

Managing the RD-Client Relationship and Professional Boundaries

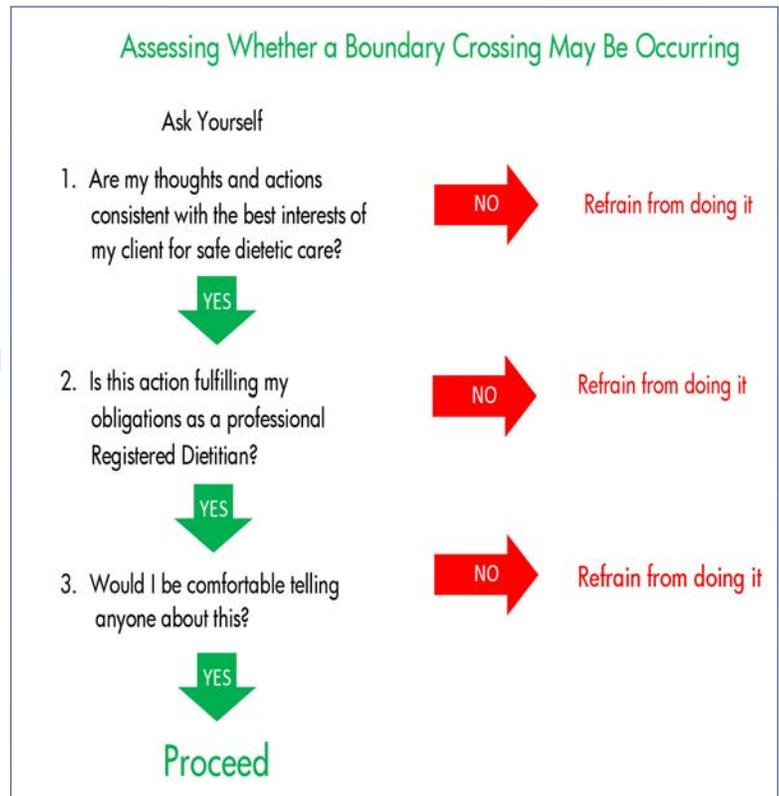
The purpose of the professional client-RD relationship is to provide safe dietetic services to people who need them. The RD-client relationship rests on clearly defined professional boundaries to maintain the mutual trust and respect that is essential for quality nutrition care. The RD has a legal and ethical duty to ensure professional boundaries are managed effectively. When boundary crossings occur, the trust and respect needed for quality client care can be permanently broken.

WHAT IS A BOUNDARY CROSSING?

A boundary crossing is a breach of the limits which define the safe therapeutic space of the RD-client relationship. A boundary can be physical, psychological or emotional. A seemingly insignificant intrusion into a client's personal space can lead to serious boundary violations.

There are many types of boundary crossings. A boundary crossing can be an intrusion into a client's personal, physical or emotional space. Not all boundary crossings are initiated by the health care provider. Clients can initiate boundary crossings by inviting RDs into their space, by extending an invitation

to coffee or dinner or flirting. Any action which blurs the boundaries or breaches them in any way, whether initiated by the RD or the client, is a boundary crossing which may harm clients. In all cases, it is always the dietitian's responsibility to protect clients by managing boundaries with



vigilance and professional integrity.

THREE KEYS TO MANAGING THE RD-CLIENT PROFESSIONAL BOUNDARIES EFFECTIVELY.

1. Know Yourself: Monitor your thoughts, attitudes and behaviours.

Reflect on your relationships with clients. Monitor your thoughts to make sure that they dwell on the right things - inappropriate thoughts can become words and actions that can breach professional boundaries and result in client harm.

Focus On the Purpose of the Relationship

Keeping your focus on the purpose of the RD-client relationship, which is client-centred dietetic care, will help prevent inadvertent or intentional boundary crossings. Ensure that all your communications and actions address the dietetic needs of your clients. If in doubt, use the decision tree below to help you.

