

Therapeutic Relationships

Establishing and Maintaining Professional Boundaries

A resource guide for physical therapists

College of Physical Therapists of Alberta

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The College of Physical Therapists of Alberta thanks the College of Physiotherapists of Ontario,⁹ the College and Association of Registered Nurses of Alberta⁶ and the Registered Nurses of Nova Scotia¹⁰ for their permission to quote and adapt, in whole or in part, from their publications on professional boundaries.

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The College of Physical Therapists of Alberta (CPTA) is the regulatory body responsible for ensuring that physical therapists in Alberta provide safe, ethical and effective care.

This Guide describes the CPTA's expectations of physical therapists in establishing and maintaining professional boundaries in therapeutic relationships. It serves to encourage physical therapists to reflect on their practice and seek out other resources on this important topic. This Guide is a supplement to the CPTA's codes of ethics, practice standards and other ethics and practice advice documents found on the CPTA website (www.cpta.ab.ca).

Physical therapists requiring additional information on establishing and maintaining therapeutic relationships beyond that contained in this Guide are encouraged to consult the CPTA practice advisory service.

Introduction

Therapeutic relationships are working relationships established between physical therapists and patients or substitute decision-makers. It is the role of the physical therapist to establish and maintain ethical, safe and effective therapeutic relationships. Quality physical therapy practice includes setting and maintaining appropriate professional boundaries in the context of patient-centred care. Understanding the nature of the therapeutic relationship is fundamental to establishing appropriate boundaries.

This Guide looks at the following information to assist physical therapists:

- components of a therapeutic relationship;
- professional boundaries;
- boundary crossings and boundary violations;
- behaviours that are acceptable and not acceptable in therapeutic relationships;
- actions to take when boundaries are in question; and
- supplementary information to assist with the establishment and maintenance of boundaries in therapeutic relationships (i.e., boundary warning signs, behaviours that are never acceptable in therapeutic relationships and mandatory reporting of abuse).

Components of a Therapeutic Relationship

Therapeutic relationships are different from non-professional, casual, social and personal relationships (Appendix A). In a therapeutic relationship, the patient and his or her needs are foremost. It is expected that physical therapists will not exploit the professional relationship for the fulfilment of personal gain or needs. Power, trust, respect and physical closeness are components of the therapeutic relationship that physical therapists must consider when managing the boundaries of the relationship.

Power

A therapeutic relationship implies an inherent imbalance of power due to the physical therapist's authority in the health care system, his or her unique knowledge and the patient's dependence on the care provided. A physical therapist can also influence other health care providers and payers, has access to privileged information and the ability to influence decisions about the patient's care.

Patients may not want to compromise the relationship by challenging the knowledge and expertise of the physical therapist. Some patients may feel vulnerable in a relationship that creates dependence on the physical therapist and requires trust that the physical therapist will act in the patient's best interest.

The onus is on the physical therapist to recognize this inherent vulnerability and power imbalance and create an environment in which the patient feels safe and free to ask questions.

Trust

The therapeutic relationship is characterized by the inherent vulnerability of patients. Patients assume their physical therapist has the requisite knowledge, abilities, skills and competence to provide quality care. Physical therapists have a responsibility not to harm or exploit the patient and to act in the patient's best interests. It is very difficult to re-establish a patient's trust once it has been breached.

Components of a Therapeutic Relationship

Respect

Physical therapists have a responsibility to understand and respect individuals regardless of differences that may include, but are not limited to: gender, sexual orientation, cultural, spiritual, physical, social, environmental, moral, ethical, economical, educational, political and ethnic background.⁵ Physical therapists should act in a way that is respectful of the patient's participation in his or her care.

Closeness

The therapeutic relationship places individuals in an atmosphere requiring physical, emotional and psychological closeness that is not usually encountered in relationships in everyday society. The nature and degree of closeness inherent in physical therapy care differs from the closeness of social, romantic or sexual relationships. Closeness during treatments may include but is not limited to:

- physical closeness;
- varying degrees of undress;
- disclosure of sensitive personal information; and
- expression of deep-rooted emotions.

These practices are acceptable when carried out appropriately, but they do carry a greater degree of closeness that may further deepen a patient's feelings of vulnerability. Physical therapists must practice with sensitivity, respecting patients' autonomy and ensuring that patients are informed and share control in decisions about their care.²⁵

Defining Professional Boundaries

Professional boundaries are necessary in a therapeutic relationship to ensure that the full benefit of care goes to the patient. Professional boundaries set limits and clearly define a safe, therapeutic connection between physical therapists and their patients.¹⁰ Healthy boundaries function to empower patients, giving them a legitimate sense of control, thus facilitating the process of healing.

Some boundaries are established by legislation while others are established by regulatory organizations such as the CPTA. However, the individual physical therapist is required to exercise professional judgment with every patient when establishing the physical and emotional boundaries necessary for the therapeutic relationship to flourish.

Therapeutic relationships that lead to abuse, romantic encounters or sexual relations are never appropriate and are prohibited. These are a breach of trust in the professional relationship and cross the boundaries of acceptable care. The CPTA is committed to the prevention and investigation of all forms of unprofessional conduct that occur in physical therapist–patient relationships.

Boundary crossings occur when the behaviour of a physical therapist deviates from the prescribed boundaries of a therapeutic relationship.⁹ Some behaviours (i.e., gift-giving, self-disclosure, accepting gifts, treatment of friends or family members) are not normally a part of physical therapy treatment and are generally inappropriate. However, there are situations that fall into grey zones, when normally inappropriate behaviours are acceptable if they meet the client's needs and established goals. Physical therapists must reflect on behaviours that fall outside of what is considered normal, monitoring for the warning signs of boundary crossings (Appendix B) and ensure that all interactions and behaviours are directed towards established treatment goals.

Boundary violations are deliberate behaviours on the part of the physical therapist that are inappropriate and violate the nature of the therapeutic relationship.⁹ These behaviours do not contribute to the established treatment goals (Appendix C).

Establishing and Managing Boundaries

Establishing Therapeutic Relationships

Interactions with patients can be illustrated on a continuum that identifies the limits between therapeutic and non-therapeutic behaviours. For effective patient care there exists a zone of helpfulness in which the therapeutic relationship exists. For every patient relationship the zone of helpfulness differs, depending upon the nature of the health conditions, current situation, work environment and personal characteristics of the patient and professional.

