



COLLEGE OF DIETITIANS OF ONTARIO
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Managing Professional Relationships

by Marcia Lenglet

CDO's Patient Relations Committee commissioned the following article by Marcia Lenglet as a first step in raising RD awareness of the complex interpersonal boundary dynamics between professionals and their clients. Marcia Lenglet is a consultant who has worked extensively in the area of professional boundaries. She has researched boundary issues with professionals and their clients, conducted workshops, and developed training and educational material for health regulatory colleges in Ontario.

Recognition of personal and professional boundaries and the effects of intrusion or withdrawal from them may enhance an RD's ability to adjust her approach to clients and be more effective. This work on boundary issues broadens the Committee's focus beyond its minimum statutory responsibility for preventing and dealing with the sexual abuse of clients and builds on the Committee's earlier work on communications.¹

Boundaries define a comfort zone or personal space. Interpersonal boundaries are the contact points where a professional and a client set limits for each other. Two important contact points in a professional/client relationship are the *professional's inner boundary* and the *professional's outer boundary*. Think about this idea for a moment.

Your *inner boundary* is the line that

separates you from others. Put yourself in the following situation to get a sense of this line. You are traveling on public transit with a child you love. Comfortable with close physical contact in this situation, you are charmed when the child falls asleep on your shoulder. The child would have to be painfully intrusive (e.g. drive your glasses into the bridge of your nose with an over-exuberant hand wave)

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before you'd insist that s/he recognize the line that separates the two of you. Now change the scenario. You are traveling on public transit and are put off when a total stranger falls asleep on your shoulder. Why? Because the stranger has gotten too close. In boundaries language, the stranger has intruded past your inner boundary. You'll act quickly to re-establish the degree of separation with which you're comfortable.

This simple example illustrates a number of things about boundaries.

- You set your inner boundary differently from one person to the next (e.g. you accept more physical closeness from a child you love than you do from a stranger).
- You set your inner boundary differently from one context to the next. For example, you tolerate more physical closeness in a crowded bus or streetcar than you do at a sparsely attended sporting event.
- You have emotional and psychological boundaries, as well as physical boundaries. For example, when something is too painful for you to discuss, you respond with a curt, "Don't even go there," when another raises the topic. In other words, you experience the probing of another as intrusive and act quickly to re-establish emotional separation.
- You are not aware of boundaries until they're crossed and bad feelings arise. For example, you

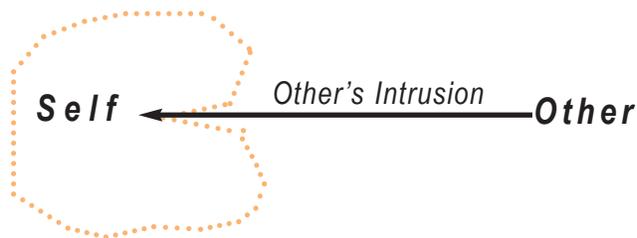
Two important contact points in a professional/client relationship are the professional's inner boundary and the professional's outer boundary.

don't step onto a bus concerned about the separation you're going to maintain between yourself and others. But the moment someone gets too close, bad feelings arise and you re-establish the degree of separation with which you are comfortable. Pay attention to the bad feelings you experience in your encounters

with others. They are reminders to attend to your boundaries.

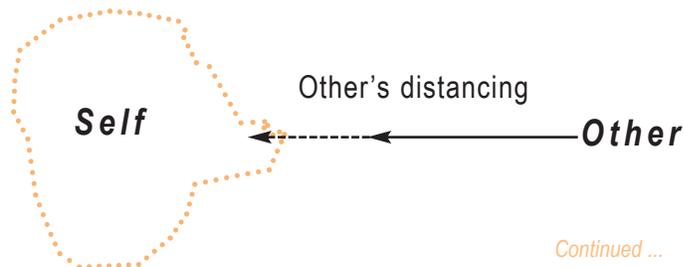
Sometimes it's helpful to visualize an idea to be clear about what's being said. Study the following diagram for a moment. The crossing of your inner boundary by another is depicted by an intruding arrow. The arrow suggests that

Other is encroaching on you physically, emotionally or psychologically. Your inner boundary is "punctured" and is represented as irregular and dotted to suggest the bad feelings that arise when your inner boundary is crossed.



