



When the professional and personal overlap.
Providing care among your own community

Presenters:

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CONFLICT OF INTEREST DISCLOSURE:



Amy Jacobs, LMSW has no conflicts of interest and nothing to disclose.

Jennifer Schwartz, LMSW has no conflicts of interest and nothing to disclose.

We do not get paid by any pharmaceutical or any other companies for anything.
Ever.

*We'd also like to note that we are not above being paid by pharmaceutical companies, in case anyone watching wants to give us money. We will take it.



Okay, let's move on.

Learning Objectives



1. Explore existing guidelines around intersecting professional/personal relationships with respect to professional Codes of Ethics
2. Examine counter-transference concerns with respect to personal intersectionality and serving patients with similar experiences
3. Identify skills and boundaries to decrease both the impact of the personal life on the professional life, as well as the professional life on the personal life.

1) Who here thinks that dual relationships should be avoided at all cost?

2) And who here thinks that sometimes they can be beneficial to the patient-provider relationship?

NASW Code of Ethics regarding dual relationships:



1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a 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. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(e) Social workers should avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes.

NASW Code of Ethics regarding dual relationships:



(f) Social workers should be aware that posting personal information on professional Web sites or other media might cause boundary confusion, inappropriate dual relationships, or harm to clients.

(g) Social workers should be aware that personal affiliations may increase the likelihood that clients may discover the social worker's presence on Web sites, social media, and other forms of technology. Social workers should be aware that involvement in electronic communication with groups based on race, ethnicity, language, sexual orientation, gender identity or expression, mental or physical ability, religion, immigration status, and other personal affiliations may affect their ability to work effectively with particular clients.

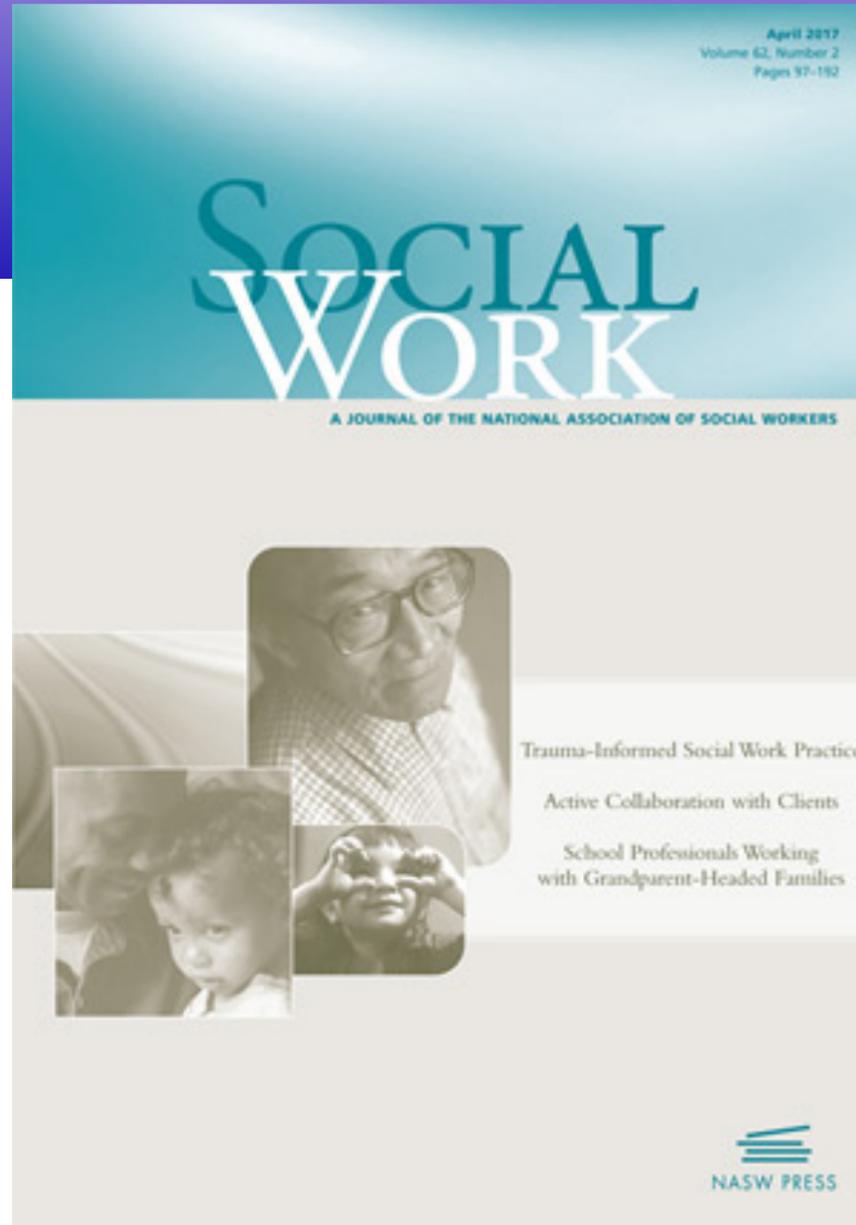
(h) Social workers should avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other electronic media to prevent boundary confusion, inappropriate dual relationships, or harm to clients.

