

Chapter 3

Clients

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3. Relations with clients

a. Dual relationships

A physician who giggled when examining you would be acting unprofessionally, no matter how funny you might look. A social worker who made friends with clients would have crossed the same sort of boundary. These boundaries can be difficult to draw or maintain, but both parties to the relationship have obligations that come from being in a professional relationship. A lawyer who fails to file legal papers on time has failed a professional obligation, and if you fail to show for an appointment, you have not fulfilled an obligation to the lawyer.

The third step in our method says that we should

(3) Determine what the harms are of various courses of action: to whom would they occur, what kinds are they, and what are their magnitudes?

As we work through this step when we come to different cases, we shall find that many of the harms we uncover will concern the relationships between social workers and their clients. Yet how unclear the boundaries of these relationships may be is illustrated by the following case:

3.5 Friends and professional relations

Paul was a recovering substance abuser who regularly attended meetings of Alcoholics Anonymous. He was also a social work therapist who worked with substance abusers. He encouraged Mark, one of his clients, to attend AA meetings. He had himself been attending meetings, but AA encourages those who come to the meetings to rely on each other, to call if they need help, for instance. Mark needed help and called Paul regularly.

Paul felt that he was doing therapy at Mark's beck and call rather than during their scheduled sessions. He confronted Mark, and Mark, feeling very rejected, stopped seeing Paul, dropped out of AA and out of treatment, and had a relapse.

In going to AA Paul put himself in a situation where he had obligations to help the other members of his group, including Paul -- just as they had obligations to him should he call on any of them for help. He also had a professional obligation to help Mark because Mark was his client. It might appear that far from competing, these two obligations of Paul's would reinforce each other. After all, they are both obligations to help.

But Paul's professional obligation to help Mark was an obligation with clear temporal boundaries. The two met at a certain time, for a certain time, and that was the end of the relationship until the next time -- unless Mark had some emergency. The obligation Paul had from being in AA was to help whenever any other member of his group needed help. Of course, Paul could refuse to help if it was 2 a.m., say. But far from reinforcing each other, the obligations conflict because the one from AA is relatively open-ended while the one from the professional relationship is relatively restricted. The former encourages, while the latter does not, extra help whenever in need.

More importantly, the relationship a therapist has with a client is marked by power of the therapist over the client, and that power relationship does not fit well with the form of collegial relationship encouraged in AA. Paul must be both therapist and confidant to Mark, and though a person may function in both capacities without any conflicts arising, there is always the possibility for a conflict of interests.

The Code puts up a red flag regarding conflicts of interest:

Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment.

The Code goes on to say that social workers should inform clients of 'a real or potential conflict of interest' and then 'take reasonable steps to resolve the issue in a manner that makes the clients' interests primary.' It notes that sometimes such conflicts may 'require termination of the professional relationship with proper referral of the client' (1.06(a)).

Paul has competing interests -- an interest in helping Mark because both are in AA

and an interest in seeing Mark professionally. In helping Mark through AA, Paul is providing what other members of their AA group presumably cannot provide, namely, help from a professional skilled in working with substance abusers, and he is doing it for free. The relation Mark has with Paul have through AA at the least allows Mark to overstep what ought to be the normal professional boundaries that generally preclude a client from calling a therapist regularly.

Mark also knows personal matters about Paul that clients would usually not know about their therapists. He knows that Paul has himself enough of a problem with alcohol to feel the need for going to AA. So Paul's seeing Mark professionally as well as in AA changes Mark's relationship with Paul as well as Paul's relationship with Mark.

This case concerns both the obligations and the proper boundaries in a relationship between a social worker and clients. Does Paul have an obligation to cease going to AA because he has an obligation to refer his clients there when they need it? The answer depends in part upon how many AA chapters there are around, upon whether Paul can go to one that is not too inconvenient for him where he is not likely to meet his clients, and upon whether, if he cannot, he has an obligation to go significantly out of his way so as to avoid his clients. Is it proper for Paul to have a relationship with a client, Mark, that is independent of his professional relationship? And, in regard to this last question, if he has any such relationship, does it matter that it is about the same issue Mark is seeing him for professionally? Would it matter if they sat on a community board together?

