





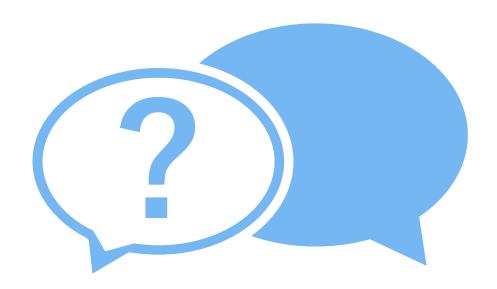
#### Northwest ATTC presents:

The Importance of Maintaining Boundaries Within Clinician/Client Relationships: A Summary of AK, ID, OR, & WA Law & Ethics

# Thank you for joining us! The webinar will begin shortly.

- Participants are automatically muted during this presentation
- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation will be made available on our website at: <a href="http://attcnetwork.org/northwest">http://attcnetwork.org/northwest</a>

# Questions? Please type them in the chat box!









## Surveys

# Look for our surveys in your inbox!

#### We greatly appreciate your feedback!

Every survey we receive helps us improve and continue offering our programs.



It only takes 1 minute to complete!





## Certificates

# Certificates of Attendance are available for live viewers!



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Your certificate will be emailed within a week to the address you registered with.





# The Importance of Maintaining Boundaries Within Clinician/Client Relationships: A Summary of AK, ID, OR, & WA Law & Ethics

Eric Ström, JD, PhD, LMHC Ström Consulting



# Tribal Land Acknowledgement

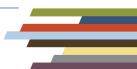
In applying a lens of cultural humility to issues of diversity, equity, and inclusion, Northwest ATTC offers this land acknowledgement for today's event.

Our work intends to reach the addiction workforce in HHS Region 10: Alaska, Idaho, Oregon, and Washington. This area rests on traditional territories of many indigenous nations, including tribal groups with whom the United States signed treaties prior to the granting of statehoods.

Please join us in support of efforts to affirm tribal sovereignty and in displaying respect and gratitude for our indigenous neighbors.







## Disclaimer

Personal views, not legal guidance...

## **Outline**

- Sources of Law and Ethics Standards
- Survey of Misconduct
- Summary of State Laws and Ethics Codes
- Real Life Application Scenarios
- Q&A

## **Sources of Law & Ethics Standards**

## **Sources of Law & Ethics**

- 1. Federal
- 2. State
  - Statutes
  - Regulations
  - Caselaw
- 3. Professional Standards
  - Ethics Codes
  - Common Practice
  - Agency/Institution Policy

### Sources of Law & Ethics

#### **Ethics Codes**

- NASW Code of Ethics (2021)
- NAADAC Code of Ethics (2021)
- MHCA Code of Ethics (2020)
- NBCC Code of Ethics (2016)
- APA Ethical Principles of Psychologists and Code of Conduct (2010, 2016)
- AAMFT Code of Ethics (2015)
- ACA Code of Ethics (2014)

What is the most common basis for findings of misconduct against behavioral health professionals?

- a. Inadequate documentation of treatment
- b. Dual relationships with clients
- c. Sexual relationships with clients
- d. Failure to appropriately diagnose & treat clients
- e. Failure to report client threat of harm to self or others

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## **Professional Misconduct Data**

#### **Counselor Insurance Data**

More than 55% of professional liability claims against licensed counselors arising from the clinical relationship

44% of all claims involved inappropriate sexual or romantic relationships

#### My Research

There does appear to be some difference in the content of misconduct based on gender, but **not** with respect to the sexual misconduct

Ström & Dykeman, 2020

#### My Research

There does **not** appear to be a difference in the content of misconduct between SWs, MFTs, and Counselors.

Ström & Dykeman, 2020

#### **Psychologists**

"The majority, around one-third, of transgressions can be regarded as improper professional role conduct."

Nortje & Hoffmann, 2015

#### **Psychologists**

Sexual misconduct with clients represents 36% of all complaints made against psychologists

APA, 2000

#### **Psychologists**

The most frequent complaints resulting in discipline involve the following:

- Boundary violations with clients and key parties
- Sexual misconduct
- Parenting evaluations (opinions)...

WA EBOP Newsletter Fall 2020

<sup>\*</sup> these are not necessarily in order of frequency

#### **Social Work**

Ethics cases filed with the NASW in an 11 year period:

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Total misconduct cases = 267
Sexual dual relationships = 107 (40%)
Non-sexual dual relationships = 77 (29%)
Total dual relationships 184 = (69 %)
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#### **Counselors**

The highest number of complaints (246, 24%) was for nonsexual dual relationships.

