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# ***Managing Dual Relationships for Rehabilitation Professionals who Work with Clients who are Deaf or Hard of Hearing***

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## **Abstract**

This article discusses the importance of ethical standards for rehabilitation counselors who work with clients who are Deaf or hard of hearing. Rehabilitation professionals in this field are often faced with the possible ethical dilemma of having overlapping relationships at personal, business, or other professional levels. Although dual relationships can occur with any counselor/client interaction, this ethical question is particularly pronounced due to the small number of members in the Deaf and hard of hearing community and the fewer relationship options. This article outlines eight steps to making sound ethical decisions as well as how to manage dual relationships for rehabilitation professionals who work with Deaf and hard of hearing clients.

*Keywords: rehabilitation, Deaf, hard of hearing, ethics, standards, codes, dual relationships*

Rehabilitation professionals face ethical challenges daily. Most organizations or associations that support professionals who work in the field of social service have developed ethical standards with the goal to ensure competent professional behavior. Ethical standards help to monitor professional behavior. Whereas ethical codes alone do not answer all ethical questions that rehabilitation professionals face, it provides a critical base to help professionals determine an appropriate response to often complex ethical issues. These ethical codes and standards protect both clients and rehabilitation professionals.

On occasion, rehabilitation professionals are faced with the added challenge of having overlapping relationships at personal, business, or other professional levels. This may be more distinct when the professional works primarily with clients who are members of a small population such as those who are Deaf or hard of hearing. In addition, rehabilitation professionals who work with clients in this population may themselves be Deaf or hard of hearing, or have family members who are. The implications of this shared disability identity can result in intersecting Deaf-related recreational activities, participation in Deaf or hard of hearing advocacy groups, and formulation of social relationships. Although dual relationships can occur with any counselor/client interaction, this ethical question is particularly pronounced due to the small number of members in the Deaf community with fewer relationship

options (Scopelliti et al., 2004). Without concrete ethical codes it can be challenging to navigate these dual relationships. Adherence to an ethical code such as the Code of Professional Ethics for Rehabilitation Counselors (Commission on Rehabilitation Counselor Certification [CRCC], 2010), which includes the need for continued education and training on the topic of ethics, is vital to maintain high quality services to clients who are Deaf or hard of hearing. This paper will focus on steps to review to help understand the rehabilitation professional's ethical responsibility and how to manage possible overlapping relationships.

### **What is a Dual Relationship?**

The term *dual relationship* is referred to in the literature in a variety of ways, including *boundary crossing* (Pope & Keith-Spiegel, 2008), *multiple relationships* (Dallesasse, 2006), and *consecutive or concurrent relationships* (Moleski & Kiselica, 2005). For the purpose of this paper dual relationship refers to "two or more distinct kinds of relationship with the same person" (Judd et al., 2002, p. 771).

Historically, any dual relationship was considered something to avoid at all cost due to the possibility of doing harm to the client as well as the possibility of the practitioner damaging his or her professional reputation. Whereas the professional literature in the field of counseling is in solid agreement regarding the damaging, exploitative nature of dual relationships that result in any kind of sexual intimacy with clients, there remains a diversity of opinions regarding the potential harm or benefits of nonsexual multiple relationships (Brocius, 2013, Judd et al. 2002, Moleski & Kiselica, 2005, Nickel, 2005, Scopelliti, 2004). One author (Reamer, 2003) argues that when client-counselor relationships are handled ethically, more flexible boundaries can increase familiarity, understanding, and connection, all of which promote joining which is critical when working with clients who are members of a cultural group such as Deaf or hard of hearing. Recent research finds that those who practice as rehabilitation professionals apply a strength perspective in both philosophy and counseling practice (Cottone, 2010). A strengths-based approach when working with clients who are Deaf or hard of hearing enables professionals to consider and utilize existing resources and skills to better address the issues that clients face (Glick, 2004). This perspective is one of the important frames when considering a dual relationship.

As Moleski and Kiscelica (2005) point out, dual relationships occur either by choice or by chance. When a conscious choice is in play, the rehabilitation professional must carefully examine the consequences of a consecutive relationship and determine that it is in the best interest of the client. However, at times there is less of a choice. For instance, in smaller rural areas, a dual relationship between the rehabilitation professional and client may be unavoidable. The research on dual relationships that relates to professionals who work in rural settings (Brocius, 2013, Judd et al. 2002, Nickel, 2005, Scopelliti, 2004) is very applicable to the ethics linked to rehabilitation professionals who work with other client populations and cultural groups that are small and unique such as those in the Deaf and hard of hearing community. Due to fewer relationship options for clients who are members of this population, as well as rehabilitation professionals who are themselves Deaf or hard of hearing, practitioners are more likely to occupy several roles and encounter their clients in a variety of different settings.