These questions are not easy to answer, and, were we to continue to examine this case, in accordance with the method we propose, we might well discover, as the Code makes clear, that 'There are many instances in social work where simple answers are not available to resolve complex ethical issues' (Purpose of NASW Code). These kinds of cases can be notoriously difficult to resolve satisfactorily.

b. Further kinds of dual relationships

We are not concerned to provide answers to the cases we examine here, but to raise the kinds of problems that social workers can face in regard to clients. In this regard, consider the following case, which pursues the issue raised in 2.5 Friends and professional relations of what kind of relationships a social worker may have with a client, or a former client, outside of their professional relationship:

3.6 Can you help me now?

Martha had an alcoholic client who responded well to therapy. Though eventually the therapy ended, the client stayed in AA, still feeling the need for support.

Martha had liked her as a person in the therapeutic relationship. The client was a massage therapist, and so, after a period of time had passed, Martha went to her to get massages.

The woman later relapsed, but did not come back to Martha. Martha later discovered that the woman had wanted to come back, especially in those shaky stages before the relapse, but felt that because they now had a different relationship, she could not.

Martha may have thought the client effectively cured. But her choosing to see her former client raises an issue about what sorts of relations are permissible between profes-

sionals and clients. We need to distinguish at least three different kinds of cases. As we shall see in examining these, what is at issue is the potential for harm that occurs for a professional relationship when some other kind of relationship comes to exist as well. As the Code of Ethics states,

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. In instances where dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries (1.06(c)).

As we noted, we shall be marking the kinds of harms that can occur because of the professional relationship between a social worker and a client.

First, it is sometimes difficult not to have some sort of nonprofessional relationship with clients even though having such a relationship may interfere in some ways with the professional relationship. A therapist who refused to help anyone he or she saw socially would ill-serve a community if no other such care were available. In any event, we often get thrown into relationships with others. You and a client may both have children on the same sports team and find you must juggle driving schedules together. We could hardly fault a psychiatrist who called the only available plumber to help with a flooded basement even if the plumber were seeing the psychiatrist professionally. Yet these further relationships may well mar the professional relationship. The plumber might respond to the request to come at an odd hour by reciprocating and asking for therapy at odd hours, or the psychiatrist might find the plumber incompetent and be faced with all the harm that making an issue of the incompetence could do to the client's self-esteem (and perhaps the client's reason for being in therapy) and to their professional relationship.

Second, you may come to have a relationship with a former client voluntarily, and you may seek that relationship innocent of any bad intent. Martha's case seems to fall into this category. She chose to become her former client's client, reversing the former professional relationship. We may fault her for having sought out a relationship with her former client, but whether we fault her, and how much, will depend upon such factors as the risk of harm to her client, whether others besides her former client were available, and how badly she needed to see someone to give her a massage -- for medical reasons, perhaps? How long must you wait to have any other sort of relationships with your clients, or should you try never to have such relationships?

Third, other relationships with clients can put into question the intent of the professional involved. These cases raise serious questions about whether the client's interests in obtaining the best professional service possible have been harmed. Consider the following case:

3.7 Having sex

Theresa came to see a therapist, Aubrey, in a family counseling agency. It came out over a number of sessions that Theresa had been in therapy before and had an affair with her previous counselor that began several months after the therapy ceased. She was married and was struggling with the affair's having ended and with her guilt at having had an affair.

Aubrey suggested that the counselor had crossed the proper boundaries between therapist and client in having a sexual relationship, even though the therapy

had ended several months before the affair began. Theresa had not thought about that, but, as she did, she began to think that perhaps the initial stages of the affair started before the sessions with her therapist had ended, and she wondered if, as she said, 'I somehow perhaps may have led him on.'

