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## **The Development of Dual and Multiple Relationships for Social Workers in Rural Communities**

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**Abstract.** Mental health professionals who work in small, rural communities often have to contend with dual and multiple relationships. The more integrated service providers are within the community, the more likely they will encounter overlapping personal and professional relationships with clients. Although there is extensive literature on the potential risks of dual and multiple relationships, little empirical evidence exists which addresses the contextual factors that specifically lead to these relationships in rural social work practice. This qualitative study explored the experiences of twelve social workers or social service workers practicing in northern and northwestern Ontario. Findings provide some insight into the complexity and dynamics of dual and multiple relationships in small towns, as well as worker perspectives on the specific contextual circumstances that result in mental health workers encountering these relationships. The unique contribution of this paper to the literature is to highlight factors that increase the likelihood of dual and multiple relationships when they are not as obvious as a clear and immediate conflict of interest. Greater clarity about such precipitating factors will contribute to supervision, training, and sound policy development informed by contextual sensitivity.

**Keywords:** social work, rural practice, dual relationships, multiple relationships, ethics, ethical dilemmas

Work as a mental health service provider (e.g., social worker, psychologist, marriage and family therapist) in small, rural communities is unique (Brownlee, 1996; Delaney & Brownlee, 2009; Graham, Brownlee, Shier, & Doucette, 2008). Providing services in such communities is regularly accompanied by any number of less formal client relationships that may potentially blur professional boundaries, and result in dual or multiple relationships, (Burgard, 2013; Delaney, Brownlee, Sellick, & Tranter, 1997; Reamer, 2003). It is well established that rural service providers integrated into the community often encounter clients in multiple community roles and face the possibility that they will be involved in providing services to acquaintances or associates when alternatives are limited (Brownlee, Halverson, & Neckoway, 2014; Campbell & Gordon, 2003; Humble, Lewis, Scott, & Herzog, 2013; Malone & Dyck, 2011). These circumstances can significantly impact the service provider's professional objectivity (Ringstad, 2008).

Most authors distinguish between non-sexual and sexual dual and multiple relationships (Kagle & Giebelhausen, 1994; Reamer, 2003; Ringstad, 2008; Strom-Gottfried, 1999).

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Consequently, the focus of the present study is exclusively on non-sexual dual and multiple relationships. One of the most challenging aspects of non-sexual dual and multiple relationships in small communities is that they are so often ambiguous. Many authors have attempted to facilitate discussion of the topic by categorizing dual and multiple relationships according to their nature and setting (Anderson & Kitchener, 1996; Borders & Leddick, 1987), while Reamer (2003) extended this analysis by considering the range of boundary issues that arise as precursors to dual and multiple relationships. Although such categorizing is helpful, an added consideration is that dual and multiple relationships usually do not happen suddenly; they more often develop over time (Pearson & Piazza, 1997). For instance, Kagle and Giebelhausen (1994) noted that, “a practitioner can engage in a dual relationship whether the second relationship begins, during or after the social worker relationship” (p. 213).

Beyond classifying dual and multiple relationships, researchers often distinguish between them as either involving acts of boundary crossing or boundary violation. Boundary crossings can sometimes be beneficial, while boundary violations may cause harm (Barnett, Lazarus, Vasquez, Moorehead-Slaughter, & Johnson, 2007). Smith & Fitzpatrick (1995) referred to boundary crossing as a “non-pejorative term that describes departures from commonly accepted clinical practice that may or may not benefit the client” (p. 500). Examples of boundary crossings include allocating extra time or considerations to a client (Barnett et al., 2007), inappropriate self-disclosure, accepting gifts (Hines, Ader, Chang, & Rundell, 1998), and interacting with clients via social media (Duncan-Daston, Hunter-Sloan, & Fullmer, 2013). A violation, on the other hand, refers to a boundary breach that has resulted in, or has the potential to result in, harm to the client (Hines et al., 1998). An example of boundary violation could include providing mental health counseling to a supervisor’s child. A dual or multiple relationship is not always a boundary crossing or a boundary violation, but can often represent a grey area that could eventually give rise to one or both.

The social work literature expresses concern that it is because of the personal interests or social obligations that emerge from a non-professional role that dual or multiple relationships might strongly influence, or even adversely affect, a practitioner’s professional judgement about their benefits or detriments to a client (Barnett et al., 2007; Marmarosh, 2012). Consistent with this concern, most professional regulatory bodies have traditionally had some form of ethical guidelines referring to dual and multiple relationships (Brownlee, 1996). For example, the National Association of Social Workers (2008) states that social workers “...should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client” (Section 1.06c). The NASW code also recognizes that there could be “instances when dual or multiple relationships are unavoidable” and the code notes that under these circumstances, “social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries” (Section 1.06c).

