Dual Relationship Legitimization and Client Self-Determination

Randy Johner, PhD Candidate
University of Regina

Abstract

This paper is a discussion about the legitimization of non-sexual dual relationships in social work practice. Social work ethics and standards require social workers to be cognizant of dual relationships and boundary issues. What happens when the practice arena legitimizes dual relationship actions that ethically do not uphold professional social work standards? What ethical dilemmas does this have for social work practitioners and for their client's right to self-determination? This paper will explore these questions through the utilization of a case study example. Unless the practice arena remains vigilant in monitoring ethical standards of conduct, the helper role will become blurred with personal assumptions about what is right and wrong, and ultimately good.
Keyterms: dual relationships, legitimization, helper role, boundaries, ethical dilemmas

Introduction

Ethics

Ethics can simply be described as two things (Markula Center for Applied Ethics, 2004). Ethics refers to standards of right and wrong, of what each of us ought to do usually in terms of rights and obligations, benefits, common good, least harm and social justice for all. Ethics also refers to the ongoing study and continued development of one's ethical standards. As a practitioner involved in a social work relationship, one ought to pursue, examine and reflect upon ones' beliefs and actions from a moral standpoint not only for oneself but also for the institutions and their moral direction that each person can and does have an impact on (Younggren, 2002).

Social Work Relationship

A social work relationship represents two relationships: a fiduciary relationship and a therapeutic relationship. The client places his/her confidence and trust in the social worker and

depends on the social worker's judgment or counsel (Pelligrino, Veatch & Langran, 1991). As a fiduciary, the social worker is expected to (1) practice with integrity and to act in accordance with her professional standards of conduct and (2) respect the inherent rights and dignity of the client (Black, 1991). As a fiduciary relationship is based on unequal power and responsibility, it is the social worker's obligation to resist abusing this power and to practice in an ethical manner (Kutchins, 1991).

The therapeutic aspect of the relationship means that clients who receive help are vulnerable to social worker influence (Kagel & Giebelhausen, 1994). A social work relationship is particularly vulnerable to non-sexual dual relationships because of the helper role.

Paper position and outline

This paper is a discussion about non-sexual dual relationships and the right to self-determination. The paper takes the view that the 'helper role' within social work practice is inadvertently legitimizing non-sexual dual relationships. This legitimization has the potential to jeopardize the client's right to self-determination. The practice of social work must insist upon on-going study and development of ethical standards in order to recognize actions that promote dual-relationship development. The first step in the vision of an ethical practice is to recognize that the profession has become blind to potentially unethical actions in our practice.

The aim of the paper is twofold: (1) to alert social workers that 'helping' actions may not necessarily equate with ethical practice and (2) to recognize that actions that contribute to a non-sexual dual relationship can be a catalyst for a legitimization of this relationship within the practice arena.

The paper is comprised of the following descriptive parts: (1) the International Federation of Social Work's standard of conduct, (2) a definition of dual relationships, (3) an explanation of the right to self-determination, (4) a case study involving the promotion of action(s) that develop non-sexual dual relationships in the workplace and (5) an ethical debate of these action(s) based on the Markula Center of Applied Ethics ethical decision-making framework.

Social Work Conduct

In October 2004, the International Federation of Social Workers (IFSW) issued a new Ethical Principles and Standards Document (IFSW, 2004). In this document, social worker's

professional conduct must: (1) act with integrity. This includes not abusing the relationship of trust with the people using their services, recognizing the boundaries between personal and professional life, and not abusing their position for personal benefit or gain, (2) include an acknowledgement that they are responsible for their actions to the people they work with, their colleagues, their employers, the professional association and to the law, and that these accountabilities may conflict, (3) foster and engage in ethical debate with their colleagues and employers and take responsibility for making ethically informed decisions and (4) work to create conditions in employing agencies and in their countries where the principles of this statement (IFSW ethical document) and those of their own national code are discussed, evaluated and upheld (IFSW, 2004).

This professional standard of conduct represents a moral aspiration for all social workers. It asks that all social workers engage in ethically based relationships with people and within their workplaces that do not allow them to develop unethical alternative actions to practice.

