The College of Physiotherapists of Ontario presents Understanding and Maintaining Professional Boundaries: Chapter 4: Prevention – Tips and Tools. This is the fourth and final chapter designed to heighten awareness and assist physiotherapists’ understanding of professional boundaries.
Chapter 4 will focus on prevention and begins by providing an overview of the general characteristics of boundary violations or boundary issues that can cause harm. The chapter will outline preventative tips and tools, including key red flags or warning signs that indicate that you may be on a slippery slope in the therapeutic relationship, as well as reflective questions that may be used in self-examining your day to day professional behaviours. The chapter will also offer a case study and will conclude by revisiting the self-assessment exercises discussed in Chapter 1. You are encouraged to apply your learning from all four chapters by completing the self-reflection exercises once again.
Chapter 3 presented five scenarios under the title of The Slippery Slope. The scenarios addressed behaviours or actions that on first reading, might not appear to be inappropriate.

However the title itself, The Slippery Slope, reflects the general characteristics of boundary issues that can become boundary violations, as boundary violations generally begin as innocent situations with behaviours or actions that frequently appear harmless. A boundary issue that becomes a boundary violation is usually a process with many small steps and is often not recognized or felt to be a violation until something goes wrong.

What can you do to avoid sliding down this slippery slope? What tips and tools can you apply to your day-to-day practice?
The first preventative tool is to be aware of common root causes of boundary violations. These common root causes will be presented in a reflective question format, making them easy to apply to your day-to-day practice.

The reflective questions indicate key red flags or warning signs that you may be on a slippery slope and that the therapeutic boundary or safe connection between you and your patient may be compromised or weakened.

The reflective questions ask you to think about whether you are using or have used your professional power in an appropriate manner and encourage you to think about the potential impact of your actions or words on your patient, while recognizing that this may be different from your intent.
The red flags or warning signs are not presented in any order. Some of the red flags were addressed previously in Chapter 3.

The first reflective question or red flag is: “Do you make your patient feel special?” This warning sign can be anything from spending more time with a particular patient, beyond what is required to meet their therapeutic needs; to providing special appointment times that may outside your normal schedule; to extending the duration of treatment itself for a particular patient.

Should any of these situations occur, the question becomes “why are you doing so?”. Is the patient demanding to be seen at this time or for this long and you simply do not know how to say no? Or, do you feel sorry for them and what they have experienced, therefore, you “just want to go that extra mile”?

Or – do you make your patient feel special by promising on-going availability such as giving them your home or cell number and letting them know that they can call at any time? Would you do this for all your patients? If not, why not? In other words, what is different about this particular patient? What degree of dependency are you creating? What is the impact on your co-workers who may need to cover for you from time-to-time? What is the impact on your other patients who may witness this special treatment?
Consider also why you want to make your patient feel special. Is it because you are developing personal feelings for this particular patient?

If you are not sure about this last question, then ask yourself whether you think about this person frequently outside the therapeutic relationship and whether or not you take extra care in how you look or dress on the days that this particular patient is coming for treatment.

Should this be the case, care is required to put the boundary back into place and consultation is recommended. As discussed in Chapter 1, consult with someone who is objective and can ask the right questions – not just someone who will tell you what you want or hope to hear. The questions asked by an objective third party may make you feel uncomfortable and that discomfort may mean that you are doing the right thing by asking.
Key Red Flags 2

Do you socialize with a patient outside the therapeutic relationship?

- Personal feelings that you act on dualize the relationship.
- You may know the patient in another way e.g. neighbour or child’s teacher.
- Socializing includes the use of media such as Facebook and instant messaging.

This leads us to the second red flag and the reflective question, “Do you socialize with a patient outside of the therapeutic relationship?”

The word socializing is broad in its interpretation. It may mean that you have personal feelings for a patient that you act on. Personal feelings may be romantic feelings or simply that you find someone interesting and fun and so, you like spending time with that person. However, by doing so, you “dualize” the relationship by inserting a personal element into the therapeutic relationship.

