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# Not On Our Backs: Supporting Counsellors in Navigating the Ethics of Multiple Relationships Within Queer, Two Spirit, and/or Trans Communities

## Pas sur notre dos : du soutien aux conseillers qui doivent naviguer éthiquement dans les relations multiples au sein des communautés gaies, bisexuelles, et trans

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### ABSTRACT

Professional ethical guidelines commonly advise counsellors to avoid dual relationships wherever possible but generally have not provided guidance for situations where this is not feasible. This leaves queer, Two Spirit, and/or trans counsellors open to negative judgements, possible accusations of unprofessionalism, and practices of self-surveillance that limit their ability to live, work, and actively participate in the communities they serve. We argue that prohibiting dual relationships will neither end client exploitation nor account for the benefits that properly managed dual relationships can offer. The term *multiple relationships* may better reflect the complexity of relationships in queer, Two Spirit, and/or trans communities and acknowledges that they contain the potential of both harms and benefits for clients. We advocate for a richer engagement with ethics as a living entity that requires that we respond collectively as helping professions to ensure the care of marginalized communities without putting the burden of care on the backs of community members. We propose guidelines that call for the inclusion of all parties (counsellors, clients, and supervisors), transparency, full disclosure, and development of a plan and rationale for counsellors' responsibilities in all encounters with clients both within and outside the clinical setting.

### RÉSUMÉ

Les guides de déontologie professionnelle recommandent généralement aux conseillers d'éviter les relations duelles autant que possible mais n'ont pas de repère pour les situations où cela n'est pas faisable. Les conseillers gais, bisexuels, et/ou trans sont ainsi exposés à des jugements négatifs, de possibles accusations de manque de professionnalisme, et des pratiques d'auto-surveillance qui limitent leur aptitude à vivre, travailler, et participer activement au sein des communautés qu'ils desservent. Nous faisons valoir que l'inter-

diction des relations duelles ne mettra pas un terme à l'exploitation des clients ni ne pourra rendre compte des avantages que peuvent offrir des relations duelles bien gérées. Le terme *relations multiples* peut mieux rendre compte de la complexité des relations au sein des communautés gaies, bisexuelles, et/ou trans et permet de reconnaître que celles-ci comportent un potentiel aussi bien de préjudices que d'avantages pour les clients. Nous plaidons en faveur d'un engagement plus profond avec la déontologie en tant qu'entité vivante qui exige une réponse collective des professions de l'aide afin d'assurer des soins aux communautés marginalisées sans mettre le fardeau des soins sur le dos des membres de la communauté. Nous proposons des lignes directrices faisant appel à l'inclusion de toutes les parties (conseillers, clients, et superviseurs), à la transparence, à la divulgation complète, et à l'élaboration d'un plan et d'une analyse raisonnée pour les responsabilités des conseillers dans toutes les rencontres avec les clients, que ce soit à l'intérieur ou à l'extérieur du contexte clinique.

Julie declines an invitation to join in a Two Spirit sweat lodge that is hosted in the territory where she works. In the past, Julie has regularly attended that sweat lodge. She knows that two clients she sees as a drug and alcohol counsellor will be participating in this month's sweat. The ceremony holds great meaning for them, particularly in promoting an understanding that culture can be helpful in supporting healing (Richardson, 2005). Julie holds clients at the centre, and doesn't let them know their presence is connected to her absence. She experiences great loss and sadness, and misses profoundly the sustainability and sacred connections this ceremony holds for her as a Two Spirit person.

Across town, Joe, a gay counsellor, makes an excuse to miss a cherished friend's annual brunch on the morning of the pride parade. Joe knows his friend is also friends with several clients that Joe sees in his counselling practice. This exclusion limits Joe's world, especially his opportunity to celebrate his pride as a gay man and join in what Lacey (2005a) calls the "social divine" (p. 403), in which Joe can experience a day of celebration and freedom on his streets fully embracing his identity and belonging within his community.

#### SETTING THE CONTEXT FOR OUR WORK

Julie's and Joe's fictionalized accounts were drawn from stories of suffering and isolation we have witnessed in the lives of lesbian, gay, bi, trans, Two Spirit, and queer (LGBT2SQ) counsellors we supervise or support. Membership in these marginalized communities and identities is often part of what qualifies the counsellors in terms of being effective and holding culturally appropriate knowledges (Kessler & Waehler, 2005). However, when LGBT2SQ counsellors are hired to work within their communities, they are then at risk of being judged as less professional for belonging to these same communities and being involved in multiple relationships that are difficult to avoid. As allies and community members, we believe it is unethical for risks and costs involved in serving marginalized workers to be placed as a burden on the backs of individual workers serving their own communities.

