



COLLEGE OF DIETITIANS OF ONTARIO

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## MANAGING PROFESSIONAL RELATIONSHIPS Part II – the Client's Boundaries

by Marcia Lenglet

*The responsibility to manage boundaries, your own and your client's, is vested in you, the professional. As the professional in a professional/client relationship, you have power over clients, because you know things that your clients don't know. Clients, many of whom are vulnerable and frightened, trust you to use this professional knowledge in their best interest. This article offers a model for respecting the inner and outer boundaries of clients.*

In an earlier article, we defined interpersonal boundaries as points of contact between yourself and clients. Two contact points were identified:

1. a professional's inner boundary, the point where you draw a line that separates you from the client; and
2. a professional's outer boundary, the point where a client moves beyond your reach.

At your inner boundary, you acknowledge your professional responsibility to provide competent care that is in the best interest of the client, but you do not take on as yours the client's responsibility to manage his/her

own life situation. At your outer boundary, you acknowledge your professional responsibility to draw the client across your outer boundary and into your sphere of influence so the two of you can work together in the best interest of the client.

Clients also have inner and outer boundaries. As a professional, you have an obligation to acknowledge and respect these contact points:

1. a client's inner boundary, the point where a client draws a line to separate him/herself from you; and
2. a client's outer boundary, the point where you, as a professional, move beyond your client's reach.

*continued ...*

COLLEGE OF DIETITIANS OF ONTARIO - RÉSUMÉ - WINTER 2005

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### Dysphagia

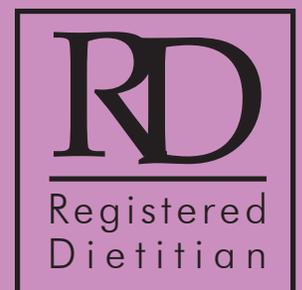
#### FOCUS GROUPS NEEDED

The College of Dietitians of Ontario is looking for dietitians to participate in focus groups to review competencies required for *dysphagia screening, assessment, treatment and management*.

If you are interested in participating, contact:

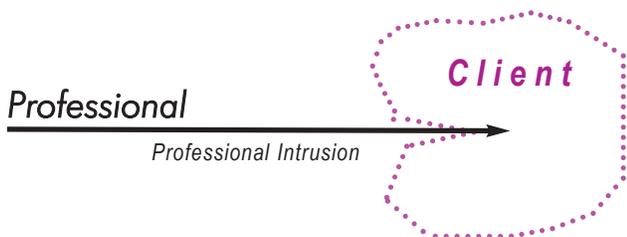
**Sue Behari, QA Manager**  
416 598 1725, ext. 33 or  
[beharis@cdo.on.ca](mailto:beharis@cdo.on.ca).

résumé



## Imposing on the Client

Study the following diagram depicting a professional crossing a client's inner boundary. The intruding arrow suggests that the professional is encroaching on the client physically, emotionally or psychologically. The client's inner boundary is "punctured," irregular and dotted to suggest the bad feelings that arise in the client when his/her inner boundary is crossed.



In the previous article, we discussed the idea that a client's intrusiveness may arouse bad feelings in a professional. These bad feelings remind the professional to take action, "OK, it's time to assert my inner boundary." By way of contrast, a professional's intrusiveness arouses bad feelings in the client, not in the professional. Consequently, the professional can't use his/her own bad feelings as reminders to step back and make adjustments to respect the client. What signals can the professional rely on as

**The professional has an obligation to acknowledge and respect a client's inner boundary and a client's outer boundary.**

indicators of professional intrusiveness?

When a client's inner boundary is crossed, a client signals discomfort. It's the professional's job to look for indicators of discomfort in a client's expression, posture, gestures, and voice quality and make the appropriate

adjustments. For example, a client who feels intruded upon may look away, clam up, talk nervously or tense up. Noticing something of this nature, a professional doesn't blame the client for being uncomfortable by asking the client, "What's the matter with you?" Rather, a professional accepts responsibility for having made the client uncomfortable by asking him/herself, "What have I done to elicit this?"