### **Steps to Making an Ethical Decision**

Rehabilitation professionals who work with clients who are Deaf and hard of hearing are routinely faced with the ethical questions regarding dual relationships. Ethical practitioners must develop an ability to evaluate situations on a case by case basis. Because confronting any ethical issue can be a highly stressful experience, it is useful to have a decision making structure to refer to so there can be an intentional course of ethical deliberation, consultation, and action (Barnett & Johnson, 2010).

Depending on the situation, a rehabilitation professional may at times have to act immediately. Since most do not regularly have the time to carefully deliberate each ethical problem that emerges, it is imperative that rehabilitation professionals have a strong basic understanding of ethical standards, familiarity with current literature regarding ethics, and practice with sorting out other complicated dilemmas. This can be helpful in managing the stress and letting the decision making proceed with a clearer view.

In addition, when making ethical decisions rehabilitation professionals should be aware of their clients' as well as their own personal values, cultural and religious beliefs, and practices (CRCC, 2010). This is especially relevant to working with clients who are Deaf or hard of hearing. As stated earlier, cultural understanding specific to this population must be taken into consideration. An important way to do this is to involve the client in the

ethical decision making process in regards to the issue of dual relationships.

Corey, Corey, and Callahan (2011) developed the following decision making model to help professionals work through ethical dilemmas. These eight steps are a useful guide to the decision making process when rehabilitation professionals who work with clients who are Deaf or hard of hearing are faced with an ethical situation.

**1. Identify the problem or dilemma.** This first step requires rehabilitation professionals to define the situation and to see if there is truly an ethical dilemma involved. Involvement of the client begins at this stage and should continue throughout the ethical decision making process. All information available must be gathered to determine the nature of the problem, including who is the client? Who are the stakeholders (e.g., a person or group who may be harmed or helped by the rehabilitation professional's actions)? What are the cultural considerations? How does being Deaf or hard of hearing play a part in this problem? What are the rehabilitation professional's values that are involved? How might the client be affected by this situation? Reflection and documentation is critical as rehabilitation professionals begin ethical decision making.

**2. Identify the potential issues involved.** This step involves considering the ethical principles that apply. These six principles include autonomy, beneficence, fidelity, justice, nonmaleficence, and veracity (CRCC, 2010). Prioritizing which principle is most applicable and deciding how it may be helpful to resolving an ethical dilemma is important. Also critical to this step is determining the rights, responsibilities, and welfare of all those involved with the dilemma. Thoughtful deliberation regarding the pertinent cultural factors of the client's situation is part of rehabilitation professionals' ethical responsibility (CRCC, 2010). This is especially relevant when working with clients who are Deaf or hard of hearing due to the unique experiences those in this population may have.

**3. Review the relevant ethical codes.** Once CPERC (CRCC, 2010) principles have been identified, it is important to review the Code of Ethics to determine which codes or standards are related to the ethical dilemma. This may also be a time to seek consultation from the CRCC Board ([www.crcc.org](http://www.crcc.org)). The national board is available via email or phone to discuss ethical and legal issues that are faced by rehabilitation professionals. It is important to remember that the board does not provide specific answers to ethical dilemmas nor does it take any responsibility for making an ethical decision.

However, consultation is useful to help guide the rehabilitation professional to better understand the Code of Ethics and how to apply standards to a particular situation. It is essential to keep a record of this process to show your thorough commitment to solving the ethical dilemma.

**4. Know the applicable laws and regulations.** It is important that rehabilitation professionals are current with relevant agency, state, and federal policy and laws that may apply to the ethical quandary. An example of this is awareness of HIPPA (Health Insurance Portability and Accountability Act of 1996) regulations such as reporting child or elder abuse, issues related to danger to the client or others, court or other disciplinary actions, and keeping or breaching confidentiality, for instance when to consult with other professionals. Carefully considering the applicable laws and regulations is a critical step to working toward any ethical decision.

**5. Seek consultation.** After ethical, clinical, and legal issues have been thoroughly considered it is time to consult with one or more trusted and knowledgeable colleagues who understand the uniqueness of the Deaf and hard of hearing community. Consultation is imperative because even the most seasoned professional is not able to view a situation objectively due to personal prejudice, bias, or emotional investment (Koocher & Keith-Spiegel, 2008). Diverse perspectives can help with making the best possible decision. Carefully consider what issues are significant and seek consultation from experts in those areas. For instance, if the ethical dilemma involves a client from a cultural background or worldview that is unfamiliar, discuss the issue with an authority in that culture. Search out feedback and suggestions regarding the issues that are pertinent to the dilemma. Documentation of any consultation, including who the colleagues are and their suggestions, is important to include in the client file. The record of consultation shows that the rehabilitation professional attempted to follow the professional and ethical standards expected in the field.

