



Practice Standard for Professional Boundaries

Applies to Occupational Therapists

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Optometrists of British Columbia
- College of Opticians of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

All current requirements for standards of clinical and ethical practice issued by the seven colleges remain in place upon amalgamation.

This document was created by the College of Occupational Therapists of British Columbia and will be updated to reflect the amalgamation.



**College of
Occupational Therapists
of British Columbia**

COTBC Practice Standards for Professional Boundaries

Overview

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Practice Standards for Professional Boundaries

Note to Readers



Throughout these practice standards, reference is made to the support documents listed on the next page. Please check that you have the most recent versions, and if necessary, download these from the College website or contact the College for updates.

To ensure timeliness and accuracy, updates to practice standards will be made when necessary. Suggestions and questions regarding the content or application to practice should be forwarded to

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COTBC thanks the College of Occupational Therapists of Ontario (COTO) for permission to adapt content from their *Standards for the Prevention of Sexual Abuse* (2013), *Standards for Professional Boundaries* (2015), and *Professional Boundaries: Defining the Lines* (n.d.) quality assurance workbook.

Practice Standards for Professional Boundaries

Note to Readers, continued



ACOTRO, ACOTUP & CAOT. (2021). *Competencies for occupational therapists in Canada*. Retrieved from <https://acotro-acore.org/wp-content/uploads/2021/11/OT-Competency-Documents-EN-HiRes.pdf>

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Practice Standards for Professional Boundaries



Practice standards in this series:

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4. Managing Professional Boundary Issues, p. 30

Practice Standards for Professional Boundaries

Preamble



The *Occupational Therapists Regulation* under the *Health Professions Act* (RSBC 1996, c. 183) acknowledges occupational therapy as a regulated health profession. COTBC regulates the practice of British Columbia occupational therapists in the public interest.

COTBC practice standards are published by the College to assist the occupational therapist in meeting the *Competencies for Occupational Therapists in Canada* by

- defining registrant responsibilities;
- describing minimal expectations for occupational therapy practice; and
- defining safe, ethical, and competent occupational therapy practice.

The *COTBC Practice Standards for Professional Boundaries* were developed by occupational therapists in British Columbia who work in a variety of practice settings and serve on the COTBC Standards Committee. The committee reviewed parallel documents from Canadian and international occupational therapy and health regulatory organizations, and considered practice questions, issues, and concerns presented by registrants and others.

Practice Standards for Professional Boundaries

Statement of Purpose



These *Practice Standards for Professional Boundaries* assist the occupational therapist to foster therapeutic relationships and recognize, prevent, and manage professional boundary issues.

The reader will note that these standards are closely related to the *Practice Standards for Conflict of Interest* and *Practice Standards for Preventing Sexual Misconduct*. This design is intentional, recognizing that the latter two sets of standards represent specific complex professional boundary issues. Used alongside COTBC's Bylaws and Code of Ethics, as well as the *Competencies for Occupational Therapists in Canada*, *Practice Standards for Professional Boundaries* serves to clarify the occupational therapist's accountabilities and the College's expectations respecting the occupational therapist's management of professional boundary issues.

Practice Standards for Professional Boundaries

Overview



The occupational therapist is in a fiduciary relationship with his or her clients, and as such, has an ethical and legal responsibility to act in the client's best interest.

In therapeutic relationships, the occupational therapist acknowledges his or her position of power, recognizes that the client's trust is both delicate and a privilege, demonstrates respect for the client, and ensures that the occupational therapist's personal opinions, beliefs, and values do not affect the care provided. Additionally, the occupational therapist demonstrates empathy, balancing the ability to remain objective with sensitivity regarding issues of personal closeness and/or disclosure that arise during the course of treatment. Finally, the occupational therapist uses professional judgment to adapt his or her approach, meeting professional responsibilities in the most appropriate manner for a given situation.

The occupational therapist is responsible for maintaining the therapeutic relationship. By establishing and maintaining professional boundaries, the occupational therapist demarcates professional relationships from personal ones. This supports objectivity and the ability to keep the client's interests as the primary focus of service delivery. Clear professional boundaries also provide a framework for appropriate relationships with other stakeholders in occupational therapy services, such as business partners, colleagues, third-party funders, and vendors.