Assuring the Limits of the Therapeutic Relationship

Professional boundaries in a therapeutic relationship are maintained when the competencies of a physical therapist are demonstrated consistently. This involves:

- complying with physical therapy legislation, professional obligations and other existing legislation that impact practice and conduct;
- understanding the difference between a professional therapeutic relationship and non-professional (personal, social, romantic, sexual) relationship (Appendix A);
- understanding communication styles and actively using communication strategies to ensure that boundaries are maintained;
- using a reflective approach to practice involving continuous self-assessment of one's behaviours and interactions to ensure that professionalism, integrity and respect are always demonstrated towards patients;
- understanding and setting personal and professional boundaries;
- seeking to understand every patient's unique mix of characteristics, including their personal boundaries;
- actively managing all situations that may fall outside acceptable limits of a therapeutic relationship (Appendix B);
- promoting patient participation and choice in their care through informed decision-making;
- establishing and implementing a defined treatment plan;
- establishing an anticipated duration for the therapeutic relationship at the beginning of treatment;
- obtaining consent for all treatments rendered; and
- understanding the laws governing confidentiality of patient information,^{8, 15, 18, 23, 26} the mandatory reporting of abuse (Appendix E) and explaining to patients the limits on confidentiality of personal and health information (i.e., third party payers, other members of the healthcare team and relevant authorities).

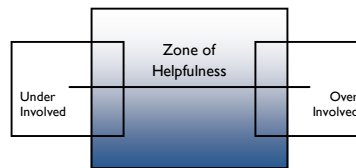
Continuum of Professional Behaviour

Excellent communication is fundamental to the establishment of boundaries in a therapeutic relationship. It is challenging for physical therapists to maintain professional boundaries when the nature of the physical therapy interventions requires a great deal of physical closeness and face-to-face communication. Conscious attention to verbal and non-verbal body language, the environment where the assessment and interview takes place and the distance between the physical therapist and patient all help set professional

boundaries while facilitating trust (Appendix D).

Powell²² presents a framework of five different intimacy levels expressed through conversation. The levels of intimacy

exist along a continuum from least to most intimate types of interactions.¹³ In most therapeutic relationships, communication ranges from expression of personal ideas and judgments (Level Three) through to cliché conversation (Level Five).¹³ The level of shared trust described in Level Two allows for patients and their family members to express emotions as the situation merits. The level of intimacy implied in peak communication interactions is generally not appropriate for physical therapist–patient interactions. This may be a sign of detrimental dependence and has the potential to lead to boundary crossing or dual relationships.



From: College & Association of Registered Nurses of Alberta. *Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship* 2005 and National Council of State Boards of Nursing 1995.

Level Five: Cliché Conversation

The most superficial level. No genuine human sharing takes place. Standard questions such as “How are you?” are asked and standard responses “It’s nice to see you” are expected in response. This level protects people from each other and prevents the likelihood of meaningful communication. Physical contact is rare and often unwelcome or perceived as hostile or invasive.

Level Four: Reporting Facts

This level goes beyond cliché conversation, but almost nothing personal is revealed. Some sharing takes place but it relates to general information such as diagnostic data or the weather.

Level Three: Personal Ideas and Judgements

Some information about oneself is shared, often in response to the patient’s conversation. Topics talked through often relate to the patient’s illness or the process the patient is going through. If the patient looks bored, confused or disapproving, the conversation reverts to

Level Four. Physical contact is minimal and often limited to being physically demonstrative.

Level Two: Feelings and Emotions

A mutual trust is required to share at this level, and if a person fears judgment, either good or bad, it will be impossible to relate at this level. Feeling comfortable, secure and cared for are required at this level of communication. Each person wants the other individual to understand that the emotions being expressed are genuine and be accepted for being him or herself. Mutual trust creates an environment where friendly touch or comfort accompany the communication.

Level One: Peak Communication

Mutual complete openness, profound honesty and respect are required to communicate at this level. There is almost perfect mutual understanding. An all-encompassing intimacy is shared which may in some cases extend to physical intimacy. The minority of human interactions take place at this level.

Managing Boundary Crossings

There are times when a physical therapist may intentionally cross a professional boundary for the betterment of the therapeutic relationship. When the actions (i.e., self-disclosure, gift giving, providing services to friends or family) fall out of what is typical, the physical therapist needs to reflect upon the following questions prior to engaging in the atypical activity.

Am I doing something for the patient that the patient needs in order to achieve our agreed upon treatment goals?

Will my actions result in the patient obtaining a greater level of independence?

Do my actions have the potential for confusing the patient and could they be perceived to be inappropriate in a therapeutic relationship?

Will my actions cause the patient to expect more services than are routinely provided or beyond my treatment mandate?

Can other resources be used to meet this need?

Would I tell a colleague about this activity?

Are my behaviours similar to those of other physical therapists in the same circumstances or is there a potential for difficulties when other physical therapists will not or cannot provide the same treatment?

Who benefits the most from performing these tasks?

Is the payer aware that a physical therapist is performing these activities?

Would the payer of the physical therapy services fund these activities as part of the plan of care?

In situations where there is a potential for a physical therapist's actions to be questioned and misinterpreted, the onus is on the physical therapist to monitor the patient's response for signs that he or she has not developed a dysfunctional dependence on the physical therapist or unreasonable expectations for treatment. When a boundary has been crossed, the physical therapist has an obligation to ensure that the professional boundaries are upheld. Roles may need to be re-clarified and treatment goals re-established. If this is not possible, and there is a decision to terminate the therapeutic relationship, measures must be taken to ensure the patient is not harmed by an interruption in treatment and that the physical therapist has fulfilled obligations related to discontinuing treatment, including making appropriate arrangements for the transfer of care.

Speaking with other physical therapists provides the opportunity to reflect upon and identify the best management strategies. Physical therapists concerned that they may have crossed the boundaries of a therapeutic relationship may wish to speak with a trusted colleague, their employer or a CPTA practice advisor.

Atypical Behaviours That May be Acceptable

There are situations where behaviours typically considered inappropriate in a therapeutic relationship are used appropriately to benefit the patient. Self-disclosure, accepting and giving gifts and caring for family, friends and acquaintances have been incorporated into the therapeutic relationship to better meet the patient's treatment needs. Boundary crossing occurs when these behaviours meet the physical therapist's personal needs rather than the needs of the patient.

