



LAW & ETHICS: Dual Relationships in Clinical Practice

Guidelines for California Social Workers
and Marriage & Family Therapists

3 CEUs

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PCE #3226

“What we become depends on what we read after all of the professors
have finished with us.”

—Thomas Carlyle

Course Objectives

After completing this course, the student will:

1. Become familiar with how the BBS defines dual relationships, and recognize the harm that dual relationships can cause within the practice of Marriage & Family Therapy and Licensed Clinical Social Work.
2. Become familiar with ethical standards regarding dual relationships, using the codes of ethics from the American Association for Marriage and Family Therapy (AAMFT), and the National Association of Social Workers (NASW).
3. Become familiar with the California legal statutes that relate to Marriage & Family Therapists (MFTs) and Licensed Clinical Social Workers (LCSWs) in regards to dual relationships with clients.
4. Understand various forms that dual relationships might take in the practice of Marriage & Family Therapy and Licensed Clinical Social Work.
5. Utilize case studies to understand improper dual relationships in clinical practice.
6. Identify sound legal and ethical practices in regards to dual relationships.

IMPORTANT DISCLAIMER: The information in this course is meant to give the professional an overview of the subject of dual relationships, and the legal and ethical statutes that might be relevant in professional practice. This information is NOT meant to be an exhaustive examination of the subject, nor is it meant to take the place of professional legal counsel. The reader is advised to seek appropriate legal or professional consultation when necessary, and to verify all information based on their professional circumstances.

Understanding Dual Relationships

What is a dual relationship? According to the California Board of Behavioral Sciences (BBS), it is a relationship that occurs “when a therapist allows a separate connection to develop with a client outside the boundaries of therapy.”ⁱ If a dual relationship exists between a client and therapist which causes harm to the client—either by exploiting the client or impairing the clinical judgment of the therapist—this constitutes grounds for disciplinary action against the therapist.

Harmful dual relationships develop when the therapist or social worker lacks clear, professional boundaries. This lack of boundaries can result in actions that ultimately harm the client by damaging the integrity of the therapeutic relationship.

These harmful dual relationships can fall into such categories as:

1. Social or personal
2. Sexual or improper physical contact
3. Business or financial
4. Caretaking
5. Improper gift giving or receiving
6. Interference with personal autonomy or undue influence
7. Self-disclosure
8. Advocacy or enmeshment
9. Employment of patients or interns, whether monetarily or otherwiseⁱⁱ



Of course, not all dual relationships cause harm to the client. And in many small communities, they are impossible to avoid. A therapist and client might attend the same church, shop at the same store, or both participate in the local PTA. In these examples, the burden rests on the therapist to maintain strong professional boundaries, receive appropriate clinical consultation when concerns arise, keep detailed records that demonstrate understanding of boundary issues and their management, and know when to refer a client to another therapist in the event that it becomes necessary.

Ethical Standards

Professional organizations develop ethical standards in order to define professional standards and values, and to honor the public trust. For MFTs, the ethical guidelines used in this course are taken from the American Association for Marriage & Family Therapy (AAMFT). For LCSWs, the ethical guidelines are taken from the National Association of Social Work (NASW). Other professional organizations, such as the California Association of Marriage & Family Therapists (CAMFT) and other state and regional organizations develop ethical standards for their members. It is a wise professional choice

for therapists and social workers to join a professional organization and become familiar with the ethical standards of their chosen organization. Professional organizations usually provide free consultation on legal and ethical issues to their members, which can avert problems before they arise.

AAMFT Ethical Standards:

AAMFT is a national organization focused on the profession of Marriage & Family Therapy. It represents MFTs in the United States, Canada, and around the world. The following ethical standards have relevance to the subject of dual relationships. They are listed under the specific category headings to which they pertain.

Responsibility to Clients

1.3 Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions. ⁱⁱⁱ

1.4 Sexual intimacy with clients is prohibited. ^{iv}

1.5 Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. In an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family. ^v

1.7 Marriage and family therapists do not use their professional relationships with clients to further their own interests. ^{vi}

Professional Competence and Integrity

3.3 Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment. ^{vii}

3.4 Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment. ^{viii}



3.9 Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects. ^{ix}

3.10 Marriage and family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship. ^x

3.14 To avoid a conflict of interests, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality. ^{xi}



Responsibility to Students and Supervisees

4.1 Marriage and family therapists are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions. ^{xii}

Marriage and family therapists do not provide therapy to current students or supervisees.

