

Dual relationships and self disclosure essay



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Dual Relationships and Self-Disclosure

Chemical Dependency counselors have quite a few ethical dilemmas to deal with. Therapists that are in recovery may confront some even more complex dilemmas, opposed to those who are not. There is a high percentage of addiction counselors that are in recovery. In fact, 55% of 36, 000 members of the National Association of Alcohol and Drug Addiction Counselors (NAADAC) are recovering alcoholics and 21% are recovering from some other chemical dependency. This brings up two sides to counselors in recovery. “ There is something about the personal experience that assists counselors to being especially attentive to the needs of the recovering client.” On the other hand, counselors bringing personal experience with them are likely to raise personal/professional boundary violations. Two specific dilemmas that recovering counselors may run into are dual relationships and self-disclosure.

Outpatient rehab centers are on the rise because it is what most people with drug and alcohol problems are attending. The one problem with outpatient facilities is that they create the likelihood of dual relationships. A dual relationship is a situation where a counselor (usually in recovery) and client have more than one type of relationship. A good example of this is the counselor - client relationship and the relationship they might possess in A. A. The difficult part for the drug therapist is knowing which hat to wear and when to wear it. It is hard for them to differentiate between their professional self and their self as an A. A. member. It is two completely diverse settings.

Some counselors have no problem going to an A. A. meeting when a client is there and others would feel very uncomfortable in that position and choose

not to go to meetings anymore. Several counselors will notice a client in the rooms (A. A.) and continue to talk and disclose normally. The downside to this is the client may not feel comfortable with the situation. Other counselors' view that in order to keep things ethical, they must make it clear with the client that client treatment is not to continue into meetings. In my eyes, that is an excellent stand to make, but what if the client doesn't respect that boundary? Is it then still ethical? I personally feel one of the best ways to handle it is to do what some counselors said at a NAADAC conference: " I don't avoid talking to former or current clients at meetings, I will, however encourage them to talk to other A. A. members." There is apparently no clear-cut procedure to follow, except that all chemical dependency professionals agreed that counselors should never, under any circumstances, be an A. A. sponsor for a client. It would then be a relationship that could not be separated.

" I try to avoid meetings my current clients attend, since I feel it is a boundary violation for both of us." This statement may be ethical, but it still remains questionable. If someone goes to meetings to stay sober, will they be able to stay sober without going? If the counselor in recovery doesn't go to their meetings, they may be making their recovery very vulnerable.

According to one book, counselors should keep A. A. separate

from professional and personal life. This may be ethical, but is it possible? What is one to do if they live in a small community and don't have another meeting to go to? One

may also look at this statement and say, you can still go to any meeting you want, but you have to keep it separate from everything. That is difficult to follow as alcoholism is a disease that affects every part of our life, and so in dealing with that disease how can you separate different aspects of your life? I would guess that someone in this predicament has to look at what is more important, remaining sober or helping people? Not going to A. A. or not being involved in meetings because a client is there may jeopardize your sobriety, but at the same time, it may help your clients. I don't think that this is solely an ethical dilemma, it may also be a personal dilemma and neither has an answer.

As dual relationships are ethically sensitive, so is self-disclosure. Self-Disclosure refers to a counselor in recovery who tells a client that they too are an alcoholic, along with anything else relating to their personal experience with the disease. In order to remain ethical, the first question you must ask yourself is: Why am I self-disclosing? If it is to serve the needs of the counselor, in any way, or to create an instant client-counselor bond without trying anything else, it is unethical. One of the ethical principals is to do everything for the good of the client, not yourself. If you are disclosing for the good of the client, it then may be ethical, but some questions still remain.

If done correctly, self-disclosure can be very useful and helpful for the client. One possible reason that it isn't always done or done ethically is therapists are not trained in self-disclosure. There are not really any programs that teach counselors how to properly self-disclose, so how are they suppose to know how? If one does choose to

disclose to a client, they must keep in mind that chemical dependency is a life long disease and the client may view you as a risky source of help. If you, as a counselor, are viewed as an unreliable source of help, your treatment won't be very helpful. Another disadvantage to revealing your personal experience is it may cause the client to focus on the therapist's issues and not their own. Having the client become interested in your issues can also lead to dual relationship problems. If the client becomes interested enough, they may begin attending your meetings and begin "stalking". Something very unhealthy for anyone to do, never mind someone in a very vulnerable position (client). One counselor stated that an unethical thing to do is to self-disclose at the initial consultation because it can split up a program staff into those who are in recovery and those who are not.

There is many ethical ways for a counselor to self-disclose. When done appropriately and for the good of the client, self-disclosure can build trust and give helpful information toward recovery. It can be comforting for the client and make their recovery process less stressful. One counselor said an ethical way to self-disclose is not to actually self-disclose. For example, you can say, this is what people share at meetings. You are telling the client what helped you, for the benefit of the client, with out actually saying it was you. If done correctly, this can resolve some problems, but again, we (as counselors) are not properly trained how to do this. A method that another counselor used was to only disclose relating to recovery, not current issues. In doing this, it is harder for the client to become involved in your issues. It would also be a way

to tell only relevant information. Being a counselor in recovery, you are dealing with issues beyond just keeping sober. On the other hand, your client is most likely trying to just keep sober, so why would sharing current issues be for the good of the client? Again, when you self-disclose appropriately and ethically, it can be a model of hope for the client and become extremely useful. The one thing that counselors, across the board, agreed on was that you should without doubt consult with colleagues to get a look at the situation from another view.

The question still remains a question, is it ethical to have a dual relationship or to self-disclose? Yes, both are ethical and at the same time, they may not be. They are both very complicated ethical dilemmas that have many different views and can only be answered when each and every variable is taken into account. It may be easier to justify the question when looking at the definition of dilemma. The word itself denotes a predicament that seemingly defies a satisfactory solution, not just any predicament or problem.

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