



College of Audiologists and
Speech-Language Pathologists of Ontario
Ordre des audiologistes et
des orthophonistes de l'Ontario

PROFESSIONAL RELATIONSHIPS AND BOUNDARIES POSITION STATEMENT

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INTRODUCTION

Audiologists (“AUDs”) and Speech-Language Pathologists (“SLPs”) must treat patients with sensitivity while respecting the boundaries of a health care relationship. Serious care must be taken to recognize potential violations of professional relationships and to maintain appropriate behaviour.

BACKGROUND

The intent of the Professional Relationships and Boundaries Position Statement is to assist patients and AUDs and SLPs to:

- identify risks and increase awareness of situations in which sexual involvement or other boundary issues might occur;
- prevent inappropriate interaction between the patient and AUD or SLP; and
- establish and maintain professional boundaries.

This document is intended to assist in the interpretation of the [Regulated Health Professions Act, 1991 \(“RHPA”\)](#), and the College’s [Code of Ethics, Guide for Service Delivery Across Diverse Cultures](#), and [Professional Misconduct Regulation](#), by providing clear definitions and examples of CASLPO’s expectations of professional conduct in the practice of speech-language pathology and audiology.

The Professional Relationships and Boundaries document is one component of CASLPO’s [Sexual Abuse Prevention Program](#). Please refer to that document for the complete program.

GUIDING PRINCIPLES

A) INTERPERSONAL RELATIONSHIPS

Health care relationships can include both the therapeutic and interpersonal relationship. However, because of the nature of the therapeutic relationship, the AUD or SLP possesses unique knowledge and skills upon which the patient must rely and this places the AUD or SLP in a position of power over the patient.

C) RESPONSIBILITY

It is the responsibility of the AUD or SLP to ensure that a therapeutic relationship is appropriately established, maintained and concluded. Patients should be encouraged to become active participants in their care, thereby reducing the power imbalance.

B) POWER IMBALANCE

A power imbalance is inherent in every treatment relationship and can make the patient vulnerable to abuse or boundary violations. The AUD or SLP must always be sensitive to the possibility that the professional relationship may create vulnerability or dependency on the part of the patient.

D) BOUNDARIES

Boundaries help both the patient and the AUD or SLP by ensuring that words and actions will not be misinterpreted by the patient or the AUD/SLP, so that there are clear distinctions between appropriate and inappropriate behaviour. Boundary violations are warning signs that the power imbalance is becoming concerning.

Boundary violations occur when the behaviour of an AUD or SLP deviates from the prescribed boundaries of a therapeutic relationship. Some behaviours (e.g. gift-giving, self-disclosure, accepting gifts, treatment of friends or family members) are not normally a part of intervention and are generally inappropriate. However, there are situations that fall into grey zones, when normally inappropriate behaviours are acceptable if they meet the patient's needs and established goals.

It is always the responsibility of the AUD or SLP to preserve professional boundaries, no matter what the patient's behavior.

LEGAL CONSTRAINTS ON PRACTICE

A) SEXUAL ABUSE

AUDs and SLPs must not engage in sexual relationships with patients. Under the [RHPA](#), any form of sexual relations (including all physical sexual relations, touching of a sexual nature, or remarks or behaviour of a sexual nature) between a patient and AUD or SLP constitutes sexual abuse.

B) DISCRIMINATION

AUDs and SLPs must comply with the laws and regulations governing the practice of audiology and speech-language pathology in the province of Ontario. Discrimination based on citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, education, gender identity, gender expression, receipt of public assistance, or record of offence is not permitted in any relationship with patients, families, colleagues or others.

C) INFORMED CONSENT¹

AUDs and SLPs have an obligation to ensure that patients receive an appropriate explanation for all care proposed and that they understand and have consented. Communication techniques that account for the patient's level of communication, language proficiency and cultural orientation is essential. In all situations, informed consent must be obtained from the patient or substitute decision maker as appropriate to each patient. AUDs and SLPs must respect the patient's right to participate in all treatment decisions, which includes the right to give, withhold or withdraw consent. AUDs and SLPs are responsible for obtaining the patient's permission for staff, students, family, or others to observe any aspect of patient care. AUDs and SLPs must document in the patient record both the giving of consent and its withdrawal and include reasons given, where possible.

