TEN

College of Dietitians of Ontario

Boundary Issues

AT A GLANCE

SCENARIOS

TABLE

NEED TO KNOW

1. A boundary crossing occurs where a dietitian permits another type of relationship or feelings towards a client to interfere with the professional relationship.

2. Boundary crossings are insidious and can creep up through goodhearted actions.

3. It is always the responsibility of the dietitian to maintain professional boundaries.

The Concept of Boundaries

It has been said that a boundary crossing is like a conflict of interest, except that the competing interest is personal feelings rather than financial considerations or gifts. A boundary crossing has a two-fold risk:

1) It can interfere with professional judgment because of an emotional or other benefit gained, or because of fears that an inappropriate conduct will be exposed;
2) Conversely, it can compromise a client's ability to accept or question your treatment suggestions, or provide an informed and voluntary consent.

Intrusion and Distancing

Boundary concerns operate in opposing ways: intrusion (being to close) and distancing (being too distant). Both situations compromise the professional relationship. To remain objective with clients, it is important to maintain a professional distance at all times: not too close and not too distant.

Most of the boundary crossings discussed in this chapter illustrate intrusion into a client's or a professional's personal space. However, excessively distancing yourself from clients can also affect client care. Professionals may remove themselves or back away from clients for all sorts of reasons, including uneasiness with strong body odour, discomfort with certain cultural differences or a fear of clients with HIV. Whatever the case, excessive distancing conveys the impression that you do not care about the client and that, when seeing them, you are simply performing a distasteful obligation. You should always critically examine your attitudes and behaviour, and be sensitive to external feedback from colleagues and clients for signs that you are inappropriately distancing yourself.

Why Boundary Crossings Occur

SCENARIO 10-1
Formula Recommendation

You work at a hospital. After careful consideration, a client who has just given birth tells you that she has made an informed decision and she will not be breastfeeding. She asks for your recommendation for the best formula on the market for her baby. What do you do?

Dietitians, like most health practitioners, often choose their career to "help" people. They try to establish a therapeutic relationship of trust and openness on the part of the client. It is only human for a dietitian to try to reciprocate by being open as well, without realizing that this may not always be appropriate.

It is also important to keep in mind that a client can initiate a boundary crossing in good faith, without understanding the boundary or the reason why it exists. It's up to the dietitian, as the professional in the relationship, to maintain professional boundaries. In the professional relationship, the dietitian has the power that comes from knowledge and expertise. Unfortunately, because dietitians are often "helpful", they may find it hard to say no.

The request for a formula recommendation in Scenario 10-1 is relatively benign. It appeals to your sense of expertise and includes you in the family relationship. However, the client is trying to include you in a personal decision that really is hers to make. Limiting comments to the relative nutritional qualities of the formulas on the market, if essentially the same, would leave you with no legitimate role in this decision. However, a greater concern would be if you were asked to become increasingly involved in the childcare decisions respecting the baby, moving from dietetic issues to where the baby should sleep.

Be mindful of self-deception. Typically, boundary problems present themselves in a dietitian's area of weakness or vulnerability.

A dietitian with a tendency towards rescue fantasies will be able to handle a sexually precocious young client by identifying the need to keep the boundary clear, but may get into trouble with an isolated and depressed teenager, becoming a "friend" in order to help "save" this client. It is always the responsibility of the dietitian to see and maintain the boundary.

Categories of Boundary Crossings

Boundary crossings are subtle and are often motivated by what appear to be noble intentions. They are not, for the most part, products of predatory behaviour. Boundary crossings are insidious, usually beginning with small innocuous actions that, over time, become cumulatively significant. A boundary can be crossed in a number of ways. Here are some of the more common examples.

SELF-DISCLOSURE

While careful and limited disclosure of personal details can help develop a rapport, it has to be managed with extreme care. Sharing personal details about your private life can confuse clients. They might assume that the dietitian wants to have more than a professional relationship. Self-disclosure suggests that the professional relationship is serving a personal need, and can also result in the dietitian developing dependency upon the client, which is damaging to the therapeutic relationship.

GIVING OR RECEIVING OF GIFTS

Gift-giving is potentially dangerous to the professional relationship. A small token of appreciation by the client purchased while on a holiday, around New Year's, or given at the end of treatment can be acceptable. However, anything beyond that can indicate that the client is developing a personal relationship with the dietitian, holds the practitioner in excessive regard, or may even expect something in return.

Gift-giving by a dietitian is also open to misinterpretation. Even small gifts that have an emotional component such as a "friendship" card can raise similar questions even though the financial value is small.