In this article, we attend to the ethical issues concerning dual relationships that arise in the context of work within communities of LGBT2SQ people. We problematize the conflation of dual relationships with exploitation; address the impact of negative self-surveillance of counsellors; and address the heterosexually normative nature of the counselling discipline's discourse, including the present codes of ethics. We contextualize multiple relations in the lives of counsellors from LGBT2SQ communities. We offer a case example illustrating ethical guidelines for multiple relations in practice as a possible way forward that might make more space for all counsellors. Finally, we have invited American collaborative therapist Harlene Anderson to offer a reflection on this article, given her commitment to expansive consideration of ethics in the practice of counselling (Anderson, 1997).

Accountability and transparency require that we locate ourselves as authors in the intersections of our identities in relation to both holding power and being the subjects of power (Crenshaw, 1995) related to this work. As authors, one of us self-describes as queer and trans and the others are located as allies.

Our interest comes from providing ethical consultation, training, and clinical supervision to LGBT2SQ counsellors and their allies through Prism Alcohol & Drug Services (Prism), a part of Vancouver Coastal Health (VCH). We are required to respond to the isolation, despair, and negative self-surveillance LGBT2SQ counsellors struggle with, when considering the possibility of negative judgements and fears of potential consequences regarding dual relationships. Counsellors we supervise disclose that they feel they must make their lives smaller, isolated, and above reproach. Counsellors say that they are not necessarily afraid of being called to an ethics review, but fear for their credibility and reputations. The mandate of Prism is to provide specialized addiction services for clients who are part of LGBT2SQ populations, and to assist mainstream services to build their competency in this work. Prism is only the second program in Canada to provide these services. For this reason, there is a dearth of literature addressing the ethical concerns that arise when practitioners who identify as queer, Two Spirit, and/or trans work within their own communities. Our hope is that this writing will offer some solidarity and relief to our counsellors, making more space for them to be fully alive in their networked communities (Lacey, 2005b) of belonging, and possibly make a contribution to the larger community of helpers.

#### SOME NOTES ON LANGUAGE

In North American society, *sex* and *gender* are frequently conflated. However, *sex* refers to the physical aspects of our bodies—chromosomes, genitals, hormones, and secondary sex characteristics, while *gender* comprises both our identities and how we express our identities (Butler, 1990). The most common gender identities are *man* and *woman*. People we work alongside who identify as transgender or trans do not identify strictly with the gender they were assigned to at birth, and may transition culturally, socially, physically, and/or medically to a gender in which they feel more congruent, which could be something other than male or

female (Nataf, 1996). Many people do not identify their gender in any way, and others identify as gender variant, gender nonconforming, or gender queer, meaning something different than trans and outside of the normative gender binary (J. Kelly, personal communication, June 1, 2011). All of these terms are problematic, contested, and evolving. We are using these terms for clarity and because people we work alongside have settled on this imperfect phrasing for now (Reynolds, 2010a).

The term *queer* has been adopted by groups of people we work with as an umbrella term for some people who do not identify as strictly heterosexual. We will use this term to speak of lesbian, gay, bisexual, Two Spirit, and queer self-identified people, acknowledging that this is a problematic term for many reasons (Anzaldúa, 1991; Fassinger & Arsenau, 2007). People that we work alongside who identify as Two Spirit refer to their cultural location as Indigenous people who are attracted to people of the same gender or of more than one gender, and/or may be trans, and/or someone who carries the gifts of both female and male spirits in them: Two Spirit also refers to rich cultural knowings (O'Brien-Teengs, 2008). People we work alongside who identify as queer may be in any of these groups, but primarily identify outside of heterosexual normativity.

*Heteronormativity* describes the “policing of normal” in terms of love, sexuality, familial relations, gender roles, and other social relations. The constructs of the nuclear family, marriage as only a man-woman relationship, sex as only acceptable between a man and a woman, and narrow and rigid societal norms of how to perform gender (*be a man, be a woman, don't be anything trans or gender variant*) are all part of discourses that promote and enforce heterosexuality as normal (Butler, 1990).