Despite Aubrey's urging, Theresa decided not to press charges -- partly because she did not want the publicity, which she thought would harm her relationship with her husband, and partly because she was not convinced that the affair was wholly the therapist's fault.

So Aubrey investigated on her own. She discovered that the therapist, who lived in a nearby community, was referred to as a licensed psychologist although the law required a Ph.D. for that title and the therapist did not have a Ph.D. Aubrey called a university where the therapist was to lecture, informing them that he was not a psychologist when they had advertised that he was one, and she let it be known in the community that he was operating under false credentials.

One factual unclarity concerns what relationship Theresa and her therapist had in the professional relationship. It may look as though he had acted professionally because he has not pursued his romantic interest in her until after their professional relationship had ended. But, thinking back, Theresa thought perhaps the therapy had been unsuccessful just because the therapist had a romantic interest in her.

The reason Theresa has to wonder about whether her therapist provided her with proper therapy is that the therapist has competing interests sufficient to make her unsure that he did all he ought to do professionally. The same sort of problem arose in Friends and professional relations. Since both Paul and Mark belonged to AA, Paul was obligated to help Mark when Mark needed it -- just as Mark was obligated to help Paul. But the professional role and the role within AA can get easily mixed so that Mark may have some reason to wonder whether, in calling Paul because of their AA connection, he would be getting the best help Paul was capable of giving. After all, Paul is likely to resent being at Mark's beck and call when they already had an established relationship, with set times for appointments. Just so, we must wonder whether Theresa's therapist really did the best job he could do for Theresa. If his romantic interest blossomed before the therapy ended, then he would presumably be acting in that interest to ensure that, whatever else happened, she be available for him. That might cause him to end the professional relationship prematurely, for instance. If Theresa was seeing him because of problems with her husband, his romantic interest in her may have caused him not to help her as much as he could to sustain her marriage. We do not know, but we do know that the therapist put himself in a position where Theresa had to wonder about such possibilities and about his commitment to helping her.

A similar sort of problem could hold in Can you help me now? -- though the difficulty can best be seen from the client's point of view. The client needs help and would have gone to Martha except that Martha was now her client, seeing her for massages. So the client might have been concerned that if they reestablished their old professional relationship, she would not be able to keep the new one because Martha would be unwilling to see her as a client while still getting massages from her. Her interest in retaining her former therapist as a client -- perhaps just because she needs the money -- is at odds with her interest in seeking help from the therapist. In addition, she will again be in a dependent position vis-a-vis her therapist after having been the expert in giving massages.

c. Conflicts of interest

These three cases have in common that the relationships in which the professionals are in have produced potential conflicts of interests that put at risk their capacity to perform their professional obligations. People often have more than one reason for doing something. The only concern we have is whether harm occurs if one interest comes to predominate and causes unnecessary harm to the client. If Paul prolonged Mark's therapy only to get more money, refusing to see him for free through their AA connection, that would conflict with the interest Mark has as a client in having Paul help him work through his problems expeditiously and with the least expense possible.

In Friends and professional relations, Mark created a situation where conflicts of interests can occur, and that is also what happened in the other two cases. In *Can you help me now?*, Martha created a situation where her interest in receiving a massage from her former client conflicted with an interest she ought to have in being available in case her client needed her again. This latter interest arises because once a professional has seen someone as a client, that professional is usually better positioned than anyone else to help the client again. The professional has presumably earned the client's trust and knows what problems the client had and may continue to have, what has been done to help, how the client has responded, and how the client is likely to respond to new treatment. By initiating a new kind of relation with the client, the professional may make it difficult, if not impossible, for the client to seek the best help available should help be needed again.

