



# Ethics; Inter- Personal Boundaries and Dual Relationships

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# Learning Objectives

- To define and cite examples of ethical boundaries and dual relationships.
- An overview of Social Work and LPCA Codes of Ethics from boundaries and dual relationships perspectives.
- To be aware of interpersonal boundaries and how dual relationships impact the therapeutic relationship.
- To explain why there is a clear need for boundaries when working with clients.
- To demonstrate an understanding of types of maladaptive boundary crossings and danger when in violation.
- To be aware of the do's and don'ts in dual relationships with clients.
- Identify best practices for establishing and maintaining professional boundaries while avoiding dual relationships.

Ethics and Inter-Personal Boundaries and Dual Relationships Power Point Presentation is the property of LEJ Behavioral Health Services, LLC. Information maybe used for training and educational purposes by healthcare professionals and properly cited.

# Introduction

Many Social Workers and counselors work in this field because they want to help their clients work through their problems while connecting them to resources that will enable them to manage their lives.

- ❑ They generally speaking, come to us because of our ability to demonstrate empathy, compassion, nonjudgmental behavior, trustworthiness, clinical skills, and knowledge.
- ❑ Our clients share their most intimate and personal aspects about their lives and problems that in many cases lead them to our field for help.

Dietz, C., & Thompson, J. (2004). Rethinking Boundaries: Ethical Dilemmas in the Social Worker-Client Relationship. *Journal of Progressive Human Services*, 15(2), 1–24.

- ❑ When working with clients, social workers and counselors must maintain clear boundaries and avoid dual relationships to assure professional integrity and responsibility.
- ❑ Dietz & Thompson (2004) offered, “The concern about appropriate boundaries is, at least in part, a concern about the effects of the power differential between client and professional. It is primarily a concern about boundary violations” (p. 2).
- ❑ We therefore should not violate our clients trust or do no harm during or after the therapeutic relationship ends.



# Interpersonal Boundaries and Impact on Relationships




KNOW YOUR  
BOUNDARIES

# Interpersonal boundaries and relationships

- ▶ “Boundaries are the limits that allow for supportive connections that are based on the clients’ needs.” (nscsw.org)
- ▶ When these limits are altered or violated, what is allowable in the relationship becomes ambiguous and harmful.
- ▶ Boundary violations are acts that breach the core intent of the professional-client relationship, and they happen when professionals exploit the relationship and misuse their power.

<https://nscsw.org/bringing-sop-life-s3/#:~:text=Boundaries%20are%20the%20limits%20that,relationship%20becomes%20ambiguous%20and%20harmful>



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In establishing a relationship with appropriate professional boundaries, counselors must consider their place of power and the potential for harm to others should that power be misused.

Counselors must also be aware of transference and countertransference in relationships with our clients.

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Licensed Professional Counselors and Social Workers will always be in a position of power with respect to their clients' and must consistently reflect on how this power is being used and perceived.



# Three main categories of transference

*“Transference in therapy is the act of the client unknowingly transferring feelings about someone from their past onto the therapist.”*

1. *“Positive transference* is when enjoyable aspects of past relationships are projected onto the therapist. This can allow the client to see the therapist as caring, wise, and empathetic, which is beneficial for the therapeutic process.
2. *Negative transference* occurs when negative or hostile feelings are projected onto the therapist. While it sounds detrimental, if the therapist recognizes and acknowledges this, it can become an important topic of discussion and allow the client to examine emotional responses.
3. *Sexualized transference* is when a client feels attracted to their therapist. This can include feelings of intimacy, sexual attraction, reverence, or romantic or sensual emotions.” (Madeson, 2021)

# What is Countertransference

- ▶ Countertransference has been viewed as the therapist's reaction to projections of the client onto the therapist.
- ▶ It has been defined as the redirection of a therapist's feelings toward a patient and the emotional entanglement that can occur with a patient (Fink, 2011).
- ▶ Racker (1988) built the idea that the therapist's feelings have significance and can lead to important content to be worked through with the client. His definition of countertransference is "that which arises out of the analyst's identification of himself with the (clients) internal objects" (Racker, 1988, p. 137).

# Transference and Countertransference Quiz

- ▶ When clients lash out with anger or distress in a way that seems excessive for the topic that is being discussed while in a counseling with their therapist.

Answer: Transference or Countertransference

- Mary has been seeing Joe for two months. She regrets her counseling sessions with him and she would like to transfer his case to another therapist.

Answer: Transference or Countertransference

- Susie is 12 years old and she is seeing a child therapist. In her last counseling session, she accidentally called her therapist Mom.
- Answer: Transference or Countertransference

- Jim is Mark's therapist. Jim has thoughts and feelings for this client because he is taking up a significant amount of time outside of sessions fantasizing about Mark.

Answer: Transference or Countertransference

# How to manage transference and countertransference in therapy

## ► 1. Peer support

Consult a colleague, supervisor, or clinical director when feeling an emotional trigger or response. When a session is especially challenging, it can cause a therapist to sacrifice empathy and objectivity. Regular peer support and clinical therapy meetings can be helpful.

<https://positivepsychology.com/countertransference-and-transference/>

## ➤ 2. Continual self-reflection

Explore feelings toward individual clients' and write down ways you are consciously or unconsciously reacting to them in session.

