



Alberta College of
Speech-Language Pathologists
and Audiologists

ACSLPA Guidelines: Professional Boundaries What Regulated Members Need to Know

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Helpline for
technical issues:
780-944-1609 ext. 102

Today's Agenda

- Outline major changes and new additions to the guideline
- Provide a brief overview of trauma informed service delivery content
- Address your questions

What's Changed

- Guideline format
 - Separated into 3 separate stand-alone sections
 - Electronic format
 - Available as webpages on www.acslpa.ca
- Updated terminology throughout
 - Consistent with legislation, ACSLPA standards of practice and revised jurisprudence modules
- Expansion on important concepts and topics
 - **New** – Trauma Informed Service Delivery
 - Content Advisory Warnings

Prevention of Sexual Abuse & Sexual Misconduct



Updated terminology and wording (as per previous slide) – **no significant changes to content**



Note:

Guideline includes graphic definitions → read with care

Distinction between 'patient' and 'client'



Recommend reviewing sections:

'Relationships in the Therapeutic Context'

'Preventing SA/SM'

'Mandatory Duty to Report'

'Appendix A – Scenarios'

Prevention of Sexual Abuse & Sexual Misconduct

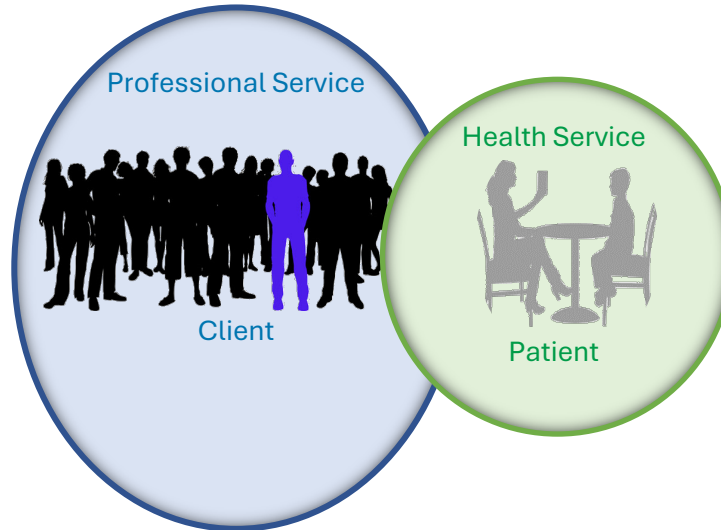
ACSLPA holds a zero-tolerance stance towards any abuse or misconduct of this nature by regulated members (RMs).

It is always the responsibility of the RM to maintain professional boundaries and abstain from engaging in sexual abuse and/or sexual misconduct.

Prevention of Sexual Abuse & Sexual Misconduct

The terms “client” and “professional service” are broadly defined.

The common provisions of the *HPA* and *ACSLPA* standards apply.



The terms “patient” and “health service” apply only to specific activities and individuals. Special mandatory provisions of the *HPA* and *ACSLPA* standards apply.

Therapeutic & Professional Boundaries – Key Inclusions to Review

‘Therapeutic Relationships with a Patient’

Key differences between therapeutic & personal relationships

NEW!



The table below highlights some key differences in the characteristics of therapeutic versus personal relationships.

Relationship Characteristic	Therapeutic Relationship	Personal Relationship
Remuneration	Professional receives financial compensation for health services provided to the patient	No payment for being in the relationship
Length	Limited to the duration of health service	No limit
Location	Limited to health service area/location	No restriction
Purpose	To provide health services to the patient	Enjoyment, interest-directed
Structure	Organized around the provision of health services (e.g., appointment length, frequency)	Unstructured
Power Balance	The professional is in a position of power, being empowered by their professional knowledge and skills, influence, and access to the patient's private information	Shared

Therapeutic & Professional Boundaries – Key Inclusions to Review

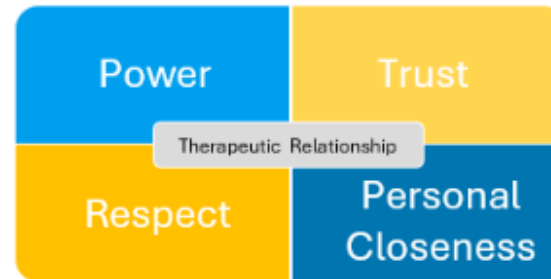
‘Key Components of the Therapeutic Relationship’

Why it’s important to consider these and how violations can impact the therapeutic relationship

REVISED

Key Components of the Therapeutic Relationship

Power, trust, respect, and personal closeness are key components that regulated members must consider when managing the boundaries of a therapeutic relationship. It is extremely difficult to maintain a therapeutic relationship if any of these are violated.



Therapeutic & Professional Boundaries – Key Inclusions to Review

‘Maintaining Professional Boundaries’

Practical, everyday steps professionals can take to ensure boundaries are maintained in practice



Maintaining Professional Boundaries

SLPs and Audiologists need to maintain clear separation between their therapeutic or professional relationships and personal relationships by:

Practicing Self-Reflection

Self-reflection requires practitioners to give serious thought about their own character and actions. Participating in reflective activities is a necessary first step in gaining self-knowledge.

