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Roles and Relationships With Clients in Rehabilitation Counseling: Beyond the Concept of Dual Relationships

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This article describes the recent revision of the *Code of Professional Ethics for Rehabilitation Counselors*, specifically addressing the Roles and Relationships With Clients ethical standard. A brief historical overview is provided of the terminology and the debate surrounding the outdated dual-relationship ethical rule in rehabilitation counseling. The term *exploitation* is also delimited. The revised ethical standards are addressed, with attention given to the standard allowing for "potentially beneficial" interactions. Implications for rehabilitation counseling practice are outlined.

Keywords: ethics, professionalism, ethics code revision

This article addresses the Roles and Relationships With Clients standard from the revised *Code of Professional Ethics for Rehabilitation Counselors* (*CPERC*; Commission on Rehabilitation Counselor Certification [CRCC], 2010). As with many areas of professional development in counseling (e.g., professional certification, accreditation), rehabilitation counseling has been a leader among the counseling specialties in addressing ethical standards. Because the topic of relationships with clients is salient and sensitive, rehabilitation counselors have taken an active lead in reassessing and redefining standards in that area. In fact, the 2002 *CPERC* (CRCC, 2002) was the first professional ethical code in the mental health professions to abandon the term *dual relationships* (Cottone & Tarvydas, 2007)—and for good reasons (Cottone, 2005), some of which are addressed here. This article also attends to the recent refinement of the Roles and Relationships standard (CRCC, 2010, Standard A.5) by analyzing concepts such as exploitation, impaired professional judgment, and harmful versus beneficial interactions with clients.

Abandoning the *Dual Relationship* Terminology

Selected History

The 1989 *Code of Professional Ethics for Rehabilitation Counselors* (CRCC, 1989) had one short standard (Standard R2.3) that addressed relationships with clients:

[Rehabilitation counselors] will avoid exploiting the trust or dependency of such persons [clients, students, subordinates]. Rehabilitation counselors will make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of dual relationships include, but are not limited to research with and treatment of employees, students, supervisors, close friends or relatives. Sexual intimacy with clients is unethical.

The standard was concise and clear in several regards yet very unclear in others.

The clearest part of the standard was the ban on sexual intimacies with clients, for which there is no equivocation. Sexual intimacies with clients are unethical, and this is a position that most people can understand. Furthermore, there is a clear and pervasive consensus within the mental health professions about the need to ban sexual relationships with clients. This

is more than a moral issue; research evidence indicates that such relationships are damaging to clients (Bouhoutsos, Holroyd, Lerman, Forer, & Greenberg, 1983; Pope, 1988). In an earlier work, I wrote,

There are no compelling reasons in defense of sexual relations with current or recent clients. A therapist would have difficulty defending him or herself in a case of substantiated or acknowledged sexual activity of this sort. So in any discussion of potentially detrimental relationships with clients or former clients, sexual intimacies stand alone and deserve to be directly and unequivocally addressed. Therapists are ill advised to become sexually involved with former clients, unless they are willing to undergo serious professional scrutiny. (Cottone, 2005, p. 4)

The 1989 *CPERC* did not address relationships with former clients, and it used the term *dual relationships* to define other interactions with clients. Unfortunately, many types of dual relationships were not defined.

The term *dual relationship* is vague. In addition, the concepts of impaired professional judgment and exploitation made the 1989 standard even more confusing. How does a client who is harmed by a counselor in a dual relationship know or prove that there was impaired professional judgment? The only thing that the client knows is that he or she was harmed or wronged in some way. Whether the counselor's action was due to impaired judgment is irrelevant to the client. What is relevant is the issue of harm, and a basic principle of the helping professions is that helping practitioners should do no harm (an idea that derives from the ethical principle of nonmaleficence; (Beauchamp & Childress, 1994; Cottone & Tarvydas, 2007; Kitchener, 1984). The focal issue should thus be client harm. Harming a client is wrong. The same criticism (irrelevance to the status of the client) can be leveled at the term *exploitation*, which means to utilize someone to one's advantage. Exploitation implies counselor selfishness, but it does not necessarily imply harm to the client. I have argued that

the use of the term "exploitation" in codes of ethics, therefore, is debatable and leaves questions as to whether the exploitation was harmful or not, or whether there was harm without intent. It is possible to be exploited with very little harm. For example, a friendship can be exploited with very little or no harm to the personal well being of either party. As a therapy-relevant example, consider the following scenario. A female client brings her single female friend to the therapist's office, and the single male therapist meets the friend in the waiting room. He is attracted to the friend. He then pursues the friend through the assistance of the client, who participates without objection. A social meeting for the friend and the therapist is arranged. In this case, there has been exploitation of the therapist-client relationship for the personal gain of the therapist, but apparently with no harm to the client. (Cottone, 2005, p. 6)

