

RETIRED DOCUMENT

This document is retired, effective April 1, 2026, corresponding with the *Health Professions and Occupations Act* (HPOA) in-force date. As this document is retired, it is not considered **standard** or **guidance** under the HPOA. However, until it is replaced by a HPOA-compliant resource, licensees may find it useful as general information for their practice.



College of

HEALTH AND CARE PROFESSIONALS OF BC



Physical Therapists

Clients at Risk

Strategies to Support a Client Who Discloses Distressing Information

The College receives inquiries from registrants about clients at risk, and questions about how to proceed. When a client discloses distressing information to the physical therapist it can be challenging to respond in a way that supports the client, makes use of available resources, and ensures the appropriate professionals are involved.

A few things to keep in mind:

- If a client discloses distressing information (e.g. abuse, self-harm, suicidal thoughts), be prepared to stop your physical therapy assessment/treatment and address the comments. As a physical therapist, it's important to notice the red flags, to offer information about resources and supports, and to refer to the appropriate professional.
- Remember that crisis lines are excellent resources for physical therapists to call as well, for guidance on how best to proceed if you are concerned about a client.
- Spend some time gathering important crisis line phone numbers. Look into resources in your own community in case these scenarios arise.
 - Does your local hospital have a rapid access psychiatry assessment program? If not, where is the closest hospital that offers that service?
- Privacy laws have caveats that allow for you to disclose information if you have reason to believe a person is at serious risk of harm. In some cases, you'll want to disclose to a parent or spouse either in addition to, or instead of a physician, depending on the details of the scenario. Consider including clients' emergency contact person/number on your intake form in case you need to contact a support person for your client.
- Document the relevant information and actions taken in the clinical record, including only the critical details. For example: "Client commenting that they are contemplating suicide, phoned crisis line together with the client, client agrees to follow up with family physician today." Be prepared to redact these details if a third party asks for a copy of the clinical record and the notes do not relate to the insured injury.
- Stay within your scope of practice as a health care professional by responding to concerning comments, asking a few probing questions, and then deciding on your course of action. Depending on the scenario, the course of action might be to offer



resource information, or to contact a family member or physician, or even to call 911 in extreme cases.

Regarding clients:

- Don't ignore concerning comments. Be human, be empathetic, and indicate your concern. For example: "That sounds very stressful, and I'm really concerned about you." You may be the only health professional that the client feels comfortable enough with to disclose this information to; how you respond might open doors for the client to seek supportive services.
- Ask your client some probing questions to get more information about the degree of danger present. Consider asking if the patient has a plan to commit suicide, or what motivates the cutting – is it a way to cope with stress, or is it an attempt at suicide? In an abusive scenario, you could ask if there are children witnessing the abuse, or whether there are guns in the home.
- If you are in the middle of a hands-on technique when a client makes a disclosure that causes you concern, be aware of how touch can be impactful and be careful of the effect on your client if you suddenly take your hands off them after the disclosure.
- Capable adults have the right to make their own choices, even if that means remaining in an abusive relationship. Offer your client available resources for support services if they are open to it.
- Involve your client in your action plan whenever possible to foster trust. For example, say "I'm really concerned about your safety, I'm going to get the number for the suicide hotline and we'll call them together for some advice."
- Suggest to your client that you'd like to create a team to support them. Explain that in addition to having a physical therapist involved, you think it would be beneficial for them to connect with the school counsellor, physician, social worker, or psychologist to ensure that all of their needs are addressed by the right professional with the right skills.

Regarding clients under the age of 19:

- There is a legal obligation to report if you suspect that a minor is being abused (see Reporting Abuse). Witnessing spousal abuse is a risk factor for child abuse and you should contact the Ministry of Children and Family Development at 1 (800) 663-9122 to ask for guidance on how to proceed.

If these types of conversations make you uncomfortable, know that you are not alone. It's important to discuss this with colleagues and to become more comfortable speaking about these topics so that if / when such a situation arises you can react professionally and appropriately with your client and not miss an opportunity to build trust and to provide critical support when it is needed.

For more information on this topic and how to apply these messages in practice, please see the recording of CPTBC's webinar "In Harm's Way", presented by Roly Fletcher in November 2018. It can be found at <https://register.gotowebinar.com/register/4711716680296325379>.