Socializing with a patient could also mean that you know your patient in a different way, for example, your children are in the same class or your spouses know each other. In these circumstances socializing is unavoidable. In the field of boundaries, this is a classic dual relationship - you know the person in some other way and in addition, they are your patient. Should this be the case, it is important to discuss and define the parameters of your professional relationship in very the beginning so you both understand what is appropriate to talk about when you see each other personally.

And finally, socializing does not need to be face-to-face. Socializing can take place using many types of social media such as Facebook, My Space, Twitter and other forms of instant messaging. This method of socializing will be explored further in a few moments.
In Chapter 3, the key red flags of entering into personal disclosure and touch of a personal nature were addressed. Each of these behaviours introduces a real, potential or perceived personal element into the therapeutic boundary. This blurs the nature of your relationship with your patient and as a result, may cause confusion for the patient. Should you enter into either of these behaviours, remember that it must have a professional purpose that is focused on the needs of the patient.

Having said that, personal disclosure for the sole purpose of obtaining advice from your patient who has a particular expertise, is asking your patient for a favour. This does not have a professional purpose and may cause harm to your patient by placing them in a double bind. A double bind is a situation where choice is impossible and is also described as being caught between a rock and a hard place.

Should you choose to enter into touch of a personal nature, keep in mind that the intent of your actions and the impact on your patient may be quite different. Remember also that you have automatically changed the therapeutic relationship by introducing a real, potential or perceived personal element into the therapeutic relationship.

While you will use your professional judgment to determine whether you will enter into personal disclosure or touch of a personal nature, it is important to remember that you are solely responsible for keeping the boundary or safe connection between you and your patient.
The elements or components of the professional power that you have in the therapeutic relationship were outlined in Chapter 2. You will recall that one element of your professional power is how you manage your client’s expectations.

Failure to outline your role or failure to define your service parameters means your patients may not fully understand what it is you can do for them from a treatment perspective. Do patients understand the limits that there may be with respect to treatment? Do they understand your role as a physiotherapist?

Another warning sign or red flag is making up your own rules. For example, you may not agree with some aspect of an organizational policy, so you either ignore the policy completely or you substitute what you feel is right, fair or just in that particular circumstance. In doing so, you let your own personal bias begin to shape the therapeutic relationship that you have with your patients.

**Key Red Flags 4**

- Do you fail to define your role or fail to outline your service parameters?
- Do you make up your own rules?
The last key red flag to be presented is being burnt out or being under high stress.

Needless to say, when you are burnt out or under high stress, the likelihood of mistakes happening increases. In addition, it may become more difficult to keep your personal biases from “leaking” into the therapeutic relationship. You may find your self being curt or short with your patients or taking short cuts so that you can leave work early. Seeking consultation and personal support is critical in these times.
Test Your Knowledge

Match the example on the left with the correct response on the right

1. If you fail to define the parameters of service
   - You may create dependency
2. If you promise on-going availability to your patient
   - You “dualize” the relationship
3. If you see your current patient socially
   - You should have a professional purpose for doing so
4. If you are burnt out or under high stress
   - Your potential to cause harm to your patient increases
5. If you enter into personal disclosure
   - Your patient’s expectations may exceed what you can provide
The red flag reflective questions are summarized at the end of the chapter.

In addition to the red flags or common causes of boundary violations, there are additional reflective questions or tests commonly used in the field of boundaries. These five tests basically ask you to consider how others would perceive your behaviour or how you would feel about your behaviour if others knew what you were doing or about to do.

The first test we’ll call the witness test. In other words, would you do or say the same thing if someone else - a colleague, a supervisor, another patient or family member - was watching? In other words, would you be at ease with others witnessing what you said or did?

The second test is a documentation test. Would you document what you did or said in your patient’s chart? In other words would you feel comfortable having other team members, health providers etc. read about whatever it is that you said or did? Would you feel comfortable in knowing that this documentation will be kept for a number of years even after a patient’s discharge from treatment?
The third test is called the newspaper test – Would you like to see your name and a description of your actions as the headline in the local or national newspaper?

Consider also - whose needs are coming first? Yours or your patient’s?

