

Substance Abuse Counselors in Recovery: Implications for the Ethical Issue of Dual Relationships

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The issue of dual relationships is a significant ethical challenge for all counselors. For the counselor recovering from an addiction to substances, this issue can be even more problematic. Existing codes of ethics offer insufficient guidance to the recovering counselor. Following an overview of dual relationships, the author reviews the ethical codes of the American Counseling Association and the National Association of Alcoholism and Drug Abuse Counselors, with particular attention paid to their applicability to the recovering counselor. Potentially difficult situations are considered, and recommendations are offered both for the recovering counselor and for the counseling field in general to minimize the incidence of unethical behavior due to dual relationship issues.

A frequent topic in the literature on ethics in counseling is dual relationships. Herlihy and Corey (1992) addressed many of the issues relating to dual relationships and provided a variety of insights and perspectives on them. Notably absent from their work, and from the literature in general, is a discussion of how dual relationships affect substance abuse counselors.

In a recent study of its membership, the National Association of Alcoholism and Drug Abuse Counselors (NAA-DAC) Education and Research Foundation (1995) reported that approximately 58% of its 1994 membership was recovering from a substance addiction. Such a high percentage demonstrates the importance of clear guidelines for the unique dual relationship issues that may occur for the counselor who is also in recovery. For these individuals, existing ethical codes do not specifically or adequately address the unique circumstances in which they periodically find themselves. In this article, I explore some of the aspects of dual relationships for substance abuse counselors in recovery using the ethical codes of the American Counseling Association (ACA; 1995) and the National Association of Alcoholism and Drug Abuse Counselors (1995) as guidelines.

DUAL RELATIONSHIPS

To discuss dual relationships as they apply to substance abuse counselors, one must review the general concept of dual relationships. Herlihy and Corey (1992) defined a dual relationship as "when professionals assume two roles

simultaneously or sequentially with a person seeking help" (p. 3). The dual relationship may exist at the beginning of the counseling relationship, it may occur during counseling, or it may develop after the termination of counseling. Ethical codes vary in their statements about the length of time that must pass for another "significantly different" (Herlihy & Corey, 1992, p. 3) relationship, especially a sexual one, to be permissible.

Although often perceived in only negative terms, dual relationships are not necessarily problematic or unethical. One variable in determining the ethical ramifications of a potential dual relationship is its avoidability (Herlihy & Corey, 1992). In small communities, for example, some form of dual relationship may often be the rule rather than the exception. Refusing to provide counseling to individuals with whom one has another relationship would in these instances prevent people in need from receiving assistance, and this would raise other ethical concerns. In the substance abuse field, the recovering counselor may occasionally attend the same Alcoholics Anonymous (A.A.) meetings as former clients who have permeated the local recovering community, making such occurrences practically unavoidable if the counselor is to continue to attend self-help meetings. The issue of avoidability is included in the consideration of the ethical nature of a given activity and may be a mitigating factor in some situations (Haas & Malouf, 1989).

The greatest potential for harm from a dual relationship, however, may result from the power held, or perceived as being held, by the counselor. Whereas the counseling relationship will eventually come to an end, the power

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differential may remain indefinitely, adversely affecting any future, nontherapeutic relationship between counselor and client (Haas & Malouf, 1989). In the substance abuse field, the counselor often holds a substantial amount of power over the client because of the frequency with which clients are involved with the court system. Often clients are required to participate in counseling or treatment as a condition of probation or parole, and violation of this requirement could result in their incarceration (Milam & Ketcham, 1981). Counselors thus hold a great deal of power over clients, power that can lead to exploitation. When exploitation appears in the personal interaction between counselor and client, serious dual relationship problems quickly arise.

TYPES OF DUAL RELATIONSHIPS

Most ethical codes draw strong distinctions between sexual and nonsexual dual relationships. Although the codes considered here prohibit the counselor from having a sexual relationship with a current client (American Counseling Association, 1995; National Association of Alcoholism and Drug Abuse Counselors, 1995), variation occurs in the prohibition of such a relationship with former clients (American Counseling Association, 1995; National Association of Alcoholism and Drug Abuse Counselors, 1995) and the length of time that must pass for such a relationship to be permissible. Other relationships cited in the ethical standards include those of friendship, business association, and supervision (especially in the clinical, academic, or employment arenas; Baughman, 1992; Haas & Malouf, 1989; Herlihy & Corey, 1992; Ryder & Hepworth, 1990). These interactions also lie on a timeline encompassing outside relationships that existed before counseling, those that develop during the course of counseling, and those that arise following termination. In some cases, the time factor is critical in evaluating the ethical ramifications of the dual relationship, its avoidability, or both. All of these types of dual relationships, of course, are also considerations for the substance abuse counselor. For the substance abuse counselor in recovery, however, additional considerations develop because the opportunity for the "significantly different" relationship to which Herlihy and Corey (1992) referred is more likely to occur with some clients. As Bissell and Royce (1987) stated, "counselors often find themselves sharing an A.A. group with former or present patients" (p. 34). Just as those who live in smaller communities must use that context for their evaluation of dual relationship issues, recovering substance abuse counselors must be constantly aware that they may be seen as part of the smaller community of recovering people.

