



The Counseling & Social Work Superstore

"#6 Ethics: Sexual Issues in Counseling"

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#6 ETHICS: SEXUAL ISSUES IN COUNSELING

1.5 CEU Credit Hours

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NOTE: This PeachTree Professional Education, Inc. Online CEU Course entails this packet of information, and also requires reading of your corresponding professional association's Code of Ethics. (External internet links are provided within this course material.)

Course Description:

This course addresses issues of inappropriate sexual relations between counselors and clients, as well as between supervisors and supervisees.

Course Objectives:

At the conclusion of this course, the professional will be able to:

- ◆ Familiarize themselves with their respective professional association's Code of Ethics.
- ◆ Understand the current guidelines for the ethical practice of professional counseling.
- ◆ Identify the issues involved in managing professional boundaries related to sexual issues.
- ◆ Implement a strategy for the resolution of ethical dilemmas in the counseling process.

Purpose of this course:

The purpose of this CE course is to provide discussion of issues relevant to the mental health counselor on the legal and ethical particulars of inappropriate sexual relations with clients, supervisors and supervisees.

Course Outline:

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of your corresponding professional association's Code of Ethics.

Part 3: Reading of the course materials (this document).

Part 4: Administration and Completion of the Evaluation of Learning Quiz.

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1.5 Clock Hours / CE Credits



Your instructor is **Richard K. Nongard**, a Licensed Marriage and Family Therapist, Certified Clinical Hypnotherapist and a Certified Personal Fitness Trainer.

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Ethics #6

Sexual Issues In Counseling

1.5 CEU Credit Hour Course

Instructions for course completion:

1. The professional is required to read their respective professional association's Code of Ethics. (External web links are included on the following page.)
2. The professional is required to read the remaining course materials contained in this .pdf file.
3. Complete the required evaluation of learning quiz and return it to our office either online or by fax or mail, with the appropriate fee.

Each professional association has published a Code of Ethics. The National Association Of Social Workers, the American Association of Marriage And Family Therapists, The American Psychological Association, The National Association of Alcoholism and Drug Abuse Counselors and the American Counseling Association have all published Codes of Ethics unique to the professions that they serve. In addition, various states have published their own Codes of Ethics, applicable to licensed individuals in their state.

As part of this course, you are required to read your respective professional association's Code of Ethics. Most professionals will find a copy of the Code in their membership information packets.

For professionals who are licensed but not dues paying members of any professional association, please know that each professional association's website has their Code of Ethics published on the Internet, available for all to read.

From a liability perspective, it is important to note that whether we are a dues paying member or not of our respective professional association, **in civil court we will be held to our professional association's ethical standards.**

For example, if you are a Marriage and Family Therapist licensed by the state but not a member of the AAMFT, you will still be held to the ethical standards of the AAMFT for the services that you provide. If you are a Psychologist and not a dues paying member of the American Psychological Association, in civil court you will still be held to the ethical standards of your respective professional association's Code of Ethics.

When we face ethical dilemmas in our clinical practice, the answers to those dilemmas are often found in the basic principles of professional ethics provided by our professional associations.

The Codes of Ethics links below are provided for your convenience.

Before or after you read the remaining course materials, please select the link for the association that corresponds to your professional licensure, and read their Code of Ethics. When you take the link - **you will leave this document** - you can use your browser's < back arrow to return, or you may wish to save this file in your Favorite Places. For most professions, the Code reading will be approximately 10-20 pages.

NOTE: *Sometimes the Boards will move or change their links.* If this happens, you can always find the new link to your Code by using an Internet Search Engine, like www.google.com.

NAADAC - National Association of Alcohol and Drug Abuse Counselors

<http://naadac.org/documents/index.php?CategoryID=23>

NBCC - National Board of Certified Counselors

<http://www.nbcc.org/ethics2>

APA - American Psychological Association

<http://www.apa.org/ethics/>

ACA - American Counseling Association

<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>

AAMFT - American Association of Marriage and Family Therapists

<http://www.aamft.org/resources/LRMPlan/Ethics/ethicscode2001.asp>

NASW - National Association of Social Workers

<https://www.socialworkers.org/pubs/code/code.asp>

Ethics #6 - Sexual Issues

INTRODUCTION

A few years back, I was sitting in my office watching the news. The United Nations Counsel on Population was talking about a baby born shortly after midnight in Kosovo, and ceremoniously labeled that baby as the 6 billionth person on the planet earth.

