

TEACHING ETHICAL DECISION MAKING USING DUAL RELATIONSHIP PRINCIPLES AS A CASE EXAMPLE

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When the National Association of Social Workers (1999) ratified the Code of Ethics in 2000, it was an acknowledgement that dual relationships can be part of sound social work practice. The educational materials that are available to educators do not move sufficiently beyond a risk-reduction approach to dual relationships to an assessment of how a dual relationship can be assessed and ethically maintained. This article presents discussion on the practice and cultural issues that influence dual relationships in various environments, reviews the materials available to social work educators, and describes how social work educators can train students for making more complex assessments of potential dual relationships. The article includes recommendations for problem-solving models that are applicable to the complexity of dual relationship assessment and recommends more descriptive vocabulary to assist in contextualizing discussions about dual relationships.

THE RATIFICATION AND SUBSEQUENT REVISION of the National Association of Social Workers' (1999) Code of Ethics signaled another stage in the profession's perspective on ethical practice. Since the ratification, continuing education materials and publications have been offered that more clearly establish ethical standards for practice and education. In addition, the National Association of Social Workers has developed training modules on ethics that are offered throughout the country. It published the first casebook that identifies how ethical violations are interpreted under the new code (NASW, 1998), which is a vital tool in ethics education. The Council on Social Work Education, which had been criticized for providing little guidance about how to meet accreditation standards

on the infusion of ethics content throughout the curriculum (Goldstein, 1998), published a curriculum resource guide (Black, Congress, & Strom-Gottfried, 2002). While progress has been made in social work education and training on ethics, more effort is needed. According to Reamer (2001a), ethics education is "delivered unevenly . . . one might argue that over time the proportion of social work education programs devoting explicit attention to this content area has shrunk" (p. 3).

The profession has an opportunity to critique the underlying assumptions of these expanded ethics principles and to discuss their use in teaching ethical decision making. This article discusses a number of different curriculum-related issues: selection of approaches

for infusing ethics into the curriculum, ethical decision-making models (both general and dual relationship specific), expansion of the ethics vocabulary, and information for classroom discussion of the controversial topic of dual relationships. This article is built on the assumption that there is a continuum of viewpoints on many difficult ethical decisions; that is, that there are often reasonable arguments for and against different courses of action. This perspective can be lost in the trend toward more rigid ethical rules that attempt to simplify relationships through legislating the avoidance of dual relationships. Although these regulations may alleviate some anxiety around risk management issues, they do not solve the wide variety of messy dilemmas faced regularly by practitioners (Coale, 1998–1999). Students, like seasoned practitioners, often do not reach consensus on complicated ethical issues. What is important is that they have the opportunity to learn the profession's values, become aware of their own values, think about those that are conflicting, thoroughly critique the NASW code of ethics, debate hypothetical cases, and present case examples from their field experiences. The code's standards on boundary issues and dual relationships will be used to illustrate this classroom process.

Formats for Teaching Ethics

One challenge for social work educators is how best to teach students effective ethical problem-solving skills. Two different approaches have been articulated for teaching social work ethics. One perspective, which could be referred to as the process method, deals with clinical and ethical issues as inseparable (Kugelman, 1997). A second perspective views

ethics as technical and complex, therefore requiring specific training on how to recognize and solve ethical dilemmas inherent in social work practice (Reamer, 1997). The latter model will be referred to as the technical method. The difference between these approaches can be seen in how each might be used in teaching the NASW ethics code. In the process method, ethics issues would be discussed in a broad sense based on core values and basic ethics principles. Students would be expected to develop mastery over the broad ethics principles and social work values. This approach would blend ethics issues with discussions of personal and cultural values.

The technical ethics model of teaching would also have the ethics code as part of the required reading or an expected part of prior learning. Students, however, would be expected to learn a more technical ethics vocabulary and have the ability to use the specifics from the ethics code as a standard for analyzing a case. This approach facilitates students' deconstructing practice cases on parallel, complementary models of clinical and ethical decision making. Students receiving this type of teaching would be expected to develop mastery of the profession's ethics code, understand values, the legal aspects of the ethics code, and specific ethics problem-solving model(s). Students trained in the technical aspects of ethical decision making are probably more equipped to understand the review processes of ethics committees. A selection between the process and technical models forms the basis for selecting course materials, developing student learning objectives, and structuring class discussions. A comprehensive approach would include both types of instruction.

