Type	Description of profile	Remediability
Naive	These individuals usually respond well to appropriate retraining unless their psychological and interpersonal naivety is characterological rather than situational	Maybe
Normal and/or mildly neurotic	Generally, have one victim. These are good prospects for rehabilitation	Yes
Severely neurotic and/or socially isolated	Tend to be repeat offenders. Therapists in this group vary in their potential for rehabilitation because of their longstanding intrapsychic and life problems.	Maybe
Impulse control disorders	Generally, repeat offenders. Clinical experience indicates that these individuals cannot be rehabilitated and therefore should be removed from positions where they can harm others	No
Sociopathic or narcissistic personality disorders	Repeat offenders most often. Their manipulativeness extends to appearing remorseful when caught and making a show of participation in a rehabilitation programme. In fact, they are almost always impervious to character change and should be removed from positions of clinical responsibility	No
Psychotic and severe borderline disorders	The future behaviour of these individuals tends to be unpredictable, and therefore they are not considered amenable to rehabilitation and reinstatement as clinical professionals	No
Sex offenders	These are paedophiles and other aggressive sex offenders. They commit offences that would be criminal even outside the context of therapy. Healthcare and clerical professions offer such a temptation to reoffend that these are generally not considered appropriate work settings for such individuals	No
Medically disabled	Neurological impairments or bipolar mood disorders. The rehabilitation potential of medically impaired therapists depends on the treatability of their medical condition	Maybe
Masochistic/self-defeating	Their deeply dysfunctional personality structure makes their prognosis for rehabilitation guarded	Probably no

Gutheil & Brodsky 2008 Preventing Boundary Violations in Clinical Practice

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Gutheil & Brodsky 2008 Preventing Boundary Violations in Clinical Practice

Sexual abuse in Chiropractic

Almost universally, a female victim feels frozen, unable to act and ashamed.

Chiropractic survey published in1992:

7% of male chiropractors and
4% of female chiropractors admitted to having sex with their patients.

Weiszhaar O. Sexual exploitation of patients. Am Chiropractic Assoc J Chirop. 1992; 4: 31-32.

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

47 female chiropractors surveyed, **19** completed the survey

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Examples of behaviors considered to be sexual harassment:

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Examples of behaviors considered to be sexual harassment:

Rude jokes, sexual remarks, spreading rumors

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Sexual put downs

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Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Examples of behaviors considered to be sexual harassment:

Rude jokes, sexual remarks, spreading rumors
Sexual put downs
Cat calls, rating appearance, whistling

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Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Examples of behaviors considered to be sexual harassment:

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Sexual put downs
Cat calls, rating appearance, whistling
Insults about sexual orientation

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Examples of behaviors considered to be sexual harassment:

Rude jokes, sexual remarks, spreading rumors
Sexual put downs
Cat calls, rating appearance, whistling
Insults about sexual orientation
Bragging about sexual relations

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Examples of behaviors considered to be sexual harassment:

Rude jokes, sexual remarks, spreading rumors
Sexual put downs
Cat calls, rating appearance, whistling
Insults about sexual orientation
Bragging about sexual relations
Any forced sexual conduct (touching, patting, grabbing, kissing)

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Behavior	Number/ (%) of respondents
Suggestive looks	7 (36.8)

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Behavior	Number/ (%) of respondents
Suggestive looks	7 (36.8)
Sexual remarks	8 (47.1)

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Behavior	Number/ (%) of respondents
Suggestive looks	7 (36.8)
Sexual remarks	8 (47.1)
Suggestive physical gestures	4 (21.1)

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

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Behavior	Number/ (%) of respondents
Suggestive looks	7 (36.8)
Sexual remarks	8 (47.1)
Suggestive physical gestures	4 (21.1)
Receiving inappropriate gifts	2 (10.1)

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Behavior	Number/ (%) of respondents
Suggestive looks	7 (36.8)
Sexual remarks	8 (47.1)
Suggestive physical gestures	4 (21.1)
Receiving inappropriate gifts	2 (10.1)
Pressure for romantic dates	5 (26.3)

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Conclusions:

In one chiropractic college, 8 of 19 female practitioners who responded to our survey stated they had been sexually harassed by their patients while in clinical practice.

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Conclusions:

--All of the incidents were by male patients

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Conclusions:

--Most commonly occurred during the doctor's first five years in practice

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Conclusions:

--The patient was a relatively 'new' patient (less than six months).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Conclusions:

The doctors most often chose to either ignore the incident or provide a verbal warning; in only one instance was the patient referred to another (in this case male) chiropractor.

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Conclusions:

In no cases was the patient dismissed from care outright.

In all instances, the doctor had no suspicion the incident was forthcoming.

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College. [2014]

Conclusions:

Respondents tended to report they perceived sexual harassment toward female chiropractors to be a problem.

Sexual harassment of female chiropractors by their patients: a pilot survey of faculty at the Canadian Memorial Chiropractic College.. (n.d.) >*The Free Library.* (2014).

DC’s are more at risk for boundary violations than other health care providers:

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Hands-on techniques

DC’s more at risk for boundary violations than other health care providers:

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Multiple visits over many years

DC’s more at risk for boundary violations than other health care providers:

Hands-on techniques

Multiple visits over many years

Small offices

DC’s more at risk for boundary violations than other health care providers:

Hands-on techniques

Multiple visits over many years

Small offices

Home offices

DC’s more at risk for boundary violations than other health care providers:

Hands-on techniques

Multiple visits over many years

Small offices

Home offices

Unusual office hours

DC’s more at risk for boundary violations than other health care providers:

Chiropractors “touch” patients:

Physically

DC’s more at risk for boundary violations than other health care providers:

Chiropractors “touch” patients:

Physically
Emotionally

DC’s more at risk for boundary violations than other health care providers:

Chiropractors “touch” patients:

Physically
Emotionally
Intellectually

Last WIS requirement for sexual boundary training = 1992

A new rule

Section 1. Chir 5.01 (1) (i) is created to read:

Chir 5.01 (1) (i) The requirements in this paragraph first apply to the renewal period beginning December 16, 2024. Of the 40 continuing education hours required in par. (a), 2 hours shall be on the topic of professional boundaries and ethics approved under s. Chir 5.02.

A new rule

Section 1. Chir 5.01 (1) (i) is created to read:

Chir 5.01 (1) (i) The requirements in this paragraph first apply to the renewal period beginning December 16, 2024. Of the 40 continuing education hours required in par. (a), 2 hours shall be on the topic of professional boundaries and ethics approved under s. Chir 5.02.

Professional boundaries and ethics courses may include any of the following subjects:

1. Sexual misconduct as defined in s. Chir 6.02 (7).
2. Ethics in billing or business management practices.
3. Risk management.
4. Professional boundaries in clinical practice settings.
5. Any other topic that the Board or the Board's designee approves as being related to the subject of professional boundaries and ethics.

Section 2 EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the WisconsinAdministrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

A new rule

Professional boundaries and ethics courses may include any of the following subjects:

1. Sexual misconduct as defined in s. Chir 6.02 (7).
2. Ethics in billing or business management practices.
3. Risk management.
4. Professional boundaries in clinical practice settings.
5. Any other topic that the Board or the Board's designee approves as being related to the subject of professional boundaries and ethics.

1. Sexual misconduct as defined in s. Chir 6.02 (7).

Chir 6.02 Unprofessional conduct. Unprofessional conduct by a chiropractor includes all of the following:

Chir 6.02(7) Engaging in sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient.

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Define “sexual contact”

Chir 6.02(7)Engaging in sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient.

Define “sexual contact”

Define “sexual behavior”

Chir 6.02(7)Engaging in sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient.

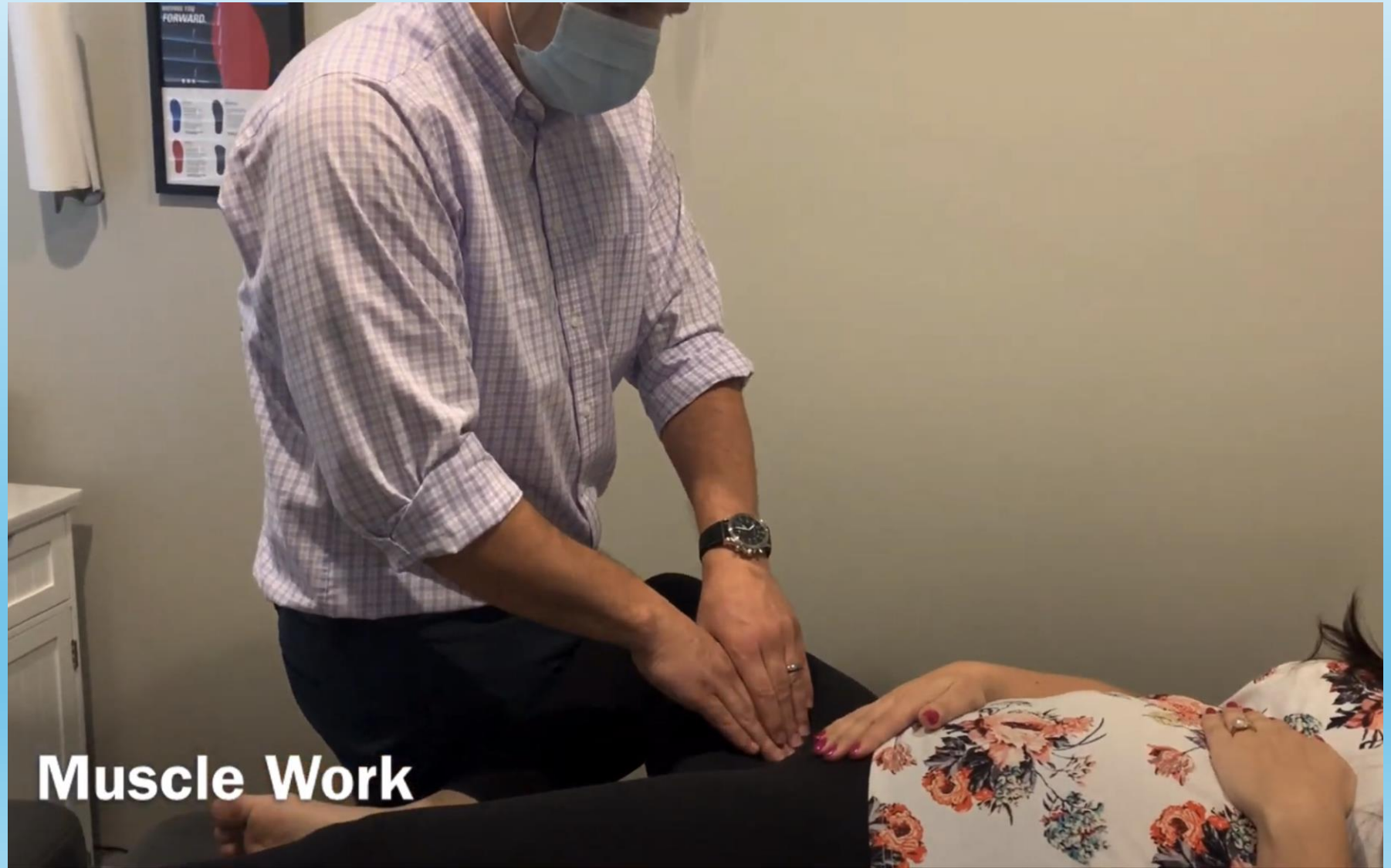
Define “sexual contact”

Define “sexual behavior”

Define “patient”

Unusual techniques around sensitive body areas require explicit explanation and consent:

DC performing muscle work on adductors/pelvic floor to address CC of painful sex



Internal coccyx adjustment on a patient who could not sit for 2 years

James Ramsey, D.C.,* a married 38-year-old with two children, had a very busy, growing practice. He was active in the community, involved with his church and held in high esteem by his patients and peers.

James Ramsey, D.C.,* a married 38-year-old with two children, had a very busy, growing practice. He was active in the community, involved with his church and held in high esteem by his patients and peers.

This all changed when Dr. Ramsey was alleged to have been sexually inappropriate with a patient.

The patient was initially offended by soft tissue work Dr. Ramsey was performing in her lumbosacral area.

NCMIC Professional Boundaries 2017

It may have been simply a misunderstanding due to the fact that **Dr. Ramsey failed to explain what he was doing and why.**

NCMIC Professional Boundaries 2017

Unfortunately, while he was performing the soft tissue work, Dr. Ramsey inadvertently reinforced the patient's perception that his behavior was inappropriate when he jokingly asked:

NCMIC Professional Boundaries 2017

“Where is the rest of your underwear?”

NCMIC Professional Boundaries 2017

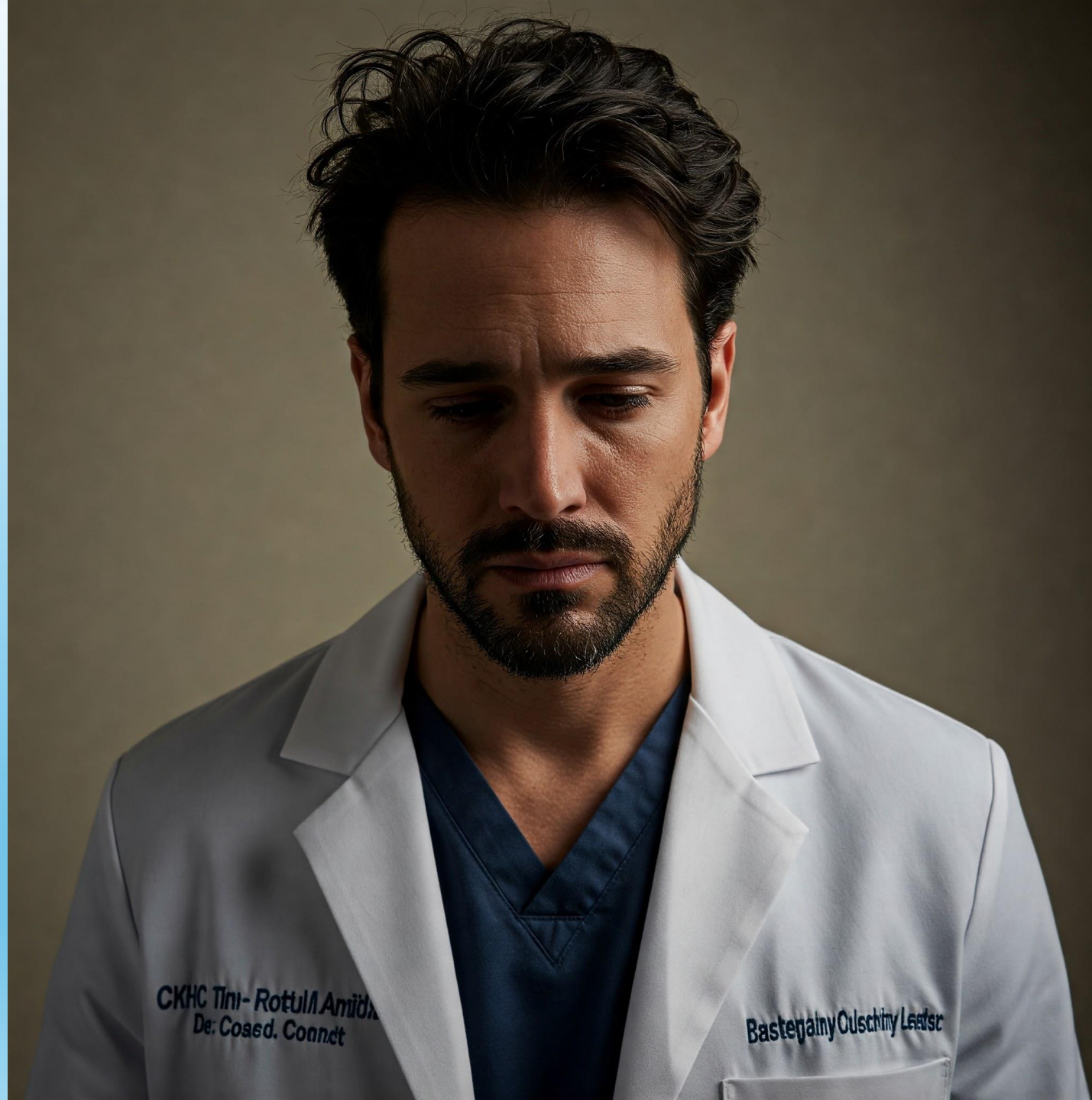
The patient filed a complaint against Dr. Ramsey for sexual misconduct with the state's board of chiropractic.

He was found guilty of sexual misconduct and his license was suspended for two years.

NCMIC Professional Boundaries 2017

The resulting publicity severely affected Dr. Ramsey’s family and his practice. A divorce ensued; the doctor’s professional reputation was damaged; and his patient flow diminished.

NCMIC Professional Boundaries 2017



Two years and three months later, after complying with all the board's requirements, Dr. Ramsey's license was reinstated.

Two years and three months later, after complying with all the board's requirements, Dr. Ramsey's license was reinstated.

However, he was required to have a female on staff observe all of his treatments with female patients and make other changes to his office policies before he could practice again.

Chiropractic Boards have significant power to impose restrictions:

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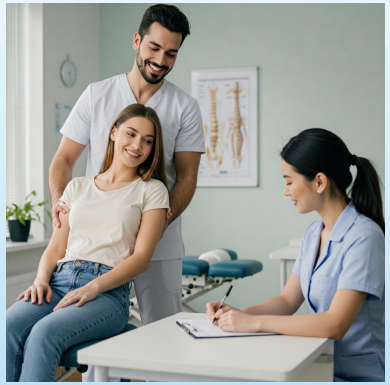
Chaperones

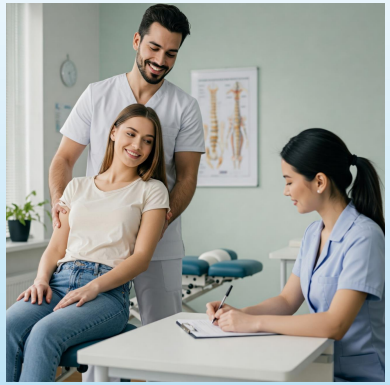
Chiropractic Boards have significant power to impose restrictions:

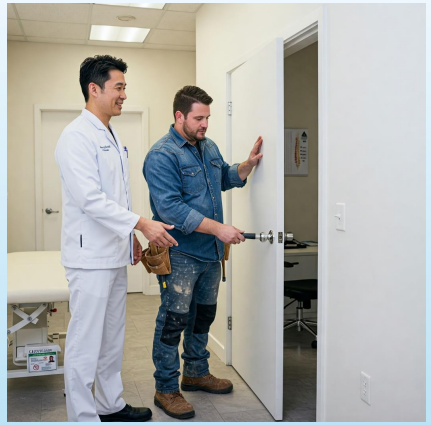


Chaperones

Structural changes to office

Chiropractic Boards have significant power to impose restrictions:





Chaperones

Structural changes to office

Suspension or revocation

2,413 DC complaints in California [1997-2001]: **23%** were sexual boundary issues.

Foreman S, Stahl, M. Chiropractors disciplined by a state chiropractic board and a comparison with disciplined medical physicians.

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
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AUGUST 2023 ENFORCEMENT ACTIONS

ACCUSATIONS FILED

Name and City	License No.	Date Filed	Alleged Violation(s)
[redacted] San Rafael, CA	DC 15882	8/11/2023	• CCR 316(c) – Sexual Misconduct or Sexual Relations with a Patient • CCR 316(b) – Erotic Behavior on Premises • CCR 319.1 – Failure to Obtain Written Informed Consent • CCR 317 – Unprofessional Conduct

FINAL CITATIONS

Name and City	License No.	Fine Amount	Date Final	Violation(s)
[redacted] Sacramento, CA	DC 29779	$2,000	8/18/2023	• BPC 726(a) – Sexual Relations with a Patient • CCR 316(b) – Sexual Act Involving Patient on the Premises • CCR 316(c) – Sexual Relations with a Patient

JGIM

PERSPECTIVE

Time to End Physician Sexual Abuse of Patients: Calling the U.S. Medical Community to Action

Azza AbuDagga, M.H.A., Ph.D, Michael Carome, M.D., and Sidney M. Wolfe, M.D.

Health Research Group, Public Citizen, Washington, DC, USA.

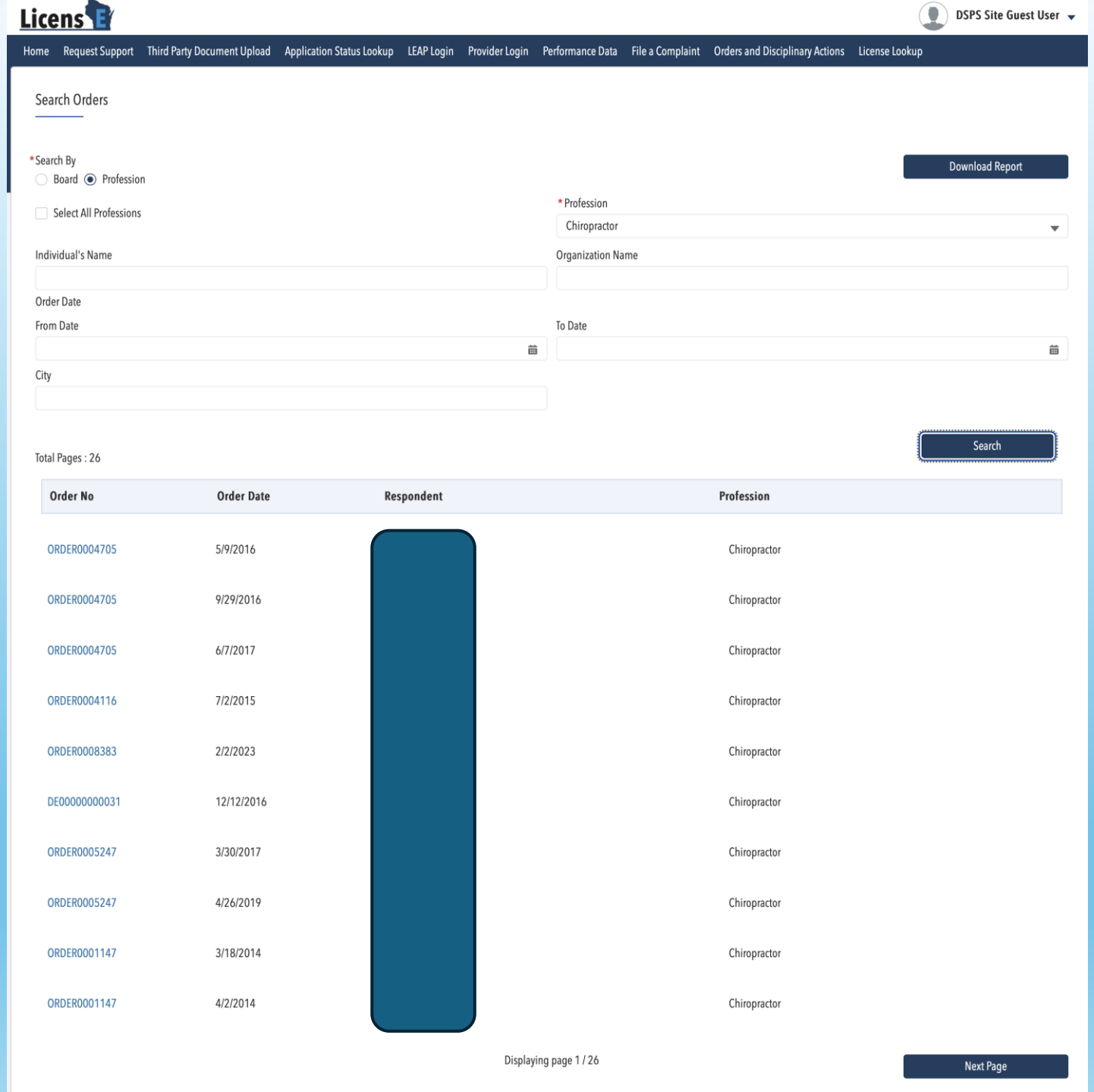
Check for updates

Chiropractic leadership in the eradication of sexual abuse

F. Stuart Kinsinger, BSc, DC, MA*
Wendy Sutton, BA, LL.B, LL.M**

DSPS website lists 261 disciplinary orders against chiropractors

Available to the public



3. I[redacted], a detective of the[redacted] Police Department investigated a complaint that Respondent had sexually assaulted a female patient during a chiropractic treatment appointment.