➤ 1.09 Sexual Relationships

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and *is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.*

➤ 4.03 Private Conduct

Social Workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.



The Journal of the NASW, “Social Work” published an article called *Dual Relationships and Professional Boundaries*, by Jill Doner Kagle and Pam Northrup Giebelhausen in 1994.

Some quotes from this article:

- “Nonsexual dual relationships are also potentially exploitative. A practitioner who enters into a personal relationship with a client, provides services to a student or employee, or exchanges goods and services with a client violates professional boundaries. In any dual relationship, the practitioner’s influence and the client’s vulnerability carry over to the second relationship. Even if no sexual intimacy occurs, the practitioner is in a position to subordinate the client’s interests to his or her own. Moreover, a social worker’s professional influence on and bond with a client extend well beyond formal termination.”
- “Although far less information on nonsexual dual relationships is available, such relationships are not only exploitive but can also precede and lead to sexual intimacy between practitioners and clients... Unfortunately, nonsexual dual relationships have received little attention elsewhere.”
- “Dual relationships involve boundary violations. They cross the line between the therapeutic relationship and a second relationship, undermining the distinctive nature of the therapeutic relationship, blurring the roles of practitioner and client, and permitting the abuse of power.”

NCSBN guidance on professional boundaries:



- The nurse's responsibility is to delineate and maintain boundaries.
- The nurse should work within the therapeutic relationship.
- The nurse should examine any boundary crossing, be aware of its potential implications and avoid repeated crossings.
- Variables such as the care setting, community influences, patient needs and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where he or she has a personal, professional or business relationship with the patient.
- Post-termination relationships are complex because the patient may need additional services. It may be difficult to determine when the nurse-patient relationship is completely terminated.
- Be careful about personal relationships with patients who might continue to need nursing services (such as those with mental health issues or oncology patients).

Martinez (2000):



- The issue of dual relationships lies in the ethical issues of patient exploitation and coercion
- Two central ethical concerns: Whether and to What Degree patients have been exploited and/or coerced by professionals
- With significant harm and exploitation, the crossing is labeled a violation
- The “Slippery Slope” model maintains that boundary crossings are likely to lead to boundary violations, and thus vigilance in refraining from boundary crossing is important
- Boundary dilemmas could include: role; money; time, space and place of therapy; gifts, services and related matters; language; clothing; self-disclosure; and physical contact (like hugs)
- Boundary crossings vs. Boundary violations

Reamer (2003):



Dual relationships are sometimes unavoidable, and will revolve around five central themes:

1. Intimate relationships
2. Pursuit of personal benefit
3. Emotional and dependency needs
4. Altruistic gestures
5. Responses to unanticipated circumstances

Are dual relationships ALWAYS bad?

Reamer (2003):



Dual relationships are unethical when they have the following characteristics:

- The relationship is likely to interfere with the provider's exercise of personal discretion
- The relationship is likely to interfere with the provider's exercise of impartial judgement
- The relationship is likely to exploit clients, colleagues, or third parties to further the provider's personal interests
- The relationship is likely to harm clients, colleagues or third parties

Jackson (2002):



When Patients are Normal People: Strategies for Managing Dual Relationships

Challenges in Multilayer Therapeutic Relationships:

- Awkwardness
- Confidentiality
- Clinical Sprawl
- Control

Examples of Challenges in Multilayer Therapeutic Management:



Awkwardness:

Example 1. I see a woman who is a fellow member of my community of faith, who feels somewhat reluctant to reveal certain elements of her medical or social history, because to do so would indicate current or past participation in activities censored by the community of faith.

Example 2. A medical student is seen for the first time with a complaint of a thrombosed hemorrhoid. He feels quite embarrassed to disrobe, because our previous interactions have been strictly on a professional level.