Theresa is unable to go back to the therapist whom she first saw. By initiating a romantic relation with Theresa, the therapist should make Theresa wonder if she got the best treatment possible while in his care. In addition, Theresa is now unable to go back to him for help because of the loss of trust in the relationship as well as her feelings of guilt and shame associated with the therapist. Her inability to return to the therapeutic relationship with him harms her because he may be the one best positioned to help her. He saw her through the initial stages of treatment and so is presumably better able to understand her problems than someone might be who would begin completely ignorant of her past. The relationship of implicit trust that ought to mark a professional relationship has been lost -- as it was in each of the three cases we have just examined.

Cases like that involving the therapist in which a professional and a client have a sexual relation, either during or after their professional involvement, pose a special sort of ethical problem. But as the case involving Martha makes clear, being vulnerable in a power relationship arises even where sex is not involved. A therapist who calls a plumber to help with a flooded basement may be taking advantage of a professional position if the plumber is a client. The plumber is right to be concerned that the quality of the therapy may be affected if the work is not done to the therapist's satisfaction. Social workers may terminate services or withhold benefits, and their power to affect their clients in those ways may cause clients to be timid, fearing loss of benefits if thought too assertive of their rights. Professionals have immense power over clients, and clients are thus especially vulnerable.

The cases we have just considered are object lessons in how that power may affect vulnerable clients. In therapeutic relationships, for instance, the quality of care received may well depend upon the perceptions the client has of the professional's concern. If the client thinks the professional is interested in the client for other than professional reasons, then the care received, even if it were appropriate, may not be taken to be appropriate and so fail to achieve its end. Even if you as a professional do what you ought to do, others may question whether you did as much as you ought to have done or whether you did it as well as you should have. Appearances themselves can cause harm, that is, especially in thera-

peutic relationships.

d. The obligation to serve a client competently

A professional has an obligation to ensure that a client is competently served. A professional mapmaker, for instance, has an obligation to draw a map correctly so that those using it are not led astray, turning left when they should be turning right, for instance. Such obligations to be competent are the minimal obligations of a profession. The professional is a professional only because he or she has special knowledge -- of how to draw maps accurately, or of how to help substance abusers. Clients have a right to expect that that knowledge will be used to help them.

As we have seen, the harm that occurs when that minimal obligation to help is not fulfilled can be enormous. In *Friends and professional relations*, Mark found himself unable to turn to Paul for help when he needed it. The Code of Ethics states that

Social workers should take reasonable steps to avoid abandoning clients who are still in need of services (1.16(b)).

With nowhere else to turn, Mark had a relapse. In *Can you help me now?*, Martha's client felt she could not return to Martha for help because their relationship had changed in a way that, the client apparently thought, prevented Martha from having a proper professional relationship with her. And in *Having sex*, Theresa had to wonder whether the therapy she received failed because the therapist was more interested in pursuing her than in pursuing her therapy. In each case, it can be questioned whether the professional fulfilled the minimal professional obligation to help and to promote the client's well-being.

Since the appearance of a conflict of interest can itself cause harm, professionals have a special obligation not to put themselves in situations where there are potential conflicts of interest. In *Friends and professional relations*, Paul had a special obligation, before sending Mark off to AA he himself went to, to work out something with Mark that would have allowed Mark the help he needed. Even at the end of a professional relationship, a professional cannot know whether a client will have need of the professional again. Because that professional is usually best positioned to provide help if it is needed again, special care needs to be taken to ensure that such care can be available. Paul and Martha had obligations, that is, to anticipate the kinds of concerns their clients would have given the potential conflict of interest. It is this same concern that ought to make us uncomfortable even if Theresa's therapist were only to have sought her out for friendship several months after the therapy ended.

e. Reciprocity and obligations in a professional relationship

In tracking the kinds of harms that can occur in having more than just a professional relationship with clients, we have concentrated upon the minimal obligation social work practitioners have to use their special knowledge to help clients. Our aim has been to illustrate the complex and various ways in which we can fail in fulfilling even that minimal condition. That is, even if we thought social workers had few ethical obligations to clients, they could still face complex and varied ethical problems. For even the simplest of ethical obligations can give rise to difficult ethical issues.