4. In the course of that investigation, three other women informed the[redacted] Police Department that they had engaged in consensual sexual activity with Respondent during periods that they were seeing him for chiropractic care.

5. Respondent neither admits nor denies the information provided to the[redacted] Police Department by the several former patients, but he does not contest that there is substantial evidence from which the Chiropractic Examining Board could reasonably conclude that he engaged in prohibited sexual conduct with patients.

3. In [redacted], a detective of the [redacted] Police Department investigated a complaint that Respondent had sexually assaulted a female patient during a chiropractic treatment appointment.

4. In the course of that investigation, three other women informed the [redacted] Police Department that they had engaged in consensual sexual activity with Respondent during periods that they were seeing him for chiropractic care.

5. Respondent neither admits nor denies the information provided to the [redacted] Police Department by the several former patients, but he does not contest that there is substantial evidence from which the Chiropractic Examining Board could reasonably conclude that he engaged in prohibited sexual conduct with patients.

License Revoked

2. On April 9, [redacted] Respondent was charged with twelve (12) counts of Possession of Child Pornography, a class D Felony, in [redacted] County Circuit Court, Case Number [redacted].

2. The Department received a complaint regarding inappropriate physical contact with female patients.

3. Respondent previously elected to retire from the practice of chiropractic for medical reasons related to a significant injury to his [redacted]

4. Respondent denies the allegations. Consistent with Respondent's intent to retire from the practice of chiropractic for medical reasons, Respondent consents to the entry of the following Conclusions of Law and Order.

2. The Department received a complaint regarding inappropriate physical contact with female patients.

3. Respondent previously elected to retire from the practice of chiropractic for medical reasons related to a significant injury to his [redacted]

4. Respondent denies the allegations. Consistent with Respondent's intent to retire from the practice of chiropractic for medical reasons, Respondent consents to the entry of the following Conclusions of Law and Order.

2. The Department received a complaint regarding inappropriate physical contact with female patients.

3. Respondent previously elected to retire from the practice of chiropractic for medical reasons related to a significant injury to his [redacted]

4. Respondent denies the allegations. Consistent with Respondent's intent to retire from the practice of chiropractic for medical reasons, Respondent consents to the entry of the following Conclusions of Law and Order.

License surrendered

4. Patient A saw Respondent for adjustments related to neck and back pain.

5. On October 7, [redacted] Patient A arrived at Respondent's office, on a Sunday when the clinic was closed, to have a complimentary massage.

6. Patient A alleges Respondent had inappropriate contact with her during the massage.

7. Respondent denies having inappropriate contact with Patient A.

8. Respondent is not licensed as a massage therapist in the state of Wisconsin.

9. On January 9, [redacted], in connection with the allegations, and to avoid a potentially lengthy and costly trial, Respondent accepted a plea agreement and was convicted in [redacted] County Circuit Court, case number [redacted], of three (3) counts of Disorderly Conduct, a Class B misdemeanor, in violation of Wis. Stat. §947.01(1).

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97124: Therapeutic massage

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5. On January 11, [redacted], the Department received a complaint alleging that Licensee was practicing outside of the scope of his practice by performing "breast adjustments" on Patient A, a female patient, and engaging in inappropriate contact with patients. The Complainant was not Patient A and was not present for Patient A's treatment.

6. Licensee maintains that Patient A reported an abnormal breast MRI and left rib and chest pain. License states that he adjusted her sternum and left chest ribs but did not perform a "breast adjustment." According to Licensee, Patient A continues to seek treatment from Licensee.

7. This Final Decision and Order for Remedial Education does not constitute professional discipline and the Board has made no finding that Licensee engaged in unprofessional conduct.

8. Licensee denies any unprofessional conduct or deviation in the Standard of Care, but to resolve this matter, Licensee consents to the entry of the following Conclusions of Law and Order.

found that Respondent engaged in sexual contact with a patient multiple times in his office and attempted to kiss another patient without her consent.

3. On March 3, [redacted], Respondent's license was reinstated with limitations including psychotherapeutic treatment lasting at least one year to address sexual boundary violations, employing a mentor who would submit work reports to the Department for two years, a prohibition on seeing female patients unless a female employee is present, and establishing new policies and practices to ensure proper boundaries.

found that Respondent engaged in sexual contact with a patient multiple times in his office and attempted to kiss another patient without her consent.

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License reprimanded

6. On October 10, [redacted] Respondent provided chiropractic treatment to a female patient born in [redacted] (Patient A). Patient A complained of tailbone pain, issues with TMJ, and tightness in her upper back, shoulders, and neck.

7. During the treatment session, Respondent touched Patient A and made pulling motions with his hands as if pulling something out of Patient A. Patient A was not comfortable with the treatment and asked Respondent what he did during the session. Respondent responded that "the company" does not allow him to say he is doing "energy work."

8. As Patient A was leaving, Respondent asked if he could give Patient A a hug and Patient A accepted.

9. Respondent's documentation of this treatment session was incomplete. Respondent did not document an objective for treatment, did not include notes on his assessment, and did not document a treatment plan.

10. Respondent completed an incident report for the Clinic in which he wrote that he did not fully explain the trigger point reduction technique he used and that the hug was "congratulatory."

License reprimanded

•proper informed consent (such as making sure the patient knows where and why you will touch their body)

Perle S. The Impenetrable Boundary Dynamic Chiropractic, Jan 2009

•proper informed consent (such as making sure the patient knows where and why you will touch their body);

•appropriate gowning and good instructions about gowning (what to wear under the gown and how to wear the gown)

Perle S. The Impenetrable Boundary Dynamic Chiropractic, Jan 2009

- proper informed consent (such as making sure the patient knows where and why you will touch their body);
- appropriate gowning and good instructions about gowning (what to wear under the gown and how to wear the gown);
- proper draping, when needed

Perle S. The Impenetrable Boundary Dynamic Chiropractic, Jan 2009

- chaperones, when appropriate

Perle S. The Impenetrable Boundary Dynamic Chiropractic, Jan 2009

- chaperones, when appropriate
- providing care only during business hours

Perle S. The Impenetrable Boundary Dynamic Chiropractic, Jan 2009

- chaperones, when appropriate
- providing care only during business hours
- no double entendres or sexual jokes

Perle S. The Impenetrable Boundary Dynamic Chiropractic, Jan 2009

- chaperones, when appropriate
- providing care only during business hours
- no double entendres or sexual jokes
- no comments about a patient's personal appearance.

Perle S. The Impenetrable Boundary Dynamic Chiropractic, Jan 2009

The Impact of Breaching Boundaries:

- **For Patients:** Emotional distress, loss of trust, psychological harm, reluctance to seek future care

The Impact of Breaching Boundaries:

- **For Providers:** Disciplinary action, loss of license, damage to reputation, legal repercussions.

The Impact of Breaching Boundaries:

- **For the Profession:**
- Erosion of public trust in the Chiropractic.

Never become involved with a patient or employee.

If a sexual relationship is inevitable, the patient or employee can no longer remain your patient or employee.

NCMIC

Never become involved with a patient or employee.

The person must be referred to another doctor for care or dismissed as an employee.***

NCMIC

Never become involved with a patient or employee.

(Note: Some states never permit a doctor to date a former patient—no matter how much time has elapsed.)***

NCMIC

Claiming the relationship was consensual is never a viable defense.

There is an inherent **imbalance of power** in a **doctor-patient** relationship

NCMIC

Claiming the relationship was consensual is never a viable defense.

There is an inherent **imbalance of power** in a **doctor-patient** relationship, not to mention in an **employer-employee** relationship.

NCMIC

Claiming the relationship was consensual is never a viable defense.

It’s the doctor’s responsibility to look out for the patient’s best interest.

NCMIC

Claiming the relationship was consensual is never a viable defense.

Doctors are held to higher professional and ethical standards than the rest of society.

NCMIC

Don't become involved in the personal problems of patients and employees.

Keep these relationships on a professional level. This scenario can lead to inappropriate involvement with a patient or employee.

NCMIC

Don't disclose your personal problems and other personal information to patients.

NCMIC

Don't make the mistake of thinking the relationship is “special,” and the individual would never turn on you.

NCMIC

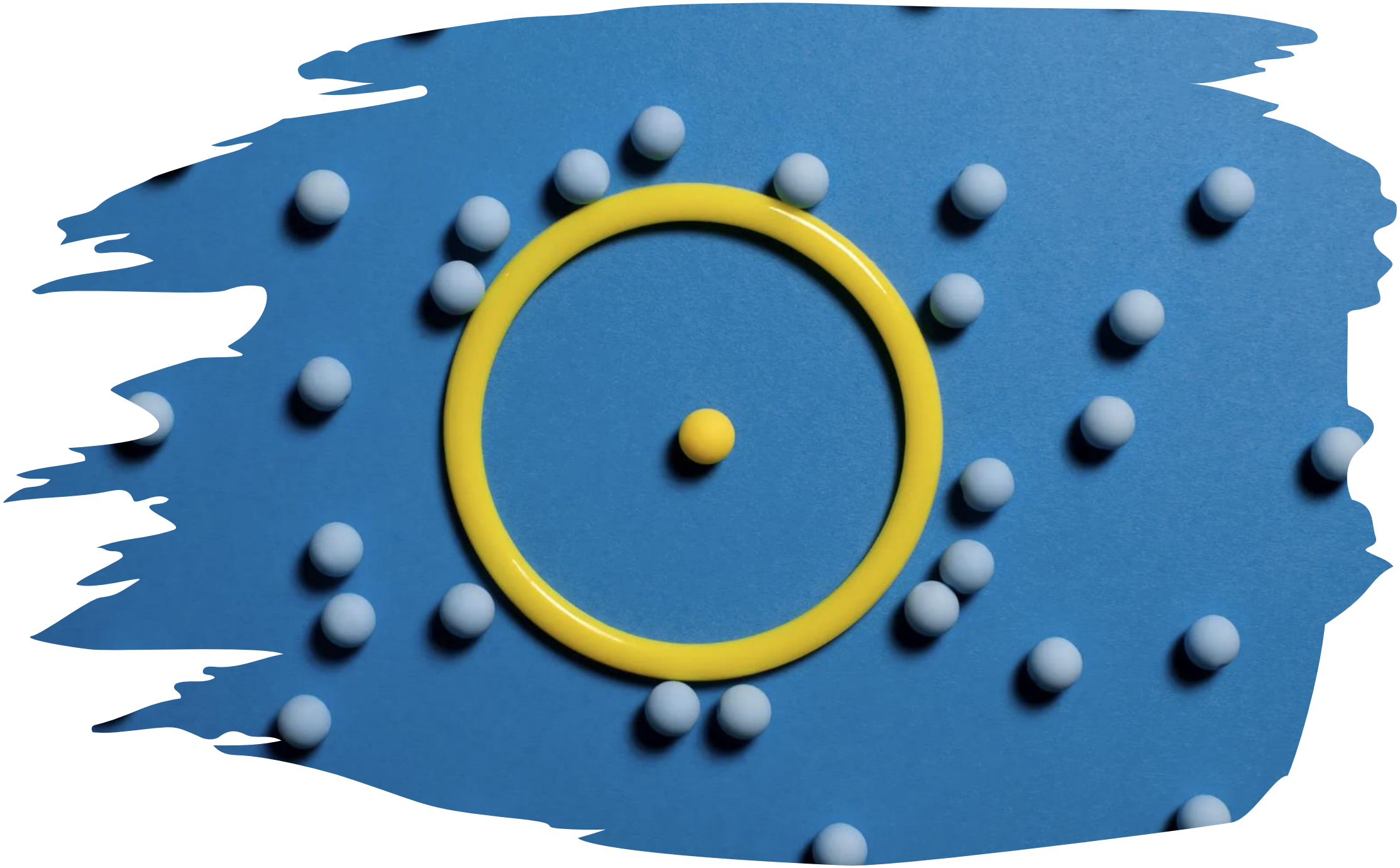
Don't make the mistake of thinking the relationship is "special," and the individual would never turn on you.

This assumption has proven false time and time again —with **catastrophic results** for the doctor.

NCMIC

Xactly

What are boundaries?



PREVENTION
CONNECTION

Who sets professional boundaries in chiropractic in Wisconsin?

Who sets professional boundaries in chiropractic in Wisconsin?

a. American Chiropractic Association

Who sets professional boundaries in chiropractic in Wisconsin?

a. American Chiropractic Association

b. Wisconsin Chiropractic Association

Who sets professional boundaries in chiropractic in Wisconsin?

a. American Chiropractic Association

b. Wisconsin Chiropractic Association

c. Wisconsin Chiropractic Board of Examiners

Who sets professional boundaries in chiropractic in Wisconsin?

a. American Chiropractic Association

b. Wisconsin Chiropractic Association

c. Wisconsin Chiropractic Board of Examiners

d. Your patient

Your patients individually set their own unique boundaries:

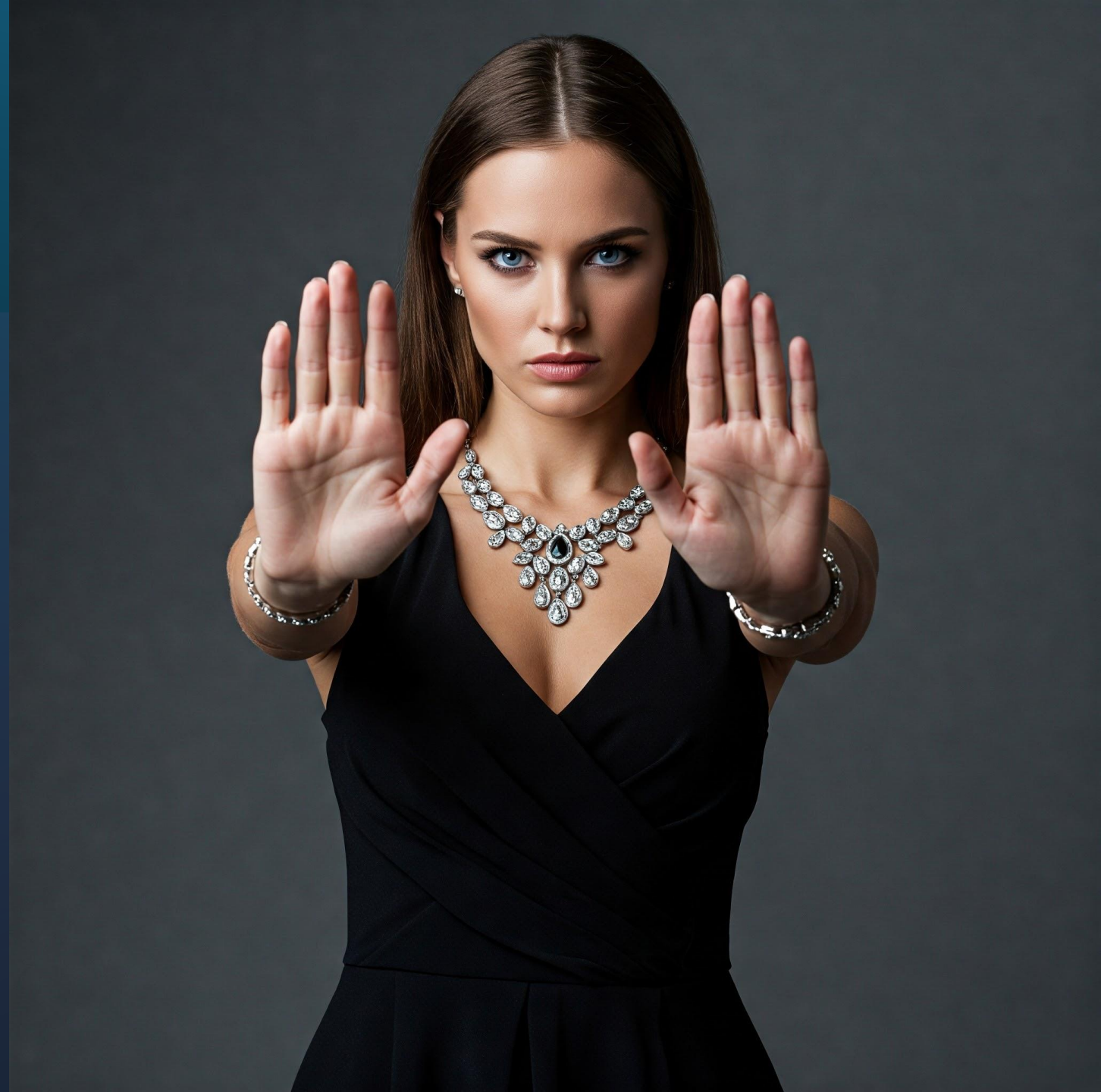
Pay attention to verbal and non-verbal cues that the patient is uncomfortable with your physical actions or your dialogue

Your patients individually set their own unique boundaries:

Physical space

Your patients individually set their own unique boundaries:

Physical space
Emotional involvement



Your patients individually set their own unique boundaries:

Physical space
Emotional involvement
Intellectual involvement

Your patients individually set their own unique boundaries:

Physical space
Emotional involvement
Intellectual involvement
Sexual boundaries

Be mindful of your patient’s physical, emotional and intellectual comfort.

Pay attention to verbal and non-verbal cues that the patient is uncomfortable with your physical actions or your dialogue

It doesn’t matter what you intended.

It doesn’t matter what you intended.

FCLB

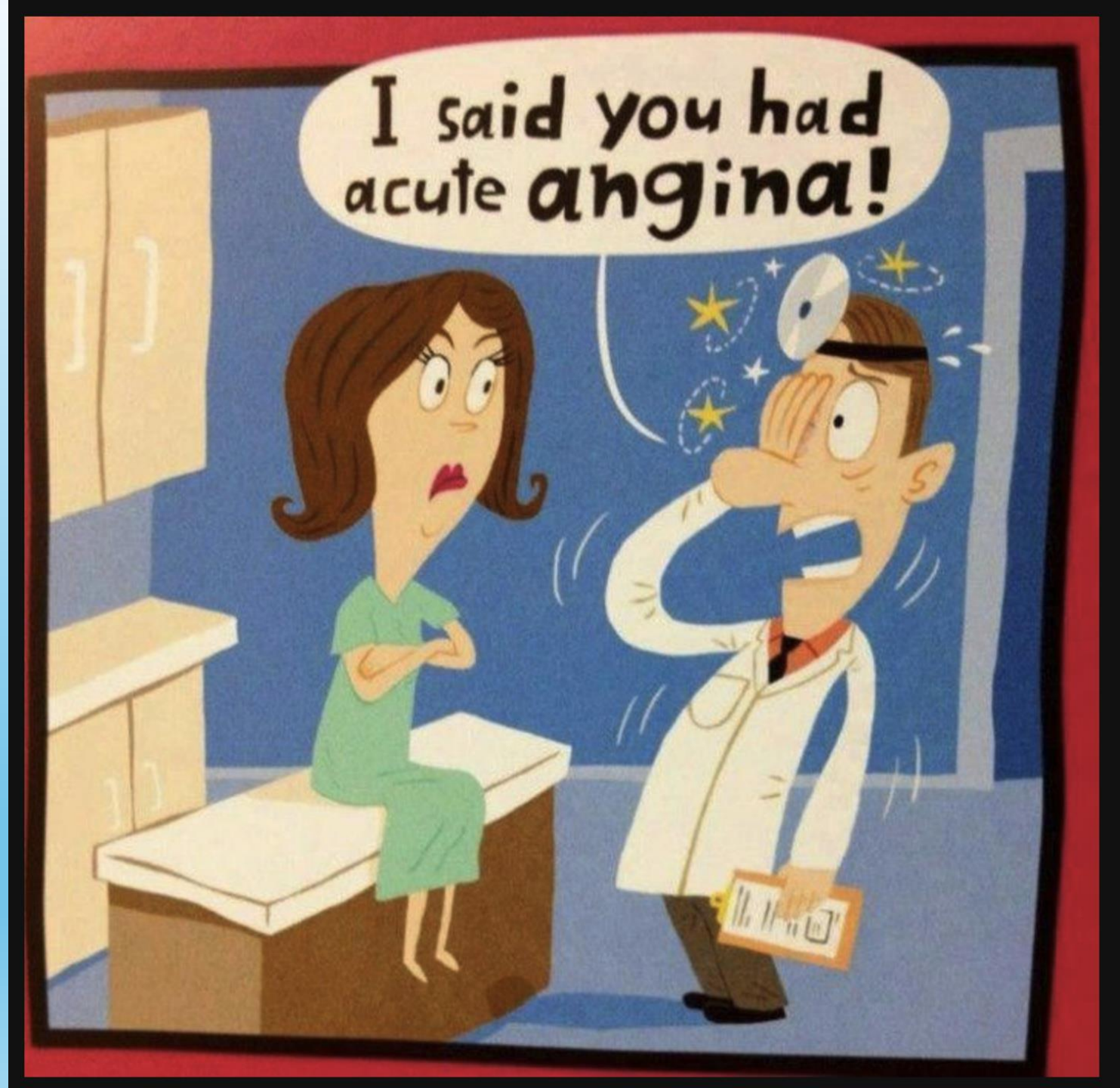
It doesn’t matter what you intended.

