
CASE 3.6

Unit 10 ABP

A forty-two-year-old woman sought counseling from a clinical social worker to address issues stemming from sexual molestation she had experienced as a child. The client reported that recently she had been in therapy with another counselor in the community but felt she had not been making much progress.

About two months into their professional-client relationship, the client disclosed to the social worker that she had terminated her therapy with the counselor for other major reasons. She explained that although the therapy with the counselor began normally, over time the counselor had engaged in a series of behaviors that the client eventually found deeply disturbing. According to the client, the counselor seemed to become more and more attached to her emotionally and wanted to become more involved in her daily life. The client disclosed pertinent details, including allegations that during a six-month period the counselor had several candlelight dinners with the client in the counselor's home, exchanged expensive gifts with the client, traveled with the client to attend a professional continuing education conference that addressed clinical issues relevant to the client, shared a hotel room with the client while attending the conference, went camping with the client and shared a pup tent with her, and watched movies with the client in the counselor's home.

After exploring with the social worker the clinical ramifications of these boundary violations, the client decided to file an ethics complaint against the counselor with the state licensing board and to sue her for professional negligence. The counselor responded to the formal complaints by acknowledging that these various activities had occurred and by stating that they were thoughtfully designed components of a legitimate therapeutic approach that she dubbed "reparenting therapy." In her testimony during the trial, the counselor said that in her professional opinion the client—who had not experienced nurturing parents during her childhood—would benefit from the counselor's assumption of a "parental role," in which she could provide the client with "sustained, supportive, and loving care in the way that a parent should." The counselor acknowledged that she felt emotionally attached to the client but denied that her "therapeutic actions" departed significantly from acceptable standards of care. The court ultimately ruled that the counselor had violated the client's boundaries and was negligent and awarded damages. The counselor's license was revoked by the state licensing board.

CASE 3.7

A fifty-seven-year-old psychologist provided counseling to a sixty-year-old client who sought help with his recent onset of dysthymia symptoms (a mood disorder characterized by feelings of pessimism, sadness, irritability, low self-esteem, and indecisiveness). During their work together the psychologist and client occasionally reminisced about similar life-altering experiences they had during the tumultuous