

**Boundary Crossings:
Preserving Professional
Therapeutic Relationships**



2017 Workshop

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Workshop Outline

- I. What is a Boundary Crossing?
- II. Importance to Dietetic Practice
- III. Categories of Boundary Crossings
- IV. Sexual Abuse
- V. How to Maintain Firm Boundaries
- VI. Scenarios



CDO's Mandate

PUBLIC PROTECTION



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2017 Boundary Guidelines
for Professional Therapeutic RD-Client Relationships

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Boundary Crossing

Deviation from the behaviours of how a RD would typically provide service
Breach of the typical limits which define a safe space



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Boundary Crossing

Focus is on behaviour



Helpful Harmful

The College is not trying to be overly restrictive of dietetic practice

Goal: help RDs better understand the behaviours that can harm or damage professional therapeutic relationships

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Professional RD-Client Therapeutic Relationship



Rests on defined professional boundaries to maintain mutual trust and respect

Provide safe, high-quality dietetic services to people
Application of knowledge, skill and judgment in meeting client's needs
Roles and expectations for RD & client to work together in client's best interest

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Boundary Crossings

↓

Therapeutic Relationships with Clients/Patients (Persons)

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Boundary crossings **DON'T** include clients as organizations/companies/school boards etc.

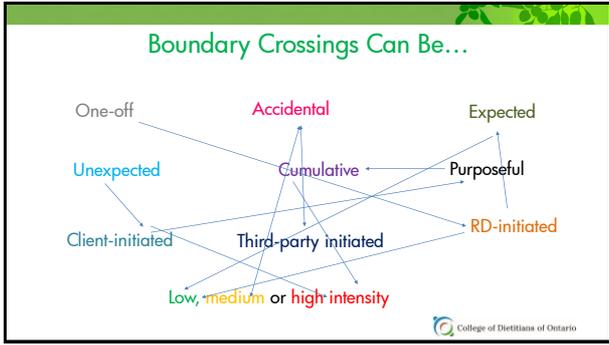
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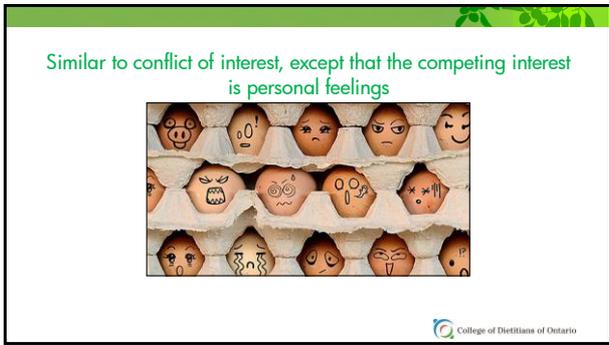
Same principles of boundary crossings can apply to other RD-professional relationships

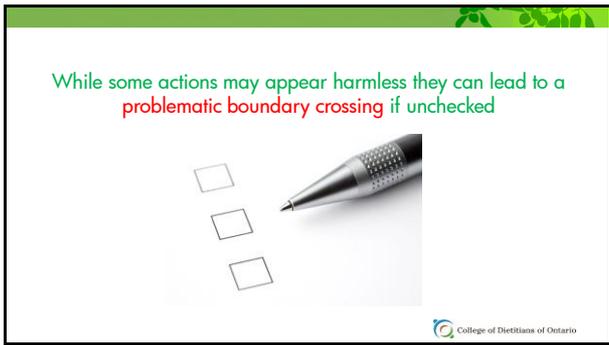
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Conflict of Interest or Professional Misconduct
(Improper Influence of Professional Judgement, Unprofessional, Dishonourable or Disgraceful)

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Problematic when RDs...



Permit another type of relationship or feeling towards their client to interfere with professional RD-client therapeutic relationship (inadvertently or purposely)




Problematic when RDs...



Misuse power in the relationship to meet their personal needs, rather than their clients needs, or behaving in an unprofessional manner with the client (does not have to be intentional)




CONTEXT MATTERS

RDs may need to adjust depending on context.

