



Alberta College of
Speech-Language Pathologists
and Audiologists

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*Schedule 1 - Examples of Potential Sexual Abuse and Sexual
Misconduct Situations – Companion to*

Therapeutic Relationships, Professional Boundaries and the Prevention of Sexual Abuse and Sexual Misconduct

March 2019

Schedule 1:

Examples of Potential Sexual Abuse and Sexual Misconduct Situations

This document provides examples of potential situations that could lead to sexual abuse and/or sexual misconduct. Considerations for regulated members are outlined in order to prevent allegations of sexual abuse and/or sexual misconduct. Schedule 1 is intended to be used with the *ACSLPA Guideline: Therapeutic Relationships, Professional Boundaries and the Prevention of Sexual Abuse and Sexual Misconduct*.

1. Sexual Misconduct – A Patient Makes Sexual/Romantic Advances

A speech-language pathologist is running a fluency group for adult stutterers. A male patient in the group is always trying to get her attention, complimenting her looks and consistently staying after the group making sexual advances. He repeatedly asks the speech-language pathologist to go out on a date. The regulated member should consider the following to prevent and avoid any allegations of sexual misconduct:

- Clearly explain to the patient that professional behavior must be guided by regulatory and ethical responsibilities.
- Outline to the patient the nature of the therapeutic relationship and how professional boundaries must be maintained at all times throughout the delivery of health services.
- Document in the patient's chart the dates, the nature of their conduct and remarks, and the measures taken to stop this behavior.
- Consult with colleagues and ACSLPA representatives as required.
- If the behavior does not stop, discharge the patient, transfer to another provider and document appropriately.

2. Sexual Misconduct – Touching of a Sexual Nature

A male audiologist is working alone in an office at night. A young female patient is being seen for a vestibular assessment in a darkened room; there usually are no other individuals in the waiting or treatment rooms. Portions of the vestibular assessment require physical touching of the patient's head and neck area.

The regulated member should consider the following to prevent and avoid any allegations of sexual misconduct:

- When booking the appointment, openly explain to the patient the nature of the assessment setting and invite them to bring someone along if there are concerns.
- Prior to starting the assessment, explain the various steps that are involved, the positioning of the patient, where and how they will be touched.
- Obtain the patient's informed consent and remind them that they can stop the procedure at any time if they are uncomfortable.
- Reassure and check regularly with the patient throughout the procedure to ensure that they understand and continue to consent.
- In the patient's chart, document consent, refusal (if appropriate), concerns and reactions.
- If, for any reason, the regulated member anticipates there is a high risk of sexual misconduct charges occurring with this patient, they could: book the assessment when there are others in the office, ensure that the patient is accompanied by another adult, or transfer the patient to another appropriate provider or clinic.

3. Sexual Abuse – Romantic Relationship with a Patient

The audiologist and the patient were attracted to each other and had a friendly professional relationship. During the delivery of health services, they met accidentally, at a cross country ski club that they had both independently joined. After a month of meeting weekly for cross country skiing and social interaction, they contemplated starting a romantic relationship.

The regulated member should consider the following to prevent and avoid any allegations of sexual abuse:

- Abstain from entering into a romantic or sexual relationship with a patient regardless of the patient's consent and behavior.
- At the earliest signs of any romantic feelings
 - explain to the patient that professional behavior must be guided by regulatory and ethical responsibilities,
 - discuss the nature of the therapeutic relationship and how professional boundaries must be maintained at all times throughout the delivery of health services, and
 - discharge the patient and transfer to another provider.
- Consult with colleagues and ACSLPA representatives as required.
- Document the management of the situation.

4. Sexual Abuse – Sexual Relationship with a Former Patient

A female speech-language pathologist treated a male patient with moderate post brain injury, one on one, for a year. A year passed and they happened to meet in the community, began dating and contemplated starting a sexual relationship.

The regulated member should consider the following to prevent and avoid any allegations of sexual abuse:

- Determine whether the time interval that has passed since the last health services were provided is sufficient to ensure that there is no lasting power imbalance and dependency from the therapeutic relationship.
- Determine if the former patient has the capacity to understand that the therapeutic relationship is over and the power imbalance no longer exists.
- Reflect on the nature of the patient's injury, their degree of vulnerability and the extent to which issues of a personal nature were discussed during the delivery of health services.
- Consult with colleagues and ACSLPA representatives as required.
- When the above are taken into account, the regulated member may decide that it would never be appropriate to enter into a sexual relationship with this former patient.
- If the regulated member does decide to enter into a sexual relationship with the former patient, should speech-language pathology/audiology services be required in the future, the individual should be transferred to another appropriate provider.