
Client or Former Client? Implications of Ex-Client Definition on Social Work Practice

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The study discussed in this article investigated the effect of the variation in individual worker definition of "former client" in relationship to workers' perceptions of appropriate professional behaviors during the provision of social work services. A random sample of 654 social workers who possessed MSW degrees, provided direct services to clients, and were members of NASW were surveyed regarding their perceptions of appropriate behavior in seven practice domains: peripheral professional advice, concrete assistance, multiple or dual relationships, sexual and intimate relations, confidentiality and privacy, social relationships, and religion and prayer in practice. Variations in practice behavior perceptions were analyzed in relationship to the worker's definition of an "ex-client." The overall findings suggest that there is a definite lack of consensus regarding the definition of a former client, and that this may affect practice standards and variations in views of appropriate professional behavior.

Key words: *client definition; ethics; practice standards; professional behaviors*

The social work profession is rooted in a set of core values and ethical principles that have much to say about obligations and responsibilities to clients (Gambrill & Pruger, 1997; Levy, 1993; Lowenberg & Dolgoff, 1988; Reamer, 1995, 1998). The NASW *Code of Ethics* (2000) states that "'clients' is used inclusively to refer to individuals, families, groups, organizations, and communities" (p. 1). Social workers tend to apply this term broadly to refer to those who are receiving some type of service from the worker. However, the clarity of this definition becomes more ambiguous when considering the complexities of a seemingly simple question: When, if ever, does an individual cease to be a client? The answer to this question has important and broad implications affecting practice standards and variations in views of appropriate professional behavior.

The NASW *Code of Ethics* (2000) advances no definition of "former client" or "ex-client," although the terms are used implicitly or explicitly in several places (Sec. 1.07 (c), (n), and (o)). At times the terms client and former client appear to refer to the same individual and are used somewhat interchangeably, as in the statement, "Social workers should not engage in sexual activities or sexual contact with former clients because of potential for harm to the client" (p. 13).

The literature suggests three possible positions regarding the definition of former client, with many of these references found largely in the context of sexual behavior. The three positions are as follows: (1) There is no such entity as ex-client in that once a person is a client, he or she always remains a client in the context of professional relationships and responsibilities; (2) a specified time period after termination of services defines a

transition from client to ex-client; and (3) a client ceases to be a client at the point of termination of services. Each perspective is based on assumptions and values that may affect interactions with clients.

Perspectives on Ex-Client Definition

Once a Client, Always a Client

Many of the arguments in support of the principle of once a client, always a client are grounded in concepts of power and the principle of “do no harm.” Some authors argued that the very nature of the relationship between clients and social workers provides a context for ongoing professional responsibility (Epstein, 1994; Gabbard, 1994). Others asserted that there are posttermination ethical responsibilities, such as privacy and confidentiality, that should continue in perpetuity (NASW, 2000, Sec 1.07 (r); Reamer, 1998; Silbertrust, 1993). The concept of transference also is used to support this view. For example, Epstein (1994) noted that “it should be remembered that in the unconscious mind, time has no relevance” (p. 133). Therefore, the nature of the professional relationship continues even after services have terminated and time has passed. Herman, Gartell, Olarte, Feldstein, and Localio (1987) concluded after a nationwide survey of psychiatrists that “neither transference nor the real inequality in the power relationship ends with the termination of therapy” (p. 168). Others have also documented the persistence of the effect of transference (Buckley, Karasu, & Charles, 1981; Gabbard, 1994; Luborsky, Diguer, & Barber, 1994).

Perhaps the most compelling argument in favor of the once a client, always a client definition is the fact that clients often return for social work services when new or recurring problems arise. In this context clients are viewed as being “active” or “nonactive” rather than taking on the status of ex-client. In a survey of former clients, Silbertrust (1993) found that 69 percent of the respondents had some posttermination contact with their therapists, with only 14 percent indicating that under no circumstances would they contact their therapists in the future. Similarly, Hartlaub, Martin, and Rhine (1986) found that two-thirds of successfully analyzed patients had contact with their analysts within three years of termination. These data suggest that posttermination contact may be the rule rather than the exception. Implicit in these studies is the notion that the per-

ception of the client is that he or she can return for services when the need and desire are present.