As has been discussed in previous chapters, have you misused your professional power for your own self gain, however innocently it may have occurred? Have you let your own bias of what you personally feel to be right, good, fair or just in that particular situation begin to shape the therapeutic relationship? Have you betrayed or breached your patient’s trust that you will keep their needs primary and that you will do only good and not cause harm?
The fourth reflective test relates to explaining why you took the course of action that you did. In part, your explanation will be assessed by the application of a test of reasonableness. In other words, would another physiotherapist with similar knowledge, skills and expertise, faced with the same situation, do the same thing?

And finally, the justification test – Does your course of action match the laws, policies and professional standards? As discussed in Chapter 1 there are various “rules” that define your professional behaviours. Do you know and can you apply these “rules” to your practice?
There is a third preventative tool to assist you and that is the College’s ethical decision-making framework. The framework was presented in the E-Learning Module, Understanding Ethics and is also available as part of the Code of Ethics in the Registrants’ Guide.

This decision-making framework is equally applicable to the resolution of boundary issues.
From time-to-time you may be faced with an issue that you believe requires you to step outside the articulated behavioural expectation because you believe that there is sound professional rationale for you to do so.

What might this potential issue look like? An example might be a patient who is a professional pianist has an injury to his hand which has prevented him from playing. Not only is it his passion, but it is his livelihood. Finally able to play again, he invites you to his first concert where he would like to thank you publicly. Do you go?
Applying the ethical decision-making framework will guide your professional thinking in a structured manner. It will facilitate the separation and removal of personal bias and emotion. The framework will aid in weighing the options and determining whether or not you should go to the concert. And if you do decide to go, what would be the parameters or limits you would need to put into place? In other words, the framework will assist you in reaching sound boundary decisions. Let's quickly review the framework.
Step one - recognize that there is an ethical or boundary issue.

Step two – identify the problem and who is involved as well as who should be consulted to promote sound and full decision-making.

Step three - reduce the boundary issue to its facts. In other words, what you know for sure and identify and consider the relevant laws, values, ethical principles and professional standards.

Step four - is to brainstorm options and then analyze the pros and cons of each option. It is very important at this step to consider both the short term and in the long term because a short term option that appears sound may have serious negative consequences in the long term.

Step five - requires you to choose a course of action and implement it. Should you make a decision to step outside the prescribed boundary, you will want to document the process that you took to arrive at this particular option, including your professional rationale. You will also want to document the plan of action and outcomes.

The final step is to evaluate the outcome and determine if further action is required.
Having reviewed some preventative tools, let’s apply some to a case study.

But before doing so, take a moment and think about your answer to the following question. Do you “text” your patients as a method of communication?

Recognizing that the answer may be “it depends” or “on occasion”, for the purpose of this self-reflection exercise, simply decide “yes” or “no”.

**Take a Moment**
Do you “text” your patients as a method of communication?

Yes or No?
Let’s assume that most people answer “yes”, they would consider using text messaging to communicate with patients because really, how can texting affect the boundary or safe connection between a physiotherapist and a patient?

The following case study illustrates how something as simple as a text message can start you down the slippery slope toward a boundary violation. While the case is extreme and used to illustrate a point, it clearly shows how intent can differ from impact and how boundary violations generally occur as a series of small steps.
Recognizing the Signs: A Case Study

One of your patients needs to see you urgently. To do so, you need to change the appointment time of another patient, Jason. You decide that it is faster to send Jason a text asking to change his appointment time.

One of your patient needs to see you urgently. However to do so, you need to change the appointment time of another patient, Jason. You are in a hurry, so rather than go to the phone in the office, you decide that it is faster to send Jason a text from your personal cell phone asking to change his appointment time.
This works. However this particular patient is late nearly every time. This puts you behind schedule and forces other patients to wait. Thinking about the quick response to your first text, you decide to text Jason appointment reminders. It is easy to do.