But there are other obligations that are also minimal conditions for proper practice -- to tell the truth, to treat one's clients fairly, to encourage self-determination, and so on. We have examined some of these in the various cases we have so far discussed. For instance, in *Doing what the judge orders*, John manipulated the situation so that, he thought, he would not have to inform his client, Al, of what he was doing, thus denying Al his autonomy. And in *Adoptive children*, Dena did not tell the brother and sister what she knew about their natural parents, and one issue was thus whether she was treating them in the same way she treated other adoptees.

In each of these cases, as in the cases we have just examined, what is at issue is what harm is being done, and what these cases tell us is that social work practitioners have a set of *prima facie* obligations they ought to fulfil, obligations, that is, they ought to fulfil unless weighty moral reasons obligate them not to fulfil them. For the failure to act on a professional obligation will cause harm. In short, the ethical life of a social worker is even richer -- and so more complicated -- than we have so far suggested. Each obligation social workers have -- to encourage autonomy, not to cause harm, to treat clients fairly, and so on -- can give rise to ethical problems as complex and varied as those we have been considering in regard to the minimal obligation of social workers to use their special knowledge and skills to help their clients.

f. Drawing boundaries

But every relationship brings with it reciprocity. If you are discourteous to me, you make it that much harder for me to be courteous to you. Just so, clients have obligations to those professionals who are committed to helping them. Mark is obligated not to call Paul late at night except under very special circumstances, and Paul may rightly object to Mark's calling provided they began their relationship by Paul's setting boundaries for their relationship that excluded such behavior.

Drawing clear boundaries can be difficult, however, and a therapist, for instance, can be faced with a need to make a delicate judgment. Consider the following case:

3.8 Gift for services

Jane is in therapy with Marie and has been diagnosed as having Post Traumatic Stress Syndrome. She is thirty-five and has a history of sexual and emotional abuse by her father and her stepfather. After her grandmother died, she became extremely agitated because she was emotionally close to her. She told Marie that she would like to give Marie a gift from among her grandmother's belongings.

Marie told Jane that she does not accept gifts. Jane was upset, and after some cajoling by Jane, Marie told her that she would accept a gift only in exchange for the time spent in calls with Jane between therapy sessions.

Jane came in the next week with seven of her grandmother's belongings and put them on the desk. Marie told her that she could not take all seven and asked Jane to pick one. Jane insisted that Marie pick out what she wanted, but Marie told Jane that Jane had to select one gift.

Jane picked out a vase, and Marie displayed it in her office. Marie looked at the vase when she came in for her next session and expressed pride at seeing it there. Jane does not know the vase's value and is afraid it may be very expensive. She is thinking of having it appraised and if it is expensive, crediting Jane for a num-

ber of therapy sessions.

If we take the first step in our model and try to understand why Jane is doing what she is doing, we find that we need not get too deeply into psychoanalytic theory to sense that Jane is trying to transfer affection from her grandmother to Marie. It appears that Marie may no longer be just a therapist for Jane, but someone who will be for Jane what her grandmother was. The gift then becomes symbolic, a way of associating Marie with the grandmother. Marie has a responsibility to discuss the meaning of the gift with Jane.

That this may be the correct reading of what Jane is doing puts Marie in an especially awkward position ethically. On the one hand, if she refuses the gift and the gift is symbolic, rejecting it would be construed by Jane as rejecting her. Jane may think she is only valued when she gives something, and so refusing the gift may harm Marie's capacity to help Jane. On the other hand, accepting the gift may encourage Jane to think she is only valued when she gives a gift. It also may encourage her in thinking Marie is to take the place of her grandmother. Yet transference is sometimes a good thing, helpful to both therapist and client. So Marie has a dilemma, with unclear and perhaps harmful consequences no matter what she does. Her goal, presumably, is to help Jane without having to take the place of Jane's grandmother, and she does two things to further that goal.