In our writing, we embrace inclusive queer-informed language that contests the gender binary of he/she (Butler, 1990), because language that reinforces gender binaries renders trans people invisible. We therefore use *they, their, and them* in both the third person singular and plural throughout this writing.

### *Differentiating Dual Relationships and Multiple Relationships*

The term *dual relationship* is commonly pejorative (Kessler & Waehler, 2005; Simon, 2010; Tomm, 2002). Dual relationships occur when a counsellor has more than one kind of relationship with a client, such as being their alcohol and drug counsellor and the third baseman on the client's softball team. For the most part, dual relationships are discussed in professional talk and in Code of Ethics documents only as potentially harmful, as explicated later in this article (e.g. Canadian Counselling and Psychotherapy Association, 2007; Canadian Psychological Association, 2000).

Current ethical codes assume an unspoken “if” in terms of dual relationships, which “might” happen. This speaks to the privilege of some practitioners' distance from the lives of clients and normalizes this distance as a measure of professionalism. For counsellors working with clients who live in the margins the counsellors also inhabit, these dual relations are pre-existing (Brown, 1989; Dworkin, 1992; Morrow, 2000) and often cannot be avoided.

Concerns regarding homophobia, transphobia, and heterosexism can result in LGBT2SQ people being reluctant to seek therapy from counsellors who are not members of their communities. Queer, Two Spirit, and/or trans communities tend to be tightly linked, and counsellors who are working within their communities may have almost inextricable prior or concurrent connections with their clients. We believe that using the language of dual relationships renders the fabric of LGBT2SQ communities invisible and grossly simplifies the social context in which counsellors work. The term *multiple relationships* speak more effectively to the complexity of these relationships and acknowledges that they contain the potential of both harms and benefits for clients.

We acknowledge the necessity of clear guidelines against possible exploitation. Code of Ethics documents strive to meet this ethical requirement. We also differentiate dual relationships from multiple relationships in order to carve some space for LGBT2SQ counsellors to be safer to fully engage in their communities and to enhance their ability to be useful to clients. Describing multiple relationships allows for the possibility that clients may be better served, as it enables us to begin speaking openly about the possibility of something other than exploitation happening in relations between counsellors and clients.

#### OUR ETHICAL STANCE

Ethics are not fixed and static, but are fluid and living. We breathe life into our ethical engagement by continually being open to new learning and new possibilities while holding on to important teachings from historical contexts and our lived experiences. We are engaged with an understanding of ethics that is less connected with philosophical and hypothetical judgements of right and wrong, and more attuned to the immediate demands of circumstances in the social context of the lives of clients. We are concerned with the extent to which, as community workers, our theories and practices assist us in helping our LGBT2SQ clients. This engagement with ethics is more practical than abstract (Deleuze, 1981; Jenkins, 2006).

Code of Ethics documents exist so that there is a clear and measurable understanding about what type of behaviour is acceptable within professions. Codes offer “aspirational goals rather than an enforceable standard of conduct” (Kakkad, 2005, p. 296). Despite the usefulness of Code of Ethics documents, when the word “ethics” comes up in relation to counselling, it is not uncommon for it to be followed by the words “dilemma” or “problem.” When used in professional codes of ethics, the term is often connected to corrective and possibly disciplinary action (e.g., Canadian Counselling and Psychotherapy Association, 2007; Canadian Psychological Association, 2000).

Codes of ethics related to counselling, psychology, and social work in Canada have acknowledged that dual relationships may occur; however, they tend to convey messages that dual relationships should be avoided, imply that they can be avoided, and associate dual relationships with risks of harm. For example, section B8 of the Canadian Counselling and Psychotherapy Association’s (2007) *Code of Ethics* recommends that

Counsellors make every effort to avoid dual relationships with clients... When a dual relationship cannot be avoided, counsellors take appropriate professional precautions such as role clarification, informed consent, consultation, and documentation to ensure that judgment is not impaired and no exploitation occurs. (p. 8)

Principle 3 of the BC Association of Clinical Counsellors' (2008) *Code of Ethical Conduct*, Integrity in Relationships, instructs counsellors to

16) Avoid dual relationships or the perception of a dual relationship in circumstances where the existence of a dual relationship may adversely affect the professional relationship.

