

## APPENDIX C

### **STRATEGIES THAT MAY PREVENT BOUNDARY VIOLATIONS AND/OR ALLEGATIONS OF SEXUAL MISCONDUCT**

#### A. Office Procedures

- provisions for chaperones as needed;
- provisions for patient modesty (privacy when disrobing, draping, etc);
- patient bill of rights;
- staff communication;
- staff availability near treatment rooms;
- consent to treat minors;
- documentation of incidents;
- follow-up/response to complaints;
- termination or referral of patients.

#### B. Staff Education

- sexual harassment policy;
- expectations regarding communication and behavior in the office;
- not discussing intimate subjects, personal problems or lives with patients;
- confidentiality;
- socializing with patients.

#### C. Self Assessment Tools to Analyze Risk

- Risk factor analysis (See Appendix E) <sup>91</sup>
- The Exploitation Index: An early warning indicator of boundary violations in psychotherapy. (See Appendix F) <sup>101</sup>

#### D. Access to Mentors or Second Opinions

Doctors are often isolated in practice. An experienced colleague or counselor can provide insight, and help with difficult and/or sensitive issues that arise in practice.

#### E. Patient Education/Orientation

- chaperone option offered to patient;
- query patients regarding their concerns;
- pamphlets, videotapes, report of findings, PARQ conference (see Section 3);
- clinic procedure regarding disrobing, gowning, and draping.

#### F. Identification of High Risk Situations for the Chiropractor

- attraction to a patient;
- personal relationship problems;
- times of emotional distress;
- substance abuse;
- burn-out.

#### G. Recognition of High Risk Patient Behaviors

- inappropriate gifts, cards or correspondence;
- inappropriate “personal” comments and questions;
- sexual innuendo and humor;
- seductive clothing or behavior;
- seeking inappropriate extended visits and/or care.