



## **NBAOT Guidelines for Maintaining Professional Boundaries**

The aim of these guidelines is to ensure that occupational therapists (OTs) working in New Brunswick are aware of the importance and process of maintaining professional boundaries when working with clients. They outline the expectations of conduct in the OT-client relationship that relate to the preservation of appropriate boundaries. NBAOT members are also responsible for understanding and following the NBAOT Code of Ethics and the NBAOT Guidelines for the Prevention of Sexual Abuse.

OTs have a relationship of trust with their clients. Due to the OT's position of authority and professional knowledge related to the client's health status, vulnerability, unique circumstances and personal history, the client-therapist relationship has a power imbalance in favour of the OT. Power is also associated with the OT's ability to influence a client's access to care or services. If the OT uses this position of power in any way, either consciously or unconsciously, it is an abuse of power.

OTs are expected to use their professional judgement to anticipate and prevent boundary issues from arising and to establish and manage boundaries in a wide variety of circumstances. OTs should undertake ongoing self-monitoring in therapeutic interactions to ensure appropriate boundaries are maintained.

The topic of professional boundaries applies to many issues such as sexual relations, financial dealings, social interactions, conflicts of interest, differences in values and breaches of confidentiality.

A boundary crossing or a series of boundary crossings may lead to a boundary violation. A boundary violation is an overt change in the nature of the client-therapist relationship from professional to personal. This change in the relationship may subject the client to harm. It is up to the OT to recognize issues of power and control, to maintain professional boundaries and to practice in a manner that establishes and preserves the client's trust. The consent of a client is never a defence for a boundary violation.

## **DEFINITIONS**

Professional boundary – a boundary is the demarcation separating a professional relationship with a client from one that is personal.

Professional boundary crossing – a boundary crossing is a behaviour in a relationship that may compromise the therapeutic relationship with the client or an intentional brief excursion over the line with return to established limits

Professional boundary violation – a boundary violation occurs when the nature of the client-therapist relationship moves from professional to personal. It includes harm or potential harm to the client.

Conflict of interest – a conflict of interest arises when the OT has a relationship or interest that could be seen as improperly influencing the OT's professional judgement or ability to act in the best interest of the client. Conflicts may be potential, perceived or real.

Dual relationship – occurs when an OT enters into both a personal and a professional relationship with an individual (e.g. when an OT treats a friend, family member, partner or spouse).

## **Application of the Guidelines for Maintaining Professional Boundaries**

The following guidelines describe the minimum expectation for OTs in the maintenance of professional boundaries. The performance indicators listed below each guideline describe more specific behaviours that demonstrate the guideline has been followed. It is expected that OTs will use their clinical judgement to determine how best to meet client needs in accordance with the guidelines of the profession.

Specific Guidelines with Performance Indicators:

### 1. Foster therapeutic relationships

**As related to professional boundaries, the OT will foster therapeutic relationships with clients in a transparent, ethical, client-centered manner with respect for diversity of beliefs, uniqueness, values and interests.**

Performance Indicators

The OT will:

- a) assume responsibility for anticipating, establishing, maintaining and communicating appropriate professional boundaries with the client;
- b) recognize the position of power the OT has over the client within the therapeutic relationship;
- c) respect the uniqueness and diversity of each client, taking into account such things as the client's capacity, beliefs, values, choices, religion, lifestyle, socioeconomic status, and culture;
- d) not allow his or her own values or beliefs to adversely affect the client-therapist relationship;
- e) recognize his or her own personal needs and values as they affect the client-therapist

- relationship due to the authority vested in the OT;
- f) not exploit relationships for any form of non-therapeutic or personal gain, benefit or advantage.

## 2. Recognizing professional boundary issues

### **The OT will take action to recognize potential professional boundary issues.**

#### Performance Indicators

The OT will:

- a) acknowledge that there are circumstances where it is never acceptable to cross a professional boundary (e.g. entering into a sexual relationship with a current client). Refer to the NBAOT Guidelines for Preventing Sexual Abuse.
- b) recognize types of professional boundary crossings and violations and situations that may lead to them;
- c) recognize the implications professional boundary violations have for clients and for the public's perception of the profession;
- d) recognize any personal beliefs, opinions, or values that may affect the OT's ability to meet the client's needs (e.g. beliefs regarding race, sexual orientation or nationality);
- e) recognize any personal or professional risk factors that may make the OT vulnerable to boundary crossings or violations (e.g. his or her own physical or mental health, personal stressors or lack of knowledge about professional boundaries);
- f) recognize situations that may involve any direct or indirect benefit (e.g. personal, professional, political, academic, financial or material benefits) to the OT that could reasonably influence professional judgement, competence or objectivity;
- g) monitor the OT's own warning signs and psychological, emotional and physical reactions that may indicate an emerging professional boundary issue, such as:
  - selecting a client based on looks, age or social standing
  - disclosing information about his or her personal situation when not with the intent of benefiting the client or the therapeutic relationship
  - being preoccupied with the client's social life outside the therapeutic relationship
  - looking forward to physical contact with the client and feeling betrayed if the client pulls back
  - dressing differently for specific clients
  - experiencing discomfort or defensiveness when discussing or documenting client interactions
  - receiving feedback that others perceive potential professional boundary issues with the client;
- h) monitor the client and the therapeutic relationship for warning signs that may indicate an emerging professional boundary issue, such as the client:
  - discovering a dual relationship during the course of treatment
  - pulling away when touched neutrally or indicating jealousy regarding physical contact
  - disclosing more personal information than necessary
  - inviting the OT to social or personal events or to be friends on social media platforms

