

# where's the line?

Professional Boundaries in a Therapeutic Relationship



# relationships

Personal versus Professional Relationships...  
*What's the Difference?*



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of British Columbia

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You've been treating a client on and off for several years and have gotten to know each other quite well.  
Your relationship is at the point that, when you see the client, it feels more like you are reconnecting with an old friend.

This is a good thing... right?

## or is it?

In order to answer this question you need to know how a personal relationship and a professional relationship differ from each other. Without knowing the differences between the boundaries of a personal and professional relationship, how will you know if the line between the two is blurred or even crossed?

# differences between

## Professional & Personal Relationships

RELATIONSHIP CHARACTERISTICS	PROFESSIONAL RELATIONSHIP	PERSONAL RELATIONSHIP
Money	Money is paid to the Dietitian's employer or the self-employed dietitian for client care	Shared
Length	Limited to the duration of the provision of nutritional or therapeutic diet care	May last a lifetime
Location	Confined to the work location	No boundaries
Purpose	To provide optimum nutritional or therapeutic diet care for the client	Enjoyment
Structure	Defined by the length of time required by the dietitian to provide all aspects of dietetic care	Spontaneous and unstructured
Power Balance	The dietitian is empowered by professional knowledge and skill and is privy to the client's private/personal information	Shared
Responsibility for the Relationship	The dietitian establishes and maintains the professional relationship	Shared
Preparation for the relationship	The dietitian assesses the client and provides appropriate nutritional care; the client places their trust in the dietitian	Equal

Adapted by CPTBC from: British Columbia Rehabilitation Society, 1992.<sup>1</sup>

# understanding the therapeutic relationship

Recognize that there is an element of risk in having both a therapeutic relationship and a personal relationship with a client simultaneously.

## Take care to clarify roles with your client.

Therapeutic relationships place the client's needs first and foremost, and are at the core of dietetic practice.

Components of a therapeutic relationship that a dietitian must consider when managing the boundaries of the relationship are: power, trust, respect, and closeness.

It is extremely difficult to maintain a therapeutic relationship if any of these is violated.



### POWER

There is an inherent power imbalance, in favour of the dietitian, because the dietitian has a disproportionate amount of knowledge compared to the client, and the client relies upon the dietitian for care.



### TRUST

Clients assume that the dietitian has the knowledge, skills, and abilities to provide quality care.



### RESPECT

Dietitians have a responsibility to respect a client regardless of race, religion, ethnic origin, age, gender, sexual orientation, social or health status.<sup>2</sup>



### PERSONAL CLOSENESS

The context of a therapeutic relationship can include: physical closeness, varying degrees of undress, and disclosure of sensitive personal or emotional information which can lead to a client feeling vulnerable.



# boundaries...

Professional boundaries are intended to set limits and clearly define a safe, therapeutic connection between dietitians and their clients.<sup>3</sup>

Individual dietitians must use clinical judgment to determine therapeutic boundaries. This can be difficult given that boundaries differ from person to person, from one situation to the next, and tend to change over time.<sup>4</sup> A boundary is a dynamic line which, if crossed, will constitute unprofessional behaviour and misuse of power.



## How Do You Define Professional Boundaries?

Some behaviours are never acceptable in a therapeutic relationship.

Boundary violation is a deliberate behavior by a dietitian that is recognizably inappropriate and in violation of the nature of a therapeutic relationship.<sup>5</sup>

Therapeutic relationships that lead to abuse, sexual relations, or romantic encounters are never appropriate and are prohibited.

Verbal and non-verbal behaviours that are never appropriate include: sarcasm, retaliation, intimidation, teasing or taunting, swearing, cultural slurs, and inappropriate tones of voice that express impatience or exasperation.<sup>5</sup>

## boundary violations

## boundary blurring

There are 'grey areas' around professional boundaries that require the use of good judgment and careful consideration of the context (e.g. when, if ever, is it appropriate to hug a client?).

While each separate situation may appear harmless, when put together they may form a pattern indicating that a boundary has been crossed.<sup>6</sup>

It can be difficult to put your finger on exactly why you feel uneasy when a certain client comes in for treatment.

*Ask yourself if a boundary was crossed either by you or your client?*

**To sum up:** boundary crossing may begin with seemingly innocent comments or disclosures and escalate from there.<sup>7</sup>

# Setting the stage for a therapeutic relationship: drawing the line

As a dietitian there are things you can do to set the stage for a professional relationship with clear boundaries.

