scale from low to extreme. In your view, would this risk be:

- Low – unlikely to have a negative impact
- Moderate – could have a negative impact
- Serious – likely to have a negative impact
- Extreme – almost certainly to have a negative impact

This scenario would be characterized as an extreme risk as there may be significant harm to many persons, especially if the appropriate action is not taken now.

- **Act**

Now determine the best solution and act.

Question # 4 - Sexual Abuse

What should Josie do next?

- a. *Josie should speak to Hannah and if she promises to stop her behaviour Josie will do nothing further.*
- b. *Josie must report Hannah to the College.*
- c. *Josie should report Hannah to the College and ensure that the Manager is informed of the situation as well.*
- d. *Josie should talk to Justin to determine if he feels he was sexually abused by Hannah.*

The College of Occupational Therapists of Ontario has a zero tolerance position towards sexual abuse of a patient. This means that any form of sexual abuse, under any circumstances, is unacceptable. In the College's Standards for the Prevention of Sexual Abuse (2016) it is quite clear: "An occupational therapist will establish and maintain appropriate boundaries with clients in relation to the prevention of sexual abuse, at all times."

In this scenario the best answer is **c) Josie should report Hannah to the College and ensure that the Manager is informed of the situation as well.** Josie has a mandatory legal obligation to make the report to the College, but also has an ethical and moral responsibility to ensure her employer is aware of the situation. However, given her relationship with Hannah, Josie may wish to speak with Hannah first and determine if she prefers to disclose the information to her Manager directly. Though Josie may feel she is in a difficult position because she has a dual relationship with Hannah as a friend and colleague, there are no exceptions to the mandatory reporting of sexual abuse of a client. Josie has a legal obligation to make this report and protect the client. Josie should know that her report is one aspect of the process. Hannah will be provided with the opportunity to comment and provide information in addition to the College doing a full investigation of the situation.

Refer to the College's website (<https://www.coto.org/standards-and-resources/employer-resources/mandatory-reports-faq>) for more information about Mandatory Reporting.

Answer a) is not correct. Hannah promising to stop does not eliminate the fact that the sexual abuse occurred and must be addressed. Given the inherent power imbalance and the vulnerability of her client, Hannah remains accountable to manage the professional boundaries. Answer b) is correct but could be seen as insufficient to address all of the risks described. Answer d) is incorrect because Justin's feelings are irrelevant. The Standards for Professional Boundaries (2015) state that client consent is never a defense with respect to the sexual abuse of clients. As in many types of boundary crossings, but particularly in the area of sexual abuse, the harm to the client may not be evident until later. In addition, while Justin may not have perceived the conduct as sexual abuse because he was focused on the supportive nature of Hannah's actions, by most objective standards this was sexual abuse. The context of their professional relationship included discussions about sexuality and also included extensive discussions about personal topics. In this context Hannah made comments about Justin's appearance and strength and the touching was inappropriate and had romantic overtones.

Scenario #5 – Social Media

Social media raises new and unique professional boundary issues. The difference in generational attitudes towards social media and the way in which it blurs the lines between the professional and the personal make it a particularly challenging issue.

Social Media Scenario

Felix is an OT working at a mental health and addictions hospital. He provided occupational therapy services to his client, Kayla for two years from the time she was 16 to 18 years-old to address her depression and recurring substance abuse. Kayla did not have a big support system at the time and often referred to her treatment team as her "family".

Felix runs into Kayla in the community one year after her occupational therapy services have ended. She approaches him and discloses that she is struggling with her transition to a new living environment since having been discharged from the hospital. Kayla further states that the loss of her treatment "family" has been difficult. She reports that she now spends most of her time isolated in her home and uses the Internet as one of her only connections to the outside world.

When Kayla asks Felix how he has been doing over the last year, he discloses that his wife had given birth to a baby girl and discusses how busy life had become. After they part ways, Felix cannot stop thinking about Kayla and begins to worry about her social isolation. Later that evening, Felix receives a “friend” request on social media from Kayla with a message noting that she felt better after running into him. She also commented on the beautiful photograph of his family shown in his profile picture.

This scenario raises issues related to the use of social media in respect of a former client. It appears Felix still has power over Kayla in that their professional relationship still continues to affect her sense of well-being. Kayla also seems to trust Felix even though the professional relationship ended a year ago and she is likely to respect Felix’s advice and recommendations.

Now use the 4A approach to analyze this scenario.