Self Disclosure

It is normally inappropriate for a physical therapist to engage in routine disclosure of details of their personal lives. However, there may be occasions where a physical therapist may choose to disclose personal information to a patient if he or she believes the information will assist in meeting the therapeutic needs of the patient.

Example

Susan is providing physical therapy treatment to an elderly woman who has recently moved to a long-term care setting after losing her husband. The woman expresses feelings of loss and displacement. Susan tells her that her own mother recently had a very similar experience and benefited greatly from speaking with a social worker.

Discussion

This self-disclosure was appropriate because it met the therapeutic needs of the patient. Susan demonstrated empathy and validated the patient's feelings by acknowledging that her mother felt the same. Susan also provided the patient with an option that the patient may want to consider in the future.

Atypical Behaviours That May be Acceptable

Accepting Gifts From Patients

Gifts must never be solicited from patients. It may be acceptable on some occasions for a physical therapist to accept a modest gift from a patient during socially and culturally appropriate times.⁷ When deciding whether or not to accept a gift, the physical therapist must consider:

- the context of the situation in which the gift is offered, including the social and cultural occasion, monetary value and appropriateness of the gift;
- the patient's intent in offering the gift;
- whether the gift will change the nature of the relationship and impact on the professional's clinical reasoning or decisions;
- the policies of the organization or facility where the physical therapist is working; and
- whether the patient will expect a different level or nature of care.

Example

Alice has been treating a patient in the community for several months. The patient has offered Alice and her family the use of his condominium apartment in Hawaii for a week during spring break.

Discussion

It is inappropriate for Alice to accept the offer to use the condominium apartment. This could potentially change the dynamics of the relationship. Because of the value of the gift, the appropriate response for Alice is to graciously decline. In contrast, had the patient offered Alice a gift basket or a pair of tickets to a local sports activity, Alice could have accepted the offer.

Atypical Behaviours That May be Acceptable

Giving Gifts to Patients

In some circumstances, physical therapists may consider giving gifts to patients (e.g., when the patient has no family or friends to celebrate a birthday or major milestone). The context of each situation needs to be examined with consideration given to other factors in the relationship in order to maintain professional boundaries. Giving gifts may be acceptable when:

- the gift is given from a corporation/agency or from a group of practitioners treating the patient;
- the physical therapist has made it clear that a gift is not expected in return;
- the gift does not change the dynamics of the relationship with the patient;
- the gift does not affect the relationships of other healthcare practitioners with the patient;
- the gift has no potential for negative feelings on the part of other patients; and
- the gift has modest value.

Example

John is treating Sam, a young boy who fractured his olecranon. Sam's family has very modest means. While treating Sam, John learns that Sam loves baseball and would love to be able to play organized ball. John has a baseball glove at home that he would like to give to Sam. He suggests to Sam's mother that "playing catch" would be therapeutic for his arm and help speed up his recovery. He asks his mother for permission to give her son the baseball glove. Sam's mother is touched by John's offer and graciously consents.

Discussion

In this situation, it is appropriate for John to give the baseball glove to Sam. He has the patient's interest as his primary motivation for giving the gift and he has linked the rationale to the therapeutic needs of the patient. John was also sensitive to the family situation and was careful to speak with the mother prior to giving his patient the glove.

Atypical Behaviours That May be Acceptable

Providing Services to Family, Friends, Acquaintances

Treating family, friends or acquaintances is not the preferred option because of the difficulties inherent in managing the boundaries of dual relationships. However, physical therapists can, in special instances, provide treatment to family, friends or acquaintances if attempts to obtain treatment from other providers have been exhausted or no other options are available. It is always expected that physical therapists will provide high-quality care without compromising their professional judgement. Physical therapists must take steps to communicate the limits of the therapeutic relationship. If it is determined or anticipated that boundaries cannot be established or maintained, treatment should not take place.

It is possible that individuals viewing the dual personal-therapeutic relationship may view it as a conflict of interest. The physical therapist must proactively manage the situation by disclosing to employers, payers and relevant others.

Consider the following factors before entering into a therapeutic relationship with family, friends or acquaintances.

Condition & Required Treatments A condition likely to require extended treatment is usually less appropriate to undertake. Similarly, a condition that requires extensive disrobing or touching of an intimate area may not be appropriate.

Reimbursement for Services When a physical therapist is providing professional services, thereby establishing a therapeutic relationship, it is customary for the physical therapist to charge a fee for the professional services rendered to the patient. In cases where there is a perceived conflict of interest (e.g., treating a family member), the relationship should be disclosed to the patient's insurer to identify issues and confirm fee coverage for services rendered.

Accessing a Practitioner of Choice The patient must not feel obligated or coerced in any way to receive services from a particular physical therapist because he or she is a friend or family member. Patients must be free to choose their practitioner and must be comfortable in the therapeutic relationship.

Self Awareness/Reflection Physical therapists must identify any past experiences or interactions that will impact their ability to engage in a therapeutic relationship and place the patient's needs as primary.

Management Strategies The physical therapist must acknowledge the inherent conflict of interest in a dual relationship and act to identify and manage any potential difficulties in maintaining professional boundaries within the therapeutic relationship.

Confidentiality of Patient Information The physical therapist must fulfil obligations regarding confidentiality of patient information and must guard against the increased potential to reveal privileged information to family and/or friends.

Atypical Behaviours That May be Acceptable

Treating a Family Member

Example Tanya is a sole practitioner working in a community hospital in a small town. Her brother was injured while working at the local pulp and paper mill and requires physical therapy. The hospital is the approved treatment provider for Workers' Compensation Board (WCB) patients. Tanya is the only practitioner available to treat WCB patients and she is unsure about whether she is able to treat her brother.

Discussion Given that there are no other physical therapists in the community who provide treatment to WCB claimants, Tanya might be able to provide physical therapy for her brother. Prior to accepting her brother as a patient, Tanya must discuss with him the difficulties inherent in a dual relationship and come up with a plan for separating the professional and personal relationships. She should disclose the relationship to the WCB, providing an explanation of the situation. Tanya is being transparent and is addressing the possibility of a "perceived" conflict of interest. She should determine whether WCB will pay for the physical therapy services, particularly in circumstances where she is advocating for continuing treatment. Tanya is still required to fulfill her professional obligations related to assessment, treatment planning and documentation of interactions in the clinical record.

