:xtent do the client's clinical needs, issues, vulnerabilities, and symp-
ncrease the risk that the client will be harmed? To what extent does
al relationship, boundary crossing, or boundary violation breach pre-
ethical standards? Is the dual relationship avoidable? Relationships
itail considerable practitioner power, are long lasting, do not involve
:ut termination, involve clinical issues that render clients vulnerable,
e not consistent with pertinent ethical standards are especially prob-
c and risky.

Consider, based on these criteria, whether a dual relationship in any
is warranted or justifiable. Some dual relationships, or elements of
elationships, may be constructive and helpful, while others are harm-
ecognize that gradations exist between the extreme options of a full-
d dual relationship and no dual relationship. For example, a practitio-
ay decide that attending a client's graduation from a substance abuse
ient program is permissible but attending the postgraduation party at
ent's home is not. A practitioner may decide to disclose to a particular
that he is a new parent without disclosing intimate details concerning
uggle with infertility. A human service grant administrator may de-
o collaborate on a joint service delivery project with a private agency
d by her husband but recuse herself from all decisions at her agency
rning funding of her husband's program.

Pay special attention to potentially conflicting roles in the relationship,
it Kitchener (1988) calls "role incompatibility." For instance, a clinical
worker should not agree to counsel her secretary and the secretary's
ed family. An administrator should not supervise her spouse. A sea-
clinician should not supervise her partner who is seeking licensure as
ital health professional. Of course, sometimes professionals do not
about the extent of the role incompatibility, which entails divergent
tations and power differentials; among the best examples is the debate
g professionals concerning whether practitioners in recovery should
twelve-step meetings (such as Alcoholics Anonymous and Narcotics
/mous) at which a client is present and whether community-based
ient programs should hire former clients as staff members.

Whenever there is any degree of doubt about dual relationships or
lary issues, consult thoughtful, principled, and trusted colleagues
ier 1995a). It is important to consult with colleagues who understand
work, particularly in relation to services provided, clientele served, and
nt ethical standards.

6. Discuss the relevant issues with all the parties involved, especially clients. Clients should be actively and deliberately involved in these judgments, in part as a sign of respect and in part to promote informed consent. Fully inform clients of any potential risks.

7. Work under supervision whenever boundary issues are complex and the related risk is high. Be sure to develop an exit strategy in the event that a dual relationship proves to be harmful.

8. If necessary, refer the client to another professional in order to minimize risk and prevent harm.

9. Document key aspects of the decision-making process, for example, colleagues consulted, documents reviewed (codes of ethics, agency policies, statutes, regulations), and discussions with clients. As Gutheil and Gabbard (1993) observe in reviewing the findings of Lipton (1977) with regard to clinical contexts, "It is ultimately impossible to codify or prescribe a personal relationship between therapist and patient in a precise manner. Perhaps the best risk management involves careful consideration of any departures from one's usual practice accompanied by careful documentation of the reasons for the departure" (195–96).

To prevent inappropriate dual relationships and to help practitioners manage complex boundary issues, human service professionals must mount an ambitious education and training agenda. This agenda should include four principal components (Reamer 2001a–b; Reamer and Abramson 1982). First, professional education programs in social work, psychology, marriage and family therapy, psychiatry, psychiatric nursing, and counseling must address these issues vigorously and comprehensively, in the context of both classroom education and internships. Discrete classroom courses devoted to professional ethics, and portions of other courses that include ethics as a key topic (for example, courses on clinical practice, administration, supervision), should incorporate readings about and discussions of dual relationships and boundary issues. Supervisors in internship settings should address this issue deliberately as well, with respect to interns' relationships with clients and with their supervisors and other staff.

Second, continuing education programs should highlight these issues regularly. Annual conferences of professional associations and continuing education seminars should routinely provide participants with workshops and seminars on dual relationships and boundary issues.

Third, human service administrators and supervisors should offer staff