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.

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Where's the Line?

Professional Boundaries in a Therapeutic Relationship

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Relationships

Personal versus professional relationships...

What's the difference?

I've been treating a client on and off for several years and we have gotten to know each other quite well. The relationship is at the point that it feels more like I'm reconnecting with an old friend. This is a good thing, right? Or is it?

Recognize that there is an element of risk in having both a professional relationship and a personal relationship with a client simultaneously.

College of Health and Care Professionals of BC

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Differences between professional and personal relationships

Relationship Characteristics	Professional Relationship	Personal Relationship
Money	Money is paid to the health care professional for client care	Shared
Length	Limited to the duration of care provision	May last a lifetime
Location	Confined to the treatment area	No boundaries
Purpose	To provide care to the client	To enjoy oneself
Structure	Defined by the appointment length (and nature of care required)	Spontaneous and unstructured
Power balance	The health care professional is empowered by professional skill and is privy to the client's private information	Shared
Responsibility for the relationship	The health care professional establishes and maintains the professional relationship	Shared
Preparation for the relationship	The health care professional offers training and commitment and the client places their trust in this offering	Equal

Adapted from: British Columbia Rehabilitation Society, 1992.[1]

Boundaries...

How do you define professional boundaries?

Professional boundaries are dynamic lines intended to set limits and clearly define a ***safe, therapeutic connection*** *between health care professionals and their clients.*

Creating a safe connection with a client requires that the health care professional recognizes and accepts[11]:

- the power imbalance inherent in the therapeutic relationship,
- the expectations for professional behavior, and
- the responsibility to use power appropriately to meet the needs of the client.

Managing boundaries requires clear understanding of the components of the therapeutic relationship: power, trust, respect, and sensitivity to client vulnerability.

POWER
is always held by the health care professional, based on their knowledge and the client's reliance on them for care.

TRUST
is required in the therapeutic relationship. Failure to use power in the client's interest leads to loss of trust.

RESPECT
is deserved by all clients. It is the health care professional's responsibility to put the client's needs first and to ensure that personal morals, beliefs, and values do not impact the quality of care provided.

SENSITIVITY
is required for development of trust. Elements of the therapeutic relationship that amplify the level of client sensitivity or vulnerability include physical closeness, varying degrees of undress, and disclosure of personal or emotional information.

Setting the stage for a therapeutic relationship

As health care professionals, there are things we can do to establish clear professional boundaries.

These include

- Introducing ourselves by name and professional title and providing a description of our role in the client's care.
- Obtaining informed consent to treatment[3, 9].
- Adhering to privacy regulations[4, 7, 12].
- Maintaining professional social media pages as separate and distinct from personal social media.

Sensitive practice as a standard precaution

The incidence of sexual abuse suggests that sensitive practice should be a standard precaution in all client interactions[14].

Sensitive practice can be demonstrated by

- Investing adequate time to develop a rapport with the client.
- Letting clients know they can bring someone with them to their treatments.
- Explaining what the subjective and objective assessment involves before you proceed.
- Providing an opportunity for clients to ask questions.
- Completing the history before asking a client to remove any clothing for the physical examination.
- Ensuring privacy for undressing and dressing.
- Re-visiting consent as the assessment or treatment progresses.

The health care professional may not learn of the client's vulnerability until a later time, if ever. By demonstrating sensitive practice, we can decrease the likelihood of inadvertently re-traumatizing survivors of abuse[14].

Where is the boundary?

Making good decisions in challenging situations

Be prepared to graciously decline a gift you feel is inappropriate to accept.

Consider developing strategies that actively discourage gift giving—this will minimize pressure to give or accept gifts.

Accepting gifts

Are there strings attached?

In general, accepting gifts is part of a personal relationship, not a professional relationship. Accepting a gift from a client always carries some degree of risk. **Context is everything.**

Ask yourself:

- What motivated my client to give this gift? A desire for a 'special relationship', or future preferential treatment, increases the risk of accepting a gift.
- Did my self disclosure (i.e. my upcoming birthday) make the client feel obligated to bring the gift?
- How will accepting the gift impact my ability to make objective, unbiased clinical decisions?
- Could the client's family perceive that accepting the gift constitutes fraud or theft, or be a result of manipulation?

Assessing the risk of accepting a gift

Less Risk	More Risk
Token value	Valuable
For a group	To an individual
"Thank you" at discharge	During course of treatment
Spontaneous	Solicited
Edible/sharable	Person specific
Private pay patient	Third-party insured patient

Rural Practitioners

Rural practitioners often treat members of their small community with whom they have business/casual relationships or friendships, as they are often the only provider available.