If your patient or employee felt offended, there was a **boundary violation.**

FCLB

Never

attempt to defuse a boundary issue with humor.



Documentation: Maintain thorough and accurate records of patient interactions, **including any boundary crossings**

Insights from Top Malpractice Defense Attorneys on **Professional Boundaries**

NCMIC

We Take Care of Our Own®

BOUNDARIES

Boundaries are expectations and needs in different areas of human experience that help a person feel safe and comfortable in their relationships. Below are six common boundary areas with examples of what they include.

1 Intellectual Boundaries

Preferences related to how opinions, thoughts, and conversational topics are shared and handled

2 Emotional Boundaries

What, where, and how much a person shares their emotional life

How your own and others' emotional needs are handled

3 Sexual Boundaries

How sexual matters are talked about

When, where, and how sexual material is presented

Consent related to sexual or sexually suggestive words, jokes, images, gestures, or touch

4 Time Boundaries

How you relate to your own and others' time

How time-related needs and preferences are handled

5 Material Boundaries

Treatment of possessions and property

Preferences and needs regarding possessions and property

How possessions and property are shared

6 Physical Boundaries

Physical body

Personal space as experienced through your senses

Preferences for respect, privacy, closeness, and touch

BOUNDARIES

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Time Boundaries

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Material Boundaries

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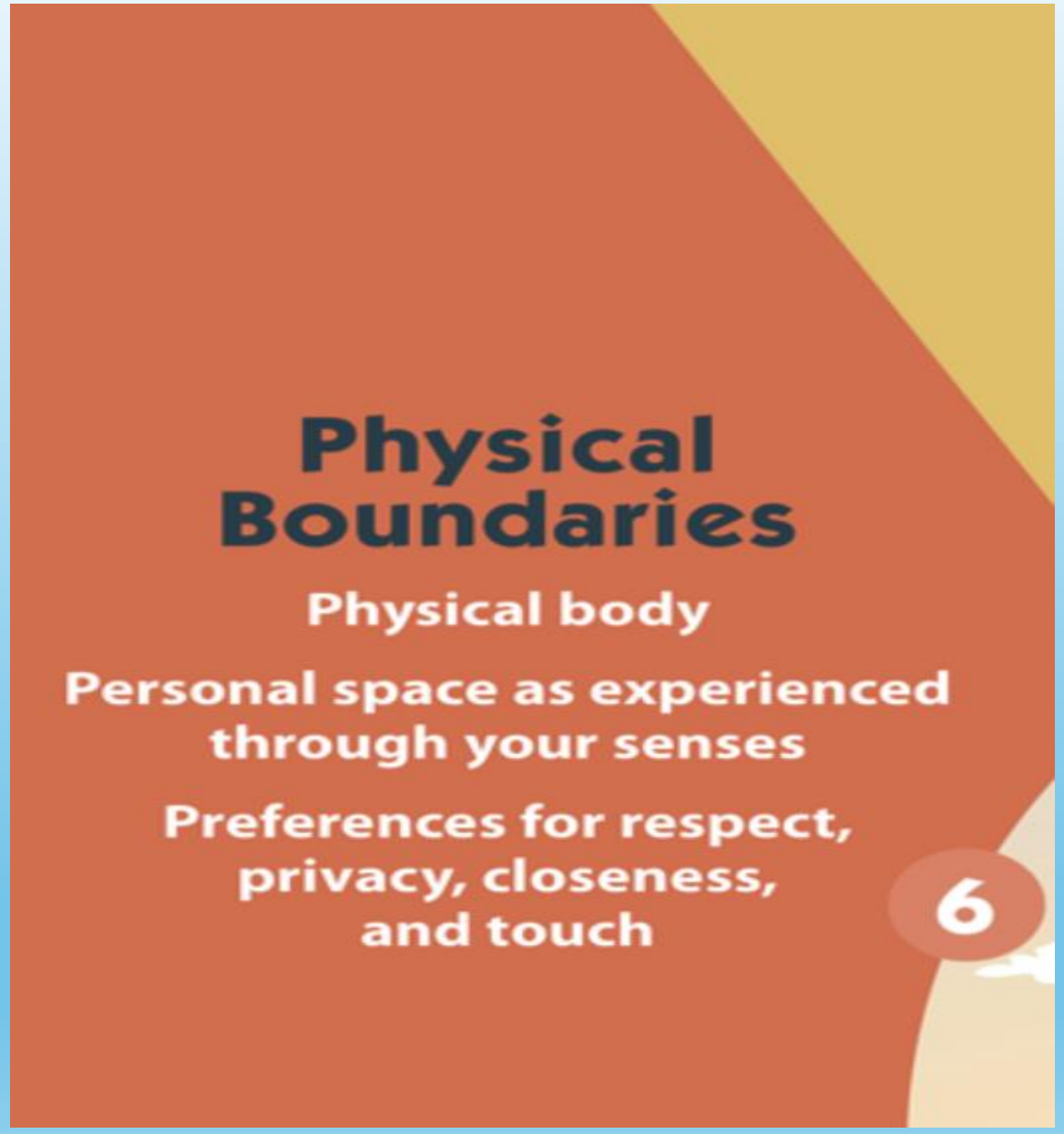
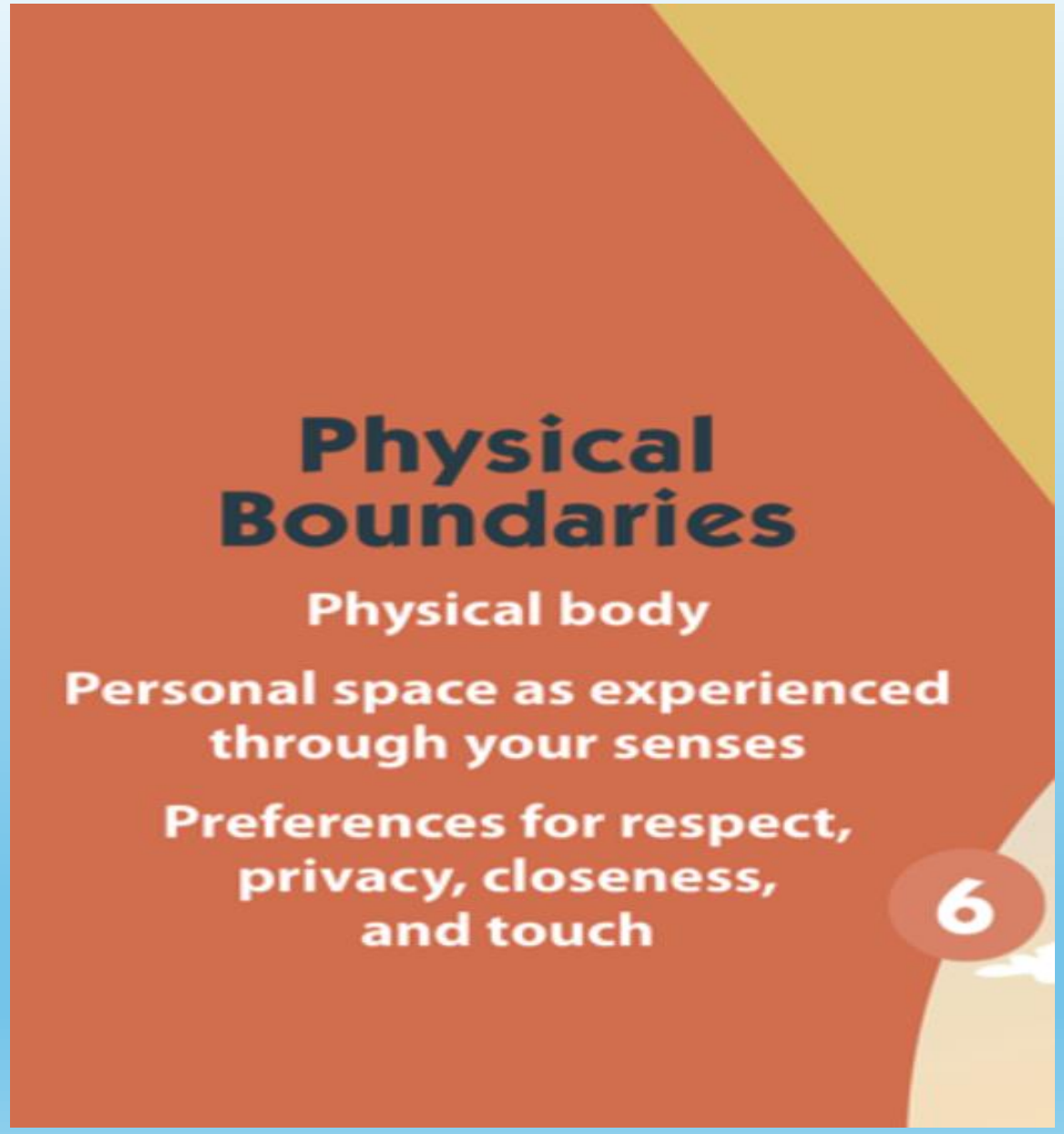


Clinical examples:

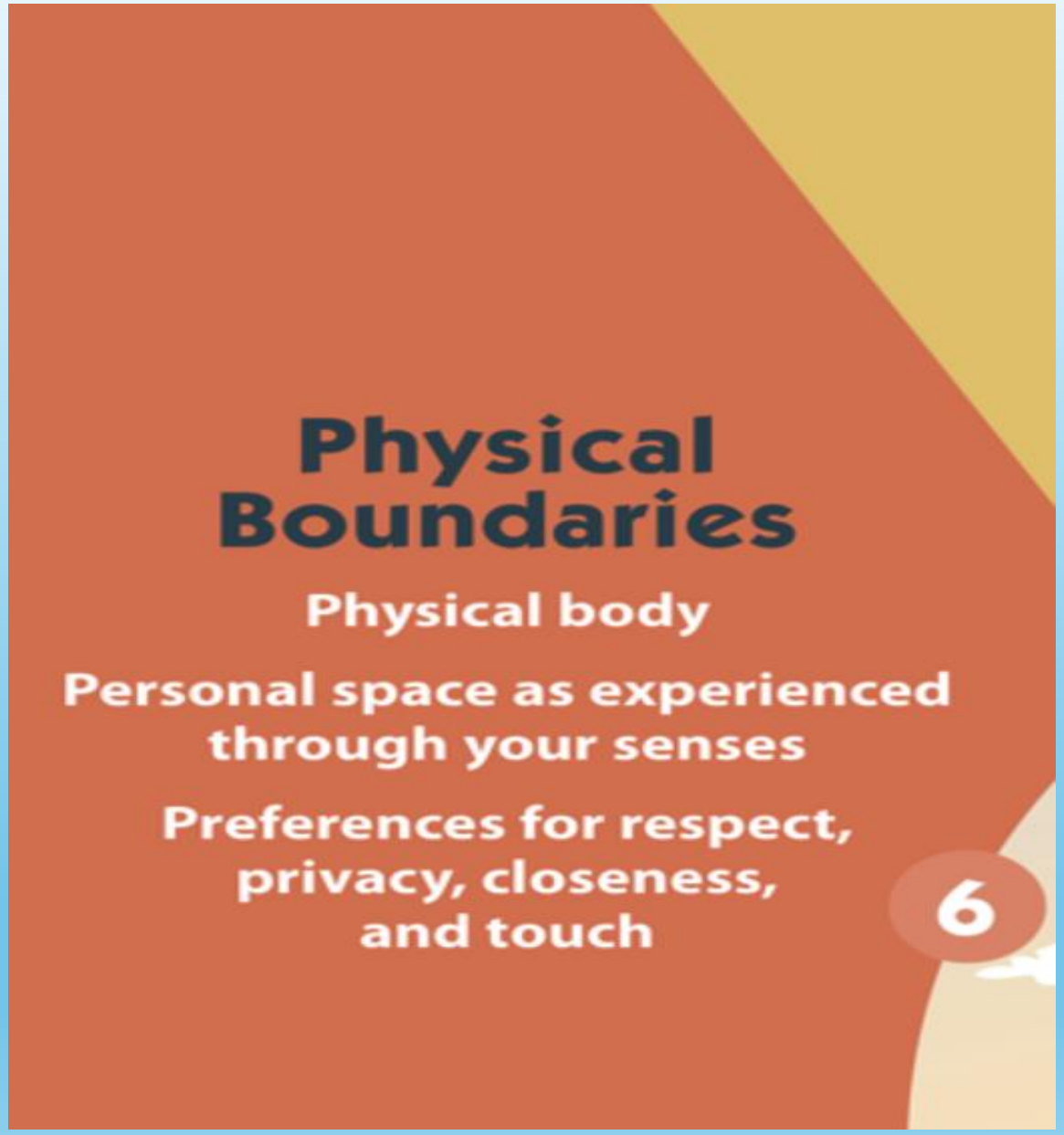
1. Performing clinical duties in the “personal space” of the patient.



Clinical examples:

1. Performing clinical duties in the “personal space” of the patient.

2. Gowning procedures for x-ray, physical examination and/or treatment.

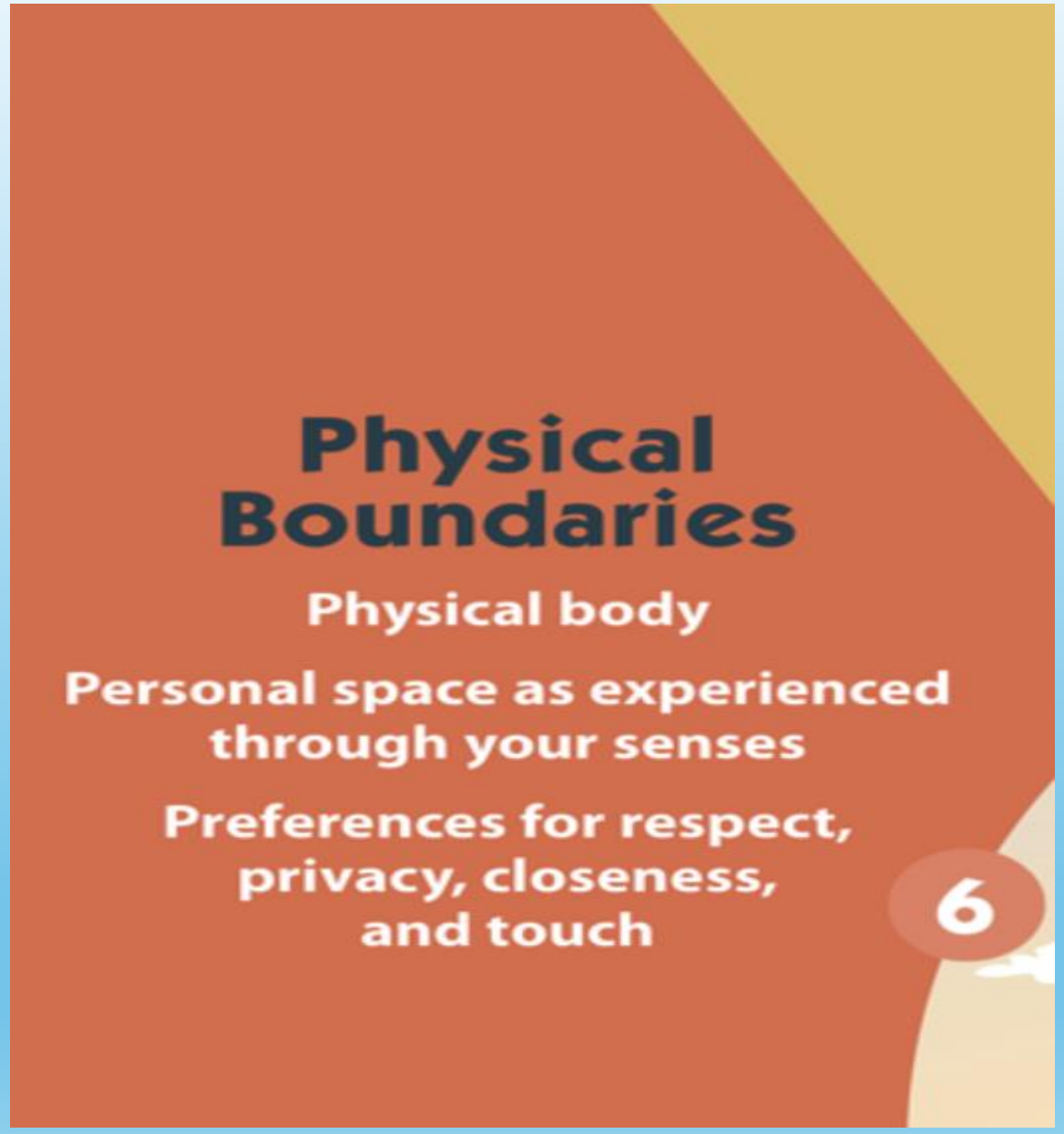


Clinical examples:

1. Performing clinical duties in the “personal space” of the patient.

2. Gowning procedures for x-ray, physical examination and/or treatment.

3. Treatment done on a prone patient, who cannot see what you are doing.



Clinical examples:

1. Performing clinical duties in the “personal space” of the patient.

2. Gowning procedures for x-ray, physical examination and/or treatment.

3. Treatment done on a prone patient, who cannot see what you are doing.

4. Treatment near sensitive areas: mouth, armpits, breasts, hips, crotch.

Boundaries are expectations and needs in different areas of human experience that help a person feel safe and comfortable in their relationships. Below are six common boundary areas with examples of what they include.

Intellectual Boundaries

Preferences related to how opinions, thoughts, and conversational topics are shared and handled

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Physical Boundaries

Physical body

Personal space as experienced through your senses

Preferences for respect, privacy, closeness, and touch

6

2

Emotional Boundaries

What, where, and how much a person shares their emotional life

How your own and others' emotional needs are handled

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Material Boundaries

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Preferences and needs regarding possessions and property

How possessions and property are shared

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Sexual Boundaries

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Consent related to sexual or sexually suggestive words, jokes, images, gestures, or touch

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Time Boundaries

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What, where, and how much a person shares their emotional life

How your own and others' emotional needs are handled

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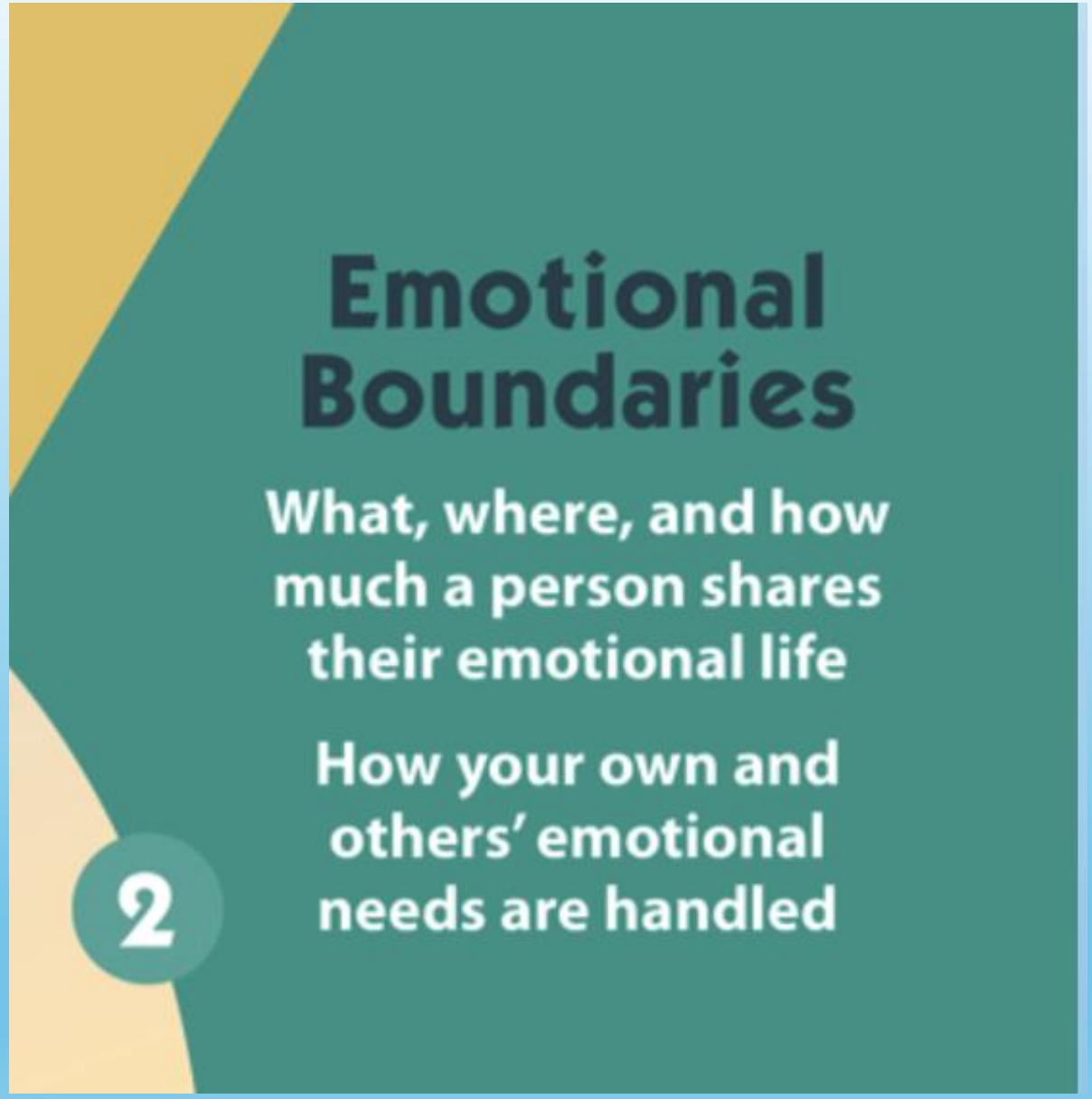
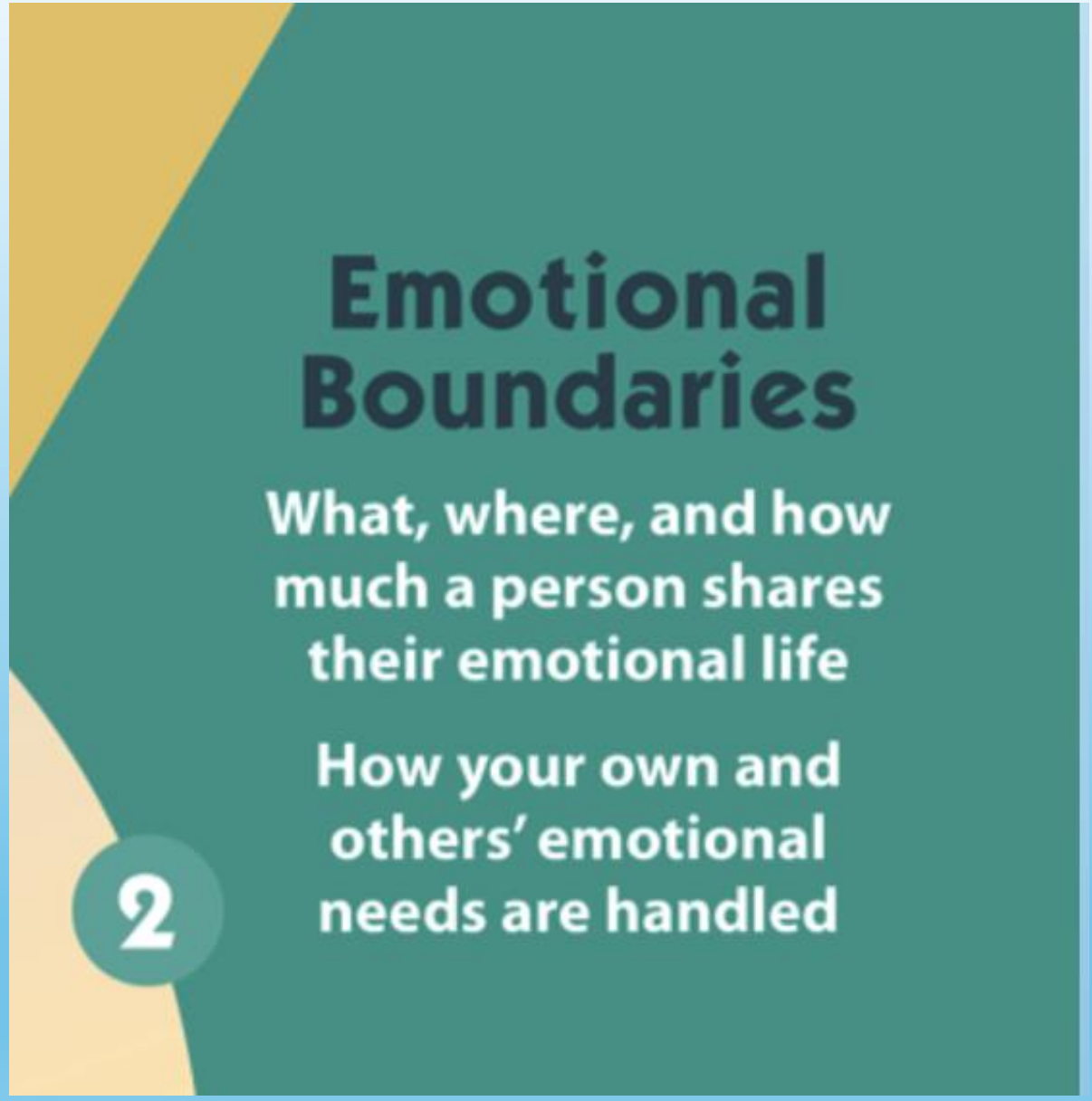


