

# Multiple Relationships:

Establishing professional relationships and  
Maintaining appropriate boundaries  
When working with clients from  
small &/or marginalized populations

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prism  
ALCOHOL + DRUG SERVICES

# Need for these guidelines

- Need for guidelines identified by Prism staff
- VCH hiring practices aim to reflect the population served
  - Results in greater likelihood of counsellors experiencing multiple relationships
- Ethical guidelines of most registering bodies include statements to the effect of “avoid dual relationships where possible”

# Process for developing guidelines

- Working group formed; became subcommittee of Addiction Services Clinical Practice Council
- Lit search conducted
- Contacted several agencies providing LGBT-focused counselling services, to see if any had guidelines re. multiple relationships
- Draft guidelines prepared, adapted from model re ethical dilemmas by Barret, Kitchener & Burris (2001)
- Feedback on draft guidelines sought within VCH
- Guidelines approved by Addiction Services Clinical Practice Committee

# Principles informing the guidelines:

- Guidelines reflect Western biomedical ethical principles of *autonomy*, *beneficence*, *non-maleficence*, and *justice*;
  - Uphold essential values in health care
  - Align with human rights policies & practices
- Intended to align with registering bodies' codes of ethics & standards of practice
- Responsibility lies with the counsellor to ensure the client's best interests are met first and foremost

# Practice guidelines

1. Openly prepare the client for the likelihood of multiple relationships;  
Inform them of how their confidentiality will be protected
2. Seek clinical supervision to assist in negotiating how the counsellor should manage the multiple relationship

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3. Develop a plan & rationale regarding the counsellors' responsibilities, addressing issues including:
- Issues & contexts re. the multiple relationships
  - The counsellor's feelings and reactions
  - Possible harms & benefits
  - If and how risks of harms can be reduced to a reasonable level
  - Decide if the multiple relationship should be allowed, or the therapeutic relationship should be terminated and transferred

4. Develop a plan re ongoing monitoring of the multiple relationship(s), and making changes if necessary
5. Involve the client in negotiating multiple relationships & boundaries
  - Openly discuss both parties' experiences & knowledge with the community
  - Consider how multiple relationships may affect therapy
  - Ensure the client is aware that they can choose to terminate the counselling relationship without repercussion to their care at VCH
6. Document the process, the plan & subsequent monitoring in the client's health record

# Next Steps

Intention to develop related guidelines, within  
Addiction Services for:

- Other professions (eg nursing, physicians)
- Staff in non-professional roles
- Volunteers

Intention to provide training for staff regarding the  
guidelines