First, she insists Jane pick out what she wishes her to have. If Jane gave Marie something Marie wanted, Jane might think that Marie owed her in some way. Marie is trying to maintain the proper professional relationship by insisting that Jane pick out the gift.

Second, Jane refuses to accept the gift as a gift, but insists that she will take it as payment for the time spent in calls with Jane between sessions. That insistence tells Jane that whatever she may wish to think, the gift is not symbolic and will not change their professional relationship. It also tells Jane that the time between sessions is marked by their professional relation. Marie is telling Jane that despite the loss of Jane's grandmother, the relationship is to remain what it was. Marie's deciding to have the gift appraised and to credit Jane with a number of therapy sessions if it turns out to be particularly valuable is a further indication of Marie's concern to maintain professional boundaries.

But Marie broke her rule about not accepting gifts. In breaking that rule, she may have encouraged Jane to think the relationship more than professional. Without more details, we cannot be sure whether Jane made the proper judgment in breaking her rule, but we can see how drawing the lines she ends up drawing will further her goal of helping Jane without being drawn in by Jane's desire to have Marie take her grandmother's place. It looks, at least, as though Marie has succeeded in drawing a line that will minimize potential harms -- although we would have to find out what happens afterwards to see if that is really the case.

Sometimes drawing lines seems as though it should be no problem at all. Consider the following case:

3.9 A social visit

Susan was a 13-year-old in therapy with Diane. She had been sexually abused by her father and diagnosed as having Post Traumatic Stress Disorder. Diane had heard that she had gone out socially both with her Protective Services worker and with the prosecutor of the case against her father.

Therapy terminated when Susan had a baby and moved out of town. She came back in a year with a second baby and called Diane, asking to see her at her mother's house. She said she especially wanted Diane to see the babies. Diane tried

to arrange to see Susan at the office, but that did not work out and Diane went to visit her at her mother's.

Diane happened to mention that she would be driving to Florida for a vacation in a few days, and Diane begged her to drive her to Georgia on her way so she could visit one of the baby's father. Diane refused, and the situation became extremely uncomfortable.

Diane has not heard from Susan again.

Individuals with Post Traumatic Stress Disorder have a tendency to encroach on boundaries, and Diane's going to Susan's mother's made it easier for Susan to ask for a ride - a clear violation of boundaries. Susan was apparently reaching out for Diane in some way, and Diane's refusal to help in the way Susan wanted help apparently cut off a chance to continue a professional relationship that Susan may need. But this is a case where the former client was taking advantage of the professional relationship and where Diane should have insisted on seeing Susan in her office.

g. Virtues

We have concentrated in these past few cases upon ways in which a relationship between a social work practitioner and a client can go wrong, but in doing that, we are relying upon an understanding of what makes the relationship right. But determining what such a relationship ought to be is a complex ethical undertaking. At a minimum, a practitioner ought to be fair, honest, dependable, competent, trustworthy, and attentive. These are virtues, character traits that social work practitioners ought to display in their relations with clients as well as with colleagues and others with whom they have professional relations. We can thus readily imagine ways in which practitioners could fail to do what we all presume they ought to do just in the normal course of their work -- by failing to meet some of these criteria for their professional relationships. They can fail to listen carefully to what clients are saying, spread around what was told in confidence, neglect to do what they told clients they would do, fail to establish boundaries, fail to provide needed information for some social service, treat some colleagues differently from others for no good reason, and so on.

