

College of Occupational Therapists of British Columbia

## Client Relations Program

# **Drawing the Line: Guidelines for Establishing Professional Boundaries to Prevent Sexual Misconduct**

## Notice to Readers

The COTBC Client Relations Program is the college's patient relations program as established in compliance with the B.C. *Health Professions Act (Act)*. The term "client" is considered synonymous with "patient" as used in the Act.

Throughout this document, reference is made to the following support documents. Occupational therapists are encouraged to check that they have the most recent versions. They may be downloaded from the college website at <http://www.cotbc.org/resources.php>

*College of Occupational Therapists of British Columbia Bylaws*. (April 6, 2001).  
Filed in your college binder under Tab 2

*Essential Competencies of Practice for Occupational Therapists in Canada*, 2<sup>nd</sup> Ed. (ACOTRO, 2003).  
Filed in your college binder under Tab 4

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# Section 1 The Bottom Line

## 1. Preamble

The College of Occupational Therapists of British Columbia (COTBC) regulates the practice of B.C. occupational therapists. The college is granted its authority under the *Health Professions Act (Act)* with the duty “to serve and protect the public”. The *Act* directs the college “to establish a patient relations program to seek to prevent misconduct of a sexual nature” (R.S.B.C., 1996, c. 183.)

To meet this mandate, COTBC chose to develop a Client<sup>1</sup> Relations Program consisting of the following four elements:

1. Guidelines for the prevention of sexual misconduct by occupational therapists with their clients;
2. Educational activities for occupational therapists to increase their knowledge of potential boundary violations and the strategies for preventing sexual misconduct;
3. Measures for addressing sexual misconduct should it occur; and
4. Processes to inform the public of the responsibilities of occupational therapists and of the college’s complaint procedures.

In addition, the college chose to broaden its approach to the prevention of sexual misconduct by focusing occupational therapists’ attention on the nature of a therapeutic professional relationship with respect to trust, and the responsibility that comes with having power over the client by virtue of one’s professional knowledge. By focusing on the professional relationship, occupational therapists will understand how sound, ethical practice builds a platform for prevention of sexual misconduct.

These guidelines were developed by the COTBC Client Relations Committee comprised of occupational therapists from across the province and board members, including public board members who reinforce the public perspective. The committee began by reviewing guidelines published by other health professional regulatory bodies and conducting a survey to obtain an initial measure regarding occupational therapists’ knowledge about misconduct issues. Following this, a seminar was conducted in November 2004 to raise awareness about professional boundaries and introduce the concept of prevention of sexual misconduct and its relevance in today’s practice environment. For use in these guidelines, participants provided scenarios grounded in practice where risks of inappropriate behaviours could be identified. These can be found in Section V: Practice Scenarios.

## 2. Purpose of the Guidelines

The guidelines are designed to increase occupational therapists’ knowledge of:

1. What constitutes sexual misconduct between an occupational therapist and a client.
2. The consequences of sexual misconduct.
3. The relationship between sexual misconduct and professional boundaries and thereby identify behaviours that may lead to sexual misconduct.
4. How professional boundaries may change according to the individual, the context and the time of intervention.
5. Professional responsibilities and risks specific to occupational therapy practice.
6. Potential boundary violations in their own practice and how to adjust and/or develop new policies and procedures to prevent sexual misconduct.

<sup>1</sup>In this guideline the term “client” is considered synonymous with “patient” as used in the Act.

### 3. Limitations

These guidelines address the nature of professional relationships with clients rather than those with colleagues, superiors, students or other health professionals. The guidelines include boundary violations that could occur if a professional relationship becomes a personal one, or if there is a dual relationship; for example, if an occupational therapist agrees to provide occupational therapy services to a friend or family member. These guidelines are designed to assist occupational therapists to think critically to identify risk factors and reduce the risk of boundary violations.

### 4. Definition of Sexual Misconduct

Professional Misconduct of a Sexual Nature (Sexual misconduct) means:

- a. Sexual intercourse or other forms of physical sexual relations between the [occupational therapist] and the client,
- b. Touching, of a sexual nature, of the client by the [occupational therapist], or
- c. Behaviour or remarks of a sexual nature by the [occupational therapist] towards the client.  
(COTBC Bylaws, s.19.5a-c).

Sexual misconduct can be physical, verbal (oral or written) or psychological.

### 5. Consequences of Sexual Misconduct

The college bylaws state that committing an act of sexual misconduct is an act of professional misconduct (COTBC Bylaws, s.68.1f). Acts of professional misconduct are subject to disciplinary action.

The college will formally investigate all allegations of sexual misconduct made against an occupational therapist. When warranted, appropriate disciplinary action will be taken against an occupational therapist. The college recognizes the sensitive nature of such allegations and the potential vulnerability of clients who lodge such complaints. The college will provide an accessible and timely process that is sensitive to their needs.

Occupational therapists may be under criminal investigation for alleged sexual misconduct at the same time they are being investigated by the college.

## Section 2 The Dynamic Line

### College Approach

The college is committed to the prevention of sexual misconduct through the education of occupational therapists and the public. The college recognizes the importance of ongoing education that will enable occupational therapists to foster and develop positive, professional relationships with the recipients of direct care.

From the results of our 2004 survey, most occupational therapists stated they understand what constitutes sexual misconduct but are less confident in their abilities to identify behaviours that might lead to misconduct.<sup>2</sup> By focusing on professional boundaries in these guidelines, occupational therapists will be able to identify both the behaviours that may lead to sexual misconduct as well as those professional behaviours, policies and procedures that would help prevent sexual misconduct. The college encourages occupational therapists to adopt a critical thinking approach, identifying risk factors and managing risks, to prevent sexual misconduct.

<sup>2</sup>Based on the results of the 2004 survey conducted by the COTBC Client Relations Committee to gather information regarding occupational therapists' knowledge of sexual misconduct.

### What are Professional Boundaries?

A professional boundary is a line that marks the limits of one's professional conduct. Boundaries make relationships professional and safe for the clients. They include scope of practice, but in the case of sexual misconduct, they are the lines that distinguish professional behaviours from personal ones. When occupational therapists fail to draw clear lines or cross lines with clients, they are violating professional boundaries that may lead to sexual misconduct. By recognizing and communicating professional boundaries to clients, occupational therapists can prevent sexual misconduct complaints.

#### A Professional Boundary is a Dynamic Line

*It can change according to the client's presentation.* For example, the conditions underlying the client's occupational performance problems, or a client's culture, gender, sexual orientation, and age may necessitate the occupational therapist to shift the professional boundary to a safer position and/or clearly communicate the boundary to the client.

*It can change with the physical context of the intervention.* For example, seeing a client in his or her home rather than a clinical setting may result in the occupational therapist exercising even more caution in regards to protecting the privacy of the client and/or ensuring a family member is present while doing self-care assessments.