While watching the news, I was also going through my mail. I opened the latest newsletter from the Texas State Board of Examiners for Professional Counselors, and did what I usually do: I skipped past the board news, past the rule changes, past some of the other information and went right to Disciplinary Actions. There were nine names listed.

Like most other professionals, I always look for names of people that I know, and up to this point, I had never recognized anyone. But this day was different. The eighth person on the list was not only some one I knew, but also someone I actually considered a friend.

This was fascinating to me. I hadn't seen this counselor in probably a year or so, and I'd wondered if he had changed jobs and why I hadn't seen him at any continuing education workshops. When I read the statement in the disciplinary section that read: "he voluntarily surrendered his license in light of sexual misconduct" I was shocked. I knew that not only were the consequences of his actions harmful to his patients, but that our profession had lost a skilled therapist who had accomplished really good work with many other clients. I also knew that I had lost the friendship of someone who was important to me - all because of his sexual misconduct with a client.

I have a Master's Degree, and I've been licensed for many years. Consequently, I know I'm supposed to think deeply about things and consider all the issues, angles, emotions, and so on. But as I was reading the board newsletter with the television in the background telling me that there were 6 billion people on the planet earth, I thought to myself, "Gee, I really wish I had known this was going on with my friend. I would have told him, 'Look, John, there are *6 billion people* on the planet earth. That means there are 5 billion, 999 million, 999 thousand, and 975 *other people* who are *not* on your caseload. Why couldn't you have picked one of them to have sex with?"

I'm sure John now asks himself the same question.

I hope you enjoy this course!

-Richard K. Nongard, LMFT, CCH



SECTION 1

Clarifying the Stuff You Should Already Know

No Sex With Current Clients *No Clients Who You Used to Have Sex With*

Every year a handful of our professionals are disciplined for sexual misconduct with clients. I have never personally struggled with this issue, and I generally fail to understand why some professionals use such extremely poor judgment. But the fact remains that some professionals do, which is obviously why there are laws, rules, and disciplinary actions against it.

This workshop is not designed to tell you what you already know. This workshop is designed to point out the issues related to sexual misconduct in our profession, so that we might more effectively deal with both professionals and colleagues who have been disciplined for sexual misconduct, and to effectively understand the issues that clients maybe dealing with, in light of previous harm done by a caregiver.

This workshop assumes that you already know what the state boards want me to tell you:

Please, do not have sexual relations with your clients.

In Texas and a couple of other states, it's a *felony* to have sex with a client, or with anyone who ever was client - ever.

A client in therapy (male or female, straight or gay, white, black, Hispanic, Asian, Indian, purple, polka-dotted or striped) simply should not *ever* be the victim of *any* sexual advances from their caregiver.

The incredible power that the therapist has in a client's life affords the therapist an opportunity to exploit the client in not only sexual ways, but many others as well. Because of this power, sexual contact of any kind is prohibited during the therapeutic relationship.

The professional associations and the law in all 50 states assume that even a *consensual* sexual relationship between therapist and client is unacceptable, because of the fiduciary relationship between the clients and care giver. This fiduciary relationship means that the therapist is obligated to lookout for the welfare of their client, and that a client - due to the therapist's perceived status and role - is *never* able to consent to sexual activity.

Consent - oral, written or implied - is absolutely *not* a defense for the therapist who has had sexual contact with a client.

Anyone practicing therapy for any length of time has certainly experienced the trust that develops between client and therapist. They have also experienced the intimacy - from an emotional perspective - that occurs. Therapists are human, and they naturally respond to the honesty and emotionality in a therapeutic relationship in human ways.