¹ For more information, please refer to the College's Guide on Obtaining Consent for Services.

COMPONENTS OF A THERAPEUTIC RELATIONSHIP

In a therapeutic relationship, the patient and their needs are foremost. It is expected that the AUD or SLP will not exploit the professional relationship for the fulfillment of personal gain or needs. Power, trust, respect and physical proximity are components that AUDs and SLPs must consider when managing the boundaries of the relationship.

COMPONENTS OF A THERAPEUTIC RELATIONSHIP



A) POWER

Through a patient centered approach, it is the responsibility of the AUD or SLP to recognize the inherent vulnerability and power imbalance of the therapeutic relationship and to create an environment in which the patient feels safe and free to ask questions.

A therapeutic relationship implies an inherent imbalance of power due to:

1. the professional's authority in the health care system,
2. their unique knowledge,
3. the patient's (or family member's) vulnerability, and
4. the patient's dependence on the care provided.

AUDs and SLPs can also influence other health care providers and payers of services, are provided confidential information as trusted health care providers and can influence decisions about the patient's care.

Patients may not want to compromise the relationship by challenging the knowledge and expertise of the AUD or SLP. Some patients may feel vulnerable in a relationship that creates dependence on the professional and requires trust that the member will act in his or her best interest. Patients must also be assured that they may withdraw consent at any time.

B) TRUST

When seeking health care services, many patients feel vulnerable and seek a professional whom they trust has the requisite knowledge, skill and competence to provide quality care. They may divulge personal information which increases their vulnerability and so AUDs and SLPs must not harm or exploit the patient and to act in the patient's best interests.

C) RESPECT

As a requirement of CASLPO's Code of Ethics, AUDs and SLPs have an ethical obligation to respect individuals regardless of differences in background, such as those involving gender, sexual orientation, cultural, spiritual, physical, social, environmental, moral, ethical, economical, educational, political and ethnic variations. AUDs and SLPs must act in a way that is respectful of the patient's participation in his or her care.

D) CLOSENESS

The therapeutic relationship places individuals in a situation requiring physical, emotional and psychological closeness that is not usually encountered in relationships in everyday life. This differs from the closeness of social, romantic or sexual relationships. Closeness may include:

- physical touch of the face, ears, mouth, neck chest and stomach,
- physical proximity during examinations,
- 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.

AUDs and SLPs must practice with sensitivity, respecting patients' autonomy and ensuring that patients are informed and share control in decisions about their care.

PROFESSIONAL CONSTRAINTS ON PRACTICE

AUDs and SLPs need to be aware of situations and factors that may lead to abuse or allegations of misconduct. AUDs and SLPs must ensure that all procedures including assessment, treatment planning and implementation **reflect care and concern for the patient's well-being, comfort, and dignity.**

A) TOUCH

When appropriate, patients should be offered choices about how they are to be touched or treated and by whom. It is always good practice to ask a patient's permission before touching him/her and to explain the purpose of the procedure.

B) DIVERSITY

AUDs and SLPs must respect and be responsive to the fact that patients of all ages represent a diversity of backgrounds.

C) COMMUNICATION

AUDs and SLPs must refrain from making any comments, remarks or gestures that may be interpreted as sexual or demeaning. This includes telling jokes or stories of an offensive nature to the patient, and making comments about a patient's body, clothing, race, culture, sexual orientation, etc. AUDs and SLPs must not participate in such discussions initiated by the patient.

Please refer to **Appendix A** for the Guide to Managing Professional Relationships and Boundaries for guidance on managing boundaries. AUDs and SLPs also have the option of contacting practice advice for further information.

BOUNDARIES IN DIFFERENT TYPES OF RELATIONSHIPS

Relationships between a patient and AUD or SLP and his/her significant others can take a variety of form. For the purposes of this document, a "significant other" is anyone who is closely associated with the patient. See Glossary for examples.

A) SEXUAL OR ROMANTIC RELATIONSHIPS

Under no circumstances should an AUD or SLP engage in a sexual relationship with a current patient or their significant other.

Further, AUDs and SLPs must not provide treatment to their spouse or common law partner. Under the RHPA, spousal relationships are not exempted from the definition of sexual abuse.