Your *outer boundary* is the line that another crosses moving away from you to a place so distant that you and the other person are no longer "in touch." To get a sense of your outer boundary, imagine what it would be like were a friend to grow emotionally distant from you. You have cultivated a lifelong friendship and have come to expect that your friend will be there for you in good times and bad. Then, hitting a rough patch, you turn to your friend expecting support and reassurance and instead you encounter impatience and indifference. Reflecting on the recent past, you realize, "My friend has been distancing from me." You respond to this realization with a sense of panic and loss. Your once relaxed friendship takes on an obsessive quality, as you try to control your friend's responses to you in order to create a semblance of the friendship you once shared. Your friend balks at your controlling behaviour, so you punish your friend, driving him/her further away. In boundaries language, your friend has crossed your outer boundary by distancing. Your response was in reaction to the painful feelings aroused by your friend's "abandonment."

Again, it's helpful to visualize an idea, in order to be clear about what's being said. Another's distancing from you is depicted by an extracting arrow (something that "pulls" on your feelings). Your outer boundary is protruding — irregular and dotted to depict bad feelings. In this situation, the bad feelings are associated with another's pulling away from you. The feelings aroused by another's pulling away are likely quite different from those aroused by another's intrusion.

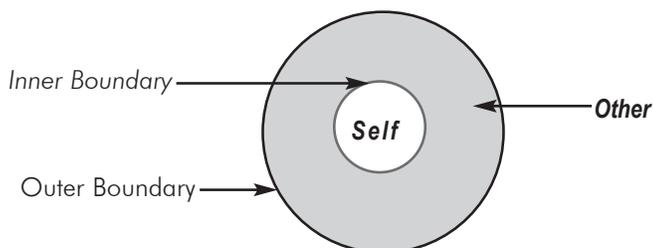


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To summarize what has been said to this point, you have two boundaries, an inner boundary and an outer boundary. Managing these boundaries effectively involves two things:

- (1) being assertive with others, so they accept your inner boundary with grace;
- (2) engaging others so they approach you positively, rather than resist you.

In the following illustration, your inner and outer boundaries are shown as solid and regular to indicate settled feelings. Your settled feelings are related to the fact that you are managing your boundaries elegantly, so another is neither intruding on you nor distancing from you.



There is one additional element to add to this simple boundary-crossing model. Boundary crossings are dynamic, interactive processes. To get a sense of this dynamic aspect, focus on the idea of intrusion and put yourself into this scenario, a situation you've no doubt encountered.

Your client, a diabetic, needs to take control of the situation and do everything possible to keep blood sugars normal. But s/he won't think through possible solutions and expects you to assist with every difficult situation. Concerned about your client's well-being, you wrack your brain, dreaming up solutions for every conceivable situation, while your client sits passively in front of you exuding discouragement. Eventually, you get tired and back off. You replace your frantic attempts to reach the client with "professional distance."

What is happening here? Your client thrust the responsibility of managing his/her health upon you (i.e. your client intruded), and you accepted the intrusion, taking on your client's responsibility as if it were your own. In boundaries language, you invited intrusion. Since relationships are dynamic processes, the more you invite intrusion, the more your client intrudes. I call this pattern of eliciting intrusion, then backing off, only to elicit further intrusion, *Escaping the Client*.

Client distancing is another dynamic, interactive process. Focus on the concept of distancing and step into this situation, another scenario you've no doubt encountered. Your client is newly diagnosed with a life-long condition. You know your client will have to comply with established "rules" for managing the condition in order to have the best possible quality of life. You want to secure your client's compliance with the "rules" and work with your client until s/he has learned to apply the rules to daily living. Expressing this idea in terms of the boundaries model we have developed, your goal is to draw your client across your outer boundary and into your sphere of influence so the two of you can work together.

A commonly accepted way to secure another's compliance (i.e. to draw a client into your sphere of influence) is to point out the negative consequences associated with failure to comply. Most of us grew up under this type of disciplinary regime — comply with the rules or suffer the negative consequences. Pointing out the negative consequences of noncompliance is particularly effective with *Away Froms* — people motivated by a desire to stay away from pain and problems. A third of the people who have been tested register as *Away Froms* on personality tests. Another third register as *Towards* — people motivated by positive outcomes. The remainder combines *Away From* with *Towards* thinking.