A sizable professional literature is available on dual and multiple relationships focused on the boundary issues, decision-making models, challenges, and ethical considerations that affect various human service professionals in both rural and urban settings (Biaggio, Paget, & Chenoweth, 1997; Blevins-Knabe, 1992; Paulus, Van Raak, & Keijzer, 2005). Several potential frameworks, guidelines, and tips to avoid problems with non-sexual dual and multiple relationships are also clearly articulated (Evans & Sherr, 2006; Gottlieb, 1993; Gripton & Valentich, 2004; Reamer, 2003; Younggren & Gottlieb, 2004). While most discussions have

focused on the exploitative nature of dual and multiple relationships, boundary issues can be subtle and may not always represent a clear, ethical violation (Reamer, 2003). This is especially the case in rural and remote communities that involve a more extensive inter-connected network of a person's life, where overlapping relationships readily occur. These relationships may not always result in a flagrant conflict of interest, but one where the relationship becomes strained. These less obvious aspects of overlapping relationships increase the likelihood of dual and multiple relationships, and represent an aspect of rural social work that needs close examination, especially if, as Daley and Hickman (2011) suggest, a strong understanding of the rural community context is needed in order to respond with sensitivity to ethical issues that arise.

Although there is extensive literature on the potential risks of dual and multiple relationships and the importance of information and training on the topic, little empirical evidence exists which addresses *the contextual factors* that specifically lead to these relationships in rural communities. In addition, there is inadequate data regarding the complexity and dynamics of dual and multiple relationships, as well as worker perspectives on the emergence of these relationships. Therefore, this study clarifies contextual circumstances that result in mental health workers encountering dual and multiple relationships in small towns, and provides unique insights into factors that may promote dual or multiple relationships when factors that are less obvious than a clear and immediate conflict of interest. Greater clarity about these factors would contribute to supervision, training, and sound policy development informed by contextual sensitivity. Specifically, this research posed the question, "In a rural context, which factors increase the likelihood of a dual or multiple relationship developing?"

This work was part of a broader research study conducted by Lakehead University in northwestern Ontario, Canada aimed at exploring dual and multiple relationship decision-making processes in small, rural, and remote communities. Within this broader study a number of tangential but significant themes related to the development of dual and multiple relationships emerged. It is these findings that are the foundation for this paper.

## Methods

### Participants

The target population for the broader research study was social service practitioners who worked in northern and/or northwestern Ontario for a period of five or more years. The eight target communities were each more than 100 km from a larger urban centre, and each with a population of less than 10,000 persons. From these eight communities, 12 social service practitioners were recruited through agency invitation and third party referral.

Prior to proceeding with interviews, the study received ethics approval from the lead investigator's university (Lakehead University) ethics review board. Participants included ten females and two males, and ranged in age from 20 to 50 years, a sample similar to ones reported in previous research in this region of rural Canada (Graham, Brownlee, Shier, & Doucette, 2008; Graham, Fukuda, Shier, Kline, Brownlee, & Novik, 2013). Of the sample, three participants worked in supervisory roles while the remainder ( $n = 9$ ) provided front-line service; all worked in mental health and counseling. Four of the participants were original residents working in their

community of origin while the remainder ( $n = 8$ ) had migrated to the community, usually from a larger centre.

## Interviews and Analysis

Interviews and analysis followed generally accepted qualitative methods and utilized a descriptive phenomenological approach (Creswell, 2007; Laverty, 2003; Moustakas, 1994). Initial interviews ( $n = 12$ ) were completed in person ( $n = 10$ ) or by telephone ( $n = 2$ ), and were loosely based on an interview guide and series of open-ended questions. Questions were revised and further formulated from interview to interview as themes emerged. In addition to the initial interviews, two follow-up interviews were conducted by telephone in an effort to further elaborate on some of the more salient themes. Interviews ranged in length from 30 to 90 minutes and were recorded for transcription and analysis.

Data analysis was inductive, moving from open coding to selective coding with the goal of generating overarching themes from the individual participant data with the assistance of NVivo 10 computer assisted data analysis software. In addition to primary data analysis of dual and multiple relationship decision making in small rural and remote communities, a secondary analysis was conducted to expand on themes related to the *development* of these relationships.

