



**Occupational Therapy  
Board of New Zealand**

TE POARI WHAKAORA NGANGAHAU O AOTEAROA

FOSTERING FAITH AND CONFIDENCE IN THE PROFESSION

# Professional Boundaries

**An occupational therapist's guide  
to the importance of appropriate  
professional boundaries**





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## Introduction

This guideline has been developed by the Occupational Therapy Board of New Zealand (“the Board”) to provide advice to occupational therapists (and the public) on occupational therapists maintaining appropriate professional relationships with health consumers\*. Occupational therapists must be aware of their professional responsibility to maintain appropriate personal, sexual and financial boundaries in relationships with current and former health consumers and their families.

The role of the Board is to protect the health and safety of the public by setting standards of clinical competence, ethical conduct and cultural competence for occupational therapists<sup>1</sup>. The *Code of Ethics for Occupational Therapists* (Occupational Therapy Board of NZ, 2015) sets standards of professional behaviour that occupational therapists are expected to uphold. It is expected that occupational therapists maintain these standards of conduct within their professional practice and, to some extent, within their personal lives. The *Code of Ethics for Occupational Therapists*, together with the competencies for occupational therapists, scope of practice and other Board guidelines, provide a framework for safe and responsible practice that protects public safety. This guideline contains

standards of behaviour from the *Code of Ethics for Occupational Therapists* and more detailed advice on professional boundary issues and how they should be managed. It is not possible to provide guidance for every situation and occupational therapists must develop and use their own professional and ethical judgment and seek the advice of colleagues and/or their professional organisation when issues arise in relationships with health consumers.

Different cultures may have different expectations, and understanding of relationships and boundaries. Culturally safe care involves balancing power relationships in the practice of occupational therapy so that every health consumer receives effective treatment and care to meet their needs that is culturally competent and culturally responsive.

Aotearoa New Zealand is a small country and this guideline has been developed recognising that occupational therapists are members of their communities and may have existing relationships with some health consumers. The Board is aware that for Māori and others, establishing connections and relationships of trust, are an important element of providing culturally safe care. The principles of the Tiriti O Waitangi/Treaty of Waitangi, partnership, protection and participation, are integral to providing appropriate occupational therapy services for Māori.



This guideline provides advice on professional boundaries when working with Māori health consumers.

This Guideline and the *Code of Ethics for Occupational Therapists* contain the Board’s advice on professional boundaries.

\*The term health consumer is used throughout these guidelines. However the Board recognises that occupational therapists work in other sectors other than health. The Board expects these guidelines to apply in all sectors.

<sup>1</sup> Functions of authorities Section 118 (i) of the Health Practitioners Competence Assurance Act

## The importance of maintaining boundaries in professional relationships

### Code of Ethics for Occupational Therapists Section 1.2

*Occupational therapists shall ensure that people receiving their services feel safe, accepted and are not threatened by actions or attitudes of the therapist.*

Professional relationships are therapeutic relationships that focus on meeting the health or care needs of the health consumer. Occupational therapists must be aware that in all their relationships with health consumers they have greater power because of their authority and influence as a health professional, their specialised knowledge, access to privileged information about the health consumer and their role in supporting health consumers and those close to them when receiving care. The health consumer does not have access to the same degree of information about the occupational therapist which increases the power imbalance. The occupational therapist may also have a professional relationship with the health

consumer's family and others close to that person that may increase the health consumer's vulnerability.

The power imbalance is increased when the health consumer has limited knowledge, is made vulnerable by their health circumstances or is part of a vulnerable or marginalised group. Some particularly vulnerable consumers are children, frail older people, and those with a mental illness or disability. Health consumers must be able to trust occupational therapists to protect them from harm and to promote their interests. Occupational therapists must take care to ensure that their own personal, sexual or financial needs are not influencing interactions between themselves and the health consumer. They must also recognise that health consumers may read more into a therapeutic relationship with the occupational therapist and seek to have personal or sexual needs met. It is the occupational therapists responsibility if this occurs to maintain the appropriate professional boundary of the relationship.

