

Maintaining Appropriate Boundaries

February 2025

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1. Introduction

Thoughtfully and intentionally establishing and managing boundaries can help to create a trusting and supportive context that optimizes the client's health and care experience. Boundaries help protect both the client and the therapist, ensuring the therapist-client relationship remains focused on the client's needs and best interests. Occupational therapists interact with care partners, colleagues, students, supervisees and others with whom boundaries also need to be established and managed. There are many factors that registrants should consider when establishing, maintaining and communicating appropriate boundaries in their practice.

The guidance offered in this document elaborates on the expectations for maintaining appropriate professional and sexual boundaries as outlined in ACOT's [Standards of Practice](#) (SoP), [Code of Ethics](#) (CoE) and the [Competencies for Occupational Therapists in Canada](#) (adopted nationally in 2021). See [Appendix A](#) for a listing of related clauses and indicators from these documents.

Descriptions of **bolded** terms used in this document can be found in the glossaries of ACOT's *Standards of Practice* and *Code of Ethics*. The term "unprofessional conduct" is defined in the [Health Professions Act \("HPA"\)](#) and includes lack of knowledge, skill or judgement in the provision of occupational therapy services, contravention of the HPA, contravention of the CoE or the SoP, or conduct that harms the integrity of the profession (see section 1(1)(pp) of the HPA).

2. Acting in the Interest of the Client

The relationship between a therapist and a **client** (or **patient**) is established for the primary purpose of providing occupational therapy services to the client. This purpose is what distinguishes the therapist-client relationship from personal, sexual or other types of relationships. To establish and maintain **boundaries** that serve the client's best interests, it is the therapist's responsibility to:

- identify and understand the power imbalance that may influence the therapist-client relationship;
- apply an **equity-focused approach**; and
- address any **conflicts of interest**.

Boundaries

ACOT's *Standards of Practice* and *Code of Ethics* require registrants to establish, maintain and communicate boundaries with clients (SoP G.2, CoE B.6). ACOT defines boundaries as the framework within which the therapist-client relationship takes place. Each person's boundaries will be unique to their own experiences. Appropriate boundaries set the parameters within which occupational therapy services are delivered and contribute to a client's and registrant's experience of safety. Boundaries make clear the difference between therapeutic and personal relationships and help avoid potential misunderstandings of words and actions.

Power Imbalances & An Equity-Focused Approach

ACOT recognizes that there is an inherent power imbalance between occupational therapists and their clients. This power imbalance stems from factors such as education, knowledge and authority the OT possesses with respect to occupational therapy and the health care system. The client typically does not have this same knowledge and authority and is reliant on the OT in this regard. Also, clients are fundamentally vulnerable due to their health status or reasons for seeking out occupational therapy that often requires the client to disclose personal and sensitive information, engage in physical touch and/or show parts of their body to the therapist as part of the health service.

There may be other factors that impact the distribution of power in the delivery of OT services, and that could have implications for boundaries. For example, the client and the OT may have their own unique experiences related to gender, culture, trauma, age, communication or accessibility that could influence their perceptions and needs related to boundaries.

ACOT's Standard B. *Commitment to Equity in Practice* requires registrants to understand and incorporate equity-focused approaches in occupational therapy service provision. Taking an equity-focused approach to the establishment, maintenance and communication of boundaries means that boundary setting conversations should be adjusted as needed for a client's ways of knowing, being or doing, and experience of trauma and/or oppression. Together, the therapist and client can identify and establish the boundaries that reflect the needs of both parties.

Conflicts of Interest

ACOT's *Standards of Practice* and *Code of Ethics* require registrants to identify, disclose and manage situations of real, potential or perceived conflicts of interest (SoP G.3 and CoE B.8). Doing so assists the registrant to establish and maintain appropriate boundaries. Conflicts of interest occur when the registrant has competing interests. A conflict of interest may relate to family, friendship, financial, social, political, therapy practice or other factors. A conflict of interest can compromise the registrant's judgement, decisions or ability to act in the best interest of the client or public. While not all conflicts of interest result in unethical or improper acts, any conflict of interest has potential to erode trust and the integrity of the registrant and the profession.

Registrants must avoid conflicts of interest, and those that cannot be avoided must be managed. Standard of Practice G.5 requires registrants to take reasonable steps to refrain from providing services to an individual with whom the registrant has a close personal relationship or with whom appropriate boundaries or judgement cannot be established or maintained. In situations where this conflict of interest cannot be avoided (e.g., where no other professional with the specific skills is available), a registrant must disclose, manage and document this conflict of interest.



REFLECT: ARE YOU ACTING IN THE BEST INTEREST OF THE CLIENT?

