# Department of Veterans Affairs LogoVR&E Ethics: Managing Client Relationships

## Introduction, Objectives, Themes, & Definitions

### Introduction

Managing relationships and maintaining professional boundaries continues to be one of, if not the most challenging aspects of a career in the helping professions. Vocational Rehabilitation Counselors (VRCs) are often faced with challenges that have an impact on Vocational Rehabilitation and Employment (VR&E) service provision within the VA. In this lesson we will define terms important to managing multiple client relationships. Next, we will explore the notion of professional boundaries and the effect of social media on client relationships. This will be followed by information on how to avoid sexual dual relationships and then the challenges inherent with nonsexual dual relationships. Lastly, we will provide information on acceptance of gifts.

Throughout this lesson, we will be referring to the Commission on Rehabilitation Counselor Certification (CRCC) Code of Professional Ethics for Rehabilitation Counselors, also referred to as the CRCC Code of Ethics, particularly those standards that relate to Role and Relationships with Clients (A.5.a. – A.5.g.). We will also investigate some of the similarities and differences between the CRCC Code of Ethics and the code of ethical standards that governs the professions of counseling, social work, and/or psychology.

As stated in the VR&E Manual or M28R, VR&E Service endorses the objectives of the Commission, encourages VRCs to participate in the certification process, and provides training that meets CRCC guidelines and a significant number of Continuing Education Units (CEUs) for certification maintenance (M28R.II.A.3.08.b).

VR&E Officers are responsible for following the Code of Professional Ethics for Rehabilitation Counselors and ensuring that VRCs on staff also follow this code of ethics (M28R.II.A.1.04.a.3).

Lastly, VR&E employees must adhere to the [*Standards of Conduct for Employees of the Executive Branch*](https://www.ecfr.gov/cgi-bin/text-idx?SID=79869eaba00bb79ac1c20593a1385d90&mc=true&node=pt5.3.2635&rgn=div5) (Title 5, Code of Federal Regulations, part 2635).

### Objectives

After the conclusion of this training, VR&E Staff will be able to:

* Define boundary violations and boundary crossings.
* Identify three types of dual relationships.
* Identify the appropriate uses of social media.
* Recognize the cultural and clinical implications of accepting gifts.

### Definitions

1. **Dual or Multiple Relationships** refer to a situation where multiple roles exist between a counselor and client. Dual or multiple relationships are classified into three different categories:
2. Sexual or romantic relationships with current or former clients.

**Example**: The VRC and Veteran see each other outside of the therapeutic relationship for dinner and a movie (unethical).

1. Nonprofessional relationships with current or former clients.

**Example**: The Veteran or Servicemember is also a student, friend, family member, employee or business associate of the professional (unethical).

1. Contiguous professional relationships with current or former clients. **Example**: The Veteran or Servicemember is counseled separately as well as being counseled as part of a couple/family dynamic (ethical if done correctly).
2. **Role Blending** is characterized in activities thatpertain to professionals playing multiple roles and having multiple responsibilities.

**Example**: Supervisors blend the roles of teacher, coach, evaluator, counselor, and mentor at times (ethical if done correctly).

1. A **Boundary Crossing/Extension** is a departure from commonly accepted practices that could potentially benefit clients, with credible evidence that benefits are likely to result.

**Example**:By attending a Veteran’s or Servicemember’s graduation, awards ceremony, or sporting event, the professional can do a lot to build a relationship with a Veteran or Servicemember (ethical if done correctly).

1. A **Boundary Violation/Break** is a serious breach that results in harm, or is likely to cause harm, to clients and is therefore unethical.

**Example**:A gradual erosion of boundaries can lead to very problematic multiple relationships that bring harm to Veterans or Servicemembers (e.g. sexual exploitation) (unethical).