The occupational therapist has the responsibility of knowing what constitutes appropriate professional practice and to maintain his or her professional and personal boundaries. The health consumer is in an unfamiliar situation and may be unaware of the boundaries of a professional relationship. It is the responsibility of the professional to assist health consumers to understand the appropriate professional relationship. There is a professional onus on occupational therapists to maintain a relationship based on care plans and goals that are therapeutic in intent and outcome.

## A continuum of professional behaviour

The diagram below represents the continuum of professional behaviour, provides a picture of the therapeutic versus non-therapeutic behaviour in a relationship between the occupational therapist and the health consumer.

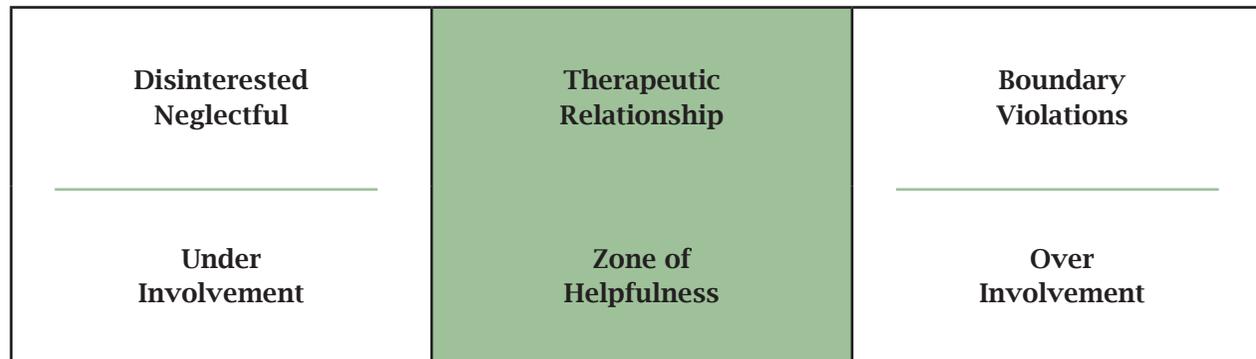
The 'zone of helpfulness' describes the centre of a continuum of professional behaviour. This zone is where the majority of interactions between an occupational therapist and a health consumer should occur for effectiveness and safety.

'Over involvement' of an occupational therapist with a person in their care is to the right side of the continuum; this includes inappropriate relationships with the health consumer or their family members.

'Under involvement' lies to the left of the continuum; this includes distancing, disinterest, coldness, and neglect. These behaviours can be seen also as boundary issues but they are not discussed here in detail as the focus of this document is on the over-involvement end of the continuum.

Every occupational therapy client relationship can be plotted on this continuum.

- Maintain professional boundaries in the use of social media. Keep your personal and professional lives separate as far as possible. Avoid online relationships with current or former health consumers. Do not use social media or electronic communication to build or pursue relationships with health consumers.
- Text messaging may be an appropriate form of professional communication, e.g. reminding health consumers about appointments. Occupational therapists must be aware of professional boundaries and ensure communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships. Refer to our Professional Boundaries Guidelines for more information.
- All messages should be documented.



(Nurses Council of New Zealand 2012)

## Pre-existing relationships

When an occupational therapist has a pre-existing relationship with a health consumer, such as being a neighbour, acquaintance or business associate, the occupational therapist needs to be aware of the potential for boundary confusion (by the occupational therapist or health consumer) and possible harm. The occupational therapist must clarify and if necessary communicate this new professional relationship with the person in order to provide appropriate care, and also declare it to the other members of the team and document it in the health consumer's record. The health consumer should be offered the choice to be assigned to another occupational therapist, if possible. Occupational therapists need to ensure that the pre-existing relationship does not undermine their professional judgment and objectivity when the person is in their care and they may need to take steps to hand over the care to another occupational therapist if practicable. If possible they should not be the primary or only health practitioner involved in this person's care.