DUAL RELATIONSHIPS

SCENARIO 10-2
Hiring a Client

You work for a community agency that serves new immigrant women. You have spent some time assisting Felicia, and she has shared with you some of the terrible things that have happened in her life. You know she has virtually no money. Felicia asks if she could clean your house. In fact, you are looking for a house cleaning service and would be very pleased to pay her generously. Is there a problem?

There are a number of complications arising from dual relationships and some are illustrated in Scenario 10-2, *Hiring a Client*. You are being asked to enter into a dual relationship with the client, to be both her dietitian and her part-time employer. Consider how the following difficulties can occur:

- The employer-employee relationship tends to be more directive than the more collaborative dietitian-client relationship. The client might feel compelled to follow your treatment recommendations without question in appreciation of her other relationship with you or for fear of losing her job with you.
- If the client failed to meet your house cleaning expectations, you might have to confront her and perhaps even terminate her services. Such actions could easily damage your ability as a dietitian to engage the client in a continuing dietetic program.
- The client would learn much about your private life, and whether they respect or disdain you for it, this could interfere with the clinical relationship. Either way, the

healthy dialogue and give-and-take of the professional relationship could be damaged.

- You could become dependent on Felicia's excellent service and be prone to let it interfere with your professional judgment concerning her clinical care. For example, you may keep her on as a client beyond what is indicated in order to maintain the house cleaning relationship. Or, you may give undue weight to her requests for special or even inappropriate assistance.
- Other clients who find out about the house cleaning arrangement might feel that you are treating Felicia as "special". They might ask for similar consideration and be upset if you say no.

Social Networking

SCENARIO 10-3
Social Networking

You have been helping Jennifer through her difficult prenatal period. She was a pleasure to work with. After the birth of her baby, Jennifer updates her Facebook page and sends you an invitation to become her friend. You will be involved for some time still on her postnatal dietetic needs. How should you respond?

Scenario 10.3, *Social Networking*, further illustrates the concerns about a dual relationship. Accepting the invitation to be her friend on Facebook , even with strict privacy settings will involve you in Jennifer's private life and will expose some information about your own non-professional circumstances. Also, accepting the invitation characterizes your relationship as social as well as professional. The best approach would be to send a polite response or to discuss personally with Jennifer at her next visit, if it is soon, why you cannot accept.

Any dual relationship has the potential to have the other relationship interfere with the professional one. Even selling non-health products such as cosmetics or insurance to clients can lead to problems (e.g. if the product does not perform as expected or if the client thinks that the price was too high). It is best to avoid dual relationships whenever possible. Where the other relationship pre-dates the professional one (e.g. a relative or friend), it's best to refer 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.

IGNORING ESTABLISHED CONVENTIONS

Established conventions usually exist for a reason. Ignoring them, such as having treatment sessions over a meal at a restaurant or drinks in a bar, is a professionally high-risk activity, as it confuses the nature of the professional relationship with that of friendship.

RESCUE FANTASIES

Most health care workers like to help people. It is an important part of their self-image. However, there is a point where rescue fantasies of fragile or vulnerable clients can fulfill the needs of the dietitian and be harmful to the client. Dietitians should attempt to cultivate the autonomy of clients, and not foster their dependence upon the dietitian.

BECOMING FRIENDS

Being a personal friend is a form of dual relationship. 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.

ROMANTIC RELATIONSHIPS

The most obvious boundary crossing is developing a romantic or sexual relationship with a client. This is discussed in more detail below.

TOUCHING

Touching can be easily misinterpreted. A client can view an act of encouragement by a dietitian as an invasion of space or even a sexual gesture. Extreme care must be taken in any touching between dietitians and their clients.

Sexual Abuse Boundaries

In the prohibition against "sexual abuse" found in the *Regulated Health Professions Act* (RHPA), sexual abuse means any sexual words, gestures or touching between a registered health professional and a client. Under this definition,

1. Sexual abuse does not have to involve actual sex. Sexualized banter or other nontouching activities are included.

2. Consent is irrelevant. Even if the client initiates or willingly participates in the sexual activity, it is still prohibited.

3. Evidence of exploitation is not required. Even though both parties are genuinely in love at the time, sexual relations with a client are never permitted.

This strict approach is taken to prevent the abuse of the power and status that health practitioners often have over their clients in a clinical context. Sometimes, the parties are even fooling themselves and only realize afterwards how inappropriate the relationship was.