ETHICAL GUIDELINES

Current ethical standards do not include specific references to potentially difficult situations that face recovering counselors, especially in the area of dual relationships. The standards do, however, give general guidelines that the counselor may then use to draw conclusions about his or her

particular situation or ethical dilemma. Seeking supervision or consultation is, of course, another wise option for the counselor in need of an objective opinion about a dual relationship, or potential one, involving a client (American Counseling Association, 1995; Haas & Malouf, 1989; Herlihy & Corey, 1992). The ethical codes for the purpose of this article are those of the American Counseling Association (1995) and the National Association of Alcoholism and Drug Abuse Counselors (1995).

American Counseling Association

In its recently released, revised Code of Ethics and Standards of Practice, the American Counseling Association (1995) specifically addresses the issue of dual relationships in Section A, titled "The Counseling Relationship." Three sections in particular set forth guidelines for the counselor in considering the ramifications of dual relationships:

A. 6.a. Avoid When Possible. Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impact professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

A. 7.a. 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.

A. 7.b. Former Clients. Counselors do not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship. Counselors who engage in such relationship after two years following termination have the responsibility to thoroughly examine and document 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. (p. 3)

Although providing solid guidance to ACA members, these passages leave some areas unaddressed. Exactly what constitutes impairment of professional judgment is presumably left to the member to consider. The 1995 code, however, improves upon the previous one by addressing the issue of former clients, which was previously not mentioned. Once again, however, the member is not given any guidance regarding relationships of a nonsexual nature with former clients, which are often the kind of dual relationship that the recovering counselor faces on a regular basis.

National Association of Alcoholism and Drug Abuse Counselors

The NAADAC Ethical Guidelines (1995), also recently revised, offer similar guidance to its members in raising the issue of client welfare. The "Client Relationships"

section covers the general topic of dual relationships in two passages:

Principle 9.b. The NAADAC member shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.

Principles 9.d. The NAADAC member shall not under any circumstances engage in sexual behavior with current or former clients.

Even this code, specifically for substance abuse counselors, does not mention the issues facing counselors in recovery, although NAADAC reports a majority of its membership to be recovering. Other than in sexual behavior, the "once a client, always a client" axiom seems not to be reflected in relevant ethical codes for substance abuse counselors, begging the question of whether the concept is relevant, outdated, overly intrusive, or too simplistic. Additional guidance for the recovering counselor appears to be needed to assist the counselor in responding to situations involving current, and especially former, clients.

ETHICAL DILEMMAS FACING RECOVERING COUNSELORS

What, then, are some of the ethical dilemmas facing recovering counselors, especially those working in the substance abuse field? Among them are issues of confidentiality and anonymity, attending self-help group meetings with current and former clients, social relationships among self-help group members, the question of sponsorship in a self-help program, and employment issues.

Confidentiality and Anonymity

In addition to ethical guidelines protecting their confidentiality, substance abuse patients and clients also are protected under specific federal laws (Legal Action Center of the City of New York, 1995). The substance abuse counselor who violates a client's confidentiality could face legal action as well as a response from an ethics committee. A somewhat different protection, that of anonymity, exists within the self-help group and is emphasized in Tradition Twelve of Alcoholics Anonymous (1939/1976): "Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles over personalities" (p. 564). When both the counselor and client belong to the same A.A. group or other self-help recovery group (e.g., Narcotics Anonymous, Cocaine Anonymous), both the client's right to confidentiality and the counselor's anonymity are at risk. If the counselor in any way acknowledges the client as being in treatment, both an ethical and a legal violation may have occurred. From the counselor's perspective, his or her anonymity as a recovering person would probably have been compromised, especially if the client reports to the treatment group having seen the counselor at A.A. meetings. Many A.A. meetings, of course, are "open meetings" at which anyone, not just the A.A. member, is welcome, but attendance often may be assumed to mean membership. In this scenario, the counselor would be in a position with the client not unlike that of having

used the technique of self-disclosure. In this case, however, the counselor does not have complete control of its use.