Give some consideration on how to manage professional boundaries to ensure the person's needs come first when they are assuming the role of a client, and that confidentiality is upheld to foster building trust in the broader community.

Tips:

- Develop strategies to redirect treatment-related questions to the clinic setting and social questions to the community.
- Don't discuss client care in non-clinical settings.

"I know exactly where my professional boundaries are; they are the four walls of my clinic, and outside of them I don't discuss client care, and inside of them I don't have personal conversations".

Treating family friends and co-workers

While this may seem appealing, the overlap between a personal relationship and a professional relationship makes maintaining appropriate boundaries especially difficult.

What are the risks?

- The health care professional's ability to be objective may be compromised.
- The health care professional may make assumptions instead of asking thorough questions.
- The client may not want to answer questions honestly (due to embarrassment potential or not wanting to hurt the health care professional's feelings if they are not improving or are non-compliant).
- Documentation of assessment and treatment findings may not adhere to regulatory standards.
- The personal relationship may suffer if the professional relationship is not successful.

Be aware that health care professionals providing services to those with whom they have a close personal relationship may be a Conflict of Interest.

Third-party payers may have rules about whether a health care professional can bill for providing treatment to an immediate family member. Consult the insurer to ask about their policies if you are unsure.

Professional Boundaries Apply

Even in social media

Be aware that clients or their families might recognize themselves in a story or photo. Removing a client's name and gender may not be enough to ensure that client confidentiality is being maintained.

Don’t post a comment or image on social media that you wouldn’t want to appear on the news.

When health care professionals have an online presence, they remain accountable to the same ethical, professional, and legal standards that apply in ‘off-line’ practice. Ensure that social media communications don’t inadvertently shift from a professional to a personal nature.

Consider the following points in ALL social media forms:

- Online content is public and accessible to clients, employers, and colleagues—clients search social media sites to find out more about us.
- Online communication lends itself to a more casual style than the professional language of reports, letters, or legal documents.
- Confidentiality rules. Identifiable client information, including images, must not be posted to online social media sites without client consent.
- Consider how the therapeutic relationship might change if we invite a client, or accept an invitation from a client, to become “friends.”
- Privacy settings are helpful, but not perfect, and are frequently changed by the online provider. Check them regularly.
- Limit personal disclosures and inclusion of personal contact information in online professional postings to clearly separate professional life from personal life.
- Uphold the ethical and professional standards of a registered health professional. Inappropriate postings on a personal social media page can damage a professional reputation.

Consider developing a workplace social media policy to ensure everyone is aware of responsibilities to maintain client privacy.

Touch in a therapeutic relationship

Touch isn't always perceived by the client in the way the health care professional intended.

What about offering hugs? Offering a hug blurs the lines between professional and personal relationships. The client may feel obliged to accept an embrace but may view it as an inappropriate physical intrusion, or even that the hug was 'sexualized'. Accepting a hug may be unavoidable. Consider the context, read the cues, and respect your own comfort level with the physical contact.

Health care often involves extensive physical contact and intrusion into the client's physical space. It can mistakenly be assumed that the client fully understands and consents to physical contact when they present for treatment. Misunderstandings can be minimized by explaining the rationale for physical contact[10].

DO:

- Communicate that touch or close body contact may be required during assessment and treatment.
- Be sensitive to the client's level of comfort with the degree of physical contact required.
- Avoid unnecessary physical contact and use strategic barriers (pillows or draping) to avoid contact with other body parts.

"Where physical contact is not part of the examination or treatment but is intended for emotional support (e.g., a gentle pat on the hand or shoulder), the health care professional should weigh the likelihood of therapeutic benefit against potential harm or misunderstanding"[10].

Personal vulnerabilities and professional risk factors

What puts me at risk of crossing the line?

Personal vulnerabilities and professional risk factors can change over time.

Personal vulnerabilities can include[8]

- Physical and mental health issues, including periods of high stress or burnout.
- Social isolation and loneliness.
- Behavioural constructs that allow rationalization; for example, the excuse that "everyone does it" or "I don't have time to..." or that "in this particular scenario, the rules don't apply to me".

Professional vulnerabilities can include[13]

- Working in professional isolation.
- Having limited clinical knowledge; being new to the profession or failing to keep up-to-date.
- Being unaware of rules and standards about professional boundaries.

Boundary blurring

Yellow lights: Warning signs for boundary crossings

Boundary blurring often results from "innocent" or "inadvertent" actions and choices.