Examples:

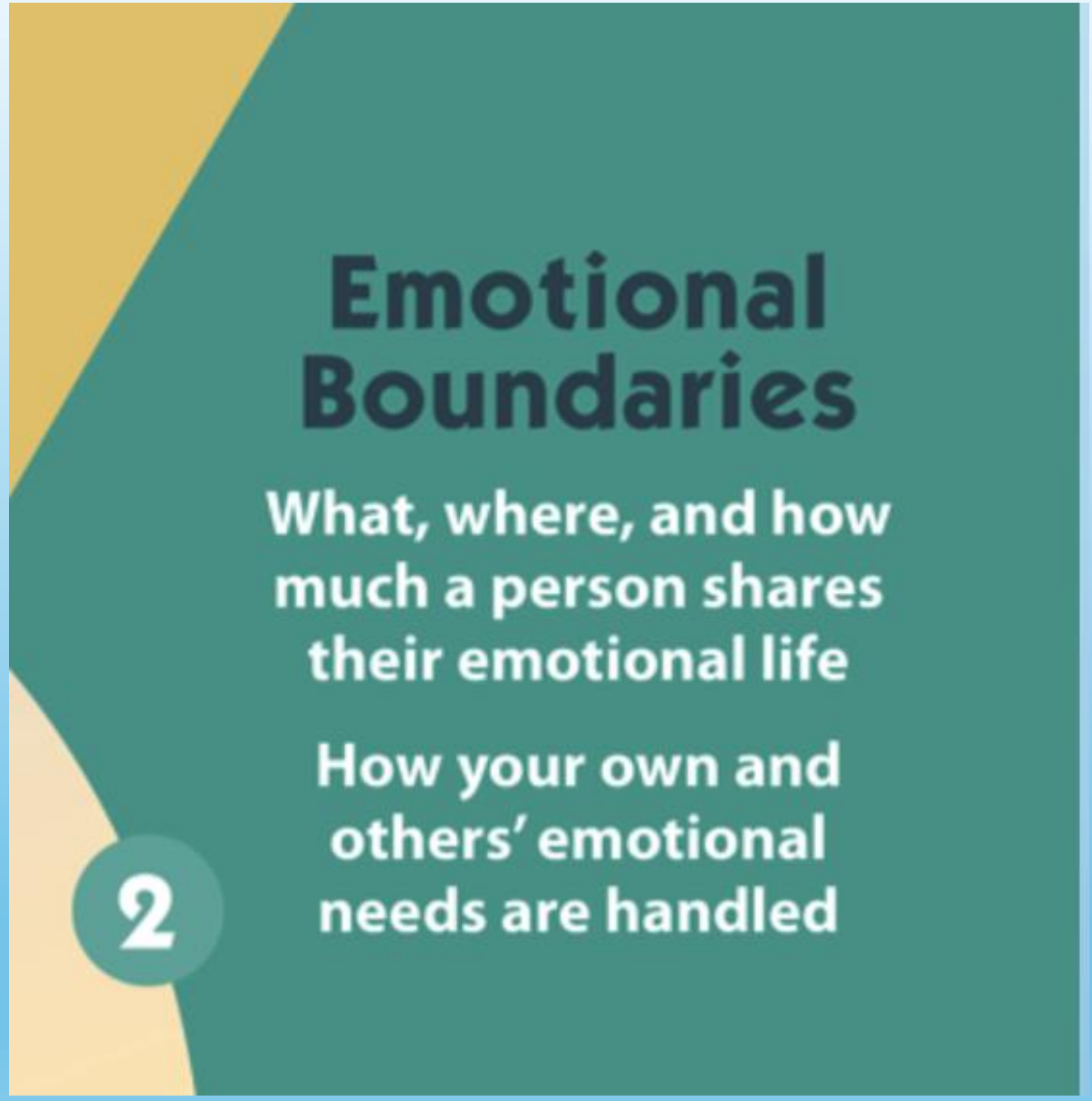
How much emotional information does your patient share with you:



Examples:

How much emotional information does your patient share with you:

- kids
- family
- spouse
- love life



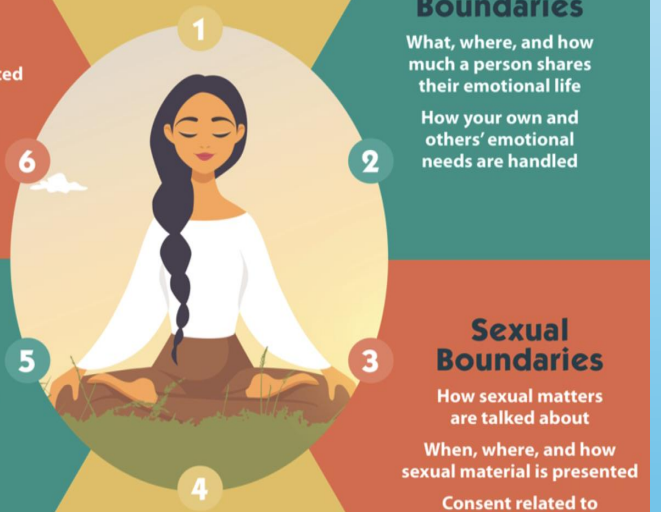
Examples:

How much of your emotional information do you share with your patients?

kids
family
spouse
love life

BOUNDARIES

Boundaries are expectations and needs in different areas of human experience that help a person feel safe and comfortable in their relationships. Below are six common boundary areas with examples of what they include.



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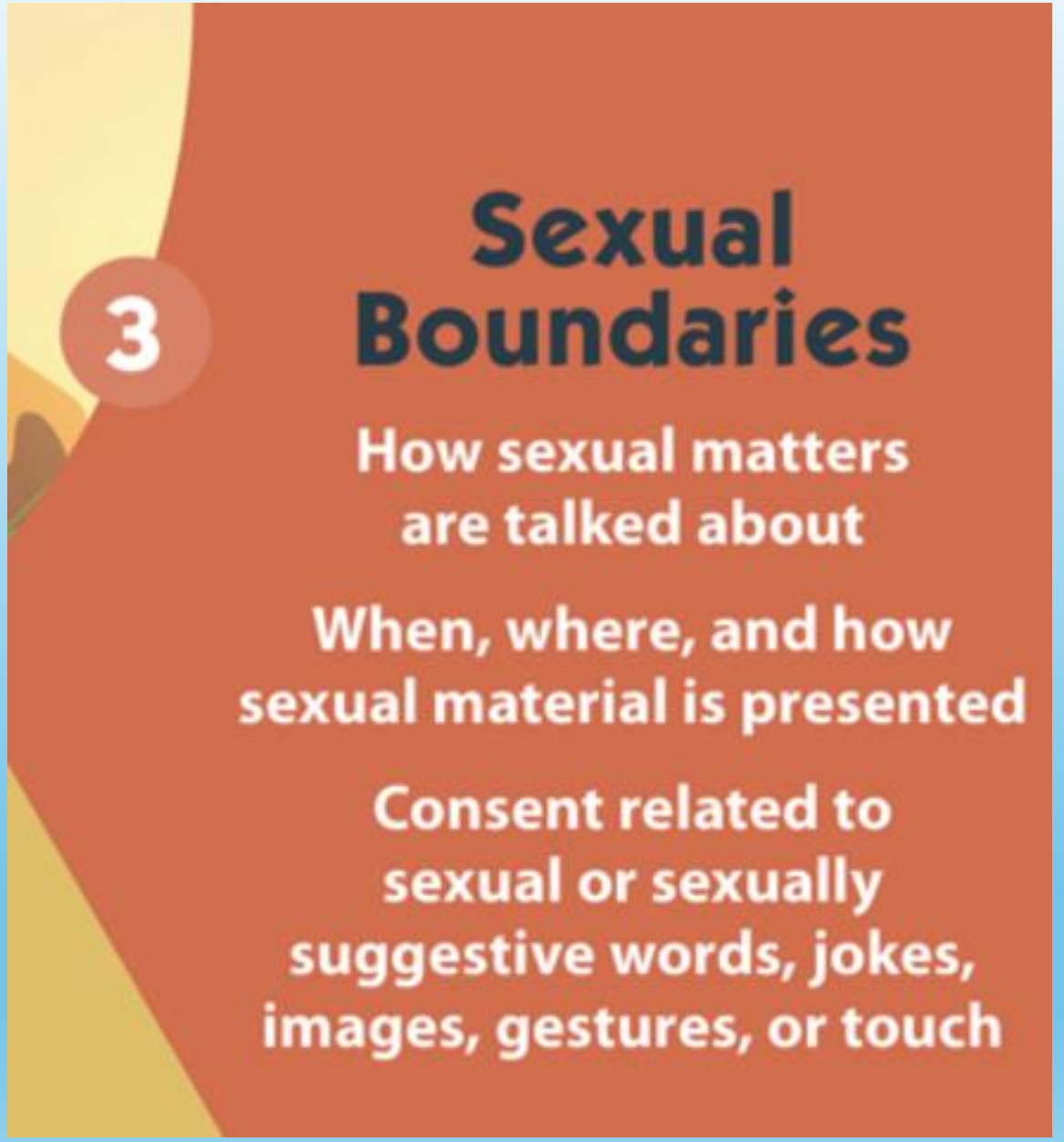
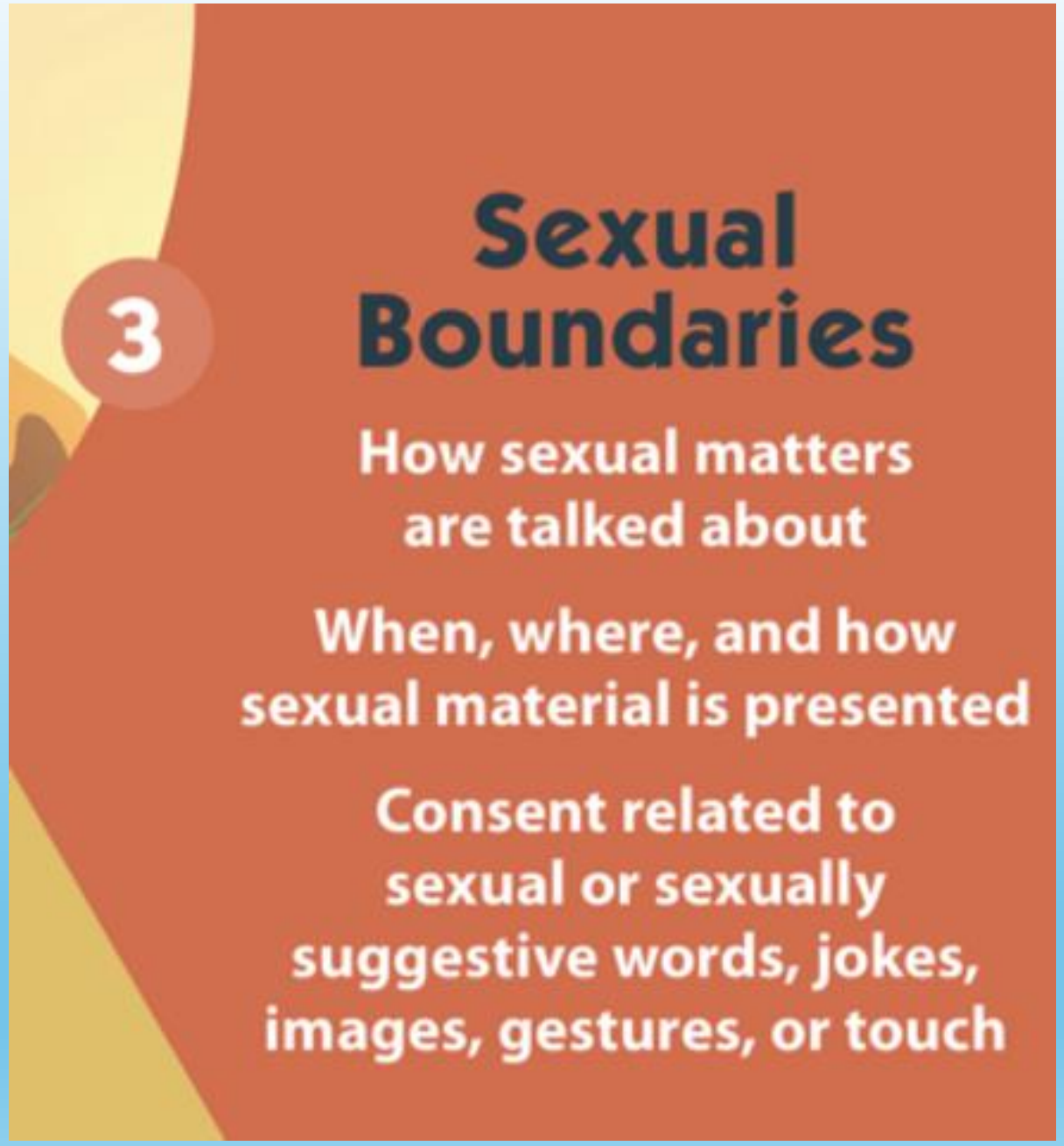
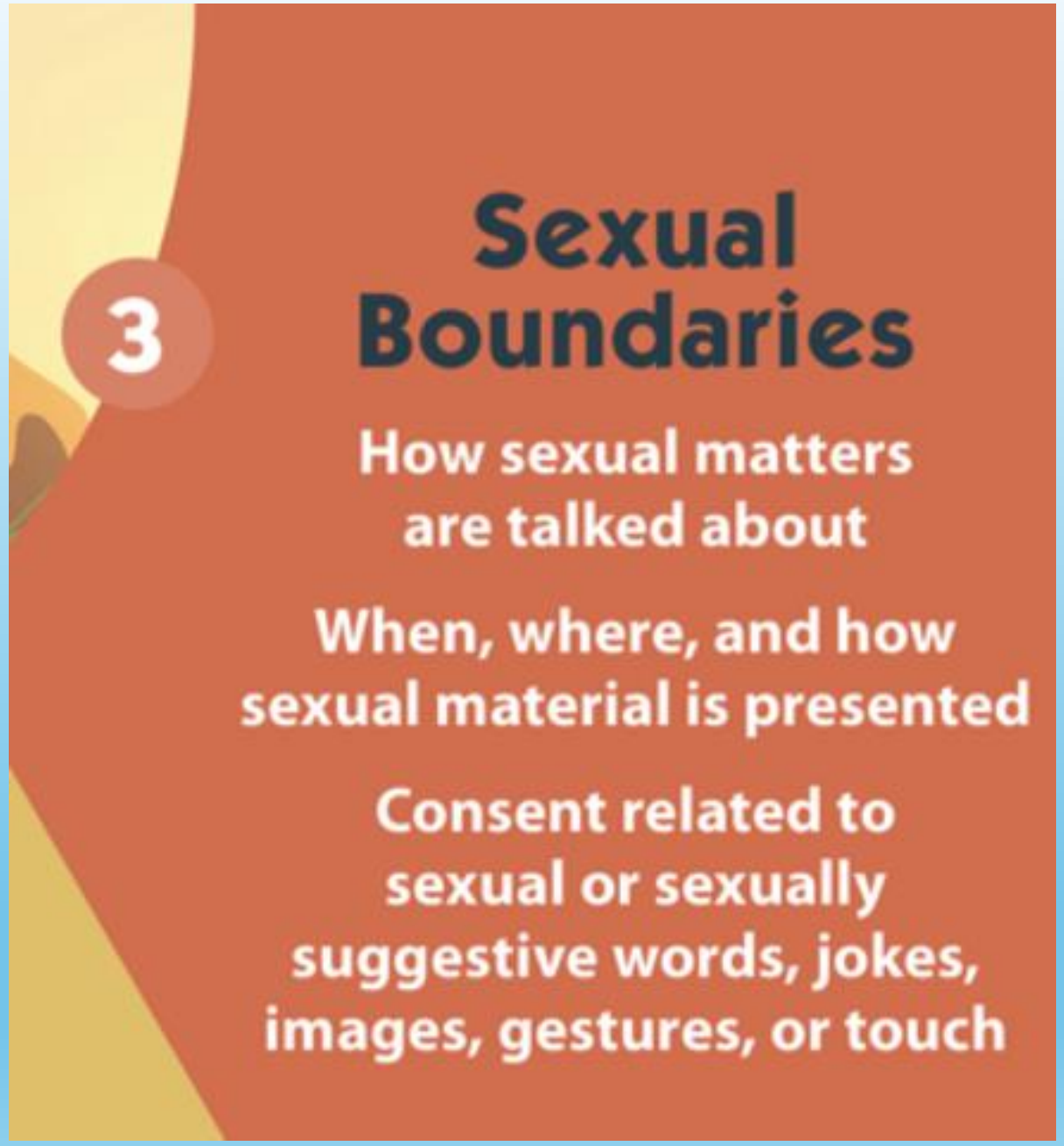




Legitimate examples:

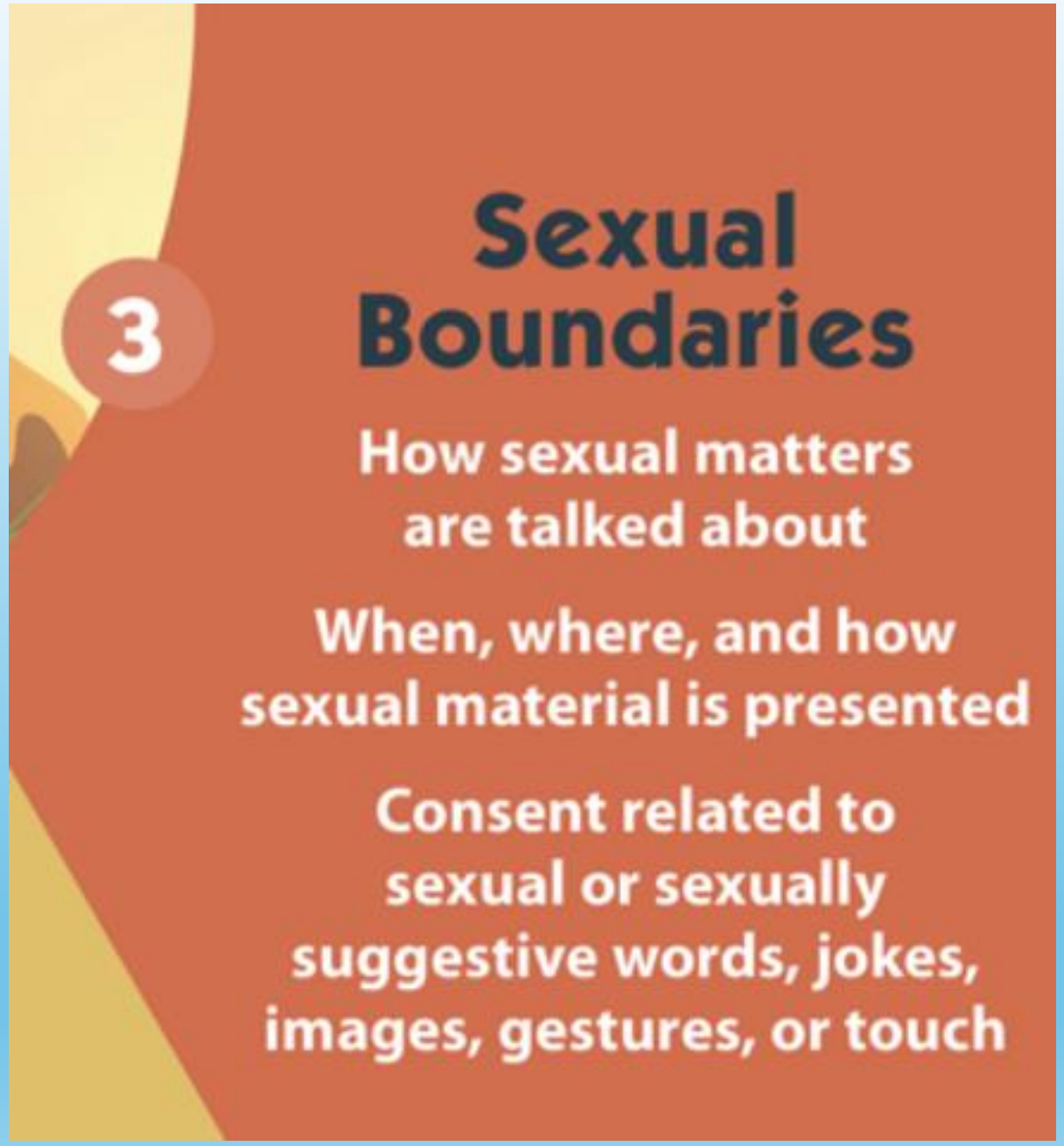
1. Clinical discussion of GI/GU function