Dual relationships

Ethical issues concerning dual relationships in the social work practice arena are the most challenging and problematic (Strom-Gottfried, 1999; Kagel & Giebelhausen, 1994). In its simplest definitional form, non-sexual dual relationships in social work practice are relationships that occur when a social worker assumes a second relationship with a client that may cause actual or potential conflicts between their professional duties and their social, religious or business relationships (Kagel & Giebelhausen, 1994; Reamer, 2001; Reilly, 2003). These second relationships may be ethical or unethical, problematic or non- problematic which is why the blurring between professional ethics and standards and practice sometimes occurs.

Reamer (2001) states that it is important for human service professionals to distinguish and to understand what is meant by a boundary crossing and a boundary violation when attempting to understand dual relationship issues. As the name suggests, a boundary violation happens when a social worker is involved in a dual relationship that is exploitative, coercive, manipulative or deceptive. Not only are boundary violations aggressive in nature, but a potential conflict of interest which could harm clients or colleagues is possible. Should a conflict of interest occur, the social worker could potentially be seen as prejudicial in her decision-making.

Dual relationships that are not exploitative, coercive, manipulative or deceptive with clients are seen as a boundary crossing. This type of crossing over between a professional relationship and into a second relationship has the potential to be either ethical or unethical or somewhere in between. Some of these 'crossings' may be more helpful than harmful and vice versa (Hartly, 2002).

Reamer (2003; 2001) has defined dual relationships within five central themes: (1) intimate relationships, (2) personal benefits, (3) emotional and dependency needs, (4) altruistic gestures, and (5) unanticipated circumstances. Actions within those five themes are listed in Table 1.

Table 1: Actions and Themes [Source: Reamer, 2003]

Dual Relationship Themes	Actions
Intimate Relationships	sexual relationships physical contact services to former lover intimate gestures
Personal Benefits	monetary gain good and services useful information
Emotional & Dependency Needs	extending relationships with clients promoting client dependence confusing personal & professional lives reversing roles with clients
Altruistic Gestures	performing favors providing nonprofessional services giving gifts being extraordinarily available
Unanticipated Circumstances	social & community events joint affiliations & memberships mutual acquaintances & friends

Many of the ethical complaints against social workers involve sexual dual relationships (Aguilar, Williams & Akin, 2004; Mittendorf & Shroeder, 2004). Not many practitioners, the institutions and the populations that they serve would fail to recognize the inherent harm and conflict of interest that involve some form of sexuality within a social worker-client relationship. However, not all practitioners, the institutions and the populations that they serve recognize the inherent harm and conflict of interest that can arise from non-sexual dual relationships (Pepper, 2004). Practitioners who do recognize their involvement in a dual relationship can experience

discomfort which may have negative effects on their personal and professional lives (Nigro, 2004). Have we as practitioners allowed those areas that are not as readily evident as sexual intimacy to become so muddled in a twilight zone of practice and place that we have forgotten their ethical importance? Whatever form dual relationships take, it is without question that most dual relationships inherently violate the belief in the worth and dignity of all humans. This belief forms the basis to the right for self- determination.

The Right of Self-Determination

According to the IFSW (2004), the social work profession's foundation rests on the belief that social workers should respect the inherent worth and dignity of all people. The right that underlies this belief is the right to self-determination and participation. Our professional conduct as social workers must reflect this belief and promote the right to self- determination.

The right to self-determination for everyone must be recognized and respected. Self-determination is a key aspect in a community's autonomy to control its own future and thus to grow and prosper (Foster, 2001). Self-determination is not only perceived to be a right of control in one's destiny but also in holistic terms, of one's health and survival and ultimately of ones' community's health and survival (Tuhiwai Smith, 1999).

The United Nations International Covenant on Civil and Political Rights in Part 1, Article 1 of its declaration, recognizes that all people have the right to self-determination "by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development" (1997). Everyone has a basic moral right to self-determination, to participation in their development and through that participation, to control over what happens to them (Tuhiwai Smith, 1999). All people must be viewed as capable of self- determination (Buckle, 1993) and as possessing an inherent right with regard to that capability.