It is critical that occupational therapists distinguish between 'being friendly' and 'being friends'. To achieve this, clear boundaries have to be established identifying when they are acting in a personal role and when they are acting in a professional role. By establishing these boundaries occupational therapists protect the confidentiality of the health consumer and protect their own personal integrity.

***Establishing boundaries protect the confidentiality of the health consumer and their own personal integrity.***

## Working with Māori consumers

Effective and culturally responsive practice with Māori is likely to be based on an understanding of tikanga (Māori principles and values). Whanaungatanga involves establishing a relationship of trust by making connections. This may include the occupational therapist sharing information about whānau (family), whakapapa (ancestors) or their own personal life to establish trust and relationship. It may also include establishing relationships with the health consumer's whānau and including them in decisions about care. Manaaki involves sharing hospitality or kai (food) to show respect and establish relationships. It is important that occupational therapists partake in rituals around food

## Caring for close friends, family/whānau, hapū or iwi

In situations where an occupational therapist has to provide care to close friends or family members it is rarely possible for the occupational therapist to maintain sufficient objectivity about the person to enable a truly professional relationship to develop.

In these situations, where possible, another occupational therapist should be assigned responsibility for that person's care. However, at times, an occupational therapist may have to care for a friend or family member in an emergency, or where they live in small communities where there is limited access to occupational therapists to whom they can hand over care. When an occupational therapist has no option other than to care for a close friend or family member, care should be handed over to another appropriate care provider when it becomes practicable. If care has been assigned to the occupational therapist who is a family member this should be documented in the therapy plan.

It is also important for occupational therapists to be clear about their role when a close friend or family member is receiving care. They have a role as an informed support person or family member but are not there to make decisions about the care.

Some Māori occupational therapists have a strong sense of accountability in working with and caring for whānau/hapū/iwi. Māori occupational therapists need to be clear about their role as a professional and their role as a relative. They must recognise when they may need to pass on care to another i.e. when they feel uneasy and are losing clarity, their professional judgment may be compromised or they experience strong emotions as a close relative.

## Social media and electronic forms of communication

Maintain professional boundaries in the use of social media. Keep your personal and professional life separate as far as possible. Avoid online relationships with current or former health consumers. Do not use social media or electronic communication to build or pursue relationships with health consumers.

Text messaging can be an appropriate form of professional communication e.g. reminding health consumers about appointments. Occupational therapists must be aware of professional boundaries and ensure that communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.

For more information please see the Boards guidance on social media.



## Working in small, rural or remote communities

There is a natural overlap and interdependence of people living in small, rural or remote communities. When someone from the community requires professional care from the occupational therapist, the occupational therapist needs to keep themselves safe by clarifying the shift from a personal to a professional relationship in an open and transparent way. The occupational therapist has to ensure the person's care needs are first and foremost and they must manage privacy issues appropriately. For example the occupational therapist might be approached for information about the health consumer in a local store by a concerned neighbour and must maintain the health consumer's privacy.

If possible the health consumer should be given a choice of carer if they know the occupational therapist from a prior relationship. When off duty the occupational therapist should refer the health consumer to the appropriate on duty health practitioner.

Small communities are not limited to rural and remote communities: they also include small or discrete communities within large urban centres (e.g. religious, gay or military communities).



*Communities include small and discrete communities within large urban centres (e.g. religious, homosexual or military communities.)*

## Concluding professional relationships

Knowing how and when to conclude professional relationships is as important as knowing how to begin them. The conclusion of a relationship occurs when a health consumer and their family are able to manage their own health needs. Or if needs are still evident, a referral has been made to another health provider. Or the client has made an informed decision not to participate in ongoing services. An occupational therapist may decrease their involvement with a health consumer or may actively encourage other support if the health consumer is becoming unduly dependent on the occupational therapist.