The fourth highest number of complaints (68, 7%) was for sexual relationships with clients.

Total for dual relationships was 31%

#### **Substance Treatment Providers**

22 findings of professional misconduct against SUDPs (2019-2020)

- 7 involved dual relationships with clients,
- 10 were based on substance use.

Dual relationships = 58% of non-substance misconduct

So, what are prohibited dual relationships?

All prohibit sexual relationships with current clients.

All prohibit sexual relationships with past clients. Some variation in time (from 2 years to indefinite)

Non-sexual dual relationships are prohibited where there is a risk of harm, exploitation to the client, or of impairing the clinician's objectivity or professional judgment.

Many laws specifically Include financial, business, barter, and employment relationships.

Some states' laws and regulations define prohibited relationships.

Some states incorporate ethics codes into state law to define prohibited relationships.

# **Summary of Codes of Ethics**

## **Codes of Ethics**

#### Incorporated into state law:

AAMFT (AK, ID)

ACA (ID, OR)

AMHCA (AK)

APA (AK, ID, OR)

NASW (AK)

#### **Created by state law:**

BADCC (ID)

MHACB (OR)

## **Summary of Standards**

- No sexual/romantic/dating relationships with current clients or those connect with clients
- Most all sexual/romantic/dating relationships with former clients prohibited

## **Summary of Standards**

Must avoid dual relationships that risk:

- Client exploitation
- Client harm
- Impaired clinician judgment
- Taking advantage of client
- Reducing clinical effectiveness/competence

## **Summary of Standards**

- Obtain informed consent for any dual/multiple/changes in relationships
- Document in case records, prior to the interaction and when feasible, the clinical rationale for any dual relationships
- Rules apply to both virtual and physical world
- Consult & document!

# **Real Life Application Scenarios**

#### **Facts**

For approximately 2 years, male SUDP provided treatment to female Client at a treatment agency. Three years later, Client was hired as an employee of the agency. SUDP then was Client's supervisor.

While working together at agency, SUDP asked Client if she would have sexual contact with him on multiple occasions. Client refused and SUDP sent her threating text messages. At SUDP's request, Client sent him naked pictures of herself. They engaged in sexual contact.

(Cont.)

#### **Facts**

Client then began providing chemical dependency counseling to male Client B at the same agency. For approximately 1 year, Client and Client B were involved in a sexual relationship.

SUDP eventually found out about the relationship between Client and Client B and that Client was pregnant with Client B's child. SUDP agreed that he would not report the relationship and would keep Client employed "until the secret gets out."

#### **Facts**

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What are the issues you see here?

### Sanction

SUDP's credential was suspended for 2 years.

Also, ethics course and \$2k fine.

#### **Facts**

For approximately 10 months, female Psychologist provided clinical services to client. Psychologist and Client discussed having romantic feelings for each other and terminating psychological services. Subsequently, they terminated the psychological relationship and immediately entered a romantic dating relationship

State investigator sent a request for records. In her response, Psychologist denied ever providing clinical services to Client. During an interview, Psychologist admitted that Client had been a patient.

#### **Facts**

For approximately 10 months, female Psychologist provided clinical services to client. Psychologist and Client discussed having romantic feelings for each other and terminating psychological services. Subsequently, they terminated the psychological relationship and immediately entered a romantic dating relationship

State investigator sent a request for records. In her response, Psychologist denied ever providing clinical services to Client. During an interview, Psychologist admitted that Client had been a patient.

When did the problem here begin?

### **Sanction**

Credential to practice as a psychologist was indefinitely suspended

#### **Facts**

Female Counselor was involved in male Client's care for approximately 6 weeks. On Counselor's last day at the agency, she called Client (and other clients) to inform him of her departure. Client asked for Counselor's telephone number and she gave it to him.

Counselor began a personal relationship with Client, married Client two months later, and became pregnant. The relationship ended after Client assaulted Counselor and she obtained a Domestic Violence Protection Order.

#### **Facts**

Female Counselor was involved in male Client's care for approximately 6 weeks. On Counselor's last day at the agency, she called Client (and other clients) to inform him of her departure. Client asked for Counselor's telephone number and she gave it to him.

Counselor began a personal relationship with Client, married Client two months later, and became pregnant. The relationship ended after Client assaulted Counselor and she obtained a Domestic Violence Protection Order.

When did this relationship become a personal one?

### **Sanction**

Counselor's credential to practice as a was indefinitely suspended.

#### **Facts**

Female Counselor was employed by County Sheriff's Office. Counselor provided clinical treatment to Client, an inmate, for 3 months.