4.2 Marriage and family therapists do not provide therapy to current students or supervisees. ^{xiii}

4.3 Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee. ^{xiv}

4.6 Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist's objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship. ^{xv}

Financial Arrangements

7.5 Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the super-

viser or client requests it, (b) the relationship is not exploitative, (c) the professional relationship is not distorted, and (d) a clear written contract is established. ^{Xvi}

NASW Ethical Standards:

NASW is a national organization that represents professional social workers throughout the world. The following ethical standards have relevance to the subject of dual relationships. They are listed under the specific category headings to which they pertain.

Social Workers' Ethical Responsibilities to Clients

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible.

In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

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(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)



(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings

involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest. ^{xvii}

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client.

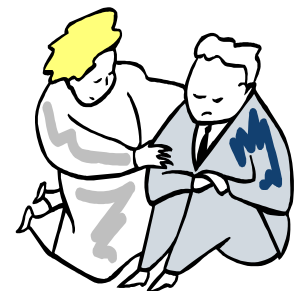
(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers--not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship--assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers--not their clients--who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries. ^{xviii}

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact. ^{xix}



1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature. ^{xx}

1.13 Payment for Services

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship. ^{xxi}

AAMFT and NASW are concerned with professional conduct between colleagues, students, and supervisees, as well as clients.

1.16 Termination of Services

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client. ^{xxii}

Social Workers' Ethical Responsibilities to Colleagues

2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.



(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest. ^{xxiii}

2.08 Sexual Harassment

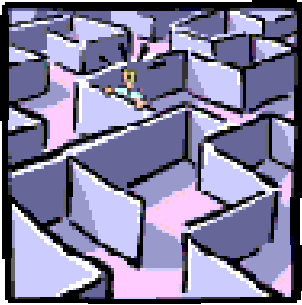
Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature. ^{xxiv}

Social Workers' Ethical Responsibilities in Practice Settings

3.01 Supervision and Consultation

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries. ^{xxv}

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee. ^{xxvi}



3.02 Education and Training

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries. ^{xxvii}

Many of the ethical standards for MFTs and LCSWs are the same or similar, though at times with different emphasis based on the uniqueness of each profession. Additionally, note that the ethical stan-

Dual Relationships and California Law

California law does not specifically address the subject of dual relationships with clients. (The exception is sexual interaction between a therapist and client.) If a therapist were involved in an exploitative dual relationship with a client, it would be considered unprofessional conduct.

Section 4982 of the California Business and Professional Code states that “[t]he board may refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant, licensee, or registrant has been guilty of unprofessional conduct.” ^{xxviii} The Code continues to enumerate more specific examples of unprofessional conduct, including the following:

- (d) Gross negligence or incompetence in the performance of marriage and family therapy. ^{xxix}
- (i) Intentionally or recklessly causing physical or emotional harm to any client. ^{xxx}
- (r) Any conduct in the supervision of any registered intern or trainee by any licensee that violates this chapter or any rules or regulations adopted by the board. ^{xxxi}

If a therapist were involved in an exploitative dual relationship with a client, it would be considered unprofessional conduct.

The law provides latitude for addressing individual complaints under these statutes. This allows the BBS to bring disciplinary action against clinicians based on the specific nature of the offense.

Sexual interaction with a client is the only type of dual relationship that is specifically addressed by California law. Sexual interaction is also considered to be unprofessional conduct under the law, but the law makes specific note of it. The following Business & Professional Codes deal with sexual relations between a therapist and client:

726. The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division, under any initiative act referred to in this division and under Chapter 17 (commencing with Section 9000) of Division 3.^{xxxii}

728. (a) Any psychotherapist or employer of a psychotherapist who becomes aware through a patient that the patient had alleged sexual intercourse or alleged sexual contact with a previous psychotherapist during the course of a prior treatment, shall provide to the patient a brochure promulgated by the department that delineates the rights of, and remedies for, patients who have been involved sexually with their psychotherapist. Further, the psychotherapist or employer shall discuss with the patient the brochure prepared by the department.

(b) Failure to comply with this section constitutes unprofessional conduct.^{xxxiii}

729.(a) Any physician and surgeon, psychotherapist, alcohol and drug abuse counselor or any person holding himself or herself out to be a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has referred the patient or client to an independent and objective physician and surgeon, psychotherapist, or alcohol and drug abuse counselor recommended by a third-party physician and surgeon, psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.^{xxxiv}



Additional Information:

The California Board of Behavioral Sciences (BBS) publishes a helpful guide to the laws pertaining to California licensed MFT's and LCSW's.