Jason seems to like the exchange and starts to text you updates prior to his appointment – e.g. meeting running late, unrealistic deadlines, need to get child to a birthday party etc. You soon discover that your children are the same age and you begin comparing notes about school, soccer practice and piano lessons.
One day, you bump into Jason at a major sporting event. At his next treatment session, Jason tells you that he has posted photos of the sports star of the event on Facebook. He suggests that you become “friends” so that you can see the photos. You agree and also give Jason your email address so that he can send you photos. You are a huge fan of this star and without looking at them closely, you post the photos on your own site.
A few days later, you post some pictures from a staff party. When Jason comes in for treatment, he makes a comment to one of your co-workers about the party. Your co-worker is quite upset that a patient is aware of her behaviour at a staff event and is concerned about how close you have become with Jason. The next day, she tells the boss that she has concerns that you are having an inappropriate relationship with a patient.
Take a Moment

How many small steps took place before something went wrong?

- A) 0
- B) 1 - 2
- C) 3 - 4
- D) 5 +
There were 9 small steps that occurred before something went wrong.

1. The text to change the appointment using your personal cell phone
2. The series of appointment reminder texts
3. Comparing notes about your children
4. Agreeing to become Facebook “friends”
5. Posting the pictures sent to you by your patient on your own Facebook site
6. Not reviewing the pictures carefully before posting them
7. Posting pictures of the staff party to which a patient had access
8. Not considering how a colleague might feel about having her picture posted
9. Discussing the events of a staff party with a patient
Match – Up Questions

1. By texting from your personal cell phone
2. By exchanging ongoing text messages with a patient
3. By comparing notes about your children's activities
4. By becoming Facebook “friends” with a patient
5. By giving your email address to receive the pictures

1. You entered into personal disclosure
2. You took a short cut and stepped outside your usual role
3. You encouraged the patient to feel special
4. You let your own needs come first
5. You socialized with your patient outside the therapeutic relationship
In this process, there were nine steps and at least five red flags or warning signs before something went wrong.

The end result is that your boss is now considering whether disciplinary action or a report to the College is needed and is asking you to explain yourself.

Can you explain why you took the course of action that you did?
This case study was designed to illustrate how an initial, seemingly harmless situation – a text message to change an appointment time – can lead to another and another and another.

You may be thinking that this illustration is too “over the top” as text messaging is a commonly accepted form of communication; “Everybody” uses it. It is a direct form of communication with little chance of messages being missed or not being passed on by a third party. Why not use it?

Further, you may think that the first text saved the patient a trip and the appointment reminder texts were sent out of fairness and respect for the other patients who were left waiting on a regular basis.
While this may be true, the initial text introduced the beginning of a very subtle shift in the therapeutic relationship.

The shift began with rushing, leading you to make a decision to take a short cut and use your personal cell phone rather than the office phone. In other words, your needs began to leak into the therapeutic relationship. The initial text introduced a personal element into the therapeutic relationship as now the patient has your cell phone number.

The ongoing reminder text messages from your personal cell phone encouraged the patient to feel special and entrenched this personal element further, as was characterized by the patient giving you up-dates leading up to his appointment. This was deepened even further with the agreement to become “friends” on Facebook and to the disclosure of your email address so that you could receive the photos of the star athlete of whom you are a huge fan.

The boundary or safe connection between you and your patient became blurred and your own personal needs began to shape the relationship between you and your patient. When your colleague and your boss became aware, they had concerns and required you to justify your behaviour.
Should You Use Social Media Or Instant Messaging With Patients?

Consider:

- Merger of professional and personal lives
- Patient expectations may change.
- It is easy to publish and easy to make a mistake.
- A policy to outline the parameters or limits and ensure appropriate boundaries

Should you use these forms of social media or communication with patients?

While the use of instant messaging or email is not necessarily wrong or bad, the caution is that it not become a pattern of practice that leads to a slippery slope in the therapeutic relationship with your patient.

A stronger caution is urged should you consider having patients as “friends” on Facebook, My Space or Twitter, for example - regardless of who initiates the request. Here, there is a much more pronounced merger of personal and professional roles, and that merger may increase the possibility of anything from potential or actual breaches of confidentiality, to raised patient expectations, to others making a complaint about your behaviour.