*It can change with time.* For example, if an occupational therapist accepts a client's invitation to go out socially, he or she would be crossing a professional boundary. If, however, the client phoned the occupational therapist a year after he or she was discharged, the occupational therapist may be able to establish that the relationship is no longer professional and could accept the invitation. Bear in mind that the definition of "enough time" is a contentious one and dependent on several factors.

### Who is Responsible for Establishing Boundaries?

Occupational therapists carry the responsibility to establish, adjust (if necessary) and maintain professional boundaries. When clients engage in occupational therapy services, they assume that occupational therapists have expertise that they, themselves, do not possess. They trust that therapists will use this knowledge and expertise appropriately in therapeutic

relationships. With this power imbalance, clients are vulnerable and occupational therapists must not violate this trust. They carry the responsibility to take all precautions so that no harm will come to the client.

<sup>3</sup>Fiduciary is a term that is applied to a professional in whom a client places his or her trust.

Boundaries can be crossed intentionally or unintentionally, and can be client- or therapist-initiated. Moreover, occupational therapists have the fiduciary duty<sup>3</sup> to act in the best interest of the client. Therefore they must remain alert to risk factors and recognize potential problem situations, and take actions or precautions to mitigate the risk of a boundary violation and/or sexual misconduct.

### Risk Factors Specific to Occupational Therapy Practice

Occupational therapy roles and models of practice create circumstances that can create confusion over professional boundaries for clients.

#### *Delivery of services in a variety of settings*

Seeing clients in the environment in which they will have to perform their desired occupations helps occupational therapists to develop, with the clients, interventions that are more likely to succeed. The setting is sometimes in the client's home or in community environments that the client may perceive as social.

#### *Disclosure of personal information, particularly that related to self-care occupations*

Discussing clients' personal activities such as bathing, dressing and sexual activity can cause confusion. Clients may have difficulty recognizing if a boundary violation has occurred or not.

#### *Client-centred approach*

Taking a client-centred approach requires that occupational therapists establish collaborative and enabling relationships with their clients which may be perceived by an individual client as establishing a personal friendship, especially if there is inappropriate self-disclosure by the occupational therapist. Likewise, coaching or mentoring roles may require close monitoring of the boundaries by the occupational therapist to prevent a client misinterpreting the relationship as personal rather than professional.

#### *Recommending funding of services or equipment*

In some funding situations, occupational therapists have the ability to influence decisions to discontinue or deny access to services and/or equipment. This position of control or influence could lead to abuses by the occupational therapist; for example, providing funding based on the client developing a personal relationship with the occupational therapist or the occupational therapist prolonging treatment to foster a budding personal relationship.

### Drawing the Line

Although most sexual misconduct is easy to identify, boundary violations that may lead to an act of sexual misconduct may be harder to discern. The guidelines outlined in the next section describe professional boundaries that, if established and communicated to clients, may help to mitigate the risk of boundary violations and/or sexual misconduct.

## Section 3

# Drawing the Line – Professional Boundary Guidelines

The college believes that professional boundaries are built upon the *Essential Competencies of Practice for Occupational Therapists in Canada*, 2nd Ed., (ACOTRO, 2003) which are the skills, knowledge and abilities that are required for an occupational therapists to practise safely, effectively and ethically. To assist occupational therapists to recognize potential boundary violations, warning signs are included which are thoughts or behaviours that may indicate that either the occupational therapist or his/her colleague is about to cross the line.

### Focus on Essential Competency Unit 1: Assumes Professional Responsibility

#### Professional Boundary Guideline

##### 1.1 Considers Factors Shaping Professional Relationships

*The occupational therapist is aware of a variety of factors, such as cultural diversity, gender, age, sexual identity that shape the professional relationship and clients' perceptions.*

#### In your practice...

1. Be aware of client's culture, gender, age or other distinguishing characteristics but do not make assumptions regarding these.
2. Take time to discuss and understand the client's perspective on factors that may affect the professional relationship.
3. Prepare client for services that you will supervise but that will be provided by another staff member (such as support personnel) and explain the nature of the assistance.

#### Professional Boundary Guideline

##### 1.2 Considers Difference between Professional and Personal Relationships

*The occupational therapist understands how a personal relationship differs from a professional one, and how developing a personal relationship could affect the provision of safe, competent and ethical care.*

#### In your practice

1. Do not develop personal relationships with clients or people they count on such as parents, primary caregivers and spouses.
2. Avoid dual relationships, i.e. do not treat friends or family whenever possible.
3. Be able to provide evidence that no boundaries were crossed during the provision of occupational therapy services and that appropriate steps were taken to mitigate risks of potential boundary violations.

#### Some Warning Signs

Client pulls away when touched in a neutral way on shoulder.

Client elaborates on personal information and provides more than is necessary.

#### Some Warning Signs

Occupational therapist wonders about a client's social life.

Occupational therapist notices a strong physical attraction to a client or client's relative.

### Professional Boundary Guideline

#### 1.3 Monitor Professional Boundaries of Self and Others

*The occupational therapist maintains appropriate professional boundaries and assists colleagues to do so as well.*

#### In your practice

1. Maintain established conventions such as seeing clients during regular clinic hours.
2. Alert colleagues to potential boundary violation; for example: Start with a fact: "I noticed that your new client John visits the clinic asking to see you outside his appointment times." Then articulate your concern: "Do you think he might be attracted to you and you need to discuss this with him and set a boundary?"
3. Record client's or colleague's concern over a potential boundary violation by yourself or your colleague.

#### Some Warning Signs

Occupational therapist sees client outside regular business hours or more often than necessary.

Client visits between appointments; asks therapist about personal situation (e.g. Are you dating anyone?); client suggests going out for coffee.

Occupational therapist hesitates to document boundary violation.

## Focus on Essential Competency Unit 2: Demonstrates Practice Knowledge

### Professional Boundary Guideline

#### 2.1 Does Not Exploit Power Imbalance Created by Professional Knowledge

*The occupational therapist is aware of how his or her professional knowledge creates a situation in which the client must trust that the occupational therapist is acting in his or her best interest at all times. The client's condition may also increase his or her vulnerability in the professional relationship.*

#### In your practice

1. Explain in plain, easily understood language the nature of the occupational therapy assessment and/or intervention, and the course of action.
2. Explain reasons for collecting personal information and how it relates to the occupational therapy assessment of intervention.
3. Answer client's questions to increase understanding.
4. Explain reasons to client for changes in intervention plans.

#### Some Warning Signs

Client misinterprets explanations and suggests occupational therapist is asking about unnecessary details.

Client is unusually quiet.

