


Boundary Crossings: Preserving Professional Therapeutic Relationships



2017 Workshop

Carole Chatalalsingh, PhD, RD
Deborah Cohen, MHSc, RD
Professional Practice Advisors and Policy Analysts

College of Dietitians of Ontario


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

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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



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.



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

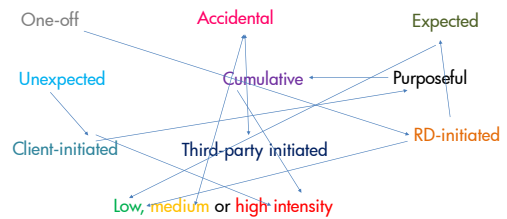


Conflict of Interest or Professional Misconduct

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

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Boundary Crossings Can Be...



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Similar to conflict of interest, except that the competing interest is personal feelings




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While some actions may appear harmless they can lead to a **problematic boundary crossing** if unchecked




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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)

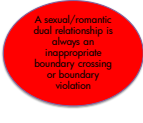


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Problematic when RDs...



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)



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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


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Remember...

Professional Boundaries	<ul style="list-style-type: none"> • Maintain the trust, integrity and respect that is essential for quality nutrition care
Boundary Crossing	<ul style="list-style-type: none"> • Breach of the typical limits that define the safe space of the therapeutic relationship

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Inherent Imbalance of Power




Client dependency & vulnerable

RD-client therapeutic relationship

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

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Boundary Crossings



Can interfere with professional judgement

Emotional benefit

Fears of inappropriate conduct will be exposed

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Some clients may feel more vulnerable



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

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

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

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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 or Giving Gifts

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

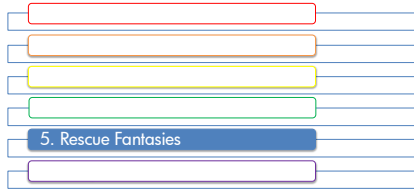
4. Ignoring Established Social, Cultural and Economic Conventions



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

[BACK](#)

Categories of Boundary Crossings



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

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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
- Foster's client dependence on RD
- Compromises RD objectivity
- Work within scope and refer clients

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Categories of Boundary Crossings



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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

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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

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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

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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



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

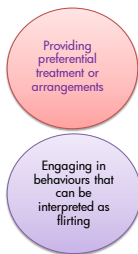


After one-year consider:

- Duration and nature of RD-client relationship
- Client's vulnerability
- Care for client's family

RDs may decide it's never appropriate

Recognize



Meeting a client in a setting which is not professional

Discussing personal issues with clients

Inappropriate emotions or daydreaming about a client

Continued...

Recognize

Excessive self disclosure

Deliberately scheduling early or late appointments for client sessions



Exchanging personal or expensive gifts with a client

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

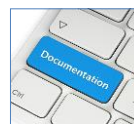
Doing something unethical or illegal for a client

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?



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)



Preserve the Professional Therapeutic Relationship

CONSULT A TRUSTED COLLEAGUE

MODIFY ACTIONS/BEHAVIOUR

↓

Refocus on client-centered care

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, 1991*. 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



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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

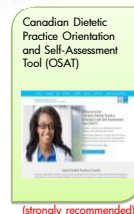


You are held accountable to fulfill professional obligations even if you have not read your emails from the College

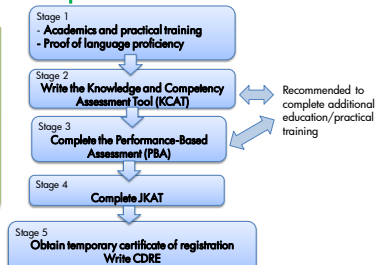
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PLAR Implementation 2016-2017

NEW

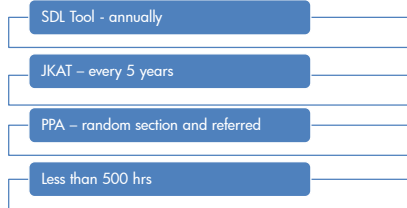


(strongly recommended)



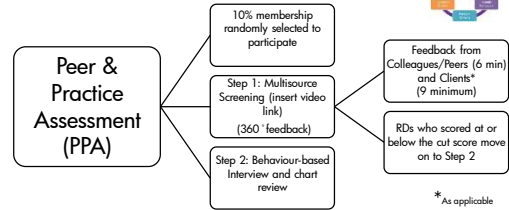
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Quality Assurance Program Components



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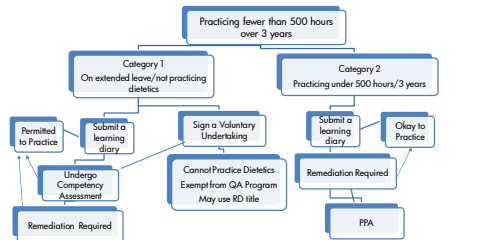
Quality Assurance Program



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500 Hours Over Three Years Practice Requirement



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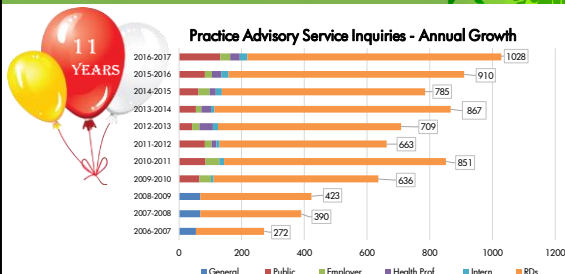
Practice Advisory Program

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



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Practice Advisory Service Inquiries - Annual Growth



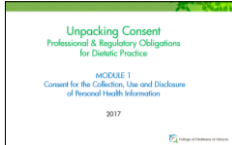
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New Resources



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Consent e-learning Modules



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Collaboration

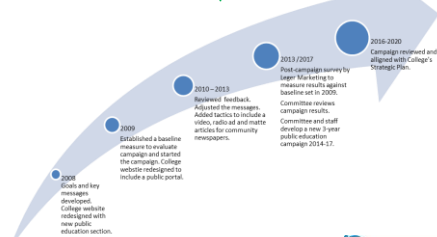
CDO collaborates on issues/projects of mutual interest:

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



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Public Education Campaign New Plan 2016/2020



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Patient Relations Program (Public Education)

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

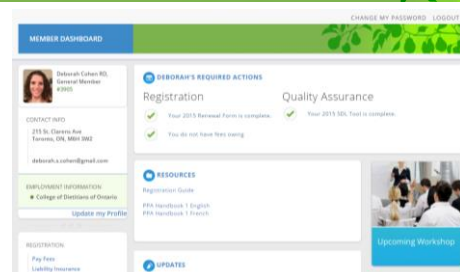


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Use of Technology

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New Dashboards for Staff, Applicants and Members



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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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