Principles of human rights are fundamental to social work. The right to self-determination is a fundamental human right that the profession of social work adheres to. The right to self-determination should remind all of us that ethics has an important place in human affairs. Almond (1993) believes that self-determination is based on humanities commonalities, their needs and capacities. The commonalities among persons should be more important than their differences.

Case Study

I worked in a medium sized city in a government department in a special unit that worked with the vulnerable population of lone parent families. Most of these parents were female, between the ages of 16 years and 24 years who were on social assistance, had not completed high school and were without familial support. These youthful mothers were referred to the unit through various channels: (1) child protection workers, (2) long term ward (foster care) workers, (3) medical personnel (i.e. nurses, medical clinics, doctors), (4) relatives or friends, or (5) self-referral. Unless the referral was from a child protection worker, participation within our program was voluntary. The length of time in the program averaged one year. Some of the young mothers stayed with the program for 5 years or more, depending on their level of need and the number of pregnancies that they had. The workers often commented that the very nature of the helper role that had developed through time in the unit took on a pseudo big sister or mother role. We were encouraged to be involved with a client as much as our time allowed in relation to our perceived need of that client.

The unit program for the young mothers offered in-home parenting education and support (i.e. how to mix formula, bathing children), support through facilitation of parent support groups, transportation to medical appointments and any other appointments that the social worker deemed necessary (i.e. purchasing food, food bank pick up) advocacy in the areas of housing, financing, medical appointments, bus ticket allocation, partner relationships and teacher-parent meetings for school-age children. Depending on the worker's determined need of the client, a worker might see the client once a month, once every 2 weeks, once a week, and sometimes in a crisis, every day until the crisis was resolved. Some clients telephoned every day for various reasons, but often for support and socialization.

Meeting clients in one's office was discouraged for reasons of confidentiality, particularly around adoption information. There were interview rooms in the building specifically for meeting clients. Most staff did not utilize these rooms as most of their contact with clients was in-home, in the hospital, in transportation (cars), grocery stores or restaurants.

The social workers in the unit were also involved in the social lives of these mothers. This involvement took various forms such as attendance at graduation ceremonies and birthday parties, bringing gifts to the hospital in celebration of a new baby, taking the mother and child out for lunch

(occasionally) or coffee (often) as a form of social support (i.e., acceptance, role modeling behavior in a restaurant, friendship gesture). The expenses incurred through the invitations for coffee (or lunch) were reimbursed through the workplace. Sometimes clients offered to take workers out for coffee, which was occasionally accepted.

Social workers were not encouraged to give the clients their home numbers. However, clients could access workers after hours and on weekends by calling a mobile crisis unit that could connect with the worker. Clients were able to access staff telephone addresses and addresses through the telephone book. Occasionally a client would telephone a worker or turn up at their home. Although this didn't happen often, when it did, the worker felt compelled (due to the intense nature of the worker-client relationship) to communicate with the client on the telephone or to invite them into their homes for a brief chat.

At one point in time, the unit developed and facilitated a grief support group for young mothers who had placed their child or children in an adoptive home. This support group took place in one of the social worker's home. The session often lasted an afternoon with refreshments as part of the session. The two social workers who facilitated the session and the clients (ages 15 to 20) became very close to one another. Some of these girls were also the worker's clients so were involved with the workers outside of the support group. The workplace unit enthusiastically endorsed this support group.

Social workers often received cards, photographs, letters and small gifts from clients as tokens of appreciation and friendship. These gestures of appreciation were proudly displayed on desks and on wall boards not only as remembrances of a helping role that was appreciated but also of friendships that had been formed.

Ethical Decision-Making Framework

Let's examine whether or not some of the actions (from the case study), particularly emphasizing the action of facilitating a support group in a social worker's home, were ethical and contributed to dual relationships, according to the Markula Center for Applied Ethics (2004) framework for ethical decision-making. This framework is comprised of five steps: (1) recognize a moral issue, (2) get the facts, (3) evaluate the alternative actions from various moral perspectives, (4) make a decision and (5) act, then reflect on the decision later. Questions concerning ethics and

those actions that may contribute to non- sexual dual relationships in social work practice ask how we ought to act or conduct ourselves. As social workers, in accordance with IFSW standards of conduct, are our actions right or wrong?