The introspection and self-reflection article outlines practical ways to explore self-reflection. See link below.

## ➤ 3. Clear boundaries

Set appropriate boundaries regarding scheduling, payment, and acceptable in-session behavior. Discuss any misunderstandings of intent and emotional projection as soon as it occurs.

## ► 4. Mindfulness

Practice mindfulness inside and outside of sessions to explore personal thoughts and feelings.

Gain insight into compassion fatigue, burnout, excessive stress, or an inability to do quality clinical work. Observe the space between stimulus and response, and make appropriate thoughtful reactions.

## ► 5. Empathy

Lichtenberg, Bornstein, and Silver (1984) formulated that empathy is the foundation of human intersubjectivity, and that failing to demonstrate it is the largest impediment to treatment.

Lack of empathy can be a precursor to countertransference. When we employ empathy as practitioners, we are looking at the situation and client outside of our own view, making countertransference less likely. (Madeson, 2021)

# Licensed Professional Counselors Boundaries and Ethical Considerations

- ▶ Licensed Professional Counselors have the same similar ethical responsibilities as social workers and licensed marriage and family therapists.

## LPCA Ethics:

- **A.6.a. Previous Relationships**

Counselors consider the risks and benefits of accepting as clients those with whom they have had a previous relationship.

- These potential clients may include individuals with whom the counselor has had a casual, distant, or past relationship. Examples include mutual or past membership in a professional association, organization, or community.

<https://www.lpcboard.org/acacodes>





- ▶ **A.6.b. Extending Counseling Boundaries**
- ▶ Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters.
- ▶ Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the hospital.

- ▶ In extending these boundaries, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no harm occurs.



## ▶ **A.6.c. Documenting Boundary Extensions Rules**

- If counselors extend boundaries as described in A.6.a. and A.6.b., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client.
- When un-intentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

- ▶ A.6.d. Role Changes in the Professional Relationship
- ▶ When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client's right to refuse services related to the change. Examples of role changes include, but are not limited to;
- ▶ changing from individual to relationship or family counseling, or vice versa;



- ▶ changing from an evaluative role to a therapeutic role, or vice versa;  
and
- ▶ changing from a counselor to a mediator role, or vice versa.
- ▶ Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes.

## Social Workers Ethical Responsibilities

- ▶ Establish the nature of their professional relationship with clients
- ▶ Ethically help and support clients
- ▶ Ensure that their actions and decisions serve the needs of their client(s)
- ▶ Take into account relevant contextual issues
- ▶ Ensure that the dignity, individuality, and rights of all persons are protected

- ▶ Ensure that all current and potential clients have an equal opportunity to access and benefit from their services (no favoritism)
- ▶ Work within their scope of practice
- ▶ Refrain from physical contact and personal relationships with clients
- ▶ Do no harm



# Why is there a need for boundaries?

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Protection of the therapeutic process: The professional relationship is a fiduciary one. It is not a friendship and even minor boundary transgressions can give a mixed message; a boundary symbolizes limits of a professional transaction.

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Protection of clients from exploitation: Clients are vulnerable, and social workers and counselors are entrusted to protect them from more harm.

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3. Protection of social workers and counselors from liability: Malpractice suits attests to this need. (Dewane, 2010)

Dewane, C.J. (2010), *Social Work Today*, Vol. 10 No. 1 P. 18



“Dr. Frederic Reamer (2003) suggest that boundary violations and boundary crossings have to be examined in the context of the behavioral effects the behavior has caused for either the social worker/counselor or client.

- ▶ He posited a typology of five central themes in which boundary issues may arise:
- ▶ 1) intimate relationships,
- ▶ 2) pursuit of personal benefit,
- ▶ 3) emotional and dependency needs,

[https://www.socialworker.com/feature-articles/ethics-articles/Client\\_Relationships\\_and\\_Ethical\\_Boundaries\\_for\\_Social\\_Workers\\_in\\_Child\\_Welfare](https://www.socialworker.com/feature-articles/ethics-articles/Client_Relationships_and_Ethical_Boundaries_for_Social_Workers_in_Child_Welfare)

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4) altruistic gestures, and

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5) responses to unanticipated circumstances.” (See handout)

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In addition, the clinical issues of managing dual relationships and management of transference and countertransference are factors that cannot be ignored in this discussion.

# Boundary Crossing Statistics

- ▶ “A certain level of intimacy is necessary in psychotherapeutic relationships for them to be effective, but it can sometimes develop further into more intimate feelings and behaviors related to friendship and sexuality, into friendship, or even into sexual relationships.”

According to a Belgium study;

- ▶ A total of 758 therapists stated that they had actually provided psychotherapy and were included for further analysis.
- ▶ Three percent started a sexual relationship with a current and/or former client, 3.7% started a friendship during therapy, and 13.4% started a friendship after therapy.

Vesentini L, Van Overmeire R, Matthys F, De Wachter D, Van Puyenbroeck H, Bilsen J. Intimacy in Psychotherapy: An Exploratory Survey Among Therapists. Arch Sex Behav. 2022 Jan;51(1):453-463. doi: 10.1007/s10508-021-02190-7. Epub 2022 Jan 15. PMID: 35031907.