WHY VIGILANCE IS NEEDED

Most dietitians think that the sexual abuse provisions in the RHPA would never apply to them. However, complacency in this area is dangerous for a number of reasons:

- **Sexual abuse can be "consensual".**
  The popular notion of a practitioner physically assaulting a client is not what most sexual abuse is about in the health professions. Dietitians who "fall in love" with their clients, and who believe that their clients return the feeling and "consent" to the personal relationship, are engaging in sexual abuse. Indeed, it is no defence if the client vigorously initiates the relationship. Such "consent" is not valid where there is an imbalance in the relationship.

  By definition clients come to a dietitian because they have a "problem" and want to access the expertise of the dietitian. This and other circumstances, such as the social status accorded to health professionals, create an imbalance of power between the dietitian and the client that requires the maintenance of professional boundaries. Registered Dietitians cannot have sex with a client.

- **The development of the sexual relationship can be insidious.**
  A common pattern of sexual abuse is that the crossing of professional boundaries begins with small steps, such as personal disclosures, and progresses incrementally over time. Typically, the relationship meets an unmet personal need of the dietitian, such as being idealized or loved by another. Afterwards, the dietitian is often as surprised as anyone about what has occurred.

- **The definition of sexual abuse is very broad.**
  It includes not only sexual intercourse or other forms of physical sexual relations with a client, but any touching, behaviour or remarks of a sexual nature. An exception is where the touching, behaviour or remark is clinically appropriate, for example, when taking a sexual history. This definition of sexual abuse prohibits the telling of a joke with sexual undertones or innuendos to a client or posting a sexually provocative calendar. It would also include the dietitian laughing at a sexual joke told by a client in the presence of another client.

- **A dietitian may become involved through the conduct of others.**
  As discussed in the mandatory reporting portion of Chapter 3, when learning about

CHECKLIST 10-1
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 about this?
- ☐ Am I treating the client differently?
- ☐ Is this client becoming special to me?

the sexual abuse of a client by another practitioner, the dietitian may need to make a mandatory report.

NO SPOUSAL EXCEPTION

There have been major court challenges to the RHPA regarding sexual abuse asserting that the provisions were "over-sweeping" in nature. In each case, the Ontario Court of Appeal affirmed the validity (including constitutional validity) and societal importance of the provisions.

In Leering v. the College of Chiropractors of Ontario (2010), for example, the complaint was initiated by the chiropractor's sexual partner after the relationship ended badly. There was no dispute that the client consented to the sexual activity. In fact, the person first became a sexual partner and developed an established personal relationship with the chiropractor before receiving any treatment. The determining factor in the ruling was whether there was an *ongoing clinical relationship* or not. In the Leering case, the chiropractor had clearly provided clinical care and billed for it as treatment. The court held that the definition of "sexual abuse" in the RHPA was clear; *there is no spousal exemption.*

The Court suggested that incidental care (e.g., the usual domestic support of a spouse undergoing a headache, fever or cold) would likely not make the family member a client. Dietitians who give the usual sorts of guidance about food and lifestyle choices would not be making their spouse a client simply because the dietitian was more knowledgeable about those issues. However, where more than a casual assessment is involved, or where the support becomes ongoing or systematic, then a spouse could well become a client. This would be the case where the dietitian is replacing what would generally be done by another dietitian in a clinical setting. For example, if the spouse had diabetes and would ordinarily be seeing a dietitian for counselling and dietary planning, the family member would become a client if the dietitian took over that role. However, there likely would not be a dietitian-client relationship where a dietitian supported a spouse in implementing the treatment plan of the treating dietitian. RDs should not conclude from the Leering case that as long as one does not create a chart or submit a bill, that the person is not a client. *The issue is whether a clinical relationship has developed*.

REGISTRATION WILL BE REVOKED FOR AT LEAST 5 YEARS FOR SEXUAL ABUSE

The zero tolerance provisions for sexual abuse in the RHPA are clear:

1. Registered Dietitians cannot have sex with a client.
2. Registered Dietitians cannot treat a sexual partner.

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

MAINTAIN FIRM BOUNDARIES

Maintaining clear and firm boundaries with clients is essential to avoid conduct that could be perceived as sexual. Here are some protective measures:

- Avoid any sexual behaviour;
- Politely but firmly stop clients when they initiate such behaviour, whether by telling a joke or flirting;
- Avoid misinterpretation — do not make any suggestive or seductive comments or gestures;
- Do not take a sexual history unless it is needed for a nutrition assessment and monitoring;
- Do not comment on a client's body or sex life;
- Never date a client;
- Avoid self-disclosure;
- Detect and deflect clients who attach themselves emotionally; and
- Document any intimate talk, touch or exposure even where it is entirely clinical and quite appropriate.