The NASW ethics codes from previous decades (1960, 1967, 1979, 1990, and 1993), with their shorter formats and simplistic language, lent themselves to education that could easily capture ethics decision making within the process model. The current trend in social work view ethics through a harm-reduction approach (Reamer, 2001a) has resulted in an ethics code that is technical, with terminology that has strong legal implications for practice and liability reduction. The complexity of the current ethics code requires more than a simple infusion of values and ethics discussions within course work. Understanding the code and its legalistic language requires a more detailed review of its structure and its application to practice. Using the code as a cornerstone for practice requires the teaching of a method for ethical decision making. A student's ability to discuss practice examples and decide how a particular course of action may be in violation of the ethics standards requires a problem-solving strategy specific to the ethics code, if only to answer where in the ethics code the violation can be identified.

Ethical Decision-Making Models

Educators have many models of ethical decision making from which to choose, ranging from the classical Greek to modern frameworks from various disciplines. Several models of ethical decision making have been proposed by social workers (Congress, 1998; Joseph, 1985; Lowenberg & Dolgoff, 1996; Mattison, 2000; Reamer, 1993). Lowenberg and Dolgoff (1996) identify two useful models: a basic decision-making model and an "ethical assessment screen." The decision-making model is useful in identifying the stakeholders

in a dilemma and providing students with a step-by-step guide for problem solving. The "ethical assessment screen" helps practitioners focus on the relevant values from a variety of domains: personal, professional, and societal. Used in conjunction, these models are a good example of a sound ethical decision-making model that is easily taught and applied. Table 1 provides a condensed summary of basic ethical decision making.

The National Association of Social Workers developed a training curriculum in conjunction with the Code of Ethics revision that describes decision making through a set of sequential steps. The "Framework for Solving Ethical Dilemmas" consists of 14 questions: (1) Why is this bothering me? (2) What is the primary dilemma? (3) Are there ethical issues involved? (4) Who will either face ethical issues or be affected by the resolution? (5) What are the facts? (6) What value conflicts are present? Are some more important than others? (7) What ethical principles are in conflict? Are some more important than others? (8) What are the alternative courses of action/options? (9) Which demonstrates the greatest mutual respect among persons? (10) Can any of the alternatives be universalized? Would I advise anyone to follow the same course of action in any similar situation? (11) What are the consequences, risks, and implications of each option? (12) What are my motives and those of others involved? (13) Am I being true to myself? and, (14) In light of these answers, what is my decision?

Mattison (2000) proposes an ethics process model, described as the "person in the process," which includes awareness and evaluation of the social workers' preferences and experiences in the decision-making process. This

TABLE 1. Steps in Problem Solving Through Ethical Dilemmas

Steps in Decision Making Related to Dual Relationships	
1.	Is the dual relationship discretionary? <ol style="list-style-type: none"> a. In nondiscretionary overlapping relationships attention needs to be focused on issues related to boundaries, confidentiality, privacy (consumer and SW), and the limitations of professional services. b. In discretionary relationships an evaluation of the benefits and risks of the potential relationships need to be weighed.
2.	What are the needs and motivations of the professional and the consumer?
3.	To what extent is the consumer dependent on the professional and therefore potentially vulnerable?
4.	What is the clinical profile of the (potential) client? Can an Axis II diagnosis be ruled out?
5.	What are the benefits and limitations of a dual relationship? How will the informed consent responsibilities be conducted and documented?
6.	What are the professional resources available to resolve potential conflicts should they arise?
7.	At what points will the effectiveness of the relationships be jointly evaluated?
8.	How will charting or documenting of the dual relationship be handled where an ongoing professional responsibility exists?
Basic Steps for Solving Ethical Dilemmas	
1.	Identify the issue or behavior.
2.	Identify all stakeholders and to whom primary professional responsibility is owed. (This will vary based on type of SW practice and contractual agreements.)
3.	Clarify the underlying ethical values. This can include both personal and professional. The foundation values of NASW are: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.
4.	Prioritize the values in the case of conflicting principles.
5.	Identify the related principles from the ethics code.
6.	Identify individuals to include in consultation such as supervisors, coworkers, attorneys, and clients. In cases where countertransference issues are a part of the dilemma, clients may become needlessly burdened by issues that are more appropriately handled in supervision.
7.	Inform stakeholders of the decisions and reevaluate as needed.
8.	Documentation of both the decisions and the decision-making process is part of the standard of care for some types of SW practice.
Steps for Contextualizing Issues in Ethical Decision Making	
1.	Identify cultural issues related to clients' needs and expectations, professionals' practice, and the agencies' service delivery.
2.	Identify personal needs that may be causing countertransference based distortions in professional perspective.
3.	Clarify the professional resources available for consultation including agency staff and NASW ethics committees on state and national levels.