These include:

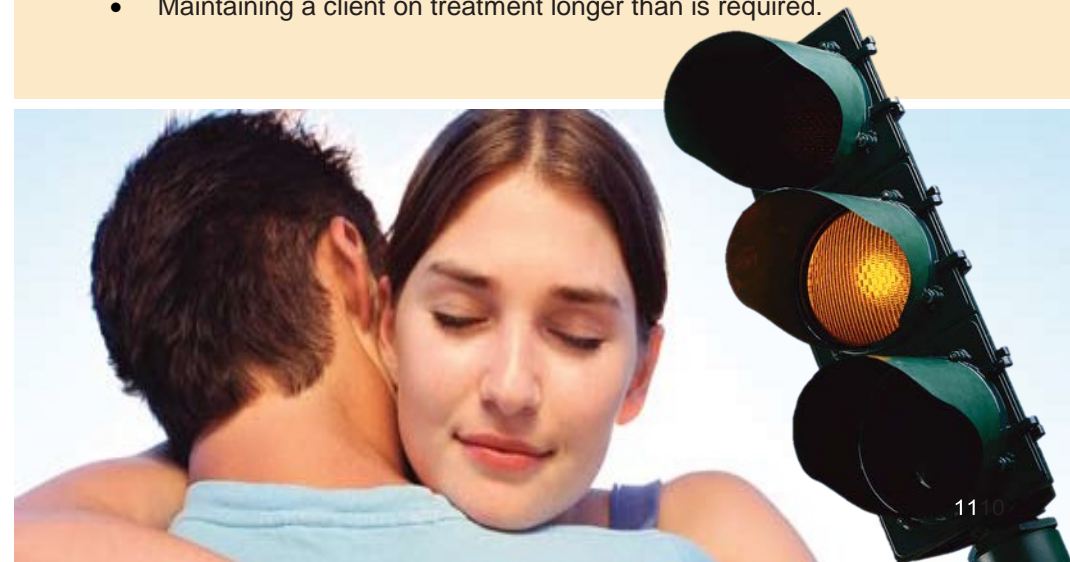
- Introducing yourself to the client by name and professional title and description of role in the client's care
- Addressing the client by their preferred name or title
- Active listening in a non-judgmental way
- Using a client centered approach in establishing treatment goals
- Being aware of comments, attitudes, or behaviours that are inappropriate in a therapeutic relationship, and may cause discomfort
- Obtaining informed consent to treatment (*Health Care Consent and Facilities Admissions Act*)
- Adhering to privacy regulation (*Personal Information Protection Act and Freedom of Information and Protection of Privacy Act*)
- Reflecting on your own client interactions

## **YELLOW LIGHTS:** WARNING SIGNS FOR BOUNDARY CROSSINGS<sup>5</sup>

Some behaviours are considered to be 'yellow lights' because they may blur the professional boundaries that are in place to protect the client.

Below are some examples of '**yellow lights**':

- Time spent with a client beyond what is needed to meet the therapeutic needs;
- Choosing clients based on factors such as looks, age, or social standing;
- Responding to personal overtures by the client;
- Sharing personal problems with a client;
- Dressing differently when seeing a particular client;
- Frequently thinking about a client outside of the context of the therapeutic relationship;
- Being defensive or making excuses when someone comments on or questions your interactions with a specific client;
- Being hesitant (except for reasons of confidentiality) or embarrassed to discuss the relationship between you and your client;
- Providing the client with a home phone number or email address unless it is required in the context of a therapeutic relationship; and
- Maintaining a client on treatment longer than is required.





# a boundary has been crossed, now what?

We generally only become aware of  
boundaries once they have been crossed...

## think a boundary may have been crossed? ask yourself

- Would I tell a colleague about this activity or behaviour?
- Would another dietitian find my behaviour acceptable?
- Would I tell my spouse partner or significant other about this behaviour?
- Is this behaviour in the client's best interests?
- Could my actions with the client be misunderstood?
- Will these actions change the client's expectations for care?
- Will these actions bias my clinical decision making?
- How would I feel explaining my actions to the College Inquiry Committee?
- Whose needs are being met / served?



It is a dietitian's duty to establish, maintain and monitor the boundaries of a therapeutic relationship, and to take action if a boundary has been crossed. If so, roles need to be re-clarified by the dietitian, and treatment goals re-established.

If the therapeutic relationship cannot be re-established it is the duty of the dietitian to ensure that the client is not adversely affected by any interruption in dietetic care.

If at any time you start to feel uncomfortable about a potential blurring or violation of a professional boundary, or if a violation has occurred, be sure to document the incident.

# sensitive practice

## as a standard precaution

According to the Health Canada *Handbook on Sensitive Practice for Health Care Practitioners*<sup>8</sup>, as many as one third of women and 14% of men have experienced sexual abuse during childhood. These numbers suggest that sensitive practice should be viewed as a standard precaution for all client interactions.

Examples of sensitive practice, as described in the *Handbook*, include:

- Using language that is clear to the client when you obtain informed consent
- Letting clients know they can have someone with them during all sessions with the dietitian
- If you need to touch the client for assessment or treatment purposes, inform the client what you're going to do and why **BEFORE** you proceed
- Providing an opportunity for clients to ask questions
- Provide as private a treatment setting as possible
- Re-visiting consent as the appointment, assessment or treatment progresses



# key points to remember

**Set the Stage** with appropriate boundaries from the initial assessment. Clients take their cues for acceptable behaviour based on your speech and actions.

Seemingly harmless comments from the (unintentionally) move into uncomfortable territory.

**Correct these 'yellow light' infractions immediately.**

It is the dietitian's responsibility to **re-establish the professional boundaries**, if they are crossed, regardless of who crossed the line.

**Document** both inappropriate behaviour and measures taken to re-establish the professional boundaries.

**Maintain clear professional boundaries** to protect you and your client.



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