Touching a Client

Health procedures are often in conflict with a client's concept of privacy. For this reason, it is important that dietitians convey professionalism, and that the client understands that this is a professional encounter. Follow these principles in all physical encounters with clients:

(a) Obtain the client's consent before touching;

(b) Acknowledge that the client has the right to change his or her mind about consenting to procedures;

(c) Avoid causing unnecessary hurt to the client by inappropriate touching;

(d) Show respect by maintaining the client's dignity;

(e) Respect the client's personal sense of space;

(f) Use firm and gentle pressure when touching the client to give reassurance and produce a relaxed response;

(g) Avoid hesitant movements by being deliberate and efficient;

(h) Understand when to use gloves for reasons relating to infection control and to decrease intimacy;

(i) Use proper draping techniques;

(j) Provide reassurance and explanations throughout the procedure;

(k) Constantly check for level of understanding and consent;

(l) Touch only when necessary.

Boundaries that Protect the Dietitian

Respecting professional boundaries not only protects the client, but also the dietitian. This is particularly true when considering:

1. abuse of dietitians;
2. client confidentiality;
3. working with a team; and
4. working for third parties.

1. ABUSE OF THE DIETITIANS

While rare, some clients can become verbally, emotionally or physically abusive towards a dietitian. Typically, this occurs where a client has other psychological, personality or emotional issues. The first thing to realize is that the abuse is not about the dietitian's behaviour, but has been triggered by something that has occurred in the dietitian/client encounter. Often a dietitian may be able to review what is known about the client and how the client has responded to previous interactions to form a good idea as to the true reason for the abusive conduct.

If the abusive behaviour is in its milder and earlier stages (swearing and making sarcastic comments), a dietitian can sometimes respond successfully by fixing firm boundaries. This could involve advising the client that such conduct is not appropriate and asking the client to be more careful in the future. Sometimes changing the context or circumstances of the interactions can help. One way to do this would be to meet in a more open place where others can see physical movements or loud outbursts. Sometimes an assistant or colleague can join the sessions.

Where the abusive behaviour is significant or repetitive (threats or actual violence, overt and ongoing sexual propositioning), consider terminating the relationship. In most contexts, the dietitian would transfer the care of the client to another professional depending on the requests of the client. In some contexts, the dietitian may still choose to continue with treatment with a high degree of safeguard in place (e.g. a public hospital, a long term care facility, or a mental health institution where nutrition care is desperately needed and alternatives are not readily available). A dietitian's own need for protection and safety, which is valid and important, must be balanced with the client's need for care.

A dietitian will want to be sure that the transfer of the client is made in accordance with paragraph 9 of the *Professional*

Misconduct Regulation, which prohibits the following:

> "Discontinuing professional services that are needed unless,
>
> i. the client requests the discontinuation;
>
> ii. alternative services are arranged; or
>
> iii. the client is given reasonable notice to arrange alternative services."

This prohibition only applies where the services are needed. If the rule does apply, what constitutes "reasonable" notice will include a fair consideration of the safety concerns for the dietitian as well as the availability of alternative services, and whether any harm would reasonably result to the client pending the finding of new services.

2. CLIENT CONFIDENTIALITY

Another boundary that is difficult to maintain at times is client confidentiality. As discussed in Chapter 6, client consent or other legal authority is required to disclose any client information. The boundary is usually challenged in the area of implied consent where a person assumes they have the authority to access the information and are surprised if the dietitian raises the issue. Common danger areas include:

- Spouse of client seeking information about the client;
- Parents of a teenage client seeking information about the client;
- Third parties who pay for the treatment seeking information about the treatment; and
- Investigators, including police, seeking information and mentioning that a refusal might constitute "obstruction".

In all of these cases, the dietitian must ensure that there is clear authority to disclose the information before complying with the request, such as having consent from the clients, their representative or a legal obligation, expressed in statute.

3. WORKING WITH A TEAM

Another boundary relates to a dietitian who works with a team of other health practitioners. The dietitian has a primary duty to her or his client. However, the dietitian also has an obligation to be collegial and to work collaboratively with others on the team.

It is becoming increasingly common for clients to choose others to be part of their health care team without prior discussion with the their existing practitioners. For example, a client might well choose to consult a naturopath at the same time as seeing a dietitian. If you are faced with such a situation, consider the following points:

- Avoid uncoordinated care. Obtain consent to consult with the others on the client's health care team if consent has not already been given. Where the dietitian is part of a pre-existing health care team and the client understands this, there may be implied consent. Under *Personal Health Information Protection Act,* 2004, the circle of care concept permits dietitians to approach other practitioners providing services to the client without explicit consent, where obtaining timely consent would otherwise not be feasible unless the client indicates otherwise (see Chapter 5).
- If you have consent to consult with the other practitioners on the team, first attempt to resolve any differences in approach with them. Avoid placing a client in the middle of any disagreement if at all possible.
- If you must involve a client in a disagreement, take the high road. Do not criticize the other practitioner or the client for choosing him or her. Simply explain that inconsistent approaches are being followed and that it does not appear that they can be reconciled. Explain the rationale for your own approach and encourage the client to discuss the rationale of the other practitioner's approach with him or her.
- Respect the client's choice.