- Do my actions/behaviours relate to the purpose of providing OT services to my client? How?
- Who benefits or gains from my actions and how do they benefit?
 - Client?
 - Me?
 - Others?
- In what way are my actions serving the best interest of the client?
- Have I considered my client's past and present life experiences, including but not limited to those of oppression and trauma, and how my client may perceive my actions/behaviours?
- Will my actions be potentially confusing for my client or even for me?
- Are my actions different than what I would do for all my clients?
- Would my colleagues, employer, ACOT and/ or third-party payers view my actions as acceptable?
- Have I terminated or transitioned services if there is an unavoidable conflict of interest?
- What steps do I need to take to clarify, strengthen or otherwise manage boundaries as we proceed with services?

3. Navigating Boundaries

Boundary Crossings

A boundary crossing occurs when inappropriate behaviours, actions and/or remarks violate the therapeutic or occupational therapy service nature of the client-therapist relationship. A boundary crossing may or may not be deliberate or intentional, and a client may or may not recognize the inappropriate and negative impact of the crossing. However, the registrant remains responsible for determining and communicating boundaries appropriate to the situation (CoE B.6), identifying situations that could potentially lead to a therapist-client boundary crossing and taking steps to ensure that the therapist-client relationship is not compromised (SoP G.6). The registrant is responsible for concluding or transitioning services to another occupational therapist or service provider when appropriate boundaries cannot be maintained or re-established if crossed (SoP G.7).

Is it ever OK to begin a personal relationship with a client or a care partner?

Establishing a personal, sexual or financial/business relationship with an existing client creates a conflict of interest and constitutes a boundary crossing. A boundary crossing in this situation means that the relationship between an existing client and therapist is no longer solely therapeutic. When this occurs, there is a risk that a registrant could exploit (or be seen to exploit) the power imbalance inherent in the therapist-client relationship for personal gain. In establishing and maintaining boundaries, the registrant avoids a conflict of interest with a client. This helps to protect clients from harm and ensures that the interaction between the registrant and client remains focused on the client's best interest.

Personal relationships can take on different forms such as those with friends, family, romantic partners and sexual partners. Not all personal relationships are sexual. However, any personal relationship involves a degree of intimacy and emotional interest. It is the intimacy and related emotions that can compound any existing power imbalance, as well as compromise the registrant's judgement, decisions or ability to act in the best interest of the client. Similarly, a financial or business relationship established in addition to the therapist-client relationship creates a conflict of interest that impacts on the registrant's ability to act in the best interest of the client. The therapist's personal investment in the gains and losses of financial or business assets can amplify the power imbalance with the client and make it impossible for the therapist to always prioritize the client's best interests.

The registrant must recognize that power imbalances can exist in the therapist-client relationship during and after services have ended and can exist with a person with whom a client has a significant interdependent or dependent relationship, such as a care partner (CoE B.6). Registrants have an ethical responsibility to recognize the power imbalance and determine and communicate boundaries appropriate for the practice situation (CoE B.5).

Once occupational therapy services have ended and the client is no longer a client, the OT would need to exercise judgment to determine if or when it would be appropriate to enter a personal relationship with the client or care partner. If there is more than a minimal **risk** of the power imbalance continuing, it would not be appropriate to begin a personal relationship. Likewise, it would not be appropriate to begin a personal relationship if there is a probability of the person returning for future services.

If there is a risk of the relationship with the **patient** or **former patient** becoming sexual, the registrant needs to keep in mind ACOT's Standard of Practice *H. Maintaining Appropriate Boundaries: Sexual*. Standard H further defines the term patient and former patient in the context of sexual conduct, noting all sexual conduct with patients is prohibited, including up to a year after the last date of service, or forever if the OT provided a restricted psychosocial intervention.

Sexual conduct with a former patient may also be considered unprofessional conduct even after the one-year period has elapsed if there is more than a minimal **risk** of a continuing power imbalance between the registrant and the former patient. Factors to consider that may determine whether there is more than a minimal risk of a continuing power imbalance are outlined in standard *H. Maintaining Appropriate Boundaries: Sexual*.

Boundaries with Family, Friends and Colleagues

Close personal relationships typically exist between an OT and their partner/spouse, past and current romantic partners, close friends, family members and even business partners and colleagues. The nature of the close relationship could result in a conflict of interest which could compromise the registrant's judgement, decisions or ability to act in the best interest of the client. Certain elements of personal relationships such as personal knowledge of the other person, time spent together, levels of physical and/or emotional intimacy, as well as financial or business ties can influence how close and connected the OT is to the other person. The closeness of the relationship may result in

a power imbalance of a social, financial or romantic nature or level of authority¹. When an OT has previously met a person in a social or OT practice related context, this does not necessarily mean they have a close personal relationship that would impact the OT's judgement when providing service. The OT needs to consider the elements of the relationship and determine if they constitute a close personal relationship; if so, avoid providing occupational therapy services to the person.