17) Where a dual relationship exists or is perceived to exist, take immediate and reasonable steps to address any resulting harm or the potential for such harm. (p. 10)

Similarly, Section 2.4 of the Canadian Association of Social Workers' (2005) *Guidelines for Ethical Practice* stated that

While having contact with clients in different life situations is not inherently harmful, it is the responsibility of the social worker to evaluate the nature of the various contacts to determine whether the social worker is in a position of power and/or authority that may unduly and/or negatively affect the decisions and actions of their client. (p. 12)

Finally, Section III.34 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000) required psychologists to "manage dual ... relationships that are unavoidable due to cultural norms or other circumstances in such a manner that bias, lack of objectivity, and risk of exploitation are minimized" (p. 27).

The code of ethics documents are helpful in terms of creating parameters within which counsellors work, but these codes do not always provide enough guidance to help counsellors navigate the multiple relationships they cannot avoid. Having such guidelines is a crucial factor in counsellors' ability to serve clients with less risk to themselves, and to experience themselves as behaving with integrity and dignity.

Returning to our point from the beginning of this section, if counsellors are to behave in truly client-centred ways as we navigate multiple relationships, we will need to be open to change in our understanding of ethics, especially as our society changes and social relationships become increasingly complex. In a workshop where participants were questioning ethics in relation to practice, Harlene Anderson stated:

Where do our rules and policies come from? They have been developed by our profession. If they don't fit the circumstances then it is our responsibility to challenge them, to undo them. Taking a questioning or sceptical stance will help us avoid being oppressed by our own body of knowledge. (Anderson, as quoted in Simon, 2010, p. 318)

*Discerning Exploitation from Multiple Relationships*

Karl Tomm is a Canadian psychiatrist, professor, and former board member of the American Association of Marriage and Family Therapists. Tomm (2002) wrote eloquently of his concern that codes of ethics “should remain centered on the avoidance of exploitation and not be shifted into avoidance of dual relationships” (p. 32). In line with Tomm, we believe that exploitation such as sexual intimacy with clients is wrong and unethical; however, “the implication that dual relationships are the source of exploitation is extremely misleading” (p. 33). Prescribing against dual or multiple relationships will neither end nor protect against the exploitation of clients in the communities we are working in. In fact, we believe that denying clients from LGBT2SQ communities access to services provided by counsellors they are in multiple relationships with may be more harmful than the risk of possible exploitation. Focus groups conducted by one of the authors have revealed that these members of queer, Two Spirit, and/or trans communities want to see themselves reflected culturally in the staff teams that serve them, and specifically by the counsellors they see (MacFarlane, 2003).

Tomm (2002) posed another important question when he asked why priority is given to exploitation in a dual relationship over exploitation in a professional relationship. Counsellors’ exploitation of clients results from abusive relations. Our professions’ attention on dual relationships as categorically harmful can obscure the abuses caused by counsellors who have no other relationship with the client. We believe that it is naïve to assume counsellors who self-identify as queer, Two Spirit, and/or trans will be met with the same privilege and respect as their counterparts who are more easily identified as “normal.” We have witnessed that counsellors who identify as queer, Two Spirit, and/or trans, and who participate fully in their communities, are at the greatest risk of being judged for being in dual relationships. The fear, risk, and experience of judgement can be heartbreaking and deeply distressing for these counsellors. Building networked communities (Lacey, 2005a) that create spaces of inclusion (Lacey, 2005b) in response to hate and exclusion are signs of wellness, sustainability, and sites of hope for clients facing the same struggles for dignity and social esteem, in response to transphobia, homophobia, and racism. It is our interpretation that a sign of the heterosexual normativity of the discourse of counselling and present codes of ethics is that a counsellor’s professionalism may be at risk due to connections occurring in networked communities. We believe that a queer-informed position would make space for more justice for both clients and counsellors. This could create more space for all practitioners, regardless of gender, identity, or sexual orientation, to be more fully themselves. From a western perspective, a socially just society may be described as one in which all groups of people, regardless of background, are included in the political, economic, and social decisions of that society (Orlowski, 2009).