Termination rituals may be appropriate in some circumstances where there has been a close involvement. This could happen in different ways depending on the culture of the health consumer e.g. attendance at a Tangihanga or funeral may be an appropriate way of showing respect for the health consumer and their family/whānau.

It is important to document when care is transferred to another occupational therapist including a description on how and why the professional relationship was concluded.

## Preventing Boundary Transgressions

This section focuses on boundary issues that arise when an occupational therapist becomes over involved with a health consumer or family/family member. The occupational therapist may believe he/she is helping the health consumer (or family member) by developing a friendship or close relationship. However these boundary crossings have the potential to harm the health consumer by changing the focus from the therapeutic needs of the health consumer to meeting the occupational therapists' own needs e.g. to be "special" or helpful or needed, or to be close to someone or to have other personal, financial or sexual needs met. They have the potential to harm the health consumer by increasing their vulnerability or dependence in the relationship with the occupational therapist and could be detrimental to their health outcomes by compromising the occupational therapist's objectivity and professional judgment. The harmful consequences may not be recognised or experienced until much later.

Occupational therapists can reduce the risk of boundary transgressions by:

- Maintaining the appropriate boundaries of the occupational therapist – health consumer relationship, and helping health consumers understand when their requests are beyond the limits of the professional relationship.
  - Developing and following a comprehensive care plan with the health consumer.
  - Involving other members of the health care team in meeting the health consumer's needs.
  - Ensuring that any approach or activity that could be perceived as a boundary transgression is included in the care plan developed by the health care team.
  - Recognising that there may be an increased need for vigilance in maintaining professionalism and boundaries in certain practice settings e.g. rural and remote locations. For example, when care is provided in a person's home, occupational therapists may become involved in the family's private life and need to recognise when his or her behaviour is crossing the boundaries of the professional relationship.
- Using supervision to discuss potential boundary issues.
  - Consulting with colleagues and/or the manager in any situation where it is unclear whether behaviour may cross a boundary of the professional relationship, especially circumstances that include self disclosure or giving a gift to or accepting a gift from a health consumer.
  - Documenting individualised information in the health consumer's record regarding instances where it was necessary to consult with a manager or colleague about an uncertain situation.
  - Considering the cultural values of the health consumer in the context of maintaining boundaries, and seeking advice from cultural advisors.
  - Raising concerns with a colleague if the occupational therapist has reason to believe that they may be getting close to crossing the boundary or that they have crossed a boundary. Sometimes a newly registered occupational therapist may not be aware that his/her actions have crossed a boundary.
  - Discussing the nature of a therapeutic relationship with a health consumer if they believe that the health consumer is communicating or behaving in a way that indicates they want more than a professional relationship with the occupational therapy.

- Consulting with colleagues or the manager where another colleague appears to have transgressed boundaries or a health consumer is behaving in an inappropriate manner towards an occupational therapist.
- Reducing professional isolation by maintaining regular contact with occupational therapist peers, reflecting on professional relationships with peers and participating in formal professional supervision.

## Signs of over involvement in an occupational therapist – health consumer relationship

### Questions for reflection

*Is the occupational therapist doing something the health consumer needs to learn to do themselves? Whose needs are being met – the health consumer's or the occupational therapists?*

*Will performing this activity cause confusion regarding the occupational therapist's role?*

*Is the behaviour such that the occupational therapist will feel comfortable with their colleagues knowing they had engaged in this activity or behaved in this way with a health consumer?*

Some warning signs that the boundaries of a professional relationship may be being crossed and that an inappropriate personal or sexual relationship is developing are:

- The occupational therapist reveals feelings and aspects of his/her personal life to the health consumer beyond that necessary for care.
- The occupational therapist becomes emotionally close to a health consumer or regards the health consumer as someone special.
- The occupational therapist attempts to see the health consumer (or the health consumer attempts to see the occupational therapist) outside the clinical setting or outside normal working hours or after the professional relationship has ceased.
- The occupational therapist frequently thinks of the health consumer when away from work.
- The occupational therapist receives gifts or continues contact with a former health consumer after the care episode or therapeutic relationship has concluded.
- The occupational therapist provides the health consumer with personal contact information.
- A health consumer is only willing to speak with a particular occupational therapist and refuses to speak to other occupational therapists.
- The occupational therapist denies that a health consumer was in his or her care in the past.