model combines self-awareness, clinical considerations, cultural awareness, and the ethics code in an assessment of differing professional obligations. The model captures the gestalt of complex ethical decision making but does not completely address the technical complexity of the ethics code or legal responsibilities.

While each of these models has an application in ethical decision making, the true test of utility is in the application of each to difficult ethical questions faced by practitioners. Dilemmas around dual relationships are among the more complex and thus ideal for testing ethical decision-making models and challenging students. The following section reviews the changes in the dual relationship standards for social workers and the importance of these changes. An ethical problem-solving model will then be applied to the dual relationship issue.

Dual Relationships

The current code of ethics does not adopt a simplistic ban on dual relationships in recognition of the diversity of social work practice. The result is a movement from an abstinence model to an emphasis on social workers' responsibility to avoid potentially harmful secondary relationships with clients. Social workers bear the burden of proof that clients have not been harmed. The code considers sexual relationships with clients or former clients to be unethical. This includes both the addition of a sexual relationship after a person has been a client and treating current or former sexual partners. In addition, the NASW (1996) code has a specific provision related to nonsexual dual relationships:

The social worker should not engage in any dual or multiple relationships with clients or former clients in which there is risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (1.06 C)

This standard requires that social workers develop models of decision making and standards of care that are congruent with the complexities of varied settings. Although other professions, such as psychiatry and psychology, have explored the question of dual relationships for decades, the uniqueness of our profession's history makes it necessary to develop problem-solving strategies that are specific to social work. The dual relationship discussion must include the consideration of contextual issues: the type of social work practice; the level of community involvement of the social worker; the client's sense of independence; the legal standards in the state; the cultural framework of the client, the social worker, and the services provided; the social worker's personal needs and related countertransference issues; and consultation resources available to the social worker.

It should be noted that although this article focuses primarily on the NASW code of ethics, social work students may join other professional organizations that have ethical codes with different perspectives on dual relationships. For example, the National Association of Black Social Workers (undated) does not seek to minimize dual relationships nor does it mention the subject in their code

of ethics. It focuses instead on social workers' responsibility to the Black community. The National Association of Black Social Workers code states: "I stand ready to supplement my paid or professional advocacy with voluntary service in the Black public interest." This type of community-focused practice increases the likelihood of developing dual relationships with individuals and groups.

Although limited in the area of dual relationships, the social work literature provides some conceptual and research-based information that is useful to educators. Information is available that identifies dual relationships as the basis for malpractice claims against social workers (Reamer, 1995), ethics complaints against social workers (Strom-Gottfried, 1999), and ethics complaints against social work educators (Strom-Gottfried, 2000). Much of the published social work literature on dual relationships remains focused on an abstinence model that is described as a risk reduction, or liability limiting, frame of reference (Reamer, 2000, 2001b). More recent social work literature has begun to offer frames of reference for considering how dual relationships can be conceptualized, discussed, and managed ethically. Reamer (2003) identifies five themes that are common in dual relationships. The categories are: intimate physical behaviors, personal benefit, emotional and dependency needs, altruistically motivated gestures, and unplanned dual relationships. Using survey data from deans and social work educators, Congress (2001) describes attitudes about dual relationships in academia. This work allows us to evaluate the norms in our educational institutions, which are the foundation of the modeling that affects social work students.