The issue of self-disclosure in the counseling session itself also raises dual relationship issues. If the counselor discloses that he or she is in recovery, a new element to the counseling relationship may be unwittingly introduced. Not only is the counselor's anonymity broken, but also, with this disclosure the relationship between the counselor and client now may become one in which they are co-members of the same A.A. group. The risk here is that the counseling relationship may no longer be an exclusively professional one, but one that has other features as well. The sharing of private information about one's recovery, its challenges, and its successes, while conceivably therapeutic, also may lead to the relationship becoming more personal than professional if caution is not used.

Self-Help Group Meetings

Self-help group meetings provide attendees the opportunity to share their "experience, strength and hope" (Alcoholics Anonymous, 1984) with one another. Meetings typically last for an hour and may consist of one or two speakers or of a rotating discussion among those in attendance. Sharing such private information as the state of one's personal recovery program is certainly a risky proposition in any group setting. For the substance abuse counselor at a meeting with current (or former or future) clients in attendance, the ability to share fully might be compromised, thus lessening the benefit of attending at all. For example, what would be the impact on the counseling relationship if the counselor shared that he or she had nearly relapsed in the past week? Or, what if the counselor *had* relapsed recently and the client then realized that he or she had more time in recovery than the counselor? Other less dramatic examples exist as well that could include ethical considerations or dilemmas for the counselor. It is not difficult to imagine situations such as a counselor sharing dissatisfaction with his or her coworkers in the presence of clients of that facility, a counselor discussing thoughts of leaving the field, or a counselor revealing that he or she has difficulty maintaining positive feelings toward his or her clients. Each of these hypothetical scenarios could significantly affect the counseling relationship should clients be in attendance at the self-help group meeting in which it was shared. Should the counselor limit his or her attendance to avoid such situations, risking weakening his or her recovery program? Such questions require much thought and consideration. Seeking supervision or consultation would certainly be one option (American Counseling Association, 1995). Some communities also offer self-help groups specifically for professionals in the field, providing some greater sense of security regarding these issues of self-disclosure, as well as the opportunity for the recovering counselor to avoid attending meetings with current and former clients (other than those who now work in the field).

Social Relationships

As with any other group that meets periodically, the self-help fellowship also allows for social interaction between members. A.A. members are particularly well-known for having the "meeting after the meeting," when members adjourn to a nearby restaurant or other gathering place for coffee and conversation (Bissell & Royce, 1987). For the recovering substance abuse counselor, this scenario, too, presents potential difficulties when the group includes current or former clients. What if a client reveals to the group that he or she is seeing the counselor for professional help? What if the counselor shares with the group his or her frustration with the place of employment, causing the client to doubt its appropriateness for treatment? These questions seem to relate back to the guidelines offered in the ethical codes, but in small or rural communities the situations may be nearly unavoidable, putting a counselor in a difficult position. If the counselor attends gatherings such as these (e.g., self-help group meetings or social events that follow), he or she may need to maintain a certain guardedness that seems somewhat contrary to the purpose of those gatherings. Avoiding them entirely, however, may weaken the counselor's recovery program, putting his or her ability to function in a healthy manner at risk.

The question of when clients become *former* clients also arises in the area of self-help group attendance. Although a counselor may feel uncomfortable attending A.A. meetings with current clients, at what point—and after how much time—does attendance with former clients become acceptable? These issues are real for the recovering counselor and may have profound implications for his or her own recovery, as well as for the ethical dimension of the professional role. Complicating these matters is the lack of simplicity in the counseling relationship in that many counselors work in a large agency or hospital where many clients are seen. The individual counselor may have a primary case load of clients but also may have either slight or significant contact with some or all of the other clients in the program. Should all of the clients in the program be treated the same in the area of dual relationships, or should more stringent standards be applied for those clients who were on the counselor's case load?

Sponsorship

The A.A. pamphlet "Questions and Answers on Sponsorship" (Alcoholics Anonymous, 1976/1983) defines the concept of sponsorship as when "[a]n Alcoholic who has made some progress in the recovery program shares that experience on a continuous, individual basis with another alcoholic who is attempting to attain or maintain sobriety through A.A." (p. 7). Newcomers to the self-help groups are encouraged to obtain sponsors as soon as possible, although no such requirement exists. The importance of the sponsor-newcomer relationship, however, is that it often provides the stability and guidance for the newcomer to overcome the initial difficulties of early recovery. Many

"old-timers" credit their sponsors with helping them through the difficult times when drinking again seemed an option (Alcoholics Anonymous, 1976/1983). Given the sanctity of this relationship, then, should counselors sponsor their current or former clients? Or should a prescribed amount of time pass before a counselor could sponsor a former client? What if the former client then relapses and returns to treatment? A helpful publication printed by Alcoholics Anonymous, titled "A.A. Guidelines: For Members Employed in the Alcoholism Field" (Alcoholics Anonymous, n.d.), contains suggestions and advice from A.A. members who responded to a questionnaire. The respondents as a group possessed over 600 years of sobriety and 400 years of professional experience. Although a wide range of responses to the question of sponsoring clients and former clients was received, most respondents recommended not sponsoring clients met on the job and keeping the two roles of A.A. member and counselor distinct. The pamphlet presented the notion that "a majority of our respondents seemed to feel that what is needed most is quiet common sense" (Alcoholics Anonymous, n.d.).