### Professional Boundary Guideline

#### 2.2 Considers Effect of Practice Setting on the Professional Relationship

*The occupational therapist is aware of the practice environment and the potential for misinterpretation.*

##### In your practice

1. Choose a setting for service provision that is supported by occupational therapy theory and knowledge.
2. Choose and/or modify a setting to respect the privacy of clients; e.g. draping for privacy during dressing assessment, or transfers.
3. Explain to client the reason for service provision in setting other than occupational therapist's office or clinic.
4. Wear appropriate clothing and use identification during community visits, such as nametags or business cards.
5. Document reasoning for community setting, precautions taken and client's reaction.
6. Consider discontinuing service provision if a potential boundary violation cannot be resolved or if a violation occurs and cannot be addressed otherwise.

### Professional Boundary Guideline

#### 2.3 Abides by Legislation and Regulatory Requirements of Professional Relationships

*The occupational therapist is aware of the requirements necessary to protect the client's rights in terms of confidentiality, privacy, and duty to report.*

##### In your practice

1. Establish boundaries between personal and professional space in home-based offices such as separated space, additional phone line, and safe keeping of documents both paper and electronic.
2. Record and report potential boundary violations.

#### Some Warning Signs

Occupational therapist deviates from normal route to drive through a client's neighbourhood.

Occupational therapist dresses differently when seeing a client in the client's home.

Occupational therapist meets in a client's home when not necessary.

Client blushes, appears embarrassed.

Client suggests meeting socially after assessment and/or treatment session is over.

#### Some Warning Signs

Occupational therapist meets with client in home rather than home office.

Other people use telephone line or pick up while occupational therapist is talking to a client or while occupational therapist is discussing a client's case with a colleague.



## Focus on Essential Competency Unit 3: Utilizes a Practice Process

### Professional Boundary Guideline

#### 3.1 Monitors Professional Behaviours

*The occupational therapist is aware of behaviours and attitudes that may create discomfort during provision of services.*

#### In your practice

1. Explain the therapeutic rationale for professional behaviours that may involve physical contact such as a supportive touch or a hug with a child.
2. Be sensitive to the potential for client discomfort and be open to discussing this issue with the client.
3. Discuss collaborative approach with client so that it is not interpreted as a personal relationship.
4. Explain therapeutic rationale for discussing client's sexual concerns and/or needs.

### Professional Boundary Guideline

#### 3.2 Considers Factors Affecting Consent

*The occupational therapist ensures that informed consent is obtained both prior to and throughout provision of services.*

#### In your practice

1. Review and reconfirm consent when service provision is adjusted.
2. Review and reconfirm consent when service provision expands to include other professionals, students, support personnel, and others responsible for performing occupational therapy services.
3. Document discussion of consent and that signed consent was obtained.

### Some Warning Signs

Client pulls away when touched in a neutral way on shoulder.

Caregiver or parent appears uncomfortable or jealous of physical contact.

Occupational therapist looks forward to hugs and feels betrayed if client pulls back.

Occupational therapist continues services to maintain contact with client.

Occupational therapist discusses client outside of a therapeutic context; e.g. refers to client's physical attributes when meeting with colleague or referral agent.

Client appears distressed when another professional is to take over.



## Focus on Essential Competency Unit 4: Thinks Critically

### Professional Boundary Guideline

#### 4.1 Adjusts Professional Approach and Behaviour

*The occupational therapist anticipates and critically appraises behaviours that may indicate that the professional relationship is in jeopardy.*

#### In your practice

1. Discharge a client when appropriate.
2. Discontinue and transfer a client to alternative professional when establishing and/or maintaining a therapeutic relationship appears impossible.
3. Record and report incident.

### Professional Boundary Guideline

#### 4.2 Adjusts Therapeutic Environment

*The occupational therapist anticipates and critically appraises the practice and/or intervention environment for potential boundary violations.*

### Some Warning Signs

Occupational therapist continues treatment just to maintain contact with client.

Client continues to behave in a way that appears he or she is sexually attracted to the occupational therapist.

**In your practice**

1. Maintain an assessment and intervention area that provides client privacy.
2. Inform the client that a family member or friend is welcome to accompany the client during assessment and treatment.
3. Provide a therapeutic rationale for providing services outside traditional practice settings.



**Focus on Essential Competency Unit 5: Communicates Effectively**

**Professional Boundary Guideline**

**5.1 Uses Sensitive Communication**

*The occupational therapist is sensitive to a client's particular cultural or individual diversity.*

**In your practice**

1. Watch for cultural or individual diversity.
2. Explore differences and establish appropriate boundaries with client.
3. Attend professional education sessions on diversity and its effect on the therapeutic relationship.

**Professional Boundary Guideline**

**5.2 Uses Clear Communication**

*The occupational therapist avoids communication that could be construed by the client as seductive, sexually demeaning or disrespectful.*

**In your practice**

1. Check for, and correct any misunderstandings.
2. Listen for unspoken messages and address these.

**Professional Boundary Guideline**

**5.3 Limits Personal Disclosure**

*The occupational therapist is aware that excessive disclosure of personal information to a client may lead to a boundary violation.*

**In your practice**

1. Limit disclosure of information that relates to your personal life.
2. Refrain from exchanging personal information with a colleague while a client is present.

**Some Warning Signs**

Occupational therapist or his/her client uses terms such as 'honey' or 'love' rather than person's name.

Occupational therapist discusses social life with client; e.g. occupational therapist shares after hour plans and/or details of recent personal or social activities.



## Focus on Essential Competency Unit 6: Engages in Professional Development

### Professional Boundary Guideline

#### 6.1 Maintains Current Knowledge re: Prevention of Sexual Misconduct

*The occupational therapist engages in professional development which addresses professional boundaries, risks in practice and ways in which to prevent boundary violations.*

#### In your practice

1. Read *Drawing the Line: Guidelines for Establishing Professional Boundaries to Prevent Sexual Misconduct* to increase knowledge.
2. Attend professional education sessions on the prevention of sexual misconduct.
3. Contribute examples to practice scenarios.
4. Discuss practice scenarios with potential risks in your practice and practice setting.

#### Some Warning Signs

Occupational therapist ignores changes in society's tolerance for sexual misconduct.

Occupational therapist dismisses importance of prevention.

Occupational therapist ignores colleague's suggestions to pursue further knowledge in the area.



## Focus on Essential Competency Unit 7: Manages the Practice Environment

### Professional Boundary Guideline

#### 7.1 Establishes Policies and Procedures

*The occupational therapist establishes policies and procedures in his or her practice, and practice setting, to prevent sexual misconduct and to address allegations.*

#### In your practice

1. Establish and follow policies and procedures regarding accepting gifts, socializing with clients post-discharge and dual or overlapping relationships.
2. Establish and follow procedures for client protection if sexual misconduct suspected.

#### Some Warning Signs

Occupational therapist does not consider establishing policies or procedures to be a priority.

Occupational therapist breaches confidentiality during dual relationship.