- ▶ About seven out of ten therapists found a client sexually attractive, a quarter fantasized about a romantic relationship, and a fifth gave a goodbye hug at the end of a session (22%).



In general, more male therapists reported sexual feelings and behaviors than female therapists.

Older therapists more often behaved informally and started friendships with former clients compared to younger colleagues.

Psychiatrists reported sexual feelings and fantasies less often than non-psychiatrists, and behavioral therapists reported this less frequently than person-centered and psychoanalytic therapists.

Overall, prevalence rates of intimate feelings and behaviors related to friendship and sexuality are lower than those in previous studies.  
(Vesentini, L. et.al. ,2022)

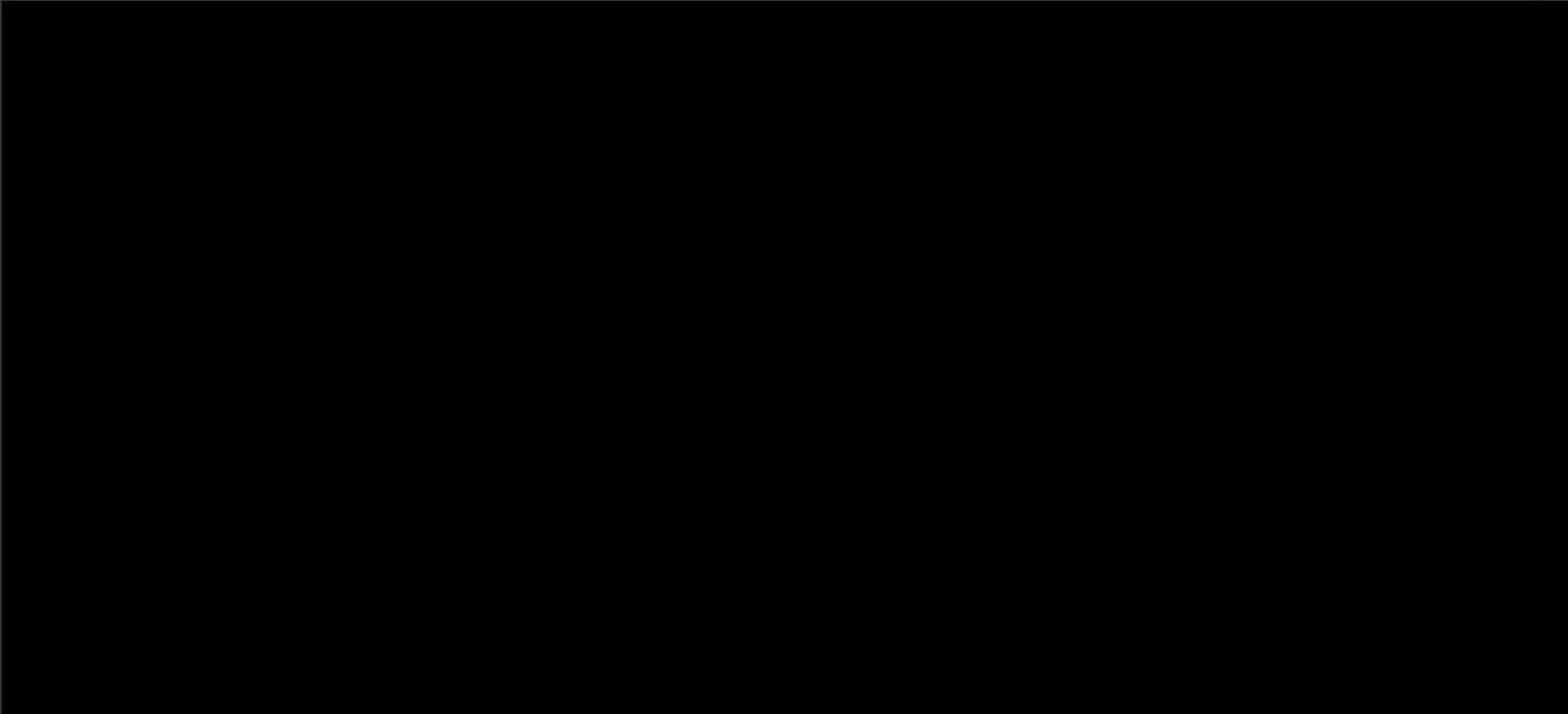
# Therapist and Client Relationship - Malpractice issues

- ▶ “A relationship between a therapist and a patient does not have to culminate in sexual activity in order to sustain a malpractice claim against the therapist.
- ▶ It is a generally accepted rule among psychotherapist that any interaction between a patient and a therapist that goes outside of established professional boundaries is inappropriate and may be harmful even without blatant sexual contact.
- ▶ Some courts have concluded that therapist malpractice may arise from boundary violations such as socializing, gift-giving, and even inappropriate telephoning.

- ▶ A claim of malpractice for sexual or boundary abuse may be strengthened by evidence of other non-sexual acts of malpractice such as overmedicating a patient, breaching confidentiality, failing to refer a patient when appropriate, or practicing while under the influence of alcohol or drugs.”
- ▶ In addition to malpractice claims, a therapist who engages in sexual activity with a patient may be held liable for damages under claims of intentional or negligent infliction of emotional distress, breach of fiduciary duty, and breach of contract.