For the purposes of sexual abuse, the *RHPA* defines a patient as:

(a) an individual who was a member's patient within one year, and

(b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43 (1) (o) of the *Regulated Health Professions Act, 1991*; ("patient")

Engaging in a sexual relationship with a patient within one (1) year of the therapeutic relationship ending is considered sexual abuse of a patient. If found guilty of engaging in sexual abuse, a panel of the Discipline Committee is required to revoke a member's certificate of registration, which cannot be subject to a re-registration hearing for a period of five (5) years.

A sexual relationship with a former patient (longer than one-year post treatment relationship) is never appropriate if the member uses or exploits trust, knowledge, emotions or influence derived from the therapeutic relationship. The patient's willingness or the willingness of the patient's significant other to participate in such a relationship does not absolve the AUD or SLP of their legal and ethical obligations.

The following guidelines are intended to assist AUDs and SLPs with appropriate handling of situations in which a romantic or sexual relationship may arise.

1) A patient in treatment attempts to initiate a romantic or sexual relationship:

- The patient should be made aware of the ethical and legal restrictions of the AUD or SLP. AUDs and SLPs should communicate clearly the appropriate professional boundaries for the therapeutic relationship.
- The patient must be referred to another AUD/SLP if either the patient or the AUD/SLP is having problems dealing with feelings of attraction, or if attempts to resolve the situation have been unsuccessful.
- It is appropriate for the AUD or SLP to seek advice from supervisors, experienced members of the profession, or the College.
- Issues which arise, and actions taken should be documented.

2) A romantic or sexual relationship develops with a patient after discharge

- If, after the passage of one year, the patient and AUD or SLP wish to engage in a sexual relationship, the audiologist or SLP should consider:
 - The patient's vulnerability or degree of emotional dependence on the AUD or SLP as a result of the professional relationship;
 - The duration and frequency of treatment;
 - The nature of the intervention;
 - The amount and nature of the patient's disclosure of personal information; and
 - The ability of the patient to act freely.
- There may be times when it is never appropriate to start a romantic or sexual relationship with a former patient. This may be the case even if the decision to avoid a romantic or sexual relationship is disappointing or upsetting to the member and/or the patient. It is important to document the steps that have been taken.

B) OTHER PERSONAL RELATIONSHIPS

The issue of boundaries is broader than sexual abuse, covering such topics as family relationships, financial dealings, conflict of interest, and breach of confidentiality. Boundary concerns can arise when an AUD or SLP treats a close friend or family member, neighbour or colleague or others with whom the AUD or SLP has a personal relationship. A boundary violation can occur whether the AUD or SLP intended it to or not. Regardless of the intention, the violation can have serious negative effects on both the patient and AUD/SLP.

Casual or social relationships outside of the therapeutic relationship may be acceptable where the relationship has a neutral effect on the therapeutic relationship.

Please refer to **Appendix A** for the Guide to Managing Professional Relationships and Boundaries which discusses warning signs that professional boundaries may have been crossed.

CONSEQUENCES OF BOUNDARY VIOLATIONS

BOUNDARY VIOLATIONS are behaviours on the part of the AUD or SLP that are inappropriate and violate the nature of the therapeutic relationship. These behaviours do not contribute to the established treatment goals.

Some of the possible negative consequences of boundary violations are:

- the patient or AUD/SLP may make decisions about treatment that are not in the best interests of the patient
- AUD or SLP may lose objectivity with respect to the patient
- the patient may not respect the advice and recommendations of the AUD or SLP in the same way he or she would with a care provider they do not know as well
- AUD or SLP may be found guilty of sexual abuse (as defined by the RHPA) and therefore lose their certificate of registration to practice in Ontario

CONCLUDING THE TREATMENT RELATIONSHIP

In some circumstances, the feelings of the patient and/or AUD/SLP may impact the treatment relationship to the extent that continuing with treatment is not in the patient's best interest. In those circumstances, the AUD or SLP should:

- Stop providing treatment to the patient (document reasons in the patient record);
- Advise the patient of the reasons that treatment must be discontinued;
- Advise the patient that continuing with their care would not be in their best interest; and
- Provide the contact information for alternative service providers if treatment is still necessary.

