

ISSUES OF BOUNDARIES

Overview

A dual-role relationship is one in which a clinician has a primary professional relationship with a client or supervisee along with one or more other kinds of relationships, for example with a colleague, dentist/doctor, banker or another business contact. Because clinicians live in the same communities with clients, students, and supervisees and may even share similar interests, it is often difficult to avoid dual role relationships not involving sexual intimacies. In addition, social work practices of advocacy and empowerment may intentionally involve clinicians in non-sexual dual- role relationships with their clients and supervisees. Non-sexual dual-role relationships have received little attention, and social work practitioners need guidelines to help in making informed professional judgments about potential ethical problems, such as conflicts of interest, client exploitation, and clouded professional judgment, and levels of risk involved in engaging in unavoidable or intentional dual-role relationships.

The application of professional judgment is essential in assessing the potential for conflicts of interest, client exploitation, or impaired professional judgment in non-sexual dual roles. However, clinicians should be aware of the increased risk and liability associated with any dual role situation, and should engage in an ethical decision making process to determine the best action to take and the reasons for it. This process should include consultation, either formally or informally, with colleagues, and documentation of actions and justifications for the duality.

While ethical and practice standard principles are not specific about non-sexual, dual-role relationships, ethical statements are clear that dual-role relationships are to be avoided whenever exploitation or perceived exploitation of a client or supervisee may occur, or whenever professional judgment might be compromised or impaired.

The clinician has an influential position with clients, supervisees and students due to trust and dependency inherent in any helping relationship, and the clinician must be sensitive to potential dangers and conflicts to the client's and supervisee's best interests whenever a dual role situation exists. Ethically, the clinician has a fiduciary responsibility in relationships with clients and supervisees to keep their interests primary. A fiduciary relationship refers to any relationship where one person is under an obligation to act in the best interests of the other, and is a relationship dependent on trust.

A professional relationship is defined as a relationship having a purpose and fiduciary responsibilities in which compensation for services may occur. The degree of potential influence exerted by the professional relationship varies with the purpose of the relationship - i.e., therapeutic, supervisory, or teaching - and the degree of dependency on the relationship which is influenced by the role of authority within the relationship. Dependency and vulnerability to influence are much more profound in the therapeutic relationship than in the supervisory or teaching relationship.

Client Relationships

The recognized ethical principle is that whenever a professional relationship with a client exists, professional responsibility to the client must take precedence over any other relationship or interests, which may exist. Practice standard statements agree that entering into professional client-clinician relationships with relatives, close friends, employees, and associates should be avoided. However, entering into a professional relationship with acquaintances such as mutual members of one's social organizations is not prohibited, but requires professional judgment about the potential for actual or perceived exploitation or the impact on professional judgment. Further, practice standard statements agree that initiating personal and social relationships with current clients should be avoided when possible. However, the issue of social or other dual-role relationships with former clients is less clear-cut.

A difference in thought exists about the continuing influence of the therapeutic relationship beyond termination. The clinician's relationship with the client has the potential to influence the client's thoughts, feelings, and behaviors indefinitely. The clinician must be aware of the impact, influence, and power that he or she has." Thus, professional judgment is required to assess the current vulnerability to undue influence on the part of the former client. It is agreed that establishment of a social relationship would necessitate that the former client seek future professional help from another clinician.

The clinician should always be alert to whether there is a conflict of interest in dual-role situations, and whether there is a potential for exploitation or perceived exploitation of the client. In addition professional judgment must not be compromised by the duality. A clinical justification or explanation for the dual-roles should be made, since the burden of proof that no conflict of interest exists or that no exploitation occurs rests with the professional.

The kinds of service provided in a professional relationship with clients range from therapeutic to case management to supportive and networking to advocacy. Because these differing kinds of service involve differing degrees of dependency, the potential for abuse of power and exploitation varies among these differing professional services. Even within the therapeutic relationship vulnerability to influence varies according to the degree of reliance on formal authority. Formal authority is minimized in empowerment-based approaches of social work practice in which the influence by the clinician is intentionally reduced. Empowerment based approaches strive for egalitarian relationships and a reduction in power inequities, thus making

the client less vulnerable to influence. Relationships with clients may have differences in level of authority dependency, and thus differences in the extent of potential influence.