**Themes in Multiple Relationships**

Before jumping into the main content of this lesson, it is important to highlight some themes that are essential to the multiple roles that helping professionals must navigate. Herlihy and Corey (as cited by Cory, Cory, & Callanan, 2011, p. 277) noted the following:

1. Multiple relationship issues affect virtually all mental health practitioners, regardless of their work setting or clientele.
2. All professional codes of ethics caution practitioners about the potential exploitation and multiple relationships, and more recent codes acknowledge the complex nature of these relationships.
3. Not all multiple relationships can be avoided, nor are they necessarily always harmful.
4. Multiple role relationships challenge VRCs to monitor themselves and to examine their motivations for their practices.
5. Whenever VRCs consider becoming involved in a multiple relationship, seek consultation from trusted colleagues or a supervisor.
6. Few absolute answers exist to neatly resolve multiple relationship dilemmas.
7. The cautions for entering into multiple relationships should be for the benefit of clients or others served rather than to protect VRCs themselves from censure.
8. In determining whether to proceed with the multiple relationship, consider whether the potential benefit outweighs the potential for harm. To the extent possible, include the client in making this consideration.
9. It is the responsibility of counselor preparation programs to introduce boundary issues and explore multiple relationship questions and to teach ways of thinking about alternative courses of action.
10. Counselor education programs have a responsibility to develop guidelines, policies, and procedures for dealing with multiple roles and role conflicts within the program.

## Professional Boundaries

The term “boundaries” is addressed in the CRCC Code of Ethics in the following standards: Standard A.5.g. **Extending Professional Boundaries** and Standard H.3.a. **Relationship Boundaries with Supervisees.** VR&E follows the same standards for addressing appropriate professional boundaries between VR&E employees and Veterans or Servicemembers. Professional boundaries define the limits of delivery of therapeutic services, which may have the potential for great benefit or great harm. Today’s training will focus more on describing boundary violations (specifically in the form of sexual/romantic relationships) and boundary crossings (later discussed in non-professional relationships).

### Examples of Poor Professional Boundaries

As noted in the Definitions section, a boundary violation is a serious breach in the therapeutic relationship, which results in harm to the client. Cory, Cory, and Callanan (2011) noted several examples of poor boundaries, which if left unaddressed, can result in violations. Inappropriate touch may occur when hugs are initiated by the counselor, or when the counselor places his/her hands on the individual’s arms, thighs, and/or around shoulders, all of which are done without any therapeutic intent. An example of role confusion and reversal would be when the Veteran or Servicemember becomes an emotional caregiver for the counselor. Counselors can become overly involved with individuals when they take too much of their personal time to address clients’ concerns after business hours (e.g., texting/calling/emailing). Over identification occurs when the counselor starts to identify personally with the client and/or his/her story and acts from that similarity. When one feels overly responsible, the counselor begins to assume that every aspect of the individual’s life rests on his or her shoulders. Another sign of unhealthy boundaries is excessive self-disclosure that occurs when the counselor reveals too much personal information about his or her own life (e.g., processing the week’s events with the Veteran or Servicemember). Allowing one’s self to be manipulated by a Veteran or Servicemember (perhaps as a result of over-involvement) and responding to inappropriate personal questions are also sure signs of unhealthy boundaries. Finally, fostering or responding to social media connections are a more recent sign of unhealthy boundaries.

Let us look into how social media has affected client relationships.

### Social Media

Social media has revolutionized many professions, including the counseling profession. Counselors use social media both personally and professionally. When both professional and personal uses of social media blend into one another, problems result. Veterans and Servicemembers are vulnerable and curious and may seek out information about their counselor through social media as a means to try to get to know their helper. The newly updated CRCC Code of Ethics (January 1, 2017) provides guidance as it pertains to the use of social media:

**J.4.c. SOCIAL MEDIA AND INFORMED CONSENT**

*Rehabilitation counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media in the provision of services. Additionally, rehabilitation counselors work within their organizations to develop and clearly communicate a social media policy so the social media practice is transparent, consistent, and easily understood by clients.*(CRCC, 2017, p. 32)

The American Counseling Association (ACA) Code of Ethics also addresses the use of social media:

**A.5.e. Personal Virtual Relationships with Current Clients**

*Counselors are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship (e.g., through social and other media).* (ACA, 2014, p. 5)

VR&E counselors must be aware that their private lives can easily be accessed by their Veteran or Servicemember clients. Staff must be cognizant of the fact that even within their personal social media presence, they are not only representing themselves, they are also representing the entire helping profession. How a VR&E counselor represents his or her personal political stance, relationship status, hobbies and habits, religious affiliation, and vacation pictures are all representative of the counseling profession. Veterans or Servicemembers may learn about their counselor on social media such as potentially seeing spring break photos or reading posts about a night out drinking with friends. VR&E counselors who use social media and professional LISTSERVS for personal and professional consultation purposes must be aware that clients may be accessing those same services and thus see their “personal or private viewpoints” broadcast to the world.