Discussion of dual relationships in social work practice necessitates a clarification of the concept of the client relationship. When does a social worker's responsibility to a former client end? Mattison, Jayaratne, and Croxton (2002) found that social workers varied on their views of when a client is considered a former or ex-client. Social workers in public agencies were more likely than workers in other settings to believe the client became an ex-client with the termination of service delivery. Social workers in this study also differed on their views of the acceptability of dual relationships, with publicly employed workers more likely to see dual relationships as potentially ethical while workers in private settings did not.

The ethics code references an ongoing responsibility to former clients in two areas: dual relationships and sexual relationships. The code admonishes social workers not to engage in dual relationships with vulnerable former clients, suggesting that ethical dual relationships are possible with former clients who do not appear vulnerable. The NASW (1999) code prohibition on sexual contact with former clients is more clear: "Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client" (1.09 c). There is no stated time limit to this prohibition.

As noted by Brown (1989), professional codes of ethics provide only very general outlines of what is not permitted. As mentioned, the NASW code of ethics prohibits only potentially harmful dual relationships. The challenge to educators is how to teach students to evaluate potential dual relationships for risk. Prohibition of overlapping relationships might be appropriate if all social workers and clients

lived in large cities and had similar values. In reality, however, rural settings and tightly knit communities based on race, ethnicity, religion, and sexual orientation do exist. Because clients often select helpers with backgrounds similar to their own, the lives of social workers and clients often overlap significantly in these communities (Lerman & Porter, 1990). A study of NASW members (Jayaratne, Croxton, & Mattison, 1997) found that 21% acknowledged developing a friendship with a client, 25% have participated in social activities with clients, and 23% serve on community boards or committees with clients. More than 22% have clients with whom they have had another relationship. Classroom discussion can be enriched with discussions of work in these communities and of historical social work practice, models such as the settlement movement, in which the standards of care, consistent with ethical codes of the time, included multiple relationships with clients.

Rural Settings

There are some clear differences between the characteristics of rural and urban areas. As the size of the community decreases, the likelihood of out-of-session contact with clients increases (Horst, 1987). In rural communities and small towns, encounters with former and current clients may be a daily occurrence. Freud & Krug (2002) note that an "exclusive relationship" in therapy may be a luxury for social workers practicing in smaller communities. They note that "purposeful cultivation of 'dual relationships' may be necessary for successful entry, professional legitimacy, and knowledgeable intervention" (p. 488). Anonymity is impossible to achieve in small communities and the absence of alternative services renders referral unten-

able (Jennings, 1992). Jennings (1992) notes that interpersonal relationships in rural communities are determined more by geography than choice and are characterized by an unusual degree of openness. Movement between social classes is more common, and relationships with professionals are less distant and formal. There are fewer people with whom to relate, resulting in greater interdependence with relatives and neighbors (Hargrove, 1986).

Jennings (1992) points out that these differences are significant in that it "is perhaps ironic that in some rural settings, it is only because of a dual relationship, i.e., considerable personal knowledge about the [therapist], that patients would seek treatment—precisely the obverse from that commonly seen in urban settings" (p. 103). He also notes that other practices prohibited by professional codes, such as bartering and accepting client gifts, are justifiable, even desirable, in rural settings.

Other Small Communities

According to Gartell (1992), "the relatively small size of the community and the high incidence of informal contact between lesbian therapists and clients make boundary delineation difficult" (p. 29). Clients frequently select a social worker specifically because she is a part of a shared community and according to Smith (1990), "Because of the small size of lesbian communities in even our largest cities, we will be visible as lesbian therapists and activists and frequently will be chosen by potential clients for just this visibility" (p. 92).

Lesbian social workers routinely encounter their clients at restaurants, movie theaters, fundraisers, concerts, marches, and various other community functions. A study of lesbian

and gay psychologists (Lyn, 1990) revealed that 95% had social encounters with former or current clients. In addition, 12% of the respondents had engaged in social relationships with current clients and 42% had done so with former clients.