Employment

Common sense also dictates that if nearly 60% of NAA-DAC members are themselves personally in recovery, many of them must have received addiction treatment at some point as well. When recovering individuals later seek employment in the field, dual relationships are a natural by-product. With the passage of the Americans With Disabilities Act (U.S. Equal Employment Opportunity Commission, 1992) in place, recovering individuals gained protections against discrimination in the workplace. Given the possibility that a recovering person might apply for work at the treatment center where he or she received treatment, potential dual relationships may arise in the employment setting. The substance abuse counselor who is hesitant to hire a former client in order to avoid a dual relationship would be well advised to seek legal advice as to the permissibility of this action, because of the protections afforded the recovering person. Dual relationships such as these in substance abuse treatment settings seem to be quite common, and, although not necessarily problematic, they carry unique challenges to the practitioner that are worthy of advance consideration. Balancing the legal rights of a recovering person with ethical concerns about dual relationships clearly would be one of these challenges. If a former client indeed begins work in the program in which a counselor treated him or her, issues relating to supervision, promotion, performance evaluation, and confidentiality may arise that can be problematic for one or both parties. For example, if the counselor were to become the former client's supervisor, objective supervision could be compromised by the circumstances of the previous relationship. Either positively or negatively, the counselor might find himself or herself recalling the new employee's previous behavior and responding accordingly to current situations. Such a scenario should be treated seriously and thought-

fully and would be fertile ground for the counselor to review in his or her own supervisory session.

CONCLUSION

Dual relationship issues facing substance abuse counselors who are also in recovery are not specifically covered by ethical codes that apply to them. Mabe and Rollin (1986) identified several issues that limit the ability of ethical codes to handle certain issues, among them the following three:

1. There are some issues that cannot be handled in the context of a code.
5. There are possible conflicts associated with codes: between two codes, between the practitioner's values and code requirements, between the code and ordinary morality, between the code and institutional practice, and between requirements within a single code.
6. There is a limited range of topics covered in the code, and because a code approach is usually reactive to issues already developed elsewhere, the requirement of consensus prevents the code from addressing new issues and problems at the "cutting edge." (pp. 294-295)

Each of these factors contributes to the lack of specific guidelines for substance abuse counselors. Some issues are too esoteric for counselors as a whole; there are several relevant—and occasionally conflicting—codes for many counselors; and the issue of dual relationships for substance abuse counselors seems, from the lack of mention in the professional literature, not to have yet been fully developed. Ironically, the most helpful guidelines for recovering counselors come not from their professional ethical codes but from the fellowship of Alcoholics Anonymous. The recommendation of "quiet common sense" referred to earlier, in addition to what does exist in the ethical codes, gives the counselor a starting point for making ethical decisions in this area. It is too vague, however, to ensure any degree of common understanding or guidance.

To begin to minimize the potential danger that dual relationships might pose for the recovering counselor, one must consider a number of steps. First, the recovering counselor would be well-served to examine all relevant codes and regulations that apply to him or her. Professional association codes, state license or certification standards of practice, and other documents should be fully understood before the recovering counselor begins working in the counseling field. Second, as Herlihy and Corey (1992) suggested for all counselors, the recovering counselor should seek out experienced colleagues for consultation. As much as some situations may appear to be unique, those who have worked longer in the field have often come across them before. Third, when possible, recovering counselors should take advantage of the wide range of self-help group meetings, literature, and other events that are available in such a way as to minimize potential dual relationships within their own recovery programs. Fourth, self-disclosure of the counselor's personal recovery should only be used judiciously.

Considerations of the reason for the disclosure, the purpose it will serve, and especially the effects on the counseling relationship should be made before the disclosure. Finally, counselors should advocate for additional clarifications in codes of professional conduct that would assist them in ensuring ethical behavior. The current lack of guidance for recovering counselors poses a threat to counselors and clients alike and can be remedied through thoughtful consideration and dialogue.

In an era in which dual relationship issues continue to be problematic for counselors, more guidance for those engaged in the practice of substance abuse counseling is needed. Suggested ways of accomplishing this might include the following: (a) incorporating these issues into training programs for substance abuse counselors, (b) adding specific references to the recovering counselor in future ethical codes, and (c) conducting research on the prevalence of dual relationship dilemmas for those in the substance abuse field. Such information would better equip the substance abuse counseling professional to function in the most ethical way possible.

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