Per VA mandate, VR&E staff must not use personal social media sites to communicate with Veterans, Servicemembers, and/or families regarding any VA-related issues. VR&E staff are not permitted to respond as VR&E employees to any posting on social media sites unless officially designated by a senior management official. VR&E staff are expected to adhere to VA-wide policies on the use of social media described in VA Directive 6515. Additional restrictions are based on the nature of the counseling relationship, and are consistent with the CRCC Code of Ethics governing use of technology and media presentations and the ACA’s standards.

### Employees who are not officially authorized to speak on behalf of VA must never state or infer their communications representing VA’s official position. When acting in or outside of their official capacities, a VR&E staff must remember that he or she is personally responsible for the content he or she publishes on social media, and must be aware that all postings are made public for a long time. As necessary, a personal disclaimer should be written to indicate that the post does not represent VA or VR&E. (M28R.II.A.5.06; M28R.III.B.1.04)

### Managing Multiple Relationships

As noted earlier, Cottone (2010) specified three types of multiple relationships (sexual/romantic, nonprofessional, and contiguous), which will be explored more in detail here. Before launching into this content, Herlihy and Corey (as cited by Cory, Cory, & Callanan, 2011), identified several measures that can help to minimize potential problems involved with managing multiple relationships:

1. Establish healthy and professional boundaries at the outset of the therapeutic relationship.
2. Always ensure that the VRC and the Servicemember or Veteran understand the parameters set forth by the informed consent process, discussing the potential risks and benefits inherent to multiple relationships and/or when any roles will be blended.
3. Address potential problems and conflicts as soon as they occur, so that they do not become covert and thus gain negative momentum.
4. If and when multiple relationships become challenging, seek consultation and/or supervision right away.
5. When multiple relationships arise, be sure to document these in the Servicemember or Veteran’s case notes.
6. Finally, if it becomes necessary, refer the Servicemember or Veteran to another counselor. **Note:** VR&E staff should follow local procedures if there is a need for a case transfer to another VRC.

### Sexual Dual Relationships

Review the following scenario of an unethical dual relationship:

A VRC meets a Veteran for case management services. The Veteran has already been accepted into the VR&E program. The VRC is attracted to the Veteran client, who reminds him of his ex-girlfriend, which he has unresolved issues from his past relationship. The VRC decides to explore the possibility of a relationship with the Veteran hoping it will fill the void he currently is experiencing in his personal life. The VRC advises the Veteran during the case management appointment that he would like to help her by enhancing her rehabilitation plan to include an additional 2 years of training at a high cost school. The VRC asks her to make an appointment with him at his office and he will make all the needed changes. The Veteran is filled with gratitude after receiving the good news. The VRC calls the Veteran after their case management counseling appointment and asks for a date. The Veteran willingly agrees and they meet for dinner and a movie. The VRC decides to engage in a romantic intimate relationship with his Veteran client hoping that no one from his work will find out.

In this scenario, an ethical response would be for the VRC to acknowledge his feelings to a trusted individual or supervisor within his workgroup as soon as he experiences them. The VRC should seek professional counsel to address the reasons for his attraction to the Veteran. Also, he should refer the Veteran through the supervisory channels to another VRC. The VRC must maintain the ethical principle of nonmaleficence under the CRCC Code of Ethics that requires rehabilitation counselors to do no harm to their clients.

Sexual relationships between counselors and clients are perhaps one of the most egregious acts that can occur, the implications of which negatively impact individuals, counselors, and the profession. There are many challenges with maintaining appropriate boundaries with individuals, although most counselors in general maintain that they will never be attracted to a client and/or be enticed to move from that attraction to actually breaking a professional boundary.

So how does it happen? First, it is important to realize that there are several aspects of the counseling relationship and environment that make it particularly vulnerable to boundary violations. For example, in therapy, a true and effective connection is established when a counselor and individual explore into sensitive issues that may never have been shared before. Then there's the nature of the environment: indirect lighting, soft chairs and couches, lowered voices, the small physical space between two individuals, and even soft meditative music are all designed to help individuals feel relaxed and thus increase the intimacy of the setting. (Although this may not necessarily be the case in many VR&E offices, it could very well occur.) And finally, the transference and countertransference experiences inherent to the therapeutic relationship can significantly impact how each individual experiences the other. It is in such emotionally intense and vulnerable settings that feelings can develop and/or be easily misconstrued.