As with all research, there are certain limitations within this study. One methodological limitation for this research has to do with the sample itself. Although the 12 respondents who participated in this research were from a large and dispersed geographical area, the region is nevertheless relatively homogenous in comprising mostly small and remote single industry towns. In the future it may be plausible to obtain a sample from communities in other geographical areas to gain perspectives from more diverse geographical contexts. A second limitation is that the majority of the data collected for this study were from participant interviews exploring previous experiences, a methodology vulnerable to lapses in memory as well as intentional recall bias (Dex, 1995; Hassan, 2006).

## Findings

The outcome of the secondary analysis suggests that there are several factors inherent in a rural life that increase the chances of dual or multiple relationships which would require rural social workers to make ethical decisions. Specifically, three main factors emerged from the participant interviews: social and family life; interconnectedness and layers of knowing; and the complexity of rural social work practice. These factors appeared to be fluid in nature and the degree to which they affected individual workers varied.

### Social and Family Life

Rural social workers' social and familial integration into their community varied to some extent depending on their values, beliefs, and worldview. For some, being integrated within the community meant volunteering and participating in community events. For others, integration into their community meant having a rich social life and family involvement in the community. Participants described the latter as an integral tool to maintain personal well-being and a sense of balance in their work/personal lives, even perhaps helpful to the clinical relationship.

I'm from this community, I have friends from here and my kids have friends. It's very important for me to be social with them.

Interacting in the community actually helps me. I sing. I sing in a choir and I have a big mouth so they let me do ridiculous parts now and then and I'm willing to make a fool of myself in public...

I clean the toxic waste with the community (members)... we develop that range of emotion for clients and work with them (outside of the office) on understanding that – the fullness of life. It has nothing to do with the therapy work and yet you get to see each other as a whole person and that goes two directions.

Some participants chose to be a part of the community while others preferred staying isolated to protect their professionalism. Respondents described a deliberately limited social life in the community:

I've never been in the bars or [involved in] community activities. Like, I've never. Just because of the work I do, I have that boundary and if I want to go out and socialize, I'll go to [urban city redacted] and do that...I don't really socialize all that much in the community.

I limit my engagement [in the community]. Give you an example [for my reason], ... I went to a birthday party for my kid and there were a bunch of grownups there too, and I'm looking around, Okay, current client, former client, former client.

While some participants managed their integration within the community, if these workers had family in the community the inability to manage the lives of their family members presented the rural social worker with some unique dilemmas. For example, being invited to family events was not something respondents felt they had much control over and required deliberate management of professional and social boundaries:

One of my family members had a gathering at their house and she was friends with my active client. I had to make a decision whether or not to go because I knew she was also going. So I made the choice to go to the party, to not drink, and I let her know that I was going to be at that party.

Rural social workers also, of course, have no control over whom they are related to. Rural social workers who are lifelong residents of rural communities may have strong kinship ties, and may often have multiple family members who reside in the same community (Bradley, Werth, & Hastings, 2012). More than one respondent expressed being related to 'almost everybody' in the community in some way, either by marriage or by blood. As one participant stated:

I have a lot of generations of relatives in [community name redacted]. Makes for a big family when you consider all of their husbands and wives.

This is a reality for many members of smaller communities. As a social worker's network grows with time, so does the network of his or her family members. The growing network of a

worker's social ties and his or her family members' ties means an increased chance of conflicts of interest and a dual or multiple relationship emerging.

### **Interconnectedness and Layers of Knowing**

Life in a rural community provides a strong sense of connection for all its members (Reamer, 2003). For community members, their interconnectedness with the community is acquired across both space and time. For a social worker, being interconnected comes with challenges, such as knowing considerable, even personal information about their clients. Any third-hand client information, for example, can inform a worker's opinion about their client:

I had one client report that he witnessed another client of mine sexually abuse his child ... and the alleged abuser, my other client, we have kids the same age so he came to a birthday party for my son maybe three weeks before this came out. So much feelings and dual relationships and difficulty in that.

This knowledge can impact not only professional objectivity, but also impact the worker personally:

When you hear he's sexually abusing a kid that's the same age as yours, makes you want to tell the wife to never leave our son alone with these people. Especially knowing he just came to the birthday party three weeks ago. Him coming to the house again, that would never happen.

Community interconnectedness also impacts what the client knows about the social worker, which may significantly affect the relationship. One respondent recounted a client's comment:

We know that it was your nieces that our daughter hit. Do you think you can remain nonjudgmental?

Most, if not all, participants described receiving some form of third party information, without their client's written consent, by conversing with others in the community. For example, a social worker described a hairdresser's appointment where she was subsequently privy to intimate information about her client. Although this is not a question of unethical behavior, it is collateral information that was obtained without the client's control. This sharing of information, this interconnectedness across space, is the norm in small communities because of high visibility and 'inspection' of one another (Levin & Kimmel, 1977).

