COTBC Practice Standards for Preventing Sexual Misconduct, 2017

Practice Standard #1: Recognizing Sexual Misconduct

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Practice Standards for Preventing Sexual Misconduct

Practice Standard #1: Recognizing Sexual Misconduct

Principle Statement:

The occupational therapist will understand what constitutes sexual misconduct and recognize warning signs that become apparent during the course of providing occupational therapy services.

Practice Expectations

The occupational therapist must do the following:

1. Recognize that a power imbalance in the therapeutic relationship exists and that the trust inherent in the relationship can lead to nontherapeutic dependence or vulnerability on the part of the client.

2. Assume responsibility for anticipating, establishing, maintaining, and communicating appropriate professional boundaries with clients, regardless of the client’s actions, consent, or participation.

3. Recognize types of sexual misconduct.

4. 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 and mental health, personal stressors, social or professional isolation, loneliness, or lack of knowledge about professional boundaries).
Practice Standards for Preventing Sexual Misconduct

Practice Standard #1: Recognizing Sexual Misconduct, continued

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Practice Expectations, continued

5. Monitor the occupational therapist’s own warning signs and psychological, emotional, and physical reactions that may indicate an emerging professional boundary issue of a sexual nature, 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 boundary issues with the client.
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Practice Expectations, continued

6. 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.

7. Recognize risks within the occupational therapist’s practice context in relation to the potential for sexual misconduct (e.g., providing sexual education, supporting self-care activities of a private nature, or providing service in a more intimate setting such as a bedroom).
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Practice Expectations, continued

8. Consider feedback from others who may perceive a professional boundary issue of a sexual nature.

9. Seek proper advice when uncertain whether there is a professional boundary issue of a sexual nature.

10. Identify any professional boundary-related policies and procedures within the occupational therapist’s workplace.