Actions/behaviours that may be innocent or innocuous in one context, may not be in others

Mindset and motivation matters



Remember...

- Professional Boundaries
 - Maintain the trust, integrity and respect that is essential for quality nutrition care
- Boundary Crossing
 - Breach of the typical limits that define the safe space of the therapeutic relationship



Inherent Imbalance of Power



Client dependency & vulnerable

RD-client therapeutic relationship

RDs empowered by authority, knowledge, access to information & ability to influence decisions



Boundary Crossings



Can interfere with professional judgement

Emotional benefit

Fears of inappropriate conduct will be exposed



Some clients may feel more vulnerable



Compromises client's ability to question treatment and provide informed and voluntary consent



Damages the
TRUST
between RD & client

Boundary Crossings have potential to undermine the trust clients must have to be open and candid with RDs.





Boundary Crossings have potential to damage RD's integrity and other elements of professionalism



Categories of Boundary Crossings

1. Dual Relationships

- _____
- _____
- _____
- _____
- _____
- _____

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1. Dual Relationships

- a) Treating friends or family
- b) Becoming friends with a client/their family
- c) Business relationships with clients
- d) Treating your boss, colleague or employee

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1. Dual Relationships

- a) Treating friends or family
 - Personal feelings/emotions interfere with objectivity
 - Treating partner/spouse is prohibited in law
 - Treating other friends/family strongly discouraged
 - Best to refer to another RD
 - If not possible, consider what's best for client
 - Outline expectations, fees, obligations

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1. Dual Relationships

a) Treating friends or family considerations:

- Competence
- Comfort
- Objectivity
- Confidentiality/privacy
- Competing roles of caregivers
- Disagreements/respecting choice

Continued...



1. Dual Relationships

a) Treating friends or family considerations:

- Financial arrangements
- How to discontinue services?
- Special treatment
- Professional obligations



1. Dual Relationships

b) Becoming friends with a client and/or their family

- Best to avoid
- Clients may feel obligated
- Similar complications can apply as treating existing friends/family (friends becoming clients)
- Interferes with healthy professional RD-client relationship



1. Dual Relationships

c) Business relationships with clients

- Power imbalance between RD-client
- Client vulnerable
- Confusing for client
- Never ask client for money/never accept it
- Can lead to a conflict of interest
- Caution entering into business relationships with former clients



1. Dual Relationships

d) Treating your boss, colleague or employee

- Best to avoid
- Interferes with therapeutic and work relationship
- May provide preferential treatment (or reverse)
- Professional judgement may be compromised = conflict of interest
- Can be similar to other dual relationships



Other Categories of Boundary Crossings

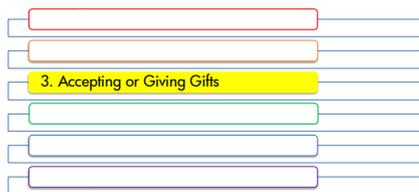
2. Self Disclosure




2. Self Disclosure

- Some disclosure helps develop rapport
- Personal details can confuse clients
- Clients may assume RD wants more
- Serves a personal need of RD
- RD can develop dependency upon the client
- Make a client uncomfortable
- Client may not feel that they can object
- Gives license for client to share more non-relevant information

Categories of Boundary Crossings



3. Accepting Gifts

May:

- Create a misunderstanding where client feels RD is friend or more
- Indicate a personal relationship is developing between RD and client
- Cause confusion in the therapeutic relationship
- Lead to preferential treatment

Consider:

- The cultural impact of accepting a gift
- Organizational policies, as applicable

3. Giving Gifts

Giving:

- Client may feel uncomfortable and obligated to reciprocate
- Consider:
 - Why do I want to give a gift to this client?
 - Are my reasons client-centered?
 - Am I giving all my clients a gift? If not, why is this one special?