Ethical responses to the risks LGBT2SQ counsellors face require immediate responses. As clinical supervisors and ethicists, our work is imperfect, but required, and we cannot say to counsellors from LGBT2SQ communities, “Continue

without any safeguards for your reputations. We'll get to you later when we know exactly what to do." We acknowledge that our responses to oppressive situations will be imperfect, that we will act and then reflect, analyze, and re-create our responses (Freire, 1970). Counsellors cannot wait for better training, the arrival of the right teacher, or finding the right book. As professional communities, we take what we have learned from activist cultures, from progressive trainings, and from our families and cultures to respond to need with action. We hold close a teaching from Chomsky (2005):

Social action cannot await a firmly established theory of man [*sic*] and society, nor can the validity of the latter be determined by our hopes and moral judgments. The two—speculation and action—must progress as best they can, looking forward to the day when theoretical inquiry will provide a firm guide to the unending, often grim, but never hopeless struggle for freedom and social justice. (p. 116)

### *Impact of Negative Self Surveillance*

The nature of the risk to LGBT2SQ counsellors is not so much being brought before an ethics board or an employer, though that is possible and terrifying; rather these counsellors hold valid concerns that they are perceived as less professional. They routinely engage with negative, "unfriendly self-surveillance" (Simon, 2010, p. 322) and paralyzing doubt regarding their own participation in the communities that sustain them.

Foucault (1991, p. 197) referred to these practices as "disciplinary mechanisms" that flourish within cultures of negative judgement. Counsellors worry that they may harm clients because of these prevailing codes and often respond by making their own lives smaller, which does not serve clients or sustain workers (Reynolds, 2009). LGBT2SQ counsellors are not making these negative criticisms up. Oppression occurs in the real world, not in the mind. Counsellors are responding astutely to very real negative social responses (A. Wade, personal communication, January 12, 2007) faced by their communities generally and themselves as practitioners personally.

The lives of LGBT2SQ counsellors are squashed and made small in response to these negative judgements. In supervisory conversations, counsellors affiliated with Prism have been transparent about feeling that they could not participate in their communities and feel safe in their jobs. They were making painful decisions to step away from their social lives, to stop going to bars, to dance parties, and to parties in friends' homes for fear of encountering clients. Some were considering stepping away from volunteer roles, and were feeling that they could not contribute to their communities aside from their paid work as counsellors. Their fears were that their supervisors and managers, or their colleagues, would consider them to have poor boundaries, or to be behaving unethically, and that this could have immediate or longer term impacts on their employment, their careers, and career progression. Questions have also arisen as to whether or not clients and

possibly other community members should be prevented from taking part in committees and coalitions that counsellors needed to be involved with through work responsibilities, in order to avoid multiple relationships. Yet, participation in such committees and coalitions would create opportunities for clients to grow, develop, and make contributions themselves. Avoiding multiple relationships may be keeping us from creating stronger, healthier, and more resilient communities.

As allies we are concerned that counsellors' attempts to avoid these negative judgements hold them personally responsible to resist the oppressions they face. It is more accountable for the wider society to respond by creating spaces where all people who identify as queer, Two Spirit, and/or trans can be safe enough to be fully alive and fully engaged. In the absence of a just society, we are compelled as professionals to be in solidarity with LGBT2SQ counsellors, and to find ways for their multiple relationships to be understood in the context of the small and marginalized communities in which they live (Reynolds, 2010b).

#### OUR PROPOSED GUIDELINES AND ETHICAL RATIONALE

We developed ethical guidelines that aim not only to protect clients, but also to reduce accusations or negative judgements about the counsellors' lack of professionalism in response to the risks LGBT2SQ counsellors face when working in their own communities. Our role as ethicists is to provide counsellors with assistance in how to navigate and ensure that clients' best interests are being met in these not-surprising multiple relationships. Proper ethical analysis requires that benefits and harms be weighed against each other, and ethical action requires that the harms be reduced to reasonable levels. It is imperative to acknowledge the argument that dual relationships can "serve to *open space* for increased connectedness, more sharing, greater honesty, more personal integrity, more responsibility, more social integration, more complete healing, and more egalitarian human interaction" (Tomm, 2002, p. 41). In the context of LGBT2SQ communities, multiple relationships also offer the benefit of hope in the form of positive role models and capacity building that is essential to strengthen and enrich communities that can be very marginalized and disenfranchised.

