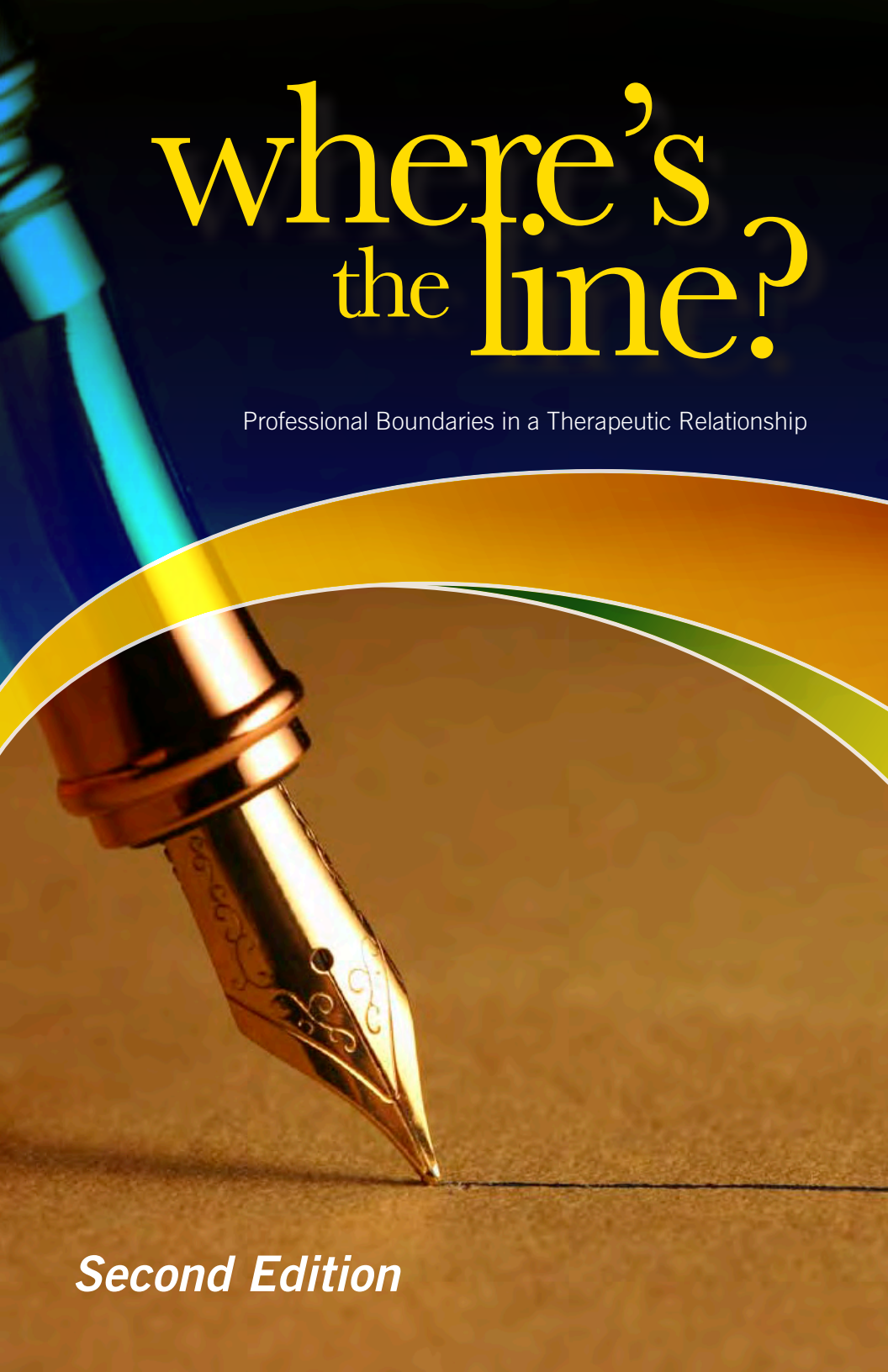
where's the line?

Professional Boundaries in a Therapeutic Relationship



Second Edition

relationships

Personal versus Professional Relationships…
What's the Difference?

College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC
February 2015

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC gratefully acknowledges permission from the College of Physical Therapists of BC to adapt their publication on professional boundaries.