The other key ingredient to a sexual boundary violation is the counselor’s own well-being. Lack of personal wellness easily lends itself towards one crossing a sexual boundary. Personal wellness includes taking care of one’s physical, psychological, spiritual, and relational health. Counselors who are burned out, are burdened with their own issues, and/or are losing their personal balance that they may easily lose their way and even misconstrue their worth by seeing it only through their clients’ eyes.

Let’s take a closer look at the CRCC ethical codes as they relate to sexual/romantic relationships:

**A.5.a. SEXUAL OR ROMANTIC RELATIONSHIPS ASSOCIATED WITH CURRENT CLIENTS**

*Rehabilitation counselors are prohibited from engaging in electronic and/or in-person sexual or romantic interactions or relationships with current clients, their romantic partners, or their immediate family members.* (CRCC, 2017, p. 6).

There is a wide variety of sexual behaviors that may occur between counselors and clients. One component is psychological sexual abuse wherein the counselor provokes the individual into becoming his/her emotional caretaker, making the individual to meet his/her intimacy requirements. Another component is covert sexual abuse, which involves the counselor initiating such behaviors as sexual hugging, professional voyeurism (e.g., asking about sexual behaviors that are not a part of the therapeutic process), looking at the individual in sexual ways, paying attention to and commenting on the individual’s style of dress and appearance, and/or acting seductively. Finally, in overt forms of sexual abuse, the counselor initiates and/or allows such things as sexual comments, watching or viewing pornographic material together, exchanging intimate photos with one another, and then moving into actual sexual acts with the individual.

In their profile of the problem of sexual exploitation of clients, Bernstein and Hartsell (2000) noted that two-thirds of the major ethical violations committed by therapists in all disciplines are those of a sexual/romantic nature. The offenders are typically males, (the victims typically females), are usually older than their clients (which include adults and minors), and are quite difficult to rehabilitate (perhaps given the rationalizations and justifications that are inherent to the mindset of someone who abuses such a sacred relationship). According to the study, less than 5% of the victims report the violation.

Sexual exploitations have significant impacts on clients, counselors, and the profession itself. For individuals, such impacts include suicidality, cognitive dysfunction, rage, emotional lability, sexual confusion, feelings of emptiness and isolation, guilt, and depression. These can then lead to (a) identity, boundary and role confusion, (b) a mistrust of those intent on helping, (c) a reluctance to reenter therapy, (d) the need for psychiatric hospitalization (should presenting symptoms be exacerbated), and (e) the possibility of becoming victimized by others.

Counselors have their own set of consequences, to include negative media coverage, job loss, increases in malpractice premiums (in such cases, malpractice insurance will not cover damages beyond the deductible), a revocation/suspension of the license to practice, and the imposition of additional criminal, civil, and professional penalties. This can be accompanied by such things as guilt, loss of self-esteem, and a disruption in personal relationships. Given the counselor’s propensity to cross the sexual boundary, one can only imagine their inclination for other ethical violations.

Finally, the helping professions all suffer when sexual boundaries are crossed. Regardless of the professional discipline, all helpers experience negative publicity, a damage to their collective reputation/credibility, and a loss in overall public and client trust. This can then impact professionals’ abilities to lobby for parity, achieve inclusive legislation, and gain access to insurance panels.

As a prevention effort, Epstein and Simon (1990) offer the following questions to aid counselors in monitoring their risk of client exploitation:

1. Do you compare gratifying qualities you observe in an individual with less gratifying qualities in your spouse/significant other?
2. Do you feel that individual’s problem would be immeasurably helped if only s/he had a positive romantic relationship with you?
3. Do you feel excited or longing when you think of an individual or anticipate her/his visit?
4. Do you take pleasure in romantic daydreams about an individual?
5. When an individual has behaved seductively with you, do you experience this as a gratifying sign of your own sex appeal?
6. Do you touch your clients? (excluding handshakes)
7. Have you engaged in a personal relationship with an individual after treatment?