Treating a Friend

Example Steve lives next door to Max, a physical therapist. They have been neighbours for many years. They have a mutual friend named Joe. Joe is currently receiving physical therapy treatment from Max. One day, while Steve and Max are out having a drink together, Steve asks Max if Joe will be well enough to go to "old-timer's" hockey practice in the fall.

Discussion In situations such as these it is relatively easy for the boundaries of the therapeutic relationship to become blurred. Max has the responsibility to maintain the confidentiality of all aspects of the therapeutic relationship between himself and Joe. Max should tell Steve that he cannot disclose any information about Joe's treatment and that it is best for Steve to ask Joe directly.

Atypical Behaviours That May be Acceptable

Use of Restraints

On occasion, patient restraints are used in health care settings. Reasonable use of restraints is not patient abuse. When restraints are used, physical therapists are expected to act in the patient's best interests, balancing the need for restraint with the patient's right to ethical, effective and safe care. Judicious consideration must be given to workplace policies and practices on the use of restraints in the context of prevailing government legislation around protection of persons in care,¹⁷ whether least restraint options have been explored and informed consent has been obtained.

Example

Janice has begun working in a complex continuing care facility where restraints are routinely used with the residents. Janice has assessed a number of residents and is questioning whether they all need the same type and level of restraint.

Discussion

Janice has an obligation to clarify whether the continuing care facility's policy regarding use of restraints is being complied with. It is her responsibility to assess the appropriate level and type of restraints used on patients, and advocate for the use of least restrictive level of restraints or alternative methods. Janice must communicate the results of her assessments and recommendations on the application and limitations of restraint use for each resident to other members of the healthcare team. She is obligated to ensure that provincial standards for the protection of persons in care are being followed and report, where appropriate, any violations or abuse of patients.

Atypical Behaviours That May be Acceptable

Commencing or Escalating a Social Relationship With Family or Partners of Patients

The physical therapist must be sensitive to the possibility that the therapeutic relationship with a patient may result in the patient's family or partner becoming dependent. Before escalating or commencing a social relationship with a patient's family or partner, the physical therapist should consider the impact this may have on the therapeutic relationship with the patient. The potential for conflict exists when the physical therapist is a care provider for the patient and a friend to their family member or partner.

Example

Isaac has a complex medical history that includes diabetes and severe heart disease. Two years ago, he had an amputation of the right leg and then suffered a stroke. Since then, his medical condition has continued to deteriorate. Despite this, he continued to live at home relying on support from his wife and community care services. Judy, a physical therapist, has been providing home-based physical therapy services to Isaac since the amputation.

Recently, Judy treated Isaac for a respiratory infection and taught Ruby how to suction Isaac's airway. Last week Isaac was admitted to the local hospital because of his deteriorating health and Ruby's inability to continue to care for him at home. Recently, Ruby called Judy to invite her for dinner.

Discussion

It is understandable that Judy would have developed a relationship with Ruby. Now that Isaac has been admitted to hospital and Judy is no longer a physical therapist involved in his care, she is not in a situation where there are dual roles or relationships. Judy perceives that dinner is Ruby's gesture to thank her for the physical therapy services that she has provided. Therefore, it is probably acceptable for Judy to accept the dinner invitation. However, it is important for Judy to clarify Ruby's intentions and expectations. She must manage a situation where Ruby may still expect Judy to provide advice on Isaac's care. Prior to accepting the dinner invitation, Judy clarifies her role by explaining to Ruby that she is able to accept the invitation because she is no longer Isaac's physical therapist. As such she is free to attend dinner as a friend however she will not be able to provide any comments on Isaac's current status or care.

Atypical Behaviours That May be Acceptable

Escalating a Social Relationship with a Patient's Partner

Example

Maria lives in a rural community. She was involved in a severe automobile accident 3 months ago. Elaine, a physical therapist, has been treating Maria for the last six weeks. Maria's husband José comes to the hospital three times a week and is frequently present for her physical therapy sessions. José often brings Elaine coffee and is very appreciative of the time and effort she puts into Maria's treatment. José wants to become more involved with Maria's therapy and Elaine believes that José is capable of working with Maria when she is not available. José offers to take Elaine out for dinner to discuss this in greater detail.

Discussion

It is inappropriate for Elaine to accept José's offer. Teaching a family member how to perform some aspects of the physical therapy treatment plan is part of a physical therapist's role and should be conducted during a workday. However, Elaine's response to José must consider that there may be cultural and other positive factors influencing José's behaviour. Elaine clarifies with José whether it is appropriate in his culture to take healthcare professionals out for dinner. As well, she seeks to understand José's individual expectations around the dinner invitation.

Once she understands a dinner invitation is a culturally acceptable expression of gratitude, and is considered by José as a reasonable way of expressing his gratitude for everything that Elaine is doing for Maria, it is Elaine's responsibility to communicate to José that her role as Maria's physical therapist must be limited to interacting during normal business hours.

Atypical Behaviours That May be Acceptable

Commencing a Social Relationship with a Former Patient

In some situations it is never appropriate to develop a social relationship with a former patient as in cases where psychotherapeutic techniques have been used. In other situations initiating a social relationship with a former patient may be appropriate. The physical therapist should consider the following factors:

- the nature of the physical therapy treatment that was provided;
- the duration of the therapeutic relationship including the possibility of the physical therapist being called upon in future to provide professional services or render a professional opinion (i.e., medico-legal report);
- the amount of time that has lapsed since the patient was discharged and the therapeutic relationship ended (in some jurisdictions the length of time before the personal relationship commences is defined);
- the degree, if any, to which the patient has developed an emotional dependency on the physical therapist as a result of the therapeutic relationship;
- the potential impact on the well-being of the patient; and
- all other circumstances that bear upon the nature of the physical therapist–patient relationship that may affect the ability of the patient to act freely.

Example

It has been a year since Tom was discharged from the rehab unit. He has returned to work and has resumed all of his pre-injury activities. He calls Jenna, his former physical therapist, and asks her out for a coffee.

Discussion

Jenna is interested in seeing Tom but wonders if it is appropriate to do so. She meets him for coffee at the coffee shop intending this to be a "social" visit and not a date. She wants to be sure that Tom is coping well and is not seeking professional advice from her. When they meet, Tom expresses his wish to date Jenna. He also describes some physical signs and symptoms and wonders if a short period of physical therapy treatment might be indicated. Regardless of whether Jenna decides to pursue a personal relationship with Tom, it would be prudent for her to refer him to another physical therapist. The fact that Tom has disclosed to Jenna his feelings about her is a potential impediment to her ability to manage a therapeutic relationship.