It is not uncommon for family and friends, who are aware of the OT's health care knowledge and experience, to ask for advice or information related to occupational therapy, or for the OT to recognize that a family member or friend may benefit from OT services. Providing "information" to a family or friend may be perceived as providing an OT service, particularly if that information was obtained by the OT through their OT education and experience practicing as an OT. The OT needs to apply their *Standards of Practice* and *Code of Ethics* when determining a response to family or friends' requests.

Boundaries with Supervisees

When a registrant takes on a role of supervising another person, including a student occupational therapist, non-regulated professional, provisional occupational therapist, or other learner, the registrant needs to be aware of any existing power imbalances or conflicts of interest and establish boundaries appropriately to protect the interests of both the registrant and the supervisee/learner. When supervising, the registrant is typically in a position of power to influence the student OT, learner or supervisee's learning opportunities, evaluation and/or career/professional opportunities. Establishing and maintaining clear boundaries with those they are supervising aligns with the registrant's ethical responsibilities to create and maintain practice environments that are free from discrimination or oppression (CoE C.2) and to maintain a level of professional conduct that does not exploit or cause harm to others (CoE D.1).

¹ College of Physiotherapists of Alberta, 2024, *Therapeutic Relationships Guide*, accessed 12 November 2024, <<https://www.cpta.ab.ca/for-physiotherapists/resources/guides-and-guidelines/therapeutic-relationships-guide/>>

REFLECT: An OT that works in a pediatric developmental program is approached by a friend who is concerned that her 6-month-old baby is not yet sitting up and wants to know if she should be concerned. The OT knows that she has the knowledge and skills to assess her friend's baby, and she really wants to help set her at ease.

The OT reflects on the situation and feels that the boundaries between her personal life and OT practice have become blurred with her friend. She also recognizes there is a power imbalance and a personal conflict of interest in her desire to help her emotionally vulnerable friend. The OT decides she can help her friend but will need to set clear boundaries and limit her involvement in assessing the baby due to the nature of the personal relationship.

The OT proceeds to discuss with her friend that as a regulated health professional she needs to adhere to her profession's *Standards of Practice* and *Code of Ethics* which require her to recognize power imbalances and identify any conflicts of interest when engaging in the practice of occupational therapy. The OT explains:

- the conflict of interest and the inherent power imbalance, and how they could impact the integrity and accuracy of the assessment, as well as their personal relationship if she were to proceed with assessing her friend's baby.
- that without assessing the baby, the OT can still help by providing her friend with some general information about motor skill development age ranges and information on who she can contact if she remains concerned her baby is not developing within this range.

The OT lets her friend know that babies typically learn to sit independently between 6 and 9 months, but each baby develops at their own rate. The friend feels somewhat relieved knowing her baby is only 6 months and decides that if the baby is not making any progress by 9 months, she will contact her family physician.

Providing Services in Locations that are Remote or Contexts that have Fewer Health Resources

Some practice locations or **contexts** increase the potential to receive requests to provide OT services to friends, family or people with whom the OT has knowledge of their personal situations. For example, in more remote or rural locations, where the population size or number of OTs practicing may be lower, an OT may find that they receive referrals to provide service to people with whom they have close personal relationships with or have insights into their personal lives. Similarly, if an OT works in a location where they have both family and friends nearby, (e.g., “hometowns”, smaller rural settings, Indigenous communities or reserves, other cultural communities, religious communities, etc.), the likelihood of receiving direct requests and referrals from immediate and extended family and friends increases.

In these scenarios, the OT has an obligation to manage conflicts of interest that cannot be avoided, and to maintain appropriate boundaries. And, in doing so, the client should be engaged using an equity-focused approach to ensure the client’s unique context(s) are respected and accounted for (SoP B.4). The conflict of interest should be avoided if there is another OT within the geographical location that the client can reasonably be referred to or transitioned to. However, if the OT is the sole therapist practicing in that location, the OT will need to disclose, manage and document the conflict of interest in accordance with Standard *G. Maintaining Appropriate Boundaries: Professional*.



REFLECT: An OT working as the sole OT in the community, receives a referral for Mr. Sui. The OT recognizes Mr. Sui from the post office where they often say a brief hello. She also realizes that Mr. Sui works with one of her close friends. What factors should the OT consider when determining whether to proceed with the referral? How might she manage any conflicts and maintain appropriate boundaries if she decides to proceed with Mr. Sui's OT services?

The OT reflects on any current or potential conflicts of interest. Only acquainted with Mr. Sui from the post office, she does not have a personal relationship with him and simply recognizing him does not present a conflict. However, the OT considers how having a friend/colleague in common may create a conflict or risk to confidentiality. The OT reflects on whether having a person in common will compromise her judgment, decisions or ability to act in the best interest of Mr. Sui. The OT does not feel it would, however, she decides it is best to be transparent with Mr. Sui about the matter and ensure she is prepared to manage any potential future conflicts.