Practice Standards for Professional Boundaries

Overview, continued



Professional boundaries are dynamic and can vary with the client’s presentation, the physical context of the intervention, and time. Occasionally, professional boundaries are crossed, either intentionally or unintentionally. When a boundary crossing is unavoidable, as can arise when working in small, rural, or remote areas where access to alternative health care providers is limited, it is the occupational therapist’s responsibility to effectively manage identified risks. Examples of boundary crossings include asking a client something personal that is not related to the therapeutic relationship, and disclosing personal information about the occupational therapist’s own stressors. Crossings have the potential to destabilize the therapeutic relationship, influence the occupational therapist’s objectivity and competence, and shift the power balance. Therefore, it is important that the occupational therapist use professional judgment, actively monitor interactions for these crossings, anticipate potential high-risk activities, and reestablish appropriate professional boundaries where possible.

Left unchecked, boundary crossings can become boundary violations, where personal or nontherapeutic elements unfold within the therapeutic relationship. This can bring harm or the potential for harm to the client as well as the occupational therapist. Examples of boundary violations include having sexual relations with a client or borrowing money from a client. Client consent is not a defence for violating a professional boundary.

Practice Standards for Professional Boundaries

Definitions



Boundary crossing is “when an OT [occupational therapist] initiates a behaviour or allows a behaviour to persist in a therapeutic relationship that compromises or sets a future course to compromise the OT’s relationship with his/her client” (COTO, n.d., p. 12).

Boundary violation is “when the nature of the therapeutic relationship moves from professional to also being personal [and nontherapeutic], such that harm can come to the client”, occupational therapist, or occupational therapy profession (COTO, n.d., p. 14).

Conflict of interest is the interference of an occupational therapist’s interests with a client’s best interests or the occupational therapist’s own responsibilities. Conflict of interest can be perceived, potential, or actual. (See *COTBC Practice Standards for Conflict of Interest* for additional information.)

Dual relationship occurs when an occupational therapist enters into both a personal and a professional relationship with an individual. Examples include when an occupational therapist treats a friend, colleague, family member, partner, or spouse.

Fiduciary duty means the legal duty to act solely in the client’s best interest.

Practice Standards for Professional Boundaries

Definitions, continued



Gift means something voluntarily given to another individual without expectation of compensation. Gifts can have varying monetary value and be of varying cultural significance to the giver.

Patient* means an individual, family, group, or organization receiving care or services from a registered occupational therapist and includes a client or consumer.

Personal interest refers to gains of a personal, professional, political, academic, financial, or material nature. They include the interests of an occupational therapist, an occupational therapist’s friends, family, or colleagues, or those organizations with whom the occupational therapist owes an obligation or debt.

Professional boundary is “the implicit or explicit demarcation separating the professional relationship with a client from one that is personal” (COTO, 2015, p. 4). Boundaries make relationships professional and safe for the client (COTBC, 2006a).

*The word “patient” has been used here to support consistency with language presented in the *Health Professions Act*. “Patient” is synonymous with “client” in these standards.

Practice Standards for Professional Boundaries

Definitions, continued



Sexual misconduct means professional misconduct of a sexual nature, including

1. sexual intercourse or other forms of physical sexual relations between the occupational therapist and the patient,
2. touching of a sexual nature of the patient by the occupational therapist, or
3. behaviour or remarks of a sexual nature by the occupational therapist towards the patient.

Professional misconduct of a sexual nature does not include touching, behaviour, and remarks by an occupational therapist to a patient that are of a clinical nature appropriate to the service being provided.

Social media are the “digital technologies and practices that enable people to use, create and share content, opinions, insights, experiences, and perspectives, build relationships, and promote discussion.” Examples include Facebook, LinkedIn, and Twitter (COTO, 2014, p. 1).

Therapeutic relationship is “a trusting connection and rapport established between therapist and client through collaboration, communication, therapist empathy and mutual respect” (Cole & McLean, 2003, p. 49).

