

Clinical Conundrum

Addressing questions related to ethical and clinical practice issues in speech-language pathology and audiology

Question: I am a regulated SLP and a close family member of mine recently suffered a stroke. I'm anxious to provide input into the plan of care as he begins his rehabilitation. How can I contribute to his care? Is it appropriate for me to get involved?

As a family member, it is understandable that you are concerned regarding your relative's health challenges and that you want to ensure he gets the best care possible.

Standard 3.3 Professional Boundaries from ACSLPA's *Standards of Practice (2015)* states the following:

"A regulated member of ACSLPA acts with integrity and maintains appropriate professional boundaries with clients, professional colleagues, students and others at all times."

To demonstrate this standard, performance indicator (a) states that the regulated member will:

- (a) Demonstrate understanding of the distinction between professional and nonprofessional relationships, the elements of power and trust and the situations when professional boundaries could be compromised (e.g., treatment of family members, friends).

Because of the inherent difficulties in managing the boundaries of dual relationships (i.e., personal and professional), providing services to family and friends is not generally recommended. Certainly, disclosing one's professional affiliation and having open, honest discussion with members of the health care team is encouraged. A family member with relevant clinical experience may be in a good position to proactively advocate on behalf of a loved one, to ask questions, and to ensure that an appropriate plan of care is implemented. On the flip side, however, lines have the potential to blur quite quickly, particularly as close personal relationships and emotional attachments may result in biases (from the professional or from the family member themselves) that individuals are not even aware of, and that could have a negative impact on client outcomes.

There may be special circumstances where a family member provides intervention to family or friends as no other options are available (e.g., rural, remote location). In situations where the client does not speak English and the family member can communicate in their first language, it may be tempting to provide assessment and/or intervention in the first language. In these instances, open and effective communication with the health care team should continue to be the primary focus of all involved. Ideally, a determination should be made jointly with the health care team as to what role, if any, the family member should play in the assessment and/or intervention process. By way of reminder, standardized assessment tools are not valid once translated into other languages.

Despite special circumstances, it is quite likely that individuals "on the outside looking in" may view the dual personal-therapeutic relationship as a conflict of interest. The SLP or audiologist involved must proactively manage the situation by being transparent regarding their relationships. Physiotherapy Alberta has published a helpful resource *Therapeutic Relationships: Establishing and Maintaining Professional Boundaries (2007)*, which outlines a number of factors that should be considered prior to entering into a therapeutic relationship with family or friends.

These factors include:

- Type of condition and required treatments (i.e., extended treatment may be less appropriate than treatment of a defined, short duration);
- Reimbursement for services (if reimbursement is being pursued, personal relationships should be disclosed to the client's insurer to identify issues and confirm fee coverage for services rendered);
- Freedom to choose one's clinician and overall client comfort with the therapeutic relationship;
- Self-awareness/reflection by the clinician coupled with the ability to proactively manage any potential difficulties within the therapeutic relationship. Can the clinician place the client's needs front and centre while managing their own emotions in relation to the situation?
- Confidentiality of client information – can the SLP or audiologist guard against the increased potential to reveal privileged information to family and/or friends?

SLPs and audiologists who could potentially become involved in the care of family and friends need to carefully consider Standard 3.3 regarding Professional Boundaries and reflect on whether they can demonstrate compliance with this standard. It would also be important to ensure compliance with Standard 1.2, Evidence-Informed Practice, rather than making decisions based on implicit assumptions and biases.

As mentioned at the outset of this article, intervention with family and friends is typically not recommended. Careful consideration must be given to any unique circumstances that might support deviation from this stance.

We welcome your thoughts on this or any other clinical conundrum! Readers are encouraged to submit both their comments and their ethical clinical issues in question format to slp@acslpa.ca for SLP related issues and audiology@acslpa.ca for audiology related issues.