The distribution of the population along the *Away From/Towards* continuum suggests that pointing out the negative consequences of noncompliance matches the mind-set of the third of the people who register as *Away Froms*. If you use *Away From* language with clients who don't speak "Away From language," you can arouse client resistance. Conversely, if you frame your message to match your client's mindset, you can minimize resistance.

Resistant clients are the ones who are crossing your outer boundary moving away from you so fast that you can't work with them. While it's true that you can arouse the resistance of some clients by mismatching language patterns, with others, your presence as a professional

Boundary crossings are dynamic, interactive processes.

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speaking with knowledge and authority, can arouse resistance. There is a cardinal rule for managing another's resistance — *avoid persuasive talk*. Why? Because the more you persuade, the more resistance you arouse. I call this pattern of eliciting resistance and then persuading, which elicits further resistance, *Overpowering the Client*. Concerned professionals can “fall into” this pattern inadvertently, particularly when dealing with clients for whom the negative consequences of failure to comply are catastrophic (e.g. people with diabetes, heart disease, etc.).

You can use this simple boundary-crossing model as a screening device. When bad feelings arise in an encounter with a client, step back and observe the professional/client relationship objectively. Ask yourself some questions.

- What kind of feelings did this encounter arouse in me? (Accommodating an intruding client will likely leave you exhausted. Pursuing a distancing client will likely leave you frustrated and angry.)

- Is there a pattern to the way we are relating?
- What can I do differently to change the pattern? Make some notes about what you observe yourself doing that invites client intrusion or arouses client resistance. Observe colleagues who don't seem to elicit these patterns. Borrow a strategy from one of these colleagues and try it out. Notice what changes.

In this article, we've discussed boundary crossings that occur at your inner and outer boundaries. In a follow-up article, we'll explore boundary crossings that occur at the client's inner and outer boundaries.

1. Refer to the College's guideline on *Client Abuse Prevention*. This plan features verbal and emotional abuse potentially resulting from communications patterns. www.cdo.on.ca >Resource Room>Publications>Guidelines

Professional Practice

Have You Read These Professional Practice Articles?

- Vitamins & Minerals: Prescribing or Recommending? Scheduled? DIN? or NPN? *résumé, Summer 2004.*
- PIPEDA ALERT – Privacy Legislation: What's it all about? *résumé, Spring 2004.*
- Test Your Knowledge: Who can do venipuncture? *résumé, Spring 2004.*
- Development of Medical Directives. *résumé, Winter 2004.*
- Guidance on Telepractice. *résumé Insert, Winter 2004.*
- Therapeutic Diet Orders and Medical Directives. *résumé, Summer 2003.*
- Can I charge Goods & Services Taxes? *résumé, Summer 2003.*
- Your Professional Practice Question: Insulin Adjustments. *résumé, Fall 2002.*
- Information on the Incapacity Process. *résumé, Spring 2002.*

These articles may be accessed on the Colleges website at:

www.cdo.on.ca > Resources > Publications

PROFESSIONAL PRACTICE ADVISOR New RD Position at the College

The *College of Dietitians of Ontario* (CDO) is looking for a Registered Dietitian with proven leadership in dietetic practice to fill this newly created position. The successful applicant will report to the Registrar and be a member of a dedicated team that embodies the statement of purpose of the College, “...to regulate and support the profession of dietetics within Ontario in order to provide high quality dietetics/nutritional services to the public.”

- 2.5 to 3 days per week with flexibility in hours;
- A combination of work from a home and CDO office in downtown Toronto;
- Excellent oral and written communications skills in English, French an asset; and,
- Some travel and evening work will be required.

Key Responsibilities

- Act as resource person and advisor for RDs;
- Provide research and evidence-based support for policy and standards development; and,
- Develop educational resources.

Please submit a covering letter and detailed *résumé* to:

Mary Lou Gignac, Registrar
1810-438 University Avenue
Box 40, Toronto ON or
gignacm@cdo.on.ca

FOR DETAILS PLEASE SEE WWW.CDO.ON.CA