Therefore, it is essential for any therapist who sees clients in individual therapy or in group therapy settings to regularly meet with a clinical supervisor, to discuss not only the treatment plans for their clients, but also to discuss the therapist's own feelings about specific clients who they are working with.

Clinical supervision is an excellent way for the therapist to professionally resolve these issues prior to any physical contact that may be deemed inappropriate.

This topic brings me back to my experiences working with sex offenders. Sex offenders tend to define what they believe is acceptable or unacceptable sexual conduct from a behavioral perspective. In other words, in a group therapy session with ten offenders who were all pedophiles, those in the group will evidence what psychology has labeled 'denial' - by defining the behavior they engage in as non-sexual.

For example, one of them might say, "I don't belong here. I'm not a pedophile. I did not actually engage in intercourse. All I did was masturbate while they watched." Another offender might say, "I am not a pedophile, because I never actually engaged in intercourse. All I did was engage in massage and body kissing". As you can see from these examples, sex offenders, when confronted with reality, are quick to deny the severity of the consequences that their victims have experienced because of their behaviors.

Likewise, many therapists have engaged in some form of inappropriate sexual contact with clients, and they have also engaged in the same type of rationalization that sex offenders use: defining what is okay or is not merely from a behavioral perspective, and of course always exempting their own behavior as permissible.

SECTION 2

Clarifying the Stuff You Should Already Know

No Sex With Past Clients

A handful of clinicians defend a therapist's sexual actions by stating, "Many professional association's ethical guidelines *do* permit professionals to engage in a sexual relationship with a client - starting *two years* after termination of the counseling' --

Well, unfortunately this may be true. However, you should know that **State law**, at least in the states of Texas, Minnesota and several others, *supercedes* this professional association guideline, and emphatically **prohibits any sexual contact forever, with anyone who is - or has ever been - a client.**

These state laws reflect a growing change in our professional community. The NAADAC (National Association of Alcohol and Drug Abuse Counselors) recognizes there will *always* be an unequal relationship between therapists and clients, and removed from their professional Code of Ethics any time-period that must a lapse between the termination of therapy and the onset of a sexual relationship. The NAADAC and several state boards have recognized that even if 50 years go by, there is something inherently wrong with this type of sexual relationship, and they forbid it entirely.

Other professional associations though, including (believe it or not) the AAMFT, the American Counseling Association and others, do offer language indicating that a sexual relationship with a former client *may* be acceptable under extenuating circumstances - after 2 years - **but they leave the burden of proof that a client has not been harmed to the *therapist* who has engaged in a sexual relationship with a client.**

SECTION 3

Clarifying the Stuff You Should Already Know

CODES of ETHICS

Let's look at the various Codes of Ethics and what they say about sexual relationships with both current and past clients.

NBCC - National Board of Certified Counselors Section A: General

10. Sexual intimacy with clients is unethical. Certified counselors will not be sexually, physically, or romantically intimate with clients, and they will not engage in sexual, physical, or romantic intimacy with clients within a minimum of two years after terminating the counseling relationship.

11. Certified counselors do not condone or engage in sexual harassment, which is defined as unwelcome comments, gestures, or physical contact of a sexual nature.

Ethical Standards for counselors by the NAADAC, The Association for Addiction Professionals

Specific Principles Principle 9: Client Relationships

- d.** The NAADAC member shall not under any circumstances engage in sexual behavior with current or former clients.
- e.** The NAADAC member shall not accept as clients anyone with whom they have engaged in sexual behavior.

AAMFT - American Association of Marriage and Family Therapists

Principle I Responsibility to Clients

1.5 Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact.

In an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact.

Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.

NASW - National Association of Social Workers

Ethical Standards Social Workers Ethical Responsibility to Clients

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers--not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship--assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client.

If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers--not their clients--who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(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.

ACA Code of Ethics and Standards of Practice

Section A: The Counseling Relationship A.7. Sexual Intimacies With Clients

Current Clients. Counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.

Former Clients. Counselors do not engage in sexual intimacies with former clients within a minimum of 2 years after terminating the counseling relationship.