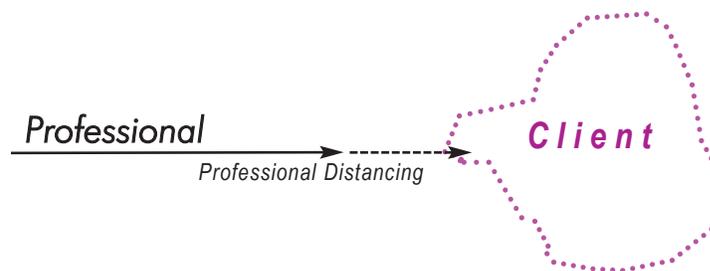
To understand how these two questions impact a

situation differently, take a moment and put yourself into this scenario. Your client, a life-long meat-eater, doesn't feel that s/he has eaten anything unless a meal includes meat. You believe that the best way for this client to control cholesterol is to avoid red meat and eat more vegetarian meals. As you launch into an explanation of the dietary changes you are recommending, you observe that the client is looking away and muttering something about starving to death. In other words, your suggestion of a more vegetarian diet is received by the client as an imposition, and the client signals, "I'm being intruded upon." You respond with, "What's the matter with you? Do you want to have another heart attack?" These questions, blaming the client, are received as further intrusions and the client's resentment builds. In this scenario, escalating intrusion elicits escalating resentment. I call this pattern – **IMPOSING ON THE CLIENT.**

Play the same scenario again asking the alternative question. This time, as you launch into an explanation of the vegetarian diet, you observe the client looking away and muttering something about starving to death. Rather than blaming the client, you ask yourself, "What have I done to elicit this response?" The alternative question puts the onus on you to think differently, and you respond accordingly. You find yourself thinking, "Maybe this is too much too soon. I'll introduce these dietary changes in stages and get buy-in along the way."

## Avoiding the Client

Study the following diagram which depicts the professional crossing a client's outer boundary. The extruding arrow suggests that the professional is pulling back from the client physically, emotionally or psychologically.



The client's outer boundary is "distorted," irregular and dotted to suggest bad feelings that arise in the client when his/her outer boundary is crossed by professional distancing. In the previous article, we discussed the sense of futility that is aroused in the professional by client

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distancing. We suggested that the professional's sense of futility reminds the professional of his/her obligation to recruit the distancing client into a collaborative relationship. A client who senses that a professional is distancing from him/her will likely experience a sense of insecurity and display behavioural indicators we associate with fear of abandonment such as clinginess, hopelessness or sullen anger. As the client's insecurity manifests in increasingly off-putting behaviour, the professional's "instinct to distance" builds. It's a case of escalating distancing eliciting escalating insecurity. I call this pattern – **AVOIDING THE CLIENT**

## Distancing From A Client

Professionals admit to editing their clientele to "weed out" clients who make them feel uncomfortable. Some client attributes that trigger professional distancing include: poor hygiene, offensive habits (e.g. smoking), chattiness, advanced age, bigotry, serious illness, disfigurement, hypochondria, whininess, dishonesty, passivity, gender or clients the professional has failed in some way. How does a professional engage clients who trigger discomfort rather

than yield to the all-too-human temptation to pull back?

It is the professional's responsibility to manage both sets of boundaries.

When you feel inclined to distance from a client, ask yourself the "right" questions, "Is distancing from this client related to a personal safety issue?" If the answer is "Yes," then choosing to distance yourself probably makes sense. However, if your answer is, "No," ask yourself another question, "Is distancing from this client consistent with my high-priority values?" A specific example would be, "Is distancing

from this smelly client consistent with my high-priority value of helping all clients regain their health?"

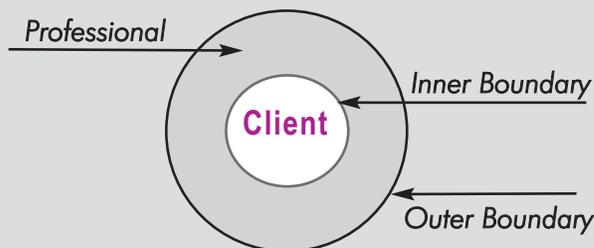
If distancing from a client is not consistent with one of your high-priority values, ask yourself, "What can I do differently?" Sometimes it's helpful to consult with a colleague who isn't bothered by the things that put you off. For example, if you tell a colleague that you've started distancing from clients whose opinions put you off, you may get the response, "Just send them to me." Rather than off-

loading a subset of clients, ask this colleague about his/her strategy for not being bothered. Does this colleague do something specific that makes it easier to deal with opinionated clients? Question your colleague until you understand their strategy, and try using the same strategy with your clients. Keep adjusting the strategy until it works for you.