- **Apply**

The College has published a specific document on this topic. The Practice Guideline: Use of Social Media (2014) which addresses several topics including how to maintain client confidentiality, monitoring your online presence and special considerations about communicating with clients through social media. The Practice Guideline states:

“When using social media for professional and personal purposes, OTs need to carefully consider how to maintain professional boundaries, prevent conflicts of interest, avoid breaches of confidentiality, and maintain trust and confidence in the profession...”

Therapeutic relationships with clients should be the same online as they are in person. For example, clearly establish and maintain appropriate boundaries by keeping your personal social media pages separate from your professional pages. Do not invite personal relationships onto your professional pages. Similarly, do not invite professional relationships onto your personal pages. “Friending” or disclosing personal information to a client online can blur professional boundaries and may be considered a dual relationship.”

Also, the Standards for Professional Boundaries (2015) emphasize the need for OTs to not enter into personal relationships with former clients. In addition, the topic of risks associated with self-disclosure was previously described in this PREP. Risk of self-disclosure is particularly challenging when one uses social media for personal purposes.

- **Anticipate**

Felix may be less alert to professional boundary issues now that Kayla has been discharged for a year. Also, he may not have been aware of how accessible he was through his social media profile. As a result of Kayla’s request over social media, Felix should anticipate the various ways Kayla may have been impacted by their brief encounter.

- **Assess**

In identifying the nature and extent of the risk, Felix should consider a number of factors. Kayla referring to her treatment team as her “family” was a flag, perhaps suggesting the beginning of a boundary crossing.

When considering sharing personal information, the OT needs to assess the situation. For example, in some situations it may be fine to share some personal information such as the birth of a child. However, in other situations where clients or former clients may seem more vulnerable, greater caution may need to be exercised when sharing personal information.

Although Kayla was discharged a year ago – Felix needs to consider the length and intensity of their previous therapeutic relationship when approaching additional encounters with her. In this case it appears the power imbalance remains.

Felix's awareness may also be affected by the affirmation Kayla gave to him and his colleagues and by his sympathy for Kayla's personal circumstances. Felix should ask himself whether he has any responsibility to follow up with Kayla's situation given that she has been discharged. He should also ask himself what the risks and benefits would be of any response he might make.

Felix could evaluate the degree of risk of the situation on a scale from low to extreme. In your view, would this risk be:

- Low – unlikely to have a negative impact
- Moderate – could have a negative impact
- Serious – likely to have a negative impact
- Extreme – almost certainly to have a negative impact

This scenario would be characterized as a serious risk as Kayla seems vulnerable and isolated and has reached out to Felix in a personal way having become aware of the details of his personal life. In addition, there is a risk that an indifferent or harsh response by Felix could have a significant impact on Kayla.

- **Act**

Now determine the best solution and act.

Question #5 - Social Media

How should Felix respond to Kayla while maintaining professional boundaries?

- a. *Felix can decide this is a special case, given Kayla's level of distress, and accept the friend request while maintaining his privacy settings.*
- b. *Felix can respond back to Kayla using the social media platform that she contacted him on explaining he cannot accept her friend request or requests from any current or former clients. However, he can provide her with a list of community resources she can contact for support with her current situation as part of his response.*
- c. *Felix can respond back to Kayla using the social media platform that she contacted him on explaining he cannot accept her friend request or requests from any current or former clients and he can in turn increase his privacy settings on social media.*
- d. *Felix can ignore the request and locate Kayla's address to mail her a list of community resources.*

In this scenario, the best answer is **c) Felix can respond back to Kayla using the social media platform that she contacted him on explaining he cannot accept her friend request or requests from any current or former clients and he can in turn increase his privacy settings on social media.** Although Felix likely established appropriate boundaries with Kayla at the onset of occupational therapy service and throughout the treatment, he needs to maintain these boundaries beyond discharge. In addition, the implications of not accepting a request on a social media platform are probably less significant than refusing to respond to a request while in the physical presence of someone. This response allows Felix to explain why he cannot accept her friend request so she can better understand the concept of professional boundaries and she does not feel he is ignoring her. Taking this action would place Felix in a position to prevent or disregard future overtures by Kayla.

Answer b) is another possible response that some OTs may have considered as the same ability to explain why he cannot accept her request applies. However, this is probably still not the best answer because it involves Felix providing additional information to Kayla that is outside the scope of their current relationship given she is no longer a client. This option also does not include any reference to Felix changing his privacy settings.