The OT discloses to Mr. Sui that she has a close friend that works with him. She reassures Mr. Sui that his privacy and confidentiality will be maintained, and that the OT will not disclose that Mr. Sui is a client, or any other information related to Mr. Sui and his OT service.

The OT considers if there is the potential for a boundary crossing if she were to encounter Mr. Sui in a social situation via her friend. She determines that the risk of this occurring is low, considering that her friend and Mr. Sui do not interact outside of their work relationship. The OT reassures Mr. Sui that if they encounter each other in public, it will be his choice to disclose the nature of their relationship, and she will follow his lead.

Boundaries with Care Partners

Therapists regularly interact with their client's **care partners**. A care partner could be a client's spouse or partner, a minor client's parent, foster parent or guardian, or the client's neighbour who drives them to their medical appointments, to name a few examples. By nature of their relationship and the client's reliance on the care partner for care/support (e.g., emotional, physical, or practical), an interdependent or dependent relationship exists between the client and the care partner.

ACOT's *Code of Ethics* (B.6) establishes the registrant's ethical responsibility to recognize that power imbalances can exist between the OT and a care partner and to determine and communicate boundaries appropriate to the situation. As well, ACOT's Standard of Practice (H.3) prohibits registrants from engaging in sexual conduct with a person with whom a patient has a significant interdependent relationship. Although such conduct is not considered **sexual abuse** or **sexual misconduct**, a hearing tribunal may still consider it to be unprofessional conduct subjecting the registrant to sanctions.

When a Client Crosses a Boundary

Situations may arise when a client blurs or crosses a boundary. For example, as a client spends time with the therapist, they begin to feel comfortable and enjoy talking with the therapist. They might interpret this comfort as a friendship and ask the therapist if they would like to meet for coffee or a meal. Meeting a client outside of the purpose of occupational therapy service would blur the boundaries of the therapeutic relationship, shifting towards a more personal one. The OT knows that this could impact the objectivity of the therapist-client relationship and create confusion for both the client and the OT going forward.

When a client or patient crosses a boundary, the therapist has a responsibility to address it and re-establish the boundaries. This is done by explaining to the client why they cannot blur or cross the boundary, the therapist's requirements as established by their *Standards of Practice* and *Code of Ethics*, and that ultimately by maintaining boundaries between what is personal and what is part of occupational therapy practice, they are serving the best interest of the client.

Physical Closeness and Touch During Service Provision

In some instances, the best way to assess or provide treatment may include some degree of physical closeness or touch. Consider that physical closeness and touch are often associated with emotional or sexual intimacy and can be perceived as personal, inappropriate, negative and even trigger distressing memories, thoughts and emotions for the client or OT. A person's life experiences including but not limited to past traumatic or challenging life events, as well as cultural and personal values, may influence a person's perception and acceptance of "therapeutic" touch as part of the occupational therapy service.

To respect a client and create a safe and comfortable environment, avoid physical closeness or touch if not required for the occupational therapy service. If planning to be physically close or use touch in your occupational therapy service, the therapist must always explain what they are planning to do and seek the patient's **informed consent** prior to using touch or physical closeness. Providing a running commentary while using touch can help create a safe environment for the client and ensure that boundaries are maintained. Use draping techniques as much as possible to assist in maintaining the client's comfort. Expose only the body parts needing to be touched/observed at that moment, covering them when no longer requiring touch or observation. Respect the client's choice to not proceed. Always document accordingly.

Self-Disclosing with Intent

While establishing the therapist-client relationship and supporting the client towards achieving their goals, occupational therapists might choose to disclose information from their own personal life experiences. However, personal disclosures pose a risk of blurring the boundaries between personal and therapeutic relationships. Therefore, the occupational therapist must use self-disclosures thoughtfully and intentionally for the purpose of developing the therapist-client relationship and not a personal relationship. The OT should monitor and manage the impact of self-disclosures on the integrity of therapist-client relationship boundaries.

REFLECT: Rupal is an OT working at a neurorehabilitation unit. She is currently going through a divorce. Rupal has been stressed lately about the impact of the divorce on her children and financial situation. None of her friends or family have been divorced and she feels she has no one to talk to about it.

Rupal meets with a new client, Jody, whose goal is to return to work and care for her young children after a stroke. Jody shares that she is recently divorced and is the primary caregiver for her two young children. The stroke affected Jody's strength, coordination, vision and stamina. She is no longer able to drive herself to and from work and it takes her much longer to manage her own self-care, let alone shop, cook meals, do laundry etc. to look after her children. Jody is concerned that without support from someone else, she will not be able to keep her job or manage looking after her children on her own.