Atypical Behaviours That May be Acceptable

Duty to Warn

Under Judge-made law (called “common law” or “case law”), physical therapists may, in some circumstances, breach professional obligations regarding privacy of patient information to warn others of imminent danger. A health care professional’s “duty to warn” arises where there is a reason to believe a patient may cause serious harm or death to an identifiable person or group.

Example

A patient who threatens to shoot his or her spouse, has the apparent means (i.e., the patient says he or she has a gun) and ability to do so, would engage the “duty to warn”.

Discussion

In Alberta, there is no legislation that imposes a positive duty on health care professionals to “warn”. Privacy legislation establishes the circumstances in which personal information can be disclosed without a patient’s consent where the disclosure is necessary to prevent harm to a person.^{14, 15, 18, 20}

Conclusion

All physical therapists need to work together to establish and maintain appropriate therapeutic relationships and ensure safe, effective and ethical care. This involves respect for the nature of the therapeutic relationship and striving to find the right balance between open and friendly professional communications and over involvement with patients. It is expected that physical therapists strive to act in patients’ best interests to establish and maintain therapeutic relationships in which healing is optimized. When boundaries have been crossed or there is uncertainty about one’s actions, physical therapists should contact the College of Physical Therapists of Alberta practice advisory service to discuss the management of the situation.

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Appendix A

Differences Between Professional and Non-Professional Relationships

Differences Between Professional and Non-Professional Relationships

CHARACTERISTIC	PROFESSIONAL RELATIONSHIP	NON-PROFESSIONAL RELATIONSHIP (casual, friendship, romantic)
REMUNERATION	physical therapist paid to provide care to client	no payment for being in the relationship
LENGTH of Relationship	time limited for the length of the client's need for physical therapy care	may last a lifetime
LOCATION of Relationship	place defined and limited to where the physical therapy care is provided	place unlimited; often undefined
PURPOSE of Relationship	goal-directed to provide care to client	pleasure, interest-directed
STRUCTURE of Relationship	for physical therapist to provide care to client	spontaneous and unstructured
POWER BALANCE	unequal power – physical therapist has more power due to authority, knowledge, influence and access to privileged information about the client	relatively equal
RESPONSIBILITY for the Relationship	physical therapist responsible for establishing and maintaining the professional relationship, not the client	equal responsibility to establish and maintain
PREPARATION for the Relationship	physical therapist requires formal knowledge, preparation, orientation and training	does not require formal knowledge, preparation, orientation and training
TIME SPENT in the Relationship	physical therapist employed under contractual agreement that outlines the hours of work for contact between the physical therapist and client	personal choice for how much time is spent in relationship

British Columbia Rehabilitation Society, 1992,⁴ Milogrom, 1992.²¹

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Appendix B

Boundary Crossing Warning Signs

Boundary Crossing Warning Signs

Warning signs that the professional boundaries of a physical therapist–patient relationship may be jeopardized include:

- frequently thinking of the patient when away from work;
- frequently planning other clients' care around the patient's needs;
- spending free time with the patient;
- sharing personal information or work concerns with the patient;
- providing patient with personal contact information that is not related to the provision of physical therapy services;
- feeling responsible if the patient's progress is limited;
- notice more physical touching than is appropriate or sexual content in interactions with patients;
- favouring one patient's care at the expense of another;
- keeping secrets with the patient;
- selective reporting of patient's behaviour (i.e., negative or positive patient behaviour);
- swapping patient assignments;
- communicating in a guarded or defensive manner when questioned regarding interactions/relationships with patient;
- changing dress style for work when working with the patient;
- receiving gifts or continued contact/communication with the patient after discharge;
- denying the fact the patient is a patient;
- acting or feeling possessive about the patient;
- giving special attention/treatment to this patient, which differs from that given to other patients; and
- denying that you have crossed the boundary from a therapeutic to non-therapeutic relationship.

Coltrane & Pugh 1978 ¹¹

College of Physiotherapists of Ontario 2005 ⁹

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Appendix C

Unacceptable Behaviours
In A Therapeutic Relationship

Unacceptable Behaviours In a Therapeutic Relationship

There are some behaviours that are **always** unacceptable because they are harmful and counterproductive to meeting the patient's therapeutic needs. These include, but are not limited to: emotional/verbal abuse, physical abuse, sexual abuse, financial abuse, neglect and insensitivity to personal circumstances, religious and cultural beliefs.

Any abuse of patients is unacceptable and is prohibited. It breaches the trust in the therapeutic relationship and crosses the boundaries of acceptable care. The CPTA is committed to the prevention of all types of abuse that might occur within the physical therapist–patient relationship.

Emotional/Verbal Abuse

A physical therapist must not use verbal or non-verbal behaviours that may reasonably be perceived to demonstrate disrespect for the patient or are perceived by the patient or others to be abusive. Such verbal and non-verbal behaviours include but are not limited to:

- sarcasm;
- retaliation;
- intimidation, including threatening gestures/actions;
- manipulation;
- teasing or taunting;

- insensitivity to the patient's preferences with respect to lifestyle and family dynamics;
- disrespectful comments about the patient's response to personal circumstances;
- swearing;
- cultural slurs; and
- inappropriate tone of voice such as expressing impatience or exasperation.

Physical Abuse

A physical therapist must not exhibit behaviours towards a patient that may be perceived by the patient, the physical therapist or others to be violent, threatening or to inflict physical harm. Such behaviours include, but are not limited to, using force or handling a patient in a rough manner. It is generally prudent practice to avoid touching a patient when angry or frustrated.

In some instances, physical therapists, in self-defence, inadvertently cause physical harm to a patient. If this happens, physical therapists need to be prepared to explain their actions and to show, when applicable, how they advocated for resources to deal with challenging patient behaviours. In settings where patients' behaviours are frequently unpredictable, the physical therapist is encouraged to access information on dealing with challenging patients.