Confidentiality:

Example 1. A hospital administrator is seen in the residency clinic by a faculty member. A resident, working at the nurses' station, recognizes the name on the outside of the chart and picks it up to peruse the record, out of curiosity.

Example 2. I am at a dinner party with friends and colleagues when the conversation turns to the marital problems of a couple well known to most of the group. The husband in question is one of my patients and has seen me for a reactive mood disorder related to his difficulty adjusting to estrangement from his wife. A colleague asks me if I have spoken to the man lately and if I know how he is doing.

Examples of Challenges in Multilayer Therapeutic Management:



Clinical Sprawl:

Example 1. The personal assistant to the dean of our College of Medicine presents for treatment of hypercholesterolemia. He is prescribed an HMG-CoA inhibitor and instructed to return in a month for a follow-up appointment. Two weeks later, I call him to make an appointment to see the dean. Too late, I catch myself asking him if he has experienced any adverse effects from the medication, such as night cramps.

Example 2. My personal physician and I serve on the same hospital committee, which is consulting with an architectural firm regarding the renovation of the obstetric ward. At my last appointment, I shared with him how that after a long period of treatment for infertility, my wife and I were expecting a baby, but that we were quite nervous and had not shared the news. At the committee meeting the following month, my physician slaps me on the back and announces loudly to the room, “We'd better hurry and get some more of this stuff done—Bill here knows a lady who's going to need this facility pretty soon!”

Examples of Challenges in Multilayer Therapeutic Management:



Control:

Example 1. A neighbor who twisted her knee mowing the lawn presents to the office for a musculoskeletal examination. I diagnose her with a grade 2 strain and prescribe rest and anti-inflammatory medication. One week later, the patient is little improved, but feels that I might be offended if she were to request evaluation by an orthopedist.

Example 2. A spouse of a faculty member presents for a routine health examination. As he is 50 years old, I recommend a screening endoscopic examination of the colon and offer to perform it in the office within the month. The patient would feel more comfortable having the examination performed by a well-respected gastroenterologist known to both of us, but is loath to mention this preference because he has heard me speak often to his spouse about the importance of training generalists in performing such procedures for their patients

Challenges inherent on managing “multilayered therapeutic relationships” and proposed strategies for managing them.



Challenge	Management Strategies
Awkwardness	Expression of gratitude, honor
Confidentiality	Invocation of trust
	Reassurance
	Judicious recording of information
Clinical sprawl	Boundary negotiation
Control	Consultation
	“Therapeutic immunity”

NCSBN identified “red flags”



Signs of inappropriate behavior can be subtle at first, but early warning signs that should raise a “red flag” can include:

- Discussing intimate or personal issues with a patient
- Engaging in behaviors that could reasonably be interpreted as flirting
- Keeping secrets with a patient or for a patient Believing that you are the only one who truly understands or can help the patient Spending more time than is necessary with a particular patient
- Speaking poorly about colleagues or your employment setting with the patient and/or family
- Showing favoritism
- Meeting a patient in settings besides those used to provide direct patient care or when you are not at work

Patients can also demonstrate signs of over-involvement by asking questions about a particular nurse, or seeking personal information. If this occurs, the nurse should request assistance from a trusted colleague or a supervisor.

Reamer (2003):



So, to protect clients and minimize harm, providers should establish a clear “risk management” protocol, which should contain the following major elements:

- 1) Be alert to potential or actual conflicts of interest.
- 2) Inform clients and colleagues about potential or actual conflicts of interest; explore reasonable remedies.
- 3) Consult colleagues and supervisors, and relevant professional literature, regulations, policies and ethical standards (codes of ethics) to identify pertinent boundary issues and constructive options.
- 4) Design a plan of action that addresses the boundary issues and protects the parties involved to the greatest extent possible.
- 5) Document all discussions, consultation, supervision and other steps taken to address boundary issues.
- 6) Develop a strategy to monitor implementation of action plan.

How does this work for us?



- ❖ Being HIV-positive and working in HIV and/or colleagues who are also clients
- ❖ Being LGBTQ and working with LGBTQ clients
- ❖ Being CNM and working with CNM clients
- ❖ Being kinky and working with kinky clients
- ❖ Working in small/rural communities
- ❖ Working with persons who are part of your ethnic community
- ❖ Being a BIPOC and working with BIPOC
- ❖ What else?



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