Rupal discloses to Jody that she is going through a divorce and appreciates some of the challenges Jody may be facing. Since Rupal's initial disclosure, their interactions typically include discussion of Rupal's divorce proceedings and how she is managing with them, discussions which are clearly not related to the client's goals and therapy needs. Consider if Rupal's disclosure about her personal situation was appropriate and if Rupal has crossed a boundary in their therapeutic relationship.

Rupal reflects on the conversations with Jody. By disclosing that she was going through a divorce, Rupal had initially intended to validate Jody's challenges and grow Jody's confidence in the therapeutic relationship. However, Rupal realizes that she has been benefitting personally from their ongoing conversations about Rupal's divorce, feeling relief to finally have someone to share her experience with. Rupal realizes this has blurred the boundary of Rupal's personal life with her work as an occupational therapist and that she needs to re-establish the boundary. Rupal decides she will pursue counselling to address her own divorce stresses and discontinue discussing her personal situation with Jody, as doing so no longer serves to facilitate the therapeutic relationship. Rupal makes an intentional decision to ensure her future conversations with Jody remain focused on her client's needs, identifying and actioning strategies to achieve Jody's goals to return to work and care for her children.

Social Media

Social media is used for both personal and work/practice reasons and therefore creates a risk of potential boundary blurring and crossing in the context of the therapist-client relationship. A therapist may have a social media account where they publicly post information to educate or create awareness about OT profession related topics. Clients may “follow” the therapist’s OT practice related social media accounts or posts. However, if a therapist has a personal account, they should consider how they will manage declining client, caregiver and colleague requests to follow or engage with them in the context of the personal account. The therapist’s response may include creating or redirecting the person to an account associated with the OT’s occupational therapy practice.

Most social media platforms have features that can be used to keep a registrant’s personal and OT practice related accounts separate. However, this is not always possible, and the OT needs to identify and be mindful of the risks related to this. ACOT’s practice guideline regarding social media provides additional guidance on use of social media and other public forums.

Occupational therapists are expected to take accountability for their communication and engage in respectful and transparent communication when using social media (Standard C.6).

Gifts and Financial Boundaries

For some, gift-giving is a means of establishing a trusting and equitable relationship. For example, a new client may offer the therapist a small gift or food with the intent to neutralize the power imbalance, or a departing client may offer the therapist a token gift of appreciation. Declining the gift may offend the client and result in a greater imbalance of power. Accepting a hand-made or token value gift may hold less risk than accepting a gift of substantial monetary value. However, when any gift, no matter the monetary value, is given or received in a therapist-client relationship, it can carry a degree of risk that may impact the objectivity of the occupational therapist and the integrity of the therapist-client relationship. The occupational therapist should reflect on what may have motivated the client to offer the gift, how the gift may impact the therapist’s objectivity, if declining the gift will erode the integrity of the therapist-client relationship and if accepting the gift may be viewed by the OT or others as fraud, theft, an attempt to

obtain preferential treatment or a result of manipulation.²

Historically, occupational therapists were advised not to give gifts to a client as this could be perceived as a boundary crossing, preferential treatment, coercion or manipulation and might not serve to benefit the client. This is still the primary advice; however, in some cultural contexts, mutual gift giving might be considered appropriate, particularly to neutralize the power imbalance and demonstrate respect for the individual and/or community. Registrants are encouraged to explore the appropriate cultural practices with the client in addition to what is allowed per the registrant's employer policy.

Occupational Therapists can provide services pro-bono or at a reduced fee. However, they should be clearly identified as services that are rendered for free or at a lower cost for the public good and have clear qualification criteria. Registrants should find out what their employer's policy or direction is regarding pro bono or reduced fee services. For OTs practicing privately, it is advisable to establish a written policy that clearly indicates the parameters for such services and that the policy, billing provisions and plans for transitioning to regularly priced services are discussed with the client and documented within the service agreement and the informed consent process.

4. Recognizing, Avoiding and Managing Boundary Crossings

Importance of Reflective Practice

Reflective practice is the structured and purposeful examination of a registrant's own knowledge, skills and practice and personal experience throughout one's career. Reflection is part of practice reasoning – the critical thinking and decision-making processes that contribute to competence and the delivery of ethical, accountable and effective services. Engaging in reflective practice, as defined in ACOT's *Standards of Practice* and as required in Standard D.2, is necessary to identify any conflicts of interest that should be avoided and boundaries that need to be established and managed.

² College of Physiotherapists of Alberta, 2024, *Therapeutic Relationships Guide*, accessed 12 November 2024, <<https://www.cpta.ab.ca/for-physiotherapists/resources/guides-and-guidelines/therapeutic-relationships-guide/>>

Consultation and Ethical Decision Making

Once a therapist has identified a conflict of interest or boundary issue, they need to act in a timely manner to address it. Acting promptly serves to avoid or minimize harm to the client, the therapist and the integrity of the profession.