[BACK](#)



Categories of Boundary Crossings



4. Ignoring Established Social, Cultural and Economic Conventions



Dietetic services should always occur in a professional environment appropriate for the services delivered

[BACK](#)



Categories of Boundary Crossings

- [Red box]
- [Orange box]
- [Yellow box]
- [Green box]
- 5. Rescue Fantasies**
- [Purple box]

The desire to help that goes too far, especially when an RD believes that they are needed and that a weak or vulnerable client is depending on them



5. Rescue Fantasies

- Help beyond the RD-client therapeutic relationship
- Intrudes into client's private life
- Fulfills RD's need to help
- Compromises informed consent
- Fosters client dependence on RD
- Compromises RD objectivity
- Work within scope and refer clients



Categories of Boundary Crossings

- [Red box]
- [Orange box]
- [Yellow box]
- [Green box]
- [Blue box]
- 6. Touching**



6. Touching: Client-Initiated

- Hand shake, pat on the back, or friendly hug
- Use extreme caution in such interactions

Maintain boundaries in a manner that doesn't embarrass client or damage rapport



6. Touching: RD-Initiated

- Ensure client understands purpose
- Can be seen as:
 - Supportive/comforting
 - Invasion of space
 - Sexual gesture

Extreme care must be taken when touching clients



6. Touching

Principles for physical encounters with clients:

- Only touch when appropriate
- Be sensitive to various cultures/attitudes
- Obtain the client's consent
- Avoid hesitant movements – be deliberate and efficient
- Use protective equipment, as applicable
- Provide reassurance and check with in with client
- Respect the client's personal space



Sexual Abuse
 An extreme form of boundary violation

Sexual relationships with clients are NEVER permitted

Regulated Health Professions Act, 1991 (RHPA) definition:

- (a) sexual intercourse or other forms of physical sexual relations,
- (b) touching, of a sexual nature, of the patient by the member, or
- (c) behaviour or remarks of a sexual nature by the member towards the patient.



Sexual Abuse
 An extreme form of boundary violation

Zero-Tolerance for Sexual Abuse

A member found guilty of sexual activity which involves frank sexual acts with a client (e.g. sexual intercourse) will have their registration revoked for at least five years.

Strict approach prevents abuse of power



NO SPOUSAL EXCEPTION



Treating partners or spouses



AVOID SEXUAL ABUSE

Consent is irrelevant even if client initiates or willingly participates
Evidence of exploitation not required
Serves an unmet need of RD
Be vigilant - can progress incrementally over time



Mandatory Reporting Obligation

RDs must file report of sexual abuse if info obtained in practice
Social setting: consider reporting for public protection
Must not include client's name without written consent
Report goes to practitioner's health regulatory college
Penalties for non-compliance



Protective Measures – Sexual Abuse



- Avoid any sexual contact, sharing sexual information, flirting, sexual comments
- Stop clients when they flirt and/or initiate sexual comments or sexual behaviour
- Consider referring clients who persist in flirting/making sexual comments
- Do not comment on a client's body/sex life unless related to care
- Never date a client



Relationships with Former Clients

RDs are not permitted to have a romantic relationship with a former client for a minimum of one year from the date the RD-client therapeutic relationship ended. This period of one year is the minimum requirement outlined in law in RHPA.



Relationships with Former Clients



- After one-year consider:
- o Duration and nature of RD-client relationship
 - o Client's vulnerability
 - o Care for client's family

RDs may decide it's never appropriate



Recognize

Providing preferential treatment or arrangements

Engaging in behaviours that can be interpreted as flirting



Meeting a client in a setting which is not professional

Inappropriate emotions or daydreaming about a client

Discussing personal issues with clients

Continued...



Recognize



Excessive self disclosure

Offering to help a client with something unrelated to the therapeutic treatment

Deliberately scheduling early or late appointments for client sessions

Exchanging personal or expensive gifts with a client

Doing something unethical or illegal for a client

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Check List: Assessing Whether a Boundary Crossing May be Occurring

- Is this in my client's best interest?
- Whose needs are being served?
- Could this action affect my services to the client?
- Could I tell a colleague about this?
- Could I tell my spouse/partner about this?
- Am I treating the client differently?
- Is this client becoming special to me?

