

Attraction in the Therapy Room

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she/her



ROSEWOOD

RECOVERY

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About the
presenter



What we'll discuss...

- Review of ethics
- Transference and Counter-transference
- Split Attraction Model (SAM)
- Setting Boundaries
- Supervision and Consultation
- When to terminate

Objectives



Why do we have ethics in our field?

What are some ethics that exist?



Ethics

The why...

- Power imbalance
- Client vulnerability
 - Risk of harm



A History Lesson

Year	Organization	Ethical Milestone
1977	APA	First explicit ban on sex with current clients
1979	NASW	Early versions implied such conduct was unethical, but wording was vague.
1980	AAMFT	Began to include clear ethical language
1981	ACA (formally AACD)	Prohibited sexual contact with clients
1992	APA	Strengthened language
1995	ACA	5-year rule for former clients added
1996	NASW	Clear wording added



A History Lesson

Year	Organization	Ethical Milestone
2002	APA	2-year rule for former clients, only in rare cases
2014	ACA	Latest version, fully reinforced rules
2015	AAMFT	Prohibits sexual intimacy with clients and former clients when it may exploit or harm the individual.



Legal Precedent

Roy v. Hartogs (1970)

People v. Jackson (1980s)

Licensing Board Actions (1980s-
1990s)



Ethics

- Sexual and romantic relationships
- Non-professional interactions/relationships
 - Multiple relationships
 - Previous relationships
 - Former clients
- Dual or multiple, friends/family
 - Virtual relationships



Ethics

Dual licensed / credentials, most restricted code.

Sexual intimacies, romantic relationships with former clients

- §47.63 (LSW/LCSW), §48.23 (LMFT), §49.23 (LPC) = 7 years
- PCB Code of Ethical Conduct, Rule 2.3, CADAC/CAADC
- ACA Code of Ethics, A.5.c. = 5 years
- National Association of Social Workers = Prohibited
- American Association of Marriage and Family Therapists = Prohibited

If a professional chooses to engage in these types of relationships with former clients, they carry the burden of ensuring no harm comes to the former client and that they are not being exploited in any way

Common ethical violations

H P S O Dataset

Liability Claims

- 55.2% - the counseling relationship
- 38.2% - sexual and/or romantic relationships, prohibited
- Combined 44.5%

Board complaints

- 14.3% - Sexual Misconduct
- 11.7% - Failure to maintain professional standards
- 4.1% - Abandonment
- 3.7% - Violations of professional boundaries/dual relationships (non-sexual)

Please don't.....

- Flirt or undue touching
- Non-consensual contact
- Provide treatment in exchange for sexual favors
- Make and distribute sexually explicit images or recordings
 - Assault



Ethics - Boundaries

- Extending Boundaries
- Accepting Gifts
- Competence
- Abandonment
- Termination



Examples

A 25 y/o was in counseling for a history of trauma and anxiety. After several weeks in therapy, the counselor began sharing personal information during the sessions and calling the client in the evenings to discuss personal issues. After seeking advice from a third party, the client terminated the counseling relationship and filed a claim asserting the counselor was grooming them for a romantic relationship.



Examples

The counselor engaged in a romantic/sexual relationship while treating a client for a substance use disorder. The counselor abruptly terminated the relationship and, shortly thereafter, the client relapsed, overdosed, and expired. The client's family filed a lawsuit asserting the counselor violated the ACA Code of Ethics which resulted in the client experiencing emotional distress, leading to relapse and death.



Examples

A client with a history of depression and anxiety, sought mental healthcare through her university's medical center. The counselor began treating the client for two years before moving to private practice and continued to treat the client for the next four years. While at home on a break, her parents were concerned about behavioral changes and encouraged her to seek alternative treatment, which she did. Working with the new counselor, the client reported that she had been under considerable stress with grad school and was having a sexual relationship with an older male, who had previously been her counselor. The client reported that the counselor ended their professional relationship a year ago because he felt that she was doing well. The sexual relationship began approximately six weeks after the professional relationship ended. The client reported that her depression and anxiety had worsened due to the guilt she experienced with respect to having a sexual relationship with a married man. Over the next few weeks, the client dropped out of grad school to focus on her mental health. She returned to live with her parents and cut off all contact with the insured counselor, whom she had discovered was engaging in a sexual relationship with another client while she and the insured were romantically involved. The client later filed a lawsuit against the insured and his private counseling practice.

Examples

A client was receiving treatment at an addiction treatment center. While the client credits her therapist for helping her get sober, she says her former therapist also nearly drove her to suicide. "It got really bad for me and I wanted to die," As the sessions went on, the counselor started asking the client to spend time with her outside of therapy. That included bike rides, dinners at the counselor's home, trips out of state and even sleeping in the same bed together. The client wanted to say no, but she felt dependent on the counselor. Text messages show the 39-year-old therapist sent pictures of herself in pajamas, lying in bed and even texted, "Where the (expletive) have you been?" when the client didn't respond fast enough. "She had me do an assignment where I had to write out everyone I ever had a crush on. Then, she asked me specifically, basically why her name wasn't on there," she said she felt mortified after her counselor asked the question.