Consultation with trusted colleagues, supervisors or managers, or others such as legal counsel or ethicists, assists the OT in exploring the situation further and establishing a course of action to address the issue. Also, the registrant may consider contacting ACOT to review the scenario and explore the *Standards of Practice* and ethical responsibilities most relevant to the situation.

Ethical decision-making processes or frameworks, such as the *Prism Model of Ethical Decision-Making*³, can assist in determining how to address the issue. Ethical decision-making typically involves defining the issue; determining who it impacts and how; reviewing the issue in the context of the regulatory college's *Standards of Practice*, *Code of Ethics*, practice resources, relevant legislation or other applicable documents (e.g., employer policies); identifying any biases or interests that might impact; consulting with others; identifying and analyzing the options; selecting and implementing an option; documenting; and monitoring the outcome⁴.

Policies and Service Terms of Agreement

Reviewing policies and developing a service agreement with the client can serve to establish and maintain boundaries. The documents can set the foundation for the service and provide a reference point as the therapist-client relationship progresses. Employer policies may outline personal and OT practice related boundaries and set requirements in addition to those already established by the *Standards of Practice* and *Code of Ethics*. For example, employer policies may set a financial limit on the types of gifts that can be accepted by staff.

Registrants are required to identify situations that could potentially lead to a therapist-client boundary crossing and take steps to ensure that the therapist-client relationship is not compromised (Standard G). Developing policies and communicating them with clients, particularly at the start of service, can help mitigate or reduce the risk of

³ Vanderkaay, Letts, Jung & Moll 2018, *The Prism Model of Ethical Decision Making*, accessed 12 November 2024, <https://www.researchgate.net/figure/The-Prism-Model-of-Ethical-Decision-Making_fig1_324655401>

⁴ Psychologists' Association of Alberta 2023, *Ethical Dilemma Tip Sheet*, accessed 12 November 2024, <https://psychologistsassociation.ab.ca/wp-content/uploads/2023/09/June2023_Ethical-dilemma-tip-sheet.pdf>

boundary crossings. Similarly, the registrant is expected to establish and document details of the service plan and agreement with the client, part of which can outline any conflicts of interest or boundaries and how they will be addressed (Standards E, F, K, L).

Initial and Ongoing Informed Consent

A robust informed consent process can help to identify conflicts of interest and establish clear boundaries. Documenting the process and information discussed with the client generates a record for both the therapist and client to reference as they proceed with services (See Standard F).

During the process of obtaining informed consent, whether at the start of or during service provision, the occupational therapist is responsible for gathering information to determine whether to proceed with service. When information regarding an existing conflict of interest is identified through this process, OTs are required to reflect and determine if the conflict can be managed, and boundaries maintained. If a conflict cannot be managed or boundary maintained, the occupational therapist must conclude service in accordance with ACOT Standard L.

Tips for Establishing Boundaries

General strategies can be adopted by OTs to establish and communicate clear boundaries regarding their practice. Doing so can prevent boundaries from becoming blurred or crossed. Often these strategies are about how the OT communicates and interacts with the client. Some practical tips include:

- Be alert to situations where you need to explicitly address boundaries. In such situations, use a collaborative process to establish or reestablish boundaries. Through conversation the OT can ascertain what a boundary looks like for all parties. Negotiate and establish boundaries that meet the expectations/needs of all parties including the OT. Revisit this collaborative process at any point in time to clarify or reestablish boundaries.
- Use a formal OT practice related signature in all paper or digital communications. A formal signature that includes, at a minimum, the OT's first and last name and professional designation or title, clearly indicates that the OT is engaging in OT practice related communication.

- Consistently use formal as opposed to informal communication styles. For example:
 - Always start new emails or replies to emails with a respectful greeting, such as “Dear...” or “Hello...”. End with a closing such as “Sincerely”, “Thank you,” or “Best regards,”. Not providing a greeting or closing signals informality and potentially disrespect.
 - Avoid informal greetings such as “Hey!” or “What’s Up?” or informal closings such as “Later”, “Have a good one” or “See ya”. Regularly or intermittently using informal greetings and closings can signal a personal, rather than OT practice related interaction.
 - Do not use emojis or slang abbreviations (e.g. LOL, TTYL), or use capitals, punctuations or underlining to create emotion or urgency (e.g., “PLEASE send the signed document *TODAY!!!*”). These can be easily misinterpreted, offend and create a tone of informality.
- When communicating verbally, use friendly yet formal greetings suitable to the client context.
- Consider learning and using formal, respectful greetings appropriate to the language or culture of the client. Verify use of the greeting with the client.
- Establish clear business hours with clients early on when confirming the service agreement. Use business hours that are appropriate to the service. Emergency hours can be established outside of usual business hours, but it should be clearly communicated what constitutes an emergency and when and how the OT will or will not respond during those hours. Sticking to usual business hours (e.g., 0800-1700 hours) and not engaging in communications outside those hours sets a boundary of when the OT is or is not available for OT practice related interactions.
- Only use texting for standardized business tasks such as confirming appointments and sending reminders. If using text, only do so with client consent and from a business number/device. Limit use of “two-way dialogue” texting unless it is a clearly established business practice (e.g., crisis line texting service) with employer policies guiding the practice to ensure a safe and confidential service for the client.
- When providing service in a client’s home, wear a formal name tag or ID badge.