Video-“Therapists having sex with their clients”/Discussion

# Video – “Therapists having sex with their clients”







# Boundary Problems Continuum

# Boundary Problems Continuum

Boundary Inattention	Boundary Crossing	Boundary Violation	Dual Relationship
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# Boundary Inattention

- ▶ Boundary Inattention – Absence of awareness of ethics, boundaries.
- ▶ To not demonstrate awareness of Social Work or counselors Code of Ethics.

## Example

- Therapist share client confidential information with the agency's administrative assistant (e.g. "Please be nice to Johnny because he is having marital problems and he is depressed.")

# Boundary crossing

Boundary crossings and boundary violations refer to any deviation from traditional, strict, 'only in the office,' emotionally distant forms of therapy or any deviation from rigid risk-management protocols.

- A boundary crossing is a deviation from classical therapeutic activity that is harmless, non-exploitative, and possibly supportive of the therapy itself.

Aravind VK, Krishnaram VD, Thasneem Z. Boundary crossings and violations in clinical settings. *Indian J Psychol Med.* 2012 Jan;34(1):21-4. doi: 10.4103/0253-7176.96151. PMID: 22661802; PMCID: PMC3361837.

- Boundary crossings and violation may arise from the therapist or from the client.

### Example of boundary crossing

- When a therapist discloses personal information to a client.
- Susan has disclosed to her client's father that the two men share the same country of origin and that their families attend the same church.

# Boundary Crossing – Mark Case Vignette

- ▶ Having spent the entire day indoors, Mark is a therapist leaves his office for the day and notes that during the day a heavy but unexpected blizzard has dropped a large amount of snow on the city.
- ▶ Taking comfort in his high-riding sports utility vehicle with 4-wheel drive and winter tires, the therapist begins the drive home. A short distance away he sees his last patient of the day, apparently caught unawares by the sudden snowfall, slogging gamely on foot through deep drifts that the wind has thrown up on the roadside.
- ▶ The therapist ponders whether to stop and give his patient a ride, either home or to public transportation but worries that to do so is to create a problem with boundaries. However, having the patient possibly die of exposure is not in the service of the therapeutic alliance; thus, the therapist offers the patient a ride and the patient accepts.

<https://www.psychiatrictimes.com/view/boundary-concerns-clinical-practice>

## The Mark Case Vignette Group Activity

- ▶ Did Mark violate any codes of ethics? If so, identify the ethical violation based on NASW Code of Ethics.
- ▶ What principles should govern this interaction?
- ▶ What would you do? Your Rationale?



# Ethical Solution

- ▶ What principle should govern this interaction? The 3 critical principles here can be generalized to many otherwise problematic interactions relating to boundaries.
- ▶ **First**, although the vehicle is a confidential environment, the therapist resists the temptation to convert it into an office for finishing or extending the just-completed session.
- ▶ Instead, the therapist continues to behave in a professional manner and refrains from continuing the therapy.
- ▶ The therapist also avoids allowing the informality of the situation to prompt extensive self-disclosure.



- ▶ **Second**, at the next scheduled session, the patient is debriefed on his feelings about the event.
- ▶ An extensive panoply of possible reactions may be evoked by the ride, all of which replay therapeutic attention according to the agreed-on modality (the contract).
- ▶ If the context involves exploratory therapy, deep exploration of the patient's feelings and fantasies may be appropriate; more cognitive- behavioral models might lead to attention to the patient's thoughts and subsequent behaviors, and so on.
- ▶ These approaches ensure that the maximum utility of this accidental occurrence is realized.



- ▶ Finally, the therapist documents not only the details of the event but also the reasoning, judgment, and decision-making that governed the choice of intervention.
- ▶ Failure to document the event raises damaging questions about concealment or cover-up of a deviation from traditional psychotherapeutic practice; the simple act of recording the use of clinical judgment documents the antithesis of negligence.

- ▶ In addition to using documentation, it would be necessary to report the incident to a consultant or supervisor.
- ▶ These 3 approaches-professional conduct, debriefing, and documentation-may be used whenever the therapist notes that some form of boundary crossing has occurred.
- ▶ Their combined effect is to safeguard the therapy from distortion or derailment by the boundary crossing ethical rules.

# Boundary Violations

- ▶ According to Reamer, a boundary violation involves a conflict of interest in the actions or behaviors of the care provider, resulting in harm or a burden to the client.
- ▶ More egregious boundary violations might involve the care provider exhibiting sexual behavior toward or financially exploiting clients.

[https://www.socialworker.com/feature-articles/ethics-articles/Client\\_Relationships\\_and\\_Ethical\\_Boundaries\\_for\\_Social\\_Workers\\_in\\_Child\\_Welfare](https://www.socialworker.com/feature-articles/ethics-articles/Client_Relationships_and_Ethical_Boundaries_for_Social_Workers_in_Child_Welfare)

- ▶ Boundary crossings can involve a care provider entering into a dual relationship with a client without the intention to exploit, manipulate or unduly influence the client.
- ▶ Such dual relationships can be entered into unintentionally and vary in the extent to which the caregiver–client relationship is harmed, or the extent to which the client is actually exploited or harmed.