Answer a) is not the best option because this continues and expands the crossing of boundaries. Answer d) is not the best option because obtaining Kayla's address likely involves inappropriate access to her clinical record; sending a communication to her home address may be seen as intrusive, and in other circumstances, threatening; and, providing the community resources is inappropriate given the client-therapist relationship was terminated.

OTs must recognize that a power imbalance in a therapeutic relationship exists and the trust inherent in the relationship can lead to non-therapeutic dependence on the part of the client. An OT should avoid disclosure of their own personal information, including through accessible social media, unless as in rare cases, self-disclosure is part of the treatment process.

Scenario #6 – Communicating with Clients

This scenario deals with maintaining professional boundaries in terms of communicating with clients.

Communicating with Clients Scenario

Tim is a community-based OT and has been working with Janice who sustained an acquired brain injury as a result of a motor vehicle accident. In addition to other symptoms Janice has experienced memory loss. Tim completes a home safety assessment and recommends a few assistive devices, including a bath transfer bench, and provides Janice with instructions for its use. Throughout their time together, Janice has voiced concern about potentially forgetting when their scheduled appointment times are. In addition to discussing other strategies such as writing all appointment times onto a wall calendar, Tim agrees to text Janice the morning of each appointment to serve as a reminder.

Tim informs Janice that the next follow-up OT visit will be in four weeks; however, he provides his personal cellphone number and explains to her that she can contact him anytime during his business hours if she has any questions prior to their next scheduled appointment.

One Saturday evening, while Tim is at home having dinner with his family, he receives a text from Janice indicating: “she is having some trouble with her bath bench”. This is the first time Janice has texted Tim. He refrains from responding. Half an hour later, Tim receives a call on his cellphone from Janice. He does not answer his phone, but he checks his voicemail following dinner. In Janice’s message, she indicates that she is home alone, and her bath bench does not seem to be steady. She stresses the fact that she needs to shower, but is afraid to use the bath bench. Janice further requests if Tim can come over to help her as she is fearful that the bath bench may tip over when she is bathing. The tone used in her voicemail seems to imply that she is upset that he did not answer her text, or the call.

- **Apply**

The Standards for Professional Boundaries (2015) emphasize the need for an OT to assume full responsibility for establishing and maintaining boundaries. This includes the following statement:

“At times a boundary crossing will occur, that is, an OT may move into behavioural territory that if continued, could lead to a boundary violation. OTs are expected to recognize these boundary crossings that may occur for therapeutic reasons, but, at the same time, take care to ensure that a temporary boundary crossing does not progress to become a boundary violation.”

In addition, the Standards further state that “An OT will: be alert to, and effectively manage, behavioural changes or other indicators in a client that may signal a boundary crossing or violation”. Also, the Guide to the Code of Ethics (2012) states that maintaining transparency includes being: “attentive to the expectations a client develops and careful that the expectations are reasonable and justified”.

- **Anticipate**

There is a fine distinction between providing prompt service, particularly where there may be a safety issue, and providing an inappropriate level of support. Tim is likely aware of the issue but may be uncertain how to balance the competing factors. He may also not have anticipated that Janice may contact him outside of business hours using texting, or calling, or in this case both.

- **Assess**

Concerning aspects of Tim’s situation, include that:

- Janice is vulnerable because of her health condition;
- Tim has been texting Janice and perhaps may not have communicated appropriate boundaries around the use of texting;
- Tim has already provided Janice with his personal cellphone number;
- Janice’s text and call both came outside of Tim’s business hours with an expectation of an immediate response;
- Janice has unreasonably expressed concern that Tim did not respond to her text, or pick up the call even though Tim clearly indicated he would only respond during his business hours; and
- a safety concern has been raised.

If Janice were to take a bath or shower and fall there may be repercussions for Tim in addition to the risk of injury to Janice. In addition, Janice has memory issues and thus may not recall everything Tim said with respect to using the bath transfer bench or when he would be available to address her questions.

Tim could evaluate the degree of risk of this situation to the professional relationship on a scale from low to extreme. In your view, would this risk be:

- Low – unlikely to have a negative impact
- Moderate – could have a negative impact
- Serious – likely to have a negative impact
- Extreme – almost certainly to have a negative impact

This scenario would be characterized as a serious risk in terms of maintaining professional boundaries because if Tim does not maintain the boundary at this time he will likely face ongoing boundary encroachments from Janice.

- **Act**

Now determine the best solution and act.

Question #6 - Communicating with Clients

How should Tim respond?