Focussing on the Client's Health Care Needs

The RD establishes and maintains this professional relationship not only by using knowledge, skill and judgment but also by applying effective communication strategies and interpersonal skills. Managing what we say is important to prevent boundary violations. When speaking with clients, the intent is to meet the client's health care needs.

An area most vulnerable to boundary crossings is self-disclosure. Sometimes, a dietitian can reveal too much information about herself or her life. Too little information may feel cold and distant to a client but too much information may blur the lines, especially if a client begins to feel like a confidante or a close friend. If the disclosure meets only the needs of the dietitian, then the disclosure is inappropriate. Self-disclosure has to be managed with extreme care and kept to a minimum.

2. Be Informed about Boundary Crossings

RDs also need to be cognizant of the components that characterize power, trust, respect and what personal closeness means. This includes understanding the difference between professional and personal relationships in order to establish and maintain appropriate professional boundaries with clients.

Avoid Dual Relationships

Dual relationships can blur professional boundaries and interfere with the provision of dietetic care. They occur when a dietitian has both a professional relationship and a personal relationship with a client, for example, being a friend, family member or colleague.

- Clients should not be placed in the position where they feel they must become a friend of the dietitian in order to receive ongoing dietetic care. It is difficult for all but the most assertive of clients to communicate to the dietitian that they do not want to be friends. It is best to avoid this dual relationship.
- Refrain from entering into a friendship with a client's partner or family member while the client is in your care.
- Where a relationship pre-dates the professional one (e.g. a relative or friend), it's best to refer the client to another practitioner. Where a referral is not possible (e.g. in a small town, where there is only one dietitian in a facility), take special precautions to maintain the professional relationship.
- Under no circumstances should a dietitian treat a romantic partner. In the eyes of the law, having a romantic relationship with a client is sexual abuse.

Not Too Close

Providing compassionate and ethical dietetic practice requires RDs to demonstrate empathy and understanding of their clients' health care concerns and decisions. But, excessive care and attention can be easily misinterpreted. A client can view it as encouragement or an invitation to friendship, as an invasion of space or even as a sexual gesture. Extreme care must be taken to avoid closeness beyond the professional relationship.

Maintaining a connection with the client is important to create an effective RD-client therapeutic relationship. When trying to avoid too much closeness, be careful about creating too much distance in your relationships with clients. Excessive distancing or being too detached may be perceived or felt by clients as not caring and being disinterested in their care. An

appropriate emotional distance helps maintain objective, safe client-centred relationships.

3. Be Sensitive to the Early Warning Signs of Boundary Crossings

Crossings

Boundary crossings can be insidious. They can begin with small steps across a line which is hardly noticeable and eventually lead to great harm to clients. Constantly reflect on your client-RD relationships and be aware of gradual changes that may be happening.

Learn To Identify The Early Warning Signs Of Boundary Crossings.

RDs are encouraged to assess their knowledge of boundaries and identify the early warning signs of boundary crossings. Early warning signs include:

- Inappropriate emotions: excessive feelings of love or dislike
- Daydreaming about a client
- Discussing personal issues with clients

- Engaging in behaviours that can be interpreted as flirting
- Spending more time than necessary with a particular client
- Meeting a client in a setting which is not professional (a coffee shop, restaurant or a bar)

Refocus your thoughts and intentions on what's best for your client.

RDs are responsible for managing the professional relationship at all times in the best interest of safe, ethical dietetic practice. If you become aware that you have engaged in any of the early warning behaviours, stop and reflect on your obligations as a regulated health professional. Refocus your thoughts and intentions on what's best for your client. You may need to seek advice from a trusted colleague or mentor.

For more information on boundaries, go to the college website and enter "boundaries" in the search box.

Three Scenarios - Managing Boundary Crossings

SCENARIO 1: SHOULD SUSAN TREAT HER FATHER?

Susan is an RD in a small rural community. She works in a diabetes education centre with a physician and two nurses. When Susan's father Frank was diagnosed with diabetes, he wanted his daughter Susan, to teach him how to manage his diabetes. After all, she was his daughter and was very proud of her achievements. Susan was pretty confident that she could teach her father how to manage his diabetes. However she was not sure that he could be her client at the Diabetes Education Centre.