“In boundary violations, the therapist departs from the therapeutic role, which places the client's needs first; most boundary violations place the therapist's needs, wishes, and goals ahead of the client's.”  
(Gutheil, 2008)

From this viewpoint, a sexual relationship with a client constitutes the ultimate boundary violation, not only because of its exploitative nature and departure from all professional codes but because it almost always is harmful to the therapy and to the therapy itself.

The violation may or may not be intentional; the therapist can do harm by accident.

Although the distinction between the benign and the noxious would seem to be straightforward, the opposite is true: depending on the context, the identical behavior may be a crossing or a violation.

For example, the therapist's self-disclosure of unmarried status may be an important part of alliance support with an extremely ill, concrete patient; or an initial gambit of seduction-again, depending on context.

Gutheil TG, Gabbard GO. The concept of boundaries in clinical practice: theoretical and risk management dimensions. *Am J Psychiatry*. 1993;150:188-196.

# Guidance on Therapist-client relationship boundaries in the age of telehealth

- ▶ “For clinicians, however, going the telehealth route might also require holding virtual sessions with your clients from your home—giving them a glimpse into your life that perhaps you’d rather keep private.
- ▶ This makes it even more necessary to set boundaries between you and your clients.” (Therapist Team.com, 2024)

Discussion: What are some other potential problems with telehealth and boundaries?

<https://therapist.com/for-therapists/therapist-client-relationship-boundaries-telehealth/>

- Craft your space with care
- If possible, try working out of an area of your home that you don't use very often for other purposes.
- In addition to declaring this space yours to work out of, being able to leave it at the end of the day will create a stronger work/home distinction.
- If you work out of your home, be mindful that clients are also getting a unique look into your own world.
- Pictures of your family hanging on the walls may reveal more about yourself than you'd like your clients to know.
- **Make sure your clients' glimpse into your home is free of distractions or personal items that you wouldn't want displayed in your office.**



## Establish rules for scheduling and no-shows

- ▶ Whether you conduct therapy in person or virtually, part of your intake process should be providing clients with your no-show policy. This should include:
  - ▶ The window of time a client can cancel an appointment before you consider it a no-show.
  - ▶ The consequences of showing up late or not showing up at all.
  - ▶ How long you'll wait on a virtual session before disconnecting the call?
  - ▶ The fees associated with missed appointments or last-minute rescheduling.

## Set specific contact hours

- ▶ When your clients know they can connect with you virtually, it may lead them to feel as though they can reach out more frequently.
- ▶ And while telehealth may afford you the opportunity to work more flexible hours, that doesn't mean you should have to email or phone your clients constantly.
- ▶ Having specific contact hours is important in traditional therapy settings as well, but it's especially critical if you conduct most of your sessions via telehealth.
- ▶ Be specific about setting hours for yourself where you can disconnect from phone calls, text messages, and email.

## Set specific contact hours...

In fact, it may be worth adding a **digital communication policy to your intake forms**. Consider crafting a document that covers:

- ▶ What methods of contact clients can use to contact you
- ▶ How often you check and reply to messages, as well as hours you'll be offline
- ▶ What kind of information should be shared in a text or email, and what should wait for a session
- ▶ Contact information for services in case of emergency along with an emergency/crisis plan

## Protect your clients' boundaries

- ▶ In addition to doing what you can to protect your own boundaries, make sure you're doing the same for your clients.
- ▶ Your clients deserve a remote therapy experience that looks, sounds, and feels as professional as it does in a face-to-face session.
- ▶ If you live in a home with other people, make sure they know when and where you conduct therapy sessions.
- ▶ If possible, use a headset during sessions to provide a more intimate feel.
- ▶ Also consider purchasing a white noise machine to block out external noise and keep others in your household from overhearing your sessions.