The VCH Multiple Relationships guidelines were developed over a period of 2 years by an interdisciplinary group of employees (MacFarlane et al., 2010). Early in the process, we invited staff affiliated with Prism to share examples of ethical dilemmas and challenges they were facing in their work. We learned that concerns regarding multiple relationships were one of the most prevalent issues for counsellors, and that they were experiencing significant impacts on their lives. The working group developing the VCH guidelines (MacFarlane et al., 2010) contacted staff at several programs and agencies in Canada and the United States that focused on counselling with LGBT2SQ people to inquire whether anyone was aware of guidelines the VCH working group could adapt. Other agencies did not have examples of guidelines the working group could draw from and expressed great interest and hope about the guidelines the working group was creating.

The VCH working group adapted a model developed by American psychologists Kessler and Waehler (2005) of the University of Akron. As the working group developed initial drafts, the group realized that the guidelines would also be relevant for other densely connected and marginalized communities. The working group, therefore, sought broader involvement and feedback in the process. In February 2010, the Vancouver Addiction Clinical Practice Council approved the guidelines. The guidelines have since been revised and are awaiting a final approval for VCH as a whole.

Our counsellors' plea, "not on our backs," requires an answer. The VCH guidelines aim to provide an ethical map to support LGBT2SQ counsellors as they navigate multiple relationships (MacFarlane et al., 2010). Our process calls for the inclusion of all parties involved (counsellors, clients, and supervisors), transparency, and full disclosure. This process also requires the development of a clear plan and rationale for counsellors' responsibilities in all encounters with clients, both in and outside of the clinic setting.

#### SAM'S CASE ILLUSTRATION AND AN ETHICAL RESPONSE

This case illustration is a fictionalized account based on the stories of suffering and distress we have witnessed in our work alongside LGBT2SQ counsellors. Sam is an informal leader in the trans community, where he is known widely, at least by reputation. Sam has come to Glen, an acquaintance of his, because Glen is the only trans addictions counsellor Sam knows. They were transitioning at the same time and know each other from attending the only female-to-male support group in town together. Both Sam and Glen are on the same social networking discussion list. They meet regularly at community events and have known each other through both of their transitions. Sam has what he is calling a "relapse" after being drug free for 2 years and is seeking help, as he is desperate for his life to stabilize and is afraid that he may end up "back in hell." Sam is clear that his relapse is connected to his gender identity and to the multiple barriers and struggles for dignity, employment, and staying out of poverty. Sam expresses that it is important to have a trans counsellor because "I can't be educating anyone right now. I really need someone who can serve as a role model." Glen cannot refer Sam on to another trans addictions counsellor because there are no others, and an urgent response is required. Sam has no financial resources for private help.

In the example of Sam and Glen, the VCH Multiple Relationships Guidelines (MacFarlane et al., 2010) call for the counsellor, Glen, to do the following:

1. Openly discuss with Sam all aspects of their multiple relationship and inform Sam of how his confidentiality will be protected when the two encounter each other outside of the counselling setting.
2. Seek Sam's informed consent for all aspects of the plan.
3. Involve Glen's clinical supervisor and inform the supervisor of the existence of the multiple relationship and seek assistance in how to manage all aspects of it.

4. Develop, with the supervisor, a clear plan and rationale for Glen's responsibilities in all encounters with Sam both inside and outside the clinic setting. The plan should include (a) identifying Glen's feelings and reactions; (b) identifying aspects of the multiple relationship that have occurred or may occur in future; (c) identifying the issues and contexts relating to the multiple relationship; (d) identifying the possible harms and benefits to Sam, Glen, and others (e.g., partners, friends, supervisors, other counsellors); (e) identifying if and how the risks of harm can be reduced to a reasonable level (Everett, 2005, 2008); (f) seeking additional consultation, as appropriate, from other professionals experienced in working with the specific population; and (g) deciding if the counselling relationship should be allowed to occur or if the counselling relationship should be terminated and transferred to another counsellor (including referral to emergency services if necessary).
5. Develop, with Glen's supervisor, a plan for ongoing monitoring of the multiple relationship and making changes should Glen become unable to keep Sam's best interests first and foremost.
6. Encourage Sam to participate in the negotiation of the multiple relationship and the establishment of interpersonal boundaries. Openly discuss both Sam's and Glen's experiences with and knowledge of the small and/or marginalized community, and consider with Sam how shared involvement in their community may affect the dynamics of therapy.
7. Inform Sam that he can terminate the counselling relationship at any time and that the decision to do so will not impede ongoing care from other care providers and, as much as possible, will not negatively impact his well-being in other contexts.
8. Document the process, plan, and subsequent monitoring in Sam's health record.

