

Dual relationships in counseling



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Dual Relationships in Counseling

According to Corey (2009), the issue of dual relationships, involving clients and counselors has been widely addressed by the various professional ethical guidelines. Corey continues to say that except for sexual intimacy with a client, there is not much consensus in the professional world of mental health practitioners regarding the appropriate way to deal with dual or multiple relationships. The 1995 Code of Ethics for the American Counseling Association (ACA) addressed the issue by urging professional counselors to avoid such relationships due to the potential harm to the client and the reputation of the counselor. However, according to Cottone (2009), the ambiguity found in the 1995 ethic code of dual relationships needed to be addressed because the term “ dual relationships” was nondescript and did not give good guidance to the profession or to clients who have an ethical concern or complaint.

Hermann and Robinson-Kurpius (2006) stated that one of the goals in revising the 1995 ACA Code of Ethics was to provide more ethically acceptable and structured guidelines for counselors to consider before entering into dual relationships. Herman and Robinson-Kurpius state that The 2005 ACA Code of Ethics replaces the term “ dual relationship” with “ nonprofessional interactions” and outlines which dual relationships are ethically acceptable and which are strictly prohibited.

Corey (2009) stated that dual relationships, either sexual or nonsexual, occur when professionals assume two (or more) roles simultaneously or sequentially with a person seeking professional counseling. This may mean two professional roles, such as counselor, and teacher, or combining a

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professional and a non-professional role, such as counselor and friend or counselor and lover. Dual relationship issues, both sexual and nonsexual, affect virtually all counselors and human development specialist regardless of their work setting or clientele. Corey continues to state that counseling professionals must learn how to manage multiple roles and responsibilities in an ethical way. This issue becomes learning to deal effectively with the power differential that is inherent counseling relationship (Corey).

Potential Harm

The ACA Code of Ethics (2005) prohibits romantic and sexual interactions between counselor and client. The ACA requires a counselor to wait five years before becoming involved sexually or romantically with former clients. Section A. 5. b states that counselors are prohibited from having sex or romantic relationships with family members of clients for five years as well (ACA, 2005).

The ways in which counselors can misuse their power and influence are varied. Kagle and Giebelhausen (1994) argued that relationships that are not sexual violate professional boundaries when they state, “ The practitioner’s influence and the client’s vulnerability carry over to the second relationship” (p. 215). The viewpoint of Kagle and Giebelhausen is that the practitioner is in a position to exploit the client for his or her own personal gain. Sonne (1994) has argued that the nature of such dual relationships undermines the financial responsibility between the counselor and the client. Because of this second relationship, the counselor is now susceptible to other interests (personal, financial, or social, etc.) that he or she may put before the best interests of the client.

Potential Benefits

According to Corey (2009), the ways in which counselors can misuse their power and influence are varied. In some instances, maintaining such boundaries may in fact place a needless emphasis on the power gap and the hierarchy of the relationship. Strangely, in these situations, the secondary relationship is destructive to the counseling relationship because it was avoided (Corey).

Pope and Keith-Spiegel (2008) argue that nonsexual boundary crossing has the potential of strengthening the therapist-client working relationship by enriching therapy and serving the treatment plan; however, if dual relationships are not approached with a clear decision process the relationship could undermine therapy causing the therapist-patient alliance to be cut off, and “ cause immediate or long-term harm to the client.” Pope and Keith-Spiegel contend that boundary-crossing decisions are made daily by counselors, and these subtle decisions will sometimes affect whether therapy progresses, stalls, or ends.

Pope and Keith-Spiegel (2008) state that counselors make the best decisions when they have an approach to boundary crossing that is based upon sound critical thinking and ethical reasoning. It is important for counselors to stay alert to evolving legislation and case law affecting ethical standards as well as current research.

Ethical Decision Process

Simon and Shuman (2007) state the responsible counselors are in the habit of setting and maintaining appropriate boundaries, even when working with boundary-testing and difficult clients. They also contend that there are no

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perfect therapists thus no perfect therapy. This fact alone should motivate counselors to know their boundaries because doing so will make the difficult task easier.