I've been treating a patient 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 patient simultaneously.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between

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Professional & Personal Relationships

RELATIONSHIP CHARACTERISTICS	PROFESSIONAL RELATIONSHIP	PERSONAL RELATIONSHIP
Money	Money is paid to the practitioner for patient care	Shared
Length	Limited to the duration of therapy	May last a lifetime
Location	Confined to the treatment area	No boundaries
Purpose	To provide care to patient	To enjoy oneself
Structure	Defined by the appointment length (and nature of care required)	Spontaneous and unstructured
Power Balance	The practitioner is empowered by professional skill and is privy to the patient's private information	Shared
Responsibility for the Relationship	The practitioner establishes and maintains the professional relationship	Shared
Preparation for the relationship	The practitioner offers training and commitment and the patient places his/her trust in this offering	Equal

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

boundaries.

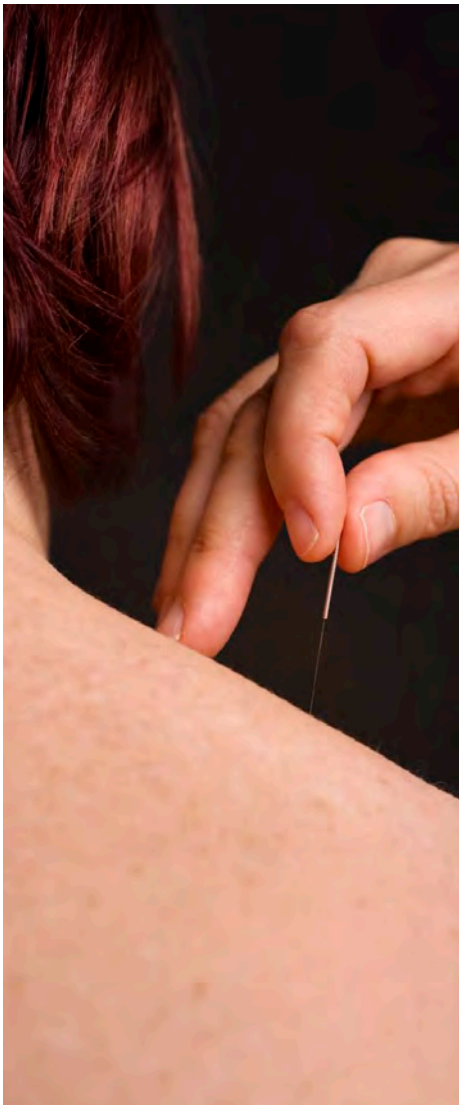
How Do You Define

Professional boundaries are dynamic lines intended to set limits and clearly define a **safe, therapeutic connection** between practitioners and their patients.

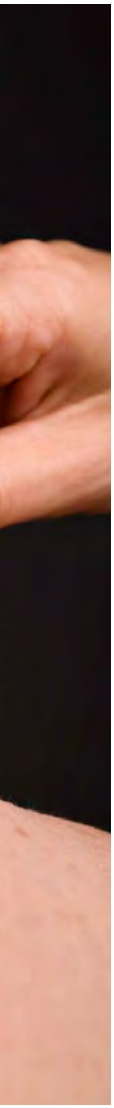
Creating a safe connection with a patient requires that the practitioner recognizes and accepts (Newman, 2013):

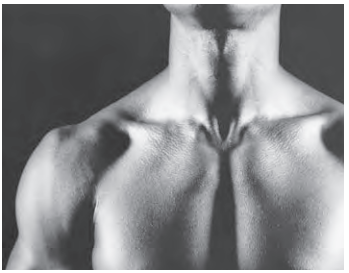
- the power imbalance inherent in the therapeutic relationship,
- the expectations for professional behavior, and
- the responsibility to use power appropriately to meet the needs of the patient.

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



Professional Boundaries?





POWER

is always held by the practitioner, based on their knowledge and the patient's reliance on them for care.

TRUST

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

RESPECT

is deserved by all patients. It is the practitioner's responsibility to put the patient's needs first and to ensure that personal morals, beliefs, and values do not negatively impact the quality of care provided.