- a. *Tim should call Janice back right away to tell her not to use the bath over the weekend.*
- b. *Tim should call her back on Monday, during his regular hours of operation.*
- c. *Tim should respond to Janice via text right away and inform her that he will call her on Monday during his regular hours of operation.*
- d. *Tim should do nothing.*

In this scenario, the best answer is **b) Tim should call her back on Monday, during his regular hours of operation**, otherwise it may be almost impossible to re-establish proper boundaries. Visiting Janice immediately over the weekend could raise unrealistic expectations by Janice about Tim's role. Janice appears to understand and appreciate the risk in taking a bath or shower at this time and should be able to manage this decision independently.

Providing your personal home or cellphone number to exchange text messages or phone calls can blur the nature of the therapeutic relationship with the client. This case scenario illustrates how an action can seem harmless at the onset but can lead to a situation that is outside of the scope of the OT's practice.

What if the OT received a text or voicemail message that requires immediate action and it is outside of business hours? When a client is in possession of personal information such as a personal cell number, the perception of the nature of the interaction has changed from professional to personal. It may be difficult to re-establish professional boundaries. As outlined in the Standards for Professional Boundaries (2015): "An OT should avoid the provision of personal telephone numbers, social media requests or other means of non-professional contact."

Even providing a personal phone number once can set the course for recurring boundary crossings. In this scenario, given the client's memory loss, it may have been helpful to provide her with written instructions on business policies and hours of operation as a way to anticipate and mitigate any risk related to a potential boundary crossing. Furthermore, it is recommended that OTs consider indicating their regular business hours on their outgoing voicemail as well as instructions for callers about what to do in an emergency. Where possible, it is highly recommended that OTs use a separate number for work related phone calls and avoid texting with clients as much as possible. In cases where this is not possible, it is the OT's responsibility to establish clear expectations with clients in terms of when the OT can be contacted and using which method and what the client can expect for a response time. OTs must manage those expectations on an ongoing basis to prevent boundary crossings from taking place and to minimize the likelihood of crossings manifesting into professional boundary violations. OTs should also refer to relevant organizational policies and procedures regarding communication with clients.

Answer a) is not the best option because it creates the risk of setting unreasonable expectations and Janice appears to understand and appreciate the risk of falling. This answer could be reasonable where there was a genuine and serious safety risk but, even then, the conversation would have to be accompanied by a clear and firm discussion about how Tim cannot respond to future communications of this nature and to provide effective alternatives for future concerns. Answer c) is not the best option because although he would be informing Janice that he will connect with her on Monday during his regular business hours, by communicating by text over the weekend he would be crossing a boundary and further setting inappropriate expectations about response time and method of communication with clients. Furthermore, as previously mentioned, by responding immediately, it may be impossible to re-establish proper boundaries and could raise unrealistic expectations by Janice about Tim's role. Answer d), doing nothing, is inappropriate for an ongoing client requesting assistance with a device where there are some safety risks. Janice is unlikely to wait to take her bath or shower for weeks, or until the next scheduled appointment.

Scenario #7 – Asking for a Favour

This scenario deals with an OT asking for a favour from a student under the OT's supervision.

Asking for a Favour Scenario

Caley is an OT who works at a centre for the treatment of autism. She has been working there for many years and initially chose to work at this centre because she herself is a parent of an autistic child. Caley is very involved with advocacy initiatives related to building awareness and fundraising for autism. She is currently collecting money for a 5 km walk that she and her son are doing in support of autism and has put up posters throughout her workplace advertising the walk. Caley has been approaching staff members at the centre to ask for donations for the walk. She has also mentioned it numerous times to her second year OT student, Madi, whom she is supervising while on her clinical placement. Madi is on a limited student budget, however she feels inclined to donate as Caley is her clinical preceptor and is responsible for determining whether she fails or passes her clinical placement.

Now use the 4A approach to analyze this scenario.

- **Apply**

The Standards for Professional Boundaries (2015) identify the receipt of gifts as a concern. Requesting a gift is even more problematic. The introduction to the Standard also identifies that professional boundaries extend beyond clients. It reads:

“OTs must also be aware that expectations regarding professional boundaries extend beyond the client-therapist relationship. OTs should apply the principles of professional boundaries in all circumstances where they are in a position of power which may occur, for example, when an OT assumes a supervisory relationship over a workplace colleague or student.”