Unacceptable Behaviours In a Therapeutic Relationship

Sexual Abuse

Sexual abuse of a patient by a physical therapist is considered unprofessional conduct¹⁶ and includes:

- sexual intercourse or other forms of physical sexual relations between the physical therapist and the patient;
- touching of a sexual nature of the patient by the physical therapist; or
- behaviour or remarks of a sexual nature by the physical therapist towards the patient. (Behaviour or remarks related to clinical treatment are not sexual abuse.)

Even if the patient initiates a sexual relationship, the physical therapist is always responsible and accountable for maintaining the boundaries of the therapeutic relationship. The crossing of boundaries usually begins with seemingly innocent comments or disclosures and escalates from there. The progression and crossing of boundaries can be insidious. The physical therapist must always be vigilant to the subtle behaviours that may be the initial steps of a boundary crossing and has the responsibility to immediately reframe and re-establish professional boundaries.

The physical therapist must not engage in behaviours or make remarks to a patient that may reasonably be perceived by the patient, the physical therapist or others to be:

- sexually or otherwise demeaning, seductive, suggestive, exploitative, derogatory or humiliating; and
- touching of an abusive nature:
 - ⇒ the physical therapist must not touch the patient in a manner that may be perceived by the patient, the physical therapist or others to be of a sexual nature; and
 - ⇒ the physical therapist must not initiate, encourage or engage in sexual intercourse or other forms of sexual contact with a patient.

Unacceptable Behaviours In a Therapeutic Relationship

Commencing a Personal Relationship with a Patient

Physical therapists are responsible for maintaining the boundaries of a therapeutic relationship. Entering into a social/personal relationship with a patient in which one is still involved in on a professional basis, constitutes a breach of the boundaries in the therapeutic relationship.

Example

Susan has been treating Jacob, a 24-year-old single man, daily for two weeks. During this time, Jacob has expressed concerns about how much of a recovery he will make and what this will mean for him in the future. Susan provides Jacob with support and encouragement by discussing his progress with him and reminding him of his achievements since treatment was initiated. During treatment, Jacob tells Susan that he is developing feelings for her.

Discussion

Susan has a professional obligation to manage the therapeutic relationship and ensure that the boundaries of the relationship remain intact. She should objectively review her behaviours over the previous two weeks to determine if she has blurred the lines between a personal and a therapeutic relationship. If she has, she needs to recalibrate the boundaries and inform Jacob of her responsibilities in the therapeutic relationship. If she feels she is unable to re-establish and maintain the therapeutic relationship, she should transfer Jacob's care to another physical therapist.

Financial Abuse

A physical therapist must not take advantage of the power in the therapeutic relationship to engage in activities that could result in either monetary, personal or other material benefit, gain or profit to the physical therapist (beyond a reasonable fee for professional services) or monetary or personal loss for the patient.

Such behaviours include but are not limited to:

- borrowing money or property from a patient;
- soliciting gifts from a patient;
- unethical or dishonest billing practices;
- influence, pressure or coercion to obtain the patient's money or property;
- requiring patients to purchase products or seek other services where the physical therapist holds a financial interest;
- influence over the patient's will; and
- assisting with the financial affairs of a patient.

Unacceptable Behaviours In a Therapeutic Relationship

Neglect

A physical therapist must not neglect a patient. Neglect occurs when a physical therapist fails to meet the basic needs of patients. Such behaviours include, but are not limited to, confining, isolating or ignoring the patient and withholding:

- needed aids or equipment;
- service;
- communication of information; and
- patient privileges.

Example: Withholding Services

Lionel works in a hospital and has been assigned to an ambulatory clinic that provides support and treatment for patients with HIV/AIDS. Lionel disapproves of the lifestyle choices made by many of the patients coming to the clinic. He is concerned about the risks posed to his own health and is inclined to delay his response to referrals.

Discussion

Lionel informed himself about the risks of treating patients with HIV/AIDS and appropriate preventative strategies. He learned that the risks were small and quite manageable with routine precautions. He also learned that it would be illegal for him to discriminate against such patients with HIV/AIDS (i.e., by refusing to treat them). With reflection and discussion he came to accept that many patients he treated over the years had made lifestyle choices different from his own and that being a professional involves not judging his patients.

Insensitivity To Religious And Cultural Beliefs, Values, Lifestyle And Cultural Competence

Cultural competence is a set of behaviours, attitudes and policies that come together in a continuum to enable the health care system, agency or individual practitioner to function effectively in transcultural interactions.¹² In practice, cultural competence acknowledges and incorporates, at all levels, the importance of culture, the assessment of cross-cultural relations, the need to be aware of the dynamics resulting from cultural differences, the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs. For physical therapists, cultural competence is essential in developing a rapport, collecting and synthesizing patient data, recognizing personal concerns about functioning and developing a plan of care that is patient centered and culturally sensitive. If a physical therapist is not sensitive to the unique differences between individual patients, the possibility exists for misinterpretation of the patients' behaviours by the physical therapist. Similarly, patients may misinterpret the physical therapist's behaviours.

Unacceptable Behaviours In a Therapeutic Relationship

The physical therapist must not behave towards a patient in a manner that is insensitive or disrespectful to the patient's values, culture, religious beliefs and sexual orientation.

Example: Cultural Competence/Sensitivity

Yasmin is a new physical therapist who has accepted a position in northern rural British Columbia. Yasmin grew up in a large urban city, attended private school and completed her degree in physical therapy at a large urban university. She is seeing a Haida woman today for the first time. The patient is accompanied by six other family members. Yasmin is not sure how to manage the situation.

Discussion

It is probably a reasonable assumption that Yasmin has had minimal experience in working with First Nations People. Is it customary for many people to attend the physical therapy visit? Is it inappropriate for this woman to be alone with a physical therapist? How will she be viewed by her society? Does she believe in western medicine? It would be reasonable and helpful for Yasmin to have some insights into these and possibly other issues relevant to establishing and maintaining the physical therapist–patient therapeutic relationship.

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Appendix D

Factors Promoting Positive Interactions With Patients

Factors Promoting Positive Interactions With Patients

Environment

- The environment in which the assessment and interview take place will help set limits on the therapeutic relationship.
- Privacy is important. Arrange the environment to create a sense that the focus of care is placed on the patient. In open settings, draw curtains, or where sensitive information is discussed, conduct interviews in private treatment rooms or in areas that are away from others.
- Physical arrangement of the desks and chairs will affect the interview. Chairs are best placed at a right angle to the corner of the desk rather than in front of the desk, where the desk then acts as a barrier. Placement at right angles frees the physical therapist for face-to-face communication. The desk should be free of clutter. Objects should be moved to other parts of the desk not involved in the interaction with the patient.
- The optimal distance between persons for a medical interview is approximately 2 feet. More or less than two feet, creates a sense of distance or invasion of personal space.