Practice Standards for Professional Boundaries

References & Resources



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Practice Standards for Professional Boundaries

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Practice Standards for Professional Boundaries

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**College of
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**COTBC Practice Standards for
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**Practice Standard #1:
Fostering Therapeutic Relationships**

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Practice Standards for Professional Boundaries



Practice Standard #1: Fostering Therapeutic Relationships

Principle Statement:

As related to professional boundaries, the occupational therapist will foster therapeutic relationships with his or her clients in a transparent, ethical, client-centred manner with respect for diversity of beliefs, uniqueness, values, and interests.

Practice Expectations

The occupational therapist must do the following:

1. Assume responsibility for anticipating, establishing, maintaining, and communicating appropriate professional boundaries with the client.
2. Respect each client's uniqueness and diversity, taking into account such factors as the client's capacity, beliefs, values, choices, religion, lifestyle, sexual orientation, socioeconomic status, and culture.
3. Obtain, maintain, and document informed client consent. Refer to *Practice Standards for Consent*.

Practice Standards for Professional Boundaries



Practice Standard #1: Fostering Therapeutic Relationships, continued

Principle Statement:

As related to professional boundaries, the occupational therapist will foster therapeutic relationships with his or her clients in a transparent, ethical, client-centred manner with respect for diversity of beliefs, uniqueness, values, and interests.

Practice Expectations, continued

4. Use a client-centred approach.
5. Apply skills to build rapport with the client including the use of active listening skills and communicating in a respectful, nonjudgmental manner.
6. Regularly reflect on the occupational therapist's own practice and participate in professional development related to fostering therapeutic relationships.



**College of
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**COTBC Practice Standards for
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**Practice Standard #2:
Recognizing Professional
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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.

Practice Standards for Professional Boundaries



Practice Standard #2: Recognizing Professional Boundary Issues, continued

Principle Statement:

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

Principle Statement:

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

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.

Practice Standards for Professional Boundaries



Practice Standard #2: Recognizing Professional Boundary Issues, continued

Principle Statement:

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

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.

Practice Standards for Professional Boundaries



Practice Standard #2: Recognizing Professional Boundary Issues, continued

Principle Statement:

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

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.



**College of
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**COTBC Practice Standards for
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**Practice Standard #3:
Preventing Professional
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Practice Standards for Professional Boundaries



Practice Standard #3: Preventing Professional Boundary Issues

Principle Statement:

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

Practice Expectations

The occupational therapist must do the following:

1. Establish, maintain, and communicate professional boundaries with the client, his or her family, and other stakeholders in both clinical and nonclinical settings.
2. Advise the client that his or her consent does not make a boundary violation permissible.
3. Provide the client with information on alternative options for receiving occupational therapy services in circumstances that have a potential for professional boundary issues.
4. 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).

Practice Standards for Professional Boundaries



Practice Standard #3: Preventing Professional Boundary Issues, continued

Principle Statement:

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

Practice Expectations, continued

5. Touch clients in a therapeutic manner only, after reconfirming consent.
6. Avoid special or discriminatory treatment towards a particular client or organization, such as
 - preferentially scheduling client appointments;
 - billing irregularly (i.e., 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 (refer to *Practice Standards for Conflict of Interest*); and
 - completing for clients activities that do not fall within the therapeutic relationship.

Practice Standards for Professional Boundaries



Practice Standard #3: Preventing Professional Boundary Issues, continued

Principle Statement:

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

Practice Expectations, continued

7. Not exploit therapeutic relationships or the occupational therapist's professional status for any form of nontherapeutic or personal gain, benefit, or advantage. This includes obtaining access to privileged information or knowledge the occupational therapist receives in working with the client or organization.
8. Avoid participating in activities or establishing therapeutic relationships where the occupational therapist's objectivity, judgment, 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, friends, and colleagues, except in emergency or unavoidable situations, such as can occur when working in small, rural, or remote communities.

Practice Standards for Professional Boundaries



Practice Standard #3: Preventing Professional Boundary Issues, continued

Principle Statement:

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

Practice Expectations, continued

9. Never enter into nontherapeutic relationships that could adversely affect an existing therapeutic relationship, or otherwise compromise the occupational therapist's objectivity, judgment, 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 occupational therapist 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.

