



College of Speech and
Hearing Health Professionals
of British Columbia

CLINICAL PRACTICE GUIDELINE

WHERE'S THE LINE?

PROFESSIONAL BOUNDARIES IN A THERAPEUTIC RELATIONSHIP

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Personal versus Professional Relationships -- What's the Difference?¹

You've been treating a client on and off for several years and have gotten to know each other quite well. Your relationship is at the point that it feels more like you are reconnecting with an old friend. This is a good thing ... right

Or is it?

In order to answer this question, you need to know how a personal relationship and a professional relationship differ from each other. Without knowing the differences between the boundaries of a personal and professional relationship, how will you know if the line between the two is blurred or even crossed?

Differences between Personal and Professional Relationships

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

Adapted from: British Columbia Rehabilitation Society, 1992¹.

¹ The College of Speech and Hearing Health Professionals of BC (CSHBC) gratefully acknowledges permission from the College of Physical Therapists of BC (CPTBC) to adapt their publication on professional boundaries.

Understanding the Therapeutic Relationship

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

TAKE CARE TO CLARIFY ROLES WITH YOUR CLIENT

Therapeutic relationships place the client's needs first and foremost and are at the core of professional practice.

Components of a therapeutic relationship that a speech or hearing professional must consider when managing the boundaries of the relationship are: power, trust, respect, and closeness. It is extremely difficult to maintain a therapeutic relationship if any of these are violated.

Power

There is an inherent power imbalance, in favour of the speech or hearing professional, because the speech or hearing professional has a disproportionate amount of knowledge compared to the client, and the client relies upon the speech or hearing professional for care.

Trust

Clients assume that the speech or hearing professional has the knowledge, skills, and abilities to provide quality care.

Respect

Speech or hearing professionals have a responsibility to respect a client regardless of race, religion, ethnic origin, age, gender, sexual orientation, social or health status⁴.

Personal closeness

The context of a therapeutic relationship can include physical closeness, varying degrees of undress, and disclosure of sensitive personal or emotional information which can lead to a client feeling vulnerable.

How Do You Define Professional Boundaries?

Professional boundaries are intended to set limits and clearly define a safe, therapeutic connection between speech or hearing professionals and their clients⁷.

Individual speech or hearing professionals must use clinical judgment to determine therapeutic boundaries. This can be difficult given that boundaries differ from person to person, from one situation to the next, and tend to change over time².

A boundary is a dynamic line which, if crossed, will constitute unprofessional behaviour and misuse of power.

BOUNDARY VIOLATIONS

Some behaviours are never acceptable in a therapeutic relationship

Boundary violation is a deliberate behaviour by a speech or hearing professional that is recognizably inappropriate and in violation of the nature of a therapeutic relationship⁵.

Therapeutic relationships that lead to abuse, sexual relations, or romantic encounters are never appropriate and are prohibited.

Verbal and non-verbal behaviours that are never appropriate include: sarcasm, retaliation, intimidation, teasing or taunting, swearing, cultural slurs, and inappropriate tones of voice that express impatience or exasperation⁵.

BOUNDARY BLURRING

There are 'grey areas' around professional boundaries that require the use of good judgment and careful consideration of the context (e.g. when, if ever, is it appropriate to hug a client?). While each separate situation may appear harmless, when put together they may form a pattern indicating that a boundary has been crossed⁶.

It can be difficult to put your finger on exactly why you feel uneasy when a certain client comes in for treatment. Ask yourself if a boundary was crossed either by you or your client?

To sum up: boundary crossing may begin with seemingly innocent comments or disclosures and escalate from there³.

SETTING THE STAGE FOR A THERAPEUTIC RELATIONSHIP -- DRAWING THE LINE

As a speech or hearing professional there are things you can do to set the stage for a professional relationship with clear boundaries.

These include:

- Introduction to the client, by name and professional title and description of role in the client's care.
- Addressing the client by their preferred name or title.
- Active listening in a non-judgmental way.
- Using a client-centred approach in establishing treatment goals.
- Being aware of comments, attitudes, or behaviours that are inappropriate in a therapeutic relationship, and may cause discomfort.
- Obtaining informed consent to treatment (*Health Care Consent and Facilities Admissions Act*).
- Adhering to privacy regulation (*Personal Information Protection Act and Freedom of Information and Protection of Privacy Act*).
- Reflecting on your own client interactions.

Yellow Lights: Warning Signs for Boundary Crossings⁵

Some behaviours are considered to be 'yellow lights' because they may blur the professional boundaries that are in place to protect the client.

Below are some examples of 'yellow lights':

- Time spent with a client beyond what is needed to meet the therapeutic needs;
- Choosing clients based on factors such as looks, age, or social standing;
- Responding to personal overtures by the client;
- Sharing personal problems with a client;
- Dressing differently when seeing a particular client;
- Frequently thinking about a client outside of the context of the therapeutic relationship;
- Being defensive or making excuses when someone comments on or questions your interactions with a client;
- Being hesitant (except for reasons of confidentiality) or embarrassed to discuss the relationship between you and your client;
- Providing the client with a home phone number or email address unless it is required in the context of a therapeutic relationship; and
- Maintaining a client on treatment longer than is required.

A boundary Has Been Crossed -- Now What?

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

It is a speech or hearing 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 re-clarified by the speech or hearing professional, and treatment goals re-established.

If the therapeutic relationship cannot be re-established it is the duty of the speech or hearing professional to ensure that the client is not adversely affected by any interruption in speech and hearing practice care.

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

Think a Boundary may have been **crossed**?

Ask yourself

- Would I tell a colleague about this activity or behaviour?
- Would another speech or hearing professional find my behaviour acceptable?
- Would I disclose my actions to a third-party payer?
- Could my actions with the client be misunderstood?
- 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?

Sensitive Practice as a Standard Precaution

According to the Health Canada Handbook on Sensitive Practice for Health Care Practitioners⁸, as many as one third of women and 14% of men have experienced sexual abuse during childhood. These numbers suggest that sensitive practice should be viewed as a standard precaution, used for all client interactions.

Examples of sensitive practice, as described in the Handbook, include:

- Using language that is clear to the client when you obtain informed consent.
- Letting clients know they can have someone with them during assessment and treatment.
- Letting the client know what the subjective and objective assessment involves **before** you proceed.
- Providing an opportunity for clients to ask questions.
- Providing as private a treatment room as possible.
- Re-visiting consent as the assessment or treatment progresses.

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 you speak and act.
- 2 Seemingly harmless comments from the speech or hearing professional or the client can slide quickly into uncomfortable territory. **Correct these yellow light infractions immediately.**
- 3 It is the speech or hearing professional's responsibility to **re-establish the professional boundaries**, regardless of who crossed the line.
- 4 **Document** both inappropriate behaviour and measures taken to re-establish the professional boundaries.
- 5 **Maintain clear professional boundaries** to protect you and your client.

REFERENCES

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