A home can create a personal tone to the encounter and wearing a badge or item that signals the OT's role, can be a gentle reminder of the OT practice related context.

- Before accompanying clients in the community or workplace where it may not serve the client's best interests to draw attention to the fact that they have a health professional with them, the OT can plan with their client, establishing how they will ensure boundaries are maintained in the client's settings. This may include discussing how to introduce the OT to others and any personal conversation topics that should be avoided in conversation when the OT is present.

Even when a client might tend towards less formal interactions, being consistent in using a more formal approach and sticking to agreements can signal a clear and persistent OT practice boundary.

Documentation

Timely and complete documentation establishes a record of the client's services. The registrant is expected to document not only the identification of conflicts of interest and any boundary issues, but they must also document how boundaries will be re-established and maintained and how any perceived or real conflicts of interest will be avoided, mitigated or managed (See Standards E, G.4, G.5). Documentation should include the decision-making process and rationale for the OT's decisions and actions. The recorded information becomes a reference point for ongoing management and maintenance of appropriate boundaries.

5. Summary

Setting and maintaining boundaries are essential for ethical and effective occupational therapy practice. OTs must consistently reflect on their interactions with clients, uphold their practice obligations and seek guidance when faced with potential boundary crossings or conflicts of interest. By doing so, they protect both the well-being of their clients and the integrity of the profession.

6. Appendix A: Relevant Clauses and Indicators in ACOT's *Standards of Practice, Code of Ethics* and the Competencies for Occupational Therapists in Canada

While registrants must adhere to all ACOT *Standards of Practice* and *Code of Ethics*, some of the practice standards and ethical requirements most relevant to this guideline are listed below.

ACOT Standards of Practice

Standard	Applicable Section(s)
A. Accountability and Professional Responsibility	<p><i>2. Is knowledgeable of and practices in accordance with legislation relevant to their practice situation and ACOT's Standards of Practice and Code of Ethics.</i></p> <p><i>3. Is responsible and accountable for the occupational therapy services provided by themselves and any person(s) they are responsible for supervising.</i></p> <p><i>8. Does not engage in behaviour that constitutes (a) the procurement or performance of female genital mutilation of a client as defined by the HPA; or (b) sexual abuse or sexual misconduct as defined by the HPA and ACOT's Maintaining Appropriate Boundaries: Sexual Standard of Practice.</i></p>

Standard	Applicable Section(s)
B. Commitment to Equity in Practice	Full standard, pages 21 & 22
C. Communication	<p><i>1. Incorporates equity-focused approaches into communication and professional interactions.</i></p> <p><i>2. Builds and sustains collaborative relationships by identifying persons with whom communication is important and communicates in a timely manner which promotes open exchange of information, mutual understanding, and coordination of services.</i></p>
D. Competence	<p><i>2. Engages in reflective practice and ongoing learning to enhance their competence in practice throughout their career.</i></p>
E. Documentation and Record Retention	<p><i>3. Documents within the client record details of the service provision process such as the</i></p> <ul style="list-style-type: none"> <i>(a) informed and ongoing consent process.</i> <i>(b) details of the service plan...</i> <i>(c) results/findings and recommendations from the methods, tools and processes used to identify client needs...</i> <i>(d) date(s) and details relating to the service(s) provided including, where relevant, the client's progress or response to service(s).</i> <i>(e) reason and plans for service conclusion or transition of services. (f) relevant correspondence with the client ...</i> <i>(g) terms of the service agreement ...</i> <i>(i) other information a registrant deems is relevant to the service provision process.</i>

Standard	Applicable Section(s)
F. Informed Consent	Full standard, pages 31-32
G. Maintaining Appropriate Boundaries: Professional	Full standard, pages 33-34
H. Maintaining Appropriate Boundaries: Sexual	Full standard, pages 35-38
K. Risk Management and Safety	<p><i>2. Creates and maintains workspaces that promote client, colleague and personal physical and psychological wellness.</i></p> <p><i>4. Incorporates risk management approaches in service provision as appropriate for the client's priorities, needs, and circumstances, and the practice situation.</i></p>
L. Service Provision	Full standard, pages 46-48