In summary, clients have two boundaries: an inner boundary and an outer boundary. Managing your behaviour around client boundaries involves:

1. being alert to signs that clients feel intruded upon and adjusting your behaviour accordingly; and
2. acknowledging the impulse to distance from clients who make you feel uncomfortable and confronting this impulse when distancing is not consistent with your high-priority values.

In this illustration, the client's inner and outer boundaries are shown as solid and regular to indicate the client's feelings. The client's settled feelings are related to the fact that the professional is neither intruding upon nor distancing from the client.



## Boundaries and Professional Responsibility

Boundary crossings that occur at the professional's inner and outer boundaries emphasize the importance of keeping clients within the professional's boundaries. Boundary crossings that occur at the client's inner and outer boundaries emphasize the importance of professionals staying within client boundaries. It is the professional's responsibility to manage both sets of boundaries. Why is this responsibility not shared with the client?

Clients consult professionals about things clients don't know. Without professional knowledge, clients can't decide what to do or what to hope for. Therefore, they trust professionals to use professional knowledge in their best

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interest. We've all experienced power-imbalanced, trust-based relationships – parent/child, teacher/student, coach/athlete, doctor/patient, police officer/citizen.

Recall a time when someone you trusted to act in your best interest did something that violated your trust – maybe a teacher wrongly accused you of cheating, or a parent showed up late to pick you up. Remember your experience for a moment and notice your feelings of fear and vulnerability. Then, step out of your memory and recognize that boundary crossings are particularly painful for vulnerable clients in power-imbalanced relationships.

Marcia Lenglet is a consultant who has worked extensively in the area of professional boundaries, conducting workshops and developing training and educational materials for health regulatory colleges in Ontario.

For more information about communication with clients, please refer to the College's guideline on *Client Abuse Prevention*, which features verbal and emotional abuse potentially resulting from communication patterns. See [www.cdo.on.ca](http://www.cdo.on.ca) >Resource Room>Publications>Guidelines

**Use this simple boundary-crossing model to screen for both intruding and distancing.**

**When bad feelings arise in you during an encounter with a client or when a client seems put off, step back and observe the professional / client relationship objectively.**

**Ask yourself:**

- 1. Who is crossing a boundary?**
- 2. Which boundary is being crossed?**
- 3. What can I do to manage this boundary crossing effectively?**

**NEW**  
**at [www.cdo.on.ca](http://www.cdo.on.ca)**

### **New eServices for Members**

The College has invested in a new enterprise-wide information system to increase administrative efficiencies and provide modern, convenient services to members. Log on to members' eServices at [www.cdo.on.ca](http://www.cdo.on.ca) by entering your Login ID and Password.

### **Register for a CDO Event**

Register online for workshops, teleconferences, Practice Assessment, and other College events.

### **Forgot Your Password?**

Members can now reset their own password by clicking on the [Forgot/Reset your password](#) link on the College's website and following the simple instructions.

### **new posters & cards**

CDO has created a new poster and promotional cards for career fairs. Please see the samples and instructions for ordering them on the CDO website.

### **An Evidence-Based Approach for Dietitian Prescription of Multiple Vitamins with Minerals**

In *résumé* (Summer 2004), the College addressed the scope of practice of Registered Dietitians concerning vitamins and minerals. The article focused on how three different regulation systems currently in place direct what dietitians can and cannot do with regards to vitamins and minerals — *Drug Information Numbers, National Association of Pharmacy Regulatory Authorities Schedules* and the *Natural Health Products Regulations*.

The more clinical question of using an evidenced-based approach to recommending and prescribing vitamins and minerals was covered in a research article written by Deborah Wildish RD entitled, *An Evidence-Based Approach for Dietitian Prescription of Multiple Vitamins with Minerals* (2004).

FOR A COPY OF THIS ARTICLE SEE [www.cdo.on.ca](http://www.cdo.on.ca) > RESOURCE ROOM > PUBLICATIONS: PROFESSIONAL PRACTICE.