Legitimate examples:

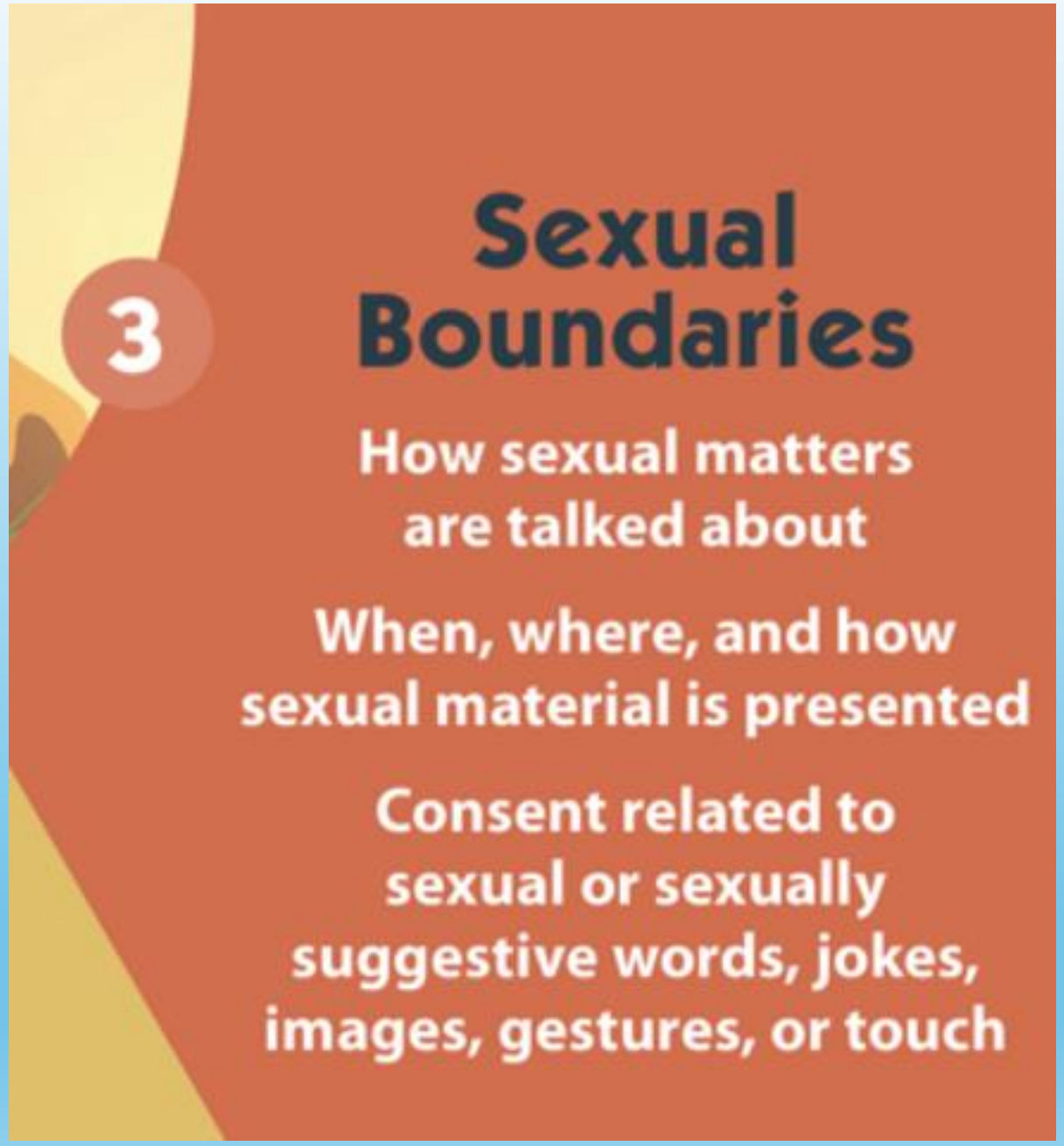
1. Clinical discussion of GI/GU function

2. Clinical discussion of sexual function, if relevant



Illegitimate examples:

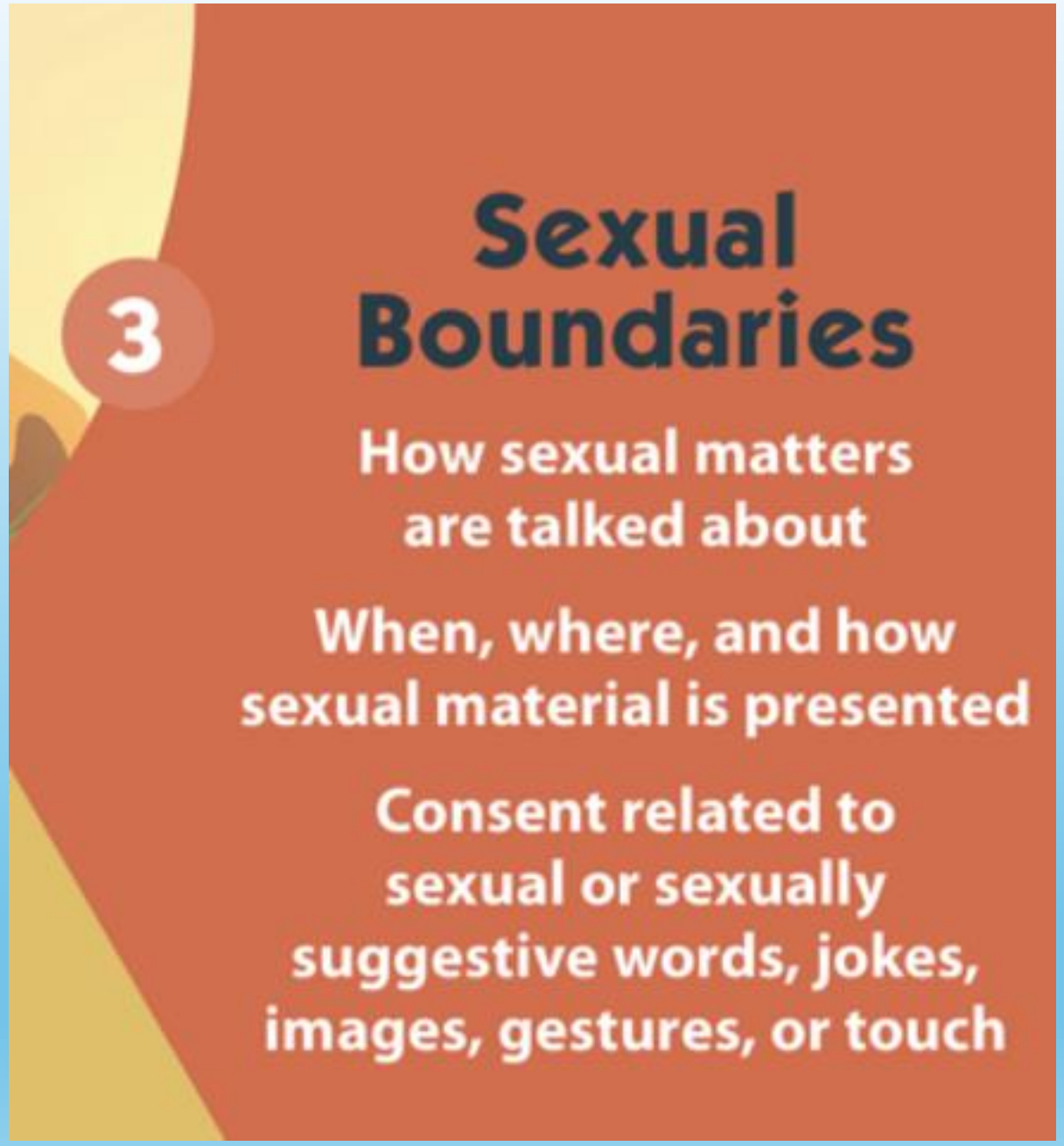
1. Sexually themed jokes



Illegitimate examples:

1. Sexually themed jokes

2. Touch which is not clinically necessary



Illegitimate examples:

1. Sexually themed jokes
2. Touch which is not clinically necessary
3. Comments about clothing, tattoos, physical characteristics [lips, hair, breasts, buttocks, figure, etc]

Boundary Violations

Actions or behaviors by a professional which use the relationship to meet personal needs of the professional at the expense of the participant.

Are never appropriate

Harm the participant

Are exploitative

Violate ethical standards

Can result in disciplinary action at work or by professional associations, or result in criminal charges.

Mental Health Association

Boundary Crossing:
A minor transgression that may not necessarily be harmful but should be addressed.

Examples:
accepting a small gift

extending appointment times excessively

non-therapeutic touch of patient which is truly accidental

Boundary Violation: A serious breach of professional conduct that can harm the patient.

Examples:

engaging in a romantic or sexual relationship with a patient

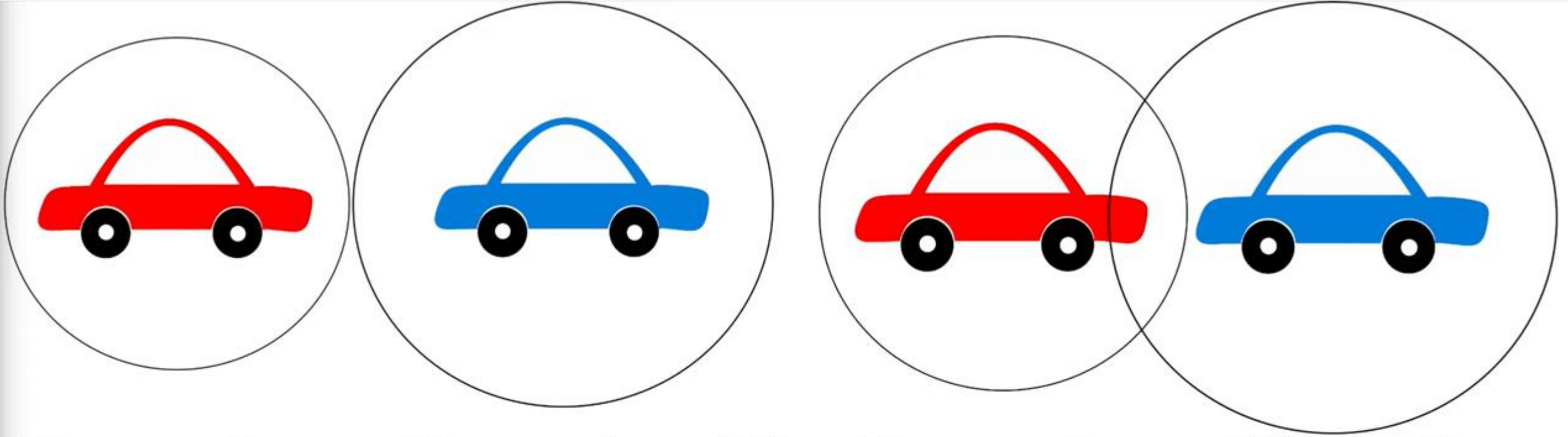
exploiting a patient's vulnerability for personal gain.

Boundary crossings vs. violations

- Benign and even helpful breaks in the frame
- Usually occur in isolation
- Minor and attenuated
- Discussable
- Ultimately cause no harm to patient, clinician, or treatment

- Exploitive breaks in the frame
- Usually repetitive
- Egregious and often extreme e.g. sexual
- Clinician discourages discussion
- Typically cause harm to patient, clinician or treatment

CROSSINGS	VIOLATIONS



Boundary Crossing Vs. Boundary Violation

College of Chiropractors
of British Columbia

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors

College of Chiropractors of BC

125 - 3751 Shell Road

Richmond BC V6X 2W2

With permission of the UK Professional Standards Authority

January 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- asking for or accepting a date

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chiropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- asking for or accepting a date
- sexual humour during consultations or examinations

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chiropractors of British Columbia Jan 2016

Crude Joke of the Day:

Crude Joke of the Day:

Q: Why couldn’t Barbie become pregnant?

Crude Joke of the Day:

A: Because Ken came in a different box.

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- asking for or accepting a date
- sexual humour during consultations or examinations
- inappropriate sexual or demeaning comments, or asking clinically irrelevant questions, for example about their body or underwear, sexual performance or sexual orientation

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chiropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- routine or non-therapeutic hugging of patients

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chiropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- routine or non-therapeutic hugging of patients

- requesting details of sexual orientation, history or preferences that are not necessary or relevant

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chiropractors of British Columbia Jan 2016

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- routine or non-therapeutic hugging of patients

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- asking for, or accepting an offer of, sex

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chiropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- routine or non-therapeutic hugging of patients

- requesting details of sexual orientation, history or preferences that are not necessary or relevant

- asking for, or accepting an offer of, sex

- watching a patient undress (unless a justified part of an examination)

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chiropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- taking or keeping photographs of the patient or their family that are not clinically necessary

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chiropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- taking or keeping photographs of the patient or their family that are not clinically necessary

- telling patients about their own sexual problems, preferences or fantasies, or disclosing other intimate personal details.

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chiropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- unnecessary exposure of the patient's body

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- unnecessary exposure of the patient's body

- accessing a patient's or family member's records to find out personal information not clinically required for their treatment

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- unnecessary exposure of the patient's body
- accessing a patient's or family member's records to find out personal information not clinically required for their treatment
- unplanned home visits with sexual intent

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- clinically unjustified physical examinations

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- clinically unjustified physical examinations

- intimate examinations carried out without the patient's explicit consent

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- examinations or treatment in sexually sensitive areas without the patient's explicit consent

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- examinations or treatment in sexually sensitive areas without the patient's explicit consent

- continuing with examination or treatment when consent has been refused or withdrawn

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- any sexual act induced by the chiropractor for their own sexual gratification

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

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Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

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- the exchange of drugs or services for sexual favours

- exposure of parts of the chiropractor's body to the patient

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

Examples of sexualized behavior by chiropractors towards patients or their parent/guardians :

- any sexual act induced by the chiropractor for their own sexual gratification
- the exchange of drugs or services for sexual favours
- exposure of parts of the chiropractor's body to the patient
- sexual assault

Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors College of Chieropractors of British Columbia Jan 2016

1. Professionals are held to higher standards than the general public.

2. The health practitioner holds the position of **power and trust**, with the patient being more weak and vulnerable.

3. The responsibility to maintain healthy and functional boundaries in all clinical encounters rests **exclusively** with the practitioner.

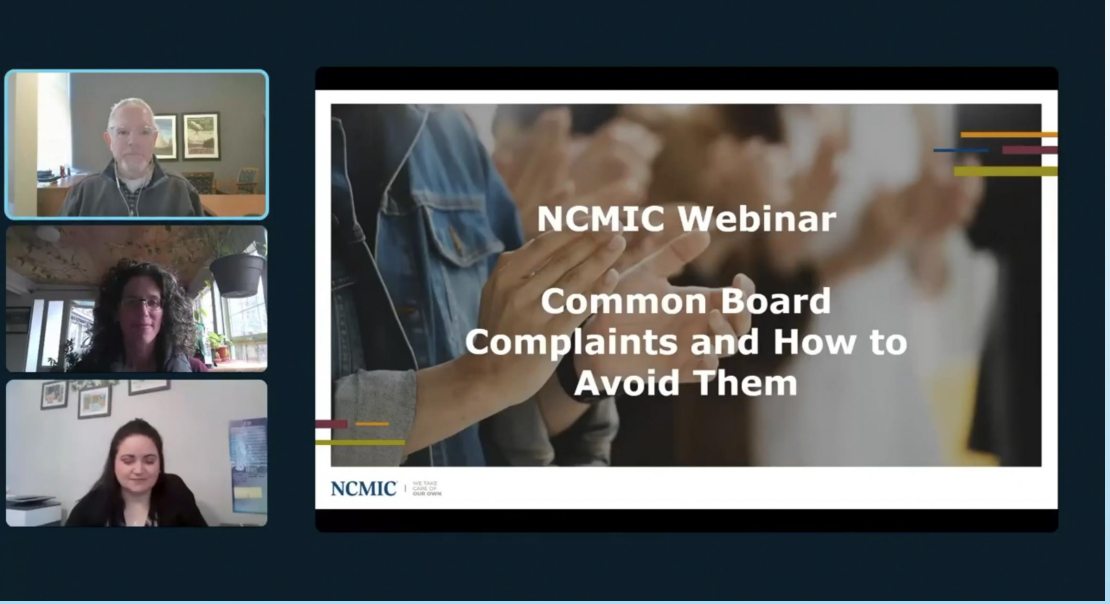
Kissinger FS, Sutton W. Chiropractic leadership in the eradication of sexual abuse. JCCA 2012; 56(1): 66-67

Chiropractic survey published in1992:

7% of male chiropractors and
4% of female chiropractors admitted to having sex with their patients.

Weiszhaar O. Sexual exploitation of patients. Am Chiropractic Assoc J Chirop. 1992; 4: 31-32.

NCMIC Webinar
Common Board Complaints and How to Avoid Them
NCMIC
WE TAKE CARE OF OUR OWN



1. How do complaints come to a Chiropractic Board ?
2. What types of complaints?

1. Easy online complaint portal at Wisc. DSPS

Wisconsin.Gov

State of Wisconsin
Department of Safety and Professional Services

Self-Service | Professions | Programs | Boards/Councils | Rules/Statutes | News/Media | About DSPS

File A Complaint

Methods

Online - File your Complaint here.

To assist you with selecting the proper complaint category (Business, Health, Trades) please refer to the DSPS A-Z Professions List under the column "Type". Note: If you're filing a complaint regarding the "Type" Unarmed Combat Sports, you should select the complaint type as Business.

Mail - If you cannot complete your complaint online, print and complete the Complaint Form and mail it to the following address:

Wisconsin Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190

Process

The Division of Legal Services and Compliance (DLSC) provides compliance services for the agency's boards and direct-licensed professions. DLSC is staffed with attorneys, investigators and other legal staff to address complaints promptly and appropriately. If a complaint is made with sufficient evidentiary support to suggest that a credential holder is in violation of a relevant condition or rule related to their profession the Division may investigate and, if necessary, file a disciplinary action against the credential holder. The purposes of discipline are to protect the public, rehabilitate the credential holder and to deter other credential holders. Disciplinary action is then monitored for compliance by DLSC's Monitoring Unit.

The links in the Additional Resources section provide directions for making a complaint as well as a page that describes the Department's case handling process. If a complaint is opened for investigation the case may take in excess of a year to reach a conclusion. This span of time is required to screen, investigate, and if appropriate, prosecute the approximately 3,000 complaints the department receives each year.

In some circumstances the Department may not have the authority or requisite legal basis to investigate a complaint. Any complaint falling within the jurisdiction of another agency will be referred to that agency for further action. Alternative options to filing a complaint are briefly described below.

Additional Resources

Case Handling Process

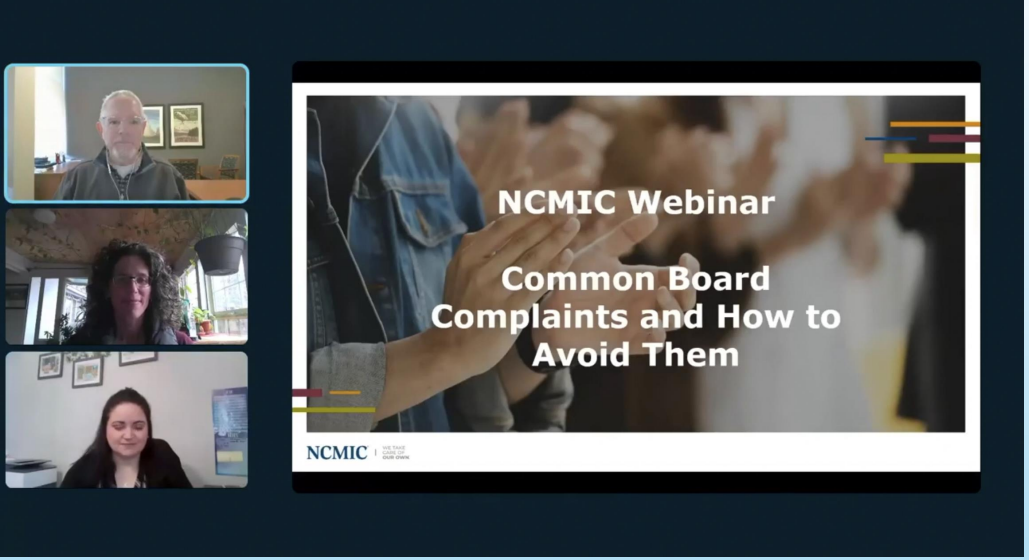
File a Complaint

Complaint Process Brochure

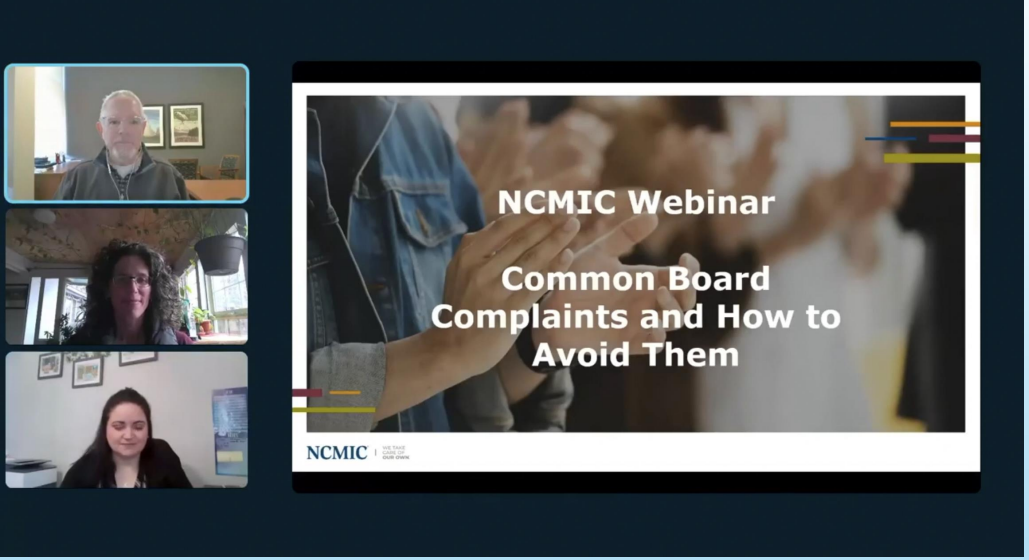
Hearing Information

Complaint FAQs

Authorization for Release of Records Form *for complaints against a health care professional (to assist in the investigation of your complaint)*



2. DC “comments” can trigger a complaint



3. It’s the patient’s perception, not your intention.

4. The patient is not capable of giving consent for the DC to act inappropriately.

3. The investigation in this matter was initiated based on complaints to the Department regarding the manner in which Respondent treated patients.