Counselor engaged in a romantic and sexual relationship with Client during her employment and Client's incarceration. The relationship continued after Counselor's resignation from employment.

#### **Facts**

Female Counselor was employed by County Sheriff's Office. Counselor provided clinical treatment to Client, an inmate, for 3 months.

Counselor engaged in a romantic and sexual relationship with Client during her employment and Client's incarceration. The relationship continued after Counselor's resignation from employment.

Why was this dual relationship so harmful?

#### Sanction

Counselor's credential to practice as a mental health counselor was placed on probation for at least three years.

Also given supervision, an ethics course, and \$2k fine.

#### **Facts**

Male MFT treated female Client A for approximately 2 months. MFT texted and talked with Client A on the phone after the termination of the therapeutic relationship. MFT and Client A met at MFT's home, including visits late at night. MFT and Client A considered initiating a personal relationship upon termination of Client A's current marriage.

MFT treated female Client B for approximately 5 months. MFT then engaged in a romantic and sexual relationship with Client B immediately upon termination of the clinical relationship. MFT disclosed confidential information of other clients to Client B during the course of their romantic relationship.

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MFT treated female Client B for approximately 5 months. MFT then engaged in a romantic and sexual relationship with Client B immediately upon termination of the clinical relationship. MFT disclosed confidential information of other clients to Client B during the course of their romantic relationship.

What do you think caused this to occur?

### **Sanctions**

MFT's credential was suspended for a period of at least five (5) years.

Also given ethics course and \$5k fine.

#### **Facts**

SUDP provided clinical services to Client for approximately 7 months. During that time, SUDP and Client entered into a romantic/sexual relationship. SUDP and Client subsequently married.

WA 2019

#### **Facts**

SUDP provided clinical services to Client for approximately 7 months. During that time, SUDP and Client entered into a romantic/sexual relationship. SUDP and Client subsequently married.

Did the marriage "fix" the problem?

WA 2019

### Sanction

SUDP's credential to practice was suspended for at least 3 years.

Also given \$5k fine and ethics course.

#### **Facts**

Male Counselor provided clinical services to female Client for approximately 2 years. Clinical work was focused on Client's PTSD after childhood sexual abuse and a then-current rape.

Counselor told Client she could "heal from the sexual abuse, the rape, and the PTSD by having sex in a way that she would want it and like it."

Counselor began to engage in sexual acts in front of Client. After two months Counselor started having intercourse with Client claiming it would "help" her. Counselor told Client "This is our secret and we don't want this to get out."

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What impact do you think this situation had on the client?

### Sanction

Counselor's license was permanently revoked.

Also required to pay \$199 in costs.

#### **Facts**

Female Counselor treated female Client for approximately 5 years. During this time, Counselor exchanged text messages with Client regarding personal matters, exchanged gifts with Client, and took a trip to Las Vegas with Client and their spouses.

Counselor failed to keep contemporaneous records of her treatment of Client.

#### **Facts**

Female Counselor treated female Client for approximately 5 years. During this time, Counselor exchanged text messages with Client regarding personal matters, exchanged gifts with Client, and took a trip to Las Vegas with Client and their spouses.

Counselor failed to keep contemporaneous records of her treatment of Client.

What was the problem here?

### Sanction

Counselor's credential to practice as a Counselor was placed on probation for at least 3 years with a requirement for mentorship in billing and record keeping.

Also given \$1k fine and ethics course.

#### **Facts**

Upon termination of clinical services, male Counselor and female Client agreed to remain in contact and to be friends.

Counselor communicated frequently with Client by phone and text messaging and met with her for lunch or coffee. Counselor and Client went camping together. While camping, Counselor expressed personal feelings to Client, and told her that he would give up his career if she wanted to be with him.

After the camping trip, Client expressed reservations about their personal relationship, and asked Counselor to delete her contact information and not to call her.

#### **Facts**

Upon termination of clinical services, male Counselor and female Client agreed to remain in contact and to be friends.

Counselor communicated frequently with Client by phone and text messaging and met with her for lunch or coffee. Counselor and Client went camping together. While camping, Counselor expressed personal feelings to Client, and told her that he would give up his career if she wanted to be with him.

After the camping trip, Client expressed reservations about their personal relationship, and asked Counselor to delete her contact information and not to call her.

How did the lack of appropriate boundaries impact this situation?

### Sanction

Counselor surrendered his license to practice while under investigation.

Required to pay the costs of investigation.

#### **Facts**

For approximately 4 months male Counselor provided counseling services to 13 year old male Client. A key issue of counseling was Client's father's history of domestic violence to Client's mother. Approximately 3 years later, Counselor rented a room from Client's father because "he was offered reasonable rent."

