

where's the line?

Professional Boundaries in a Therapeutic Relationship



relationships

Personal versus Professional Relationships...

What's the Difference?



**College of Physical Therapists
of British Columbia**

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You've been treating a patient 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

Professional & Personal Relationships

RELATIONSHIP CHARACTERISTICS	PROFESSIONAL RELATIONSHIP	PERSONAL RELATIONSHIP
Money	Money is paid to the physical therapist for patient care	Shared
Length	Limited to the duration of physical 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 physical therapist is empowered by professional skill and is privy to the patient's private information	Shared
Responsibility for the Relationship	The physical therapist establishes and maintains the professional relationship	Shared
Preparation for the relationship	The physical therapist offers training and commitment and the patient places their trust in this	Equal

Adapted from: British Columbia Rehabilitation Society, 1992.¹

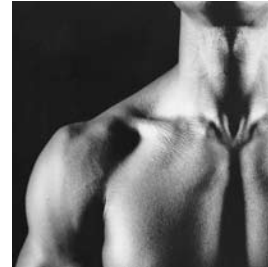
understanding the therapeutic relationship

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

Take care to clarify roles with your patient.

Therapeutic relationships place the patient's needs first and foremost, and are at the core of physical therapy practice.

Components of a therapeutic relationship that a physical therapist 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 physical therapist, because the physical therapist has a disproportionate amount of knowledge compared to the patient, and the patient relies upon the physical therapist for care.



TRUST

Patients assume that the physical therapist has the knowledge, skills, and abilities to provide quality care.



RESPECT

Physical therapists have a responsibility to respect a patient regardless of race, religion, ethnic origin, age, gender, sexual orientation, social or health status.⁴



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 patient feeling vulnerable.



boundaries...

Professional boundaries are intended to set limits and clearly define a safe, therapeutic connection between physical therapists and their patients.⁷

Individual physical therapists 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 time.² A boundary is a dynamic line which, if crossed, will constitute unprofessional behaviour and misuse of power.



How Do You Define Professional Boundaries?

Some behaviours are never acceptable in a therapeutic relationship.

Boundary violation is a deliberate behaviour by a physical therapist that is recognizably inappropriate and in violation of the nature of a therapeutic relationship.⁵

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 exasperation.⁵

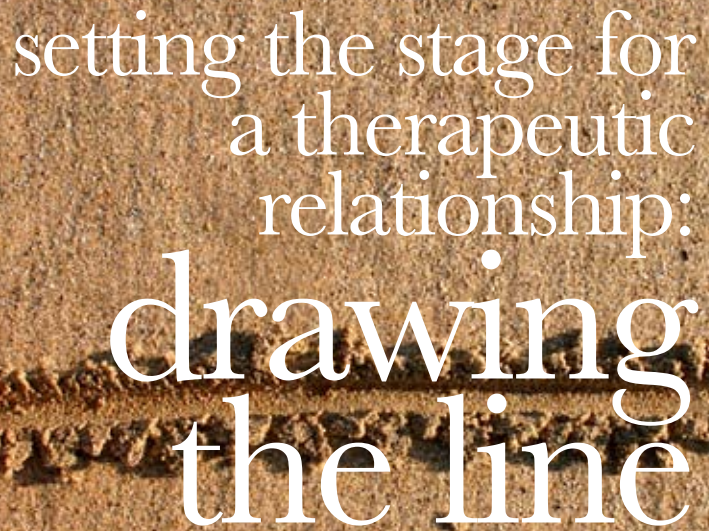
boundary violations

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 crossed.⁶

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

To sum up: boundary crossing may begin with seemingly innocent comments or disclosures and escalate from there.³

A close-up photograph of a hand drawing a line in the sand. The sand is light brown and the line is a darker, more textured groove. The text is overlaid on the right side of the image.

setting the stage for a therapeutic relationship: drawing the line

As a physical therapist there are things you can do to set the stage for a professional relationship with clear boundaries.

These include:

- Introduction to the patient, by name and professional title and description of role in the patient's care.
- Addressing the patient by their preferred name or title.
- Active listening in a non-judgmental way.
- Using a patient 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 patient 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 patient.

Below are some examples of 'yellow lights':

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

think a boundary may have been crossed? ask yourself

- Would I tell a colleague about this activity or behaviour?
- Would another physical therapist find my behaviour acceptable?
- Would I disclose my actions to a third party payer?
- Could my actions with the patient be misunderstood?
- 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?



It is a physical therapist'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 physical therapist, and treatment goals re-established.

If the therapeutic relationship can not be re-established it is the duty of the physical therapist to ensure that the patient is not adversely affected by any interruption in physical therapy 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.

sensitive practice

as a standard precaution

According to the Health Canada *Handbook on Sensitive Practice for Health Care Practitioners*⁸, 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 patient interactions.

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

- Using language that is clear to the patient when you obtain informed consent.
- Letting patients know they can have someone with them during assessment and treatment.
- Letting the patient know 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 changing.
- 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. Patients take their cues for acceptable behaviour based on how you speak and act.

2

Seemingly harmless comments from the physical therapist or the patient can slide quickly into uncomfortable territory.

Correct these 'yellow light' infractions immediately.

3

It is the physical therapist'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 patient.



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