It is important to ensure that, in concluding the treatment relationship, the impact to the patient's care is minimized as much as possible. Even if the patient consents to continue with treatment, AUDs and SLPs must use their professional judgement to ensure that the best interest of the patient is protected.

GLOSSARY

THE COLLEGE

Refers to the College of Audiologists and Speech-Language Pathologists of Ontario or CASLPO

PATIENT

Refers to any person who receives services from an audiologist or speech-language pathologist registered with CASLPO.

SIGNIFICANT OTHERS

A person or persons of emotional significance to the patient. This includes, but is not limited to, a patient's spouse, parent, sibling or adult child, and, in the case of a minor or incompetent patient, the parent, guardian or person responsible for the care of the minor or incompetent patient.

MEMBER

Audiologists and Speech-language Pathologists who are registered members of CASLPO

RESOURCES

Regulated Health Professions Act (1991)

College of Audiologists and Speech-Language Pathologists (1996). [Ontario Regulation 749/93: Professional Misconduct.](#)

College of Audiologists and Speech-Language Pathologists (2011). [By-law No. 7, Code of Ethics.](#)

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College of Physicians and Surgeons of Ontario Policy Statement: Maintaining Appropriate Boundaries and Preventing Sexual Abuse. (September 2008; reviewed June 2017; May 2018)

FOR MORE INFORMATION

Please feel free to contact the College by mail, phone, fax or e-mail if you have questions regarding this or other College publications.

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The College's Registrar can be contacted by email at caslpo@caslpo.com or by phone at 416-975-5347 ext. 215, or toll free at 1-800-993-9459 ext. 215



APPENDIX A: GUIDE FOR MANAGING PROFESSIONAL RELATIONSHIPS AND BOUNDARIES

EFFECTIVE: JUNE 6, 2019

Audiologists and Speech-Language Pathologists must treat patients with sensitivity while respecting the boundaries of a health care relationship. Care must be taken to recognize potential violations of professional relationships and to maintain appropriate behaviour.

BACKGROUND

The College's Position Statement on Professional Relationships and Boundaries sets out the dynamics of the treatment relationship and outlines the various constraints on boundaries when treating patients. The following is intended to provide guidance respecting how audiologists and speech-language pathologists can manage relationships that may be crossing professional lines.

WARNING SIGNS WHICH MAY INDICATE THAT PROFESSIONAL BOUNDARIES MIGHT BE CROSSED:

- Deliberately scheduling patient sessions to take place at a time when others are likely to not be present such as early or late appointments, particularly when this has not been requested by the patient or is unrelated to therapeutic needs
- Deliberately and consistently extending therapeutic sessions beyond the scheduled time
- Conversations with the patient outside of the therapeutic environment unrelated to the patient's treatment
- Excessive self-disclosure to a patient
- Exchange of expensive or personal gifts with patient
- Deliberately meeting or attempting to meet socially with the patient
- Experiencing feelings of mutual or one-sided attraction to the patient
- Lends money to the patient or vice versa
- Extending credit to the patient beyond the member's customary practice
- Providing preferential treatment to the patient to the detriment of other patients (e.g. cancelling appointments to "fit-in" the patient)
- The patient asks the member to do something that may be unethical or illegal (e.g. provide a false receipt for services)

- Offering to help a patient with something outside of the therapeutic relationship or to provide therapeutic services beyond the member's knowledge and skills

Audiologists and speech-language pathologists should examine the nature of the professional relationship with a patient if any of these or other warning signs are present. Audiologists and speech-language pathologists must be aware of behaviours and situations that could lead to or be perceived as crossing professional boundaries.

MANAGING BOUNDARIES

When the actions fall out of what is typical, the audiologist/speech-language pathologist needs to reflect upon the following questions prior to engaging in the atypical activity:

- Am I doing something that my patient needs to achieve our agreed upon treatment goals?
- 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 utilized to meet this need?
- Would I tell a colleague about this activity?
- Are my behaviours similar to those of other practitioners in the same circumstances?
- Who benefits the most from performing these tasks?

Is the third party payer (e.g. insurance company) aware that an audiologist or speech-language pathologist is performing these activities? Would the payer fund them as part of the plan of care?