Position of Physical Therapist

- Mutual respect is fostered when physical therapists place themselves at the same level as the patients, thus facilitating eye contact. This includes sitting in a chair beside the bed to speak with patients who are in lying positions.
- Body language is important, posture should be open. The focus of the practitioner should be on the patient.
- When touch is being used, ask the patient for permission first. If providing comfort to a patient, it is best to touch a neutral area i.e., forearm. It is important that with each successive encounter, the physical therapist explains the procedure to the patient, obtains consent to proceed with the examination and checks back to ensure the patient is comfortable with how the examination is progressing.
- Neurolinguistic programming techniques^{3, 27} such as matching, pacing and leading may be used to assist with establishing rapport.

Factors Promoting Positive Interactions With Patients

Verbal Strategies

- Speaking in low tones, even in a busy environment, conveys to patients that the focus is on their care.
- Engage patients from the outset by informing them that they are to be actively involved in decisions related to care. Start with simple topics such as establishing the patient's preferred title, the patient's reasons for attendance and their expectations for the outcome of physical therapy treatment.
- Using open ended questions is helpful in understanding patients' values, beliefs, expectations and perceptions.
- When interrupted during an interview, acknowledge the patient first before dealing with the interruption.

Active Listening

- Use active listening techniques to facilitate communication with the patient.
- Appear calm and unhurried, use eye contact and open body language. Avoid speaking when the patient is speaking. Use phrases such as "hmm, go on" to facilitate the conversation.
- Acknowledge what the patient has said by paraphrasing the patient, if possible, incorporating some of the patient's own words.
- Recheck with patients their understanding of what has been discussed.

Adapted from the works of Davis,¹³ Purtillo and Haddad,²⁴ and Young.²⁷

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Appendix E

Mandatory Reporting of Abuse

Mandatory Reporting of Abuse

Physical therapists are legally obligated to make mandatory reports related to the following matters:

- abuse of adults in publicly-funded care facilities or programs;¹⁷
- child abuse;¹⁹ and
- emotional injury, neglect or abandonment of children by parents.¹⁹

There are other situations (e.g., sexual harassment, adult abuse, elder abuse) where there is no legal obligation to report abuse. In such cases, physical therapists may refer patients for further advice or assistance.

The following points should be considered when abuse has been disclosed or identified.

- Is there a law that applies to this situation?
- What are the grounds necessary to support making the report?
- How do I make a report?
- What happens if I fail to make a report?
- What about my responsibility to maintain patient confidentiality?
- What is my personal liability?

Reporting Abuse of Adults in Publicly-Funded Facilities or Programs

The Protection of Persons in Care Act (PPCA)¹⁷ requires that abuse of adults receiving services that are publicly-funded (e.g., nursing homes, lodges, group homes, hospitals) be reported and duly investigated. When physical therapists have reason to believe that a client, resident or patient of a publicly-funded care service or facility has been or is intentionally being abused, the matter must be reported to one of three organizations: the Protection of Persons in Care office, the police service (for matters that are criminal in nature or immediately affect the well-being of the person) or a committee or other organization authorized by another enactment to investigate abuse (i.e., a health profession's regulatory college). In order for the allegation to be investigated by the Protection of Persons in Care office, the following factors must be considered:

Mandatory Reporting of Abuse

- The resident, patient or client must experience one or more of the following:
 - ⇒ bodily harm;
 - ⇒ emotional harm, e.g., threats, humiliation, harassment, coercion, restriction from appropriate social contact;
 - ⇒ medication administered or prescribed for an inappropriate purpose;
 - ⇒ misappropriation of valuables or possessions, improper or illegal conversion of money or other valuables;
 - ⇒ inadequate nutrition, medical attention; or
 - ⇒ subjection to non-consensual sexual contact, activity or behaviour.
- The action must be intentional.
- The resident, patient or client must be receiving or have received services from a government-funded agency at the time the abuse occurred.²

How do I make a report?

Reports to the Protection of Persons in Care office can be made by telephone (1-888-357-9339), fax (780-415-8611) or mail. A reporting form can be downloaded from the Protection of Persons in Care section of the Alberta Government's website: www.seniors.gov.ab.ca.

Information that is routinely collected includes: a description of the incident; name and contact information of the reporter; name and contact information of the alleged victim; the care facility; dates of the incident; type of abuse; other organizations to which the matter has been reported; name of alleged abuser; and name and contact information of witnesses. Anonymous reports are not accepted.²

The Protection of Persons in Care office reviews all reports to ensure they fall under its authority, then conducts an investigation of the alleged abuse and generates a final *Report of Decision* with recommendations for action. A copy of the final decisions report is provided to the complainant physical therapist.

Every attempt is made to keep the name of the person filing the report confidential, including those conducting the investigation and in all *Reports of Decision*. The PPCA has enacted safeguards to protect the names of reporters, making it an offence to take any action against those reporting abuse provided they had reasonable grounds to believe the abuse occurred. Individuals who take action against people who report abuse can be fined up to \$5,000. Care facilities can be fined up to \$25,000.

Mandatory Reporting of Abuse

What happens if I fail to make a report required by the PPCA?

Physical therapists who fail to make a report of suspected or known abuse of an adult who is receiving publicly-funded services can be fined up to \$2,000. Making a report to the organization overseeing the provision of services is not considered sufficient to meet the requirements of the legislation; the report of abuse must be made to one of the three organizations named in the PPCA.

Reporting Child Abuse, Neglect, Emotional Injury or Abandonment

Abuse of children is a criminal offence and physical therapists are expected to report suspicions of abuse or actual cases of abuse to the appropriate authorities. Federal legislation, the *Criminal Code of Canada*, and provincial legislation, the *Child, Youth and Family Enhancement Act (CYFEA)*,¹⁹ are applied in cases of abuse of children. Situations where the child is believed to be in need of protective services or suspicions of abuse or exploitation, fall under federal legislation. Further to the Criminal Code's definitions of abuse, the CYFEA covers neglect caused by the child's parent or guardian.