Practice Standards for Professional Boundaries



Practice Standard #3: Preventing Professional Boundary Issues, continued

Principle Statement:

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

Practice Expectations, continued

10. Provide colleagues with feedback if professional boundary issues or the potential for such issues are identified.
11. Apply any workplace policies and procedures related to professional boundaries. Where they do not exist or are insufficient, advocate for or participate in their development as able (e.g., policies related to consent, conflict of interest, personal financial relationships with clients, gift giving, dual relationships, and nontherapeutic interactions with clients).
12. Seek proper guidance if there are concerns about professional boundaries.



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**COTBC Practice Standards for
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**Practice Standard #4:
Managing Professional
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Practice Standards for Professional Boundaries



Practice Standard #4: Managing Professional Boundary Issues

Principle Statement:

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

Practice Expectations

The occupational therapist must do the following:

1. Accept responsibility for boundary crossings and violations as they occur.
2. Seek proper assistance as required.
3. Discuss any identified professional boundary issues or concerns with the client (e.g., those encountered when entering into an unavoidable dual relationship).
4. Clarify roles and set or reestablish professional boundaries, if possible.

Practice Standards for Professional Boundaries



Practice Standard #4: Managing Professional Boundary Issues, continued

Principle Statement:

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

Practice Expectations, continued

5. 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.
6. Document the circumstances, an account of why a dual relationship is unavoidable (if applicable), risk assessment, precautions taken, plan, client reactions, and informed consent process.
7. Where there is a potential or actual professional boundary issue that cannot be adequately resolved, arrange for care by another occupational therapist or appropriate health care professional, and end the client relationship, ensuring that the client is not adversely affected during this process.

Practice Standards for Professional Boundaries



Practice Standard #4: Managing Professional Boundary Issues, continued

Principle Statement:

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

Practice Expectations, continued

8. Follow duty to report procedures where there are reasonable grounds to believe that an occupational therapist or other health professional has abused a client sexually, physically, verbally, psychologically, financially, or otherwise, or where an occupational therapist contravenes the standards of practice or COTBC Code of Ethics. Refer to the *Practice Standards for Preventing Sexual Misconduct*.



**College of
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**COTBC Practice Standards for
Professional Boundaries, 2017**

Risk Assessment and Management

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Practice Standards for Professional Boundaries

Risk Assessment and Management



Risk management 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, p. 1).

The occupational therapist can benefit from using a risk management approach to assist him or her in recognizing, preventing, and managing boundary violations.

Practice Standards for Professional Boundaries

Risk Assessment and Management, continued



Step One: Identify Potential Risk Factors

Boundary violations are not always easy to identify. Reflecting on risk factors can be helpful. Risk factors are circumstances or facts that influence the probability of the risk occurring and the impact.

Client's Presentation and Vulnerability

- Highly complex and/or unstable client condition (e.g., physical, mental, emotional, or social).
- Client's varying capability to direct care and give informed consent.
- Discussions of a sensitive, highly personal, or intimate nature (e.g., self-care or sexual activity).
- Cultural and lifestyle values and beliefs regarding personal privacy and unconditional compliance to authority.
- Dual relationships.

Therapeutic Relationship

- Power imbalance and occupational therapist's ability to influence course of treatment or services.
- Client-centred approach and disclosure of occupational therapist's personal information.
- Mentoring or coaching approaches that may not be interpreted as therapy.

Practice Standards for Professional Boundaries

Risk Assessment and Management, continued



Step One: Identify Potential Risk Factors, continued

Practice Setting and Environmental Conditions

- Lack of accessibility of other occupational therapists to provide alternative care (e.g., rural practice environment).
- Lack of availability of other occupational therapists to discuss issues or receive input and feedback.
- Existing social norms that may tolerate professional boundary crossings.
- Occupational therapy treatment delivered outside traditional health centre environments.
- Lack of privacy in treatment or service area.
- Lack of workplace policies and procedures.

Occupational Therapist's Skills and Knowledge

- Difficulty identifying whether client may have impaired capacity.
- Lack of knowledge of current, relevant legislation.
- Lack of clinical knowledge.
- Difficulty communicating with client, client representative, or other stakeholders.
- Lack of familiarity with workplace policies and procedures.
- Lack of knowledge of various cultural or social norms related to therapeutic relationships and professional relationships.
- Challenges establishing and maintaining professional boundaries.
- Difficulty recognizing signs and symptoms of potential professional boundary issues or accepting or incorporating feedback.
- Limited experience with documentation procedures.

