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***PROFESSIONAL BOUNDARIES
in Health-Care Relationships, Part 2***

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Boundary violations and sexual abuse

Sexualizing a professional, health-care relationship is against the law. In Ontario, the Regulated Health Professions Act (RHPA) prohibits sexual involvement of health-care professionals with clients. The RHPA [section 1(3)] defines sexual abuse broadly as: sexual intercourse or other forms of physical sexual relations between a member and a client; touching, of a sexual nature of the client by the member; or, behaviour or remarks of a sexual nature by a member toward a client.

There are NO circumstances in which sexual activity between a psychologist or psychological associate and a client is acceptable. Sexual activity between a client and practitioner is always detrimental to client care, regardless of what rationalization or belief system and the health-care professional chooses to use to excuse it. Because of the unequal balance of power and influence, it is impossible for a client to give meaningful consent to any sexual involvement with his or her therapist; client consent and willingness to participate in a personal relationship does not relieve the member of his or her duties and responsibilities for ethical conduct in this area. Failure to exercise responsibility for the professional relationship and allowing a sexual relationship to develop is an abuse of the power and trust which are unique and vital to the therapist/client relationship.

Warning signs

There may be times in the practice of psychology when a member could find himself or herself drawn toward a client or could experience feelings of attraction to a client. It is vital that the psychologist or psychological associate recognize these feelings as early as possible and take action to prevent the relationship from developing into something other than a professional one. If a client attempts to sexualize the relationship, the obligation is always on the psychologist or psychological associate not to cross the line.

Research has shown that before actual physical contact or abuse occurs there are often a number of warning signs, or changes in the therapist's behaviour. Members should be alert to such signs that suggest he or she may be starting to treat a particular client differently. These may include sharing personal problems with the client, offering to do therapy in social situations such as over dinner, offering to drive a client home, not charging for therapy, or making sure the client's appointments are scheduled when no one else is in the office.

In addition, miscommunication between a psychologist or psychological associate and a client may cause the client to misunderstand a member's intent. While it may seem harmless to make a personal compliment about a client's appearance, or tell a "racy" joke, this type of behaviour can be misinterpreted by a client as a interest in him or her personally.

Prevention and avoidance of sexual misconduct

The best way to maintain the appropriate boundaries in a professional/client relationship is through the clinician's focus on maintaining good, personal psychological health, an awareness of potential problems and good, clear communication. One's power and control over a client should not be underestimated. One should also remain aware that the client may experience touch, personal references and sexual matters very differently from the clinician due to a variety of factors including gender, cultural or religious background, or personal trauma such as childhood sexual abuse. Risky situations should e avoided and the proper boundaries of any professional/client relationship should be communicated clearly and early in the treatment process. The following guidelines suggest approaches to prevent boundary violations and avoid complaints of sexual misconduct.

1. Respect cultural differences and be aware of the sensitivities of individual clients.
2. Do not use gestures, tone of voice, expressions or any other behaviours which clients may interpret as seductive, sexually demeaning, or as sexually abusive.
3. Do not make sexualized comments about a client's body or clothing.
4. Do not make sexually demeaning comments to a client.
5. Do not criticize a client's sexual preference.
6. Do not ask details of sexual history or sexual likes/dislikes unless directly related to the purpose of the consultation.
7. Do not request a date with a client.
8. Do not engage in inappropriate "affectionate" behaviour with a client such as hugging or kissing. Do offer appropriate supportive contact when warranted.
9. Do not engage in any contact that is sexual, from touching to intercourse.
10. Do not talk about your own sexual preferences, fantasies, problems, activities or performance.
11. Learn to detect and deflect seductive clients and to control the therapeutic setting.
12. Maintain good records that reflect any intimate questions of a sexual nature and document any and all comments or concerns made by a client relative to alleged sexual abuse, and any other unusual incident that may occur during the course of, or after an appointment.

What members can do

If a member finds himself or herself having a problem with how he or she is treating of feeling about a client or how clients are feeling about them, members should get

assistance as soon as possible. If the client has been sexualizing the relationship, this should be documented, as should actions taken to diffuse the situation. Members are encouraged to talk to a trusted colleague or mentor, seek professional help from a qualified practitioner in the psychological community or elsewhere, or call the practice advisory service at the College.