LAWS AND REGULATIONS RELATING TO THE PRACTICE OF MARRIAGE AND FAMILY THERAPY, LICENSED CLINICAL SOCIAL WORK, AND LICENSED EDUCATIONAL PSYCHOLOGY is available by contacting the BBS at 1625 North Market Blvd., Suite S-200, Sacramento, CA 95834 Phone: (916) 574-7830 Fax: (916) 574-8625 WEBSITE ADDRESS: <http://www.bbs.ca.gov>.

California civil code also addresses sex between a therapist and client. Section 49.93(b) states:

(b) A cause of action against a psychotherapist for sexual contact exists for a patient or former patient for injury caused by sexual contact with the psychotherapist, if the sexual contact occurred under any of the following conditions:

- (1) During the period the patient was receiving psychotherapy from the psychotherapist.
- (2) Within two years following termination of therapy.
- (3) By means of therapeutic deception.^{xxxv}

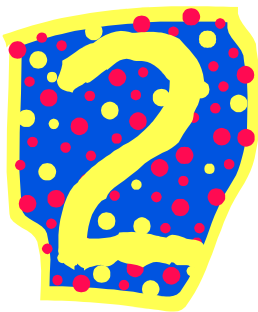
(Therapeutic deception is when a therapist tells a client that sexual contact is a part of treatment.)^{xxxvi}

Common Dual Relationship Traps

Sexual Relationships with Clients:

Dual relationships cross into dangerous territory when they become exploitative of the client, or they impair the clinical judgment of the therapist. Perhaps the most well known example of a harmful dual relationship is when a therapist allows a sexual relationship to develop with a client. When this happens, the client is exploited for the needs of the therapist, and the therapist's clinical judgment is obviously impaired. Sexual relationships with clients are especially damaging because of the intimacy and physical and emotional vulnerability inherent in sexual relationships. As such, legal and ethical codes specifically address therapist/client sexual relationships.

The ethical standards for both AAMFT and NASW are clear that sexual relationships with former clients should not take place due to the risk of harm to the client. However, both also make clear that if a sexual relationship does take place with a former client, it is up to the therapist to be able to demonstrate that no harm came to the former client out of the sexual relationship.



AAMFT designates a two-year minimum after the end of therapy before a therapist can even consider a sexual relationship with a former client. NASW does not specify a minimum number of years prior to beginning a sexual relationship with a former client, but is nevertheless clear that the social worker bears the burden of proof that the relationship is not harmful to the client. Additionally, California civil code states that sex between a psychotherapist and client within two years of terminating therapy is grounds for action against the therapist.

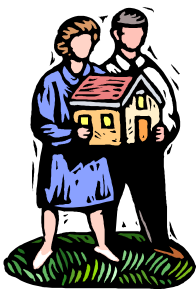
In any case, avoiding sexual relationships with former clients is always the safest policy. If a therapist chooses to pursue a sexual relationship with a former client, the therapist should carefully consider the many issues involved. These issues include—but are not limited to—the nature of the therapeutic relationship with the former client, the length of therapy, the level of transference that developed in the therapeutic relationship, the former client's current level of functioning, and any future ramifications to the former client if the sexual relationship ends.

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Unfortunately, sexual relationships with clients happen all too often, and cause harm to clients, their families, and to the professions involved. If a client discloses to a therapist any type of sexual involvement with another therapist, the therapist receiving this disclosure is required by law to give that client the brochure Professional Therapy Never Includes Sex. The brochure is available on the BBS website, and can be printed and photocopied, or ordered from the BBS. The therapist must also remember that personally reporting this information without written authorization from the client is a breach of confidentiality. Instead, the therapist who receives this disclosure should support and encourage the client in making the complaint.

Dual Forensic Roles With Clients:

Another type of dual relationship to be aware of and avoid, is the dual forensic role. This happens when a therapist is treating a client in a therapeutic role, but then is asked to play a role as the client's advocate in a legal proceeding. A typical scenario is one in which a therapist is asked by a client to write a letter or report to the court on behalf of the client, or to testify in court on behalf of the client in a way that advances the client's interest in a legal matter. Therapists are often confused because they believe that they have an ethical duty to advocate for their client. Therapists should be aware that their advocacy should be limited to the therapeutic treatment the client receives. The client's attorney is the proper legal advocate for the client, not the therapist.