4. Respondent denies the above allegations.

5. Respondent has chosen to retire from the practice of chiropractic.

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License surrendered, DC retires

You have two tickets for a show [or a sporting event] right after work. Your friend cancels, leaving you with one unused ticket. It is ethical to invite your last patient of the day to go to the show/game with you?

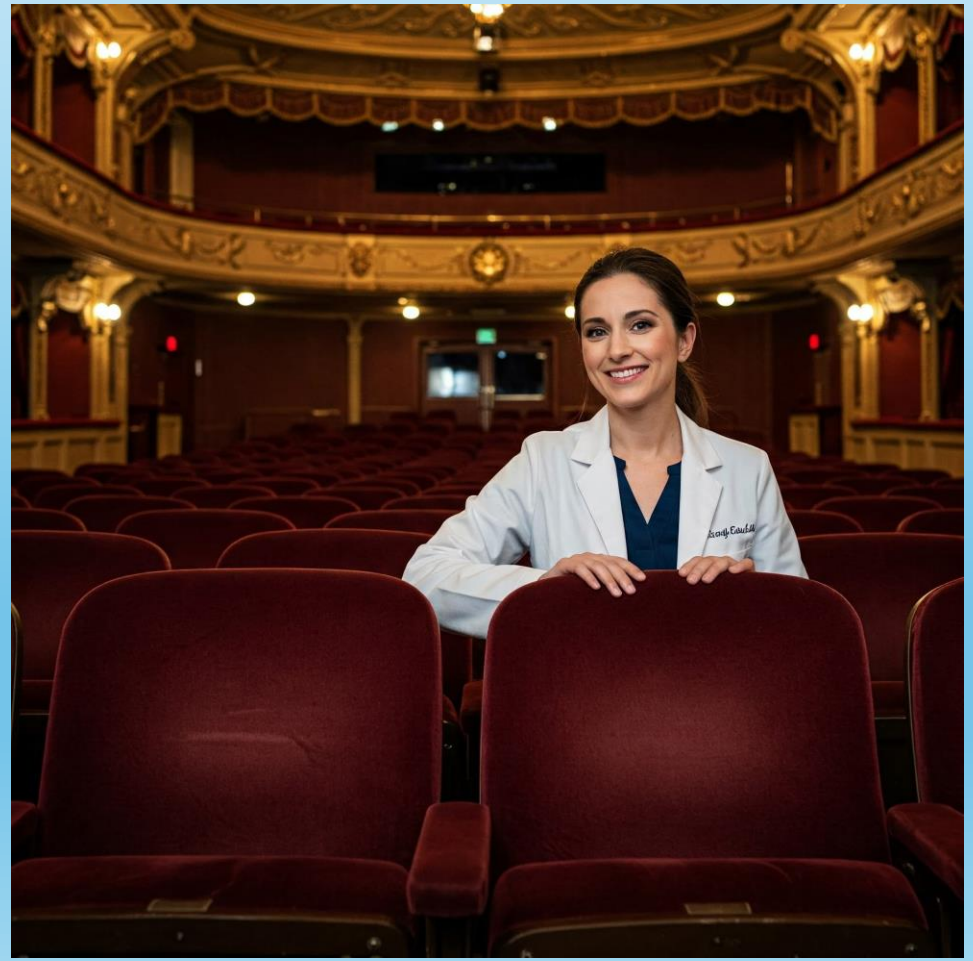
1. Male doctor, male patient

You have two tickets for a show [or a sporting event] right after work. Your friend cancels, leaving you with one unused ticket. It is ethical to invite your last patient of the day to go to the show/game with you?

2. Male doctor, female patient

You have two tickets for a show [or a sporting event] right after work. Your friend cancels, leaving you with one unused ticket. It is ethical to invite your last patient of the day to go to the show/game with you?

3. Female doctor, male patient



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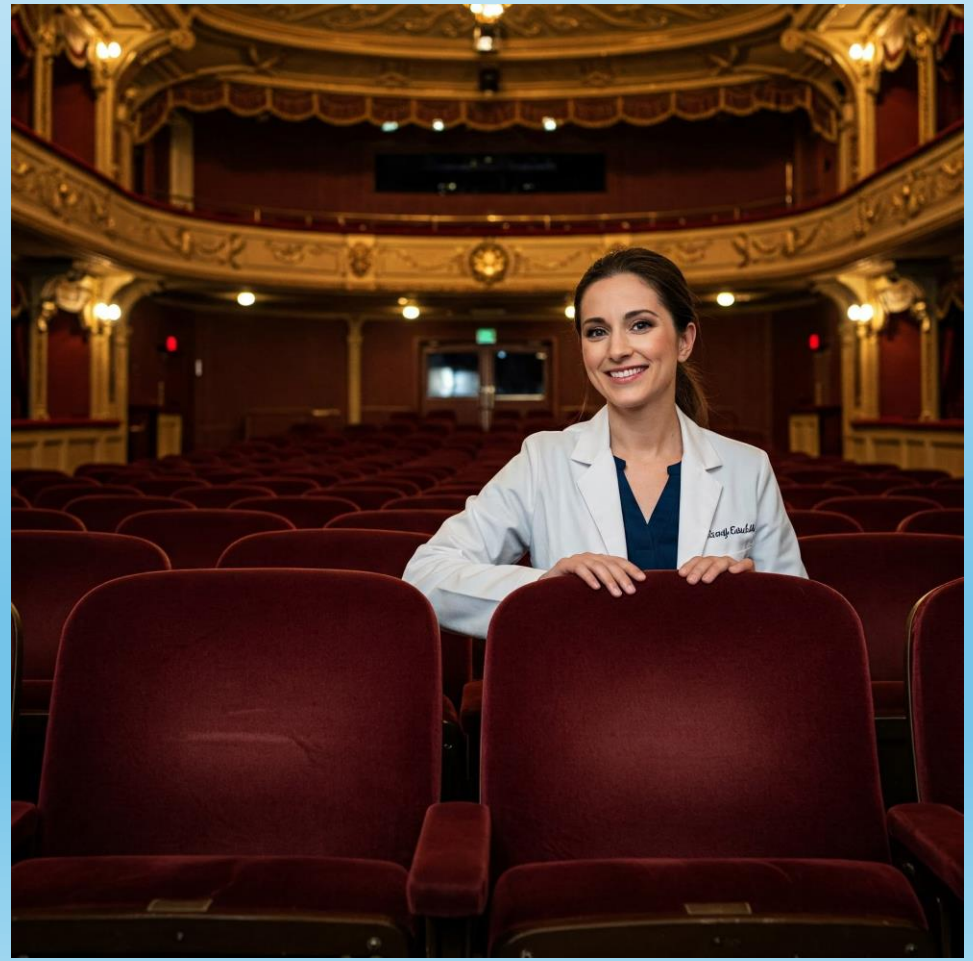
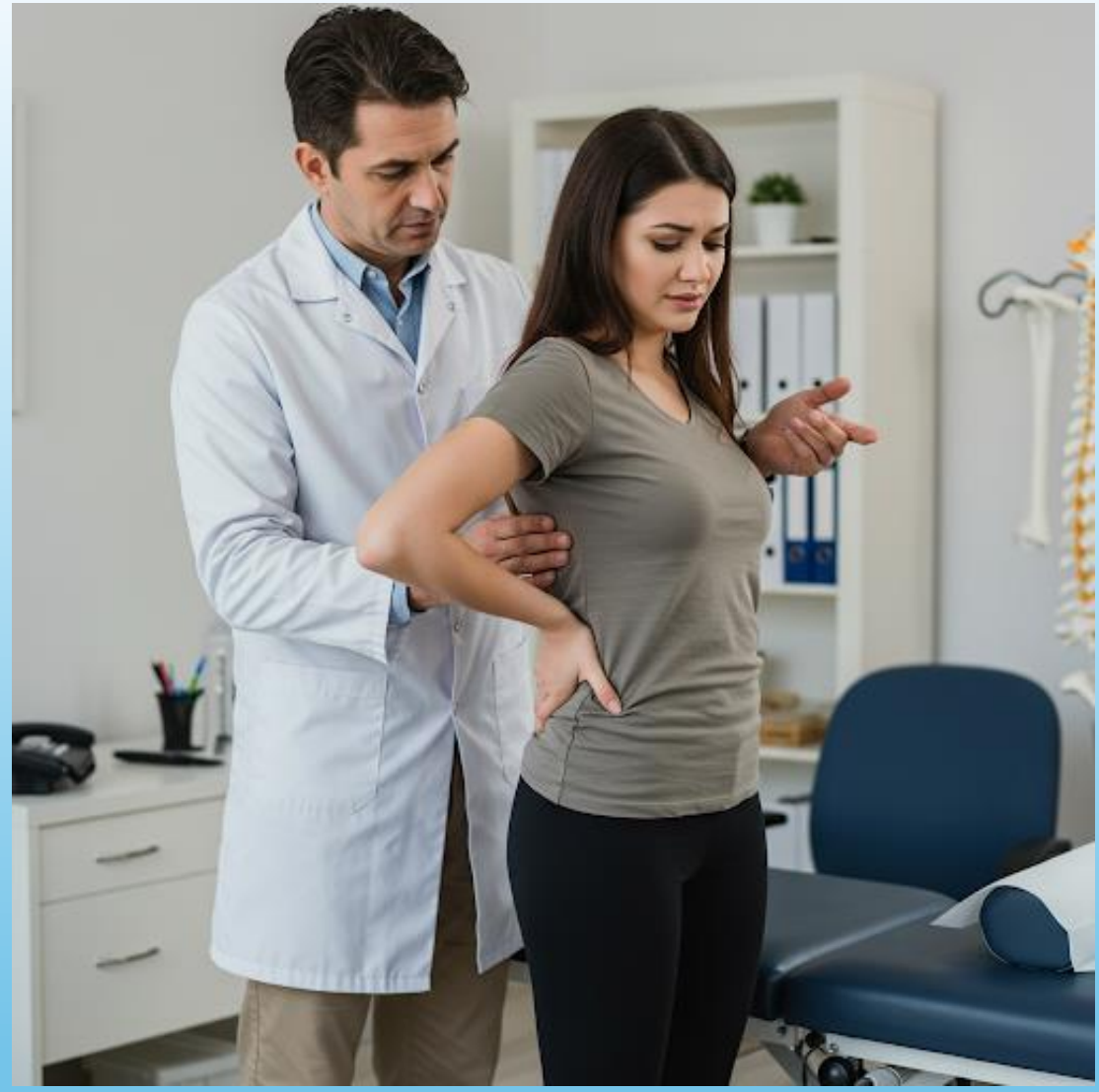
4. Female doctor, female patient



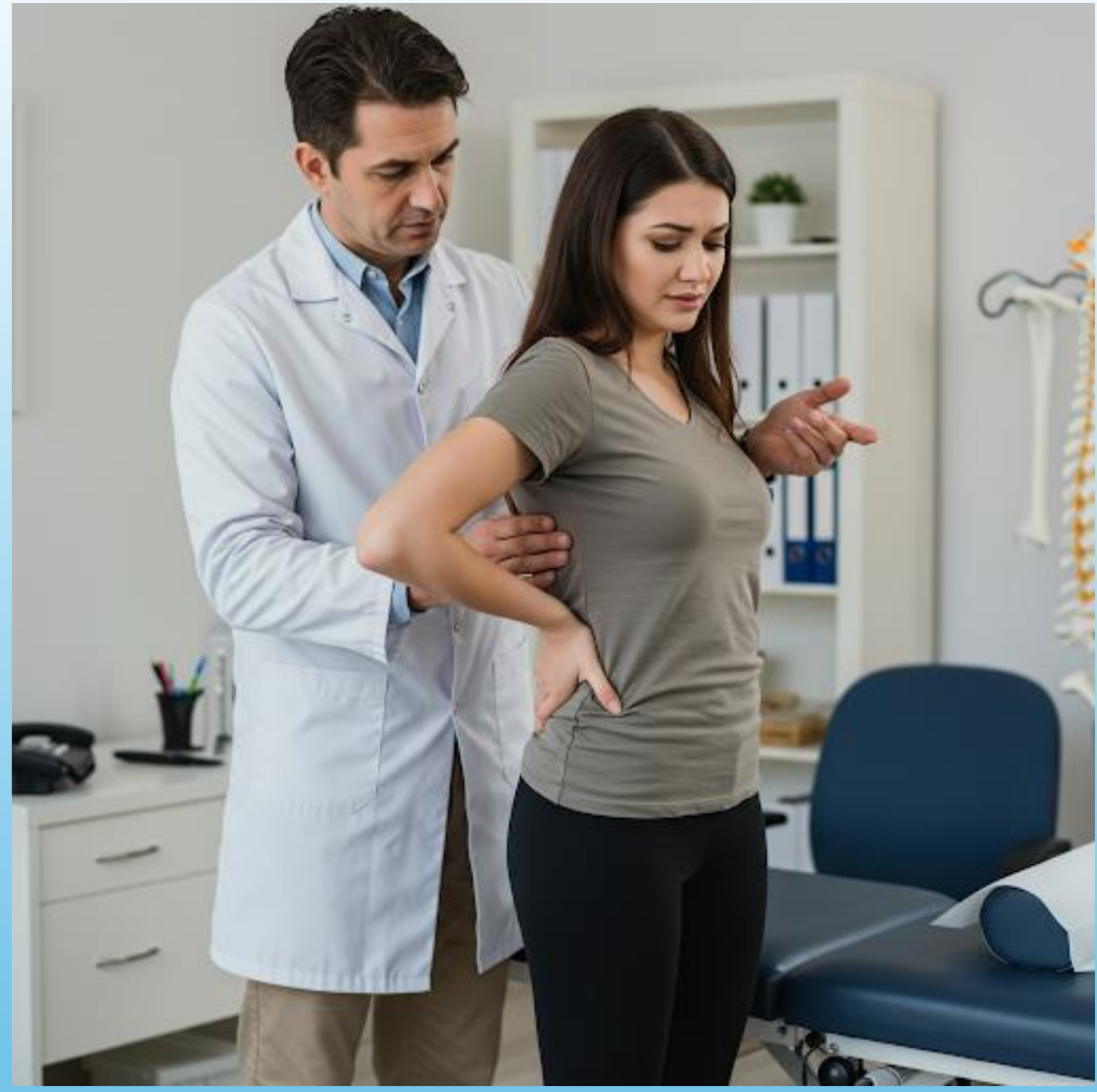
Dr. Richardson was well-respected in his community.

When new patient Christina presented with lower back pain, she volunteered details about prior chiropractic experiences, stating she felt her former doctors were **"too handsy."**



NCMIC Case Studies, 2024

Although Dr. Richardson had an uneasy feeling, he decided to take her on as a patient.



NCMIC Case Studies, 2024

Immediately, Christina had some specific requests:

NCMIC Case Studies, 2024

Immediately, Christina had some specific requests:

First, she insisted she could only make **late appointments** due to her work schedule, meaning Dr. Richardson was **often alone in the office** when she arrived.

NCMIC Case Studies, 2024

Immediately, Christina had some specific requests:

She also requested his **personal cell phone** number to exchange links and photos for home exercises.

NCMIC Case Studies, 2024

Red Flags and Escalating Behavior

NCMIC Case Studies, 2024

Red Flags and Escalating Behavior

The situation became increasingly concerning when Christina began **sending vacation photos** to Dr. Richardson and eventually added him as a friend on **Facebook.**

NCMIC Case Studies, 2024

Red Flags and Escalating Behavior

The professional boundary blurred further during a treatment session where Christina made inappropriate comments, including **asking if she needed to completely undress**.

NCMIC Case Studies, 2024

Dr. Richardson attempted to defuse the situation **with humor**,

NCMIC Case Studies, 2024

Dr. Richardson attempted to defuse the situation **with humor**, but unbeknownst to him, Christina had been **secretly recording their interaction**.

NCMIC Case Studies, 2024

She canceled her remaining appointments shortly after the session and **filed a board complaint** three months later.

NCMIC Case Studies, 2024

On the recording, Dr. Richardson's **attempts at humor painted him in a negative light,** leading to a disciplinary action by the board.

NCMIC Case Studies, 2024

5. The Department has received allegations of inappropriate sexual contact by Respondent with a female patient, occurring on or about July 14, [redacted] and involving massaging on or around the patient's breasts. If proven, these allegations would constitute a violation of sec. 446.03(5), Wis. Stats and Wis. Adm. Code §Chir 6.02(3). Dr. [redacted] contests these allegations. Specifically, he asserts that the patient had signed a general consent form; the patient returned for additional treatment following the alleged incident; and the patient delayed for several weeks following the alleged incident prior to filing a complaint.

3. Between December 2014 and February 2015, Respondent made suggestive comments to Patient A.

4. In 2004, Respondent made suggestive comments to Patient B.

5. There is no evidence that Respondent engaged in sexual contact with any patient.

6. Respondent denies making inappropriate comments to any of his patients.

6. Between December 12, [redacted] and July 10, [redacted] Respondent provided care to Patient A at forty-one (41) office visits at the Wellness Clinic. These visits included both wellness care and chiropractic adjustments to Patient A's spine. During the period of treatment, Respondent engaged in intimate and personal conversations with Patient A by telephone and via text messaging.

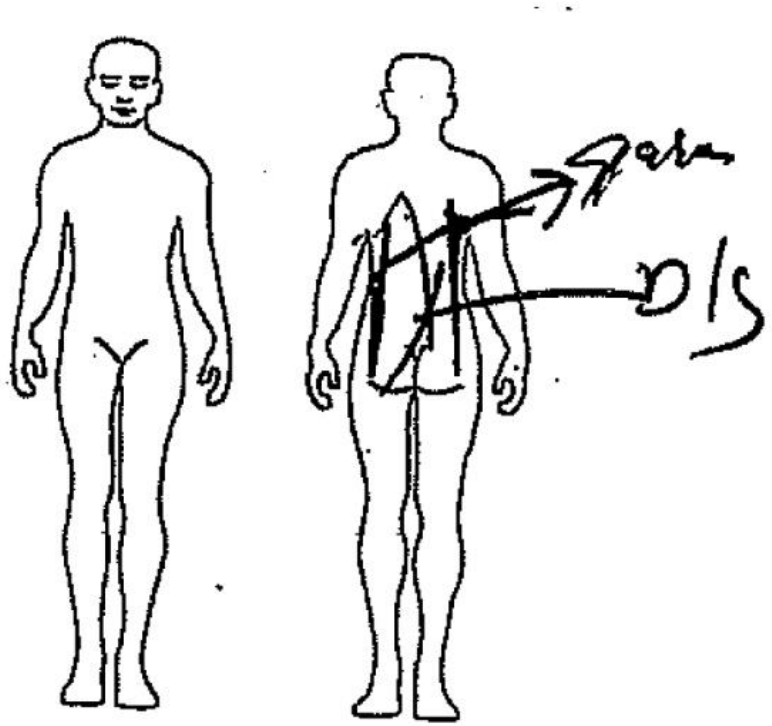
7. Patient A was treated by Respondent on July 10, [redacted], during which the charting indicated that a chiropractic adjustment occurred.

8. On August 17, [redacted], Respondent engaged in sexual intercourse with Patient A.

9. On December 18, [redacted] Patient A filed a complaint with the Department related to Respondent.

10. At no time did Respondent terminate the chiropractic-patient relationship with Patient A.

Case Study #2 Case records



DC workup shows involvement of thoracic, Lumbar, sacrum, pelvis

No notation of any complaint or any objective findings of anterior chest, ribs, sternum.

DC told her “adrenal glands were swollen.”

Case Study #2 Interview with police detective

“…his hands near her butt crack and going further that where she felt they needed to.”

Case Study #2 Interview with police detective

"…his hands near her butt crack and going further that where she felt they needed to."

"…putting both hands above her chest in a sort of CPR motion to crack her sternum and then below her breast to make an adjustment." She did agree to this adjustment being performed.

Case Study #2 Interview with police detective

"…his hands near her butt crack and going further that where she felt they needed to."

"…putting both hands above her chest in a sort of CPR motion to crack her sternum and then below her breast to make an adjustment." She did agree to this adjustment being performed.

"…continued to touch her body after the adjustments should have been completed throughout the appointment."

Case Study #2 Interview with police detective

“… after getting off the table and standing up he had come up behind her and with his right hand came around and touched the side of her right breast very briefly and then took his hand away.”

Case Study #2 Interview with police detective

“… he did make a comment while going towards the side of her right breast… he asked if her ribs on her right side under her right arm hurt.”

Case Study #2 Interview with police detective

“… [he] would first make an adjustment on the ribs and then slide the fingers of his right hand forward onto her breast for about a second and then move them back.”

The touching of the breast “..was with three fingers somewhat spread.”

Case Study #2 Interview with police detective

“… [he] would first make an adjustment on the ribs and then slide the fingers of his right hand forward onto her breast for about a second and then move them back.”

Case Study #2 Interview with police detective

"… [he] did an adjustment and then came back in the same fashion of sliding the hand forward, but at this time with three fingers together briefly touching the side of her right breast and then coming back."

Case Study #2 Interview with police detective

“… he kept reaching down further and further on her lower back towards what she describes as her butt crack, but adjustments were not made there.”

