

Professional Boundaries and Dual Relationships

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What type of conduct may be considered 'sexualised conduct'?

Many different types of conduct can be considered sexualised conduct. The AASW *Code of Ethics*' (2010, p.45) definition for sexualised conduct is as follows:

"All conduct of a sexual nature including: physical contact and verbal, non-verbal, written and electronic (i.e. via sms, email, social networking sites etc.) expressions. It also includes the creation of a sexualised atmosphere (e.g. "discussion of what a sexual or romantic relationship might be like between the professional and the client, a voyeuristic interest by the professional in the client's sex life", sexual suggestion or innuendo) (Disch 2001, p. 206).

Do the ethical guidelines of the Code apply only to professional boundaries and dual relationships with clients, or does this include others?

The ethical guidelines with respect to professional boundaries and dual relationships apply to clients as well as to other professional relationships the social worker might be engaged in. These other relationships may include:

- clients' relatives or significant others students
- supervisees
- research participants

This list is not exhaustive and should also include:

"Others directly involved in a professional relationship which invites trust and confidence in the practitioner's role and/or involves an unequal distribution of power or authority in the social worker's favour." (5.1.6 a)

A client has developed feelings for me and I'm unsure how to manage this. What should I do?

Social workers, over their careers, will find themselves working very closely with people in a range of different contexts and settings. When working in such a way, it would not be uncommon for clients to develop feelings for a worker - whether this be a feeling of trust towards the worker, a feeling of respect, of personally liking the worker, of even loving the worker, or perhaps disliking their worker. As the *Code of Ethics* states,

"Social workers, not their clients are responsible for setting and maintaining clear and appropriate professional boundaries in all forms of communication ..."(5.1.6 c).

Therefore it is the social worker's responsibility to ensure that professional boundaries are made clear to the client prior to the professional relationship beginning.

If a client states, demonstrates or alludes to the fact that they have developed feelings for a social worker, it would be the social worker's task and responsibility to determine at what point these feelings may become problematic for the professional relationship or may become harmful to the client.

In the case that a client develops romantic feelings for a social worker in a therapeutic/counselling context, it may be part of the therapeutic process that this is discussed and acknowledged, yet contained by the social worker and managed through supervision. If the social worker is providing therapeutic/counselling services, it is the social worker's responsibility to ensure they seek regular clinical supervision and can demonstrate the necessary professional skills required to contain and safely manage a client's romantic or sexual feelings. In instances where a client develops feelings for a social worker, the social worker may need to do one or some of the following:

- Discuss with a supervisor/consultant to help determine whether the feelings are/have the potential to be problematic, and if so, how to proceed safely and professionally from that point
- Seek supervision around managing and maintaining professional boundaries within the professional relationship
- Have a discussion with the client reminding them about the professional boundaries that were outlined at the beginning of the relationship
- End the professional relationship if it is determined that it cannot continue safely and ensure the client is re-referred to another worker/service

I have developed feelings for a client and am unsure how to manage this. What should I do?

As for the previous question, social workers will often find themselves working very closely with clients in diverse contexts and settings. Social workers may find themselves in situations where they develop feelings for their clients. This could mean having "a soft spot" for a client, "liking the work" with a client, having romantic or intimate feelings for a client, or disliking a client.

As in the previous question, it would be the social worker's "*responsibility to set and maintain clear and appropriate professional boundaries in all forms of communication*" (5.1.6 c) therefore if feelings arise for the social worker towards the client, the social worker must determine - perhaps with the help of supervision/consultation – whether these feelings are problematic for the professional relationship, if they are able to manage and contain these feelings, and if they are able to ensure that they are not prioritizing their own interests over those of their clients. (5.2.1 a)

Some steps to take might be:

- Think through and try and name the feeling/s
- Determine whether you think the feeling/s will be problematic to the professional relationship
- If so, think about/consult someone as to how you might manage/contain these feelings within the professional relationship
- If you feel that the feelings cannot be managed – seek supervision/consultation as to how you might act bearing in mind it could be about ending the professional relationship

- Be aware that it may be difficult for you to assess whether any feelings for a client are problematic. Your capacity to 'reality test' what is problematic may become distorted by the strength of the feelings, or by any stress associated with your own life circumstances. Ensure that at times of any personal vulnerability (e.g. loss or crisis, relationship separation, ill-health) you seek close supervision and support.

A former client and I recently bumped into each other and have commenced a friendship. We would both like the relationship to become more intimate. He says he is not worried about the fact he used to be my client. Is it okay to pursue an intimate relationship?

The *Code* clearly states that social workers should not engage in any sexualised conduct, or enter into an intimate or sexual relationship with anyone with whom they were formerly directly in a professional relationship, including former clients, clients' relatives or significant others. (5.1.6 b). However, it states that if such a relationship is to be considered, that the social worker engages in professional consultation and supervision, to explore numerous issues that could result if such a relationship were to become intimate.