Yet even if practitioners display the appropriate virtue, they may fail to display it in the right way. It is not easy doing what we ought to do in just the right way, at the right time, with the appropriate manner, and with all the other features that make things go well. The ways in which we can fail to attend just to what a client is saying are too numerous and diverse to list. Leafing through papers while a client is trying to talk, or looking constantly at your watch, are obvious ways to be inattentive, but it is equally inappropriate to concentrate so hard on what your client is saying that the client becomes uncomfortable with the intensity of your concern. That would be as inappropriate as giving all your time to a client, no matter what the client had to say, to the detriment of your other concerns. Being virtuous is a skill, and we must find the right way to be virtuous. We must learn how to listen appropriately, how to provide information that a client can and will make use of, how to set appropriate, clear and culturally sensitive boundaries, how to seek guidance from colleagues without breaking a confidence, how, in short, to do just what is right.

The situation practitioners face can be complicated because clients can fail to meet the criteria for a professional relationship. We do not often think about the ways in which a client can fail to live up to the demands of a professional relationship, but patients who refuse to take the medicine their physicians prescribe can cause enormous problems for the

physicians as well as for themselves. The same is true for a social work practitioner's client who encroaches on the practitioner's boundaries or fails to do what needs to be done -- by not coming to meetings when scheduled or by failing to fill out forms properly.

The inexperience and failures of clients put additional pressures on social work practitioners. Because they are in the position of power, and presumably have experience about how relationships can go wrong, they have a special obligation to ensure that the relationship goes well, taking special care to encourage the right sorts of responses and to empower clients to act in their own self-interest. Some general features of the system, or some feature of the social work practitioner, may have discouraged a client, and the practitioner then has a special obligation to change whatever it is that is causing a client not to get done what is needed. After all, if the goal is to help a client, and the client is not doing what needs to be done to get help, the social work practitioner's goal has not changed. Achieving it has just become more complicated.

h. 'Recalcitrant' clients

Special problems arise when a social work practitioner thinks a client is making a mistake and, despite the practitioner's urging, refuses to do what the practitioner recommends. In *Having sex*, Theresa refused to bring charges. What ought a professional do when the client declines to act on a matter the professional thinks requires action? Is it appropriate for the professional to act on behalf of the client? Or, as in *Having sex*, is it appropriate for the therapist, Mary, to take action if the client does not? Mary is apparently assuming that if Theresa were to bring charges, Theresa would not be harmed by any backlash that might result from attacking the therapist or that any backlash that may result is worth risking to prevent potential harm to other clients from this therapist. What we need to do is to apply our method and ask what Mary's goals are and what they ought to be.

Mary seems to have the goal of ensuring that the therapist is in some way punished for his behavior with Theresa. She may be right that Theresa will not be harmed by bringing charges. It may even be that Theresa will benefit by doing that. But it is notoriously difficult to predict the consequences of any particular course of action, and Mary cannot be sure that harm will not occur to Theresa if Theresa brings charges. Indeed, harm would occur because Theresa has made it clear that she wants to put the issue behind her. In pursuing it, Mary is denying Theresa's expressed wishes and so denying her self-determination. In addition, Theresa does not want her husband to know about the affair, and it is difficult to see how he would not find out about it were Marie to bring charges.

Mary's goal ought to be to help Theresa and to ensure her well-being. She thus has an obligation to assist Theresa in coming to understand that it was her therapist's obligations to set boundaries, not hers, and an obligation to help her heal from the trauma of the affair. For Mary to pursue the therapist is for her to pursue her own agenda. It certainly would not further Theresa's self-determination, and it may cause further harm to Theresa. That clearly does not further what ought to be Mary's goal of helping Theresa.

Having sex is marked by the social work practitioner trying to convince the client to do something the client does not want to do. The same sorts of ethical problems can obviously arise when a client wants to do something the practitioner thinks the client ought not to do. Consider the following case where the therapist tries to discourage a client from testifying, in part, the therapist claims, for the client's own good:

3.10 *Hurting oneself*

Annette had been seduced by her former therapist. She is mentally ill and prone to extreme shifts in mood, but is consistently angry about her former therapist. She wants to pursue the case, take him to court, and see that he does not harm anyone else.