Examples of professional self-reflection include journalling, meditation, debriefing with a colleague and/or tracking the frequency of recurring emotions and conflicts. Regulated

Therapeutic & Professional Boundaries – Updated Information

See the following sections for updated and expanded practice guidance:

- Boundary crossing (warning signs, risks, and management)
- Ethically grey interactions (examples, management tips)
- Culturally sensitive care (considerations, etc.)



Trauma Informed Service Delivery



- New!
 - Awareness and practice needs have evolved in this area
 - Need for service providers to be knowledgeable on trauma informed care
- More background/introductory information
 - E.g., definition and types of trauma, impact of trauma
 - Read with care

Trauma Informed Service Delivery – Key Considerations

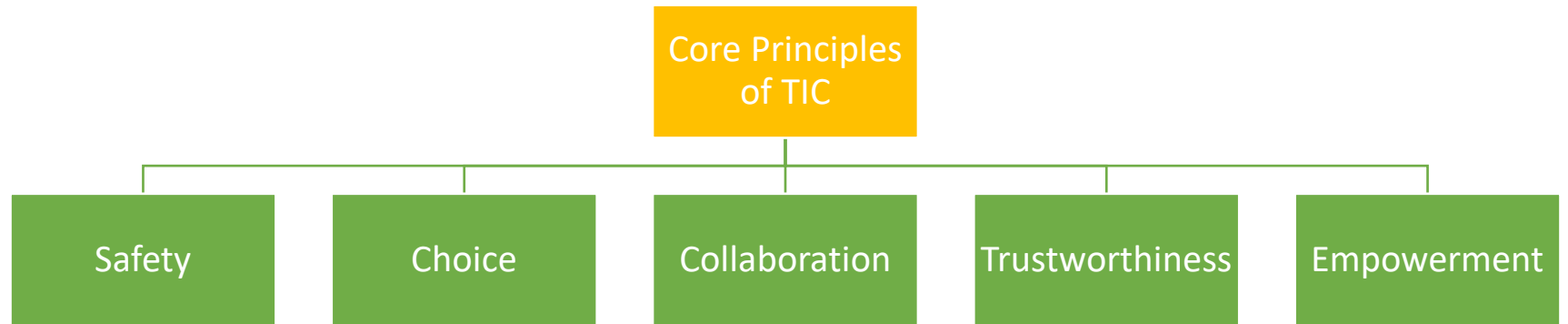


- SLPs & Auds are not qualified to provide services to treat trauma directly (e.g., providing counseling to help a client process trauma)
 - Can incorporate trauma informed practices into SLP and audiology service delivery
 - E.g., understanding the impact of trauma, how it may show up in therapeutic relationships, taking steps to avoid or minimize retraumatization

Trauma Informed Care – Foundations

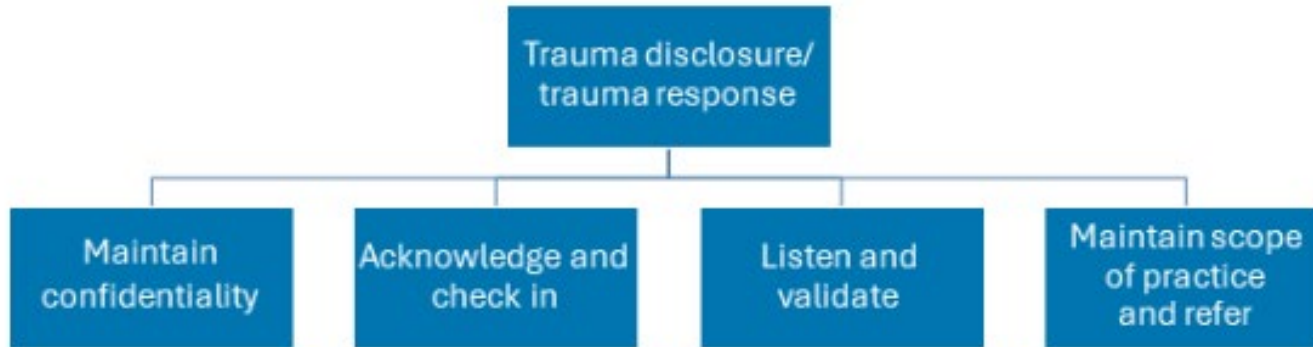
- Understand and consider the pervasive nature of trauma
- Understanding the connection between trauma & health → create clinical environments that are less triggering
- Taking a client's experience of trauma into account when providing services
 - Being attuned to a range of experiences relevant to the people and communities we serve

Core Principles of Trauma Informed Care



Responding to Client Disclosures or Trauma Responses

- Regulated members must be sure to stay within scope of practice when responding to disclosures or trauma responses



Questions?

- Email ACSLPA via the “contact us” on the website

Survey

Post-Webinar Survey: ACSLPA Guidelines: Professional Boundaries