- The occupational therapist accesses the health consumer's health record without any clinical justification.
- The occupational therapist gives or accepts social invitations.
- Texting or using forms of social media to communicate in a way that is not clinically focused.
- The occupational therapist touches the health consumer more than is appropriate.
- The occupational therapist includes sexual context in interactions with the health consumer or in relation to their partners, family and friends.
- The occupational therapist changes his or her dress style for work when working with a particular health consumer.
- The occupational therapist participates in flirtatious communication, sexual innuendo or offensive language with a health consumer.
- The occupational therapist is unable or reluctant to conclude a professional relationship and pursues a personal relationship with the health consumer.
- The occupational therapist fosters dependency in the health consumer and does not encourage self-management.

## Sexual relationships with current health consumers

### Code of Ethics 1.2.3

*Occupational therapists may not enter into or continue with any personal or professional relationship with clients or their carers that will, or have the potential to, exploit or harm the client and/or others.*

Sexual relationships with current health consumers are inappropriate. They are unacceptable because they can cause significant and enduring harm to health consumers, damage the health consumer's trust in the occupational therapist and the public trust in occupational therapists, impair professional judgment and influence decisions about care and

treatment to the detriment of the health consumer's well being. However consensual the relationship appears to be, there is a power imbalance that will always mean that there is the potential for abuse of the occupational therapists professional position and harm to the health consumer.

## Sexual relationships with health consumer's partners or family members

It is a reasonable expectation that the professional relationship will not be exploited in any way by the occupational therapist to have his/her own needs met. On occasion occupational therapists may find themselves sexually attracted to a health consumer's family member or carer. It is the occupational therapist's responsibility to ensure that he/she never acts on these feelings and recognises the harm that any such action would cause.

## Relationships with former health consumers and their families

Sexual relationships with former health consumers may be inappropriate however long ago the professional relationship ceased. There is no arbitrary time limit that makes it safe for an occupational therapist to have an intimate or sexual relationship with a health consumer who was formerly in their professional care. The reason for this is that the sexual relationship may be influenced by the previous therapeutic relationship where there was a clear imbalance of power. There is also potential for the health consumer to be harmed by this relationship.

In considering whether a relationship could be appropriate the occupational therapist must consider:

- how long the professional relationship lasted (the longer the relationship lasts, the less appropriate a personal relationship becomes). Assisting a health consumer with a temporary problem e.g. a broken limb is different from providing long-term care for a chronic condition;
- the nature of that relationship in terms of whether there was a significant power imbalance and whether the occupational therapist could be perceived as using their previous influence to begin a relationship;
- the vulnerability of the health consumer at the time of the professional relationship and whether they are still vulnerable (including the health consumer's psychological, physical and character traits);
- whether they may be exploiting the knowledge they hold about the health consumer because of the previous professional relationship; and
- whether they may be caring for the health consumer or his or her family members in the future.

Where the relationship was a psychotherapeutic one or involved emotional support, where the occupational therapist was privy to personal information that could compromise the health consumer if used out of a professional setting, or if the health consumer was previously a mental health consumer or has an intellectual disability, it may never be appropriate for a sexual or intimate relationship to develop. The same considerations apply to relationships with the family members of former health consumers. There could be potential to harm the health consumer or other family members. In situations that are unclear the occupational therapist should seek advice from their professional organisation.

## Gifts

### **Code of Ethics for Occupational Therapists Section 3.3, and 3.3.5**

*Occupational therapists shall not bring the profession or other health practitioners into disrepute.*

*Occupational therapists shall if offered tokens such as favours, gifts or hospitality from clients, their families or commercial organisations, always respond in a manner commensurate with contextual guidelines.*

- Generally speaking occupational therapist should politely decline anything other than “token” gifts from health consumers e.g. chocolates or flowers. It is more acceptable for a gift to be given to a group as any provision of good care is by the whole team rather than an individual occupational therapist.
- Small consumable gifts for sharing, such as chocolates may be acceptable. Larger items or items of value are unacceptable.