SENSITIVITY

is required for development of trust. Elements of the therapeutic relationship that amplify the level of patient 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 practitioners, 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 patient's care.
- Obtaining informed consent to treatment (*Health Care Consent and Care Facility Admission Act*).
- Adhering to privacy regulations (*Personal Information Protection Act or Freedom of Information and Protection of Privacy Act*).
- 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 patient interactions (Schachter, Stalker, Teram, Lasiuk, & Danilkewich, 2009).

Sensitive practice can be demonstrated by:

- Investing adequate time to develop a rapport with the patient.
- Letting patients 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 patients to ask questions.
- Completing the history *before* asking a patient to remove any clothing for the physical examination.
- Ensuring privacy for undressing and dressing.
- Re-visiting consent as the assessment or treatment progresses.

The practitioner may not learn of the patient's vulnerability until a later time, if ever. By demonstrating sensitive practice, we can decrease the likelihood of inadvertently re-traumatizing survivors of abuse (Schachter et al., 2009).

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 patient always carries some degree of risk. **Context is everything.**

Ask yourself:

- What motivated my patient 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 patient feel obligated to bring the gift?
- How will accepting the gift impact my ability to make objective, unbiased clinical decisions?
- Could the patient's family perceive that accepting the gift constitutes fraud or theft, or be a result of manipulation?

Assessing the risk of accepting a gift

rural practitioners

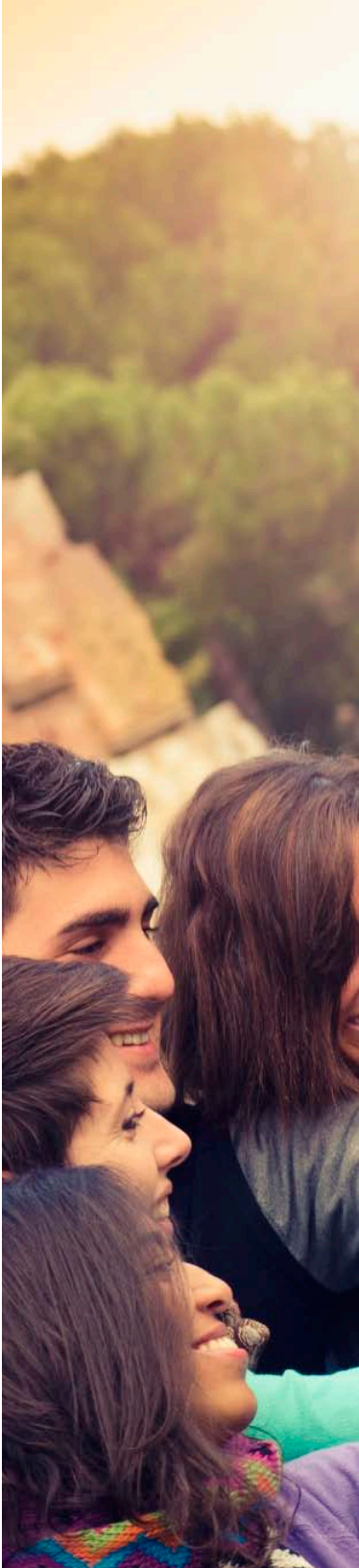
Rural practitioners often treat members of their small community with whom they have business/casual relationships or friendships, as they are often the only provider available.

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 patient, 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 patient 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 patient care, and inside of them I don't have personal conversations.



treating family, friends & 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 practitioner's ability to be objective may be compromised.
- The practitioner may make assumptions instead of asking thorough questions.
- The patient may not want to answer questions honestly (due to embarrassment potential, or not wanting to hurt the practitioner'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.

Services are not benefits of the Medical Service Plan if they are provided by a health care practitioner to a member of the health care practitioner's family.

professional boundaries apply

Even in Social Media

Be aware that patients or their families might recognize themselves in a story or photo. Removing a patient's name and gender may not be enough to ensure that patient 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 practitioners have an online presence we remain accountable to the same ethical, professional, and legal standards that apply in our '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 patients, employers, and colleagues – patients 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 patient information, including images, must not be posted to online social media sites without patient consent.
- Consider how the therapeutic relationship might change if we invite a patient, or accept an invitation from a patient, 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 patient privacy.

touch in a therapeutic relationship

"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 practitioner should weigh the likelihood of therapeutic benefit against potential harm or misunderstanding" (Hung, 2006, p.2).