A treating therapist may also be asked to provide a custody evaluation in a child custody dispute. AAMFT ethical guidelines clearly state that a therapist cannot serve as both the treating therapist and forensic evaluator for custody, residence or visitation to clients involved in these types of actions. NASW ethical guidelines require that social workers clarify their roles to clients when they are in a position of performing in “potentially conflicting roles”^{xxxvii} such as custody, residence, or visitation disputes involving clients.

Dual Relationships and Clinical Supervision:

Relationships between supervisors and supervisees are similar in dynamics to therapist/client relationships. Because the supervisor is in a position of authority over the supervisee, and because transference and counter-transference exists within this relationship, the supervisee is vulnerable to exploitation and harm when a supervisor does not maintain professional boundaries.



Both AAMFT and NASW codes of ethics are very clear that dual relationships within the supervisor/supervisee relationship are to be avoided. Supervisors should not provide therapy to supervisees, nor should they engage in any type of sexual behavior with supervisees. It is the supervisor's duty—not the supervisee's—to establish clear, professional boundaries, and to bear the burden

of proof that any dual relationship entered into with a supervisee does not exploit the supervisee's dependency or trust, or cause harm in any way. Supervisors should also avoid entering into a supervisory relationship with someone with whom they have a personal friendship, as this can jeopardize the supervisor's objectivity.

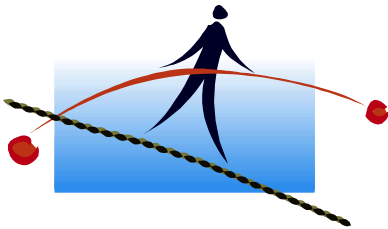
Case Studies

One of the best ways to understand what constitutes unethical and illegal behavior in regards to dual relationships is to examine case examples. The following examples are created for educational purposes. General information has been taken from an extensive review of disciplinary actions by the BBS, but this information has been organized into composite cases. Any resemblance of the facts of these case studies to actual persons or events is unintentional.

Case Study #1: Sexual Attraction

Summary:

Paul is an MFT in private practice. He begins a therapeutic relationship with a female client, Sally, for treatment of an Adjustment Disorder With Anxious Mood, following her recent divorce. Around the 3rd or 4th session, the client tells the therapist that she is attracted to him. The therapist admits that he is also attracted to her, but tells her that it would be unethical for them to pursue a relationship. Around the 6th session, the client again brings up her attraction to the therapist. The therapist tells Sally that the only way for them to pursue a relationship would be if they were to terminate therapy. Paul rationalizes that the therapeutic relationship has been short-lived enough that no harm will come from termination and pursuit of an intimate relationship. Therapy is terminated at this point, and a sexual relationship ensues. Six months later, Sally is feeling an increase in her anxiety, and is now having difficulty sleeping, which begins to impair her work performance. Furthermore, she is beginning to have doubts about her relationship with Paul. Sally feels like Paul wants the relationship to move along faster than she wants. She decides to find another therapist, and with the new therapist's encouragement Sally ends the relationship with Paul and files a complaint with the BBS.



Discussion:

In this case, the treating therapist violated the ethical standard that recommends no sexual relationships with former clients. He further violates the ethical standard that would have required him to wait two years prior to entering a sexual relationship with a former client. The result was actions that opened him up to charges of unprofessional conduct, stemming from emotional harm to the client, and loss of

objectivity of the therapist. The therapist could have avoided an unethical dual relationship by addressing the client's attraction within the therapeutic setting, normalizing the attraction, and perhaps exploring it in the context of the recent divorce, while also setting strong professional boundaries. The therapist should have also sought professional consultation for the attraction that he felt for the client, and if this counter-transference could not have been managed professionally, he could have referred the client to another treating therapist.

Case Study #2: Making Friends

Summary:

Hillary is an LCSW in private practice. She runs a personal growth group for women. In the course of one of her groups, she begins a friendship with Lisa, one of her clients. They begin talking at the end of each group, and have many similar interests. Hillary also begins to make more personal disclosures within the group, acting almost like a group member. At the end of the therapy group, Hillary offers Lisa a job as a live-in babysitter for her 2-year-old daughter, which Lisa accepts. Hillary continues to provide individual therapy to Lisa at home. Approximately 4 months after moving in with Hillary, Lisa begins a relationship with a man, Ryan. Hillary becomes controlling and patronizing about Lisa's new relationship. Lisa is angry that Hillary won't allow her to see Ryan in the home she shares with Hillary. The conflict continues for another month until Hillary asks Lisa to move out. Lisa files a complaint with the BBS against Hillary.

