Part 2: Dual Relationships

What is a dual relationship?
Why worry about it?
What are some possible consequences with dual relationships?
What are some factors that may effecting potential harm when involved in a dual relationship?
If is unavoidable what are some Safeguards that can be implemented to decrease potential harm?
What about post-therapy relationships?
What about sexual dual relationships?
Why discuss it?
What are NASP and APA guidelines?

NASP:
Dual relationships with clients are avoided.
These are personal and business relations with clients may cloud one's judgment.
Be aware of these situations and avoid them whenever possible.
School psychologists also are citizens, thereby accepting the same responsibilities and duties as any member of society. They are free to pursue individual interests, except to the degree that those interests compromise professional responsibilities.

What are Multiple Relationships (APA)

Occurs when a psychologist is in a professional role with a person and
(1) at the same time is in another role with the same person,
(2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or
(3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

Refrain from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair
objectivity
competence
effectiveness
risks exploitation or harm

Continue to assess Multiple Relationships (APA)

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

However,

1) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

2) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur.

What are examples of a dual relationship?

A dual relationships:

Client plus ...
Social interactions
Personal-friend
relative
workplace
supervisory-evaluative
employee
accepting gifts
business-financial interactions
committee member
religious
sexual nature
What are some factors that may potential harmful when involved in a dual relationship?

1. Divergence in the 2 different roles
   
   With dual roles, may be difficult to adhere to different:
   - expectations
   - obligations
   - needs
   - fairness
   - conflicts
   - boundaries

2. Level of benefit from dual relationship

3. Burden of avoiding dual relationship

Some dual relationships facts:

• All mental-health professionals have some degree of issues with multiple relationships
• All codes caution against it
• Not all can be avoided
• Not all are harmful
• Few absolute answers
• The cautions should be to benefit the client and not to protect ourselves from censure
• Potential benefit should outweigh the potential harm

Guideline questions…when deciding on whether or not to participate in a current dual relationships?

1. Is there potential for harm?
2. Is the relationship high or low risk benefit situation?
3. Does it impair your effectiveness and professional judgement?
4. How objective can you be in both roles?
5. Will it influence client’s emotional involvement with therapy?
6. Will there be a power imbalance? Risks independence and autonomy
7. Is it unavoidable?
8. Do you treat someone differently?
9. Do you risk confidentiality? Are boundaries unclear?
10. How much of your own self-interest is involved?
11. Would other health professionals support this?

On the other hand, if you maintain “professional distance”…

1. May decrease willingness to work with you
2. Increase a potential hierarchy in the relationship
3. Lose your right to associate with others

Read bullets on pg. 238 -241 in Corey

If dual relationship is unavoidable what are some Safeguards that can be implemented to decrease potential harm?

1. Set healthy boundaries at the onset
2. Secure informed consent of clients and discuss the risks and benefits of dual relationships
3. Remain willing to talk about unforeseen problems
4. Make an alternative plan if relationships do not unfold as expected
5. Consult
6. Seek supervision if risk is high
7. Document
8. Ongoing examination of own motivations for being involved and potential harm
9. When necessary, refer clients to another professional

What about post-therapy relationships?

4 Considerations:

1. Therapeutic contract and parameters of relationship
   • Definite closure/termination
   • Likelihood still need services in future
   • Time since closure
   • Ability to maintain confidentiality
   • Client understand post relationship differences
2. Dynamics of therapeutic bond

- Status of power differentiation?
- Client decision free of controlling influences?
- Degree of dependence carry over?
- Risk undoing good (especially with self-reliance and responsibility)?

3. Social Role Issues

1. How similar and dissimilar are roles?
2. Discusses expectations of two roles and are they realistic?
3. Does client understand the ramifications of changing the relationship and that the therapeutic role will not continue?
4. To what extent can you and client be equals?

4. Therapist motivation

If I enter the new relationship...

1. What are personal and professional benefits for me?
2. Am I exploiting the former client?
3. Did I terminate the therapy relationship to pursue the new one?
4. Is this relationship avoidable? If so why am I entering it?
5. Will the relationship increase or decrease the client/public trust in our profession?

Sexual Relationships

NASP:
School psychologists do not engage in sexual relationships with their students, supervisees, trainees, or past or present clients.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

DO NOT ENGAGE in this

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

DO NOT ENGAGE in this with individuals they know to be close relatives, guardians, or significant others of current clients.
DO NOT TERMINATE therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

DO NOT ACCEPT as therapy clients

10.08 Sexual Intimacies With Former Therapy Clients/Patients

Do NOT ENGAGE in this for at least two years after cessation or termination of therapy. even after a two-year interval except in the most unusual circumstances.
IF DO ENGAGE in this after the 2 year following therapy termination and of having no sexual contact with the former client

Then must demonstrate that there has been no exploitation, including
- the amount of time that has passed since therapy terminated;
- the nature, duration, and intensity of the therapy;
- the circumstances of termination;
- the client’s personal history;
- the client’s current mental status;
- the likelihood of adverse impact on the client/patient;
- any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with client.

Why discuss this?

1. It happens
   A common ethical complaint filed and allegation in malpractice suits
2. Not only working with children but also with teachers, administrators, parents, supervisors
3. Proximity is one critical factor in developing relationships
4. Other professionals may not be acting appropriately
5. Attraction/actions may not be from you but from your client
What are some reasons why we shouldn’t?

1. Client may not be making free fully informed choice
   - Influenced by warm attentive interest, mistaken feeling and understanding of relationship, and rooted in problem why seeking counseling

2. Potential harm to client:
   - Suicide, depression, social maladjustment, drug abuse
   - "Therapist-patient sex syndrome" pg. 141 n text

3. Client may stop getting needed help

4. Therapist’s Loss of objectivity

5. No research supports its therapeutic benefits

Dealing with attractions:

- Acknowledge feelings
- Explore reasons why. Ask of there is something about the person that meets your own needs.
- Never act attraction and careful that action could foster the attractions (sitting closer, hugging, longer sessions)
- Consult
- Seek personal counseling to resolve feelings
- Monitor boundaries by setting clear limits on physical touch, self disclosures, and client requests for personal information
- If unable to resolve feeling, terminate and refer.

Relationship behaviors also included in codes:

NASP:

**Do not exploit** clients through professional relationships or condone these actions in their colleagues.

No individuals, including children, clients, employees, colleagues, trainees, parents, supervisees, and research participants, will be exposed to deliberate comments, gestures, or physical contacts of a sexual nature.

School psychologists do not harass or demean others based on personal characteristics.

do not engage in or condone practices that discriminate against children, other clients, or employees (if applicable) based on race, disability, age, gender, sexual orientation, religion, national origin, economic status, or native language.

Relationship behaviors also includes these codes:

### 3.02 Sexual Harassment

Psychologists do not engage in sexual harassment.

**Sexual harassment =**

- Sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist’s activities/roles
- Also is (1) unwelcome, offensive, or creates a hostile environment, and the psychologist knows or is told this or (2) sufficiently severe or intense to be abusive to a reasonable person in the context.
- Can consist of a single intense/severe act or of multiple persistent or pervasive acts.

### 3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.
2. School psychologists may act as individual citizens to bring about social change in a lawful manner. Individual actions should not be presented as, or suggestive of, representing the field of school psychology or the Association.

3. As employees or employers, in public or independent practice domains, school psychologists do not engage in or condone practices that discriminate against children, other clients, or employees (if applicable) based on race, disability, age, gender, sexual orientation, religion, national origin, economic status, or native language.

4. School psychologists avoid any action that could violate or diminish the civil and legal rights of children and other clients.