Practice Standards for Professional Boundaries

Risk Assessment and Management, continued

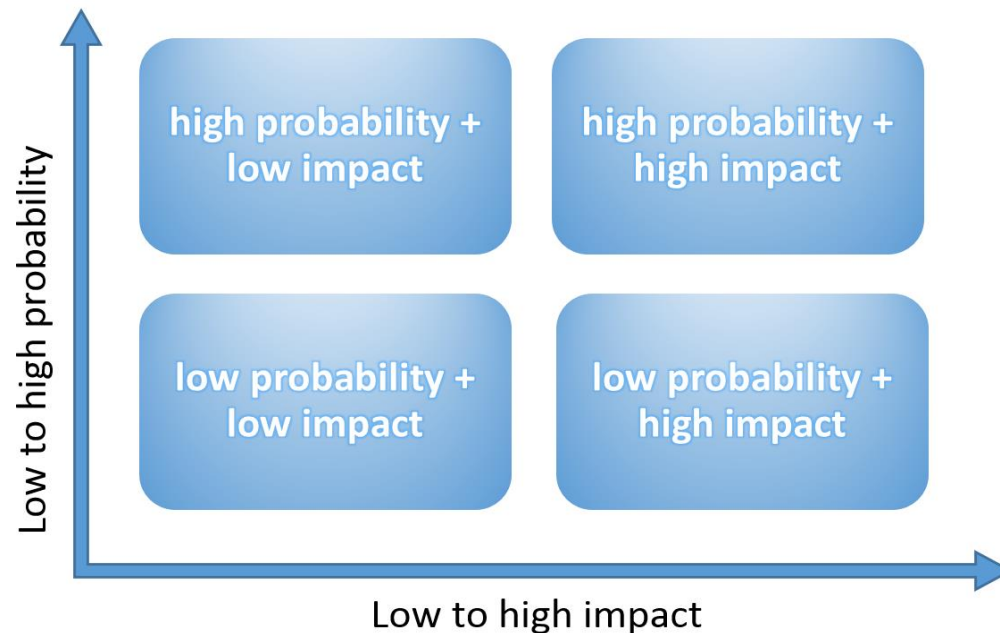


Step Two: Consider the Probability and Severity of Impact

Once the factors are identified, the occupational therapist assesses

1. the probability of each risk (i.e., how likely is it); and
2. the negative impact (i.e., what degree of harm could the risk cause the client).

The risks can be classified from low probability and low impact to high probability and high impact.



Practice Standards for Professional Boundaries

Risk Assessment and Management, continued



Step Three: Take Action

Boundary violations are often the result of an accumulation of boundary crossings over time. The goal in this third step is to choose actions or precautions that help minimize the risks as much as possible.

In the case of fostering therapeutic relationships, and recognizing, preventing, and managing professional boundary issues, actions could include but are not limited to the following:

- Reviewing informed consent and discussing available options.
- Inviting the client to bring a family member or partner to occupational therapy sessions.
- Learning about various cultural and lifestyle values and strategizing acceptable professional actions.
- Discussing appropriate professional boundaries with the client.
- Avoiding dual relationships and conflict of interest situations.
- Establishing a professional network for seeking credible advice, feedback, and support.
- Referring a client or potential client to an alternative occupational therapist and/or service when there is concern about the ability to maintain professional boundaries.
- Creating private professional spaces for delivering occupational therapy services.
- Becoming familiar with relevant legislation and statutes (e.g., *Health Professions Act*).
- Reviewing existing workplace policies and procedures and participating in their development where they are absent or insufficient.

Practice Standards for Professional Boundaries

Risk Assessment and Management, continued



Step Four: Record Your Actions

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

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



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**Practice standards in this series: *Professional Boundaries* (2017)
(Revised May 2023, Originally Issued 2017)**

- 1. Fostering Therapeutic Relationships**
- 2. Recognizing Professional Boundary Issues**
- 3. Preventing Professional Boundary Issues**
- 4. Managing Professional Boundary Issues**

For more information regarding this series of practice standards, or other practice supports, please contact the College at

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