Case Study #2 Interview with police detective

"… [he] wanted to adjust her sternum. ***She explained she has nothing wrong with her sternum and there should be no reason to adjust it.*** *[He] did ask if he could place his hands on her to adjust her chest.* ***She explained that she did say yes but she was confused…"***

Case Study #2 Interview with police detective

"… [he] wanted to adjust her sternum. ***She explained she has nothing wrong with her sternum and there should be no reason to adjust it.*** *[He] did ask if he could place his hands on her to adjust her chest.* ***She explained that she did say yes but she was confused…"***

…the adjustment was [him] placing his hands on the upper part of her chest, then ***the lower part of her chest which involved him going under her breasts…***

Case Study #2 Interview with police detective

This caused [the chiropractor] *to lift her breasts up.”*

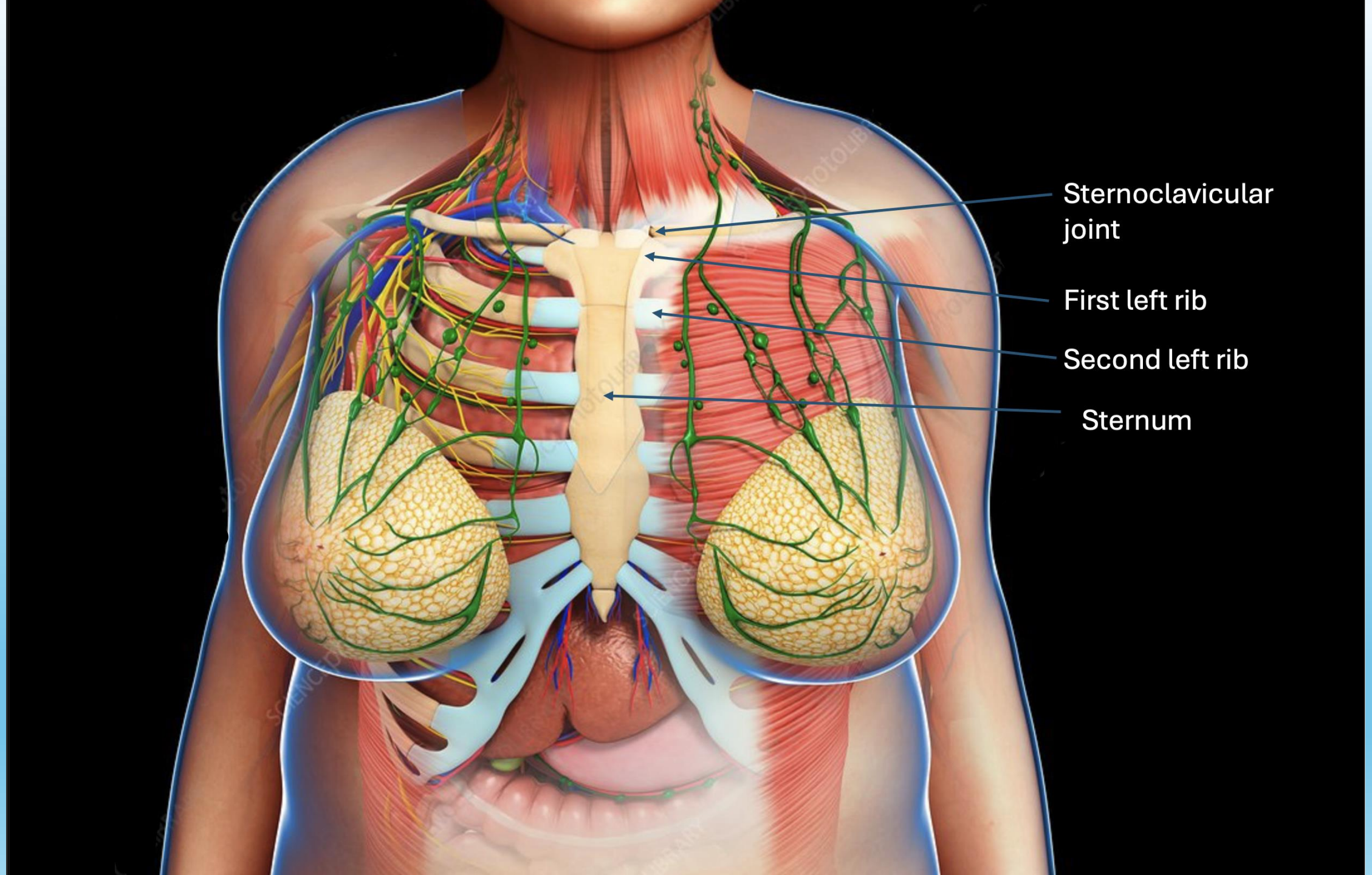
Case Study #2 Interview with police detective

This caused [the chiropractor] *to lift her breasts up."*

She stated to the chiropractor ***"…this made me feel uncomfortable, I don't think you're supposed to do that, there would be no reason. I came in for back spasms this has nothing to do with it."***

Case Study #2 Interview with police detective

“Following the neck adjustment, she stood up but felt dizzy and had vertigo. She told [the chiropractor] to give her a second… …that is when ***[he] walked behind her and reached around touching her left breast for the third time*** *before sliding his hand back to her rib cage asking where it hurt..”*


Sternoclavicular joint
First left rib
Second left rib
Sternum

Case Study #2 Expert Report

It would be inappropriate, and a violation of the chiropractic standard of care, for a chiropractor to:

a. Move his hand[s] down the crack of the buttocks of a patient.

b. Repeatedly touch or brush the ribs of a female patient.

c. Lift up the breasts of a female patient.

d. Put his arm around the waist of a patient.

Transference and Countertransference

Transference and Counter-transference

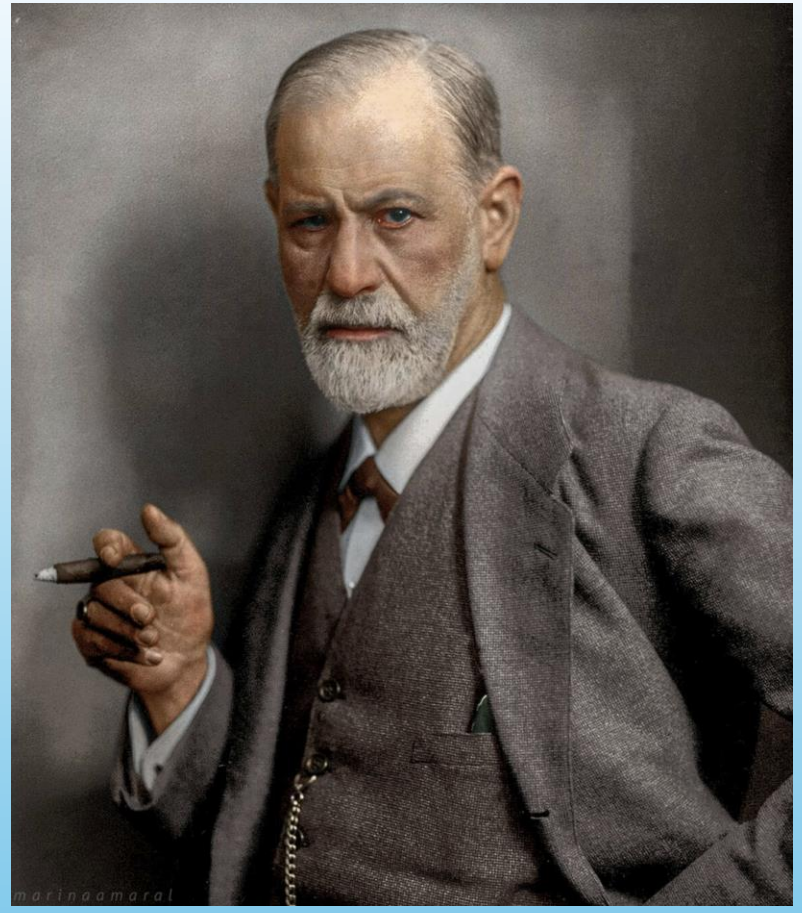
Transference and Counter-transference

Explained by Dr. Sigmund Freud

Transference

The unconscious assignment of feelings and attitudes of important figures in the past:

[Mother? Father ? Others?] to persons in the present .



Simon RL Sexual misconduct of therapists: a cause for civil and criminal action. Trial 1985: 21: 46-51

Transference:

Appreciation >> admiration >> ***adulation***

Transference

- Dr. Perfect [idealization]
- Dr. Prince Charming [romantic, rescue]
- Dr. Good Parent [nurturing, reparenting]

Stahl, Foreman Ethical perspectives: sexual boundary issues and the chiropractic paradigm Lippincott Williams 2005, p. 46

Transference

- Dr. Magical Healer [savior]
- Dr. Beneficent [devoted caretaker]
- Dr. Indispensable [only one who can cure]
- Dr. Omniscient [knows and understands all]

Stahl, Foreman Ethical perspectives: sexual boundary issues and the chiropractic paradigm Lippincott Williams 2005, p. 46

Transference

Transference: The DC may be:

- Better educated

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- Better educated
- Higher social standing

Transference: The DC may be:

- Better educated
- Higher social standing
- Wealthier

Transference: The DC may be:

- Better educated
- Higher social standing
- Wealthier
- More worldly

Transference: The DC may be:

- Better educated
- Higher social standing
- Wealthier
- More worldly
- More empathetic

Transference: The DC may be:

- Better educated
- Higher social standing
- Wealthier
- More worldly
- More empathetic
- Only one who can help the patient

Transference

- Many patients enter chiropractic care because we are often thought to be better listeners or more empathetic.[1]

[1]Stahl, Foreman Ethical perspectives: sexual boundary issues and the chiropractic paradigm Lippincott Williams 2005, p. 46

Transference

- Many patients enter chiropractic care because we are often thought to be better listeners or more empathetic.[1]
- Chiropractors can improve patient's health through their touch.

[1]Stahl, Foreman Ethical perspectives: sexual boundary issues and the chiropractic paradigm Lippincott Williams 2005, p. 46

Transference

- Many patients enter chiropractic care because we are often thought to be better listeners or more empathetic.[1]
- Chiropractors can improve patient's health through their touch.
- Chiropractors see patients more frequently than most other health care providers.

[1]Stahl, Foreman Ethical perspectives: sexual boundary issues and the chiropractic paradigm Lippincott Williams 2005, p. 46

Countertransference

- The belief by the doctor that the patient is attracted to the doctor [real or imagined]

Countertransference

- The belief by the doctor that the patient is attracted to the doctor [real or imagined]

- The doctor then begins to become attracted to the patient

AMA 1991:

It is estimated that **5-10% of all physicians** have had sexual contact with patients.

Nearly all violators are male and most victims are females.

American Medical Association: CEJA Report A-I-90 *Sexual Misconduct in the Practice of Medicine JAMA 1991; 266; 2741-2745*

Countertransference

- 575 psychotherapists:
  - **95% of male, 76% of female** therapists admitted that they were attracted to their patients.

Pope KS, et al Sexual attraction to clients. The human therapist and the [sometimes] inhuman training system. AmPyschol 1986:41, 147-158

Countertransference

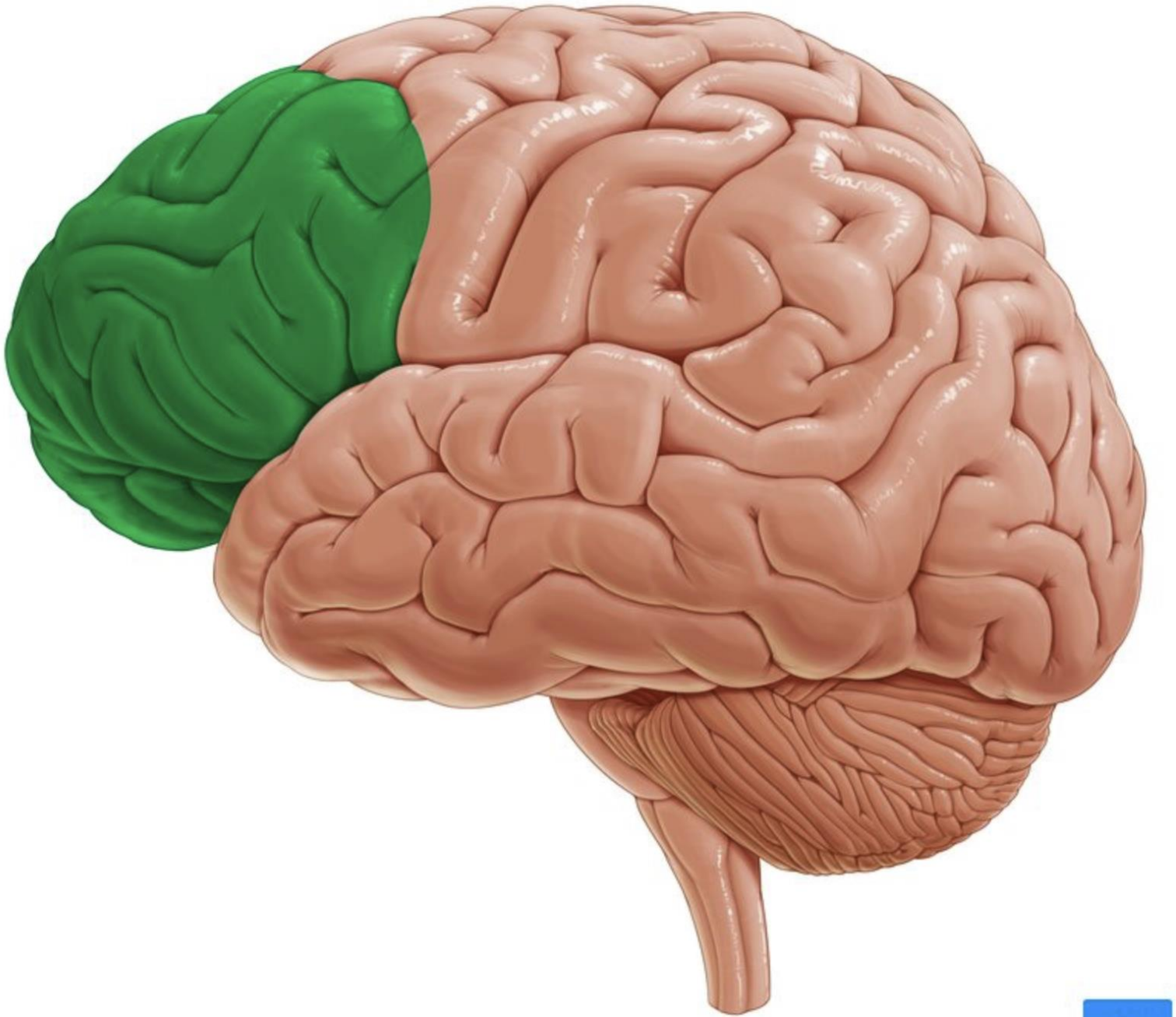
- 575 psychotherapists:
  - **95% of male, 76% of female** therapists admitted that they were attracted to their patients.
  - **9.4% of male, 2.5% of female** therapists admitted that they acted on those feelings.

Pope KS, et al Sexual attraction to clients. The human therapist and the [sometimes] inhuman training system. AmPyschol 1986:41, 147-158

Sexual attraction is vital to the individual person and our species.

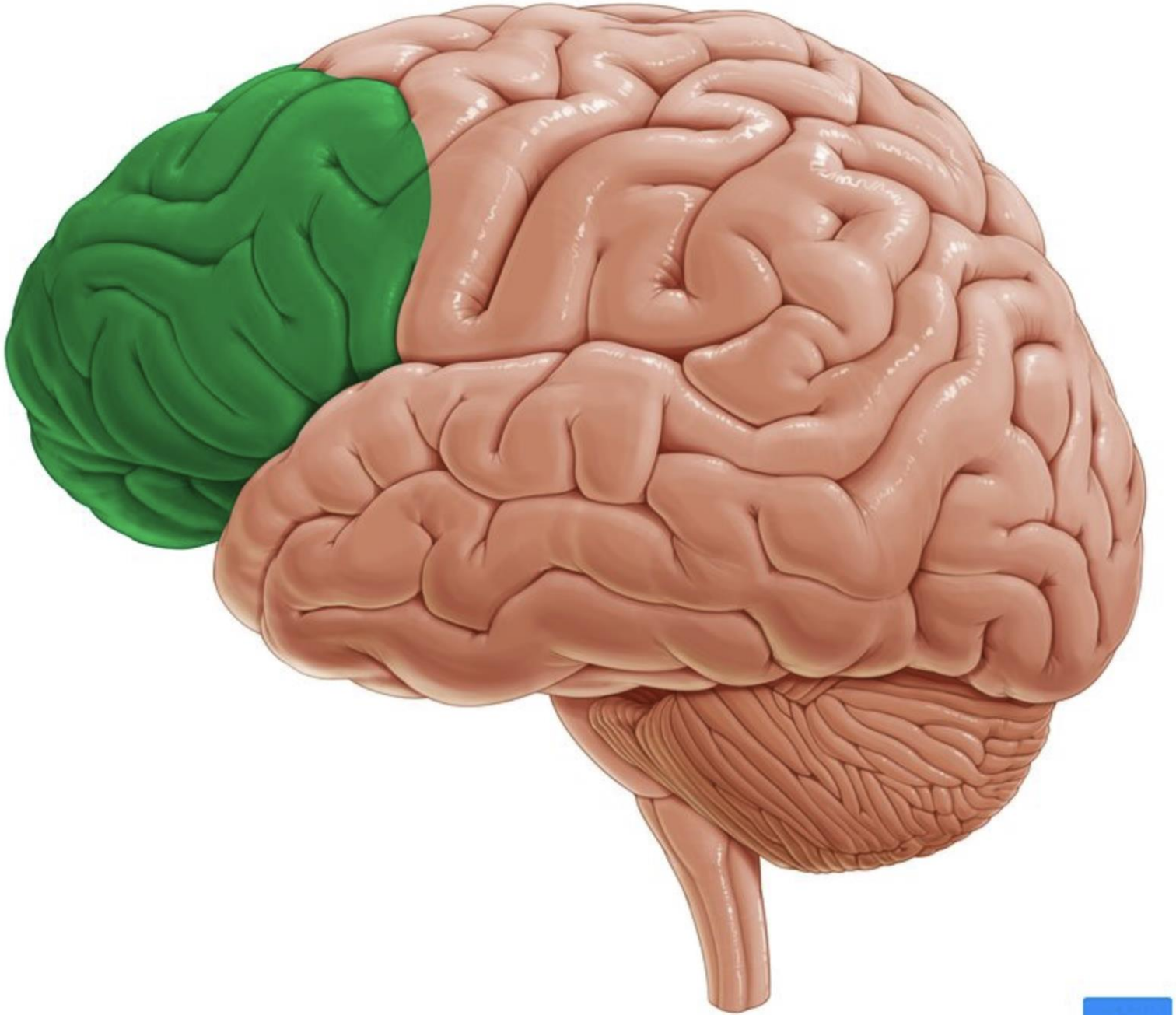
Humans have evolved over millions of years to be chemically driven to be physically attractive to each other and to seek love and affection

Sexual attraction is a complex process that involves various parts of the brain.

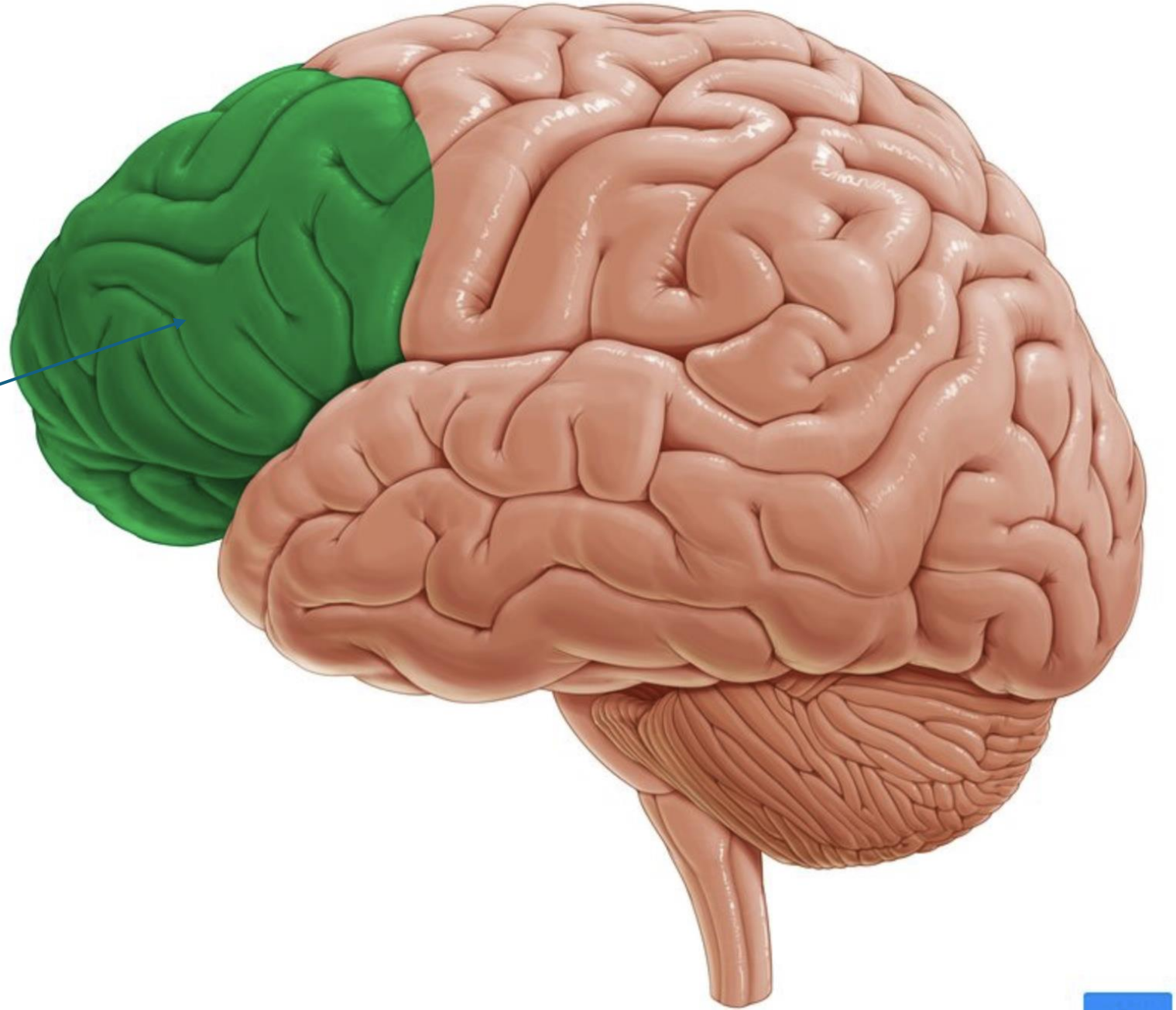


Sexual attraction is a complex process that involves various parts of the brain.