Although following the above process does not guarantee that no harm will be experienced by Glen and his client, it goes a long way to reducing potential harms to a reasonable level so that the benefits Sam experiences, from receiving counselling from the most appropriate and qualified professional, exceed the foreseeable harms.

#### CONCLUSIONS, NEXT STEPS, AND OFFERINGS

The guidelines we propose are a work-in-progress, and decidedly imperfect and in flow. We were required to respond to the risks facing LGBT2SQ counsellors, so we developed these guidelines and advocated for our workers. However, we acknowledge that our responses require more critique and reflection and will be enhanced by our continued collective efforts to create more spaces of justice for this difficult work.

Our hope in this work is that it will foster more sites of resistance and relative safety for LGBT2SQ counsellors working within their own communities. While the work of our LGBT2SQ counsellors is distinct, it is not special or unique.

Counsellors who are located in various marginalized communities and locations face similar risks and challenges. Interpreters in refugee communities are often from the same extended families or communities and may have survived or faced the same horrific, politically violent events as the clients they interpret for in court appearances and counselling. First Nations alcohol and drug counsellors hired by band councils on reserves are often not unknown to any of the clients they see, and may hold extended familial ties. Our hope is that this work contesting dual relationships as primarily and necessarily exploitative may be of use and serve justice in these other marginalized communities.

Our goal is to challenge the normalization that counsellors in marginalized communities, specifically queer, Two Spirit, and trans communities, are putting clients at risk based solely on their multiple relationships. We invite other practitioners to expand and morph these ideas and our proposed framework and guidelines to suit the specific contexts of other workers from “minority” communities. We would be interested to hear what others have done with these ideas.

Our hope is that this work contributes to creating more spaces of justice and that we add our collective voice to the many voices challenging heterosexual normativity and other discourses that normalize the status quo that divides and isolates people. Underserved communities must be served, and membership in those communities is a great qualifier for that work. In focus groups, clients have told us they want to be reflected in the sexual orientation and gender identity of the counsellors who serve them. The role of the ally is to strive to ensure that the work of LGBT2SQ counsellors does not go forward on the backs of these marginalized workers.

*We invited Harlene Anderson, PhD, to share a critique and reflection on our article. Harlene is an internationally known leading thinker and practitioner of postmodern collaborative practices, and is strongly committed to expanding critical thought regarding how we engage in ethics in counselling practice (Anderson, 1997).*

#### HARLENE ANDERSON: SOME THOUGHTS WHILE READING “NOT ON OUR BACKS”

This article perhaps has broader implications than the authors intend. First, this article calls for the consideration and reconsideration of our professional ethical standards and the psychotherapeutic concepts associated with them—not just the concept of dual relationships. Second, this article suggests, though does not discuss, that the authors’ challenge to dual relationships is somewhat based in assumptions associated with postmodern or social construction philosophies—assumptions that invite us to think about ethics differently. From this perspective, in our contemporary, fast-changing world that is filled with uncertainty, our standards for ethical behaviour cannot be fixed, absolute, and taken for granted. Instead our standards must be fluid and open to analysis to meet the changes and accompanying challenges of our daily lives.

We live in a world of multiple relationships; it is not a matter of whether we do or not, or whether we should or not, but rather how we conduct ourselves in each relationship. The authors of this article call for an alternative form of ethics that has several aspects that fit with the assumptions and practices largely based in the mentioned postmodern or social construction philosophy. These practices are often referred to as dialogue, conversational, collaborative, or narrative therapy. One aspect, for instance, is the importance of the client's voice. The client, as the expert on their life, should have a say in the answers to the who, what, when, why, and how questions that affect their therapy. This includes negotiation of the client-therapist relationship. The implication is that therapy becomes a more egalitarian insider endeavour rather than a hierarchical outside expert one. Including clients in the decision-making suggests that therapy is a mutual endeavour or, as social construction psychologist Kenneth Gergen (1991) suggested, that we are relationally engaged beings who are relationally responsible to each other.

The concept of dual relationships is just one of the many unquestioned concepts that contemporary therapists have inherited. What about concepts of boundaries and self-disclosure? All in all, this article calls for a questioning and rethinking of inherited, unquestioned, and taken-for-granted concepts that might not be in sync with our changing world and, as the authors suggested, might even put us in positions of inadvertently and unwittingly doing harm to our clients, or at least robbing them of our fullest help.

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