



Standard of Practice Maintaining Professional Boundaries and Preventing Sexual Abuse

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Alberta Therapeutic Recreation Association
PO Box 19531
South Cranston, PO
Calgary, AB
T3M 0V4
Email: atra@alberta-tr.ca
Website: www.alberta-tr.ca

Purpose

This standard specifically outlines the expectations for the recreation therapist in maintaining the therapeutic and professional boundaries with the patient / client in preventing sexual abuse.

Definitions

Sexual Abuse Is defined in the Health Professions Act and “means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:

- a) Sexual intercourse between a regulated member and a patient of that regulated member;
- b) Genital to genital, genital to anal, oral to genital or oral to anal contact between a regulated member and a patient of that regulated member;
- c) Masturbation of a regulated member by, or in the presence of, a patient of that regulated member;
- d) Masturbation of a regulated member’s patient by that regulated member;
- e) Encouraging a regulated member’s patient to masturbate in the presence of that regulated member;
- f) Touching of a sexual nature of a client’s genitals, anus, breasts or buttocks by a regulated member.”

Sexual Misconduct as defined in the Health Professions Act “means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient’s health and well-being but does not include sexual abuse.”

Standards

1. Recognizing Sexual Misconduct

The recreation therapist will understand what constitutes sexual misconduct and recognize warning signs that become apparent during the course of providing recreation therapy services.

Practice Expectations

The recreation therapist must do the following:

1. Recognize that a power imbalance in the therapeutic relationship exists and that the trust inherent in the relationship can lead to nontherapeutic dependence or vulnerability on the part of the client.
2. Assume responsibility for anticipating, establishing, maintaining, and communicating appropriate professional boundaries with clients, regardless of the client's actions, consent, or participation.
3. Recognize types of sexual misconduct.
4. Recognize any personal or professional risk factors that may make the recreation therapist vulnerable to boundary crossings or violations (e.g., his or her own physical and mental health, personal stressors, social or professional isolation, loneliness, or lack of knowledge about professional boundaries).
5. Monitor the recreation therapist's own warning signs and psychological, emotional, and physical reactions that may indicate an emerging professional boundary issue of a sexual nature, such as
 - a) selecting a client based on looks, age, or social standing;
 - b) providing increased attention or continued therapy when not professionally required;
 - c) disclosing information about his or her personal situation when not with the intent of benefiting the client or the therapeutic relationship;
 - d) being preoccupied with the client's social life outside the therapeutic relationship;
 - e) looking forward to physical contact with the client and feeling betrayed if the client pulls back;
 - f) dressing differently for specific clients;
 - g) experiencing discomfort or defensiveness when discussing or documenting client interactions; or
 - h) receiving feedback that others perceive potential boundary issues with the client.
6. Monitor the client and the therapeutic relationship for warning signs that may indicate an emerging professional boundary issue, such as the client
 - a) discovering a dual relationship during the course of treatment,

- b) pulling away when touched neutrally or indicating jealousy regarding physical contact,
- c) disclosing more personal information than necessary,
- d) inviting the recreation therapist to social or personal events or to be friends on social media platforms, or
- e) appearing to be sexually attracted to the recreation therapist.

7. Recognize risks within the recreation therapist's practice context in relation to the potential for sexual misconduct (e.g., providing sexual education, supporting self-care activities of a private nature, or providing service in a more intimate setting such as a bedroom).
8. Consider feedback from others who may perceive a professional boundary issue of a sexual nature.
9. Seek proper advice when uncertain whether there is a professional boundary issue of a sexual nature.
10. Identify any professional boundary–related policies and procedures within the recreation therapist's workplace.

2. Prevention of Sexual Misconduct

The recreation therapist will take action to prevent circumstances that may lead to sexual misconduct.