So what is one to do if he/she recognizes an attraction to a Veteran or Servicemember? Cory, Cory, and Callanan (2011) suggest that in addition to never acting on the feelings, the counselor should begin by acknowledging the feelings, preferably with a trusted professional. In attempting to ignore the feelings, or by hiding them, feelings tend to grow and fester in the midst of denial and/or secrecy. Exploring the reasons for the attraction could be done with that professional, and if that turns out to be less than effective, turning to an experienced colleague/supervisor might be worthwhile. In consultation with a supervisor or professional, the decision about whether to disclose the feelings to the Veteran or Servicemember can be explored (therapeutic intent should always be the guide). One possible reason would be to determine if the counselor is engaging in seductive behaviors that need to be brought to his/her attention. Next, personal counseling may be warranted as an additional way to explore what lies behind the feelings of attraction. If the counselor is able to resolve the feelings and decides to continue working with the individual, clear limits and boundaries should be set and accountability should be established. Finally, if the feelings remain intact, it is best to terminate the relationship and refer the individual to another counselor when approved by the VR&E Officer.

Finally, given that sexual relations with a client are both unethical and illegal in all 50 states, counselors must adhere to the moral principle of nonmaleficence: Do No Harm. Having covered the prohibition of sexual/romantic relationships with current clients, what does the code say about the same relationships with former clients?

**A.5.b. SEXUAL OR ROMANTIC RELATIONSHIPS ASSOCIATED WITH FORMER CLIENTS**

*Rehabilitation counselors are prohibited from engaging in electronic and/or in-person sexual or romantic interactions or relationships with former clients, their romantic partners, or their immediate family members 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 into such interactions or relationships.* (CRCC, 2017, p. 6)

Although five years may seem like a significant amount of time since the last professional contact, a counselor must be cautious of the potential to harm a client. The following time limits are enforced by other professional associations:

* The American Counseling Association (2014) requires a minimum of 5 years,
* The National Association of Social Workers (2008) places no time limit on these relationships (minimum or maximum) and places the burden of sound judgment on the social worker, and
* The American Psychological Association (2010) prohibits these relationships for 2 years.

Counselors should avoid entering into sexual or romantic interactions or relationships with former Veteran or Servicemember clients, even after five years, to avoid potential exploitation and/or harm.

**A.5.c. PROHIBITION OF SEXUAL OR ROMANTIC RELATIONSHIPS WITH VULNERABLE FORMER CLIENTS**

*Rehabilitation counselors are prohibited from engaging in electronic and/or in-person sexual or romantic interactions or relationships with former clients, regardless of the length of time elapsed since termination of the client relationship, if those clients: (1) have a history of physical, emotional, or sexual abuse; (2) have ever been diagnosed with any form of psychosis or personality disorder or marked cognitive impairment, or (3) are likely to remain in need of therapy due to the intensity or chronicity of a mental health condition.* (CRCC, 2017, p. 6)

The CRCC is the only professional association to identify specific client concerns that nullifies the five-year post-counseling rule for romantic relationships. Given the vulnerability of clients who have experienced the conditions noted in the Standard above, counselors should avoid all sexual or romantic relationships as those cause additional damage.

**A.5.d.** **SERVICE PROVISION WITH PREVIOUS SEXUAL OR ROMANTIC PARTNERS**

*Rehabilitation counselors are prohibited from engaging in the provision of rehabilitation counseling services with persons with whom they have had a previous electronic and/or in-person sexual or romantic interaction or relationship.* (CRCC, 2017, p. 9)

The CRCC specifically refers to romantic partners when citing counseling relationships with individuals with whom the counselor had a prior relationship. The ACA code (ACA, 2014) includes avoidance of counseling friends and family members (Standard A.5.d) and cautions against entering into counseling with anyone where a past relationship had existed (e.g., memberships in professional associations, organizations, or communities). (Standard A.6.a).

It is clear at this point that sexual/romantic feelings do not belong in the counseling relationship. The only outcomes from such relationships are negative for vulnerable clients, for counselors who should be advocating for clients, and for the profession that is designed to aid struggling populations.