Counselors who engage in such relationship after 2 years following termination have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.

It is my opinion that the AAMFT, ACA, and other professional associations will eventually jump on the bandwagon with NAADAC and the state laws prohibiting any sexual conduct between therapist and client for an indefinite period of time.

Just a final note of warning and clarification for any professional considering this kind of behavior:

Criminal laws and professional / ethical conduct guidelines are *two different things*, and they may work together or separately, depending on the issue, and on the state.

A minor misdemeanor legal offense that carries only a small fine to the court system could still cause you to lose your professional license.

Likewise, even if your professional association seems to permit a sexual relationship with a client following a period of time (typically two years), if your state law does not permit any sexual relationship with any client ever, chances are you *will* go to jail - and then you will lose your license for sure.

SECTION 4

THE EFFECTS OF SEXUAL CONTACT WITH CLIENTS ON BOTH VICTIMS AND COUNSELOR PERPETRATORS

VICTIMS

It's been suggested that when a sexual relationship with a client begins, the helping process ends.

Professional associations maintain the standard that the relationships between therapist and client are *never* the fault of the client, and that it's *always* the responsibility of the psychotherapist to control their actions during the course of therapy.

Interestingly, many therapists who have engaged in the sexual activity with a client attempt to continue to provide therapy to that individual. Corry, Corry and Calaman assert that the therapist loses control over therapy as soon as any sexual contact begins. Depression, sexual confusion, isolation and despair - these are all potential emotional outcomes for the client-victim and the therapist-perpetrator involved in a sexual relationship.

It's also been noted that there is a striking similarity between the client who is victimized by a therapist and the patterns of consequences which follow rape, spousal battery and responses to child abuse and incest.

This scenario is often handled similarly as well, by friends, family and professional coworkers who may appear not to notice the abuse, because they would never suspect that a therapist might do such a thing to a client (just as one never thinks a parent could do such a thing to a child).

Even when the abuse is suspected or confirmed, as in numerous cases of child abuse or incest, it's often left unreported. The witness may fear for their job or reputation or their life; they may simply not want to get involved; or they might hope that someone else will take care of the matter before it gets 'too out of hand'.

The ethical guidelines for all disciplines state that just as we have a professional duty to report knowledge or reasonable suspicion of child abuse, we also have a professional duty to report sexual abuses (and other unethical or illegal activities) committed by other clinicians.

PERPETRATORS

The following summaries are actual cases that resulted in State Board disciplinary action. Names and location have been removed, but the summaries are presented as an example of the consequences for professionals of various behaviors.

Violation: Respondent established a personal relationship with a client, called the client at home, and established a sexual relationship with that client. Additionally, the client suffered a relapse as a result of her relationship with the Respondent and thus, the Respondent injured the client's welfare.

Disciplinary Action Imposed: Revoked

Violation: Permitted a male client to live with her in her personal residence and thus, established a personal and/or business relationship with that client, exploited her relationship with a male client for personal gain, presented false information regarding her relationship with a male client at the informal conference held on March 29, 2000, before the Commission and thus, attempted to mislead and deceive the Commission, failed to notify the Commission within fourteen (14) days of a change in address, engaged in conduct that tends to discredit the profession of chemical dependency counseling, failed to remain loyal and professionally responsible to the client at all times and failed to act in the best interest of the client.

Disciplinary Action Imposed: Revocation

Violation: While conducting a group session, the Respondent, as a licensed chemical dependency counselor, used inappropriate language toward a female client that was disrespectful and shaming to the client. Additionally, the respondent engaged in deliberate, ongoing contact with the client outside of the clinical relationship. Specifically, the respondent visited the client's personal residence, which invaded the privacy of the client.

Disciplinary Action: Administrative Penalty of \$600

Case Summary: Both complaints alleged that licensee had engaged in sexual acts with one of the complainants while that complainant was a client of licensee.

Licensee denied the allegations, but agreed to surrender his license and to never seek registration or licensure with the board at any level at any time in the future.