Discussion:

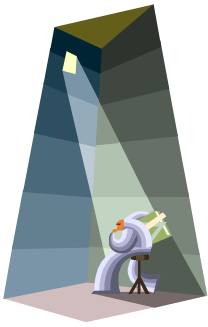
In this case, the treating therapist lost objectivity when she pursued a friendship with a client, which put the client at risk of emotional harm. Hillary further violated professional boundaries by making undue personal disclosures in the group she facilitated, thus jeopardizing the emotional safety of the clients in the group. Hillary's actions of hiring Lisa as a live-in babysitter, then acting in a controlling and patronizing way about Lisa's new relationship was exploitative of the control she had over Lisa as a therapist, and an example of gross negligence and recklessly or intentionally causing harm to a client. Hillary's actions show a lack of professional boundaries on many levels, and an inability to effectively manage counter-transference. Hillary could have avoided harmful dual relationships with a client by setting strong professional boundaries, keeping abreast of ethical standards, and seeking ongoing professional consultation.



Case Study #3: Supervision Never Includes Therapy

Summary:

Ben is an MFT supervisor in a community mental health clinic. He is supervising Nancy, an MFT trainee. During the course of supervision, Ben ascertains from case discussion that Nancy feels discomfort in handling sexual issues that have arisen in sessions with a client. Ben points out this discomfort to Nancy and suggests that he can help her overcome her discomfort by providing her with a few therapy sessions to address the issue. Nancy goes along with her supervisor's suggestion, though she feels uncomfortable with it. During the course of the therapy sessions, Ben shares details of his own sex life, and asks Nancy to share details of her sexual experiences. He makes a number of sexual comments that do not have a therapeutic rationale. When Nancy resists sharing personal details about her sex life, Ben makes demeaning comments of a sexual nature. Nancy feels increasingly uncomfortable with the supervision process. She reports the situation to one of her professors who facilitates the termination of this supervisory relationship, and encourages Nancy to make a formal complaint.



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Discussion:

In this case, the supervisor entered into an unethical dual relationship with a supervisee. Ben exploited the power of his position with Nancy by conducting therapy sessions with a supervisee, in violation of ethical standards. Ben further exploited the trust and dependency of Nancy for his own purposes by inappropriately sexualizing the interactions in a way that caused emotional harm to Nancy. Further, Ben's inappropriate sexualizing of the supervisor/supervisee relationship constituted sexual harassment. Ben could have avoided a harmful dual relationship by referring Nancy to a therapist instead of providing therapy himself. He should have also kept abreast of ethical standards in regards to supervisor/supervisee relationships, and pursued professional consultation to manage his counter-transference, and individual therapy to address his own issue of sexualizing relationships in which he held a position of power over another.

Case Study #4: Countertransference

Summary:

Haley is an MFT in private practice. She begins treating Carol for depression and anxiety. During the course of treatment, Haley begins to suspect that Carol was sexually molested by her father as a child. Haley suggests this idea to Carol and also discloses her own sexual abuse as a child. Treatment continues for 5 years, during which Carol's symptoms marginally improve, but continue to impair her functioning. Carol's possible childhood sexual abuse is a continuing theme. Carol does not have any clear

memories of molestation, but she begins to have dreams of being molested by a shadowy figure, and begins to feel a great deal of anxiety around her father, which seems to be exacerbated by therapy. Haley reinforces the idea that Carol was molested, and frequently shares details of her own childhood abuse. Eventually, Carol becomes frustrated with the lack of progress in therapy with Haley and initiates termination. Haley cancels two termination sessions in successive weeks, without rescheduling. Carol begins therapy with another therapist, and finds that her symptoms improve. She begins to doubt that she was molested by her father.

Discussion:

In this case, the therapist lost professional objectivity and failed to manage her counter-transference with Carol, projecting her own abuse history onto her client. Whether or not Carol was molested by her father became extremely difficult to sort out due to Haley's mismanagement of countertransference. Haley's actions put her at risk for charges of unprofessional conduct, negligence, and causing harm to a client. Haley could have avoided this risk by setting clear, professional boundaries at the start of therapy, addressing counter-transference issues in professional consultation and personal therapy, updating treatment goals throughout the course of therapy, and addressing the lack of improvement in Carol's symptoms by revising the treatment plan or considering referral to another therapist. Haley should have also provided an appropriate termination process.