## Non-Professional Relationships with Clients

Review the following scenario which is an unethical nonprofessional relationship:

A VRC has a cousin who is a Veteran that has recently separated from the military and received a 10% disability rating for tinnitus. The Veteran tells his cousin that he is interested in VR&E to sponsor training for medical school. He shares with his VRC cousin that because of his Other Than Honorable discharge, he will not qualify for the GI Bill, but hopes VR&E can assist him. During a party outside of work, the VRC tells his cousin to apply for services. The VRC coincidentally happens to be assigned to counsel his cousin as a direct assignment for entitlement determination. The VRC finds the Veteran entitled to services without looking at any information objectively to make an unbiased decision. The VRC continues to work with the Veteran in plan development without sharing with his supervisor that this particular Veteran is a relative. The VRC requests a 36 month extension and writes a rehabilitation plan to include medical school for his cousin.

An ethical approach to this scenario would be for the VRC to inform his cousin that the VR&E program is open to all service-connected Veterans with a 10% service-connected disability rating or higher. Therefore, the Veteran may apply to see if he is eligible. Then he should advise his cousin that he will notify his supervisor in the VR&E office that his cousin is applying and recuse himself from any involvement in his case. The Veteran will then be evaluated by an unbiased VRC in the office or perhaps even another office nearby to avoid any involvement in decisions regarding entitlement to the program.

As discussed at the beginning, not all dual relationships are inherently damaging to individuals. In fact, counselors’ intentional involvement with individuals outside the formal counseling relationship can have some positive impacts when it follows the guidelines set forth by the CRCC ethical code:

**A.5.d** **g.****EXTENDING PROFESSIONAL BOUNDARIES**

*Rehabilitation counselors consider the risks and benefits of extending the boundaries of their professional relationships with current or former clients, their romantic partners, or their family members to include interactions not typical of professional rehabilitation counselor-client relationships. In cases where rehabilitation counselors choose to extend these boundaries, they take appropriate professional precautions, such as seeking informed consent, consultation, and supervision to ensure that judgment is not impaired and no harm occurs. With current clients, such interactions are initiated with appropriate consent from clients and are time-limited or context-specific. Examples 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 (except unrestricted bartering); hospital visits to ill family members; or mutual membership in professional associations, organizations, or communities.*

**A.5.h. DOCUMENTING BOUNDARY EXTENSIONS**

*If rehabilitation counselors expand boundaries as described in Standard A.5.g, they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to these individuals, rehabilitation counselors must show evidence of an attempt to remedy such harm.* (CRCC, 2017, p. 9-10)

Cottone (2010) noted several aspects of this Standard which can effectively govern a beneficial boundary crossing. First, interactions are only pursued with intention (i.e. the counselor knows about it before it happens) and with appropriate documentation. Second, interactions must result from the individuals’ expressed consent and either be time-limited or happen within a specific context (e.g., mutual group membership). And third, if unintentional harm results from the interaction, the counselor is responsible for remedying the situation.

Some dual relationships are inevitable, so it is the counselor’s responsibility to consider all potential impacts of such relationships. Due to clients’ emotional vulnerability, certain issues need to be addressed. One issue is compromising client disclosures and confidentiality (e.g., “Will my counselor share what I said about my mother when he sees her in the hospital tomorrow?”). Another issue is confusing boundaries (e.g., “At church, we share a pew, but in the counseling office, I sit on the couch and she sits in the therapy chair.”). Yet another issue is differing views of the counselor, (“Now I see how he treats his wife and kids…what does that mean about the help I’ve been receiving for my own relational discord?”).

The counselor (a) has a legal obligation to honor promises made to the client, (b) must always act in good faith and loyalty toward the individual, (c) must not abuse the power imbalance by exploiting the individual, (d) must always act in the best interest of the individual, and (e) must be vigilant about promoting the individual’s well-being. These considerations assist the counselor in making the decision to cross a professional boundary with therapeutic intent.

Before concluding this lesson, two additional impacts on the professional relationship between counselor and client need to be explored: role changes and the rendering and acceptance of gifts.

## Contiguous Professional Relationships and Role Changes

Review the following scenario for an unethical contiguous professional relationship:

A VRC is working with a Servicemember who is in the process of exiting the military and reports to the local military base for an entitlement determination appointment with a VRC assigned as a coordinator for the Integrated Disability Evaluation System (IDES). The Veteran complains of marital strife to the VRC and the VRC shares that he has an outside job as a Mental Health Counselor specializing in couples counseling. The VRC gives the Servicemember the phone number to his office and agrees to meet with the Servicemember and his wife for couples counseling, in addition to his VRC responsibilities. The VRC has increased his client base over 50% in his outside job by referring Veterans for mental health counseling with him privately, once he finds out if they carry insurance and what type of guarantee he will be paid.