Case Summary: Licensee admitted that she engaged in a sexual relationship with a client of her place of employment. Following an adjudicatory hearing, the board found that licensee had no remorse regarding the boundary violation, that licensee did not recognize nor admit that serious damage was done to the client, that

licensee began her personal relationship with the client only a few days after client had been hospitalized for mental health related reasons, and that licensee did not understand the power and authority that a social worker has over a client.

The board refused to renew licensee's license and ordered her to pay \$2,100 for hearing costs incurred by the board. [Note: Case was appealed to Superior Court. Licensee dismissed her appeal after the court refused to stay the board order pending appeal.]

Case Summary: engaging in gross malpractice, repeated acts of malpractice, professional misconduct and direct violation of the Board's regulation concerning sexual misconduct, in that he engaged in a sexual relationship with a patient; **three-year suspension, retroactive to 3/4/00, the first year of which shall be active, with the remaining two years stayed and served as a period of probation** (this order was filed on 3/13/00).

Case Summary: professional misconduct and direct violation of the Board's regulation concerning sexual misconduct, in that she engaged in a sexual relationship with a patient; **three-year suspension, commencing on 5/9/00, first six months of which shall be active, with the remaining 30 months stayed and served as a period of probation** (this order was filed on 4/9/00).

\$7,130,000 -- Psychiatrist Sexually Abuses Patient and Prescribes Drugs That Cause Brain Damage --

The Law Offices of XXX represented a 43-year-old woman who had seen the same psychiatrist for ten years. During that time, he prescribed drugs which caused plaintiff to suffer from a brain injury and sexually abused his patient. As a result of her injuries, plaintiff became severely disabled, was unable to work for over ten years, and extensive future treatment was recommended. Plaintiff brought simultaneous licensing board, criminal and civil actions against defendant.

Defendant's attorneys defended the case by conceding that defendant was negligent in his treatment of plaintiff, but denied that he, in any way, injured her. The defense claimed that plaintiff was so psychologically disturbed before she saw defendant, evidenced by multiple long term hospitalizations, chaotic relationships and a very sporadic employment history, that she was no different after seeing defendant than she was before.

The Law Offices of XXX tried the case to a \$7,130,000 verdict, believed to be the largest compensatory damage verdict for therapist abuse in the United States at the time. Defendant lost his license and spent nine months in jail.

RESULT: \$7,130,000 verdict in favor of plaintiff (in addition to \$600,000 prior settlement).

\$675,000 -- Three Patients Allege They Were Lured into Drug and Sex Parties by Their Therapists --

Plaintiffs in this case were three patients of a male psychotherapist who practiced under the license of his psychologist wife. Two of the plaintiffs were boyfriend and girlfriend. The boyfriend and girlfriend alleged that after long term psychotherapy, defendant husband psychotherapist invited them to defendants' house for dinner where he induced the boyfriend to take the drug ecstasy while both defendants took the drug. During the night, the defendants committed multiple boundary violations including an alleged sexual assault on plaintiff girlfriend. The third plaintiff, in a separate case, alleged that defendants induced her to go to Los Angeles with them to see an art show when their real purpose was to engage her in sexual activity and to take drugs with her, despite the fact that they knew she was a drug addict.

The defendants admitted that the first two plaintiffs were at their house and that the third plaintiff went to Los Angeles with them, but denied any ill intentions or use of any drugs or sexual contact. The Law Offices of XXX was able to develop evidence which tended to establish that the testimony of the plaintiffs was highly credible and the firm blew up a picture taken by one of the plaintiffs during the Los Angeles trip which showed defendant wife with a rolled up dollar bill with a white substance on a table in front of her.

RESULT: Settlement on behalf of the plaintiffs \$675,000.

\$225,000 -- Woman Abused by Therapist Sues Him Only to Have Him Deny Charges --

Plaintiff in this case was 40-year-old woman who went to a psychologist in California. The psychologist committed numerous acts of negligence and entered into a sexual relationship with his patient. During the case the defendant vehemently denied that the sexual relationship existed. However, the plaintiff could describe a trailer in Northern California that he owned and took her to on one occasion. Further, on cross-examination, the psychologist made various inconsistent statements indicating a lack of credibility. The case settled as the trial began.