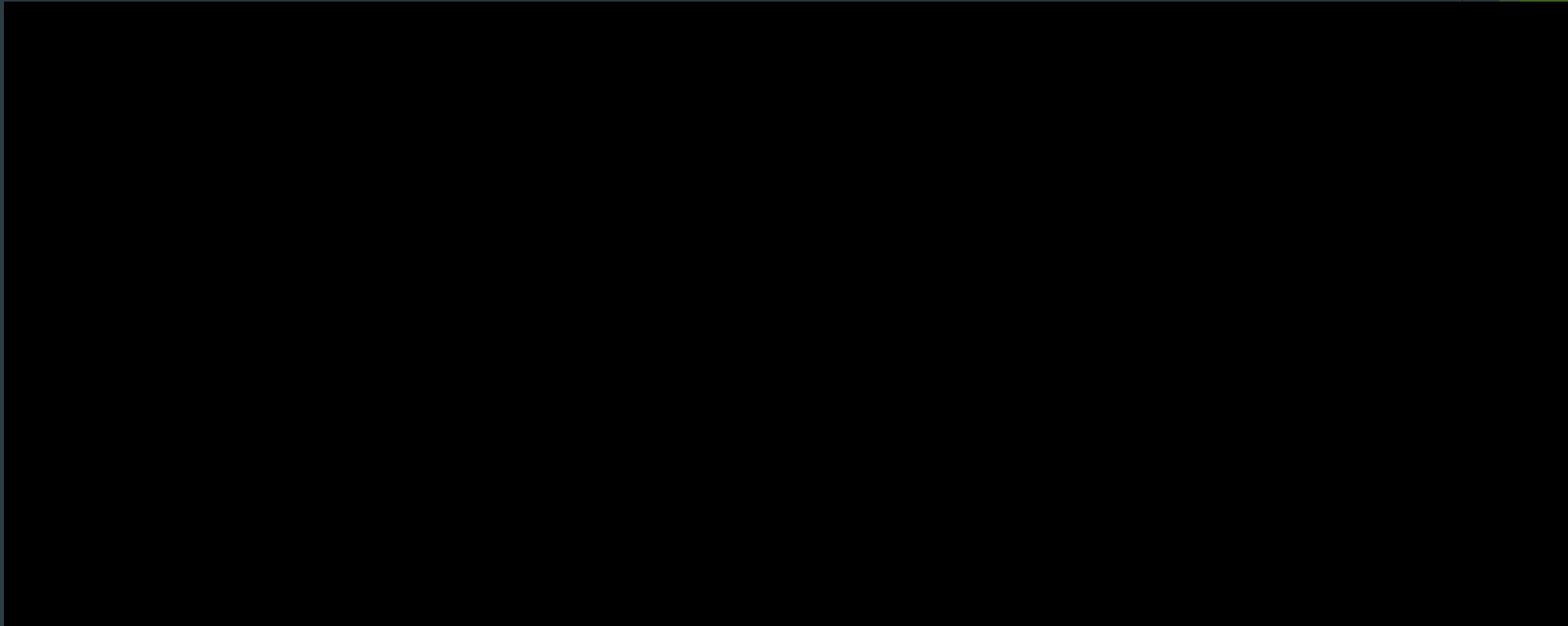
# Dual Relationships

- ▶ “Dual or multiple relationships occur when social workers and counselors relate to clients in more than one relationship, whether professional, social, or business.
- ▶ Dual or multiple relationships can occur simultaneously or consecutively.” (NASW Code of Ethics)
- ▶ Social workers and counselors should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client.

Video- “Navigating Dual Relationships”

Video- “Navigating Dual Relationships”

<https://www.youtube.com/watch?v=1SjVXr6n8GM>



- ▶ In instances when dual or multiple relationships are unavoidable, social workers and counselors should take steps to protect clients and they are responsible for setting clear, appropriate, and culturally sensitive boundaries.
- ▶ Examples: Communal dual relationships are where therapist and client live in the same small community, belong to the same church or synagogue, and where the therapist shops in a store that is owned by the client or where the client works.
- ▶ Communal multiple relationships are common in small communities when clients know each other within the community.

**Discussion: What are some other ways to handle these types of relationships in rural and small communities?**

- ▶ Social workers and counselors should be aware that posting personal information on professional websites or other media might cause boundary confusion, inappropriate dual relationships, or harm to clients.
- ▶ Therefore, it is necessary to not invite or allow clients on our social media platforms and websites.





# Social Work Code of Ethics Guidelines

## “Dual Relationships”

- ▶ The Social Work Code of Ethics stipulates that if a dual relationship is exploitative, whether it begins before, during, or after a professional relationship, it should be avoided.
- ▶ There is room for interpretation, and many of the dual relationships social workers encounter are much more subtle than the egregious exploitation of a sexual relationship.
- ▶ Social workers should not engage in sexual activities or sexual contact with former clients because of the potential harm to the client. (NASW Code of Ethics - 1.09 Sexual Relationships)

<https://www.socialworktoday.com/archive/012610p18.shtml>

## Social Worker dual relationships violations

- ▶ Common examples
- ▶ developing a friendship with a client,
- ▶ participating in social activities with clients,
- ▶ belonging to the same social advocacy group as a client,
- ▶ accepting goods instead of money,
- ▶ sharing religious beliefs,
- ▶ counseling a friend
- ▶ Have you experienced some of these ethical boundary dilemmas?

## What's Right or Wrong With Dual Relationships?

- ▶ The potential for exploitation or harm to a client is what makes dual relationships insidious.
- ▶ Dating, bartering, and entering into business arrangements with clients represent examples of situations that are best avoided.

<https://www.socialworktoday.com/archive/012610p18.shtml>

## **But are these situations always wrong?**

- ▶ Often, they are inevitable, especially when the social worker and counselor are in private practice or practices in a rural setting or a denominational agency.
- ▶ In a small community, same sex social activities are limited and thus may be attended by both client and worker.
- ▶ The incidental occurrence of boundary crossings may be unavoidable. And there may be therapeutic reasons for crossing the professional boundaries, too, such as eating a meal in a family-based treatment visit or attending the funeral of a hospice patient.

# Questions to think on that could possibly guide potential boundaries decisions

- ▶ Is this in my client's best interests?
- ▶ Whose needs are being served?
- ▶ Will this have an impact on the service I am delivering?
- ▶ Should I consult with my supervisor or a colleague?
- ▶ How could this be viewed by the client's family?
- ▶ How would I feel telling my supervisor or a colleague about this?
- ▶ Am I treating this client differently (as if this client is "special" to me) to how I treat other clients?
- ▶ Am I taking advantage of this client?
- ▶ Will I be comfortable documenting my actions or behavior in the client file?
- ▶ Am I acting in accordance with the code of conduct, values and ethical standards of my organization, college or association?