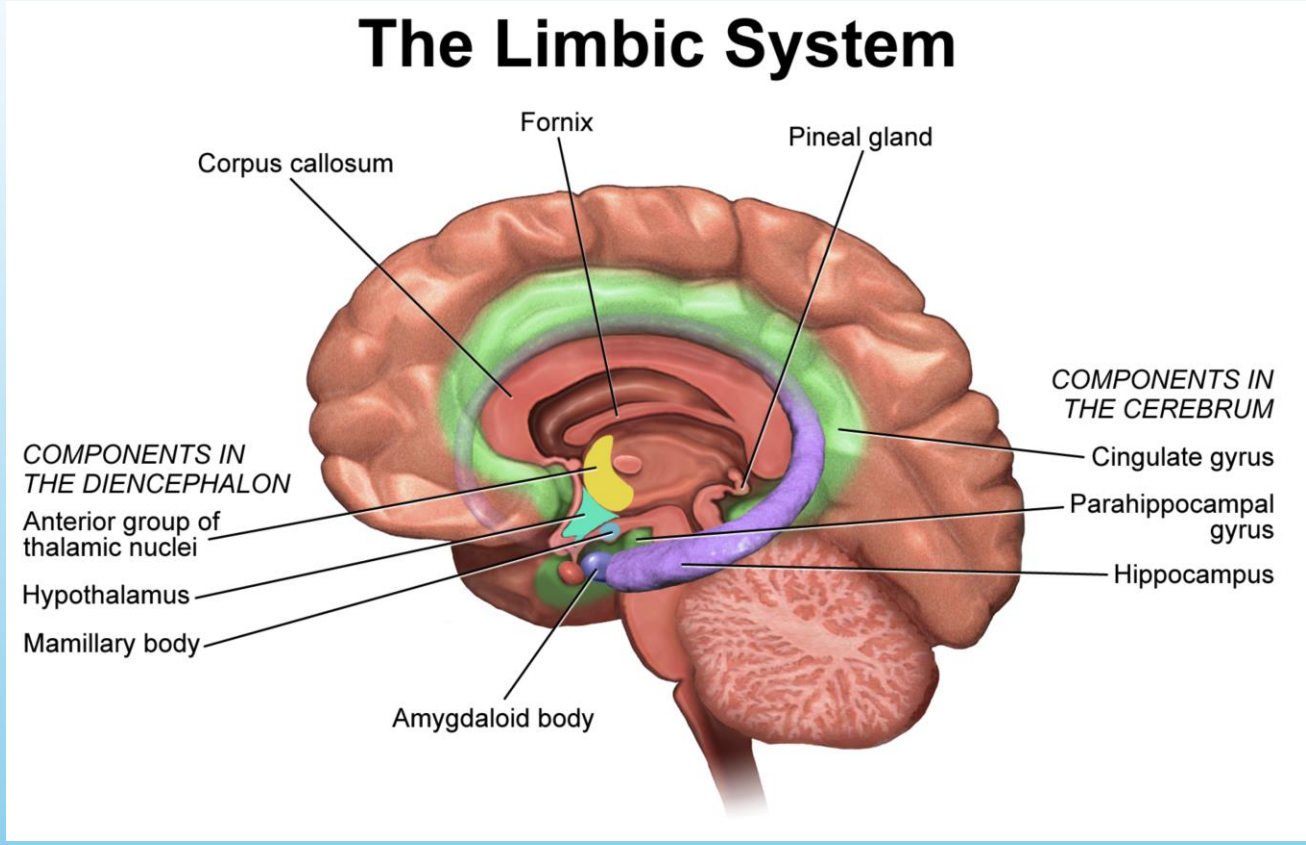
While there isn't one specific "attraction center," several key areas play crucial roles:



Medial Prefrontal Cortex (MPFC): This area is involved in **initial assessments of attractiveness**, essentially making a quick **"yes" or "no"** decision based on visual cues and other factors.

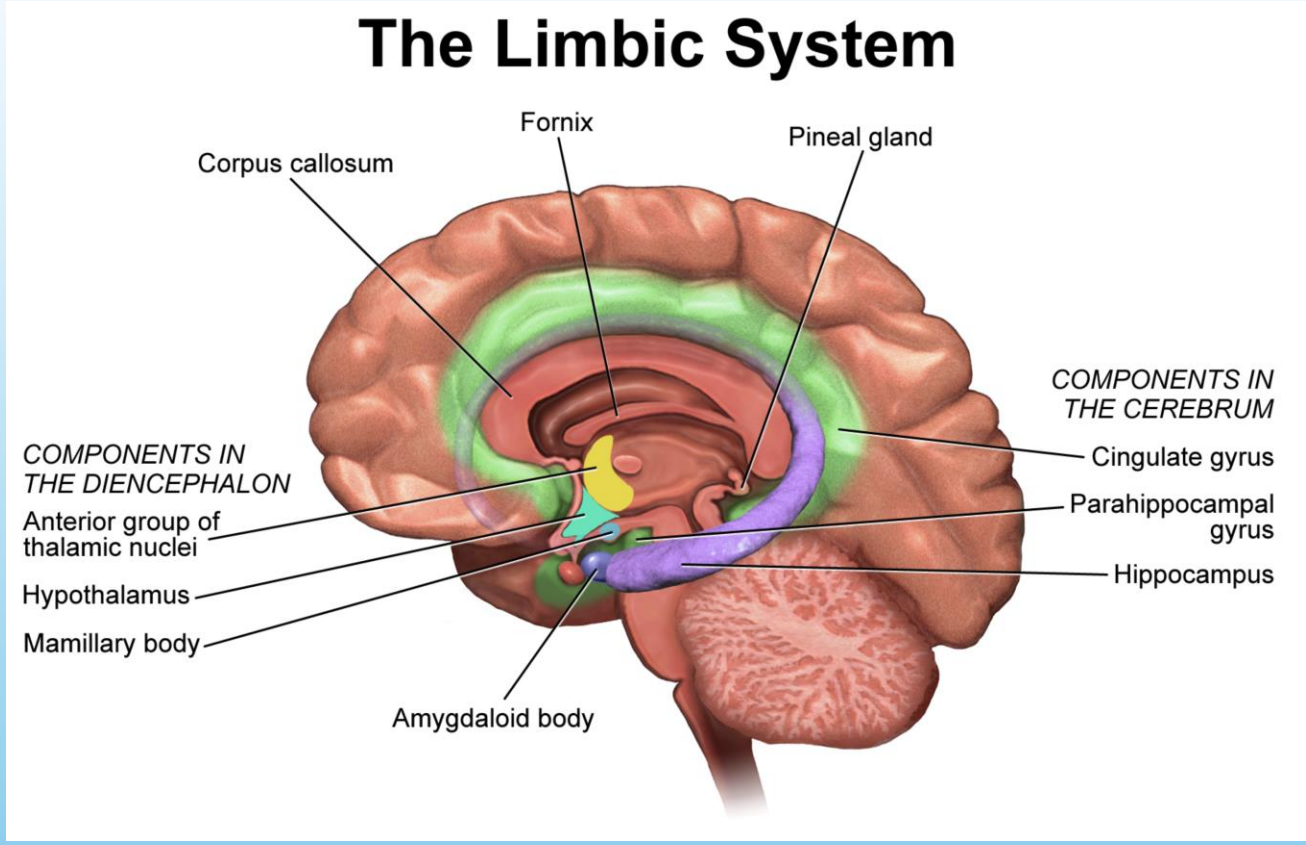


Limbic System: This system is responsible for emotions and primal behaviors.



Limbic System: This system is responsible for emotions and primal behaviors. Within it, the:

- **Hypothalamus:** Regulates basic drives like hunger and thirst, and also plays a role in sexual desire.



Limbic System: This system is responsible for emotions and primal behaviors. Within it, the:

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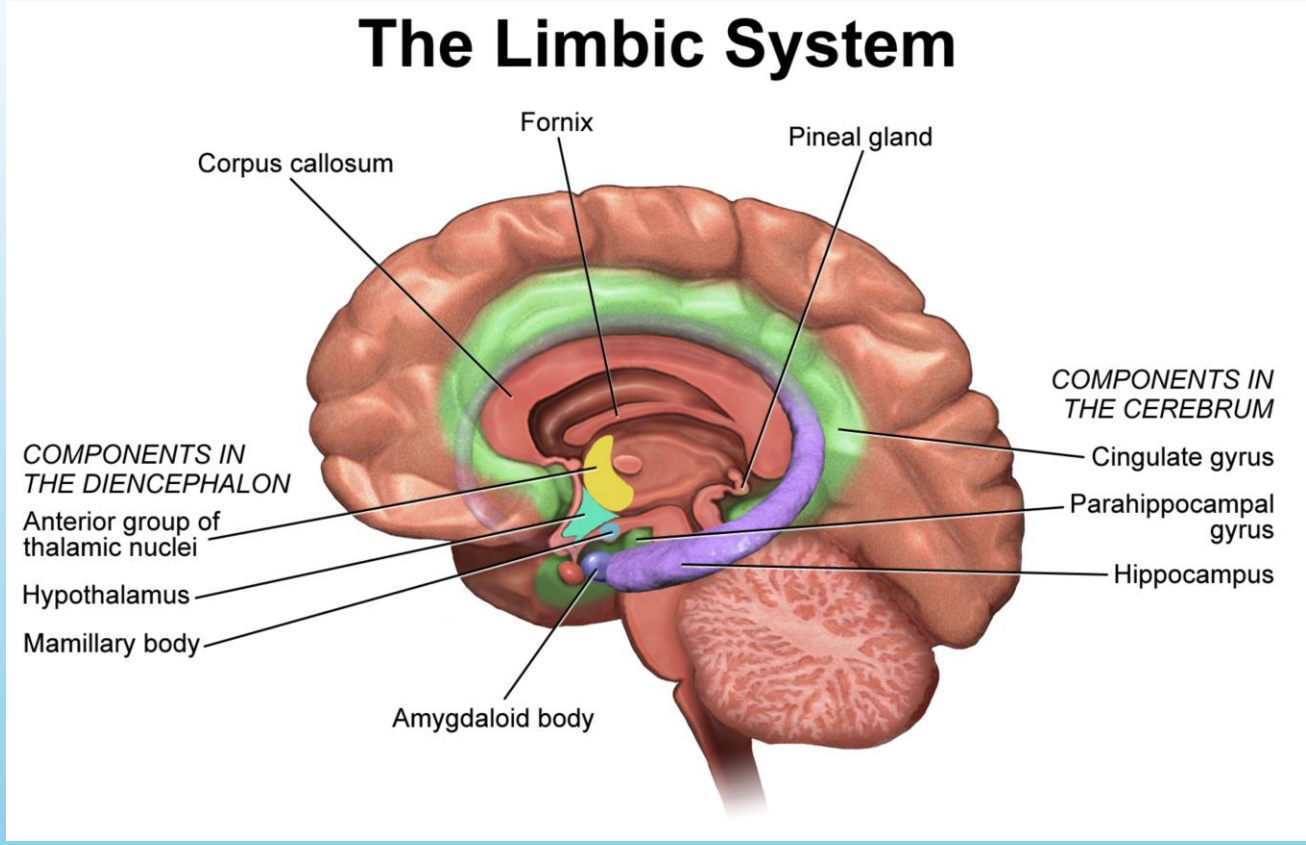
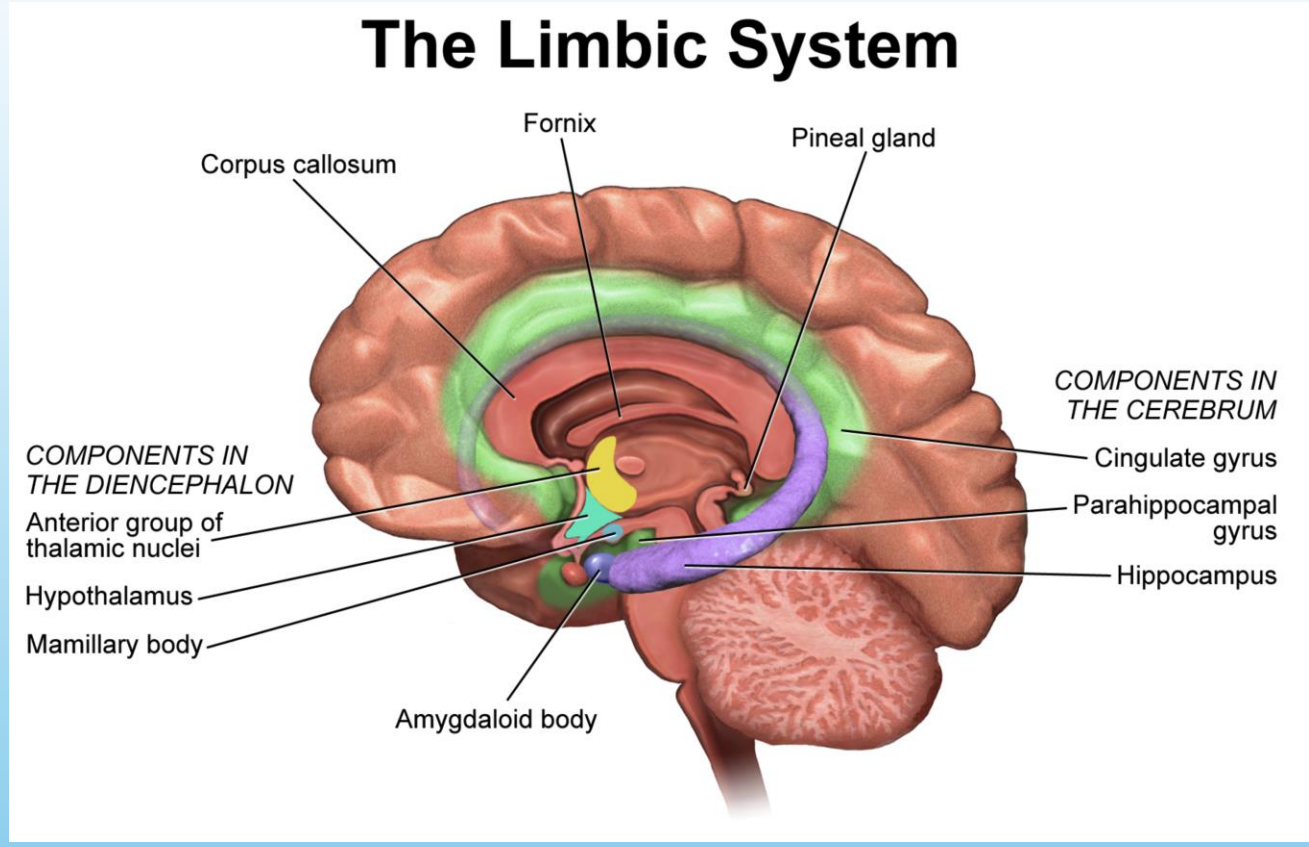
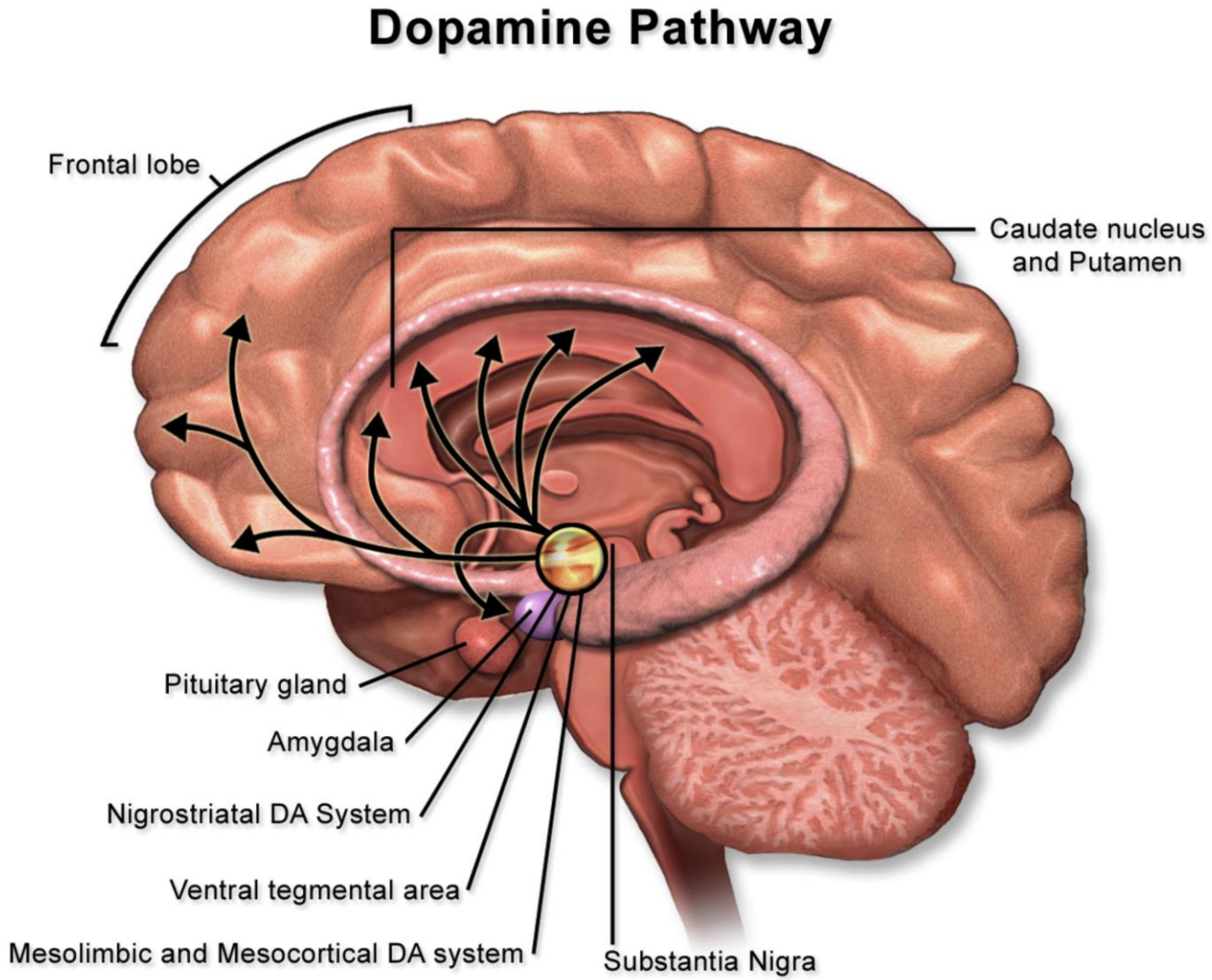
- **Hippocampus:** Involved in memory, which can influence attraction based on past experiences.



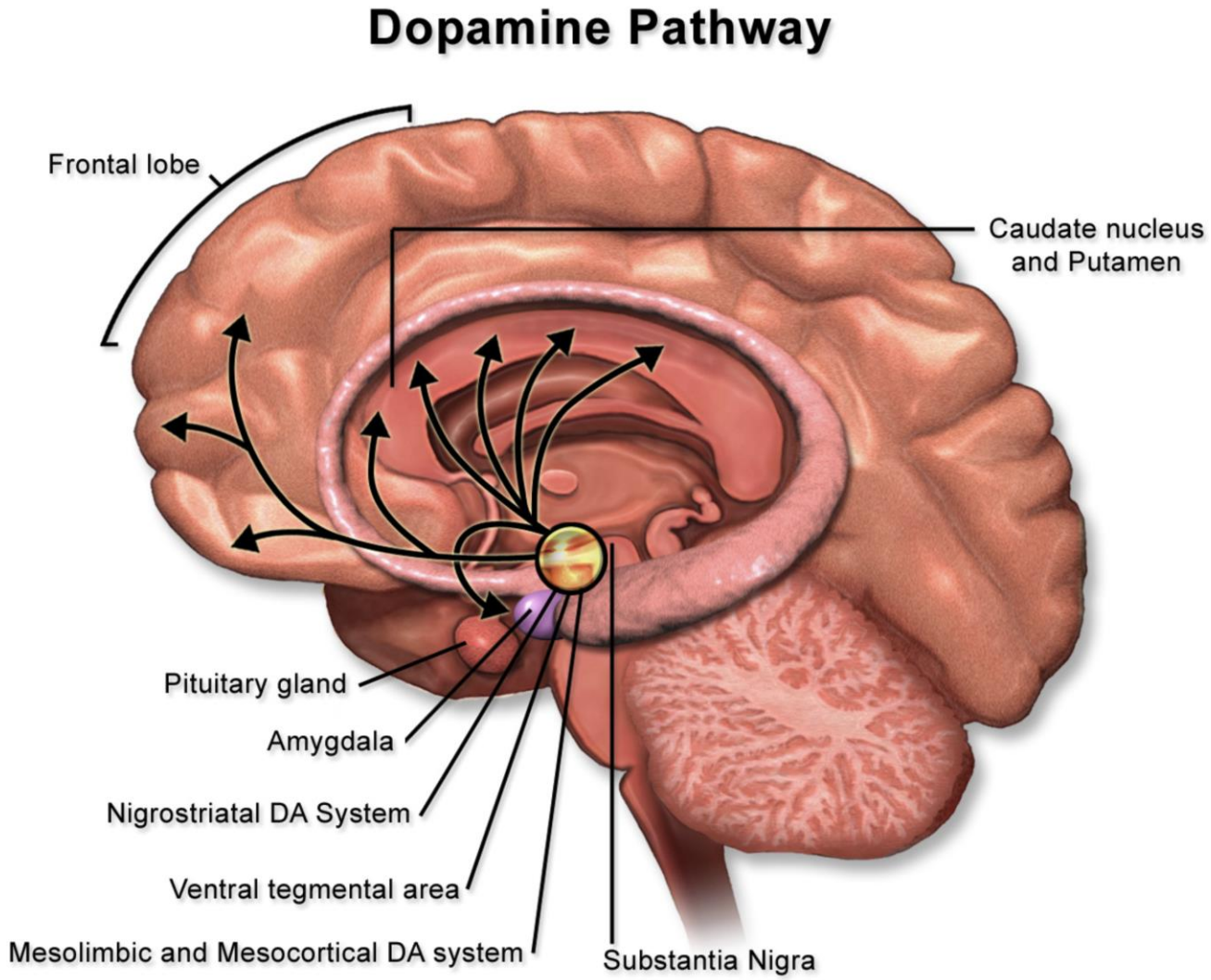
Limbic System: This system is responsible for emotions and primal behaviors. Within it, the:

- **Hypothalamus:** Regulates basic drives like hunger and thirst, and also plays a role in sexual desire.
- **Hippocampus:** Involved in memory, which can influence attraction based on past experiences.
- **Amygdala:** Processes emotions, particularly fear and pleasure, which can be triggered by attraction.





Ventral Tegmental Area (VTA): This area is part of the brain's reward system.



Ventral Tegmental Area (VTA): This area is part of the brain's reward system. When we see someone we find attractive, the VTA releases dopamine, making us feel good and motivating us to seek further interaction.

Neurotransmitters and Hormones:

- **Dopamine:** this neurotransmitter is associated with pleasure and reward, reinforcing feelings of attraction.