Ultimately, you will use your professional judgment. Here are some factors to keep in mind;

1. There is a merger of your professional and personal lives when using many forms of social media.
2. Your patient’s expectations or perception of the therapeutic relationship may change as a result.
3. The easier it is to publish or post something – the easier it is to slip up and make a mistake.
4. Consider an “online” policy that addresses email and other forms of social media. In other words, will you accept patient emails and if you do, what parameters or limits will you put into place to ensure appropriate boundaries are maintained? You will also want to ensure to discuss these parameters with your patients.
In summary, there are a number of red flags or warning signs. Reflective questions or tests can indicate that you may be on a slippery slope with your patient and that there may be a shift in the relationship between you and your patient. This shift can be subtle at times, in particular when you enter into actions that you believe to be both innocent and harmless.

You are encouraged to be aware of these warning signs and use reflective questions as preventative tools in your day-to-day practice, in addition to applying the ethics decision-making framework as appropriate.

And finally – should you find yourself on a slippery slope – don’t panic. Instead, consult the rules and the right people.
Red Flags: Summary

Click here to view a list of the key red flags or reflective questions discussed in this chapter.

Red Flags Summary: http://cpo1.gravityfactor.com/LiteratureRetrieve.aspx?ID=69179
Reflective Tests: Summary

Click here to view a list of the reflective tests discussed in this chapter.

In Chapter 1, you were encouraged to complete two self-assessment exercises. One focused on your knowledge of professional boundaries and the other focused on professional behaviours. The answers were for your eyes only.


Now, having completed the module, you are encouraged to complete the self-assessments once again. As with the first time, the answers are for your eyes only. Is there any difference in your answers this time as compared to the first time?
As a reminder, these first four questions focus on your knowledge of professional boundaries. Please keep in mind that this is a reflective exercise and the results are for your eyes only.

**Self Assessment – Knowledge Question 1**

Boundaries are important because they

A. Help me be professional
B. Protect my patient
C. Put my patient’s needs first
D. All of the above

Please select the option that you feel is most correct.
Question 2 - Boundaries are there to prevent you from

A. Being compassionate and caring
B. Gaining personally from a patient
C. Having fun with your patient
D. Being yourself
Self Assessment – Knowledge Question 3

When faced with a boundary issue

A. I follow my heart
B. I do what my patient wants
C. I seek consultation
D. I ignore it and hope it goes away

Question 3 - When faced with a boundary issue, you

A. Follow your heart
B. Do what your patient wants
C. Seek consultation
D. Ignore it and hope it goes away
Self Assessment – Knowledge Question 4

The person responsible for keeping the boundary in place is

A. My supervisor
B. My patient
C. Me
D. B & C

Question 4 - The person responsible for keeping the boundary in place is

A. Your supervisor
B. Your patient
C. You
D. Both B & C
Let’s go on to professional behaviours. Again, reflect on your day-to-day practice and ask yourself if you enter into any of the following behaviours from time-to-time.

Although the answer may be “it depends” or “sometimes”, for the purposes of this self-assessment, please choose either yes or no.

1. Do you share personal information with your patients?
2. Do you perform favours for certain patients, such as scheduling appointments outside regular hours or driving them home because you are going that way?
3. Do you become friends with your patients and see them outside the therapy session?
4. Do you ask your patients who have a particular expertise for advice, such as financial, legal, technological or other advice?
5. Do you enter into touch of a personal nature with your patients, such as a hug?

Yes or No?
6. Do you have patients as “friends” on Facebook?
7. Do you meet a patient by happenstance and introduce them as your patient?

Yes or No?
8. Do you extend the number of treatments because your patient insists that he or she needs more therapy and you don’t know how to say “no” without causing offence?
9. Do you discontinue service because you find something about the patient offensive such as body odour?
10. Do you extend the number of treatments because you like a patient and want to see him or her again?
Congratulations on completing this fourth and final chapter of the Understanding and Maintaining Professional Boundaries E-Learning Module.

Select references and resources for this chapter are on the screen. A complete list of references and resources is available on request.

The College of Physiotherapists of Ontario would like to extend our most sincere thanks and gratitude to Claudia Newman, MSW, RSW for the development of the content for this module.
We are very interested in hearing your feedback on this chapter of the Professional Boundaries E-Learning Module.

Please visit http://www.surveymonkey.com/s.aspx?sm=QOKINmb7v7bHOWps5m2xQg_3d_3d to complete a short survey.

Thank you.