

PROFESSIONAL RELATIONSHIPS AND BOUNDARIES

Members must treat patients/clients with sensitivity while respecting the boundaries of a health care relationship. Care must be taken to recognize potential violations of professional relationships and to maintain appropriate behaviour.

ASSUMPTIONS

Interpersonal relationships are inherent in the interactions between the member and the patient/client and his/her significant others in the management of communication disorders. However, the member must always consider the impact of the relationship on the therapeutic needs of the patient/client. The member possesses unique knowledge and skills upon which the patient/client must rely. This places the audiologist or speech-language pathologist in a position of power relative to the patient/client. This power imbalance is inherent in every relationship between a member and a patient/client and can make the patient/client vulnerable to abuse or boundary violations. The member must always be sensitive to the possibility that the professional relationship may create vulnerability or dependency on the part of the patient/client. It is the responsibility of the member to ensure that a therapeutic relationship is established and maintained. The member should empower the patient/client to become an active participant in his/her care, thereby reducing the power imbalance between the patient/client and member.

The responsibility always falls on the audiologist or speech-language pathologist to recognize issues of power and control, respect physical and emotional boundaries and practise in a manner that preserves the patient/client's trust. The member possesses the knowledge, skills and insight regarding situations and factors that may lead to abuse, and is therefore responsible for preventing abuse. Patient/clients must be confident that the services provided will be free of abuse of any kind.

Boundaries help both the member and the patient/client by ensuring that words and actions will not be misinterpreted by the member or patient/client, so that there are clear distinctions between appropriate and inappropriate behaviour. The issue of boundaries is broader than sexual abuse, covering such topics as financial dealings, conflict of interest, and breach of confidentiality. Boundary violations are warning signs that the power balance is not being respected.

It is important for the member to examine his/her practice to identify areas in which he/she may be vulnerable to allegations of abuse or member misconduct due to unclear boundaries. For example, different cultures may have different values and attitudes towards therapeutic practice. These differences in values and attitudes may result in misinterpretation of behaviour or comments in the context of the therapeutic relationship. It is always the responsibility of the member to preserve professional boundaries, no matter what the patient/client's behaviour.

BACKGROUND

The Professional Relationships and Boundaries Position Statement for the College of Audiologists and Speech-Language Pathologists of Ontario was developed as part of the College's Sexual Abuse Prevention Plan. Under the *Regulated Health Professions Act*, any form of sexual relations (including remarks or behaviour of asexual nature) between a member of a health regulatory college and a patient/client constitutes sexual abuse. The intent of the Professional Relationships and Boundaries Position Statement within the context of the Sexual Abuse Prevention Plan is to assist members to:

- identify risks and increase awareness of situations in which sexual involvement might occur;
- prevent inappropriate interaction between the patient/client and the member;
- establish and maintain professional boundaries and;
- increase members' awareness of patient/client centred issues such as culture, disability and age-related factors.

More, it is intended to assist in the interpretation of the Code of Ethics, Professional Misconduct and Conflict of Interest Regulations, by providing clear definitions and examples of CASLPO's expectations of professional conduct in the practice of speech-language pathology and audiology.

The first section describes the nature of a therapeutic relationship and professional boundaries, and provides a rationale for the development of Professional Relationships and Boundaries Position Statement. The three subsequent sections correspond to the Code of Ethics and elaborate on the principles found there.

GUIDING PRINCIPLES

1. LEGAL CONSTRAINTS ON PRACTICE

Members of the College of Audiologists and Speech-Language Pathologists of Ontario must comply with the laws and regulations governing the practice of audiology and speech-language pathology in the province of Ontario. Discrimination on the basis of race, religion, gender, sexual orientation, marital status, disability or age is not permitted in any relationship with patient/clients, families, colleagues or others.

Speech-language pathologists and audiologists have an obligation to ensure that patient/clients receive an appropriate explanation for all care provided and that they understand and have consented. Using communication techniques that account for the patient/clients level of communication, language proficiency and cultural orientation is essential'. In all situations informed consent must be obtained from the patient/client or substitute decision maker as appropriate. ² Members must respect the patient/client's right to participate in all treatment decisions. Patient/clients must be assured that they may withdraw consent at any time without jeopardizing their future care. Members are responsible for obtaining the patient/client's permission for staff, students, or others to observe any aspect of patient/client care. It is good practice for both the giving of consent and its withdrawal to be documented in the patient/client record and reasons given where possible.

2. PROFESSIONAL CONSTRAINTS ON PRACTICE

Members must accept responsibility for the practice of their profession and exercise sound judgement. Members are responsible for ensuring that their own competence and skills, and those of students and supportive personnel working under their supervision, are sufficient to provide quality services.

The member must ensure that all procedures including assessment, treatment planning and implementation reflect care and concern for the patient/client's well-being, comfort, and dignity. The member must refrain from making any comments, remarks or gestures that may be interpreted as seductive or sexually demeaning. This includes telling jokes or stories of an offensive nature to the patient/client, and making comments about a patient/client's body, clothing, race, culture, or sexual orientation. The member should refuse to participate in such discussions initiated by the patient/client.

Audiologists and speech-language pathologists need to be aware of situations and factors that may lead to abuse or allegations of misconduct. The member must respect and be sensitive to the fact that patient/clients of all ages represent a diversity of cultural, religious, disability and socio-economic backgrounds. Patient/clients must be offered choices about how they are to be touched or treated and by whom. It is good practice to always ask a patient/client's permission before touching him/her and to explain the purpose of the procedure.

The maintenance of accurate records is important for the protection of both the member and patient/client. For example, recording the giving (or withdrawal) of consent, descriptions of procedures performed, patient/client's reactions, results, etc. will be helpful if allegations or suspicions of abuse arise in the future. The Records Regulation published by CASLPO provides specific requirements for making and keeping records, which must always be secure and confidential.