Some issues that could arise would be:

- Unequal distribution of power if a social worker were to enter into a relationship with a person that they previously provided social work services to
- Issues of confidentiality if a social worker were to begin a relationship with a former client's relative
- Issues of harm to the former client if the social worker were to begin a relationship with a relative or significant other of a former client
- The relationship ending negatively and the client making a complaint or malicious allegation about the social worker
- Re-traumatising the client if the social worker had worked with the client in a therapeutic context, around traumatic events/incidents
- Client might be unable to differentiate between feelings associated with a professional relationship and feelings associated with a romantic relationship.

A former client has invited me to be friends on a social networking site. Is it breaching professional boundaries if I accept?

The *Code's* expectations of social workers is that it is *their* responsibility, not the responsibility of the client or former client to set and maintain clear and appropriate professional boundaries with respect to communication (5.1.6c).

If faced with such a situation as above, the social worker must weigh up the ethical considerations for both options and decide to accept the friend request or not. The social worker should also consider the context of the friend request as there may be some circumstances where connecting with clients via social media might be deemed acceptable especially as communication via social media is becoming increasingly common. Some examples may be:

- If as social worker you have a 'work' profile page which does not disclose any information about your personal life.
- If you are a social worker who provides counselling/ social work services via the internet and social media and you have a professional profile in order to provide these services.

- If you work in youth services and have a 'social work' profile for the purposes with connecting and communicating with younger clients.

If the social networking site is the social worker's personal non work related site, there are further things the social worker should consider. If the social worker does not accept the friend request the issue of the client experiencing rejection from their former social worker could be of concern. However, in accepting a friend request the social worker must consider the implications this could also have for the client. For example, if some aspect of the social worker's personal life or some information contained on the social worker's social networking site conflicts with how the client perceived the social worker for the period of time that they were in a professional relationship. The social worker also must consider what benefit accepting the friendship request would have for the client. "Why are they requesting my friendship?" "Were they dependent on the previous therapeutic relationship and are they looking for a means to continue such a relationship?"

Of further consideration is the possibility that the former client could return to the service that the social worker works in.

If faced with such a scenario, consulting or seeking supervision with a senior member of staff would be the first advised step.

I am a social worker in a rural community health centre and have recently received a referral for a woman in the community for issues with depression and suicidal ideation. The woman is the mother of a child who attends school with my daughter and we are both on the parents' committee at the local school. I am the only counsellor in the region. What should I do?

As social workers, we are sometimes faced with situations where we may find ourselves involved in dual or multiple relationships with clients. This is particularly common in rural or remote settings or in small communities. The *Code* outlines guidelines for social workers who are faced with a situation where a dual or a multiple relationship is present:

'Where dual or multiple relationships exist or are unavoidable, social workers will set and enforce explicit, appropriate professional boundaries to minimize the risk of conflict of interest, exploitation or harm' (5.1.6 j)

The social worker must decide whether the dual/multiple relationship is unavoidable. If it is decided that it is unavoidable, the social worker must ensure that a very clear discussion occurs with the client outlining clear and explicit boundaries to protect the client and the social worker (including confidentiality, privacy, conflict of interest and conduct etc.).

When working in an unavoidable dual/multiple relationship, it would be strongly advisable to seek supervision/ consultation while working with the client to ensure you are reflecting on your practice with this client and ensure you are ethically managing the dual relationship.

I have been working with a particular client for a long time and we have never had any physical contact. Today our professional relationship ended and he asked if he could give me a hug to say thank you. Is this okay?

The ethics of engaging in physical contact with clients relies on context, extent and nature of the professional relationship and professional boundaries that were established between client and social worker.

The *Code of Ethics* advises that social workers will avoid any form of physical contact that may violate professional boundaries (5.1.6 e). Hence, it would be necessary for the social worker to question whether engaging in physical contact will violate professional boundaries in any way.

It would also be important for the social worker to ensure that a conversation regarding professional boundaries occurred before the professional relationship began so the client was sure of the responsibilities of the social worker and the expectations of them as the client. Explaining and setting boundaries on physical contact requires skills that are sensitive to the unique contexts of your work. Be proactive in thinking through ways of setting boundaries sensitively yet clearly.

There may be times when it is appropriate to hug a client or engage in other types of physical contact (such as a pat on the back or a handshake). It is important to be aware that a client may perceive any form of physical contact in a way that was not intended by you. It would be advisable to seek consultation/supervision to discuss when it might be ok and when it might not.

In declining a hug requested by a client, a handshake may be offered which provides a physical cue that the hug has been declined in favour of the handshake. It may also be necessary to state that although it was ok for the client to ask for a hug, your role (or employing organisation) does not allow you to hug clients.

Is it okay to share personal information with a client?

In some circumstances it can be ok to share a limited amount of specific kinds of personal information with clients. Due to the complexities of interpersonal communication, it can be difficult to assess whether the intended or planned impact of self-disclosure will result. Furthermore it is often not possible to predict what is in the best interests of the client. And yet, in a professional role the social worker must decide whether their self disclosure or offering of information will be likely to benefit, rather than harm the client and the professional relationship.