Misconduct is overlooked or minimized by occupational therapist.

## Section 4

# Critical Thinking and Decision Making

In these guidelines, critical thinking involves risk management which is “nothing more than a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm (Health and Safety Executive, 1999).” The harm to prevent can be either a boundary violation or sexual misconduct.

Using the suggested Decision Making Tool occupational therapists first identify the risk factors. These are grouped into four main categories:

1. Client’s Vulnerability,
2. Therapeutic Relationship,
3. Practice Setting, and
4. Occupational Therapists Skills and Knowledge.

Given the factors identified, occupational therapists consider the probability of the risk occurring and the severity of the impact, i.e. harm to the client. The risk can be classified from low probability and low impact to high probability and high impact.

Occupational therapists are expected to take actions or precautions to mitigate the risk of harm especially when the risk is classified as high impact and high probability. These actions include establishing and maintaining professional boundaries such as:

- Referring the client to an alternative occupational therapist and/or service.
- Developing policies and procedures regarding professional boundaries.
- Informing the client of the appropriate professional boundaries.
- Explaining the reasons for assessing the client’s occupations that are of a personal nature.

It is also important to record the risk management process to demonstrate that precautions and actions were taken to protect the client from harm.

This risk management process is dynamic and ongoing throughout the care continuum.



## **Risk Factors**

Risk factors are circumstances and/or facts that influence the probability of the risk occurring and the impact.

### **Client's Vulnerability**

- Stability and complexity of client's condition.
- Client's ability to direct care and give informed consent.
- Discussions regarding occupations related to self-care, leisure and sexual activity.
- Cultural and lifestyle values and beliefs regarding personal privacy and compliance to authority.
- Dual relationship as in the case when a therapist provides occupational therapy services to a friend or relative.

### **Therapeutic Relationship**

- Client-centred approach and disclosure of therapist's personal information.
- Mentoring or coaching approaches.
- Power imbalance and ability to influence course of treatment or services.

### **Practice Setting**

- Occupational therapy services provided outside of health centre.
- Lack of privacy in treatment and/or service area.
- No policies or procedures in place regarding professional boundaries.

### **Occupational Therapist's Skills and Knowledge**

Lack of, or insufficient:

- Knowledge of current legislation, e.g. duty to report, privacy, access to records, confidentiality.
- Clinical knowledge.
- Ability to communicate information to clients or client representatives.
- Level of experience in report writing and other documentation procedures.

## DECISION MAKING TOOL

A RISK MANAGEMENT APPROACH DESIGNED TO REDUCE THE PROBABILITY OF HARM

### STEP ONE

#### IDENTIFY POTENTIAL RISK FACTORS

Consider risk factors in all four areas to reduce the risk of sexual misconduct.

Client's  
Vulnerability

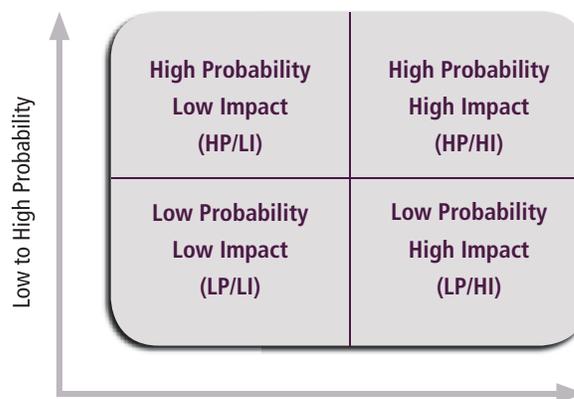
Therapeutic  
Relationship

Practice  
Setting

Therapist's Skills  
and Knowledge

### STEP TWO

ASSESS RISK FACTORS IN ALL AREAS AND CLASSIFY FROM  
LOW IMPACT/LOW PROBABILITY TO HIGH IMPACT/HIGH PROBABILITY



#### PROBABILITY

The chance of harm coming to the client during the delivery of occupational therapy services.

Low to High Impact

#### IMPACT

The severity of harm that may come to the client if a risk factor arises during occupational therapy services

### STEP THREE

MANAGE OR CONTROL THE RISK BY MANIPULATING RISK FACTORS

#### Possible Actions/Precautions to Take

- Develop policies and procedures regarding professional boundaries.
- Review existing policies and procedures to mitigate risks.
- Inform the client of the appropriate professional boundaries.
- Explain reasons for assessing the client's occupations that are of a personal nature.
- Refer client to an alternative occupational therapist and/or service.

### STEP FOUR

MONITORING OF RISK FACTORS. REPEAT THE PROCESS.



## Section 5 Practice Scenarios

### What would you do?

The practice scenarios in this section were developed by occupational therapists and are grounded in practice. Using the risk management decision making tool and guidelines, work through these scenarios with colleagues to increase your ability to recognize potential boundary violations and take appropriate action. A work sheet is provided to help you analyze each scenario.

Occupational therapists are also invited to complete the form in Appendix A to add to the college's collection of scenarios that may assist occupational therapists when setting their professional boundaries in high-risk situations.

### Scenario 1

#### Former Client is Now Employee – Potential Boundary Violation

In your role as an occupational therapy administrator you are a member of a committee that is working to foster better client input and involvement into the psychiatric rehabilitation programs that your organization offers. Karen, a former client from your days as a clinician, is now employed as the director of a psychiatric consumer support program, and as such is a member of the same committee. You have worked well together in this capacity for the past three years.

Karen invites you and several other committee members to her home for a Christmas cocktail party.

You attend, and are having a great time until Karen's partner accosts you and demands to know what you are doing there. You recall that years ago, when Karen was your client, she expressed to you her concerns about her partner's jealousy and anger, and implied that her partner had even been jealous of Karen's therapeutic relationship with you. As well, you know through your former therapeutic relationship that Karen has a history of significant alcohol abuse, and you see that she is drinking alcohol at the party.

#### Some Warning Signs/Risk Factors

Employee has history of substance abuse and is drinking.

You feel uncomfortable attending the cocktail party.

Colleagues question your intent in going.

Employee's partner is jealous of your relationship with Karen.