¹ See CASLPO's Position Statement on Service Delivery to Culturally and Linguistically Diverse Populations
See Health Care Consent Act: A Guide for Audiologists and Speech-Language Pathologists

3. BOUNDARIES ON RELATIONSHIPS

Relationships between a member and a patient/client and his/her significant others can take a variety of forms. The nature of the therapeutic relationship and the importance of boundaries in that relationship have been described. When interactions outside of the professional relationship occur, the effect should be evaluated by the member. Casual or social relationships outside of the therapeutic relationships may be acceptable where the relationship has a neutral or positive effect on the therapeutic relationship. A casual or social relationship outside of the therapeutic relationship, which has or may have a negative effect on the therapeutic relationship, is not acceptable.

However, under no circumstances should an audiologist or speech-language pathologist engage in a sexual relationship with a current patient/client or their significant other. A sexual relationship with former patient/client or the patient/client's significant other is never appropriate if the member uses or exploits trust, knowledge, emotions or influence derived from the therapeutic relationship. The patient/client's willingness or the willingness of the patient/client's significant other to participate in such a relationship does not absolve the member of legal and ethical obligations to exhibit member conduct.

The following guidelines are intended to assist members if the issue of initiation of a romantic or sexual relationship arises.

- 1) A patient/client in treatment attempts to initiate a romantic or sexual relationship:
 - The patient/client should be made aware of the ethical and legal restrictions of the member. Members should communicate clearly the appropriate professional boundaries for the therapeutic relationship.
 - The patient/client must be referred to another audiologist/ speech-language pathologist if either the member or the patient/client is having problems dealing with feelings of attraction, or if attempts to resolve the situation have been unsuccessful
 - It is appropriate for the member to seek advice from supervisors, qualified members or the College
 - Issues which arise and actions taken should be documented.

- 2) A romantic or sexual relationship develops with a patient/client after discharge

Should a member become involved in a romantic or sexual relationship after the therapeutic relationship has ended? The member is expected to exercise good judgement and to adhere to the following guidelines in making the decision:

- An interval of sufficient duration must have elapsed between the documented end of the therapeutic relationship and the time a member pursues a romantic relationship with a former patient/client or his/her significant other.

Any determination, by a member of **whether** or not an interval of sufficient duration has elapsed must include consideration of, among other factors:

- The patient/client's vulnerability or degree of emotional dependence on the audiologist or speech-language pathologist as a result of the professional relationship;
- The duration and frequency of treatment;
- The nature of the intervention;
- The amount and nature of the patient/client's disclosure of personal information;
- The ability of the patient/client to act freely.
- If the patient/client requires professional services at present, or will require them in the future, the member should ensure that all care or management has been transferred to another audiologist or speech-language pathologist before any romantic or sexual relationship is established
- The member should ensure that the patient/client understands and acknowledges that the therapeutic relationship has concluded and document the same in the patient/client record at discharge.

3) Warning signs which may indicate that professional boundaries might be crossed:

- Deliberately scheduling patient/client sessions to take place at a time when others are likely to not be present such as early or late appointments, particularly when this has not been requested by the patient/client or is unrelated to therapeutic needs.
- Deliberately and consistently extending therapeutic sessions beyond the scheduled time
- Conversations with the patient/client outside of the therapeutic environment unrelated to the patient/client's treatment
- Excessive self-disclosure to a patient/client
- Exchange of expensive or personal gifts with patient/client
- Deliberately meeting or attempting to meet socially with the patient/client
- Experiencing feelings of mutual or one-sided attraction to the patient/client

Members should examine the nature of the professional relationship with a patient/client if any of these or other warning signs are present. Members must be aware of behaviours and situations that could lead to or be perceived as crossing professional boundaries.

CONCLUSION:

The *Professional Relationships and Boundaries Position Statement* document is one component of *CASLPO's Sexual Abuse Prevention Plan*. Please refer to that document for the complete program.

GLOSSARY

The College

refers to the College of Audiologists and Speech-Language Pathologists of Ontario or CASLPO

Patient/client

Refers to any members of the public who use the services of audiologists and speech-language pathologists.

Significant others

means a person or persons of emotional significance to the patient/client. This includes, but is not limited to, a patient/client's spouse, parent or sibling, and, in the case of a minor or incompetent patient/client, the parent, guardian or person responsible for the care of the minor or incompetent patient/client.

Member audiologists and speech-language pathologists who are CASLPO members

RESOURCES

College of Audiologists and Speech-Language Pathologists (1996). *Ontario Regulation 749/93: Member Misconduct*.

College of Audiologists and Speech-Language Pathologists (1996). *Code of Ethics*.

College of Audiologists and Speech-Language Pathologists (1996). *Conflict of Interest Regulation (draft)*.

College of Dietitians of Ontario *Guidelines for the Conduct of Professional Members on the Prevention of Sexual Abuse*.

Peters, Martin (1993). Preventing sexual abuse in health care: Criminal law aspects and issues. *Preventing Sexual Abuse in Health Care: Preparing for the Impact of Bill 100*. Toronto: The Canadian Institute.

Rankin, Elizabeth (1993). The dynamics of sexual abuse in member relationships ...and the theory of dynamic relations as origin of disease is both cause and effect. *Preventing Sexual Abuse in Health Care: Preparing for the Impact of Bill 100*. Toronto: The Canadian Institute.

Ross, Margaret. (1993). Risk management for health care members. *Preventing Sexual Abuse in Health Care: Preparing for the Impact of Bill 100*. Toronto: The Canadian Institute.