Any standard that defines exploitation as "wrong" is impotent, given that not all exploitation is harmful. But there is an ethical value in one aspect of the idea of exploitation, which comes from the issue of intent. The concept of exploitation clearly implies intent on the part of the counselor. Counselor intent should therefore be considered in any standard that addresses roles and relationships with clients. Did the counselor intend to do harm? Was the harm accidental? Intent is relevant in adjudication of unethical behavior. The professional repercussions for a counselor who maliciously intended to harm a client should be more severe than for a counselor who was unintentionally harmful. Based on these reasons, the 1989 dual-relationship standard had some weaknesses, which were addressed in the 2002 revision.

The Story Behind the 2002 Standard

The dual-relationship standard was problematic for many reasons (I provide a more complete accounting of those reasons in an article related to marriage and family therapy; Cottone, 2005). Excepting sexual relationships with clients or former clients, one major concern relates to cases where a relationship with a client can be viewed as beneficial. The older ethical standards (in about all of the mental health professions) assumed that all dual relationships were bad or that they would lead to a slippery slope (an erosion of ethical boundaries). But a number of mental health professionals have argued for, and provided examples of, therapist or counselor relationships with clients that were beneficial to the clients' well-being, emotional adjustment, and social adjustment. As a rehabilitation professional, I experienced some interactions with clients that fit the beneficial dual-relationship category, so this section builds on the literature on the topic by adding a personal example.

I had the honor of chairing the 2002 Ethics Code Revision Task Force, and I take pride in the work of the task force in producing the 2002 document. I am also a bit embarrassed to say that the revisions of the dual-relationship standard came as an afterthought and not as a proactive response, despite an extensive published literature on the topic. Specifically, after the revision was complete, I realized that I was in violation of the dual-relationship standard. As a father of a son with Duchenne muscular dystrophy and as a rehabilitation counselor who, at the time, specialized in counseling individuals affected by muscular dystrophy, I was both a part of the muscular dystrophy community and a service provider to members of the community. While counseling clients, I often sought their assistance in raising money for the muscular dystrophy charities, enlisting and encouraging their involvement in fund-raising and other efforts, thereby "ex-

ploiting" my connection to them as both a counselor and a member of the community. I also socialized with members of the muscular dystrophy community and their families, as did my other family members. I was coordinating a counseling group for parents of children with muscular dystrophy at the same time that my wife was inviting the same parents to our home to start a fund-raising effort (she was unaware that they were in my group). My clients often praised me for being involved in the muscular dystrophy community because, in their words, it made me a "credible" and "committed" counselor for having close connection to the community. By my involvement in the muscular dystrophy community, I certainly had no intention of harm, and there was no evidence of harm to any person whom I served as a counselor. Technically, though, I was an unethical rehabilitation counselor according to the code revised by a committee that I, ironically, chaired. This irony motivated me to deeply analyze the dual-relationship standard and assess its meaning.