RESULT: Settlement on behalf of plaintiff for \$225,000.

\$200,000 -- Woman Sues Therapist for Sexual Abuse Nine Years after Treatment Stopped --

Plaintiff in this case was a 45-year-old woman who was treated by a psychoanalyst for long time depression and marital problems. The analyst entered into a sexual relationship with the plaintiff.

The defendant admitted to the sexual relationship but claimed that the statute of limitations had run since the plaintiff waited nine years after the termination of therapy to sue and the statute required her to sue within one year of the discovery of her injury or three years at the outside.

Many law firms turned down the case; however, it was eventually referred to the Law Offices of XXX who was able to establish that, due to the transference phenomenon and plaintiff's deep attachment to the psychiatrist, she was incapable of suing him any sooner than she did.

RESULT: Settlement on behalf of plaintiff for \$200,000.

\$300,000 -- Psychiatrist Violates Boundaries of Therapy with Female Multiple Personality Disordered Patient --

Plaintiff was a 25-year-old woman who suffered from a multiple personality disorder who sought the treatment of a psychiatrist. She alleged that the psychiatrist breached the boundaries of psychotherapy by engaging in a physical relationship with her which did not include sex, but did include lying down together, and defendant telling plaintiff intimate aspects of his life which is inappropriate.

The defendant denied that the physical contact occurred and alleged that the plaintiff's testimony could not be trusted because she was suffering from a multiple personality disorder.

The Law Offices of XXX retained psychological experts to test the plaintiff and testify that, although she did suffer from a multiple personality disorder, she did know the difference between reality and unreality. Further, it was below the standard of care for the defendant to engage in a hugging relationship, particularly with a plaintiff with this infliction since she already had a poor sense of her own "boundaries." The case turned when plaintiff was able to correctly recite the intimate details of defendant's life and house which she had no other way of knowing other than through the psychiatrist's inappropriate self revelations and plaintiff having been to defendant's house.

RESULT: Settlement on behalf of plaintiff for \$300,000.

SECTION 5

USEFUL INFORMATION TO AVOID TROUBLE

THE HUMAN ASPECT OF HELPING

It was pointed out earlier in this course that the attraction to some clients extends beyond the physical, and deals with the emotional and honest nature of a therapeutic relationship. Certainly over the years there have been some clients who not only enjoyed working with from a professional perspective, but also found them to be personally enjoyable to spend time with during the course of therapy. Since those working in the helping professions do have their own individual needs, it's not difficult to understand how they may come to the conclusion that perhaps a patient would be able to assist them in meeting those needs. However, dealing with these feelings ethically and effectively is an issue for clinical supervision.

It's my contention that all therapists got into this profession at one level or another in order to meet their own needs. Fortunately, the supervision process preceding licensure teaches us that even though we do have our own needs, these needs must be met outside of the therapeutic relationship. Nevertheless, it's normal that these needs and issues will resurface as we deal with clients over the years, and in order to avoid potential conflict, some therapists who are needier than others may find it necessary to choose a vocational path where they treat only certain types of clients and avoid contact with others. These are issues that can be sorted out during supervision.

I know a therapist who describes himself as very sexual - in his personal life. Over the years he has enjoyed relationships with several different lovers. He finds it easy to fall deeply in love and enjoys the feeling of limmerance - the first 3 months of a relationship where "everything is perfect". This particular therapist, recognizing that his own personal needs could potentially cause him difficulty working with certain types of individuals, has chosen to devote his practice to exclusively counseling other men, in order to avoid any internal conflict that he might experience which could lead to a harmful relationship with a client.

I think this is a responsible decision on his part. My observations of his professional skills have been that he still gives assistance to many individuals, while avoiding - based on the recognition of his own patterns of human interaction - conflict with other groups of clients.