**Work Sheet**

**Some Ways to Mitigate the Risk**

Ask self – “Would I tell my colleagues that I am going to attend this party?” If answer is “no” then don’t go. (Ref. 6.1.4)

Ask others how they have handled the change in relationship. (Ref. 6.1.4)

Keep work relationships work-related. (Ref. 1.2.1)

Ask self – “Is there a chance, however remote, that I will have to assume a therapeutic relationship with this person again?” (Ref. 1.2.3)

Remember, once something (such as client information) is known, it can’t be “unknown”. (Ref. 1.2.2)

Make sure you are not the only member of professional staff going, if you do decide to go. (Ref. 6.1.4)

Discuss incident with Karen at later date and remind her of help that is available if needed. (Ref. 1.3.2)

**Scenario 1**

**Former Client is Now Employee – Potential Boundary Violation**

**STEP ONE**

1. Identify the risk factors under each area:

- Client’s Vulnerability (e.g. previous condition known for relapse) \_\_\_\_\_  
\_\_\_\_\_
- Therapeutic Relationship (e.g. changed from therapeutic to colleague) \_\_\_\_\_  
\_\_\_\_\_
- Practice Setting (e.g. employee’s home) \_\_\_\_\_  
\_\_\_\_\_
- Therapist’s Skills and Knowledge Level (e.g. can’t forget previous history of employee) \_\_\_\_\_  
\_\_\_\_\_

2. Given the risk factors, categorize risk:

<b>Low Impact/ Low Probability</b>	<b>Low Probability/ High Impact</b>	<b>High Probability/ Low Impact</b>	<b>High Impact/ High Probability</b>
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**STEP TWO**

Review the professional boundaries listed under each of the *Essential Competencies* (pages 5-9) to identify the strategies that would help you to prevent sexual misconduct in this scenario.

1. Assumes Professional Responsibility \_\_\_\_\_  
\_\_\_\_\_
2. Demonstrates Practice Knowledge \_\_\_\_\_  
\_\_\_\_\_
3. Utilizes a Practice Process \_\_\_\_\_  
\_\_\_\_\_
4. Thinks Critically \_\_\_\_\_  
\_\_\_\_\_
5. Communicates Effectively \_\_\_\_\_  
\_\_\_\_\_
6. Engages in Professional Development \_\_\_\_\_  
\_\_\_\_\_
7. Manages the Practice Environment \_\_\_\_\_  
\_\_\_\_\_

► **Scenario 2**

**Male Occupational Therapist Doing a Seating Assessment in Extended Care – Alleged Boundary Violation**

You are a male occupational therapist working in an extended care facility and you were asked to assess the mobility of a 73-year-old woman with early onset dementia who requires support to manage her meals; e.g. help to load her spoon and help to remind her to continue eating. Until recently, she was mobile with a walker but now is unable to make it to the dining area without being out of breath. You have recommended a wheelchair and based on initial discussions with your client and her son, you understand they are both in agreement.

**Some Warning Signs/Risk Factors**

Client's reluctance to try the chair despite previous agreement to use one.

You are a male occupational therapist and the client is used to having female nurses and attendants.

Client's presentation: she has some dementia and a loss of mobility. This could trigger anxiety that could lead to an accusation.

At the fitting, your client is initially chatty but soon becomes quiet and closed. You suspect she is grieving her loss of independent walking. She becomes increasingly nervous as you measure her for her chair and is unsure if she should receive your help to transfer into the wheelchair. You suspect that she is not ready to try the chair today but pursue anyway knowing that dining with the other residents is a priority and staff are unable to take time to assist her to the dining room or with meals in her room.

You eventually work cooperatively to seat her in her chair. She appears pleased until you check her positioning and the cushion pressure. With the increased handling, she becomes angry, yells for the nurse to come and asks you to leave her alone. She tells the nurse you handled her roughly and inappropriately in the chair.

**Work Sheet**

**Some Ways to Mitigate the Risk**

Report and record incident. (Ref. 1.3.3)

Have female staff accompany you on any seating assessments and/or fittings. (Ref. 1.1.1)

Consider having family present for seating assessments and/or fittings. (Ref. 1.1.1/3.2.2)

Perform seating assessments outside of client’s room. (Ref. 2.2.3)

Using staff or other adult, demonstrate how you will need to position client to do the fitting. (Ref. 2.1.3)

Stop when first signs appear and allow time for client to express concerns. (Ref. 2.1.1)

**Scenario 2**

**Male Occupational Therapist Doing a Seating Assessment in Extended Care – Alleged Boundary Violation**

**STEP ONE**

1. Identify the risk factors under each area:

- Client’s Vulnerability (e.g. dementia) \_\_\_\_\_
- Therapeutic Relationship (e.g. client uncomfortable with male staff) \_\_\_\_\_
- Practice Setting (e.g. client’s bedroom) \_\_\_\_\_
- Therapist’s Skills and Knowledge Level (e.g. misinterprets warning signs from patient) \_\_\_\_\_

2. Given the risk factors, categorize risk:

<b>Low Impact/ Low Probability</b>	<b>Low Probability/ High Impact</b>	<b>High Probability/ Low Impact</b>	<b>High Impact/ High Probability</b>
--	---	---	--

**STEP TWO**

Review the professional boundaries listed under each of the *Essential Competencies* (pages 5-9) to identify the strategies that would help you to prevent sexual misconduct in this scenario.

1. Assumes Professional Responsibility \_\_\_\_\_
2. Demonstrates Practice Knowledge \_\_\_\_\_
3. Utilizes a Practice Process \_\_\_\_\_
4. Thinks Critically \_\_\_\_\_
5. Communicates Effectively \_\_\_\_\_
6. Engages in Professional Development \_\_\_\_\_
7. Manages the Practice Environment \_\_\_\_\_



### **Scenario 3**

#### **Client Makes Sexual Remarks During Home Visit – Potential Boundary Violation**

You are working as a case manager in a community-based program for adults. Your client is a 41-year-old married male (no children), who has sustained spinal cord and brain injuries as the result of a car accident. He was recently discharged from the hospital where he received inpatient rehab services and now requires ongoing therapy and nursing support at home.

In your role as case manager, you are responsible for completing an ADL assessment and overseeing care aides ongoing implementation of therapy recommendations. Several care aids have phoned you to complain about work conditions, including being the recipients of inappropriate behaviour (verbal and physical) by the client, and the presence of pornography throughout the house, in the form of magazines, posters and videos.

During your first appointment at his home to begin the functional assessment, you sense your client is trying to be on his best behaviour, as he knows you are “the boss”. He turns off his pornography video when you enter and appears to understand your role. He is initially cooperative with the assessment, but as the appointment progresses his use of foul language increases and he makes inappropriate comments. You suspect he has misinterpreted your intent because of the suggestive comments he is making. You feel particularly uncomfortable doing the bathroom assessment and then decide to postpone the dressing and bed transfer assessment after he makes sexual comments about the two of you in his bedroom. You tell him his comments are inappropriate and leave after rescheduling for next week.

#### **Some Warning Signs/Risk Factors**

Client is recovering from a brain injury that may be impairing his judgment.

Care aides complain about sexual remarks by the client.

Care aides report that client displays and watches pornography.

Occupational therapy interventions occur in client’s home – specifically in the bedroom and bathroom.

Client makes sexual remarks to you.