Following the completion of the 2002 *CPERC* (CRCC, 2002), I analyzed the concept of dual relationships and realized that it had three meanings: sexual or romantic interactions or relationships with current or former clients; nonprofessional interactions or relationships with current or former clients; and contiguous professional relationships with current or former clients (i.e., a professional role in addition to the existing contracted role; such a role is undertaken sequentially or simultaneously to the preexisting role). I also recognized that in the category of counselor–client nonprofessional interactions or relationships (excepting sexual or romantic interactions), there was room for a section about potentially beneficial interactions, a category that I thought best defined my involvement with the muscular dystrophy community. My desire to add such a provision went beyond my personal issues; it was influenced by my involvement in the positive psychology movement following my attendance at the first positive psychology conference, in 1999. In the positive psychology movement, Handelsman, Knapp, and Gottlieb (2002) addressed positive ethics. The positive psychology movement and the call for a positive ethics led me to believe that professional ethics codes should provide positive guidance on the matter of dual relationships and not just negative, inhibitory, or preventative standards. Following the analysis and before the governing bodies in rehabilitation counseling finally approved the ethics code (CRCC, 2002), I wrote a desperate letter to the CRCC requesting that the commission members reconsider the dual-relationship standard in light of my situation and my analysis. They did. They deleted the term *dual relationships*, and they separated the category of sexual intimacies from a category of nonprofessional relationships. They also incorporated the concept of *harm* into the nonprofessional relationship standard. The actions of the CRCC and the analysis of the dual-relationship standard were also acknowledged in the subsequent revision of the American Counseling Association's code of ethics (2005), which was used as a model for the 2010 revision of the *CPERC*. In effect, the original dual-relationship standard has evolved into something quite different.

The New Standard

The need to define terms that clearly relate to roles and relationships with clients is important because such terminology can be imprecise. When faced with judging the actions of counselors, credentialing bodies and professional associations must make decisions based on exacting terminology. The well-being of clients is at risk, as is the identity and income-earning livelihood of the counselors faced with charges of misconduct. As such, the appendix provides the Roles and Relationships With Clients standard (A.5) of the 2010 *CPERC*.

The Roles and Relationships With Clients standard of the 2010 *CPERC* has redefined the older dual-relationship standard into several categories, including sections addressing (a) sexual or romantic relationships with current clients; (b) sexual or romantic relationships with former clients; (c) prohibited sexual or romantic relationships with certain (vulnerable) former clients; (d) nonprofessional interactions or relationships other than sexual or romantic interactions or relationships; (e) counseling relationships with former romantic partners (prohibited); and (f) role changes in the professional relationship. As can be gleaned from the categories and the standards themselves, the ethical directives clearly outline the nature of counselors' relationships with their clients. The nonprofessional interactions or relationships standard (A.5.d) also allows for nonprofessional involvement with clients that can be beneficial or potentially beneficial.

Acknowledgment of potentially beneficial counselor–client relationships in the 2010 *CPERC* standard appears in line with arguments of a number of authors in the mental health field who made the case for liberalization of the ban on nonprofessional relationships with clients (e.g., Lazarus, 2001; Zur, 2000). Their arguments highlight the potential beneficial effects of some interactions outside the therapeutic relationship. The issue is admittedly complex. The caveat is the realistic concern about a slippery slope (which constitutes progressive encroachment of ethical standards). Will counselors who begin to establish nonprofessional relationships with clients fall prey to the influence of the relationship and thereby cross a boundary? Whole books have been written on boundary issues (cf. Herlihy & Corey, 2006). The crucial question is, does the new standard insulate the profession from counselors who may misuse or misinterpret

it to allow for interaction beyond the standard's intent? In the case of the 2010 standard, there appear to be controls that prevent a misuse or misinterpretation of the standard. First, such interaction is entered only when there is forethought (and documentation in case notes before the interaction, when feasible). Second, the interaction must be time limited (it is not intended to permit the establishing of friendships). In fact, Anderson and Kitchener (1996) found that about 77% of participants in their exploratory study on nonsexual posttherapy relationships believed "an equal, normal friendship between a therapist and former client is improbable if not impossible" (p. 59). Third, if the relationship is not time limited, it must be context specific, bounded by some social situation, such as a group affiliation. Fourth and finally, the client must give permission. Although the standard clearly states that nonprofessional interactions should be avoided, it does allow for them, given the four controlling conditions. It also states that if there is unanticipated harm, the counselor will act to remedy it. As standards go, it is both proscriptive and restrictive: It provides guidance for counselors who find themselves in situations wherein they may be able to help a client outside the counseling relationship. For example, it is permissible to buy Girl Scout cookies from a client's child, purchase a good or service from a client (excepting unrestricted bartering), and participate in church or other social organizations with clients, so long as the *CPERC* standard's limits are fully embraced and the action is judged reasonable.