Recognize a moral issue

Was there something wrong personally, interpersonally or socially in the worker client relationship described in the case study? The social workers could not be described as intentionally conducting themselves in a manner that they would describe as wrong but was it perhaps, albeit more gently stated, not quite right. Being involved in non-sexual dual relationships that are altruistic in nature such as giving gifts, attending social events and being extraordinarily available are often intended, at least from the worker's perspective, to be helpful in supporting the worker client relationship. However, clients may see these altruistic behaviors as an indication of a worker who is a friend or even perceived as a familial support person.

Social workers supporting clients as a group in their homes could be seen from a client's perspective as confusing or blurring of personal and professional lives and as an extension of another relationship beyond the worker client relationship. Social workers may be promoting client dependency through these kinds of actions and the potential for conflict-of-interest situations to occur.

The workplace reimbursement of funds spent on 'socializing' in restaurants in order to 'promote and enhance the client-worker relationship', in essence, officially recognized this socializing behavior as legitimate and indirectly promoted further actions of this nature. In essence, social workers were supported through the workplace to conduct themselves in a manner that was supportive of non–sexual dual relationships.

Get the Facts

Who is at risk of vulnerability and has more to lose: the social worker, the workplace or the clients? All three parties are at risk of vulnerability. Even though due to benevolent motivation, the social worker is vulnerable to further breaches of professional standards of conduct because she has become blind to ethically questionable actions within her practice. The workplace is vulnerable to institutionalizing some forms of non-sexual dual relationships because of the continued legitimization of actions that contribute to the development of dual relationships

between social workers and clients. Both the social workers and the workplace support some form of non-sexual dual relationships because no one recognizes these behaviors as inherently wrong. Genuine motivation to help in not inherently wrong, but rather should be a stimulus for professional behavior.

The client is at risk of increased vulnerability because a second relationship with their social worker crosses a boundary between the professional helper role and the client, creating a potential place of dependency and a threat to the right of self-determination.

The social worker and the workplace are at risk of losing or blurring the meaning of those professional standards of conduct that set social workers apart and unique from other helping professions. Unless social workers remain vigilant in maintaining their professional standards, those standards lose their intrinsic value for the profession. Our integrity as professionals in a helping role is at risk. We have something very special to lose.

Clients, such as youthful single mothers, are vulnerable before the client worker relationship exists. The social worker relationship by its very fiduciary and therapeutic nature places these clients in a vulnerable place. These clients are at risk of increased on-going vulnerability. It is painfully obvious that the client is most at risk of vulnerability and has the most to lose: their right to self-determination.

What options (actions) do the social workers from the case study have? If we examine the example of the grief support group in a worker's home, several options become readily apparent. The support group location could have been moved to a neutral location i.e., a community center. The workplace (from an agency support rather than from a specific worker support) could have supported the group with a contribution of refreshments, space and childcare. Social workers, other than the client's workers, or those workers outside of the unit, could have facilitated the group.

Evaluate the Alternative Actions from Various Moral Perspectives

The Utility Perspective

The utility perspective focuses on the consequences that actions (or policies) have on the well-being of all persons directly or indirectly affected by the action or policy. We would ask ourselves as social workers, what action will produce the most *good and do the least harm*? Of any two actions, the most ethical one will produce the greatest balance of benefits over harms.

The reader may feel that the client's sense of well-being in the worker's home would not have been affected. But what would a client have to say? Clients may not feel that they have a voice with regard to location of services or if asked, would agree to the location feeling the social worker had more knowledge of these things. Some clients may have felt uncomfortable, awkward or unsure of their role with the workers or conversely felt closer to the workers and believed they were more in need of help than they originally had thought they were. Did some of the clients believe that the social workers were truly becoming very close friends?

Very confidential and painful experiences were shared in the group. Did a home environment mean something different to each girl? Were those meanings (individual girl's perceptions) compatible with what a home meant to the workers? Did the home location make some of the girls sad or unhappy because of their familial background experience? Would having the support group in a community center have raised the same questions of ethical concern?