Touch isn't always perceived by the patient in the way the practitioner intended.

What about offering hugs?

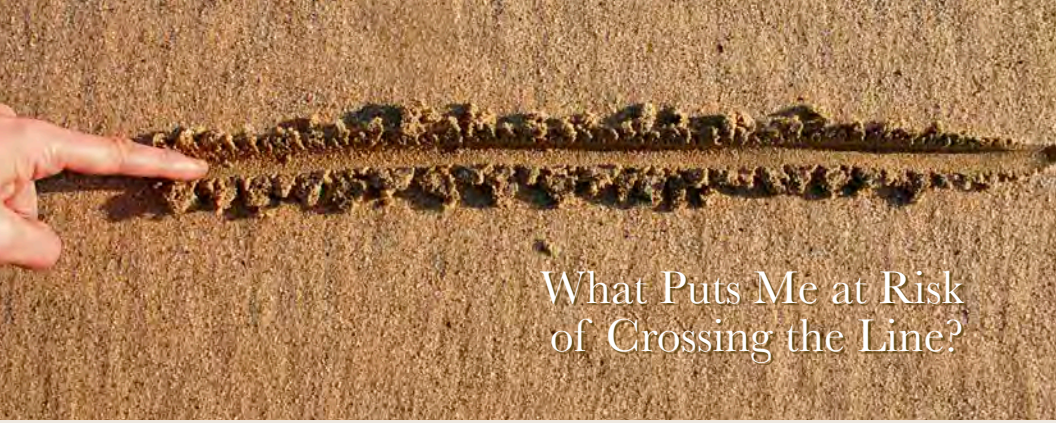
Offering a hug blurs the lines between professional and personal relationships. The patient may feel obliged to accept an embrace but may view it as an inappropriate physical intrusion, or even that the hug was 'sexualized'.

Accepting a hug may be unavoidable. Consider the context, read the cues, and respect your own comfort level with the physical contact.

Traditional Chinese medicine often involves extensive physical contact and intrusion into the patient's physical space. *It can mistakenly be assumed that the patient fully understands and consents to physical contact when they present for treatment.* Misunderstandings can be minimized by explaining the rationale for physical contact (Hung, 2006).

DO:

- Communicate that touch or close body contact may be required during assessment and treatment.
- Be sensitive to the patient'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.



personal vulnerabilities & professional risk factors

Personal vulnerabilities and professional risk factors can change over time.

Personal vulnerabilities can include (Gabbard, 2009)**:**

- 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 (Pugh, 2011)**:**

- 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 considered to be 'yellow lights'. Some examples are (CPO, 2013):

- 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 patient.
- Dressing differently when seeing a particular patient.
- Frequently thinking about, or communicating with, a patient outside of the context of the therapeutic relationship.
- Being defensive, embarrassed, or making excuses when someone comments on or questions your interactions with a patient.
- Providing the patient 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" (College of Physiotherapists of Ontario)

Boundary violations result from a deliberate action or choice that is recognizably inappropriate and in violation of the nature of a therapeutic relationship (CPO, 2013).

boundary violations

Inappropriate behaviours include:

- sarcasm, offensive language, intimidation, teasing
- cultural slurs, and discrimination
- 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, social or health status
- verbal or physical abuse
- sexual relations including flirtations, suggestive jokes, and sexual innuendos

CTCMA Bylaws definition: "**professional misconduct** of a sexual nature" means:

- sexual intercourse or other forms of physical sexual relations between the registrant and the patient,
- touching, of a sexual nature, of the patient by the registrant, or
- behaviour or remarks of a sexual nature by the registrant towards the patient; but does not include touching, behaviour and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

think a boundary may have been violated? ask yourself

- Would I tell a colleague about this activity or behaviour?
- Would another practitioner find my behaviour acceptable?
- Would I disclose my actions to a third party payer?
- Will these actions change the patient'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 practitioner'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 practitioner, and treatment goals re-established.

If the therapeutic relationship can not be re-established, it is the duty of the practitioner to ensure that the patient is not adversely affected by any interruption in traditional Chinese medicine 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. Patients 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 practitioner or the patient 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 re-establish the professional boundaries.

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

references

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