In addition to social workers who are lesbian, those who are feminists or members of ethnic, racial, or religious minority communities frequently find themselves in social situations with their clients. Social workers recovering from chemical dependency may find themselves in self-help meetings with their clients. It is impossible for these social workers, who live and work in the same community as their clients, to honor rigid professional prohibitions against seeing their clients in any place other than the office.

Dual Relationships and Ethical Decision-Making Models

Because some dual relationships are now potentially ethical, students need to learn how to recognize and evaluate the following contextual issues: the mental health of the individuals involved (transference and countertransference issues for clinical relationships; vulnerability and power issues in other types of practice); culture mores that may establish a norm of multiple relationships (e.g., 12-step communities, minority communities); and the specific types of social work practice methods (clinical work, community organizing, program evaluation, teaching) that may result in multiple relationship. These kinds of contextual issues are considered in the ethical decision-making process and the assessment of potential risks to clients of a particular dual relationships. The contextual issues would continue to be monitored within

dual relationships to ensure the safety of the client and the maintenance of ethical boundaries. Social work educators need to teach ethical decision-making models that include the evaluation of these contextual issues so that students will be prepared to respond ethically to dual and overlapping relationships.

Literature on ethical problem solving about dual relationships is limited. Gottlieb (1993), writing for the psychiatric community, describes a decision-making model for dual relationships that is useful to clinical practitioners. In this model, the decision to enter into the additional relationship is based on an analysis of three areas for each relationship: power, duration of the relationship, and the clarity of the termination. Each of these areas is viewed on a continuum from low to high. Then the compatibility of the two relationships is compared. This model provides a method for analyzing the prior therapeutic relationship and clarifying any potential incompatibility of adding a dual relationship. Refer to Table 1 for a comparison of basic ethics problem solving with decision making about dual relationships.

Class Materials

The Council on Social Work Education has published a curriculum resource guide on various approaches for including ethics content in the curriculum, course assignments, classroom exercises, handouts, and reading lists (Black, et al., 2002). Reamer (2001a) provides a comprehensive review of ethics education and its evolution. While both of these resources from the Council on Social Work Education are useful to educators, they do not approach ethical decision making with the level of detail that is necessary to apply the NASW code of

ethics or to evaluate the complexities inherent in potential dual relationships.

Social work educators may find that the vocabulary-traditionally used in dual-relationship discussions is limited and nonreflective of the intricacies of diverse social work practice. The term "overlapping" relationships adds to the language by providing a descriptor for occasions when a professional may not decide to add a relationship, but may, nonetheless, have some type of additional contact with a client. Borys and Pope (1989) use the terms "dual professional roles," "social involvement," "incidental involvement," and "financial involvement." Simon (1995) uses the term "boundary excursions" to describe what he sees as common in the therapeutic relationship. Reamer (2003) identifies two categories of dual relationship: "boundary violations" that are harmful and "boundary crossings" that are not intentionally harmful. There is a clear need for an expanded nomenclature that will facilitate discourse on the social work profession's move from a model that requires abstinence from dual relationships to a perspective that dual relationships are possible and must be managed ethically.

Another alternative is for social workers to develop more descriptive language that is reflective of diverse social work practice and the complexity of ethical choices. It might be helpful to add a descriptor regarding professional obligation. For example, one might use the terms "therapeutic-based dual relationship," "advocacy-based dual relationship," "program evaluation-based dual relationship," "community organizing-based dual relationship," or "protective service-based dual relationship." This type of language could help social workers identify and discuss categories of dual relation-

ships. The terminology adds the professional context to discussions on dual relationships. The terminology identifies a level of responsibility in the professional relationship while suggesting possible levels of vulnerability in the client. For example, clients in therapy and those who are receiving child protection services can be seen as potentially more vulnerable in a dual relationship, while clients in dual relationships based on community organizing or program evaluation services might be comparably less vulnerable. Discussions on dual relationships can be facilitated by more complex language that allows us to move past the terminologies that represent simplistic dichotomies, such as planned/unplanned, ethical/unethical frameworks, that abound in the social work literature.

