

WHERE'S THE LINE?

GUIDELINE ON PROFESSIONAL BOUNDARIES



Saskatchewan
College of Dietitians



The SCD thanks the following regulatory colleges for their generous permission to quote and adapt, in whole or in part, from their documents:

1. College of Dietitians and College of Physiotherapists of BC (CPTBC) "Where's the Line?"
2. College of Occupational Therapists (COTBC) "Practice Standards for Professional Boundaries."

Relationships – Personal vs. Professional Relationships... What's the Difference?

You've been treating a client on and off for several years and have gotten to know each other quite well. When you see the client, your relationship at that point 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 to differentiate between a personal and a professional relationship.

Without knowing the distinction between boundaries of a personal and professional relationship, how will you know if the line between the two is blurred or 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, in an equal power relationship
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 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 personal and private information	Shared, in an equal power relationship
Responsibility for the Relationship	The Dietitian establishes and maintains the professional relationship, including boundaries	Shared
Preparation for the Relationship	The Dietitian assesses the client and provides appropriate nutritional care: the client places their trust in Dietitian	Equal

Understanding the Therapeutic Relationship

Recognize that there is an element of risk in having both a therapeutic and a personal relationship with a client. Take care to clarify roles with your client. Therapeutic relationships place the client's needs first and foremost and are at the core of the dietetic standards of practice/code of ethics.

Components of a therapeutic relationship that a Dietitian must consider when managing the boundaries of the relationship are:

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	The client assumes 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, and social or health status.
Personal Closeness	The context of a therapeutic relationship may include physical closeness, varying degrees of undress, and disclosure of sensitive, emotional, or traumatic personal information which can lead to a client feeling vulnerable.

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



How do You Define Boundaries?

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

Individual Dietitians must use clinical judgement 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. A boundary is a dynamic line which, if crossed, will constitute unprofessional behaviour and misuse of power.

Boundary Violations:

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

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 in a professional relationship include:

- Sarcasm
- Retaliation
- Intimidation
- Teasing or taunting
- Swearing
- Cultural slurs
- Inappropriate tones of voice that express impatience or exasperation

Boundary Blurring:

There are 'grey areas' around professional boundaries that require the use of good judgement 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.

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.

Setting the Stage for a Therapeutic Relationship

As Dietitians, there are things we can do to set clear professional boundaries.

These include:

- Introducing ourselves to the client by name and professional title and describing our role in the client's care,
- Addressing the client by their preferred name, title and pronouns,
- 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,
- Adhering to provincial privacy regulations,
- Maintaining professional social media pages as separate and distinct from personal social media,
- Reflecting on your own client interactions.

Where is the boundary ? Making good decisions in challenging situations

Accepting gifts... Are there strings attached?

In general, accepting gifts is part of a personal relationship, not a professional relationship. Accepting a gift from a client always carries some degree of risk.

Context is everything. Ask yourself:

- What motivated my client to give this gift? A desire for a 'special relationship', or future preferential treatment, increases the risk of accepting a gift.
- Did my self-disclosure (i.e., my birthday) make the client feel obligated to bring the gift?
- How will accepting the gift impact my ability to make objective, unbiased clinical decisions?
- Could the client's family perceive that accepting the gift constitutes fraud or theft, or be a result of manipulation?

Be prepared to graciously decline a gift you feel is inappropriate to accept. Consider developing strategies that actively discourage gift giving –this will minimize pressure to give or accept gifts.

Assessing the risk of accepting a gift



LESS RISK	MORE RISK
TOKEN VALUE	VALUABLE (monetary or meaning)
FOR A GROUP	TO AN INDIVIDUAL
"THANK YOU" AT DISCHARGE	DURING COURSE OF TREATMENT
SPONTANEOUS	SOLICITED
EDIBLE/SHARABLE	PERSON SPECIFIC
PRIVATE PAY PATIENT	THIRD PARTY INSURED PATIENT

Rural practitioners

Rural practitioners often treat members of their small community with whom they also have business/casual relationships or friendships, as they are often the only provider available.

In this context, Dietitians may have to manage dual relationships by setting professional boundaries to ensure the person's needs come first when they are assuming the role of a client, and that confidentiality and trust are upheld in the broader community.

Tips:

- Develop strategies to redirect treatment-related questions to the clinical setting.
- Develop strategies to manage personal, social interactions in non-clinical settings.
- Don't discuss client care in non-clinical settings.

Treating family, friends & co-workers

While this may seem appealing, the overlap between a personal relationship and a professional relationship makes maintaining appropriate boundaries especially difficult.

What are the risks?