If unsure, the social worker should always discuss with a senior consultant/supervisor whether their proposed use of self disclosure is likely to be in the best interests of the client.

In deciding whether or not to use self disclosure, the social worker could consider the following:

- What is the context, extent and duration of the professional relationship I am likely to have with the client? Am I placing my level of disclosure carefully in light of the context?
- What is the purpose of the self-disclosure and can I achieve this through a means other than disclosure of my own personal information? For example, could
- I describe the experience of 'someone I know' rather than identifying my own experience, as a means of 'normalising' an experience for a client?
- Do I ensure that any disclosure I make about my own personal life is sensitive to the privacy of my own family members, friends, colleagues etc.?

- Can I de-identify my disclosures sufficiently so as to reduce breaching privacy of others, and yet still achieve the therapeutic purpose of the self-disclosure?
- How can I assess whether my disclosure is safely building rapport with the client for the benefit of the professional relationship?

The social worker must also be mindful of the risks associated with self disclosure/sharing of personal information some of which could be:

- Counter-transference (“*Any projections by a therapist that can potentially get in the way of helping a client*” from Corey et al, 1998, p 48).
- Permeating the professional boundary between you as the social worker and the client.
- Causing the client to feel inadequate, threatened or vulnerable.

Section 5.1.6 (f) of the Code discusses self disclosure and states:

Social workers will use self disclosure with circumspection, and only when it is reasonable believed that it will benefit the client. If unsure, social workers will seek professional consultation or supervision to review their intention to use self-disclosure.

Similarly, Section 5.1.6 (g) states:

Social worker’s private conduct will not compromise the fulfillment of professional responsibilities.

I have been working for an organization for several years and am planning to move into private practice. Can I let my current clients know about my private practice?

Deciding whether or not to inform current clients about your move to a private practice could be dependent on a range of different contextual and circumstantial factors.

Firstly, it is essential to consider any organisational policies or legal provisions that you have agreed to as part of your employment contract regarding whether it is permitted to refer existing clients to your own private business.

It is also important to remember that when each of your clients sought services from the organisation you worked for, they did this on the basis of their circumstances at that time, and the nature of the services offered by the organisation. The circumstances of decision making regarding which service to seek changes significantly after a client has formed an attachment or therapeutic relationship with a worker and this can be highly influential.

There are a range of potential impacts on clients when a therapeutic service ends or changes and these should be managed carefully. The client may prefer not to have to re-disclose their circumstances to a new worker, nor get to know or trust a new worker. This may influence them to change to the worker’s new private practice, even if this is not in their interests for other reasons. Furthermore, a client’s decision making may also be particularly complex if they are at a significant or vulnerable stage in their lives, or in the therapeutic process. Circumstances may mean that the worker has the capacity to be especially influential over the client and this can pose risks.

The risks and impacts for clients when changing from an existing service to become a client of a new private practice may include:

- A greater cost per session or different cost structure
- A different location, different transport arrangements
- A change in access to ancillary or multidisciplinary services offered through the original organization
- Fewer other practitioners to see in the absence of the social worker
- Different practice standards, methods, supervisory or accountability arrangements
- If the private practice is a new business, there may be increased unpredictability about whether the business/service to client will be sustainable long term
- Increased sense of dependency on needing that particular worker in order to achieve their therapeutic goals.

It would be advisable to discuss with your current organisation and supervisor any proposal to inform current clients of your private practice and your rationale for doing so. The supervision process should assist in weighing up any potential risks and impacts for each client. It may be that special transition arrangements can be negotiated for clients where you continue to see them at organisation from which they originally sought services, without informing them of your private practice at all.

If you and your supervisor consider it appropriate to let a client know you are entering into private practice, examples of questions to consider might be:

- Am I acting in the best interests of clients? (5.2.1 a)
- Am I actively seeking to enable clients to make informed decisions on their own behalf? (5.2.2 a)
- Am I ensuring that a professional relationship is not exploited to gain personal, material or financial advantage? (5.1.6 i)
- Am I mindful of any implications if only some clients are told of the private practice?

If you are working in a completely different context from the one you will be working in privately (e.g. child protection) it may not be appropriate to inform current clients of your private practice (with the intention that they may become clients of your practice) as it may set up a dual relationship (5.1.6 j) or a conflict of interest (5.1.7 a).

If you decide not to inform clients that you are leaving your current organisation to enter private practice, you will need to plan what you would do if they find out about your private practice through other means in the future, and under what circumstances you could work with them as a client.

References

Corey, G, Corey, M. & Callanan, P. 1998, Issue and Ethics in the Helping Professions, 5th edn, Brooks/Cole Publishing Company, Pacific Grove, USA.

If you have any further questions relating to mandatory reporting, contact the Ethics and Practice Standards Consultation Service on 03 9320 1044 or ethicsconsult@asw.asn.au