**Work Sheet**

**Some Ways to Mitigate the Risk**

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Do not see client in bedroom or bathroom unless family member or other adult is present. (Ref. 2.2.6)

Discuss pornography with client and his family. Question if this was an interest prior to his accident or a possible symptom of impaired judgment and inability to control sexual impulses. (Ref. 2.3.2)

Implement plan to support care aides to reduce risk of boundary violations. (Ref. 6.1.1., 6.1.4)

**Scenario 3**

**Client Makes Sexual Remarks During Home Visit – Potential Boundary Violation**

**STEP ONE**

1. Identify the risk factors under each area:

- Client’s Vulnerability (e.g. brain injury may have impaired judgment) \_\_\_\_\_  
\_\_\_\_\_
- Therapeutic Relationship (e.g. new – not yet established) \_\_\_\_\_  
\_\_\_\_\_
- Practice Setting (e.g. client’s bathroom and bedroom) \_\_\_\_\_  
\_\_\_\_\_
- Therapist’s Skills and Knowledge Level (e.g. perhaps little risk – occupational therapist is experienced and also aware of client’s alleged inappropriate behaviour.) \_\_\_\_\_  
\_\_\_\_\_

2. Given the risk factors, categorize risk:

<b>Low Impact/ Low Probability</b>	<b>Low Probability/ High Impact</b>	<b>High Probability/ Low Impact</b>	<b>High Impact/ High Probability</b>
--	---	---	--

**STEP TWO**

Review the professional boundaries listed under each of the *Essential Competencies* (pages 5-9) to identify the strategies that would help you to prevent sexual misconduct in this scenario.

1. Assumes Professional Responsibility \_\_\_\_\_  
\_\_\_\_\_
2. Demonstrates Practice Knowledge \_\_\_\_\_  
\_\_\_\_\_
3. Utilizes a Practice Process \_\_\_\_\_  
\_\_\_\_\_
4. Thinks Critically \_\_\_\_\_  
\_\_\_\_\_
5. Communicates Effectively \_\_\_\_\_  
\_\_\_\_\_
6. Engages in Professional Development \_\_\_\_\_  
\_\_\_\_\_
7. Manages the Practice Environment \_\_\_\_\_  
\_\_\_\_\_



## **Scenario 4**

### **Dating a Young Client's Single Father – Potential Boundary Violation**

You are a female occupational therapist employed by the child development centre in a small community, working with a 4 year-old-boy and his single father. You have provided regular therapy for the past 2 years to address the child's developmental coordination disorder. Initially the father had been very resistive to any outside influences as he was in the process of a divorce and a custody battle with the boy's mother. At one time he had even refused occupational therapy services for his son. The father has a tendency to be too hard on himself and can greet new ideas somewhat negatively. Over time, you managed to develop a rapport by presenting a more casual, less clinical demeanor and a friendly "here is a suggestion" approach. In the back of your mind you fear what the child's future would look like should you no longer be involved in his case.

Appointments are always at 5:00 p.m. to accommodate the father's busy work schedule. Coffee at the end of the session is a regular part of the routine and the social component of the meeting is benign — talking about movies, music and extracurricular activities. Recently the father mentioned how he appreciates his son having the opportunity to have a positive female influence since the mother is no longer in the picture and he has yet to pursue the dating scene. At the end of your last coffee and debriefing session, the conversation turned to movies. After asking him if he'd seen the latest comedy, he invited you to see it with him over the upcoming weekend. You managed an impromptu lie and said that you already had plans and then carefully guided the conversation elsewhere.

Although you know it would be improper to accept a date, you would if you were not the son's therapist. You are not sure if it will come up again in the next session but want to be prepared if it does. You worry about the impact a rejection for a date will have on the rapport you've built and whether it may effect his decision to continue therapy services for his son.

#### **Some Warning Signs/Risk Factors**

Long-term interventions where interactions become more relaxed and casual over time.

Lack of follow-through by the father on occupational therapist's recommendations which may be slowing child's progress.

Occupational therapist looks forward to the appointment and books longer appointment times.

Self-disclosure for reasons other than therapeutic use-of-self.

Occupational therapist finds herself enjoying the appointments for reasons other than therapeutic progress.

**Work Sheet**

**Some Ways to Mitigate the Risk**

Limit disclosure of information regarding your personal life. (Ref. 5.3.1)

Consider alternative meeting place(s) that are not social settings. (Ref. 2.2.3)

Prepare a response that cites professional boundaries and responsibilities in case the father asks again. (Ref. 1.2.3)

Review case and personal situation to implement procedures to decrease probability of this happening with other clients. (Ref. 1.2.1)

**Scenario 4**

**Dating a Young Client’s Single Father – Potential Boundary Violation**

**STEP ONE**

1. Identify the risk factors under each area:

- Client’s Vulnerability (e.g. son of a single parent) \_\_\_\_\_  
\_\_\_\_\_
- Therapeutic Relationship (e.g. dependent on father’s trust of therapist) \_\_\_\_\_  
\_\_\_\_\_
- Practice Setting (e.g. having coffee after session ends sends mixed messages) \_\_\_\_\_  
\_\_\_\_\_
- Therapist’s Skills and Knowledge Level (e.g. understands risk to son, single and interested) \_\_\_\_\_  
\_\_\_\_\_

2. Given these risk factors, categorize risk (check one):

<b>Low Impact/ Low Probability</b>	<b>Low Probability/ High Impact</b>	<b>High Probability/ Low Impact</b>	<b>High Impact/ High Probability</b>
--	---	---	--

**STEP TWO**

Review the professional boundaries listed under each of the *Essential Competencies* (pages 5-9) to identify the strategies that would help you to prevent sexual misconduct in this scenario.

1. Assumes Professional Responsibility \_\_\_\_\_  
\_\_\_\_\_
2. Demonstrates Practice Knowledge \_\_\_\_\_  
\_\_\_\_\_
3. Utilizes a Practice Process \_\_\_\_\_  
\_\_\_\_\_
4. Thinks Critically \_\_\_\_\_  
\_\_\_\_\_
5. Communicates Effectively \_\_\_\_\_  
\_\_\_\_\_
6. Engages in Professional Development \_\_\_\_\_  
\_\_\_\_\_
7. Manages the Practice Environment \_\_\_\_\_  
\_\_\_\_\_



## Scenario 5

### Female Occupational Therapist Fails to Drape Client – Boundary Violation

You are a female occupational therapist working on the surgical floor of a large hospital. Typically, your caseload is comprised of clients having elective hip or knee replacements. You also see any clients who have fractures. More often than not these turn out to be clients with hip fractures, thus generally older.

Today while at the nursing station you see a few of the staff whispering to one another. When they become aware of your presence, they include you in their conversation. They are discussing a local news story of a house fire the previous evening. A fireman had heroically managed to save the entire family but while trying to put out the fire, an outside wall had collapsed knocking him down. He sustained very minor burns but the impact fractured both his arms and legs. It will be weeks before he can begin any weight bearing activities. Mobility will be a particularly difficult issue given that all four limbs are compromised. One staff member lowers her voice and describes her amazement at the fireman's unusually large penis.