Multiple role relationships are commonplace in rural communities and other sub-cultural group situations, such as among minorities and gays. While it is almost impossible to avoid dual roles due to reduced availability or clients' preferences for a clinician familiar with the cultural issues, the clinician is challenged to manage the dual relationships with an emphasis on discharging fiduciary responsibility, avoiding exploitation of clients through undue influence, and minimizing conflicts of interest. Boundary issues must be addressed and the duality should always be identified and raised for discussion by the clinician. Consultation should be sought freely and frequently whenever dual roles occur.

A variety of multiple role situations may be encountered which require consideration of the potential for exploitation or for a conflict of interest. Socializing, business transactions, gifts and bartering are situations requiring professional review. In addition, establishing a therapeutic relationship with acquaintances and members of an organization to which the clinician belongs, or working with related family members or close friends of other clients may involve the clinician in a conflict of interest situation. Even accepting referrals from satisfied clients may become complicated. In the current, common strategy of developing practice through networking, dual relationships may occur which require a judgment about the level of acquaintance and its impact on professional judgment or any potential conflict of interests. All of these situations contain some element of risk for client exploitation, and the burden for proof that no conflict exists or that no exploitation is occurring rests with the clinician.

In entering into a therapeutic relationship with a person in which a prior relationship or acquaintance exists, there must be a compelling therapeutic benefit which justifies any dual relationship, or there must be no other options or resources which can meet the needs of the client. In developing an additional relationship with a client or a former client, the level of risk for exploitation of the client or former client must be assessed. Boundaries in dual-role relationships must be kept clear and consent for the duality must be explicit. The fiduciary responsibility of the clinician is always present and a priority.

Supervisory and Teaching Relationships

Supervisory and teaching relationships are different than therapeutic relationships in that the influence of the supervisor and teacher is more limited than that of the therapist. These professional relationships are between colleagues, and multiple relationships are inevitable with simultaneous attendance at professional activities and overlapping interests and activities. Dual roles often occur in business associations, employment, office sharing, and prior therapeutic or educational relationships. In addition, students become colleagues and colleagues become friends. Multiple roles between colleagues in agency-based practice have been considered an advantage for the beginning clinician in promoting and supporting professional growth, and multiple roles between colleagues in the private sector are able to promote professional development, if they are managed properly.

Consulting relationships are another form of professional relationship in which the power and influence base of the relationship is even further reduced. Since the consultant has neither administrative responsibility for the clinician nor clinical responsibility for the client, there is little room for abuse of power.

Teaching and supervision are hierarchical functions with the supervisor holding both administrative authority for the supervisee and clinical responsibility for the client, and the teacher holding administrative authority for the student. In these areas of responsibility and authority over others, there is potential for abuse of power. However, the degree of power and influence of the supervisory relationship varies with the experience level of the supervisee. Administrative and clinical responsibility is considerably greater for students and recent graduates than for experienced or licensed clinicians. The degree of power and influence may further vary with the extent of practice included under the supervisory authority. Supervision of a limited number or kinds of cases holds less potential for abuse of power than does supervision of a total practice. The actual and perceived level of authority and the subordinate position of the supervisee/student should be identified, and any potential conflicts of interest should be specified. When any level of authority is present, caution should be exercised in dual role situations. It is wise to control social contacts with students and supervisees in which an evaluative authority exists.

Because a supervisor has a fiduciary responsibility to both the supervisee and the client, the client must be informed of the supervisory relationship and caution must be exercised to avoid exploitation of the client or conflict of interest by either the supervisor or clinician. Boundaries help protect clients as well as supervisees.

When a prior therapeutic relationship exists, entering into a supervisory relationship requires a professional judgment about the termination status of the therapeutic relationship. Potential conflicts of interest should be considered. The overlapping activities in these different professional relationships has led some schools of thought, such as the Jungian, to combine them. However, it is best to treat them as two distinct functions. While personal issues may be addressed in both supervision and therapy, the purpose for the sharing of the material is different in each. The best interests of the client must be protected in each, and a supervisor of a former client could be in a conflict of interest situation between protecting the client or the former client/supervisee.

Managing dual relationships is the key to avoiding conflicts of interest and to protecting professional judgment. It is desirable and prudent to maintain boundaries where possible, and it becomes more critical as the level of authority increases. Informed consent requires disclosure and discussion of any duality, and discussion of the boundaries to be maintained. A definition of the professional relationship and the respective expectations should be agreed upon, and a written or oral contract should reflect agreements on these issues.