In addition, the Standards for the Supervision of Students (2011), specifically addresses the need to respect boundaries:

“The occupational therapist will ensure that professional boundaries are maintained in the supervision of all students and in accordance with the Standards for Professional Boundaries. Occupational therapists should be aware of and manage the potential of boundary risks inherent in various situations involving the occupational therapist and student.”

Further, the standards state the occupational therapist will:

“Demonstrate respect for the student as a future professional and colleague by ensuring tasks assigned are appropriate and geared to meet the student’s learning needs, not the personal needs of the supervisor;”

- **Anticipate**

OTs need to remind themselves that professional boundaries apply to people other than clients, such as students under their supervision. A clinical supervisor can have significant power over a student from their position as leaders of the profession, their apparent expertise and their ability to have a major impact on the future career of the student. In addition, sensitivity as to other’s financial circumstances may be easily overlooked in the professional context. Finally, enthusiasm about a good cause can sometimes overwhelm otherwise good judgement. In this case, Caley appears not to have been aware of the boundary issues involved.

- **Assess**

There is a risk Madi will feel pressured to make a donation that she would not otherwise make and may feel Caley has taken advantage of her. Madi is still learning the values and standards of the profession and this boundary crossing could affect that development. Madi may feel this approach is acceptable in other, more serious contexts, such as requesting gifts from vulnerable clients. In fact, it could affect Madi’s fundamental professional values, for example, that a good cause excuses boundary crossings. On the other hand, the amount at issue is small and Madi is also learning other, positive values such as enthusiasm for one’s work. In each situation Caley should ask herself the same question to ensure she remains unbiased in her approach with her colleagues or clients: Would you do this for every client? Would you take this same approach with every colleague?

Caley could evaluate the degree of risk of the situation to the professional relationship on a scale from low to extreme. In your view, would this risk be:

- Low – unlikely to have a negative impact
- Moderate – could have a negative impact
- Serious – likely to have a negative impact
- Extreme – almost certainly to have a negative impact

This scenario would be characterized as a moderate risk, although it should be recognized that some OTs would see this as a serious risk if it materially affected the development of Madi's professional values.

- **Act**

Now determine the best solution and act.

Question #7 - Asking for a Favour

Is Caley crossing a boundary?

- a. *No, because she has asked all of her co-workers to donate to the 5 km walk and since Madi is on her placement, she should be included.*
- b. *Yes, because she is Madi's clinical preceptor and should recognize the power differential and therefore not directly ask Madi for a donation.*
- c. *Yes, because she is merging her personal and professional lives and should not be personally soliciting donations at her work place.*
- d. *Both b) and c) are correct.*

In this scenario, the best answer is **d) Both b) and c) are correct**. Caley has crossed a professional boundary with her student, Madi as she is in a position of influence and can determine if Madi passes or fails her clinical placement. Madi may feel that her grade may be affected if she does not donate money. Additionally, Caley has put her student in an awkward position by directly asking her numerous times to donate money.

Caley has crossed professional boundaries on another level as she has put up posters throughout her workplace and is personally approaching staff members and her colleagues at her workplace to solicit donations for the 5 km walk that she and her son are participating in. Staff may feel obligated to donate because they are being personally approached. Caley may need to take a step back to determine if she is merging her personal and professional lives.

Answer a) is not the best option. While organizations are usually receptive to fundraising and donating money on behalf of their organization, there may be workplace policies prohibiting staff members to fundraise for outside causes. OTs need to consider boundaries when deciding to bring their personal lives into their professional lives.

Conclusion

Maintaining professional boundaries is an important part of the practise of occupational therapy. Doing so is consistent with the foundational principles of trust and power. Significant harm can result when professional boundaries are not maintained. For instance, sexual abuse is an example of a boundary violation that typically starts as a series of boundary crossings. Social media has provided another forum where boundary crossings can subtly and insidiously occur.

Using the 4A approach can prevent boundary crossings and violations from occurring and enable effective management of the ones that do occur. An initial step is to **Apply** the information provided in legislation, by the College and other professional leaders so as to be fully aware of professional expectations. OTs also need to **Anticipate** and quickly recognize any circumstances in their day-to-day practice that might require consideration and action. **Assessing** risk can go a long way to informing an OT about the existence of a boundary issue and its seriousness and can encourage the use of a conscious decision-making approach when addressing the issue. After tackling the three As, OTs can then position themselves to bring creativity to determining the best solutions and **Acting** in the most appropriate and professional manner.

References

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McPhedran Report (2016) (“To Zero: Independent Report of the Minister’s Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991*”)

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