Another aspect of interconnectedness and layers of knowing was interconnectedness across time, such as when respondents didn't realize they were 'connected' to their client until therapy was mid-way. One participant established a therapeutic client relationship before realizing that she knew more information about this person than she should. The client was a colleague's ex-spouse. Similarly, another respondent shared a second example of the impact of interconnectedness across time:

I was doing work with a client for a phobia, and marital relationship issues arose along the way with some parenting stuff. It got ‘tangly’ after that because I knew the partner.

A few respondents described a conflict of interest arising because of having acquired too much third-hand information about a client, a circumstance they feared would impact their objectivity. While these workers believed that compartmentalizing this knowledge would be too difficult, others in similar situations believed the knowledge would not contaminate the therapeutic relationship:

I focus on strengths and trying to keep my thinking always focused on what this parent is doing well and what we can use and build on, rather than, ‘Oh, I heard this about her.’

I try not to make assumptions based on the stuff I hear. It won’t help anyone.

Interconnectedness and layers of knowing may not directly result in a dual or multiple relationship, but may increase the chances of some form of dual or multiple relationship emerging over time. The more interconnected a social worker, that is, the more client knowledge one has, the more likely some level of overlapping relationship or conflict of interest may emerge.

### **Complexity of Rural Social Work Practice**

Rural living and rural practice have been well documented as being challenged by the lack of resources in rural practice settings, resulting in fewer workers managing multiple cases and multiple roles simultaneously. As one participant stated:

We are only two in this office ..., we share the caseload ... [and] she’s the intake worker and child worker, but she ends up taking some of my cases because it’s too busy.

Also unique to rural social work is the consistency with which rural practitioners apply a generalist approach. Although urban social workers occasionally provide multiple services, including community development, advocacy, counselling, child welfare, etc. using this generalist approach, study respondents described frequently providing different services as part of their daily practice:

I have no choice but to be an expert in addiction, serious mental illness, and couples therapy.

My first three years I was the only counsellor in the office. I was carrying kids, adults, mental health, and addiction. I was just a one-stop shop; anything that walked in, you had to handle.

We’re not therapists, we’re intake and should do intake. But we are doing it all.



To some extent this generalist approach results from limited local resources. A small number of staff is expected to serve a large number of community members accessing a wide variety of services, thus increasing their network of connections yet again.

Network connections may be even further problematical when limited family resources sometimes prevent clients from accessing services in neighbouring communities. Several workers described driving as far as 200 km to communities to serve dual and multiple relationship clients from partner agencies.

### **Discussion**

Although most research and commentary on dual and multiple relationships and mental health services in rural areas acknowledges that the relevance of the code of ethics can be challenging (Brownlee, Halverson, & Neckoway, 2014; Halverson, Brownlee, & Delaney, 2009), there is still a tendency to frame the discussion of these relationships as though they arise in a straightforward manner with clear knowledge that a dual or multiple relationship could exist. Even when the discussion refers to future, and by extension unknown, relationships, there is the assumption that the mental health worker has a large measure of control over the relationship that occurs. In this paper we sought to take a closer look at factors leading to complex relationships arising for the worker without assuming that the relationship is exclusively a dual one, or that there was always prior knowledge of the overlapping roles or connections between the worker and client. Our inquiry led us to explore the complex and interrelated network of relationships in small, rural towns and the likelihood of a dual or multiple relationship emerging.

Most study participants referred to social and family life as significant contributors to the development of dual and multiple relationships. Family life was raised as a factor that extends the connections between the worker and people in the community, meaning that a link between the worker and client can surface without it necessarily involving either party directly, but the link can still have a significant effect on the relationship. For instance, professional objectivity can easily be compromised if it becomes apparent after a few sessions that a client was involved with a family member and was perceived to have behaved badly towards that family member. Similarly, participants revealed that the more involved the worker and family members are in the community, the more potential points of contact and relationships they have within the community. While this might seem obvious, what is not always apparent from prior research is that each one of these points of contact could potentially lead to conflicts of interest. For instance, it is not always predictable that a worker's child will be in a class or on a team with a client as a teacher or coach and that the teacher or coach relationship might itself become strained.

Related factors raised by the participants are the layers of knowing and considerable knowledge about people and their business that emerge in rural settings. As noted above, the more socially involved workers are, the greater the chances they will be exposed to, or directly receive information about, people. The social worker may come to realize the connections that exist with other people within the worker's life, that this could represent a conflict of interest and, thus, represent an indirect dual or multiple relationships. For some, this induces them to retreat from various social engagements because it increases the chances of awkward moments with clients, and the possibility of dual or multiple relationships.

