



Preventing inappropriate relationships with clients

Healthcare Providers Service Organization recently detailed in the second edition of its *Counselor Liability Claim Report* that 32% of counselor professional liability claims involved allegations of sexual/romantic interactions or relationships with current clients, clients' partners, or client's family members. Similarly, an article published in the January 2019 issue of the *Journal of Counseling & Development* found that sexual relationships with clients were the third-highest type of ethical violation leading to disciplinary action by state licensing boards. Both of these publications remind us all of the need to discuss how to prevent romantic relationships with clients.

"Us all? Who, me? I would *never* have sexual interactions or a sexual relationship with my client! I don't need to be included in that conversation." We put ourselves in a precarious position with this automatic reaction. Why? Because it does not allow us to even consider the *possibility* that we might find ourselves (or put ourselves) in positions in which boundary crossings and violations could happen with our clients.

Mental health professionals agree that entering into a sexual relationship with a current client is one of the most egregious ethical violations that a practitioner can commit. If we all know that sexual relationships with clients are prohibited — and that ethics codes across all mental health fields make this clear in their standards — why do these relationships with clients continue to happen?

In the class I teach on advanced ethics, I ask this question on the first day: "How many of you plan to have a sexual relationship with a current or former client at some point in your career?" Of course, not a single hand ever goes up. We talk about the fact that all mental health

practitioners in similar ethics classes answer the same way and that most clinicians do not *plan* to commit these types of violations. Yet every year, many licensed clinicians come before a state licensing board having been accused of violating boundaries with clients by entering into a sexual relationship or admitting to engaging in a sexual relationship with a current or former client. For these reasons, my class spends the semester working to understand how sexual relationships and other ethics violations can happen with *any* professional counselor — including those who initially said "never."

ACA Code of Ethics prohibition

The 2014 *ACA Code of Ethics* is clear in its prohibition of sexual or romantic counselor-client interactions or relationships with current clients, their romantic partners, or their family members (Standard A.5.a.). The same prohibition holds true for counselor supervisors with current supervisees (F.3.b.), for counselor educators with students currently enrolled in a counseling or related program and over whom the educator has power and authority (F.10.a.), and for counselors with current research participants (G.3.b.). For all noted groups, this prohibition applies to both in-person and electronic interactions or relationships.

Sexual or romantic relationships with clients directly violate one of the fundamental principles of professional ethical behavior — nonmaleficence, or avoiding actions that cause harm. Counselors act to avoid harming their clients, trainees and research participants and to minimize or to remedy unavoidable or unanticipated harm (A.4.a.). Additionally, sexual or romantic relationships with former clients, their partners or their family members

are prohibited for a period of five years following the date of last professional contact (A.5.c.). These relationships should proceed only after the counselor has documented whether the potential for harm to the former client still exists.

It has been well-documented that sexual relationships with mental health providers can cause lasting distress and damage to clients. Also well-documented are the consequences for counselors who engage in such relationships: loss of license, loss of employment/income, loss of professional identity, loss of family, loss of friends, loss of professional network, and even loss of a home in some cases.

Attraction in the counseling relationship

To powerfully illustrate how a client could become attracted to a counselor, I have students in my advanced ethics class come up with a list of qualities, characteristics and traits that they look for in a romantic partner. I write these words in red on the whiteboard. Then as a class, we decide whether each word also represents a quality we would want in a counselor. If it is, we draw a circle around the word in black. The stark contrast helps these words stand out, and students are always surprised to find how many of the characteristics overlap — this past semester, it was 75% of the words. Seeing this overlap also helps trainees understand the importance of validating clients' feelings should they ever express attraction toward the clinician. It also reinforces the boundaries and limits of the therapeutic relationship to allow clients to express themselves in a safe and protected space.

Similarly, counselors may find themselves attracted to a client relationally or sexually. This attraction could be instant, or it might grow over time. Perhaps a need is

being filled for the counselor of which he or she was previously unaware: a need to be heard, a need to feel appreciated, a need to feel wanted, a need to be touched, or a need to feel connected and no longer lonely. Situational factors or life crises (e.g., relationship problems, divorce, illness, death of a loved one, financial problems), coupled with professional isolation, can lead to counselors attempting to get their needs met within the counseling relationship. Difficult prior relationships and ineffective management of one's own mental health problems or substance abuse can also contribute to a reduced ability to manage boundaries. Awareness of these types of vulnerabilities is key in ensuring that counselors get their needs met appropriately outside of the counseling room.