- appearing to be sexually attracted to the OT;
- i) recognize any potential professional boundary risks within the OT's practice context (e.g. providing sexual education, supporting self-care activities, working with clients with generational or cultural differences or working in a small, rural or remote location);
- j) consider feedback from others who may perceive a professional boundary issue;
- k) seek proper advice when uncertain whether there is a professional boundary issue;
- l) review workplace policies and procedures related to professional boundaries.

### 3. Preventing professional boundary Issues

**The occupational therapist will take necessary actions and precautions to prevent or avoid boundary crossings and boundary violations.**

#### Performance Indicators

The OT will:

- a) establish, maintain and communicate professional boundaries with the client, his or her family, and other stakeholders in both clinical and nonclinical settings;
- b) advise the client that his or her consent does not make a boundary violation permissible;
- c) provide the client with information on alternative options for receiving occupational therapy services in circumstances that have a potential for professional boundary issues;
- d) modify the practice setting or therapeutic approach to minimize any identified or emerging professional boundary concerns (e.g. ask the client whether he or she would like to invite a family member to attend, drape the client appropriately, dress appropriately, provide therapeutic rationale if offering services outside traditional practice settings, or create private professional treatment spaces);
- e) touch clients in a therapeutic manner only, after reconfirming consent;
- f) avoid special or discriminatory treatment towards a particular client or organization, such as:

- preferentially scheduling client appointments,
- billing irregularly (e.g. offering variable rates or bartering or exchanging health care services for services provided by the client);
- providing personal telephone numbers or other means of nonprofessional contact (e.g. personal social media pages or email addresses);
- receiving or exchanging gifts;
- competing for clients activities that do not fall within the therapeutic

relationship;

- g) not exploit therapeutic relationships or the OT's professional status for any form of nontherapeutic or personal gain, benefit, or advantage. This includes obtaining access to privileged information or knowledge the OT received in working with the client or organization.
- h) avoid participating in activities or establishing therapeutic relationships where the OT's objectivity, judgement, or competence could be impaired because of his or her present or previous familial, social, sexual, emotional, financial, supervisory, political,

- administrative, or legal relationships. For example, avoid entering into dual relationships with his or her own partner, past romantic partners, family members and friends, except in emergency or unavoidable situations, such as can occur when working in small, rural or remote communities.
- i) never enter into nontherapeutic relationships that could adversely affect an existing therapeutic relationship, or otherwise compromise the OT's objectivity, judgement or competence. Examples include entering into nontherapeutic relationships with any of the following:
    - a current client
    - a former client, unless it can be established that sufficient time has passed since the professional relationship ended and that it will not be reestablished. If the care provided involves an especially vulnerable client, the OT should never enter into a personal relationship with the client
    - a client's parent, a colleague's client, or a client receiving care in the same service or area of practice
  - j) provide colleagues with feedback if professional boundary issues or potential for such issues are identified;
  - k) apply any workplace policies and procedures related to professional boundaries
  - l) seek proper guidance if there are concerns about professional boundaries.

#### 4. Managing Professional Boundary Issues

**The occupational therapist will manage and address any identified professional boundary crossings and violations.**

##### Performance Indicators

The OT will:

- a) accept boundaries for boundary crossing and violations as they occur;
- b) seek proper assistance as required;
- c) discuss any identified professional boundary issues or concerns with the client (e.g. those encountered when entering into an unavoidable dual relationship);
- d) clarify roles and set or reestablish professional boundaries, if possible;
- e) obtain and revisit informed consent, acknowledging that there are circumstances when it is never acceptable to cross a professional boundary despite the client's consent;
- f) document the circumstances, an account of why a dual relationship is unavoidable (if applicable), precautions taken, plan, client reactions, and informed consent process;
- g) where there is a potential or actual professional boundary issue that cannot be adequately resolved, arrange for care by another OT or appropriate health care professional, and end the client relationship, ensuring that the client is not adversely affected during this process;
- h) follow duty to report procedures where there are reasonable grounds to believe that an OT or other health professional has abused a client

sexually, physically, verbally, psychologically, financially, or otherwise, or where an OT contravenes the NBAOT practice guidelines for the prevention of sexual abuse or code of ethics.

## REFERENCES

Adapted with permission and thanks from the COTBC Practice Standards for Professional Boundaries, College of Occupational Therapists of British Columbia, October 2019.

NBAOT Code of Ethics, April, 2014.

An Act Respecting the New Brunswick Association of Occupational Therapists, 1988.

Standards for Professional Boundaries, College of Occupational Therapists of Ontario, June 2015.