Dual Relationships: Don’t Go There!

Sexual Attraction to Clients, Managing your Feelings, & Boundaries
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Unhealthy Boundaries
- Inappropriate touch
- Role confusion/reversal
- Over involvement
- Over identification
- Excessive self-disclosure
- Being manipulated by client’s unreasonable demands
- Responding to ________________________________
- Social Relationships
- Falling in love with a client
- Acting on sexual attractions

Profile of the Problem
- Sex = ________________________________
  - top 2/3 major ethical infractions committed by therapists in all disciplines
  - offenders:
    - usually
    - usually older than victims
    - limited success in being rehabilitated
    - has no defense
  - victims:
    - usually female victims
    - adults & minors
    - only __________ report victimization; most do not report
Come on, are you Serious?

- Sensitive issues shared
- Transference
- Countertransference

Continuum of Sexual Contact

- Psychological abuse
  - Client is put in the position of becoming_____________________

- Covert abuse
  - Counselor intrudes into client’s intimacy boundaries by sexual hugging, professional voyeurism, sexual gazes, overattention to client’s dress and appearance, or seductive behavior

- Overt forms of________________________
  - Counselor initiates or allows sexual remarks, passionate kissing, fondling, sexual intercourse, oral or anal sex, or sexual penetration with objects

Types of Sexual Abuse in Therapy

- Sexual touch as therapy
  - “________________________” as therapy
- Exploring sexual identity
- Becoming romantically involved
- “Bonding” and other types of closeness
Why are they Banned?

- Banned due to:
  - possibility for ________________________________
  - client vulnerability due to:
    - trauma
    - emotional distress
    - compromised self-esteem
    - risky interpersonal relationships
    - history of emotional &/or sexual abuse
    - loss of control
    - embarrassment
    - confusion over relationship/CX attentiveness
    - admiration of perceived “status”
    - transference
  - danger to therapeutic relationship
    - power differential
    - introduction of bias/nonobjectivity
    - CL autonomy, beneficence, nonmaleficence
    - psychological damage to CL

Effects upon Clients

- suicidality
- psychiatric hospitalization
  - ________________________________
  - rage
  - emotional lability
  - identity, boundary & role confusion
  - sexual confusion
  - mistrust of others
  - ________________________________
  - guilt
  - reluctance to reenter therapy
  - depression
  - secondary victims

Effects upon Counselors

- propensity for other ethical violations
  - ________________________________
  - increase in malpractice premiums
    - guilt
    - loss of self-esteem
    - disruption in personal relationships
    - job loss
    - revocation/suspension of license to practice
    - personally responsible for damages
      - most malpractice does not cover damages beyond deductible
    - criminal, civil & professional penalties
  - ________________________________
Effects upon the Profession

- damaged reputation/credibility
- ______________________________
- negative publicity
- obstacles to:
  - lobbying for parity
  - achieving inclusive legislation
  - panel admittance

Relationships with Former Clients

- controversial
- trouble with defining “________________________”
  - Was relationship ended to have a relationship?
  - How much time must pass?
  - confidentiality applies forever
  - records must be kept for 2/7 years
- sexual desires ______________ have started during therapy
  - transference present?
  - any future relationship must be “accidental”
- ACA Code of Ethics - 2 years (old) — ________________
  - requires examination & documentation
- nature of counseling relationship
- impact upon current therapy knowing that a future romantic relationship may develop?

Sexual Dual Relationships

- Checklist for monitoring risk of client exploitation
  (Epstein & Simon, 1990)
  - Do you compare gratifying qualities you observe in a client with less gratifying qualities in your spouse/significant other?
  - Do you feel your client’s problem would be immeasurably helped if only she had a positive romantic relationship with you?
  - Do you feel excited or longing when you think of a client or anticipate her/his visit?
  - Do you take pleasure in romantic daydreams about a client?
  - When a client has behaved seductively with you, do you experience this as a gratifying sign of your own sex appeal?
  - Do you touch your clients? (excluding handshakes)
  - Have you engaged in a personal relationship with a client after treatment?
Dealing with Sexual Attraction
• Acknowledge the feelings
• Explore the reasons for attraction
• ______________________________
• Consult with experienced colleague/supervisor
• Seek personal counseling if necessary
• Monitor boundaries by setting clear limits
• If unable to resolve feelings, terminate the relationship and refer
• ______________________________

Non-erotic Touch
• To touch or not to touch…
  – to touch
  • essential to human functioning
  • nonverbal communication
  • countertransference happening?
  • meeting personal needs?
  • ______________________________
  • gender differences?
  • therapeutically needed?
  • power differential?
  – not to touch
  • maintains clear boundaries - touch blurs boundaries
  • cultural variations of touch
  • ______________________________

Nonsexual Dual Relationships
• Descriptive terms:
  – multiple relationship - psychology
  – circumstantial multiple relationships - living in a small community presents inevitable dual relationships
  – boundary crossing/extension - departure from common practice with intent to benefit client, with credible evidence that benefits are likely to result
  – ______________________________
  • departure from common practice that causes harm, or is likely to cause harm
Nonsexual Dual Relationships

- Considerations
  - the CX has a fiduciary relationship to honor promises made to CL
    • to act in good faith & loyalty toward a CL (McInerney v. MacDonald, 1992)
    • to not abuse power imbalance by exploiting the CL (Hartley v. Wyne, 1992)
  - competing interests (self-interests) likely to arise
    • act in the best interest of CL (Hodgkinson v. Simms, 1994; McInerney v. MacDonald, 1992)
    • promote the CL's well-being
  - the CX is
    • known in other dimensions
    • compromised CL disclosure
    • confusing boundaries
    • obstacles in working through transference
  - the CX has more power than the CL
    • CL's autonomy is compromised
    • CX less “professional”

(____) Accepting Gifts from Clients

- Questions to consider
  - What is the __________ of the gift?
  - What are the clinical implications of accepting or rejecting?
  - Is this a display of power/influence/dysfunction/manipulation?
  - Where are you in the __________?
  - What are the therapist's motivations for accepting/rejecting a client's gift?
  - What are the __________ of offering a gift?
  - Possible acceptance if the gift:
    • promotes the client’s welfare
    • does not compromise CX's objectivity or competence
    • is consistent with CL's cultural norms
    • is of small monetary value
    • is a rare event, not a recurrent practice

Bartering

- Advantages of bartering
  - cultural/community norms
- Problems with bartering
  - therapist has the burden of proving it is ethical!
  - client dissatisfaction
    • limited recourse for complaint
    • employee of the counselor
  - counselor dissatisfaction
    • limited recourse for complaint
    • self-interest
    • emotional connectedness
Prior to the Barter…

- Evaluate whether it puts you at risk of impaired professional judgment
- Determine the value of goods or services in a collaborative fashion
- Determine the appropriate length of time for arrangement
- Document the arrangement
- Consult with experienced colleagues or supervisors
- Minimize unique financial arrangements
- If bartering is used, it is better to exchange goods rather than services
- Both therapist and client should have a written agreement for the compensation by bartering

Potential Benefits

- Let’s go to the Code (A.5.d)
- Examples
  - Formal ceremonies (e.g., weddings, graduation, funeral)
  - Purchasing a service or product (except unrestricted bartering)
  - Hospital visits to an ill family member
  - Mutual membership in a professional association, organization, or community group

Overall: Minimizing the Risk

- _____________________________ from the outset
- secure informed consent of clients
- discuss both potential risks and benefits
- ____________ with other professionals to resolve any dilemmas
- seek ______________ when needed
- document in clinical case notes
- examine your own motivations
- refer when necessary