Behaviours that blur the boundaries are 'yellow lights'. Some examples are[6]

- Scheduling more time/sessions than what is required to meet therapeutic goals.
- Providing preferential treatment based on looks, age, or social standing.
- Accepting personal invitations, either online or in person.
- Sharing excessive personal information, or personal problems with a client.
- Dressing differently when seeing a particular client.
- Frequently thinking about, or communicating with, a client outside of the context of the therapeutic relationship.
- Being defensive, embarrassed, or making excuses when someone comments on or questions your interactions with a client.
- Providing the client with personal contact information unless required in the context of a therapeutic relationship.
- Accepting gifts that may create a sense of obligation to provide special treatment, or that would compromise clinical judgment.

"The crossing of boundaries usually begins with seemingly innocent comments or disclosure and escalates from there"[6].

Boundary violations

Boundary violations result from a deliberate action or choice that is recognizably inappropriate and in violation of the nature of a therapeutic relationship[6].

Inappropriate behaviours include:

- Sarcasm, offensive language, intimidation, and teasing
- Tones of voice and body language that express impatience, condescension, or exasperation

Prohibited behaviours include:

- Discrimination based on race, religion, ethnic origin, age, gender, sexual orientation, or social or health status, including cultural slurs
- Verbal or physical abuse
- Sexual relations including flirtations, suggestive jokes, and sexual innuendos

Sexual misconduct by a registrant includes:

- Sexual intercourse or other forms of physical sexual relations between the registrant and the client,
- Touching, of a sexual nature, of the client by the registrant, or
- Behaviour or remarks of a sexual nature by the registrant towards the client.

Think a boundary may have been violated?

Ask yourself

- Would I tell a colleague about this activity or behaviour?
- Would another health care professional find my behaviour acceptable?
- Would I disclose my actions to a third-party payer?
- Will these actions change the client's expectations for care?
- Will these actions bias my clinical decision making?
- How would I feel explaining my actions to the College Inquiry Committee?

A boundary has been crossed, now what?

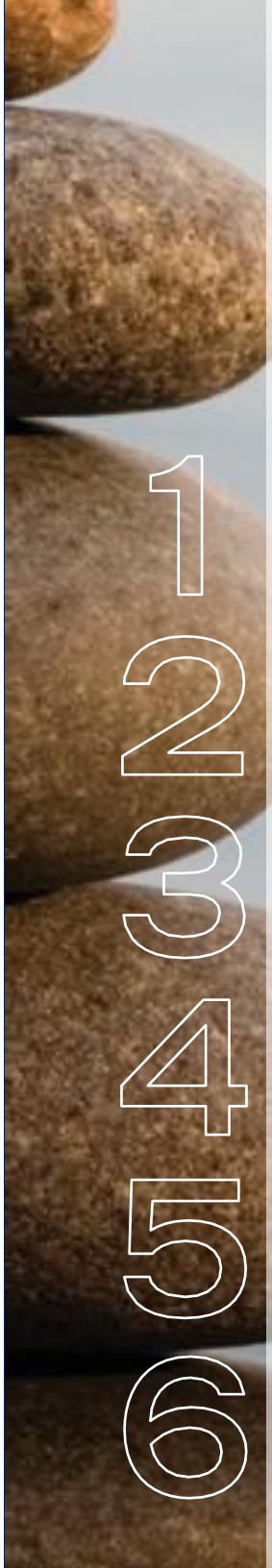
We generally only become aware of boundaries once they have been crossed...

It is the health care professional's duty to establish, maintain, and monitor the boundaries of a therapeutic relationship, and to take action if a boundary has been crossed. If so, roles need to be clarified by the health care professional, and treatment goals re-established.

If the therapeutic relationship cannot be re-established, it is the duty of the health care professional to ensure that the client is not adversely affected by any interruption in care.

Make use of support networks, consult with colleagues or a supervisor, or contact the College.

Document any boundary blurring or violation that occurs, including the action taken to re-establish the professional boundaries of the therapeutic relationship.



Key points to remember

1. ***Set the stage*** with appropriate boundaries from the initial assessment. Clients take their cues for acceptable behaviour based on how we speak and act.

2. Understand and ***be aware of potential personal vulnerabilities and professional risk factors.***

3. ***Correct 'yellow light' infractions immediately.*** Seemingly harmless comments from the health care professional or the client can slide quickly into uncomfortable territory.