An ethical approach to this scenario would be for the VRC to explore if the Veteran is currently receiving mental health/couples counseling. If the Servicemember is not engaged in mental health/couples counseling, the VRC may refer him, such as to Veteran’s Tri-Care nurse case manager for a VA Medical Center authorization or to his Physical Evaluation Board Liaison Officer. This action keeps the focus of the current counseling relationship intact and avoids any unethical considerations.

It is not uncommon for the roles that counselors play in their clients’ lives to connect or change. A client may be counseled separately as well as be counseled as part of a couple or family dynamic, making it a connected or contiguous professional relationship. Moving from individual to couples counseling, enrolling one’s client into clinical trials for a research endeavor, or moving from an evaluative role to a therapeutic role, are examples of role changes. In all instances, counselors are responsible for their clients’ welfare through any such shift. Let’s look at the CRCC Code:

**A.5.i. ROLE CHANGES IN THE PROFESSIONAL RELATIONSHIP**

*Rehabilitation counselors carefully evaluate and document the risks and benefits to clients before initiating role changes. If rehabilitation counselors change roles from the original or most recent contracted relationship, they discuss the implications of the role change with the client, including possible risks and benefits (e.g., financial, legal, personal, or therapeutic). They complete a new professional disclosure form with clients and explain the right to refuse services related to the change, as well as the availability of alternate service providers. Rehabilitation counselors refrain from frequent and/or indiscriminate role changes. If changing roles more than one time, rehabilitation counselors evaluate and document the risks and benefits of multiple changes. Examples of possible role changes include:*

*(1) changing from individual to group, relationship, or family counseling, or vice versa;*

*(2) changing from a rehabilitation counselor to a mediator role, or vice versa;*

*(3) changing from a rehabilitation counselor to a researcher role (e.g., enlisting clients as research participants), or vice versa; and*

*(4) changing from a non-forensic evaluative role or forensic role to a rehabilitation or therapeutic role, or vice versa.* (CRCC, 2017, p. 7)

According to this Standard, any shifts in the counselor’s role must be explained to clients and have their expressed consent before moving in that direction. Further, counselors should explain the potential consequences of such shifts, as far as he or she can predict them. Should unanticipated impacts be experienced, it is the counselor’s responsibility to address the individual’s concerns. Finally, should individuals decide to terminate services (or request referral to another provider), the counselor should aid in that process.

The VRC’s role remains the same throughout the provision of rehabilitative services. The VRC provides referrals for financial, legal, personal or therapeutic counseling as part of a Veteran’s rehabilitation program.

**Accepting Gifts**

Clients often like to express their appreciation for their counselors’ good work, and yet the acceptance of gifts is another area where professional boundaries can be jeopardized. Therefore, careful consideration of the implications and motivations behind gift giving and receiving is warranted. Let’s look at the CCRC Code:

**A.5.j. ACCEPTING GIFTS**

*Rehabilitation counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept gifts from clients, rehabilitation counselors take into account the cultural or community practice, therapeutic relationship, the monetary value of gifts, the client’s motivation for giving gifts, and the motivation of the rehabilitation counselor for accepting or declining gifts. Rehabilitation counselors are aware of and comply with their employers’ policies on accepting gifts.* (CRCC, 2017, p. 10)

As stated above, counselors have several items to consider while making a decision about accepting a gift. The following questions and examples can help with this process:

* What are the cultural implications of offering and accepting a gift?
  + If the gift is a part of the individual’s culture, or is even a specific representation of the individual’s culture (e.g., a small religious symbol), it may be appropriate to accept the gift.
* Where are you in the therapy process?
  + What does it mean if the gift is offered at the beginning of the relationship? At the end? After a particularly challenging session?
* What is the monetary value of the gift?
  + Since it is likely inappropriate to ask an individual how much was spent, counselors need to carefully use their professional judgement. For overtly expensive gifts, one might refer the individual to donate the item (or its cost) to a charity of his/her choice.
* What are the clinical implications of accepting or rejecting the gift?
  + Is this a display of power/influence/dysfunction/manipulation?
* What are the counselor’s motivations for accepting/rejecting an individual’s gift?
  + Is the counselor accepting the gift to win favor with the individual, to not embarrass the individual, or because he/she likes the gift?
  + Is the counselor not accepting the gift because he/she does not like the individual?