Her new therapist is concerned that Annette will hurt herself by pursuing the matter, that she is fragile emotionally and will regress psychologically. Such cases are notoriously difficult to prosecute, and pursuing it will put a great stress on her when she is already very unstable. Besides, the therapist is not convinced she will be believed, but thinks she will lose the case and lose what progress she has already made. So the therapist encourages her to drop the case.

The therapist is judging, rightly or wrongly, what is in Annette's best interests and is trying to convince her not to do what she had clearly said she wants to do. A professional's concern that a client become capable of self-determination sometimes requires that the professional make judgments he or she thinks the client ought to make. But these judgments are justified only if they arguably make the client more capable of self-determination. The therapist's advice is just advice, that is, and we must determine whether it is good or bad advice by determining what is in the best interests of Annette.

Our model tells us that we need to weigh the alternative courses of action. In this case, we are weighing them to see what course of action will best enhance the self-determination of a client. Will Annette be better or worse off, in the long run, to pursue the case against her former therapist? What is at issue here is how to weigh the goods involved. On the one hand, good may come to Annette in fighting the case so that she will feel she has not been completely passive in response to what happened, and if she wins, she will gain a feeling of power and accomplishment. On the other hand, good may come from putting that part of her life behind her and getting on with the rest of it.

Her present therapist urges her not to pursue the case because such cases are hard to win even with clear evidence and a clearly competent victim, and they put great stress on those pursuing it, even if they are emotionally strong. Even in the best of situations, someone seduced by a therapist would have a hard time making the case, and he thus thinks she would have a hard time -- too hard a time, given her emotional state, to make it worthwhile. To come to that advice, he ought to weigh all that against the presumed advantages of success -- Annette's need to express her anger and the feeling of accomplishment a successful prosecution would bring. He ought also weigh the possibility of a compromise position, bringing the suit with Annette's understanding that it is not likely to succeed, because it does not often succeed in the best of cases, but that it is worth pursuing so that she can feel she has accomplished something in regard to her former therapist.

Unfortunately, this is a problematic case, one in which we simply cannot know, ahead of time, which is the best course of action for Annette. The therapist is judging that it is better for her not to pursue the case, and we should give his voice significant weight because he must be presumed to be in a better position than we are to judge. He knows Annette better than we can and is better positioned to assess how well she would handle the stress of bringing the case and the emotional loss should she lose it. But the decision is Annette's, presuming that she is competent enough to make a decision, and so the therapist ought to realize that he is in an awkward position ethically -- encouraging her to do something she has said she does not want to do, and thus at the least failing to encourage her self-determination, when he cannot be completely sure what will happen whatever she

does.

Of course, Annette may not be competent to make a judgment about what is in her best interests. What the therapist should not do, certainly, is to declare her incompetent to pursue the case because he does not think she should. What he should do is try to determine independently whether she is. The fact that she wants to pursue the case is no more evidence of her incompetence than Dorothy's refusal to seek treatment for her rectal cancer was evidence of her incompetence to make such a judgment in *Depressed and ready to die*.

His goal must be to do good for Annette, and so, where we do not have enough evidence to know quite what judgment to make, or where, as in *Refusing help*, we do not have enough time to gather evidence, we must make reasonable presumptions. Just as, in that case, what we thought appropriate was dependent upon what presumptions we thought appropriate, in the same way, making judgments in this case is dependent upon presumptions we make -- about Annette's mental state, about what is more or less likely to produce good or to cause harm, and so on. If we presume that she is able to bounce back readily from adversity, we will be far less likely to discourage her suing her former therapist than we would be if we presumed her on the edge of a further breakdown, unlikely to survive failure. The issue is what presumptions ethics requires us to make, and the general stance must be that we should presume whatever will cause the least harm and the most good. Unfortunately, we do not have enough information to know whether there is a clear answer in this case.