4. WORKING FOR A THIRD PARTY

A dietitian working for a third party, particularly in a for-profit practice, must ensure that professional boundaries are maintained with the third party. Overbilling is abusive and unprofessional and ultimately can interfere with client care. Billing made on behalf of dietitians should always be fair and accurate. Rationing of services where a dietitian is not given enough time to engage clients in their treatment is distancing. Taking on more clients than you can manage can also result in distancing. Methods for maintaining proper professional boundaries with third parties (e.g. employers and payers) and prospective clients are discussed in Chapter 1, *Introduction to Professionalism*.

Conclusion

Intrusive or distancing boundary violations interfere with professional relationships and responsibilities of dietitians towards their clients. Dietitians have the responsibility of identifying when they or their clients are crossing boundaries and taking appropriate corrective actions.

Boundary violations can be insidious, and dietitians need vigilance to understand the vulnerability of their clients as well as their own. Sexual abuse is a serious boundary violation and includes both comments as well as inappropriate touching of a sexual nature. Non-sexual boundary crossings may be difficult to recognize and just as harmful as sexual abuse.

Quiz

Provide the best answer to each of the following questions. Some questions may have more than one appropriate answer. Explain the reason for your choice. See *Appendix 1* for answers.

1. In Scenario 10-1, "Hiring a Client", what is the primary concern?

a. You are seeing a client in your own home.
b. You should not be paying money to a client.
c. House cleaning is a demeaning service to perform.
d. Your dual relationship will create conflicting duties.

2. If a client expresses a romantic interest in you, which of the following applies?

a. There is no boundary crossing unless you respond.
b. You should transfer the client.
c. You should politely explain that you can only have a professional relationship with the client.
d. Tell the client to "hold that thought" until after treatment is completed.

3. What is the concern about a boundary crossing?

a. It interferes with your professional judgment.
b. It undermines your client's ability to maintain a therapeutic relationship with you.
c. It can confuse your client.
d. It can confuse other clients who observe it.

4. If a client tells a sexual joke, what should you do?

a. Laugh so that the client does not feel bad, but tell the client not to do that again.
b. Laugh only if no other clients are present, but tell the client not to do that again.
c. Report the client on a mandatory basis for sexual abuse.
d. Politely advise the client that such comments are not appropriate in the treatment setting.

5. Which of the following statements are true?

a. Boundary considerations are designed to protect the client.
b. Boundary considerations are designed to protect the dietitian.
c. Boundary considerations are designed to protect other clients.
d. Boundary considerations are designed to protect the client, the dietitian and others exposed to the behaviour.

Resources

COLLEGE OF DIETITIANS OF ONTARIO

résumé articles at www.collegeofdietitians.org. Enter topic or title in the search box.

- Lenglet, Marcia. "Managing Professional Relationships: Part 1", *Fall 2004, 1-4.*
- Lenglet, Marcia. "Managing Professional Relationships, Part 2", Winter 2005, 1-4.
- "Conflicts of Interest and RD Practice", Winter 2009, 4-8.
- Richard Steinecke, LL,B. "Zero Tolerance for Sexual Abuse", Fall 2010, 5-6.
- Deborah Cohen, MHSc, RD, "Zero Tolerance for Sexual Abuse - Practice Scenarios", Fall 2010, 7-8.

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Health Professions Regulatory Advisory Council. *The Common Elements of a Patient Relations Program: Sexual Abuse Prevention, Complaints about Sexual Abuse and Funding for Therapy*.
http://www.hprac.org/en/projects/PR_Program_Elements.asp

McPhedran, Marilou; Armstrong, Harvey; Long, Briar; Marshall, Pat; and Roach, Roz. *What About Accountability to the Patient? Task Force on Sexual Abuse of Patients*. November 25, 1991. This report was the basis for many of the sexual abuse provisions of the *Regulated Health Professions Act*. It can be found in many libraries.

Steinecke, Richard. A *Complete Guide to the Regulated Health Professions Act*. Aurora: Canada Law Book, updated annually. See sections on sexual abuse.