Practice Expectations

The recreation therapist must do the following:

1. Respect the privacy and dignity of the client at all times.
2. Establish, maintain, and communicate professional boundaries with the client, his or her family, and other stakeholders in both clinical and nonclinical settings.
3. Advise the client that his or her consent does not make professional boundary violation permissible (e.g., client cannot provide consent to enter into a sexual relationship or a situation that may lead to a sexual relationship with the recreation therapist).
4. Have sufficient knowledge of how various cultural, religious, racial, ethnic, and language factors affect professional boundaries (e.g., impact of culture and religion on touching).
5. Modify the practice setting or therapeutic approach to minimize any identified or emerging professional boundary concerns of a sexual nature (e.g., ask the client whether he or she would like to invite a family member to attend, dress appropriately, provide therapeutic rationale if offering services outside traditional practice settings, or create private professional treatment spaces).
7. Touch clients in a therapeutic manner only, and obtain and maintain informed consent when completing interventions that involve touching or that could be misconstrued to be of a sexual nature. This includes but is not limited to explaining the nature of or reason for the therapeutic intervention and the rationale or purpose of any touching, and documenting the discussion. Refrain from making remarks that could be construed by the client as seductive, sexually demeaning, or disrespectful.
8. Avoid special or discriminatory treatment towards a particular client, such as
 - a) making exceptions in scheduling client appointments (e.g., special after-hours appointments when not clinically indicated);
 - b) providing personal telephone numbers or other means of nonprofessional contact (e.g., personal social media pages or email addresses); and
 - c) receiving or exchanging gifts.
9. Avoid participating in activities or establishing therapeutic relationships where the recreation therapist's objectivity, judgment, or competence could

reasonably be expected to be impaired because of his or her present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationships. For example, avoid entering into dual relationships with his or her own partner or past romantic partners, except in emergency or unavoidable situations, such as can occur when working in small, rural, or remote communities.

10. Never enter into nontherapeutic relationships that could adversely affect an existing therapeutic relationship, or otherwise compromise the recreation therapist's objectivity, judgement, or competence. Examples include entering into nontherapeutic relationships with any of the following:

- a) A current client.
- b) A former client, unless it can be established that sufficient time has passed since the professional relationship ended and that it will not be re-established. If the care provided involves an especially vulnerable client, the recreation therapist should never enter into a personal relationship with the client.
- c) A client's parent, a colleague's client, or a client receiving care in the same service or area of practice.

11. Provide colleagues with feedback if the potential for a professional boundary issue of a sexual nature is identified.

12. Apply any workplace policies and procedures related to therapeutic relationships or professional boundaries. Where they do not exist or are insufficient, advocate for or participate in their development as able (e.g., policies related to consent, gift giving, dual relationships, and nontherapeutic interactions with clients).

13. Seek proper guidance if there are concerns about professional boundaries of a sexual nature.

3. Addressing Concerns related to Potential Sexual Misconduct

The recreation therapist will take action to address any concerns related to sexual misconduct identified within his or her own practice.

Practice Expectations

The recreation therapist must do the following:

1. Accept accountability for a professional boundary violation as it occurs, including sexual misconduct.
2. Seek proper assistance as required.
3. Discuss any identified potential professional boundary issues or concerns with the client (e.g., those encountered when entering into an unavoidable dual relationship).
4. Clarify roles and re-establish professional boundaries, if possible.
5. Obtain and revisit informed consent, acknowledging that there are circumstances when it is never acceptable to cross a professional boundary despite the client's consent.
6. Document the circumstances including an account of why a dual relationship is unavoidable (if applicable), risk assessment, precautions taken, plan, client reactions, and informed consent process.
7. Where there is a potential or actual professional boundary issue that cannot be adequately resolved, arrange for care by another recreation therapist or appropriate health care professional, and end the client relationship, ensuring that the client is not adversely affected during this process.
8. Follow duty to report obligations and report in writing to the appropriate regulatory body if there is good reason to believe that a health professional has engaged in sexual misconduct. If concerns about sexual misconduct are based on information from a client, the recreation therapist must first obtain the client's consent before making a report. If the client does not have the capacity to consent to health care treatment, the recreation therapist must obtain the consent of the client's parent, guardian, or substitute decision maker.

Glossary

Adult Interdependent Partner “a person is the adult interdependent partner of another person if:

a) the person has lived with the other person in a relationship of interdependence

(i) for a continuous period of not less than 3 years, or

(ii) of some permanence, if there is a child of the relationship by birth or adoption, or

b) the person has entered into an adult interdependent partner agreement with the other person”.

Adult Interdependent Relationship means the relationship between two persons who are adult interdependent partners of each other.

Boundary violation is “when the nature of the therapeutic relationship moves from professional to also being personal [and nontherapeutic], such that harm can come to the client”, recreation therapist, or recreation therapy profession.

Clients are recipients of recreation therapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a *patient* or *resident*. Individuals are considered to be clients for the duration of the therapeutic relationship, which extends beyond the period of active treatment.