The Rights Perspective

The rights perspective recognizes that everyone must be *treated with dignity and must* respect *the rights of a person* who is seen as capable of making her decisions with regard to her own destiny. A right to self-determination is recognized as a moral right within the rights perspective. The social workers unquestionably treated the grieving mothers with dignity and respect. But if the reader looks deeper into the situation, the clients, grieving the loss of a child and some still children themselves, were placed in a position of increased risk for emotional dependency and confused personal and professional relationships, because of the location of the group. This location, and the 'choice' about going to a group at this location, indirectly threatens the dignity and respect of these young mothers, and their ability to make decisions with regard to their own destiny. Both the location and the 'choice' of going to this location represent serious boundary issues. An action is morally right when clients have voluntarily given their permission and have been given the necessary knowledge (that supports their right to self-determination) to make this decision.

The Justice Perspective

The justice perspective focuses on how *fairly or unfairly* our actions distribute benefits and burdens among the members of the group. In our example, the social workers would have

endeavored to treat everyone in the group in a fair manner. Is the action of having a support group in a social worker home capable of fairly treating (i.e. grief counseling) everyone in a fair manner in light of how this action potentially burdens vulnerable clients with actions that contribute to dual relationships? Some of these clients may have been more vulnerable than other members of the group. An action is morally right when we treat all clients fairly and in the same manner.

The Common Good Perspective

The common good perspective looks at society as comprised of individuals whose own good is inextricably tied to the good of the whole. This perspective looks at the option that will promote the *common good* and help everyone to participate and share in society's goods. Does the home location have anything to do with the common good? It may have everything to do with the common good. What may harm one can damage the whole. A client who is harmed in some way from meeting at a social worker's home has brought harm to the whole group. The common good is advanced through ethical action.

Make a Decision

The reader may have come to the conclusion that the action of having the support group in a community center rather than a social worker home would: (1) *produce the most good and do the least harm,* (2) *treat everyone with dignity and respect their right of self-determination,* (3) *would treat everyone fairly,* (4) *promote the common good and* (5) *develop moral virtues in all of us.* This action is the right thing to do.

Act, then Reflect on the Decision Later

Once an action is taken (i.e., to have the support group in a community center), then it is necessary to conduct an evaluation of how that action of choosing a community center for the support group worked out for all concerned. Social work must continually evaluate their actions, in order to improve and develop a reflective practice which is based on professional standards of conduct.

Reflective practice means looking back at ourselves in a certain situation and looking at how certain actions have affected us and how we have affected others through those actions (Burns & Bulman, 2000). Reflection forces all of us to attend to our feelings and to examine our moral beliefs in conjunction with our professional standards of conduct about what is right and wrong,

and ultimately good. With reflection, we can analyze our actions in the workplace and decide if we will react differently if faced with a similar situation in the future.

Conclusion

The reader may disagree or agree with some or all of the ethical debate around the case study, or even for the need for such an ethical debate to take place (Zur, 1999). The point is that ethical debates with colleagues and employers are not taking place in some workplaces and should be. Are social workers aware that 'helping' actions (based on personal assumptions about what is right and wrong) may not necessarily be equated with professional ethical practice? Is the practice arena contributing to the legitimization of dual relationship actions?

Ethics is about standards of right and wrong with regard to our actions in terms of the common good, virtues, benefits and fairness and the recognized rights of all humans. It is also about the continual examination and study of our moral beliefs and moral conduct. An ethical practitioner does not have to do whatever the workplace accepts and supports. The fact that there is no definitive agreement on all issues among all people supports the need for on-going ethical debate.

Not all actions which can contribute to a non-sexual dual relationship between social workers and clients are inherently unethical or potentially harmful. Locating a support group in a worker's home is not inherently unethical, but it is certainly potentially harmful. Some actions such as attending a birthday or giving a present in celebration of the birth of a child may be more ambiguous in one's ethical interpretation of them. For these types of actions, it is especially important to be cognizant of their potential to develop into a second relationship with a client or to create dependency.

First, actions that can contribute to potential non-sexual dual relationships must be recognized, and second, these actions must be thoughtfully examined and reasons for courses of action documented prior to actualization (Reamer, 2001). Ensuring client safety from non-sexual dual relationship harm and respecting their right to self-determination is a primary consideration for all social workers. Ensuring worker professionalism and safety from ethics complaints and possible lawsuits is a primary consideration for the profession.