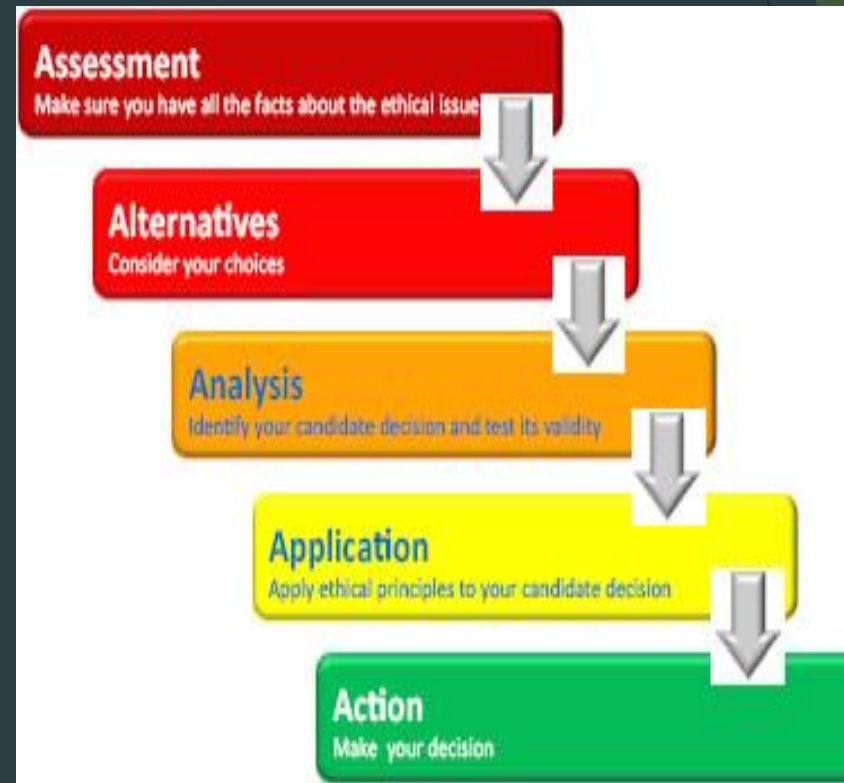
# The Ethical Decision- Making Process

- ▶ “Ethical decision making is concerned with the resolution of conflicts of professional obligation.”

Dr. Frederic Reamer

# *The Stages of Ethical Decision Making*

- ▶ The Knowledge Stage
- ▶ The Identification Stage
- ▶ The Evaluation Stage
- ▶ The Selection Stage
- ▶ The Assessment Stage
- ▶ The Adaptation Stage



## What is an Ethical Dilemma?

- ▶ “According to the National Association of Social Workers Code of Ethics, there is a set of guiding principles to assist social workers in making decisions in the best interests of their clients, even if they might contradict what we might do in our personal lives.”
- ▶ These decisions are not always easy – especially when two guiding principles come into conflict.
- ▶ Source: <http://www.mswguide.org/blog/social-work-ethics/>



## Ethical Dilemmas Cont.

- ▶ These conflicts are called ethical dilemmas.
- ▶ They occur when a specific situation calls for the worker to prioritize one ethical principle over another or if one's personal values come into conflict with the best practices outlined by our profession.
  
- ▶ Source: <http://www.mswguide.org/blog/social-work-ethics>

# Moral Principles

- Moral values help us distinguish between what's right and wrong, good or bad for you and me as well as society.
- Fidelity - faithfulness, loyalty, faithful in fulfilling/keeping commitments, to be on time; keep appointments, and etc.
- Veracity-Truthfulness/honesty. Be honest about your capacity; be honest with your clients.
- Autonomy- respecting the person's right to making their own decisions  
-Informed Consent.
- ▶ Discussion: What are your personal and work values?

# Ethical Theories Approaches

- ▶ In practical ethics, two arms of thoughts exist in decision-making:
  - ▶ Utilitarian
  - ▶ Deontological
- ▶ Video: “Different Ethical Theories & Approaches”
- ▶ Mandal J, Ponnambath DK, Parija SC. Utilitarian and deontological ethics in medicine. Trop Parasitol. 2016 Jan-Jun;6(1):5-7. doi: 10.4103/2229-5070.175024. PMID: 26998430; PMCID: PMC4778182

# Different Ethical Theories & Approaches

## Different Ethical Theories & Approaches

**Deontological, Utilitarian &  
Virtue Ethics**

- ▶ One form of utilitarian theory is known as good-aggregative utilitarianism; it holds that the most appropriate action is that which promotes the greatest total, or aggregate, good.
- ▶ Another theory is locus-aggregative utilitarianism, which holds that the most appropriate action is that which promotes the greatest good for the greatest number, considering not only the total quantity of goods produced but also the number of people to whom the goods are distributed (Gewirth, 1978a).

- ▶ The distinction between these two forms of utilitarianism is important in social work when one considers, for example, whether to distribute a fixed amount of public assistance in a way that tends to produce the greatest aggregate satisfaction (which might entail dispensing relatively large sums to relatively few people) or produces the greatest satisfaction for the greatest number (which might entail dispensing smaller sums of money to a larger number of people).
- ▶ One problem with utilitarianism is that this framework, like deontology, sometimes can be used to justify competing options.
- ▶ The deontological view focuses on process; the utilitarian view emphasizes outcome.
  