- Health consumers should never form the impression that their care is dependent upon gifts or donations of any kind.
- Cash gifts should never be accepted. Health consumer’s who wish to give cash may be permitted by the organisation’s policy to donate funds to a charity or to add to a fund to purchase items to benefit other health consumer or the staff as a group.
- There may be situations when refusing a gift may be difficult, impolite or appear to be culturally insensitive. The giving of gifts may be an expectation under certain circumstances or within some cultures.
- Most organisations have clear policies concerning the receipt of gifts. Any gift must be openly declared to ensure transparency. Occupational therapists may contact their professional organisation for advice if no policy exists.
- Occupational therapists should not give gifts to health consumers as the health consumer may feel obligated to give something in return, or interpret the gift as an indicator of a personal relationship.

## Bequests, loans or financial transactions

As with a gift, the best option is to refuse a bequest with a polite explanation or request that it be reassigned to an appropriate charitable organisation or the family and disclose it to managers or senior personnel.

This situation is particularly difficult for several reasons. There may be family considerations in that the family may not be supportive of the bequest. The family and the occupational therapist may not even know about the bequest until the health consumer has died. Family members or colleagues may perceive that the occupational therapist has exerted undue influence on a vulnerable health consumer in their care.

## Financial transactions

Health consumers may develop a relationship of trust with occupational therapists and seek to involve them in financial transactions or ask them to represent them.

Financial transactions between an occupational therapist and a health consumer (other than in a contract for provision of services) may compromise the professional relationship by resulting in monetary, personal or other material benefit, gain or profit to the occupational therapist. Occupational therapists have access to personal and confidential information about health consumers under their care that may enable them to take advantage of situations that could result in personal, monetary or other benefits for themselves or others. An occupational therapist could also influence or appear to coerce a health consumer to make decisions resulting in benefit to the occupational therapist or personal loss to that health consumer and it is unacceptable for occupational therapists to take such actions.

Occupational therapists may be legitimately required by their employer to purchase items on a health consumer's behalf or assist them with other financial matters under specific conditions. All transactions must occur within acceptable organisational policy, be documented in the health consumer's record and another appropriate person/ signatory should always be involved when money or property is involved.

## Acting as a representative or power of attorney

As a general rule occupational therapists should not act for health consumers in their care through representation agreements or accept power of attorney to make legal and/or financial decisions.

Family members or colleagues may perceive that the occupational therapist has exerted undue influence on a vulnerable health consumer in their care. There may occasionally be an exception to this principle when the health consumer is also a relative or close friend and no alternative arrangement can be made. The occupational therapist needs to discuss the situation with both their manager or senior occupational therapist and other family members and carefully and clearly document the discussion.



## What to do when you become aware of colleagues' boundary transgressions

The health consumer's welfare must be the first concern. Some boundary transgressions may be unintended, an occupational therapist may be unaware that they have crossed a boundary. Under such circumstances, it may be easier for an occupational therapist to address a colleague about a boundary transgression and easier for individual occupational therapists to be approached by a colleague. The issues that an occupational therapist could address with the colleague include:

- what was observed?
- how that behaviour was received
- the impact on the health consumer; and
- the employer's professional practice standards.

If unable to speak to the colleague directly or if the colleague does not recognise the problem the next step is for the occupational therapist to speak to his or her immediate supervisor. The occupational

therapist should put the concerns in writing and include the date, time, witnesses and some type of identification of the person concerned. If the situation is not resolved at this level, or if the issue is a serious boundary transgression, further action may be required such as reporting the matter to the appropriate regulatory authority.