Another major change in the standard relates to the prohibition of sexual or romantic relationships with certain former (vulnerable) clients. Whereas Standard A.5.b does not ban sexual or romantic interaction with former clients into perpetuity—that is, the rule limits such a possibility until after 5 years after the last counseling contact—the A.5.c standard restricts counselors from engaging in sexual or romantic interaction with some clients into perpetuity. Those clients are understood to be the most vulnerable—for example, individuals with mental retardation, marked cognitive impairment, serious emotional disturbance, and those with a history of physical, emotional, or sexual abuse.

This rule leads to the standard banning of sexual or romantic relationships with other former clients until 5 years have passed since the last professional contact. A 5-year ban seems warranted (it was in the 2002 *CPERC*) and is more in line with standards emerging from other mental health professions. In fact, in 1999, the Ethics Code Task Force of the American Psychological Association (2001) recommended a rule that would have prohibited sexual relationships no matter how much time elapsed since the last client visit. In the end, the association did not accept the perpetuity rule related to relationships with former clients, but in its 2002 ethics code, it adopted stronger language. Specifically, Section 10.08 of the 2002 ethics code bans sexual intimacies with former clients, except after 2 years "in the most unusual circumstances," after which the psychologist has "the burden of demonstrating there has been no exploitation" (p. 15). The American Psychiatric Association (2001) has already adopted a perpetuity rule.

Only time will tell if the 5-year rule in the *CPERC* standard is adequate to prevent predators from targeting clients. As I once stated,

> five years provide a cushion for clients related to any power differential that may have been present in their relationship with a former therapist and also appears to be a reasonable and easily identifiable marker and prevents controversy over "gray areas" of interpretation. (Cottone, 2005, p. 14)

Standard A.5.a of the 2010 *CPERC* also bans sexual or romantic relationships with the romantic partners or immediate family members of current clients; Standard A.5.b bans them for 5 years, in the case of former clients. According to the *CPERC*'s glossary, an *immediate family member* is defined as "a child, spouse, parent, grandparent, or sibling. Immediate family members are also defined in a manner that is sensitive to cultural differences." The standard and the definition give clarity to those situations where attractions may occur between the rehabilitation counselor and other people closely involved with the client. Rehabilitation counselors are now prohibited from providing services to individuals with whom they have had a prior sexual or romantic relationship.

The new Roles and Relationships standard also addresses role changes within the context of professional services, a type of dual relationship unaddressed in prior rehabilitation codes of ethics. Counselors are now required to get informed consent whenever there is a significant role change in professional service provision. For example, if a counselor goes from an evaluative role to a counseling role, the client should not only be informed of the consequences of such a change but also officially give consent for it. Clients have the right to refuse participation in any new service that constitutes a significant role change by the counselor.

Implications for the Practice of Rehabilitation Counseling

Following the 2010 *CPERC*, rehabilitation counselors today have much more leeway in addressing their interactions with clients in nonprofessional contexts. Counselors are highly trained professionals and members of a profession that requires application of advanced knowledge to solve the problems of individuals in need. Rehabilitation counselors are required to apply educated professional judgment to their work. In

this regard, the new Roles and Relationships standard in the *CPERC* allows for full application of the counselor's knowledge and skill to determine those situations that call for engagement with clients beyond the boundaries of the professional counseling role. Counselors must use care, be ethically sensitive, and fully analyze the implications of their actions. They must be exacting in their documentation, and they must be conscientious in ensuring that the controls on their relationships with clients are not breached. The code gives guidance on forming a positive relationship with a client outside the rehabilitation counseling role when there are compelling reasons to do so, but it does not encourage such involvement. Nonprofessional interactions with clients should be avoided, but counselors can use judgment in defining reasonable exceptions.

The other changes in the Roles and Relationships With Clients standard more clearly define and operationalize the rules. These changes are welcome because when a rehabilitation counselor anticipates an ethically compromising situation with a client and consults the *CPERC*, the ethical standards should be clear.