In critiquing the dual relationship standards, students need encouragement to discuss the complex issues that arise in their relationships with clients and their educators, including their sexual feelings and other issues about overlapping roles. Table 2 summarizes differing perspectives on dual relationships.

The next section of this article will outline the major elements of the class debate on (non-sexual) dual relationship, the underlying theory and assumptions of this ethical principle, and the competing points of view around it.

Theoretical Orientation

The professional's theoretical orientation influences the degree to which she views involvement with clients as ethical. Psychodynamic/analytic therapists endorse fewer nonerotic behaviors as ethical than therapists of other theoretical orientations (Borys & Pope, 1989). This is not surprising, given the importance of transference and neutrality in

psychodynamic therapy. Borys and Pope (1989) note that the focus in psychodynamic training is on clear roles, boundaries, and tasks. Social work programs, however, have significantly de-emphasized psychodynamic theory in recent years, some replacing it entirely with

other theories and models of practice. Kagle and Giebelhausen (1994) point out that with this shift, "undergoing one's own therapy is no longer the *sine qua non* of practice competency" (p. 217), and practitioners may fail to recognize important transference and countertransfer-

TABLE 2. Perspectives on Dual Relationships

	Traditional Perspectives	Alternative Perspectives
Theoretical basis	Historically based on Freudian therapeutic model of transference and countertransference.	Historically based on community-focused social work practice.
View of nonsexual dual relationships	Assumes power differential and risk of harm in all dual relationships.	Dual relationships are evaluated in their interpersonal and their practice contexts.
View of sexual dual relationships	Attraction between professional and consumer is suspect and interpreted in the context of therapeutic transference.	Attraction can be genuine and not transference/countertransference based.
Advantages of perspective	<ul style="list-style-type: none"> • Fits well with a fee-for-service practice that has clear service boundaries. • Similar to traditions and codes from psychiatry, psychology, and other professions. • Fits well with reducing liability through avoidance. • Parallels some state statutes that criminalize sexual relationships. 	<ul style="list-style-type: none"> • Fits well with a variety of types of social work practice and contexts for clinical practice. • Fits well with populations which are based on recovery models (12-step communities).
Disadvantages of perspective	<ul style="list-style-type: none"> • Primarily based on clinical practice models of social work. • In some practice contexts, it is difficult to avoid all dual relationships (rural, small communities). 	<ul style="list-style-type: none"> • Decision making is more complex, because there are more ethical possibilities. • There is theoretically more potential legal liability than in a clearly abstinent model.

Common Beliefs

1. Professional is responsible for determining and maintaining appropriate boundaries.
2. Professional is expected to ascertain the vulnerability of clients and any possible harm in potential dual relationships.
3. Clients have the right to exercise fully informed consent.
4. Dual relationships that are part of a therapeutic plan should be fully documented and open to peer review.
5. Social workers may at some point become clients of other social workers, creating dual relationships necessitating a procedure for handling dual relationships.

ence reactions. The authors further express concern that few practitioners are engaged in long-term, intensive clinical supervision and some are moving prematurely into private practice with limited consultation.

As schools of social work have moved away from psychodynamic models, many have embraced empowerment models that attempt to decrease the distance between workers and clients. Feminist therapists, for example, often hold less conventional views of overlapping relationships. As stated by Berman (1985):

If someone I know socially or from shared political activity seeks my services as a therapist, I tend to interpret their choice as an affirmation that I have achieved some success in my goal of attaining integration in my personal, political, and professional development. (p. 292)

In response to concerns about overlapping relationships, some feminists note that failure to confront clients, avoidance of negative information, and loss of objectivity also occur in therapy without overlapping relationships (Berman, 1985). In essence, "dual relationships are neither a sufficient, nor a necessary condition for exploitation of status differences" (Ryder & Hepworth, 1990, p. 131).