Occupational therapists observing the inappropriate conduct of colleagues, whether in practice, management, education or research, have both a responsibility and an obligation to report such conduct to an appropriate authority and to take other action as necessary to safeguard health consumers. Failure to take steps to prevent harm to a health consumer may lead to disciplinary action being taken against that occupational therapist.

If the occupational therapist has observed a colleague who has displayed sexualised behaviour to a health consumer, the first priority is the safety of the health consumer and the occupational therapist must take the appropriate steps without delay, including informing the employer and/or regulatory body, or even the police if the occupational therapist has reason to believe that a criminal offence has been committed.

Occupational therapists may be made aware of a colleague's actions by the health consumer, either the person directly affected by the conduct or another health consumer. The occupational therapist should be conscious of how difficult it may have been for the health consumer to come forward with this information. The best course of action in these circumstances is to answer the health consumer's questions, provide information to assist the health consumer in deciding if a breach of professional boundaries has taken place, and inform the health consumer of the avenues for making a complaint if he or she wishes to do so.

If the health consumer does not wish the matter to be pursued, and the occupational therapist believes that there is a risk to public safety, the occupational therapist must act without delay so that any concerns are investigated and the health consumer protected. If in doubt the occupational therapist should seek advice from a colleague, manager or the appropriate professional or regulatory body.

Decisions on serious professional boundary transgressions can be accessed on the Health Practitioners Disciplinary Tribunal website at [www.hpdt.org.nz](http://www.hpdt.org.nz).

## References

Ministry of Health (2003). *Health Practitioners Competence Assurance Act.*

Occupational Therapy Board (2015). *Code of Ethics for Occupational Therapists.*

Occupational Therapy Board (2015). *Competencies for Registration and Continuing Practice.*

***For more information please contact OTBNZ at [enquiries@otboard.org.nz](mailto:enquiries@otboard.org.nz)***

## Glossary

### Colleagues

Includes other occupational therapists, students, other health care workers and others lawfully involved in the care of the health consumer.

### Community

Refers to New Zealand society as a whole regardless of geographic location and any specific group the individual receiving occupational therapy defines as community including those identifying as culturally connected through ethnicity, shared history, religion, gender and age.

### Cultural Safety

The effective occupational therapy practice for a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The occupational therapist delivering the service will have undertaken a process of reflection on their own cultural identity and will recognise the impact that their personal culture has on their professional practice.

Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.

### Hapū

A kinship group, clan, sub tribe – section of a large kinship group.

### Health Consumer

An individual who receives an occupational therapist care or services. This term represents patient, client, resident, or disability consumer.

### Iwi

An extended kinship group, tribe, nation, people, nationality, race – often refers to a large group of people descended from a common ancestor.

### Kawa Whakaruruhau

Cultural safety within the Māori context. Is an inherent component of Māori health and occupational therapy especially in its contribution to the achievement of positive health outcomes.

### Manaaki

To support, take care of, give hospitality to, protect, and look out for.

### Power

The capacity to possess knowledge, to act and to influence events based on one's abilities, well being, education, authority, place or other personal attributes and privileges.

### Principle

An accepted or professed rule of conduct to guide one's thinking and actions.

### Professional Relationship

Professional relationships exist only for the purpose of meeting the needs of the health consumer.

The professional relationship between an occupational therapist and a health consumer is based on a recognition that the person (or their alternate decision-makers) are in the best position to make decisions about their own lives when they are active and informed participants in the decision-making process.

### Responsibility

A charge or duty that arises from one's role or status in a profession or organisation.

### Therapeutic Relationship

A relationship established and maintained with a person requiring or receiving occupational therapy by the occupational therapist through the use of professional knowledge, skills and attitudes in order to provide occupational therapy expected to contribute to the person's health outcomes.

### Tikanga

Māori principles and values.

### Tiriti O Waitangi

Is the founding document of Aotearoa New Zealand signed in 1840 by the Māori people and the British Crown.

### Whakapapa

Ancestors

### Whānau

Extended family

### Whanaungatanga

Establishing relationships, making connections.



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