- The Dietitian's ability to be objective may be compromised.
- The Dietitian may make assumptions instead of asking thorough questions.
- The client may not want to answer questions honestly (due to embarrassment potential, or not wanting to hurt the Dietitian's feelings if they are not improving or are non-compliant).
- Documentation of assessment and treatment findings may not adhere to the SCD Standards for Record Keeping.
- The personal relationship may suffer if the professional relationship is not successful. Be aware that Standard of Practice on Conflict of Interest (#8) speaks to the detrimental risks of damaging professional integrity and the therapeutic relationship if conflict of interest is not addressed.
- Third party payers may have rules about whether a Dietitian can bill for providing treatment to an immediate family member. Consult the insurer to ask about their policies if you are unsure.



Professional boundaries also apply to marketing and virtual practice

Be aware that clients or their families might recognize themselves in a story or photo. Removing a client's name and gender may not be enough to ensure that client confidentiality is being maintained.

When Dietitians have an online presence, they remain accountable to the same ethical, professional, and legal standards that apply in our 'off-line' practice. Ensure that social media communications don't inadvertently shift from a professional to a personal nature.

- Online content is public and accessible to clients, employers, and colleagues – clients search social media sites to find out more about their practitioners.
- Don't post content on social media that you wouldn't want to appear on the news
- Online communication lends itself to a more casual style than the professional language of reports, letters, or legal documents.
- Confidentiality rules. Identifiable client information, including images, must not be posted to online social media sites without client consent.
- Consider how the therapeutic relationship might change if we invite a client, or accept an invitation from a client, to become "friends".
- Privacy settings are helpful, but not perfect and are frequently changed by the online provider. Check them regularly.
- Limit personal disclosures and inclusion of personal contact information in online professional postings to clearly separate professional life from personal life.
- Uphold the ethical and professional standards of a registered health professional. Inappropriate postings on a personal social media page can damage a professional reputation.
- Consider the following points in ALL social media forms: Consider developing a workplace social media policy to ensure everyone is aware of responsibilities to maintain client privacy.

More information can be found by accessing the [SCD Social Media and Marketing/Advertising Guidelines](#).



Yellow Lights: Warning Signs for Boundary Crossings

Some behaviours are considered to be “yellow lights” because they 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.
- Accepting personal gifts/money from a client (other than the regular fee for your services) that could be perceived as an unfair benefit or taking advantage by other clients and staff.
- Maintaining a client on treatment longer than is required.

If you 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 SCD Inquiry Committee?
- Whose needs are being met/served?

If a boundary has been crossed, now what?

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

When this occurs, the Dietitian must do the following:

1. Accept responsibility for boundary crossings and violations as they occur.
2. Seek proper assistance as required.
3. Discuss any identified professional boundary issues or concerns with the client (e.g., those encountered when entering into an unavoidable dual relationship).
4. Clarify roles and set or re-establish professional boundaries, if possible.
5. Obtain and revisit informed consent, acknowledging that there are circumstances when it is never acceptable to cross a professional boundary despite the client's consent.
6. Document the circumstances, an account of why a dual relationship is unavoidable (if applicable), risk assessment, precautions taken, plan, client reactions, and informed consent process.
7. Where there is a potential or actual professional boundary issue that cannot be adequately resolved, arrange for care by another Dietitian or appropriate health care professional, and end the client relationship, ensuring that the client is not adversely affected during this process.
8. Follow duty to report procedures where there are reasonable grounds to believe that a Dietitian or other health professional has abused a client sexually, physically, verbally, psychologically, financially, or otherwise, or where a Dietitian contravenes the standards of practice or SCD Code of Ethics.
9. A Dietitian must document an incident of a potential blurring or violation of a professional boundary.

Sensitive Practice as a Standard Precaution

According to the Health Canada Handbook on Sensitive Practice for Health Care Practitioners, 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 and in the CPTBC Where's the Line, include:

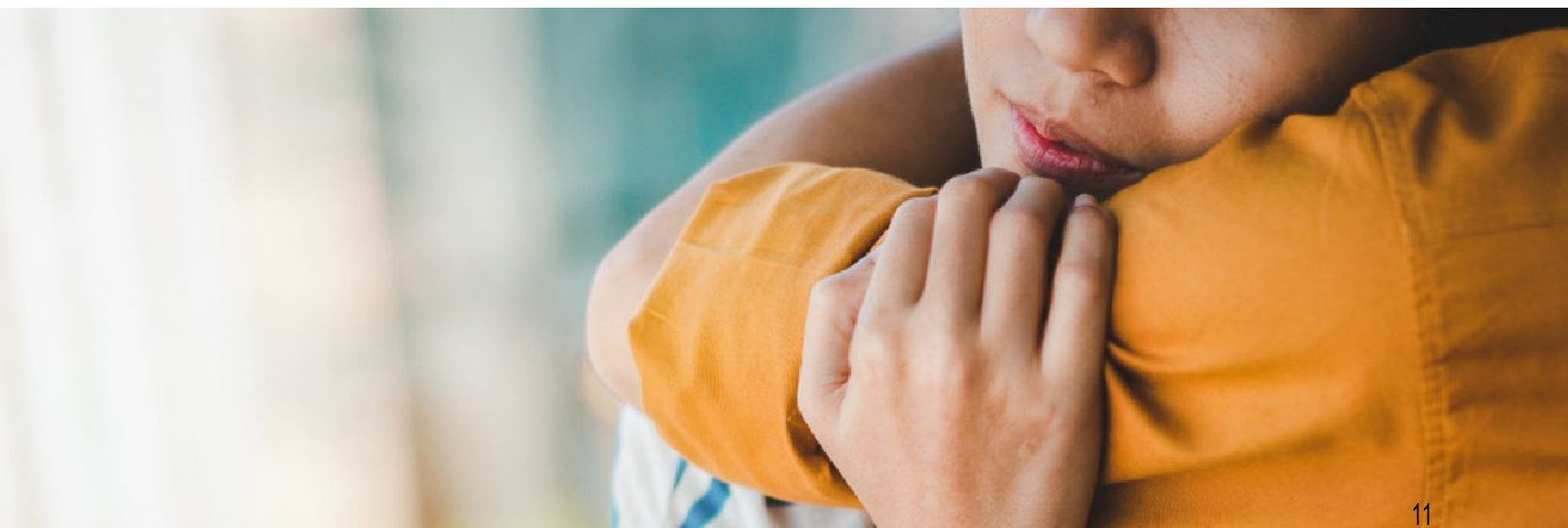
- Using language that is clear to the client from whom you obtained informed consent.
- Letting clients know they can bring someone with them during their appointment with you
- If you need to touch the client for assessment or treatment purposes, informing the client what you're going to do and why BEFORE you proceed.
- Avoid unnecessary physical contact and use strategic barriers (pillows or draping) to avoid unnecessary exposure of other body parts.
- Providing an opportunity for clients to ask questions.
- Providing as private a treatment setting as possible.
- Re-visiting consent as the appointment, assessment, or treatment progresses.

What about offering hugs?

Offering a hug blurs the lines between professional and personal relationships. The client may feel obliged to accept an embrace but may view it as an inappropriate physical intrusion, or even that the hug was 'sexualized'. Accepting a hug may be unavoidable. Consider the context, read the cues, and respect your own comfort level with the physical contact.

Key Points to Remember:

1. Set the Stage with appropriate boundaries from the initial assessment. Clients take their cues for acceptable behaviours based on your speech and actions.
2. Seemingly harmless comments from the Dietitian or the client can quickly (and unintentionally) move into uncomfortable territory. Correct these 'yellow light' infractions immediately.
3. It is the Dietitian's responsibility to re-establish the professional boundaries, if they are crossed, regardless of who crossed the line.
4. Document both inappropriate behaviour and measures taken to re-establish the professional boundaries.
5. Maintain clear professional boundaries to protect you and your client.



Resources:

Saskatchewan College of Dietitians.

- Standards of Practice. Retrieved from: <https://www.saskdietitians.org/wp-content/uploads/2024/02/SCD-Standards-of-PracticeMay-5-2018-consolidated-glossary.pdf>
- Code of Ethics. Retrieved from: <https://www.saskdietitians.org/wp-content/uploads/2024/02/SCD-Code-of-Ethics-2005.pdf>
- Guideline on Consent for Treatment. Retrieved from: <https://www.saskdietitians.org/wp-content/uploads/2024/02/SCD-guideline-on-Consent-to-treatment-and-the-collection-use-and-disclosure-of-PHI.pdf>
- Guideline on Social Media. Retrieved from: <https://www.saskdietitians.org/wp-content/uploads/2024/02/SCD-Practice-guideline-on-Social-Media-Use-by-Registered-Dietitians-in-Saskatchewan-Final-May-5-2018.pdf>
- Guideline on Marketing/Advertising. Retrieved from: <https://www.saskdietitians.org/wp-content/uploads/2024/02/SCD-Guidance-on-Marketing-Aug.-1-2023.pdf>

Health Care Directives and Substitute Health Care Decision Maker Act. Retrieved from: <https://www.canlii.org/en/sk/laws/astat/ss-2015-c-h-0.002/137917/ss-2015-c-h-0.002.html>

Health Information Protection Act. Retrieved from: <https://publications.saskatchewan.ca/#/products/4523>

Freedom on Information and Protection of Privacy Act. Retrieved from: <https://publications.saskatchewan.ca/#/products/527>



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