Like the feminist perspective, some family system perspectives advocate more egalitarian, collaborative relationships with clients in which transference is kept to a minimum and the focus is on connections with family and support systems outside of the therapeutic relationship. The "relationship model" (Leary, 1993), recommended for use in African-American communities, allows the worker to be parent, teacher,

mentor, and friend with families, downplaying emotional distance and objectivity. And the family-centered service model, used for providers of services to children with disabilities, has parents and professionals working as equal participants on multiple levels (Friesen & Koroloff, 1990; Koroloff, Friesen, Reilly & Rinkin, 1996). This model allows for the dynamics that can occur as clients move from receiving treatment to being parent advocates and co-planners.

Just as there are significant differences between these models and more traditional psychodynamic models in the role of the worker, there are corresponding differences in the length and intensity of the interventions. It is clearly more complicated to manage overlapping relationships when therapy is intensive and long term or when the client suffers from a personality or psychotic disorder. Refer to Table 2 for a comparison between the traditional and alternative perspectives on dual relationships.

Evaluating Specific Dual Relationships

Any decision to enter into an additional relationship should be based on a thoughtful analysis that can be articulated, documented, and ultimately justified as being within a sound practice model. The first consideration in evaluating whether to enter a dual relationship is whether this is a voluntary addition of a secondary relationship, either a professional relationship added to an existing personal one or vice versa. For example, social workers employed in agencies with client participation on administrative committees may have involuntary overlapping relationships. The professional would be required to function fully in each role, setting responsible boundaries that maintain respect and privacy with the client. In cases

where the secondary relationship is overlapping and not voluntarily, attention would be focused on where to establish limits or boundaries. The boundaries must protect some level of privacy and power for both parties (and confidentiality of clients). The relationship established first and its commitments would be the primary obligation and may or may not be compatible with the overlapping relationship. Social workers would need to decide if discontinuing or limiting the first relationship is advisable to limit the potential power differential (and client vulnerability) in the added relationship.

Informed-consent procedures, which outline potential benefits and risks, are applicable to all aspects of ethical practice. Even mandated clients and clients with severe disabilities are recognized as having autonomy, the right to refuse services, and the right to be fully informed about issues that potentially could affect the services that they are receiving. With the exception of information and consent procedures before entering into an agreement to begin services, the literature across disciplines remains silent on the issue of informed consent as it applies to dual relationships. Given the accepted premise that the social worker is responsible for determining and assessing risk to clients, it sets the stage for a parallel client process of decision making and informed consent. Discussions about potential methods for ethically handling informed consent procedures prior to adding a secondary relationship would provide rich opportunities for students to explore complex practice issues.

In discretionary dual relationships, where social workers have the opportunity to decline the addition of another relationship, a decision-making model must include both ethical and clinical issues (even in nonclinical practice situations).

For example, a social worker who is conducting a program evaluation may wish to add a personal relationship in the course of the evaluation. Her clinical skills are necessary to evaluate the addition of the second relationship. The service needs and motivations of both the professional and the consumer should be examined honestly within the context of the distribution of power. The needs, dependency, and therefore vulnerabilities of the consumer and professional must be analyzed. Vulnerable clients benefit from clear, predictable boundaries that may be difficult to provide within multiple relationships. When appropriate, informal clinical assessments of consumers are helpful (for clinically trained social workers) to rule out the possibility of Axis II diagnoses. Individuals with personality disorders can be unable to manage the complex boundaries that naturally occur with dual relationships. Their personality traits make them potentially vulnerable to misinterpretation and transference in their interpersonal relationships. The benefits, limitations, and potential dangers of entering into an additional relationship must be determined, negotiated, and agreed to by both parties as part of the informed consent procedures. Two final precautions can help reduce adverse effects: identification of individuals who can be of service if unrecoverable problems arise and a commitment to periodic review of the dual relationships. This evaluation process can help social workers avoid creating potentially abusive relationships that involve oppressive or exploitive interactions.