Counselor knew. or should have known, his landlord was Client's father. At one point, Client's father told Client to "keep It a secret" that he was living with Counselor. On numerous occasions, Client and his siblings stayed in father's house, along with Counselor.

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How might this situation have created harm to the client?

### Sanction

1 year of supervision, 12 hours of continuing education, \$1k fine.

#### **Facts**

Female Psychologist provided clinical services to male client for approximately 1 year.

6 months after termination, Client called Psychologist from county jail after being arrested for drug offenses. Patient contacted Psychologist since she knew his son and had treated him before. Psychologist stated that she "consulted with colleagues throughout this process," but did not document these consultations.

(Cont.)

#### **Facts**

Patient asked Psychologist if she could help bond him out of jail. Psychologist did not know what that might entail so she contacted a bail bondsman. After doing so, Psychologist stated that she was unwilling to post Client's bond given the financial commitment and risk involved.

Client then requested that Psychologist assist him with accessing his bitcoin account for funds to pay the bond. Psychologist could not understand the system, and then contacted Client's brother in order to facilitate the exchange solely as a "conduit of information to be exchanged" with Client.

(Cont.)

#### **Facts**

While incarcerated, Psychologist agreed to provide \$800 in financial assistance to Client with understanding that: (1) no promise of future financial contributions, (2) any contribution was a gift and not a loan (so it could not lead to any future exploitation of him), and (3) Client was in no way emotionally or financially indebted to Psychologist.

Over next few months, Patient contacted Psychologist repeatedly. There is no documentation of communication between Psychologist and Client. Psychologist claimed that she would consult with her colleagues about relationship with Client, but there is no documentation of those consultations.

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Over next few months, Patient contacted Psychologist repeatedly. There is no documentation of communication between Psychologist and Client. Psychologist claimed that she would consult with her colleagues about relationship with Client, but there is no documentation of those consultations.

What role do you think consultation played in this situation?

### Sanction

Psychologist's license was placed on probation for 2 years.

Also 6 hours of CE, and required to pay \$ \$3,535.00 in costs and fees.

#### **Facts**

Counselor provided therapy services to Client trough a VA contract. Over the course of 9 years, Counselor assumed the role of an advocate and a case manager for Client. Counselor drove to Client's home after his hospital discharge and helped him around his house, on occasion contacting medical providers on Client's behalf, and advocating for medical services he was requesting. Client had an assigned case manager at the VA.

#### **Facts**

Counselor provided therapy services to Client trough a VA contract. Over the course of 9 years, Counselor assumed the role of an advocate and a case manager for Client. Counselor drove to Client's home after his hospital discharge and helped him around his house, on occasion contacting medical providers on Client's behalf, and advocating for medical services he was requesting. Client had an assigned case manager at the VA.

What do you think was the clinician's motivation in this boundary extension?

#### Sanction

Counselor's license placed on a minimum of 6 months of supervision.

Also required to complete three hours of CE on professional boundaries, and to pay the costs of \$193.

#### **Facts**

Male Psychologist found to have engaged in a prohibited dual relationship by providing a domestic violence evaluation and providing subsequent treatment to the same client without adequate justification and informed consent.

With another client, Psychologist completed a psychological evaluation/parenting assessment of a minor client's father.

#### **Facts**

Male Psychologist found to have engaged in a prohibited dual relationship by providing a domestic violence evaluation and providing subsequent treatment to the same client without adequate justification and informed consent.

With another client, Psychologist completed a psychological evaluation/parenting assessment of a minor client's father.

Are these multiple roles inconsistent?

#### Sanction

Psychologist permanently restricted from conducting all testing and assessments to include parenting evaluations and any forensic evaluations.

Also 2 years of supervision, ethics course, and \$2k fine.

#### **Facts**

Female Marriage and Family Therapist was providing counseling to minor twins being raised by single father.

MFT and father began a romantic/dating relationship during the course of MFT's clinical treatment of the children.

#### **Facts**

Female Marriage and Family Therapist was providing counseling to minor twins being raised by single father.

MFT and father began a romantic/dating relationship during the course of MFT's clinical treatment of the children.

Who was the client in this situation?

#### Sanction

MFT required to undergo 4 years of practice monitoring, 4 years of supervision, restrictions against individual practice, 15 hours of course work in ethics and a \$2,500 fine.

• Be intentional;

- Be intentional;
- The client's best interest is paramount;

- Be intentional;
- The client's best interest is paramount;
- Consult; and

- Be intentional;
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- Consult; and
- Document your process.