A physical therapist's legal obligation to report child abuse is not fulfilled unless the matter is reported. Reports can be made through the *Child Abuse Hotline*. Based on the information provided, the matter will be referred to the police and/or local Child and Family Services Authority or a First Nations Child and Family Services Agency. The duty to report is an ongoing obligation. This means that one is obligated to report regardless of whether another individual has already made a report on similar grounds.

What are the grounds for suspecting a child is in need of intervention?

The CYFEA and Criminal Code consider the following situations as grounds for reporting that a child may be in need of intervention.

Neglect The failure through action or omission by the guardian to provide the necessities of life, including medical care necessary for the health and well-being of the child or adequate care and supervision of the child.

Mandatory Reporting of Abuse

Emotional Injury The impairment of the child's mental or emotional functioning or development that is attributed to rejection; deprivation of affection and/or cognitive stimulation; exposure to domestic violence or severe domestic disharmony; inappropriate criticism, threats, humiliation, accusations or expectations; the mental or emotional condition of the guardian of the children; or chronic alcohol or drug abuse by anyone living in the child's home.

Physical Abuse An intentional and observable injury to a child.

Sexual Abuse The inappropriate exposure of subjection to sexual contact, exploitation or behaviour including prostitution-related activities.

More information on the indicators of neglect and abuse may be obtained from the Government of Alberta's Children's Services website or from a local Children Family Services office.¹

How do I make a report?

Information for the 24-hour Child Abuse Hotline (1-800-387-5437) is located on the Government of Alberta's Children and Family Services website www.child.gov.ab.ca and the emergency pages of the telephone book.

Every attempt is made to keep the name and personal information of a physical therapist reporting a child in need of intervention under the CYFEA and *Criminal Code of Canada* confidential. Under the CYFEA, the reporter's identity is considered privileged and cannot be released without consent or by ministerial directive. However, there may be circumstances where the information is disclosed, as in situations where the matter is referred to court and where rules for disclosure of evidence are in effect.

What happens if I fail to make a report?

The CYFEA contains mandatory reporting clauses and requires "any person who has reasonable and probable grounds to believe the survival, security of development of the child is endangered because of identified criteria such as physical or sexual abuse, neglect, emotional injury or abandonment to report the matter."¹⁹

Mandatory Reporting of Abuse

Failure of a health professional to file a report may have consequences. Under the CYFEA, failure to report can result in a fine of up to \$2,000 and in cases where there is default of this payment, a term in prison of up to six months. Furthermore, CYFEA representatives have the authority to report to a health professional's regulatory body, the health worker's failure to report the abuse.

What about my responsibility to maintain patient confidentiality?

A physical therapist may be concerned that the provision of information required by mandatory reports will violate patient confidentiality. Under the *Criminal Code of Canada* and the *Child, Youth and Family Enhancement Act*, the obligation to report overrides any restrictions such as the prevailing privacy legislation that would normally prohibit the disclosure of information.

Many facilities and regional health authorities have developed their own internal reporting mechanisms and physical therapists should familiarize themselves with their specific work environment's reporting policies and procedures.

It has been recommended that when a child has disclosed that he or she is being abused, the child's own words be recorded as well as a summary of the physical therapist's interactions with the child and subsequent actions related to reporting the physical therapist's suspicions.¹ This means that the duty to report takes precedence over any confidentiality provisions.

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Glossary

Glossary

Boundary Crossing A behaviour by a physical therapist that exceeds the prescribed boundaries of a therapeutic relationship and is not related to the delivery of physical therapy treatment to the patient. Not all boundary crossings by the physical therapist are sexual in nature.

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

Caregiver A person who provides assistance with routine activities of living.

Confidentiality The obligation of a physical therapist not to disclose information obtained from a patient in a therapeutic relationship without the consent of the patient, his or her authorized agent or as required by law.

Duty to Warn A situation where a physical therapist believes that his or her patient presents a serious danger of physical harm to him/herself or to another person. The physical therapists may take steps, such as warning the other person or others who would notify that person of the danger, notifying the police or other steps necessary under the circumstances.

Judge-Made or Case Law

The law established by judicial precedent rather than by statute.

Patient-Centered Care An approach to providing physical therapy that embraces a philosophy of respect for and partnership with people receiving treatment. Patient-centred care recognizes the autonomy of individuals, the need for patient choice in making decisions about goals, the strengths patients bring to a physical therapy encounter, the benefits of the patient–physical therapist partnership and the need to ensure that services are accessible and fit the context in which a patient lives. (Adapted from Canadian Association of Occupational Therapists)

Professional Boundaries

Professional boundaries circumscribe the therapeutic relationship between a patient and a physical therapist. They are the lines within which a patient's best interests are consistently served. They function to separate the therapeutic behaviour of a physical therapist from any behaviour, well intentioned or otherwise, that could compromise those interests. Without these boundaries, a patient may lose personal autonomy and integrity and the therapeutic benefit from the services of the physical therapist maybe put at risk.

Glossary

Professional Obligations

Expectations shared by the profession that may be set out by the CPTA to describe the conduct of physical therapists to ensure the public's best interest is served. These include ethical conduct, maintenance or improvement of the standing of the profession and competence.

Quality Care The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Reflective Practice Reflective practice is a professional development strategy where professionals consider their behaviour and make changes as a result of this consideration to improve the quality of their practice. Reflective practice is an intentional, purposeful activity included in many continuing competence programs.

Social Relationship A relationship that is outside a professional relationship and is based on two individuals sharing common interests. The parameters for the relationship include personal considerations of both parties.

A social relationship is usually driven by each parties desire to interact with the other and is not dependent on one individual possessing knowledge or skills that the other person requires.

Substitute Decision-Maker

An individual who is authorized to provide or refuse consent to a treatment on behalf of a patient who is incapable of making the decision.

Therapeutic Relationship

The relationship that exists between a physical therapist and a patient during the course of physical therapy treatment. The relationship is based on trust, respect and the expectation that the physical therapist will establish and maintain the relationship according to the CPTA's Standards of Practice and Code of Ethics and will not harm or exploit the patient in any way.

Voluntary Report A report that is made by a physical therapist that is not mandated by any law or statute. Generally it occurs after a situation has arisen whereby a physical therapist feels morally and/or ethically compelled to make a report, believing that it is in the best interest of the patient or the public to do so. When making a voluntary report, a physical therapist is obligated to act in good faith.

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