ACOT Code of Ethics

Code	Ethical Responsibility
B. Responsibilities to Clients	<p><i>Registrants have an ethical responsibility to provide services that incorporate equity-focused approaches and...</i></p> <p><i>5. Recognize the power imbalance inherent in the therapist-client relationship and determine and communicate boundaries appropriate for the practice situation.</i></p> <p><i>6. Recognize that power imbalances can exist in the therapist-client relationship during services and after services have ended and can exist with a person with whom a client has a significant interdependent relationship. The registrant determines and communicates boundaries appropriate to the</i></p>

Code	Ethical Responsibility
	<p><i>situation.</i></p> <p><i>7. Communicates transparently to clients the occupational therapist's obligations and constraints of funding sources, employers, or referral sources.</i></p> <p><i>8. Manage conflicts of interest that cannot be avoided.</i></p>
<p>C. Responsibilities to Colleagues</p>	<p><i>Registrants have an ethical responsibility to: ...</i></p> <p><i>2. Create and maintain practice environments that are free from discrimination and oppression.</i></p> <p><i>4. Seek, receive and act upon feedback given by colleagues or others regarding the provision of occupational therapy services and/or the registrant's conduct.</i></p>
<p>D. Responsibilities to the Public and the Profession</p>	<p><i>Registrants have an ethical responsibility to:</i></p> <p><i>1. Maintain a level of professional conduct that does not (a) exploit or cause harm to others; or (b) diminish the public's trust in the profession.</i></p> <p><i>2. Recognize systems of inequity in their practice context and act within their professional sphere of influence to address and prevent racism and other forms of discrimination or oppression.</i></p> <p><i>3. Act transparently and with integrity in all professional and business activities (e.g., fees and billing, contracts or terms of agreement with clients or contracting organizations, advertising of professional services, use of social media or other online platforms, response to any real or perceived conflicts of interest, etc.)</i></p>

Domain E: Professional Responsibility (p.16)

Occupational therapists are responsible for safe, ethical, and effective practice. They maintain high standards of professionalism and work in the best interests of clients and society. The competent occupational therapist is expected to...

E1.1 Respect the laws, codes of ethics, rules and regulations that govern occupational therapy.

E1.5 Respond to ethical dilemmas based on ethical frameworks and client values.

E1.6 Take action to address real or potential conflicts of interest.

E1.7 Be accountable for all decisions and actions made in the course of practice.

E1.8 When observed, respond to and report unprofessional, unethical, or oppressive behaviour, as required.

E1.9 Respect professional boundaries.

7. Appendix B – Relevant Legislation

Registrants are required to be knowledgeable of and practice in accordance with legislation relevant to their practice situation. It is beyond the scope of this guideline to address all the legislation relevant to maintaining professional boundaries. Below is a sample of legislation that may be relevant in your practice situation.

- *Children's First Act*, SA 2013, c C-12.5
- *Child, Youth and Family Enhancement Act*, RSA 2000, c C-12
- *Criminal Code*, R.S.C., 1985, c C-46
- *Health Professions Act*, RSA 2000, c H-7
- *Protection of Persons in Care Act*, SA 2009, c P-29.1

8. Additional Resources

- [Protecting Patients from Sexual Abuse and Sexual Misconduct - Alberta College of Speech-Language Pathologists and Audiologists \(acslpa.ca\)](#)
- [Prevention-of-Sexual-Abuse-and-Sexual-Misconduct-Final-Mar-2019-Revised-Jul-2023.pdf \(acslpa.ca\)](#) and [Schedule-1-Examples-of-Potential-Sexual-Abuse-and-Sexual-Misconduct-Situations-Final-March-2019-Revised-July-2023.pdf \(acslpa.ca\)](#)
- [Preventing-and-Addressing-Sexual-Abuse-and-Misconduct-April-2019.pdf \(cap.ab.ca\)](#)
- [Setting Boundaries as a Physiotherapist \(youtube.com\)](#)
- [Good Practice: Balancing Duty of Care & Professional Boundaries — College of Physiotherapists of Alberta \(cpta.ab.ca\)](#)
- <https://afrhp.org/wp-content/uploads/2024/05/Sexual-Abuse-and-Sexual-Misconduct-Complaints.pdf>
- [Standard for Professional Boundaries and the Prevention of Sexual Abuse, 2023 — The College of Occupational Therapists of Ontario](#)
- Plett P. Finding my way: a perspective from a disabled occupational therapist. In: Egan M, Restall G, editors. Promoting occupational participation: collaborative relationship-focused occupational therapy. Ottawa, CA: Canadian Association of Occupational Therapists. 2022. P. 43-44.

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