Helpful to client

Intrusion of client space

Not in client's interest

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Documentation




Include:

- Safeguards, discussions and any corrective actions taken to preserve the professional relationship
- Any intimate talk, touch or other behaviour initiated by client
- Reasons why you are referring a client to someone else (as applicable)

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- LET'S RECAP...* **Boundary Crossings**
- Behaviours that deviate from normal/typical therapeutic relationship
 - Can compromise RD objectivity
 - Can be confusing for clients
 - Can negatively interfere with RD-client relationship
 - Zero-Tolerance for sexual abuse
 - Always RD's responsibility to maintain boundaries and take corrective actions to preserve RD-client therapeutic relationship

Resources

View these resources at: www.collegeofdietitians.org. Enter topic or title in the search box.

- [Boundary Guidelines for Professional Therapeutic RD-Client Relationships](#)
- ["Managing Professional Relationships, Part 1"](#), Fall 2004, p.1-4.
- ["Managing Professional Relationships, Part 2"](#), Winter 2005, p. 1-4.
- ["Zero Tolerance for Sexual Abuse"](#), Fall 2010, p. 5-8.
- ["Crossing Boundaries Ten Cases and Ten Misconceptions"](#), Fall 2013, p. 8-12.
- ["Boundary Issues"](#), Chapter 10, Jurisprudence Handbook for Dietitians in Ontario, 2015.
- ["Professional Communications Online and on Social Media"](#), Winter/Spring 2016, p. 4-7.
- ["Managing the RD-Client Relationship and Professional Boundaries"](#), Fall 2016/Winter 2017, p. 8.



References

- Health Professions Regulatory Advisory Council. (2008). *A Report to the Minister of Health and Long-Term Care on the Health Profession Regulatory Colleges' Patient Relations Programs*. Available from: http://www.hprac.org/en/reports/resources/hprac-patientrelationsreportmay_08englishpdf.pdf
- McPhedran, M., et al. (2016). *To Zero: Independent Report of the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1997*. Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/sexual_health/taskforce_prevention_of_sexual_abuse_independent_report.pdf
- Steinecke, R. *A Complete Guide to the Regulated Health Professions Act*. Aurora: Canada Law Book, updated annually. See sections on sexual abuse.





College Update

Highlights of Activities



Strategic Goals 2016-2020

Goal 1: A Robust Regulatory Framework for the Quality and Safety of Dietetic Practice	Goal 2: Competent Members Engaged in Effective Informed Practice	Goal 3: Stakeholders Recognize CDO as an Accountable Regulator for Public Protection
Goal 4: A Collaborative Partner		
Goal 5: An Effective Organization with Optimal Use of Resources		

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College Mission

The College of Dietitians of Ontario is dedicated to public protection.

We regulate and support Registered Dietitians for the enhancement of safe, ethical and competent nutrition services in diverse practice environments.

Values

Integrity

Collaboration

Accountability

Transparency

Innovation

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Registration Program

2017 Renewal – For all General Members

- Annual renewal fee increase \$620
- Online deadline: **Tues Oct 31st @ 11:59pm**
- Paper documentation: received at College by **Tues Oct 31st @ 5pm**
- Late fee of \$70 for renewal form, and/or fee received after the deadline
- \$70 for late SDL Tools
- Accuracy important




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Registration Program

Liability Insurance – For Public Protection

- Targeted random selection in Spring annually
- An increase in the number of members who:
 - Have gaps in insurance
 - Did not respond to the College's request for proof (can be suspended)
 - Late response from employer



Read College Emails

- Emails are our primary communication tool
- May require critical attention
- Make sure that we have your current email (even when on leave) and check regularly



You are held accountable to fulfill professional obligations even if you have not read your emails from the College