FALSE ALLEGATIONS

In our litigious society, clients who are vengeful or simply deceitful may in fact allege that sexual misconduct has occurred in the therapy setting. It is my contention that most clients' claims of sexual misconduct are probably valid and accurate. But false allegations do come about, and they could certainly lead to sanctions or legal consequences against a competent professional.

As a profession, we need to understand that the potential for false allegations does exist, even though it happens infrequently. As an individual provider, I think it's responsible that in our documentation of client care we not only indicate who was present during each therapy session, but also when and where other staff members were present, such as in the hallway, at the desk, and etc.

Over the years in my counseling practice I have of course provided individual therapy to members of the opposite sex. However, I have never done so after hours, or in an office that was not staffed with at least a receptionist or another professional nearby.

Yes, we have an obligation to keep our client's therapy process confidential. But I have never seen a client in an office with the curtains drawn or with no windows, facing either inside or out. I have always engaged in therapy in an environment that although private, at the same time could be considered open, by making certain the windows and draperies appropriately shielded the client to an extent that was esthetically pleasing, but at the same time provided transparency at one level into the therapeutic setting. I believe this is one effective way to help avoid the appearance of impropriety, and to also deal with the possibility of false accusation

SEXUAL HARASSMENT

What is sexual harassment?

Sexual harassment is defined as:

Any unsolicited and unwanted sexual advance or any other conduct of a sexual nature whereby submission to these actions is made explicitly or empirically as a term or condition of an individual's appraisal, performance or participation in the therapeutic process.

The actions have the effect of interfering with a client's ability to function un-intimidated and un-offended.

Sexual harassment, as a pattern of behavior, can take the form of slurs or abuse; sexual innuendos; offensive or derogatory comments; humor and jokes about sex; remarks on someone's body, clothing or sexual activity; sexual propositions or pressure for sexual activities; insults of a sexual nature; request or demands for sexual favors; cat calls; leering; whistling; insulting sounds or jesters; visual displays of sexual imagery;

unnecessary or unwanted physical contact; touching, brushing, pinching; impeding or blocking someone's movement; fondling or kissing; physical assault or sexual intercourse.

Most of the time, simply ignoring the unwanted attention does not make the problem go away. In recent surveys related to sexual harassment, 75% of victims who use 'ignoring' as a strategy to deal with sexual harassment found that the harassment continued or became worse.

There is a delicate balance here. Some people may confuse harassment with flattery, or vice versa. In the therapeutic process, when making any comments towards clients of a personal nature, both men and women need to be careful that their words and actions will serve a legitimate professional purpose.

REPORTING OF SEXUAL MISCONDUCT

In addition to the rules of professional association's ethical guidelines, State Law in most states requires that the licensed professional must report to the State Board any conduct by other licensed professionals which violates ethical standards.

It is the responsibility of our profession to police itself, and it is our responsibility to protect clients - even those who are served by other professionals - by reporting a reasonable knowledge or suspicion of sexual misconduct between therapist and client.

REFERENCES

[HTTP://pooh.asarian.org/~kayjay/harrass.htm](http://pooh.asarian.org/~kayjay/harrass.htm)

Issues and Ethics in helping professions by Cory, Cory and Calaman 5th edition. Brooks Cole Publishing Co. 1998

SECTION 6

NO SEX WITH SUPERVISEES, EITHER

SUPERVISION RELATIONSHIPS

Another important issue to address is the sexual harassment of - or sexual conduct with - supervisees.

Counselors in training, students, or colleagues that we provide supervision and/or counseling services to are unethical (and also likely illegal) candidates for therapists to become sexually involved with.

As with clients, the professional associations give us specific guidelines for managing sexual conduct between supervisee and supervisor.

Ethical Standards for counselors by the NAADAC, The Association for Addiction Professionals

Principle 10: Interprofessional Relationships

The NAADAC member shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

c. The NAADAC member shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

AAMFT - American Association of Marriage and Family Therapists - Code of Ethics

Principle IV - Responsibility to Students and Supervisees

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Marriage and family therapists are aware of their influential positions with respect to students and supervisees, and they

avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

4.6 Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist's objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

NBCC - National Board of Certified Counselors Code of Ethics

Section C: Counselor Supervision

In addition, because supervision may result in a dual relationship between the supervisor and the supervisee, the supervisor is responsible for ensuring that any dual relationship is properly managed.