Dual Relationships With Former Clients

Dual relationships have the potential to cause harm to the client. Reamer (1995), reporting on malpractice claims against social workers made through the NASW Insurance

Trust from 1969–1990, lists sexual impropriety with clients as the second leading reason for claims and the largest category for awards paid (41.34%). Strom-Gottfried (1999) analyze the ethics complaints submitted for adjudication with NASW from 1986–1997 ($N=894$), and found that 55% of all cases in which there were findings resulted in the identification of some form of boundary violation. In cases where the type of boundary violation was noted, 59% were related to sexual relationships (during and after treatment, in supervision, with a significant other, or harassment), and 41% were for other types of dual relationships (social, business, and supervision). Strom-Gottfried (2000), working from the previously mentioned data set on ethics complaints, analyzed ethics in a subset of complaints against social work faculty, supervisors, and field instructors ($N=58$). Students' complaints against faculty were the larger group of complainants. In the cases that were adjudicated ($n=14$) against faculty, students, and administration, the themes included boundary violations, failure to address responsibilities, and failure related to making reports or maintaining records.

It is widely considered unprofessional to have sexual contact with a current client or to terminate a professional relationship to begin sexual contact with a client (Pope & Bouthoutsos, 1984). Social workers who engage in such behavior may face criminal charges, a civil damage suit, and professional sanctions for unethical behavior. The literature that presents sexual involvement with clients and former clients as abusive is abundant. A study of social workers (Jayaratne et al., 1997) found that only 1% acknowledged having sex with a former client, but 4.6% saw nothing inappropriate in

such behavior. More than 6% considered dating a former client to be appropriate. The issue of sexual relationships with former clients is among the most controversial and potentially most dangerous types of dual relationships.

The absolute proscription of dual relationships with former clients is based in large part on the assumed power of the transference. The argument is that the transference cannot ever be completely resolved, so the decision-making ability of former clients continues to be impaired. But because residual transference exists to some degree in every relationship and because there is a normative tendency to idealize a lover, this is not a persuasive argument. Although transference may never disappear, its power diminishes significantly over time (Firestein, 1969). The prohibition of relationships with former clients also reflects the assumption that the therapist and client are inherently unequal, that they can never be on the same plane (Bradnan, 1993). Perhaps too many therapists see themselves as forever more powerful than their clients. Lazarus (1994) notes that these therapists view their clients as extremely fragile and tend to infantilize and overpathologize them. Clients are portrayed by such therapists as incapable of making autonomous decisions.

It can be argued that a lifelong prohibition against dual relationships with a former client restricts the client's autonomy; that by virtue of having been a client she or he loses the right to make independent decisions (Haas & Malouf, 1995). This appears to deprive clients of their constitutional rights to choose with whom they will associate (Applebaum & Jorgenson, 1991) and would probably not withstand legal challenge (Ritchie & Hays, 1992). It is ethi-

cally questionable as well, because it partially removes a client's autonomy for life. As noted by Ritchie and Hays (1992), "After all, if returning the patient to autonomy is not the goal of psychotherapy, what is?" (p. 981)

Conclusion

The social work profession has been one of the slowest in addressing dual and overlapping relationships, and there is some concern that the revised NASW (1999) Code of Ethics is based on a narrow, clinical model of social work practice. In responding to a draft of the current code in 1996, the National Rural Social Work Caucus expressed concern that the code would discourage social workers from the kinds of community involvement essential to practice in many close-knit communities. They suggest that social workers should not be advised to avoid dual relationships but instead should be given guidelines for ways to guarantee the protection of clients.

Most social work students are still receiving only a fairly cursory introduction to the most common ethical issues they will be facing (Reamer, 1997). There is a critical need to strengthen course offerings on ethical standards, dilemmas, and decision-making strategies. Students must appreciate the importance of diagnosis, consultation, and documentation. These courses must include open discussions of relationship complications and assist students to "develop the capacity to think of ethics as a process that derives from a context, from the unique needs of each client situation and client-therapist relationship" (Coale, 1998-99, p. 50).

The challenge to social work educators is to help students develop an understanding of methods to assess dual relationships that

are applicable to the diversity of social work practice situations. Models of ethical decision making that can be applied specifically to dual relationship decisions must be developed and taught to social work students. It is insufficient to replicate the dual relationship models used in other clinical professions. Social work practice and education are unique.

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