Conclusion and Summary

This article addresses historical issues associated with the evolution of the dual-relationship standard of the 1989 *CPERC*. It addresses issues such as the difficulty in defining exploitation and impaired professional judgment, arguing instead for an ethical standard focusing on the issue of client harm. It delimits the old *dual relationship* term and defines three categories of interaction implied by the terminology: sexual/romantic relationships, nonprofessional relationships, and contiguous professional relationships. The article also briefly outlines the history behind the changes in the *CPERC* standards over the three most recent ethical codes (CRCC, 1989, 2002, 2010). It describes the new standards, with emphasis on changes relevant to the practice of rehabilitation counseling.

In conclusion, the new Roles and Relationships With Clients standard in the 2010 *CPERC* is an improvement over the prior versions. It reflects counseling's evolution as a profession—and, again, rehabilitation counseling has taken a leadership role among the other counseling specialties.

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Appendix

Standard A.5 of the 2010 Code of Professional Ethics for Rehabilitation Counselors

A.5. ROLES AND RELATIONSHIPS WITH CLIENTS

a. PROHIBITION OF SEXUAL OR ROMANTIC RELATIONSHIPS WITH CURRENT CLIENTS. Sexual or romantic rehabilitation counselor–client interactions or relationships with current clients, their romantic partners, or their immediate family members are prohibited.

b. SEXUAL OR ROMANTIC RELATIONSHIPS WITH FORMER CLIENTS. Sexual or romantic rehabilitation counselor–client interactions or relationships with former clients, their romantic partners, or their immediate family members are prohibited for a period of five years following the last professional contact. Even after five years, rehabilitation counselors give careful consideration to the potential for sexual or romantic relationships to cause harm to former clients. In cases of potential exploitation and/or harm, rehabilitation counselors avoid entering such interactions or relationships.

c. PROHIBITION OF SEXUAL OR ROMANTIC RELATIONSHIPS WITH CERTAIN FORMER CLIENTS. If clients have a history of physical, emotional, or sexual abuse or if clients have ever been diagnosed with any form of psychosis or personality disorder, mental retardation, marked cognitive impairment, or if clients are likely to remain in need of therapy due to the intensity or chronicity of a problem, rehabilitation counselors do not engage in sexual activities or sexual contact with former clients, regardless of the length of time elapsed since termination of the client relationship.

d. NONPROFESSIONAL INTERACTIONS OR RELATIONSHIPS OTHER THAN SEXUAL OR ROMANTIC INTERACTIONS OR RELATIONSHIPS. Rehabilitation counselors avoid nonprofessional relationships with clients, former clients, their romantic partners, or their immediate family members, except when such interactions are potentially beneficial to clients or former clients. In cases where nonprofessional interactions may be potentially beneficial to clients or former clients, rehabilitation counselors must document in case records, prior to interactions (when feasible), the rationale for such interactions, the potential benefits, and anticipated consequences for the clients or former clients and other involved parties. Such interactions are initiated with appropriate consent from clients and are time-limited (e.g., extended free-standing friendships are prohibited) or context specific (e.g., constrained to an organizational or community setting). Where unintentional harm occurs to clients or former clients, or to other involved parties, due to nonprofessional interactions, rehabilitation counselors must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation); purchasing a service or product provided by clients or former clients (excepting unrestricted bartering); hospital visits to ill family members; or mutual membership in professional associations, organizations, or communities.

e. COUNSELING RELATIONSHIPS WITH FORMER ROMANTIC PARTNERS PROHIBITED. Rehabilitation counselors do not provide counseling services to individuals with whom they have had a prior sexual or romantic relationship.

f. ROLE CHANGES IN THE PROFESSIONAL RELATIONSHIP. When rehabilitation counselors change roles from the original or most recent contracted relationship, they obtain informed consent from clients or evaluees and explain the right to refuse services related to the change. Examples of role changes include: (1) changing from individual to group, relationship or family counseling, or vice versa; (2) changing from a forensic to a primary care role, or vice versa; (3) changing from a nonforensic evaluative role to a rehabilitation or therapeutic role, or vice versa; (4) changing from a rehabilitation counselor to a researcher role (e.g., enlisting clients as research participants), or vice versa; and, (5) changing from a rehabilitation counselor to a mediator role, or vice versa. The clients or evaluees must be fully informed of any anticipated consequences (e.g., financial, legal, personal, or therapeutic) due to a role change by the rehabilitation counselor.