Case Study #5: Business and Therapy Don't Mix

Summary:

Chris, an LCSW in private practice enters a therapeutic relationship with Michael, a Social Work graduate student. Chris sees Michael in weekly therapy sessions for three years to work through family of origin issues. Over the course of treatment, Michael graduates from his degree program, and Chris also provides coaching to Michael for the BBS licensure exam. The relationship begins to feel collegial in addition to the therapist/client dynamic. Michael often uses therapy sessions to discuss cases that he is handling in his new job. Chris offers to rent office space to Michael, and to refer clients to him. Michael begins seeing some clients referred by Chris in the office where he also continues to have sessions with Chris.

Discussion:

In this case, Chris entered a harmful dual relationship with a client by blurring the boundary between client and colleague, and entering into a business relationship with a client. Chris's actions put him at risk for charges of unprofessional conduct. Chris could have avoided this risk by setting clear, professional boundaries at the start of therapy. Chris should not have provided coaching to Michael for the licensure exam, or rented his office to his client. Chris's actions compromised the therapeutic relationship with Michael.

In all of the preceding cases, there is evidence of unprofessional conduct stemming from inappropriate dual relationships. In each case, there is evidence of emotional harm to the client or trainee, and a loss of therapeutic objectivity on the part of the therapist. These are only a few examples of dual relationships that result in harm to clients. The key to avoiding harmful dual relationships is to stay aware of the legal and ethical issues at stake, and to always maintain clear, professional boundaries. Seek regular, qualified case consultation before problems arise.



References

- ⁱ *BBS News*. (2005, Fall). [Electronic Version]. (14), 9.
- ⁱⁱ Jensen, D. (2005, September/October). Unlawful and/or Unethical Dual Relationships: A Word to the Wise. *The Therapist*, 17 (5), 25-29.
- ⁱⁱⁱ AAMFT Ethical Standard 1.3
- ^{iv} AAMFT Ethical Standard 1.4
- ^v AAMFT Ethical Standard 1.5
- ^{vi} AAMFT Ethical Standard 1.7
- ^{vii} AAMFT Ethical Standard 3.3
- ^{viii} AAMFT Ethical Standard 3.4
- ^{ix} AAMFT Ethical Standard 3.9
- ^x AAMFT Ethical Standard 3.10
- ^{xi} AAMFT Ethical Standard 3.14
- ^{xii} AAMFT Ethical Standard 4.1
- ^{xiii} AAMFT Ethical Standard 4.2
- ^{xiv} AAMFT Ethical Standard 4.3
- ^{xv} AAMFT Ethical Standard 4.6
- ^{xvi} AAMFT Ethical Standard 7.5
- ^{xvii} NASW Ethical Standards 1.06
- ^{xviii} NASW Ethical Standards 1.09
- ^{xix} NASW Ethical Standards 1.10
- ^{xx} NASW Ethical Standards 1.11
- ^{xxi} NASW Ethical Standards 1.13(b)
- ^{xxii} NASW Ethical Standards 1.16(d)
- ^{xxiii} NASW Ethical Standards 2.07
- ^{xxiv} NASW Ethical Standards 2.08
- ^{xxv} NASW Ethical Standards 3.01(b)
- ^{xxvi} NASW Ethical Standards 3.01(c)
- ^{xxvii} NASW Ethical Standards 3.02(d)
- ^{xxviii} CA B&P Code Section 4982
- ^{xxix} CA B&P Code Section 4982(d)
- ^{xxx} CA B&P Code Section 4982(i)
- ^{xxxi} CA B&P Code Section 4982(r)
- ^{xxxii} CA B&P Code Section 726
- ^{xxxiii} CA B&P Code Section 728 (a), (b)
- ^{xxxiv} CA B&P Code Section 729(a)
- ^{xxxv} CA Civil Code Section 49.93(b)
- ^{xxxvi} CA Civil Code Section 49.93(a)(5)
- ^{xxxvii} NASW Ethical Standards 1.06(d)

When you have finished reviewing the course material, go back to the CEUCafe website to take the post test and receive your certificate of completion. If you have not logged out, you can click the “Back” button on your web browser, and then click the “Take Test” button. If you have logged out of your account, you need to log in again. Go to the Home Page and click the “Login” button in the upper left corner of the screen. You will then be prompted to enter your username and password. From there, click the “Take Test” button, and you can choose the test that corresponds to your course material. After you pass the test, you will be able to print your certificate immediately.