Boundary violations in therapy are different from boundary crossings, according to Remley and Herlihy (2009). Boundary violations by counselors can be and are for the most part harmful to their patients, however, most boundary crossings are not and can prove to be beneficial. According to Knapp and Slattery (2004), it helps to distinguish between behaviors that are boundary cross and behavior that are boundary violations. (Taken from Pope, Kenneth S.; Keith-Spiegel, Patricia. *Journal of Clinical Psychology*, May 2008, Vol. 64 Issue 5, p638-652, 15p; DOI: 10. 1002/jclp. 20477; (AN 31735122)

In 2004, Knapp and Slattery stated that when a counselor strays from their professional role, a boundary crossing has occurred. The authors continue to explain that boundary crossing are not always harmful, but they can proved to be helpful or at best neutral. Two beneficial boundary-crossing examples were given. The first is where a holiday gift is received from a client and the other is when a counselor self-discloses in order to help the client. In any circumstance when the potential of boundary-crossing exists, “ The counselor’s task is to determine when circumstances justify a boundary crossing... if a boundary crossing appears to be harmful or misunderstood by a client, it is important for the counselor and client to process the event and discuss why it occurred and its relationship to the treatment goals.” (quoted from <http://www.kspope.com/dual/index.php>)

Before the ACA Ethics Code was revised Gottlieb (1994), developed a decision making model to help the practitioner avoid exploitive dual relationships. An extension of Kitchener's 1988 model, " is the model that examines the established relationship along three aspects: power, duration, and termination status. Gottlieb's protocol then makes recommendations based on the circumstances of the current and contemplated relationship. Examination of these three dimensions from the viewpoint of the consumer, not simply the counselor, is emphasized. Barnett (2007) stated,

When considering crossing boundaries with a client, counselors should work to be sure that (a) their intention is motivated by the client's treatment needs and best interests and not by their own needs; (b) the boundary crossing is consistent with the client's treatment plan; (c) the boundary crossing is sensitive to the client's diagnosis, history, culture, and values; (d) the boundary crossing—and the reasoning supporting it—is documented in the client's record; (e) the boundary crossing is discussed, if possible, with the client in advance to ensure his or her comfort with the plan and to prevent misunderstandings; (f) the power differential present is considered, and the client's trust is not exploited; and (g) consultation with a respected colleague is used to guide the psychologist's decision. (p. 403)

General guidelines are found throughout the literature to aid counselors when faced with dual relationships (Corey, 2009). When functioning in more than one role with a client, Corey recommended thinking through potential problems before they manifest and offered the following to guide the process:

(a) Set healthy boundaries from the outset; (b) secure the informed consent of clients and discuss with them both the potential risks and benefits of dual relationships; (c) remain willing to talk with clients about any unforeseen problems and conflicts that may arise; (d) consult with other professionals to resolve any dilemmas; (e) seek supervision when dual relationships become particularly problematic or when the risk for harm is high; (f) document any dual relationship in clinical case notes; (g) examine your own motivations for being involved in dual relationships; (h) when necessary, refer clients to another professional. (p. 50)

Conclusion

To be a professional counselor I must be responsible thus careful to understand the boundaries that can confuse a therapeutic relationship. Boundaries support relationships and give structure within which relationships can grow. They allow us to determine what we are responsible for in a relationship and the appropriate limits of that relationship. Our personal boundaries are often conveyed nonverbally as well as verbally and may be determined by personal worldview, by role, by custom and even by law. They are present in every relationship we have, but differ in intensity and practice according to the nature of the relationship. In most helping relationships, boundaries are maintained primarily for the benefit of the counselee, who is often vulnerable and in need. The challenge that I will face daily is not to decide if it is unethical to engage in multiple relationships, but to be prudent in the management of dual or multiple roles.

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