Popular Media

- TV Series, "You" (Netflix)
- TV Series, "How I Met Your Mother"
- TV Series, "The Sopranos"
- Movie "Silver Linings Playbook"
- Movie, "50/50"
- TV Series, "Shrinking" (Apple)



Ethics - Boundaries

Establishing boundaries from the

beginning:

- Informed consent
- Expectations
- First session
- Continue to set and maintain throughout

Defining Attraction

Culture Considerations



Split Attraction Model (SAM)

- Sexual / Physical
- Romantic
- Aesthetic
- Emotional
- Intellectual



Split Attraction Model (SAM)

- Separates romantic attraction/desire from sexual attraction/desire
- Sexual Orientation does not equal Romantic Orientation (Cross-orientation)
- Often used by asexual/aromantic community



Transference

Countertransference



Three Main Categories

- Positive Transference
- Negative Transference
- Sexualized Transference



What causes this phenomenon?

- Happens all the time
- Automatic & unconscious
- Inner world
- Originally viewed as resistance --> essential part of process
- Three part model
- Projections



Attraction in the Room

- Understand transference & counter-transference
- Neurosis, mild attitude, healthy
- Life template



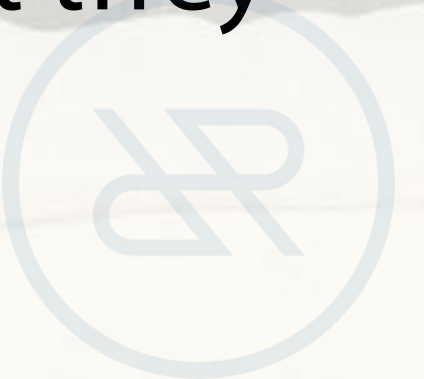
Attraction in the Room

- Sudden changes
- Readable therapist
- Idealized transference
- Avoiding the discussion, immediate termination



Attraction in the Room

- Client may be flirting with therapist
- Wearing expensive clothing, paying attention to their grooming and appearance
- Emphasizing interests
- Interests in their relationship status and preferences
- Texting/calling at various hours of day, non-therapy related messages
- May express via text, email, verbally how they feel and what they think about therapist



Attraction in the Room

“It would be great if they wanted me”

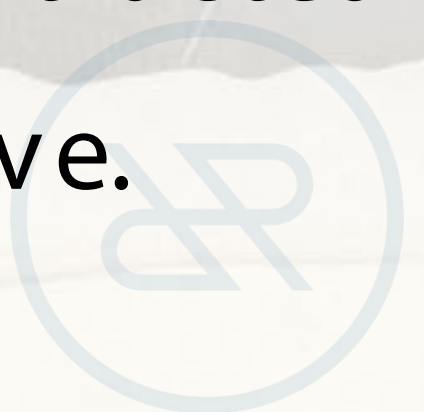
“They must be a great partner”

“I feel like making love to them”

“They are so charming, and intelligent”

“They will save me”

This intense desire to be with the therapist make make them distracted in session and avoid reason they are there and the goals they have.



Attraction in the Room

- Understanding how attraction works
- Examine type of attraction



Attraction in the Room

Deeper feelings of transfer

vs

General Attraction

vs

Flirting to push boundaries



Attraction in the Room

- Naming the feelings
- Lead with empathy
- Dismissing feelings
- Psycho-edu too soon
 - Inquisitive
- Intensity of feelings



Questions to ask

- What do you think of me in this situation? Do similar thoughts occur to a loved one? In whom and in which situations? Do you know these thoughts from any past situations?
- What emotions do you experience now in conversation with me? Is there anyone in your life with whom you have experienced similar emotions? Is there any person you currently experience similar emotions with? What would you need most in this situation? Have there been similar needs in the past? What did you do to fill them?

Questions to ask

- When we talked about how you experienced your relationship with your loved ones as a child, did something similar happen to you when you met me?
- Is there something similar that you expect from me and what you expect from your loved ones, colleagues or superiors?
- Sometimes during our meetings, you do this ... Is it something that is repeated in other situations or with other people?

Attraction in the Room

Discussing erotic transference directly is the most effective way to assist the client and sustain the therapeutic relationship. Addressing it helps the client gain a deeper understanding of their emotions and find meaning in them, while also demonstrating that the therapist is supportive and dedicated to maintaining a professional and well-defined boundary.



Supervision

- Isolation and vulnerability
 - Avoidance
- Reactivity and emotional response
 - Self-reflection and awareness
- Preparing for ethical violations



Supervision - Transference

- Awareness and acknowledgement
 - Safe space
 - Reflect on dynamics
 - Learning tool
- Maintain boundaries
 - A mirror



Supervision - Transference

- Setting boundaries
- Mapping transference
- Transference awareness
- Exploring client's behavior
 - Using imagination
 - Empathy
 - Role-playing



Supervision - Countertransference

Early warning signs

- Thinking about client outside context of therapy
 - Disclosing personal information
- Impulses to satisfy personal desires, using client for support instead of their therapy goals
- Communicating outside of professional channels, normal hours, and subjects not related to therapy

Supervision - Countertransference

- Self-awareness and cognitive behavioral strategies
- Monitoring behavioral changes
- Ethical considerations



When to transfer

- Addressing unmet needs
- Unconditional positive regard

Addressing flirtation or personal inquiries

- Reflecting on transference
- Open dialogue



When to transfer

- Supervision and support

Transference discussion isn't helping

- Boundaries aren't being respected
- Reflecting on self-care



When to transfer

Unsafe & uncomfortable

- Recognize and acknowledge feeling
 - Assess the situation
 - Offer referral, transfer
- Safety and crisis situations



When to transfer

Handling unsafe or uncomfortable behaviors requires the therapist to maintain clear boundaries and to address the issue directly and ethically. By offering referrals when needed, validating the client's feelings, and consistently reinforcing the professional nature of the relationship, the therapist can manage these situations effectively and ensure the therapeutic process remains focused on the client's well-being.



The End!



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Resources

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