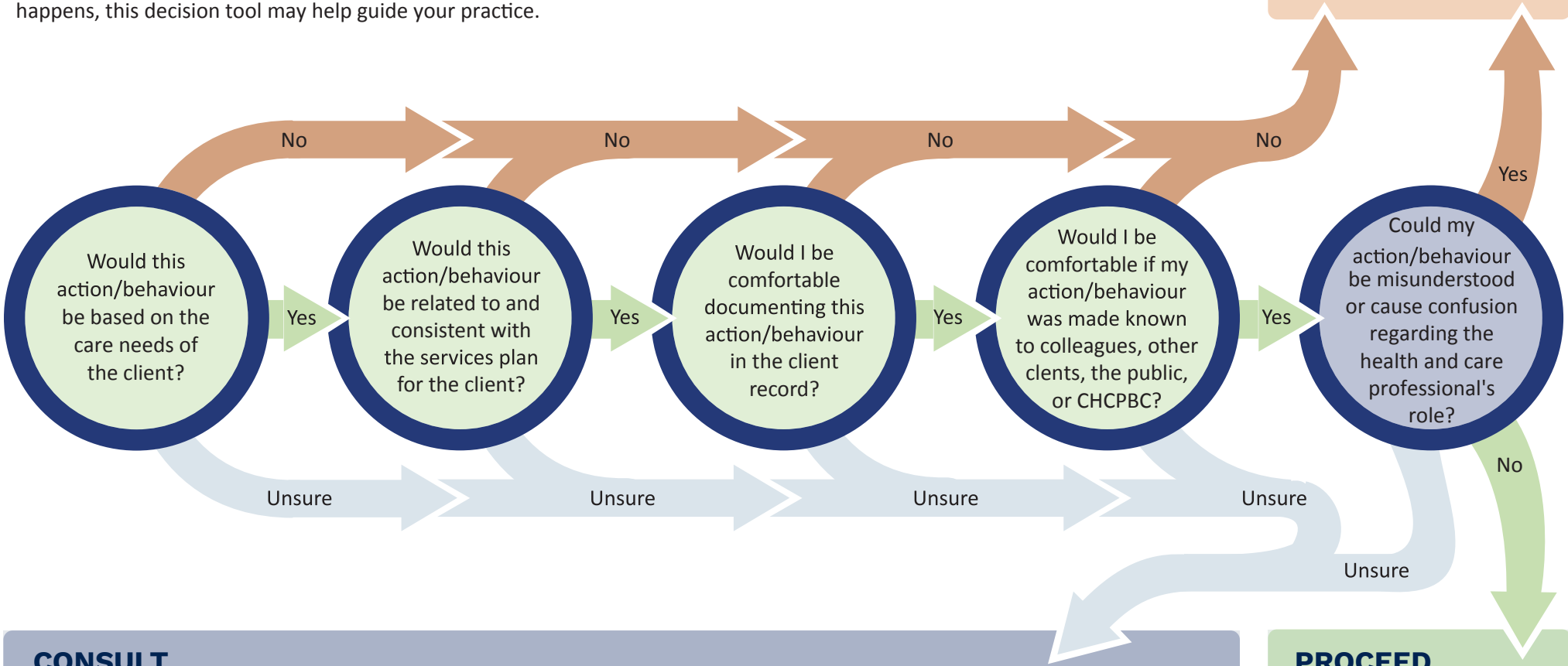
4. Take responsibility to ***re-establish the professional boundaries***, regardless of who crossed the line.

5. ***Document*** both inappropriate behaviour and measures taken to reestablish the professional boundaries.

6. ***Maintain clear professional boundaries*** to protect you and your client.

Decision Tool

As a health and care professional, you may encounter situations that seem to *blur* your professional boundaries. When this happens, this decision tool may help guide your practice.



ABSTAIN

- Do not proceed with the action/behaviour.

CONSULT

- There will always be "grey areas" in your practice—new or unusual situations that are difficult to navigate. There is no shame in taking a step back when you aren't sure what to do. In fact, it's better to acknowledge your uncertainty than to proceed with an action/behaviour when you don't feel completely confident that it's the right one.
- Many resources are available to support you in your decision-making process. Consider referring to:
  - Standards of Practice
  - Codes of Ethics
  - Peers and Colleagues
- And if you're still not sure how to proceed, you can always contact the practice support team at practicesupport@chcpbc.org or 1-877-742-6715 (press #3 for practice support).

PROCEED

- Proceed with the action/behaviour, ensuring that you have the client's informed consent as applicable.
- Document what you are doing in the client record.

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