**6. Consider possible and probable courses of action.** Brainstorming various options to handle the ethical concern is the next step. A wide range of possible actions should be considered that include both ethical and legal implications. From this exercise, possible actions that may have been overlooked might become clear or perhaps it will become apparent that no action is to be taken. These options should be discussed with the client who is Deaf or hard of hearing as well as other professional colleagues and of course documented in the client file.

**7. List the consequences of various decisions.** Building on Step 6, and once the range of possible actions is apparent, it is important to take into account the implications of each course of action and how it may affect the Deaf or hard of hearing client, the stakeholders related to the client, and even the rehabilitation professional. The potential risks and benefits must be taken into consideration. Koocher and Keith-Spiegel (2008) remind the professional that the consequences of the decision include psychological and social costs, short and long term effects, the time and effort necessary to implement a decision, and resource limitations. Referring back to the six principles outlined in the CRCC Code of Professional Ethics is critical at this juncture. Upon review it may become apparent that there are multiple outcomes rather than just one. Continued brainstorming and discussion with others can be helpful to evaluate the consequences of any given course of action.

**8. Decide on the best course of action.** Making the decision for how to proceed is the final step of this process. Once the ethical action is taken it is essential to contemplate the rehabilitation counselor's overall professional learning involved in this process. The following questions can be helpful part of the evaluation: "How does my action fit with my professional code of ethics? To what degree does the action taken consider the cultural values and experiences of the client? How have my own values been affirmed or challenged? How might others evaluate my action? What did I learn from dealing with this ethical dilemma?" (Frame & Williams, 2005, as cited in Corey, Corey, & Callahan, 2011, p. 27). This type of reflection is invaluable to the ethical decision making course. Of course reviewing case notes that have documented the ethical process and follow up of the outcome of the decision is part of this final step.

Careful review of the CPERC (CRCC, 2010), discussion of the issue with clients and colleagues, clear and detailed documentation of the process, and self-reflection are all a part of ethical decision making for the rehabilitation professional who works with clients who are Deaf or hard of hearing. When faced with an ethical dilemma regarding dual relationships, this decision making model (Corey, Corey, & Callahan, 2011) provides the rehabilitation professional with a structure to make a sound ethical decision. However, there are additional questions that need to be answered when considering the possible dilemma of a dual relationship.

## **Ethical Consideration of Dual Relationships**

Professionals who work with Deaf and hard of hearing clients are often confronted with deciding whether or not to enter into a dual relationship due to the nature of the profession and the reality of this small population. Rehabilitation professionals must make ethical determinations that can bear public scrutiny such as the outcome of an ethics committee review or how other professionals might view the specifics of the decision. Making this kind of assessment requires professionals to try to predict future reactions to their behavior which can be a daunting task. Referring to an ethical decision making model as described above is a critical tool in this process. In addition to this model, Younggren (2002) has come up with the following essential questions to consider when making an ethical decision regarding dual relationships.

**Is the dual relationship necessary?** This is the first question rehabilitation professionals should consider. Unnecessary dual relationships can be laden with unnecessary risk so of course the simplest decision for a counselor and client who is Deaf or hard of hearing is to not enter into a dual relationship. Counseling relationships are already complex and often vexed with complicated issues, so it is imperative that rehabilitation professionals determine whether they even need to enter into a dual relationship. Examples of possible interactions that be deemed necessary may include attending the same church that is accessible for congregates who are Deaf or hard of hearing, sitting on a Deaf or hard of hearing professional or community based board, attending the same social or community events open to the Deaf and hard of hearing community. What is important is that the interaction is entered into only when there is forethought. Questions rehabilitation professionals can ask themselves include, is the interaction time-limited? Is the interaction context specific? When these questions are answered and the relationship is deemed necessary then the professional needs to answer the next question.

**Is the dual relationship exploitive?** A boundary violation is different than a boundary dilemma. Whereas a boundary dilemma refers to a boundary crossing, a boundary violation refers to actions on the part of rehabilitation professionals that are harmful and exploitive, and are always unethical. Examples of exploitive dual relationships include sexual or romantic relationships with current or recent clients, or taking advantage of a client financially. When there is a clear understanding that the dual relationship is

not exploitive in any way, the rehabilitation professional is able to move on to the next question.

**Who does the dual relationship benefit?** This is a critical question that rehabilitation professionals who work with clients who are Deaf or hard of hearing must ask themselves. Careful reflection on this question may require the professional to consult with trusted colleagues and supervisors. Deciding who benefits when the rehabilitation professional enters into a dual relationship with a client is not easy to assess. The next question is also important to ask as the rehabilitation professional moves toward clarification of this dilemma.