Trends in managed care are also important determinants in services delivery to clients (Reamer, 1997; Strom-Gottfried & Corcoran, 1998). Managed care firms often promote episodic versus long-term treatment with a primary provider to encourage continuity and reduce costs. It may then be perceived that a social worker who has once provided a client with services is also a potential provider of future services over time and on an ongoing basis. Therefore, those with this perspective believe that the nature of the social worker–client relationship continues indefinitely.

After Specified Time Limit

Some professional organizations take a somewhat less absolutist position regarding the definition of an ex-client and define the category as one based on some time period defining a transition from client to ex-client (American Association for Marriage and Family Therapy, 1991; American Counseling Association, 1995; British Association for Counseling, 1996). Time frames ranging from immediately on termination of services to several years beyond are used to define former client and what is acceptable contact after the conclusion of services. Regrettably, most of the literature addressing posttermination relationships does so in the context of sexual behavior (Bernsen, Tabachnick, & Keith-Spiegel, 1994; Sloan, Edmond, Rubin, & Doughty, 1998). For example, the *Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association* (1995) require that a two-year period elapse before psychologists may have sexual contact with former clients. Implications for professional behaviors can be suggested that, if one can at some point in time be allowed to have sexual contact with a former client, other types of interactions and relationships may also be appropriate (dual relationships, business associations, and so forth).

The NASW *Code of Ethics* (2000) uses prohibitory language regarding sexual activity with clients and former clients, but states in the same section that social workers who do engage in sexual behavior with former clients as a result of extraordinary circumstances bear the full burden of “demonstrating that the former client has not been exploited, coerced, or manipulated intentionally or unintentionally” (Sec. 107 (c)). However, little guidance is given to social workers regarding any

other posttermination contact with former clients. Although there is variation in the time frames and characteristics used to define a former client, the concept that a client can become a former client and, thus, different parameters of interaction and behavior apply, is supported by this position.

At Termination of Services

This position is based on the concept of mutually agreed on contracts that end after an agreed upon time period. Clients enter into service contracts with a variety of professionals (for example, lawyers and real estate agents) and are permitted to revoke the agreement at any time. In most agreements, once the contractual obligations are fulfilled, there are no ongoing responsibilities. This position argues that considerable attention is given in social work training regarding termination with clients. The *Social Work Dictionary* (Barker, 1999) defines termination as:

The conclusion of the social worker–client intervention process; a systematic procedure for disengaging the working relationship. It occurs when goals are reached, when the specified time for working has ended, or when the client is no longer interested in continuing. (p. 483)

The NASW *Code of Ethics* (2000) encourages adequate preparation for termination with clients (Sec. I.16). There is a clear implication that an ending of some sort is occurring.

Another argument for this position focuses on the differences in client definitions that can emerge when there is consideration of such issues as the differing nature and context of the services provided; the size and definition of the client system; and the length, frequency, and time limitations of the contact (Herlihy & Corey, 1992). For example, professionals in the role of consultants providing one-time evaluations may not view themselves as entering a contractual obligation that involves ongoing professional responsibilities.

Client Definition Implications

What is apparent in the literature is the missing voice of the social work profession. The definition of ex-client has been addressed in passing in psychology and psychiatry, but no research exists, to the best of our knowledge, on the relationship between such definitions by the worker and the professional behavior of social workers with clients.

Because perceptions often guide our behavior and definitional vacuums are typically filled by self-pronouncements, this research attempts to bridge a critical gap in the social work practice literature.

The research reported here identifies the current lack of consensus in the social work profession regarding the definition of ex-client and hypothesizes that the absence of a consistent definition has a significant effect on what social workers perceive as appropriate professional behavior during the provision of services to clients. Suggestions regarding possible strategies to further explore this important issue also are provided.

Method

Sample and Design

The study population consisted of 58,056 NASW members listed in the Membership Directory who possessed an MSW degree and identified themselves as being in direct practice. A random sample of 1,200 members meeting these criteria were mailed a 10-page questionnaire with a cover letter, commitment postcard, and return envelope. If the commitment postcard was not returned within three weeks, a second questionnaire, cover letter, and return envelope were mailed to the respondents. This procedure resulted in the return of 654 usable questionnaires (57.2 percent).