The College does not have strict prohibitions against treating a family member, unless that person is a romantic partner. However, we do recommend that RDs avoid dual relationships because they blur the line between the personal and professional relationship which may harm the therapeutic relationship.

Dual relationships with family members can interfere with the treatment process due to the emotional closeness and

relationship histories of the family members. That emotional bond may easily compromise the dietitian's ability to provide honest, objective information. It can also compromise the family member's ability to question the dietitian's suggestions or to provide an informed and voluntary consent.

In this case, Susan can answer her father's questions, give him general information and provide him with resources and websites about diabetes nutrition but she must be cautious about providing nutrition counselling without an appropriate assessment. The professional boundary crossing comes into play when Susan sits down to do an assessment. At that point, the daughter-father relationship crosses over to the RD-client relationship. This boundary crossing creates a dual relationship.

Susan would have to make a professional judgment about the type of guidance her father is seeking from her. If he is seeking professional dietetic services, then Susan should refer her father to another RD. In circumstances where there

are no other dietitians working in diabetes management, she could refer her father to another health care provider with the ability to provide the necessary diabetes nutrition counselling or to a dietitian in another field of practice. Other options would be telehealth or video conferencing with an RD in another region who has expertise in diabetes education.

If there is no one else available with the expertise necessary to treat her father, Susan may do so, keeping in mind the boundary issues that could have an impact on the delivery of safe nutrition care.

SCENARIO 2: THE CLIENT INITIATES A ROMANTIC RELATIONSHIP. IS THIS OK?

Angie's client complimented her on her body and made joking comments about her good looks. Initially, this made Angie uncomfortable, and she just ignored the comments. Over time the relationship moved from that of a client, to friend and eventually a sexual relationship began. Angie and the client were dating.

In this scenario, the relationship progressed from an uncomfortable professional situation to a violation of the law that prohibits dietitians from having sexual relations with their clients. By initially ignoring the client's inappropriate comments, Angie failed to address the developing boundary crossing which eventually lead to the serious, strictly prohibited situation of sexual abuse. The dietitian is always responsible for maintaining professional boundaries even when a client initiates or consents to the relationship.

In the *Regulated Health Professions Act, 1991*, the consequences for engaging in sexual relations with a client are both clear and severe. This is considered sexual abuse. It is compulsory for the College to revoke the member's registration for at least five years if any RD is found guilty of acts of sexual abuse (e.g., having sex with a client).

Sexual behaviour includes making ribald and flirtatious comments of any kind. RDs must never have any sexual

involvement with clients. Sexual abuse harms not only the individual being abused, but also the public at large by undermining the public's trust in the dietetic profession.

The zero tolerance provisions for sexual abuse in the RHPA are clear: Registered Dietitians must not have sex with a client; and they cannot treat a sexual partner. Sexual abuse of clients exploits the power imbalance in the RD-client relationship and goes against the RDs' fiduciary duties of client protection.

SCENARIO 3: MEETING A CLIENT IN A COFFEE SHOP

Your client asked to meet with you in a coffee shop to discuss your proposed nutrition treatment. Is this a good idea?

Established conventions usually exist for a reason. Ignoring them, such as having treatment sessions in a coffee shop or over a meal at a restaurant or drinks in a bar, is high-risk. One risk is entering into a dual relationship. Meeting in a coffee shop is more like socializing over coffee with a friend than practising dietetics. It confuses the nature of the professional relationship with that of friendship.

A coffee shop is not a professional venue for practising dietetics. The atmosphere is not usually conducive to paying attention to the client's nutritional needs; it may be crowded and very noisy with the coffee grinders and cappuccino machines working in the background. Risks include not being able to protect client confidentiality by meeting in public and disclosing personal health information in a public setting. Be proactive. Examine your thoughts, actions and attitudes carefully before you meet clients in social venues. Be aware of the early warning signs that you may be breaching a professional boundary. Remember that it is always your duty as a professional health provider to manage the RD-client relationship.