Vulnerability can also exist during different stages of a counselor's career. For example, new counselors may find themselves so worried about the possibility of violating rules that they attempt to ignore any attraction they feel toward clients or minimize boundary crossings. In fact, they may be so fearful that they choose not to bring up these issues in supervision, which would be the exact place to explore these thoughts and feelings before taking action.

Counselors in the middle of their careers may find themselves overwhelmed with client caseloads or employment workloads. When coupled with the struggle to create a sustainable work-life balance, counselors may find themselves burned out and needing support.

More experienced counselors are not immune either. An experienced counselor whose boundaries are a little looser may find it easier to level out the status between counselor and client, making it easier to ignore the power differential between them and see the relationship as a conventional romantic relationship. Once the romantic relationship begins to dissolve, it is much more difficult to reassert boundaries and change the nature of the relationship back to that of a professional relationship. The filing of ethics complaints often happens during or right after this period of the relationship dissolving.

Minimizing the relationship

The public complaint hearings of the licensing board in my state used to allow attendees to hear the original complaint, the findings of investigators, and additional comments by the complainant and

respondent (licensee) if they were present. This provided the opportunity for attendees to hear and begin to understand the professional counselor's perception of how the sexual relationship had developed.

Similar to what has been found in the literature, counselors often minimized the power differential between themselves and the client (either current or former) and attempted to view the relationship as consensual. One counselor intern placed artificial boundaries around the sexual relationship with a former client by refusing social interactions with the former client's friends and family members, believing this would accurately establish the casual nature of the relationship. In the course of the investigation, these secretive boundaries did not prevent the child of the former client from perceiving and identifying the counselor as the parent's romantic partner.

Another counselor who had assessed a child client began a relationship with the child's mother and stressed that the relationship would be only a sexual one. After becoming pregnant, the mother attempted to have the counselor acknowledge paternity, but the counselor refused. In addition to being the subject of a licensing board complaint, the counselor was forced to face the courts to establish paternity and child support.

Another counselor admitted to being impaired after experiencing a traumatic event and should not have been counseling. The counselor was fired after the employer found communications of a sexual nature between the counselor and a client.

Preventing romantic relationships

An ongoing task for counselors involves being self-aware and being honest regarding whether objectivity with clients has been compromised. We should reflect on what motivated us to become counselors and what drives us to help others. We can ask colleagues and co-workers for honest feedback regarding how others see us in this role of helper. If counselors find they are not willing to discuss a client relationship with a supervisor or another colleague, it should serve as a warning sign that a closer look needs to be taken at the boundaries in place within the counseling relationship.

Sexual feelings and attraction toward clients should be addressed openly in academic settings and in clinical supervision. This training can normalize

these experiences and minimize feelings of shame, guilt and confusion on the part of counselors. Bringing this topic to the forefront can also serve to discourage denial and avoidance of these feelings on the part of counselors. This would help counselors learn how to respond to these feelings in a way that is therapeutically appropriate rather than harmful to the client.

Clinical supervision that includes an exploration of motives can assist supervisees in figuring out whose needs are being met in the counseling relationship and whether the supervisee is able to remain objective in their ongoing work with the client. Supervisors' gatekeeping responsibilities may lead to remediation plans being put in place that suggest ways counselors can work through personal issues and gain additional training related to boundaries.

Having a place to process feelings of sexual attraction with trusted colleagues can help to minimize professional isolation and bring a level of accountability that might not be present otherwise. Regular consultation meetings set up by clinicians can be a part of the decision-making process when assessing for counselor objectivity and whether termination of the counseling relationship is warranted. Counselors can practice how best to phrase the termination to address the loss in objectivity and to facilitate a referral to another provider. Less formal peer consultation groups and support groups can help counselors continue to build self-awareness and offer a place to gain support from other mental health providers. ❖

Kathy Ybañez-Llorente is senior co-chair of the ACA Ethics Committee. She has also served as co-chair of the ACA Professional Standards Committee. An associate professor and program coordinator in the professional counseling program at Texas State University, she is a licensed professional counselor and a state board-approved clinical supervisor. Contact her at kybanez@txstate.edu.

Letters to the editor:
ct@counseling.org