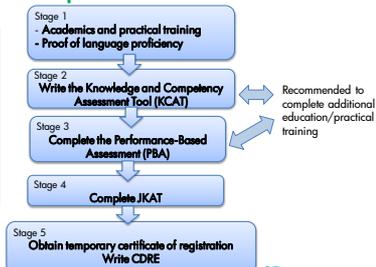
PLAR Implementation 2016-2017

NEW

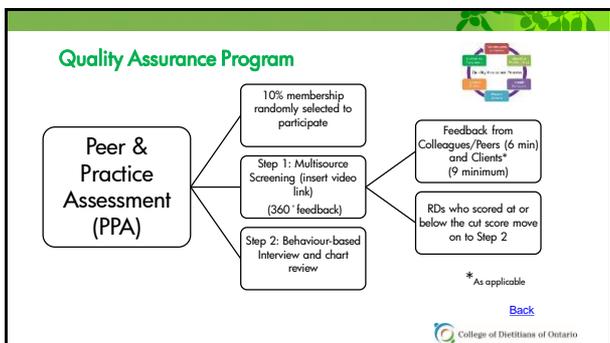
Canadian Dietetic Practice Orientation and Self-Assessment Tool (OSAT)

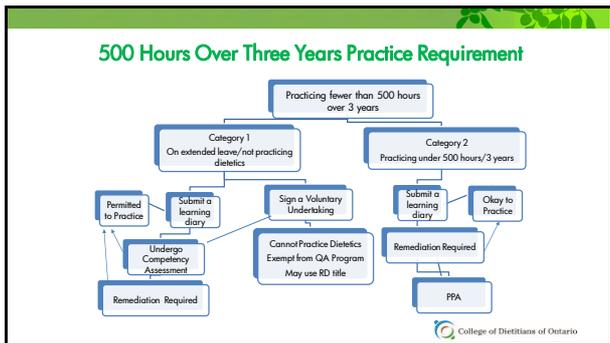


(strongly recommended)







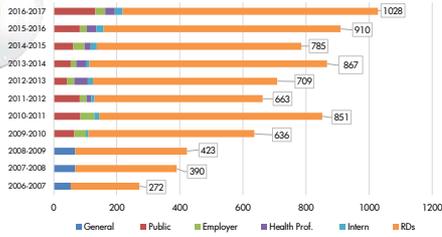


Practice Advisory Program

- Continued growth in inquiries
 - o Please call or email us!
 - o Specific questions or feedback appreciated
- Resources offered in a variety of formats
 - o In-person presentations
 - o Webinars
 - o E-learning modules
 - o Online documents



Practice Advisory Service Inquiries - Annual Growth



New Resources



Consent e-learning Modules

Unpacking Consent
Professional & Regulatory Obligations
for Dietetic Practice

MODULE 1
Consent for the Collection, Use and Disclosure
of Personal Health Information

2017

Unpacking Consent
Professional & Regulatory Obligations
for Dietetic Practice

MODULE 2
Informed Consent to Treatment

2017



Collaboration

CDO collaborates on issues/projects of mutual interest:

- Other health regulators in Ontario
- Other dietetic regulators in Canada
- PDEP
- DELFO
- Dietitians of Canada





Public Education Campaign New Plan 2016/2020



2008
Goals and key messages developed. College website redesigned with new public education section.

2009
Established a baseline measure to evaluate campaign and started the campaign. College website redesigned to include a public portal.

2010-2013
Required feedback. Adjusted the messages. Added facts to include a video, radio ad and radio articles for community newspapers.

2013/2017
New campaign survey by Jager Marketing to measure results against baseline set in 2009. Committee reviews campaign results. Committee and staff develop a new 3-year public education campaign 2014-17.

2016-2020
Campaign reviewed and aligned with College's Strategic Plan.



Patient Relations Program (Public Education)

- Several videos & quiz on website
- Articles in community newspapers
- Zoomer Magazine (online & paper)
- Increased website traffic
- Twitter and Facebook

Use of Technology

New Dashboards for Staff, Applicants and Members

More focus on social media and online information

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Profession Self-Governance

Be an active participant via:

- Council
- Committees
- Peer Assessors
- Item writers for JKAT
- Respond to consultations
- Stay informed
- Give feedback

**Get Involved.
Have Your Say.
Make A Difference.**

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Please feel free to contact the College's Practice Advisory Service:

practiceadvisor@collegeofdietitians.org

416-598-1725; 1-800-668-4990 ext. 397

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