Another feature of rural social work in small towns is that the generalist model of social work is the model advocated in the rural practice literature (Daley, 2010; Riebschleger, 2007; Schank & Skovholt, 2006). By engaging in generalist practice, a social worker is encouraged to become involved with community development and other community support activities (Schank & Skovholt, 2006). Study participants indicated that not only do they often have to work with a wide variety of clients, they also become involved with a wider circle of people through community work. This form of practice expands the interconnectedness of worker and community members, which greatly increases the chances that a conflict of interest can arise in the same way as it does as a function of having prior relationships within a community or through having family members in a community who also have a network of relationships.

One way in which social workers might manage the extensive connections and relationships in a community is by limiting their social life, as several of the respondents noted, although this effort to maintain professional boundaries can lead to feelings of isolation (Schank & Skovholt, 2006; Zapf, 1993). The social worker who chooses to practice in a small rural community should consider beforehand what their social life will look like. Whether their choice is to set clear boundaries or to actively integrate into the community, the social worker needs to be aware of the potential consequences of either choice. For workers who choose to work in a rural community that is also their community of origin, the challenges are more complex. While any social worker working in a rural community cannot manage all of the connections and relationships of their immediate family members, workers working in their community of origin would struggle significantly more.

For those social workers who choose to practice within this rural context, however, there may be options to help manage these connections/relationships. Options include: (a) technology; (b) the use of informal and natural helping systems; and (c) sharing or swaping communities when proximity allows.

As technology brings about new ways of providing services, social workers are, in turn, exploring new ways to manage dual and multiple relationships. Access to videoconferencing and Telehealth are already helping rural social workers better navigate these relationships, for those workers who have access to the Internet through their social agency (Brownlee et al., 2010; Reed, Messler, Coombs, & Quevillon, 2014). Given the apparent effectiveness of internet-based psychotherapeutic interventions (Barak, Hen, Boniel-Nissim, & Shapira, 2008), the ability of rural practitioners to refer clients to professionals who can provide service at a distance would appear to be a viable alternative to the problem of having to manage dual and multiple relationships. Although there are pros and cons, the use of text or email technology can imply informality in the relationship, which could potentially be interpreted by the client as making the relationship more personal and special (McEnery-West & Mulvena, 2008). However, by using technology, rural social workers can also potentially engage clients who would benefit from services but are avoiding services due to stigma, confidentiality concerns, a wish for anonymity, or scheduling difficulties (Tregeagle & Darcy, 2008).

Another alternative for practice in rural communities, especially very remote communities where there are no alternatives for service, is to engage the services of informal, natural helper systems (Avey, McFaul, DeHay, & Mohatt, 2012). For example, in situations where transferring a client to another worker, either directly or through the use of technology, is

not practical, using a community member recognized as a natural helper might be an option (Avey et al., 2012). Non-traditional helpers such as clergy, elders, family, and other natural helpers may be able to provide some alternative support to a client with whom a social worker has a dual or multiple relationships (O'Neill, George, Koehn, & Shepard, 2013). However, it should be recognized that informal or natural helpers can introduce confidentiality problems (Helbok, 2003) and do not necessarily follow a code of ethics, which may be an important consideration limiting this option. Another potential course of action could be *combining* the use of a natural helper and a social worker to provide treatment as a way to mitigate concerns related to dual or multiple relationships.

A final option for managing dual and multiple relationships is for rural social workers to share/swap communities. As rural social workers have a sense of commonality and shared knowledge due to similar experiences of rural practice, agencies and communities might consider working together to share or swap social workers, either in person, via Skype, or through videoconference, to serve sister community members in the comfort of their home community. This option could build capacity within rural communities by addressing challenges related to limited resources, staff recruitment, and retention issues.

### Conclusion

A social worker's professional and personal relationships are enmeshed and intertwined when they work and live in a rural community (Brownlee, Halverson, & Chassie, 2012). Social and family life, interconnectedness and layers of knowing, and complexity of rural social work practice have been identified as factors that increase the likelihood of social workers experiencing dual and multiple relationships. However, these factors can also lead to less obvious connections between a worker and client that equally represent conflicts of interest that can impinge on the worker's professional objectivity. Participants also suggested that each social worker or social service worker may experience these factors very differently. For example, the length of time someone lives and works in a community or the presence of a wider family network will impact the extent, intensity, and complexity of dual and multiple relationships. This knowledge can assist policy-makers and educators to begin considering the implications of a wider net of possible dual and multiple relationships. Similarly, further research on decision-making and managing of these relationships would also deepen the understanding of this continuum.

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