Dual relationship occurs when a recreation therapist enters into both a personal and a professional relationship with an individual. Examples include when a recreation therapist treats a friend, colleague, family member, partner, or spouse.

Professional boundary is “the implicit or explicit demarcation separating the professional relationship with a client from one that is personal” (COTO, 2015, p. 4). Boundaries make relationships professional and safe for the client (COTBC, 2006a).

Sexual Nature does not include conduct, behaviour, or remarks that are appropriate to the service provided.

Spouse ‘A party to a marriage.’ (Family Law Act, 46(g)) or “A legal marriage partner. This term includes both opposite and same-sex relationships but does not include common-law partnerships.” (Government of Canada, Immigration and Citizenship, Glossary <http://www.cic.gc.ca/english/helpcentre/glossary.asp>)

Spousal means of, relating to, or involving a spouse.

Therapeutic relationship is “a trusting connection and rapport established between therapist and client through collaboration, communication, therapist empathy and mutual respect” (Cole & McLean, 2003, p. 49).

Therapeutic relationship refers to the relationship that exists between a recreation therapist and a client during the course of recreation therapy treatment. The relationship is based on trust, respect, and the expectation that the recreation therapist will establish and maintain the relationship according to applicable legislation and regulatory requirements and will not harm or exploit the client in any way.

Due to the nature of recreation therapy practice, there is always an inherent power imbalance between the client and their recreation therapist. The therapeutic relationship extends from the time of initial professional contact between the recreation therapist and the client at least until more than one year has elapsed since the client was discharged from recreation therapy care. However, there may be circumstances in which the therapeutic relationship extends indefinitely. Under such circumstances it is inappropriate for the recreation therapist to enter a sexual, adult interdependent or spousal relationship with the individual at any time.

Reference

- Alberta College of Social Workers (2019). Bill 21 Implementation, standards of practice update. https://acsw.in1touch.org/site/Bill_21_Implementation
- British Columbia College of Social Workers (2009). Code of Ethics and Standards of Practice (pp.32 – 33). <http://www.bccollegeofsocialworkers.ca/wp-content/uploads/2016/09/BCCSW-Code-of-Ethics-Standards-of-Practice.pdf>
- Alberta Health (2018). Protecting patients from sexual abuse or misconduct. <https://www.alberta.ca/protecting-patients-against-sexual-abuse.aspx>.
- Cole, M.B. & McLean, V. (2003) Therapeutic Relationships Re-Defined, Occupational Therapy in Mental Health, 19:2, 33-56,
- College of Audiologists and Speech-Language Pathologists of Ontario (2014). Sexual abuse prevention program. http://www.caslpo.com/sites/default/.../files/PS_EN_Sexual_Abuse_Prevention_Program.pdf
- College of Nurses of Ontario (2005). Facilitators guide and workbook. One is one too many, abuse prevention program. <http://www.cno.org/globalassets/docs/prac/47002-oneisone-binder.pdf>
- College of Occupational Therapists of British Columbia (2017). Practice standards and guidelines – prevention of sexual misconduct. <https://cotbc.org/library/cotbc-standards/practice-standards-and-guidelines/prevention-of-sexual-misconduct/>
- College of Occupational Therapists of Ontario (2018). Standards for the prevention of sexual abuse. <https://www.coto.org/resources/standards-for-the-prevention-of-sexual-abuse-2018>
- College of Physicians & Surgeons of Alberta (2018). CPSA council statement of principles: sexual misconduct and disclosure of disciplinary information. <http://www.cpsa.ca/cpsa-council-update-sexual-misconduct-and-disclosure-of-disciplinary-information/>
- College of Physiotherapists of Ontario (2017). Boundaries and sexual abuse standard. <https://www.collegept.org/rules-and-resources/new-boundaries-and-sexual-abuse>
- College of Registered Psychiatric Nurses of Alberta (2019). Standard of Practice Maintaining Professional Boundaries and Preventing Sexual Abuse. <https://www.crpnab.ca/>
- Schachter CL, Stalker CA, Teram E, Lasiuk GC, Danilkewich A. Handbook on sensitive practice for health care practitioners: Lessons from adult survivors of childhood sexual abuse. Ottawa: Public Health Agency of Canada, 2008. Available at: <http://www.integration.samhsa.gov/clinical-practice/handbook-sensitive-practices4healthcare.pdf>. Accessed on January 6, 2016