Practice arenas which support actions that may contribute to non-sexual dual relationships are in danger of legitimizing these actions. Over time, no matter what actions were genuinely initiated because they were seen as helpful (i.e., regularly taking a client out for coffee), if legitimized, will become an institutionalized workplace standard of conduct. This standard of conduct jeopardizes social work's foundation which is built upon the client's right to self-determination.

Lest we forget, standards of conduct and ethical action must not be forgotten. It is too easy to become blind to the inherent harm and conflict of interest in non-sexual dual relationships and in that blindness, lose the vision of the dignity and worth of all humans.

References

Aguilar, G., Williams, C., & Akin, J. (2004). A Comparative Study of Practitioners and Students in the Understanding of Sexual Ethics. *Journal of Social Work Values and Ethics.* 1, 10-19.

Almond, B. (1993). Rights. In P. Singer (Ed.) *A Companion to Ethics.* Oxford: Blackwell Publishing Ltd.

Black, H. (1991). *Black's Law Dictionary.* St. Paul: West.

Buckle, S. (1993). Natural Law. In P. Singer (Ed.), *A Companion to Ethics.* Oxford: Blackwell Publishers Ltd.

Burns, S. & Bulman, C. (2000). R*eflective Practice in Nursing-The Growth of the Reflective Practitioner.* Blackwell Scientific.

IFSW Proposal for a new Ethical Document Agenda Item 11.1. (Retrieved on October 21, 2004 from www.ifsw.org/GM-2004/GM-Ethics.html).

Foster, C. (2001). Articulating Self-determination in the Draft Declaration on the Rights of Indigenous Peoples. *ELIJ.* 12, 141-157.

Hartly, S. (2002). Drawing the Lines of Professional Boundaries. *Renalink.*3, 1-9.

Kagel, J. & Giebelhausen, P. (1994). Dual Relationships and Professional Boundaries. *Social Work.39, 213-*220.

Kutchins, H. (1991). The fiduciary relationship: The legal basis for social workers' responsibilities to clients. *Social Work.* 36, 106-113.

Markula Center of Applied Ethics. (2004). Retrieved September 10, 2004 from www.scu.edu/ethics/practicing/decision/framework.html.

Mittendorf, S. & Schroeder, J. (2004). Boundaries in Social Work: The Ethical Dilemma of Social Worker-Client Sexual Relationships. *Journal of Social Work Values and Ethics.* 1, 2-9.

Nigro, T. (2004). Counsellors Experiences with Problematic Dual Relationships. *Ethics & Behavior.* 14, 51-64.

Pelligrino, E., Veatch, R., & Langran, J. (Eds.). (1991). *Ethics, Trust and the Professions.* Washington, D.C.: Georgetown University Press.

Pepper, R. (2004). Confidentiality and Dual Relationships in Group Psychotherapy. *International Journal of Psychotherapy.* 54, 103-114.

Reamer, Frederic (2001). *Tangled Relationships.* New York: Columbia University Press

Reamer, Frederic (2003). Boundary Issues in Social Work: Managing Dual Relationships. So*cial Work.* 48, 121-133.

Reilly, D. (2003). Not Just a Patient: the dangers of dual relationships. *Canadian Journal of Rural Medicine.*8, 51-53.

Singer, Peter (ed.) (1993). *A Companion to Ethics.* Oxford: Blackwell Publishers.

Strom-Gottfried, K. (1999). Professional Boundaries: An Analysis of Violations by Social Workers. *Families in Society.* 80, 439-49.

The United Nations International Covenant on Civil and Political Rights. (1997). Retrieved on October 21, 2004 from www.hrweb.org/legal/cpr.html.

Tuhiwai Smith, L. (1999). *Decolonizing Methodologies Research and Indigenous Peoples.* Dunedin: University of Otago Press.

Younggren, J.N. (2002). Ethical decision-making and dual relationships. Retrieved on October 1, 2004 from http://kspope.com/.

Zur, O. (1999). The demonization of dual relationships. *Independent Thinking Review.* Critical Thinking About Psychology Series, monograph # 2 (26 pages). Oakland, CA: Published by Resources for Independent Thinking (RIT).