COTBC Practice Standards for Professional Boundaries

Practice Standard #2: Recognizing Professional Boundary Issues

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Practice Standards for Professional Boundaries

Practice Standard #2: Recognizing Professional Boundary Issues

Principle Statement:
The occupational therapist will take action to recognize potential professional boundary issues.

Practice Expectations

The occupational therapist must do the following:

1. 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 Practice Standards for Preventing Sexual Misconduct.

2. Recognize types of professional boundary crossings and violations and situations that may lead to them.

3. Recognize the implications professional boundary violations have for clients and for the public’s perception of the profession.
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The occupational therapist will take action to recognize potential professional boundary issues.

Practice Expectations, continued

4. Recognize any personal beliefs, opinions, or values which may affect the occupational therapist’s ability to meet the client’s needs (e.g., beliefs regarding race, sexual orientation, or nationality).

5. Recognize any personal or professional risk factors that may make the occupational therapist vulnerable to boundary crossings or violations (e.g., his or her own physical or mental health, personal stressors, social or professional isolation, loneliness, or lack of knowledge about professional boundaries).

6. Recognize situations that may involve any direct or indirect benefit (i.e., personal, professional, political, academic, financial, or material benefits) to the occupational therapist that could reasonably influence professional judgment, competence, or objectivity. Refer to Practice Standards for Conflict of Interest.
Practice Standards for Professional Boundaries

Practice Standard #2: Recognizing Professional Boundary Issues, continued

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Practice Expectations, continued

7. Monitor the occupational therapist’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;
- providing increased attention or continued therapy when not professionally required;
- 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; or
- receiving feedback that others perceive potential professional boundary issues with the client.
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Practice Expectations, continued

8. 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 occupational therapist to social or personal events or to be friends on social media platforms, or
   • appearing to be sexually attracted to the occupational therapist.
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Practice Expectations, continued

9. Recognize any potential professional boundary risks within the occupational therapist’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).

10. Consider feedback from others who may perceive a professional boundary issue.

11. Seek proper advice when uncertain whether there is a professional boundary issue.

12. Review workplace policies and procedures related to professional boundaries.