Weeks later the client has reached the point where a dressing assessment is appropriate. Given his limitations, the task of dressing poses difficulties for him. While trialing a customized sock aid you squat down to assist him with pulling up on the handles. You know that from this angle that the hospital gown may not cover him. You can't help but recall the conversation you had with staff weeks before. Your curiosity gets the better of you. As you look up sure enough, directly in your line of sight is his penis. Your eyes go wide with disbelief. As you regain your composure and stand up you see that he has noticed your reaction. You are mortified. You blush. You stammer some sort of apology, regain your professional presence and continue on with the rest of the dressing assessment. His demeanor throughout the rest of the session is civil, but less warm than prior to the incident. He will require many more weeks of occupational therapy and now you are doubting what rapport you will have with him, or even worse if he will file a complaint against you. You wonder what you should or could do to help rectify the situation.

#### Some Warning Signs/Risk Factors

##### Prior to violation:

Staff is unaware of boundary violation by disclosing information of a sexual nature that is not pertinent to occupational therapy intervention.

Disclosure sparks your curiosity.

Client's ability to cover himself is compromised by fractures to both arms and legs.

##### Note:

In this case a violation did occur and the occupational therapist has a duty to report.

**Work Sheet**

**Some Ways to Mitigate the Risk**

Ensure there is no risk of exposure prior to beginning assessment. (Ref. 2.2.2)

Document incident. (Ref. 1.3.3/2.3.2)

Ask supervisor to be present when discussing incident with client. (Ref. 1.3.3)

Discuss at team meeting so all staff become more sensitive to patient's privacy. (Ref. 6.1.3, 6.14, 7.1.2)

**Scenario 5**

**Female Occupational Therapist Fails to Drape Client – Boundary Violation**

**STEP ONE**

1. Identify the risk factors under each area:

- Client's Vulnerability (e.g. no way of being able to cover himself) \_\_\_\_\_
- Therapeutic Relationship (e.g. jeopardized by inappropriate disclosure by colleagues) \_\_\_\_\_
- Practice Setting (e.g. client's room on hospital ward) \_\_\_\_\_
- Therapist's Skills and Knowledge Level (e.g. fails to prepare herself) \_\_\_\_\_

2. Given the risk factors, categorize risk:

<b>Low Impact/ Low Probability</b>	<b>Low Probability/ High Impact</b>	<b>High Probability/ Low Impact</b>	<b>High Impact/ High Probability</b>
--	---	---	--

**STEP TWO**

Review the professional boundaries listed under each of the *Essential Competencies* (pages 5-9) to identify the strategies that would help you to prevent sexual misconduct in this scenario.

1. Assumes Professional Responsibility \_\_\_\_\_
2. Demonstrates Practice Knowledge \_\_\_\_\_
3. Utilizes a Practice Process \_\_\_\_\_
4. Thinks Critically \_\_\_\_\_
5. Communicates Effectively \_\_\_\_\_
6. Engages in Professional Development \_\_\_\_\_
7. Manages the Practice Environment \_\_\_\_\_

► **Scenario 6**

**Occupational Therapy Sales Rep Dates Occupational Therapist Purchaser – Boundary Violation**

After having worked in the public health care system for several years, you have switched to the private sector. You now work as a sales representative for an equipment manufacturer. You were hired based on your clinical experience as an occupational therapist. You are registered with COTBC and present yourself as an occupational therapist.

Your day consists of traveling to a variety of customers or potential customers providing education about the products you represent. Typically, you meet with other occupational therapists who are most likely to purchase your products. By providing them with information and education about your company's products, you hope that they will identify your products when it comes time to submit requests for equipment.

Part of your success as a sales representative is dependent on your ability to develop a rapport with the customer. You have had training on this and you are quite competent—your charm is one of your best tools.

While delivering a presentation in an occupational therapy department at one of the hospitals in your area, you notice one of the occupational therapists appearing particularly interested. At the end of the presentation the occupational therapist approaches you and asks you many detailed questions. You exchange email addresses. As the correspondence goes back and forth you become impressed with the occupational therapist's intelligence. While the emails always have some relevance to your initial reason for contact, there is certainly flirting and a growing social component.

Weeks later the two of you are dating. You realize that this may put the occupational therapist you are dating in a position of having a conflict of interest. You overlook this detail, instead focusing on the fact that your paychecks are dependent upon sales in your area. More weeks pass, and the feelings you initially felt begin to wane and you break things off. The occupational therapist is quite surprised and hurt by this, but you just don't feel that this is the relationship for you.

When opening your mail today, you find a letter from COTBC. It indicates that a complaint has been filed against you and that an inquiry will be made. You have allegedly committed an act of sexual misconduct. You cannot help but think that this might be a retaliatory reaction. Your initial reaction is that the claim is ludicrous and that the definition of patient/client could not possibly apply, but then you begin to wonder.

**Some Warning Signs/Risk Factors**

Nature of work depends on developing a rapport but charming manner may be misinterpreted.

Mixing business with pleasure creates conflict of interest concerns and no longer clearly defines the boundary between professional and social relationship.

Violation:

You are aware of the above but ignore it; i.e. continue to benefit from the sales despite your personal relationship.

**Work Sheet**

**Some Ways to Mitigate the Risk**

Review or create policies regarding conflict of interest. (Ref. 7.1.1)

Review and possibly change 'charm' approach. (Ref. 6.1.2)

Keep detailed records of communications and sales. (Ref. 1.2.3)

Avoid developing relationships with clients (Ref. 1.2.1)

**Scenario 6**

Occupational Therapist Sales Rep Dates Occupational Therapist Purchaser  
– Boundary Violation

**STEP ONE**

1. Identify the risk factors under each area:

- Client's Vulnerability (e.g. conflict of interest) \_\_\_\_\_  
\_\_\_\_\_
- Therapeutic Relationship (e.g. charm can be misinterpreted) \_\_\_\_\_  
\_\_\_\_\_
- Practice Setting (e.g. email communication) \_\_\_\_\_  
\_\_\_\_\_
- Therapist's Skills and Knowledge Level (e.g. new at sales rep. position/business ethics) \_\_\_\_\_  
\_\_\_\_\_

2. Given the risk factors, categorize risk:

<b>Low Impact/ Low Probability</b>	<b>Low Probability/ High Impact</b>	<b>High Probability/ Low Impact</b>	<b>High Impact/ High Probability</b>
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**STEP TWO**

Review the professional boundaries listed under each of the *Essential Competencies* (pages 5-9) to identify the strategies that would help you to prevent sexual misconduct in this scenario.