The following is an example of an ethical issue with accepting gifts:

A Veteran is about to graduate from his degree under the VR&E program. He wants to express his gratitude to his VRC and buys a $50 gift card to a local restaurant. At their next meeting, the Veteran hands the VRC the gift card. The VRC politely declines, advising the Veteran that he appreciates the gesture, but he is unable to accept the gift card.

As a VA employee, the VRC must follow government-wide guidelines for accepting and/or properly disposing of gifts from an outside source. Please refer to the [United States Office of Government Ethics](https://www.oge.gov/web/oge.nsf/Topics) website as well as the *Standards of Conduct for Employees of the Executive Branch*, [5 CFR part 2635](https://www.ecfr.gov/cgi-bin/text-idx?SID=79869eaba00bb79ac1c20593a1385d90&mc=true&node=pt5.3.2635&rgn=div5). If a Veteran, or any other prohibited source, offers a VRC a gift, it is always appropriate to politely decline the offer. However, when offered a gift, the VRC must ask himself or herself: “What will the public think of me or VA if I accept this gift?” That is-- “would a reasonable person with knowledge of the relevant facts question my impartiality or integrity, or VA’s impartiality or integrity if I accept this gift.”

Employees must consider four factors: ***v****alue,* ***t****iming,* ***i****dentification of the donor, and* ***a****ccess to VA employees* (VTIA). Does the offered gift have a high market value? Does the timing of the gift create the appearance that the donor is seeking to influence an official action? Does the donor have interests that may be substantially affected by the performance or nonperformance of your official duties? Would acceptance of the gift provide the donor with significantly disproportionate access to VA or VA employees?

If ***after considering these factors*** the VRC believes that a reasonable person would question his or her integrity or impartiality or the integrity or impartiality of VA programs or operations, then he or she should not accept the gift. The employee should only move on to the gift exceptions if he or she believes his or her integrity or VA’s integrity will not be questioned. The exceptions have not changed, but they are no longer the first step in the analysis.

If a VRC has received a gift that cannot be accepted or returned, he or she may return it or pay its market value, destroy it if the gift is a tangible item with a market value of $100 or less, or if the gift is perishable (e.g. a fruit basket or flowers) and it is not practical to return it, give the gift to charity, share it with the office, or destroy it. Supervisory approval is required for donation to charity, sharing with the office or destruction. The [OGC Ethics Specialty Team](https://www.va.gov/OGC/docs/Ethics/VA_Ethics_Officials_Contacts.pdf) is your contact for questions about gifts or any other Standard of Conduct concern.

## In Summary

Managing multiple relationships is perhaps one of the most complicated ethical considerations for professional counselors. Each counseling relationship is unique, and as such, boundary issues must be considered differently. By maintaining therapeutic intent, a good understanding of the ethical code that governs the profession, strong professional ties to colleagues and supervisors, and personal wellness, counselors can successfully counsel the clients they serve.

### References

[United States Office of Government Ethics](https://www.oge.gov/web/oge.nsf/Topics)

[*Standards of Conduct for Employees of the Executive Branch*](https://www.ecfr.gov/cgi-bin/text-idx?SID=79869eaba00bb79ac1c20593a1385d90&mc=true&node=pt5.3.2635&rgn=div5) (Title 5, Code of Federal Regulations, part 2635)

[VR&E Procedures Manual (M28R)](https://vaww.vashare.vba.va.gov/sites/VRWKM/M28/Forms/M28%20Main.aspx): M28R.II.A.1.04.a.3; M28R.II.A.3.08.b; M28R.II.A.5.06; and M28R.III.B.1.04

[VA Employee Handbook](http://www.tampa.va.gov/careers/documents/VA-Employee-Handbook.pdf)

Annual Government Ethics ([TMS](http://www.tms.va.gov/) ID VA 3812493)

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### Conclusion

This concludes the training. If you have any questions regarding this training, please be sure to email your District Field Liaison.

Thank you for your participation and for your dedicated service to our Nation’s Veterans and Servicemembers.