NASW - National Association of Social Workers Code of Ethics

2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

-- END --

THANK YOU FOR YOUR PARTICIPATION IN THIS COURSE

To receive continuing education credit for this course, you must have read this entire text file and your respective professional association's Code of Ethics.

You must also complete and return the Evaluation of Learning Quiz and pay the CEU fee. (Instructions are on the next page.)

We always appreciate constructive input from our customers - even when it's 'negative', so please feel free to fill in the "Additional Comments" section of the Grade This Course evaluation when you submit your quiz and payment.

*Richard K. Nongard, LMFT, CCH, CPFT
Executive Director*

"#6 Ethics: Sexual Issues in Counseling"

1.5 Continuing Education Clock Hours

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EVALUATION OF LEARNING QUIZ - PAGE 1 of 3

PRINT & FAX or MAIL THIS PAGE AND THE ANSWERS PAGES TO OUR OFFICE

*** * * * OR * * * ***

You may complete and submit this information ONLINE by following this link:

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Ethics #6: Sexual Issues in Counseling

This **1.5** Hour CEU Course is **\$24.50**

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EVALUATION OF LEARNING PAGE 2 of 3

Course Title: "ETHICS #6 - SEXUAL ISSUES"

1.5 Hours of Approved Continuing Education Credit

☞ PLEASE ANSWER THE FOLLOWING 15 EVALUATION OF LEARNING QUESTIONS.

- T F** 1.) I have read the entire course materials .pdf file
- T F** 2.) In Texas and a couple of other states, it's a felony to have sex with a client, or with anyone who ever was client - ever.
- T F** 3.) The incredible power that the therapist has in a client's life affords the therapist an opportunity to exploit the client in not only sexual ways, but many others as well.
- T F** 4.) The professional associations and the law in all 50 states assume that even a consensual sexual relationship between therapist and client is unacceptable.
- T F** 5.) Therapists who have engaged in sexual contact with clients are very dissimilar to sex offenders in their logic.
- T F** 6.) State law supercedes professional association guidelines.
- T F** 7.) Sexual intimacy with clients is unethical according to the NBCC.
- T F** 8.) The NAADAC code of ethics says "member(s) shall not accept as clients anyone with whom they have engaged in sexual behavior."
- T F** 9.) The NASW code of Ethics states, "Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship..."
- T F** 10.) According to the NASW, "Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship."
- T F** 11.) Criminal laws and professional / ethical conduct guidelines are two different things, and they may work together or separately, depending on the issue, and on the state.
- T F** 12.) It's been suggested that when a sexual relationship with a client begins, the helping process ends.
- T F** 13.) In our litigious society, clients who are vengeful or simply deceitful may in fact allege that sexual misconduct has occurred in the therapy setting.
- T F** 14.) Sexual harassment is defined as: Any unsolicited and unwanted sexual advance or any other conduct of a sexual nature whereby submission to these actions is made explicitly or empirically as a term or condition of an individual's appraisal, performance or participation in the therapeutic process.
- T F** 15.) State Law in most states requires that licensed professional report to the state board any conduct of other licensed professionals, which violate ethical standards.

GRADE THIS ONLINE COURSE! – Page 3

*It is helpful to us if you return this form via snail mail or fax,
along with your Quiz & Payment. Thank-you!*

Participant Assessment of Home Study CEU Course

#6 ETHICS - SEXUAL ISSUES IN COUNSELING

1.5 Credit Hours

**Please Rate the Following Statements from 1-5
(1 being the Lowest, 5 being the Highest.)**

- _____ 1. I found the PeachTree Online Home Study Course Instructions simple to follow.
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- _____ 3. I found the PeachTree Online Home Study Course materials to be of educational value, relative, and useful to my counseling practice.
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