

College of Dietitians of British Columbia

“Where’s the Line?”

***Professional Boundaries
in
Therapeutic Relationships***

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RELATIONSHIPS...

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

You've been treating a client on and off for several years and know each other quite well. Your relationship is at the point that, when you see the client, it feels more like you're 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 and 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 the CPTBC from: British Columbia Rehabilitation Society, 1992.¹

*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.*

Understanding the Therapeutic Relationship

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.⁶ It is extremely difficult to maintain a therapeutic relationship if any of these are 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.⁵
- **Personal Closeness:** the context of a therapeutic relationship can include: physical closeness and disclosure of sensitive personal or emotional information which can lead to a client feeling vulnerable.

BOUNDARIES...

How Do You Define Professional Boundaries?

Professional boundaries are intended to set limits and clearly define a safe, therapeutic connection between dietitians and their clients.⁸

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.³ A boundary is a dynamic line which, if crossed, will constitute unprofessional behaviour and misuse of power.

Boundary Violations

Some behaviours are never acceptable in a therapeutic relationship.

- Boundary violation is a deliberate behaviour by a dietitian that is recognizably inappropriate and in violation of the nature of a therapeutic relationship.⁶
- 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.⁶

Boundary Blurring

There are 'grey areas' around professional boundaries that require the use of good judgment and careful consideration of the context. While each separate situation may appear harmless, when put together they may form a pattern indicating that a boundary has been crossed.⁷

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.⁴

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 that has clear boundaries. These include:

- Introducing yourself to the client by name and professional title and describing your role in the client's care
- Addressing the client by their preferred name or title
- Actively 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 regulations (*Personal Information Protection Act, PIPA, and Freedom Of Information Protection of Privacy Act, FOIPPA*)
- Reflecting on your own client interactions.

Yellow Lights: Warning Signs for Boundary Crossings⁶

Some behaviours are considered to be 'yellow lights' because they blur professional boundaries that protect the client. Below are some examples of 'yellow lights':

- Spending time 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 made 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
- Monitoring a client for longer than is required.

Do you think a boundary may have been crossed? Ask yourself:

- Is this behaviour in the client's best interests?
- Whose needs are being met/served?
- 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 activity or behaviour?
- 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?

A Boundary Has Been Crossed, Now What?

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

It's 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. 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. Also be sure to document the action taken to re-establish the professional boundaries of the therapeutic relationship.

Sensitive Practice as a Standard Precaution

Health Canada has published a *Handbook on Sensitive Practice for Health Professionals*² which includes the following examples:

- Use language that is clear to the client when you obtain informed consent.
- Let clients know they can bring 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.
- Provide an opportunity for clients to ask questions
- Provide as private a treatment setting as possible.
- Re-visit consent regularly as the appointment, assessment or treatment progresses.

Key Points to Remember :

- Set the stage with appropriate boundaries right from the initial assessment. Clients take their cues for acceptable behaviour based on your speech and actions.
- Seemingly harmless comments from the dietitian or the client can quickly (and unintentionally) move into uncomfortable territory. Correct these **'yellow light'** infractions immediately.
- It is the dietitian's responsibility to re-establish professional boundaries if they are crossed, regardless of whether the dietitian or the client 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.

References

1. British Columbia Rehabilitation Society. *Boundaries Workshop Materials*. 1992.
2. Candice Schachter, Carol Stalker, Eli Teram. *Handbook on Sensitive Practice for Health Care Professionals: Lessons from Adult Survivors of Childhood Sexual Abuse*. Ontario: Health Canada, National Clearinghouse on Family Violence, 2008. Available online: http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/nfntsabus_e.html.
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4. College of Physical Therapists of Alberta *Therapeutic Relationships: Establishing and Maintaining Professional Boundaries*. Edmonton, Alberta: Author, 2007. Available online: www.cpta.ab.ca.
5. College of Physical Therapists of BC. Bylaws 55 (Code of Ethics). Vancouver, British Columbia: Author, 2002.
6. College of Physiotherapists of Ontario. Guide to the Standard for *Establishing and Maintaining Therapeutic Relationships*. Toronto, Ontario: Author, 2005. Available online: www.collegept.org.
7. College of Registered Nurses of British Columbia. *Practice Support. Nurse-Client Relationships*. Vancouver, British Columbia: Author, 2006. Available online: www.crnbc.ca.
8. College of Registered Nurses of Nova Scotia. Professional Boundaries and Expectations for Nurse-Client Relationships. Halifax, NS: Author, 2002.

Other Resources

College of Dental Hygienists of British Columbia's *Patient Relations Program* 2004.

Steinecke, R., *The Jurisprudence Handbook for Dietitians in Ontario*, College of Dietitians of Ontario, 2003.