1. Assumes Professional Responsibility \_\_\_\_\_  
\_\_\_\_\_
2. Demonstrates Practice Knowledge \_\_\_\_\_  
\_\_\_\_\_
3. Utilizes a Practice Process \_\_\_\_\_  
\_\_\_\_\_
4. Thinks Critically \_\_\_\_\_  
\_\_\_\_\_
5. Communicates Effectively \_\_\_\_\_  
\_\_\_\_\_
6. Engages in Professional Development \_\_\_\_\_  
\_\_\_\_\_
7. Manages the Practice Environment \_\_\_\_\_  
\_\_\_\_\_

## Section 6

# Practice Checklist

How close do you come to “crossing the line”? Use this checklist to identify areas where you may need to explore more in Section 3.

### Essential Competency Unit 1: Assumes Professional Responsibility

**I consider factors shaping professional relationships:**

- client’s culture, gender and age
- client’s perspective
- involvement of support personnel

**I consider differences between professional and personal relationships:**

- never develop personal relationships with clients
- never provide occupational therapy services to friends or family when at all possible
- document steps taken to prevent boundary violation

**I monitor professional boundaries of my own and my colleagues:**

- see clients in regular hours
- alert colleagues to potential boundary violations
- record client’s or colleague’s concern over potential boundary violation

### Essential Competency Unit 2: Demonstrates Practice Knowledge

**I do not exploit power imbalances created by professional knowledge:**

- use plain, easy-to-understand language
- explain reasons for collecting information
- answer client questions
- explain reasons for change in intervention plans

**I consider effects of practice setting on the professional relationship:**

- choose therapeutic setting
- choose or modify setting to respect client privacy
- explain reasons for choosing setting outside normal work setting
- wear appropriate clothing and ID during community visits
- document reasons for alternative setting, precautions taken and client’s reaction
- refer to alternative service provider if potential boundary violation is not resolved

**I abide by legislation and regulatory requirements of professional relationships:**

- establish boundaries between professional and personal space, in home office settings
- record and report potential boundary violations

**Essential Competency Unit 3: Utilizes a Practice Process**

**I monitor professional behaviours:**

- explain therapeutic rationale for behaviours such as touching during assessments
- sensitive to client's discomfort and discuss openly
- discuss collaborative approach as professional not personal
- explain therapeutic rationale for discussing client's sexuality

**I consider factors affecting consent:**

- review and reconfirm consent when occupational therapy service provision changes
- review and reconfirm consent when occupational therapy service is to be provided by students, support personnel and others
- document discussion of consent and that signed consent was obtained

**Essential Competency Unit 4: Thinks Critically**

**I adjust my professional approach and behaviour:**

- discharge client when appropriate
- discontinue or transfer client to alternative provider when therapeutic relationship is impossible
- record and report incident

**I adjust my therapeutic practice environment:**

- maintain an assessment and intervention area that provides client privacy
- inform client that a family member or friend is welcome to attend sessions
- provide therapeutic rationale for providing services outside traditional practice setting

**Essential Competency Unit 5: Communicates Effectively**

**I use sensitive communication:**

- watch for cultural diversity
- explore differences and establish appropriate boundaries with client
- attend professional education sessions on diversity and its effect on the therapeutic relationship

**I use clear communication:**

- check for and correct misunderstanding
- listen for unspoken messages and address them

**I limit personal communication:**

- limit disclosure of information related to personal life
- refrain from exchanging personal information with colleague while client is present



### **Essential Competency Unit 6: Engages in Professional Development**

**I maintain current knowledge re: prevention of sexual misconduct:**

- read guidelines on preventing sexual misconduct
- attend educational sessions on preventing sexual misconduct
- contribute examples to practice scenarios
- discuss, with colleagues, practice scenarios with potential risks



### **Essential Competency Unit 7: Manages the Practice Environment**

**I set policies and procedures:**

- establish and follow policies and procedures re: client gifts, socializing with clients post-discharge and dual relationships
  - establish and follow procedures for client protection if sexual misconduct is suspected.
-



## References

Association of Canadian Occupational Therapy Regulatory Organizations [ACOTRO]. (2003). *Essential competencies of practice for occupational therapists in Canada*. (2<sup>nd</sup> Ed.). Toronto, ON: Author.

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College of Occupational Therapists of British Columbia Client Relations Committee. (2005). Drawing the Line — Professional Boundaries in OT Practice, *COTBC Update, Spring*, p. 1.

Health and Safety Executive. (1999). *Five steps to risk assessment leaflet*. Caerphilly, UK: Author.  
*Health Professions Act*, R.S.B.C. 1996



## Resources

Benjamin, B. E., & Sohnen-Moe, C. (2004). *The Ethics of Touch*. Tuscon, AZ: Sohnen-Moe Associates.

McPherdon, M. & Sutton, W. (2004). *Preventing Sexual Abuse of Patients: A Legal Guide for Health Care Professionals*. Markham, ON: Lexis Canada.

## Appendix A

Scenarios used in this document were developed by occupational therapists and are grounded in practice. We encourage occupational therapists to submit new scenarios that could be used in future editions of these guidelines or on the college website. Scenarios should not contain any identifying information. If you suspect sexual misconduct by an occupational therapist, please contact the registrar.

Please follow the template below to submit scenarios to the college. These can be sent by mail, fax or email to:

COTBC – Client Relations Committee  
Suite 219 – 645 Fort Street  
Victoria, BC V8W 1G2  
Tel: (250) 386-6822  
Toll free in BC: (866) 386-6822  
Fax: (250) 383-4144  
Email: info@cotbc.org - att: Client Relations Program

### Scenario Template

1. Who does this scenario affect, both in terms of clients and therapists?

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2. In what practice settings might these behaviours be considered inappropriate?

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3. Describe the scenario

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4. What might the warning signs/risk factors be?

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5. What actions or precautions would you suggest to mitigate the risk?

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Other pertinent information:

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## Appendix B

### Evaluation of These Guidelines

The Client Relations Committee would like your feedback regarding the first edition of these guidelines. Please take a few minutes to complete this survey and return it to the college office.

COTBC – Client Relations Program  
Suite 219 – 645 Fort Street  
Victoria, BC V8W 1G2  
Tel: (250) 386-6822  
Toll free in BC: (866) 386-6822  
Fax: (250) 383-4144

1. I found the guidelines easy to read.

- Strongly disagree     Disagree     Neither Agree nor Disagree     Agree     Strongly Agree

2. Please check all that apply.

- I read the entire guidelines in detail.  
 I flipped through the guidelines and placed them in my college binder for future reference.  
 I worked through the scenarios on my own.  
 I worked through the scenarios with others.  
 I have referred colleagues to the guidelines.  
 I would like to attend a workshop on these guidelines.

3. I have made changes to the ways in which I practise based on these guidelines.

- No  
 Yes, please describe

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