**Is there a risk that the dual relationship could do harm to the client?** This is a query that requires a great deal of objectivity and forethought on the part of the rehabilitation professional. Consistent with the shared ethical principles discussed above, the professional relationship should avoid harming clients who are Deaf or hard of hearing, or at least effort should be made to minimize the risk of harm. This also includes the avoidance of rehabilitation professionals imposing their own values that may be inconsistent with the goals of the rehabilitation relationship. Once this question is answered satisfactorily the next question regarding if a dual relationship brings risk to the relationship must be asked.

**Is there a risk that the dual relationship could disrupt the rehabilitation counseling relationship?** This is a question that requires not only forethought before entering a dual relationship but also must be continuously asked throughout the counseling relationship. Whether rehabilitation professions choose to enter a dual relationship with a Deaf or hard of hearing client or the dual relationship is “forced” upon them, the professional must manage the relationship in such a way that the counseling alliance is not damaged by the secondary relationship. It is critical that rehabilitation professionals keep this question in the foreground of the counseling partnership as to avoid any harm to the professional rehabilitation relationship. The next question reminds rehabilitation professionals that we are not alone and we must reach out to supervisors and professional colleagues when considering a dual relationship.

**Am I objective in my evaluation of this matter?** It is very difficult for any rehabilitation professional to answer this question because we all carry on our own personal biases and beliefs, and no one is truly objective. This is when

consultation with supervisors and professional colleagues in the rehabilitation field who are knowledgeable of the Deaf and hard of hearing community is required. Rigorous reflection with the help of trusted colleagues can be helpful in identifying an objective understanding of the dual relationship question.

**Did the client give informed consent regarding the risks to engaging in the dual relationship?** This question reminds the rehabilitation professional that the client who is Deaf or hard of hearing (or the guardian) must always be apprised of the issues at hand. It is the rehabilitation professional's responsibility to recognize that "[clients] have the freedom to choose whether to enter into or remain in a rehabilitation counseling relationship" (CRCC, 2010, p. 4). Most ethical codes focused on working with clients who are Deaf or hard of hearing point out that it is the responsibility of the rehabilitation professional to inform and include the client of any decision making regarding the counseling process. It is also required that the rehabilitation professional address all of the possible dilemmas and risks that might be included in a secondary relationship. Informed consent is then documented in the client's file as evidence of the steps taken to ensure the client's full understanding of the process.

**Have I adequately documented the decision making process in the client records?** This question helps the rehabilitation professional set up a "risk management strategy" that provides protection to all parties if charges of unethical behavior were to surface due to entering a dual relationship. The process of entering a dual relationship must be clearly and carefully documented to strengthen the rehabilitation professional's defense should a question or charge be made. Records should demonstrate the thoughtful decision making process the rehabilitation professional went through that led to the decision to engage in a dual relationship with a Deaf or hard of hearing client. These records should include not only the steps taken by the rehabilitation professional but also any consultation that helped the professional make the logical decision to enter a secondary relationship with a client. This documentation is critical support that the choice to enter a dual relationship was the right one.

Rehabilitation professionals who work with clients who are Deaf or hard of hearing will face the possibility of dual relationships during their career. Younggren's (2002) questions are an excellent tool for the professional to help prevent the misuse or misinterpretation of the ethical standards

regarding dual relationships. To summarize, the rehabilitation professional must keep in mind that any overlapping interaction with a client is entered into only when there is forethought and documentation. Also, consecutive relationships must be time limited and context specific. And foremost, the client must give permission.

## **Conclusion**

Dual relationships that are nonsexual and do not exploit the client should be recognized and acknowledge as an integral part of the practice of rehabilitation professionals who work with Deaf and hard of hearing clients. The CPERC (CRCC, 2010) refers to the difficulties associated with the inevitability of dual relationships in some settings and differentiates acceptable boundary crossings (e.g., belonging to the same advocacy group, playing on the same softball team, and attending the same church) from unacceptable boundary violations (e.g., sexual relationships, counseling with family members). Having addressed all of the questions presented in this paper and coming up with positive answers still does not remove the rehabilitation professional from risk. There is always the potential for risk when a professional and client enter into a dual relationship. Therefore, the goal of the professional is to make the right choices for individual clients and situations while always trying to minimize the potential risk to either party. The discussed decision-making steps and the questions provided by Youngren (2002) are critical for managing the potential risk of a dual relationship and provide important guidelines for rehabilitation professionals who work with clients who In addition, supervision and continuing education should also be available to rehabilitation professionals to assist them in dealing with the complex issues that can arise when negotiating ethical dilemmas. Continued research in this field is critical for stronger and more effective professional practice for the complex job of rehabilitation professions who work with clients who are Deaf or hard of hearing.

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