- ▶ <https://www.routledgehandbooks.com/doi/10.4324/9780429438813-3>

- ▶ From a utilitarian perspective, murder can be justified if its benefits outweigh the costs, for instance, if a murder of a dangerous criminal saves lives.
- ▶ From a deontological perspective, an act is simply right or wrong despite its consequences.
- ▶ Deontologists argue that if a moral rule can be violated in one situation, it can be violated in any situation, and therefore stops being a moral rule.
- ▶ For example, “do not kill” is a classic absolute deontological rule, and thus murder is always wrong from a deontological perspective even if it saves lives.
- ▶ For a utilitarian, the ends justify the means whereas for a deontologist they do not.
- ▶ Case Scenario
- ▶ <https://www.frontiersin.org/articles/10.3389/fpsyg.2016.01228/full>

# Case Scenario Activity

- ▶ Gary is a therapist who resides in Bainbridge, GA, a rural community in South Georgia. Gary has been employed with the small Bainbridge Mental Health Center for 5 years. He and his family attend church services with several of his clients. He tries hard to not associate with them on a personal level during church services and at other church activities, although they will sometimes approach him at church about issues with their families and children.
- ▶ His most recent challenge is his ex- girlfriend Samantha who was recently hired to be a therapist at the Bainbridge Mental Health Center. Samantha and Gary dated two years ago, and the relationship ended in a negative manner because Gary did not want to marry Samantha. Gary's best friend, John recently informed him that he is having some relationship problems and depression, and he contacted the Bainbridge Mental Health Center to seek counseling for his mental health issues. John's case was assigned to Samantha because of a lack of availability of counselors. On one occasion Gary and Samantha went on a double date with John and his date. Gary is genuinely concerned about how to manage this matter, ethically speaking. He does not want to work with Samantha and he is thinking about quitting his job. John also shared with Gary that he does not feel comfortable receiving counseling from his ex-girlfriend because of the personal information Gary shared with him about the break-up of their relationship.



# Case Scenario Activity

## Group Activity:

- ▶ What are Gary's ethical dilemmas?
- ▶ Should Gary quit his job? Why or Why not?
- ▶ How will you as Gary's supervisor assist him with these ethical issues?
- ▶ What is your rationale based on NASW Code of Ethics?

# Six strategies to establish and communicate healthy boundaries with your clients

- ▶ 1. Use contracts and informed consent
- ▶ 2. Keep track of time
- ❑ Consider politely reminding your client of the boundaries you set around your time at the beginning of the therapy relationship and letting them know when it is reasonably acceptable to contact you and expect a response.
- ▶ 3. Be mindful of self-disclosure
- ❑ The American Counseling Association notes that when used sparingly, professionally, and appropriately, counselor self-disclosure can cultivate trust and empathy and strengthen the therapeutic alliance.
- ❑ However, when used too liberally or inappropriately, it can remove the focus from the client and derail progress (Bray, 2019).

- ▶ 4. Remain conscious of personal feelings
  - ❑ If you find yourself excited about spending time with a particular client, explore this feeling in a supervision or consultation session.
  - ❑ Discussing social or romantic feelings about a client with your colleague or supervisor may feel anxiety provoking, but this is a perfect use of consultation.
  
- ▶ Explore with your colleague or supervisor the emotions you're experiencing and devise a plan to manage or problem solve them.
  - ❑ In the end, this may involve referring the client to another therapist or coach.

- ▶ 5. Consider the implications of physical touch
- ❑ Therapists' attitudes toward physical touch may stem somewhat from their training and therapeutic approach.
- ❑ For instance, analytically trained therapists may be less likely to hug their clients, while humanistically trained therapists might be more likely to do so.
- ❑ While physical, nonsexual touch does not intrinsically violate ethical standards, it is important to consider your boundaries, the client's boundaries, and the implications of touch. Likewise, it is important to ensure that the client feels in control.

- ▶ 6. Practice judicious gift giving
  - ❑ Presently, none of the ethics codes for major therapy organizations prohibit gifts (Zur, n.d.b).
  - ❑ Still, it is recommended that any exchange of gifts and related conversation is clearly documented in your client notes.
- ▶ Interestingly, in some cultures, small gifts are a token of respect and gratitude. Therefore, besides considering a gift's monetary value, therapists should consider the motivations and symbolism underlying the exchange of gifts, taking culture, ethnicity, therapeutic style, client history, and diagnosis into account.

<https://positivepsychology.com/boundaries-psychology-therapy/>

**Activity: Examples for self-reflection. How would you handle the boundary issues in the following scenarios?**

1. A client shares that he won concert tickets but has to work the night of the concert and is looking for someone who can use them. He asks if you want the tickets knowing it is your favorite band.
2. You have a client interested in learning more about her condition. She asks if she can borrow one of the books on your bookshelf.

3. A client referred for substance abuse treatment inquires during the assessment whether you are in recovery.

4. You are out at a local sports bar and you see your client yelling loudly at the game in what appears to be in an intoxicated state.

5. A client mentions that she is struggling to come up with the last \$20 of her rent money. She asks you to loan her the money.