The mean age of respondents was 45.8 years, and 79.5 percent of the sample was female. Close to one-third (28.9 percent) earned an annual income between \$35,000 and \$45,000, whereas almost another third (29.9 percent) earned between \$25,000 and \$35,000. More than two-thirds of the respondents (67.7 percent) were married. The sample was predominantly white (90.6 percent). The majority of the respondents worked in either the public (28.3 percent) or the private nonprofit (33.3 percent) sector, and 27.4 percent were in private practice. The study sample compared well with the NASW membership as described by Gibelman and Schervich (1993). These authors noted that the median age of NASW members was between 41 and 45 years, including the younger BSW members. Women composed 75.7 percent of the membership and 88.5 percent were white. However, the study sample had a somewhat lower representation of workers in the public sector (28.3 percent) and the private nonprofits (33.3 percent) compared with 38.7 percent and 39.1

percent, respectively, in NASW. These differences may at least in part be attributed to the fact that the NASW statistics include BSW practitioners, whereas this study sample deals only with MSW workers.

Study Variables

The critical predictor variable in this analysis references the definition of former client or ex-client. In this study we did not provide a definition of client or ex-client. Rather, we simply asked the following question:

Practitioners have different views on the definition of an ex-client or former client. When would you consider someone to whom you have provided services to be an ex-client?

- (1) at the time services are terminated
- (2) once a client, always a client
- (3) other (specify)

We used this technique in the questionnaire because, as noted before, the NASW *Code of Ethics* (2000) does not define client or ex-client. This strategy not only presented the respondent with the extreme positions with regard to the definition of ex-client but also offered the option of a middle-ground response that they could specify individually.

Jayaratne, Croxton, and Mattison (1997) reported on a national study of practice behaviors and beliefs of direct practice social workers. Using information from this survey tool, which identified various categories of behavior related to ethics and standards of practice, information from a literature review of other professions regarding ethical practice issues (Borys & Pope, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987), and feedback from both the state chapter and the national office of the NASW Committee on Inquiry cases, seven practice domains were identified for consideration in this study. A questionnaire was developed that contained a series of items referencing behaviors between workers and their clients. The questions asked the respondents to state the degree to which they considered the stated behaviors to be appropriate or inappropriate professional conduct, but did not ask if they actually performed the behaviors. The response patterns revealed the degree of acceptance or rejection of the identified behaviors as appropriate conduct for social workers.

Thus, the dependent variables in this study constitute seven different constructed scales of

these practice standard domains (Jayaratne et al., 1997). A principal components factor analysis with varimax rotation was used for this purpose. Only items uniquely loading with a factor coefficient of .40 or better were included in a scale. The emerging scales were peripheral professional advice; concrete assistance; multiple or dual relationships; sexual and intimate relations; confidentiality and privacy; social relationships; and religion and prayer in practice. Responses were based on a five-point scale, with 1 = "very appropriate" and 5 = "not at all appropriate." Thus, in all instances the higher the score, the more inappropriate the behaviors represented in the scale.

Results

Demographic Characteristics

Four demographic characteristics were examined in relation to the respondents' definition of a former or ex-client, given that prior research had indicated that these particular domains may have an effect on practice behaviors: gender, income, auspices, and age (see Table 1). Age was grouped above and below the mean age of 45.8 years for this analysis. Although race or ethnicity may be an important and significant explanatory variable, we did not conduct any race and ethnicity contrasts given the small number of ethnic minority respondents (61 across all ethnic minority groups in the study sample).

Only auspices emerged as significant between the two groups. Respondents in the private practice arena were far more likely to believe in the principle of once a client, always a client, whereas those in the public sector were more likely to report that clients become former clients at the point of termination of services. This finding could be explained by both the nature and character of services generally provided by the workers in these two contexts of practice. Public sector social workers compared with private practitioners are far more likely to engage in legally defined time-limited services and to provide concrete services, to see clients who by definition are transitory and temporary in character, and to have clients who are more likely to be involuntary.

The majority of respondents chose one of the two discrete definitions of ex-client that were provided rather than opting to write an individual definition. The respondents were almost equally split in their definition of former or ex-client,

Table 1

Comparison of Termination Criterion, by Demographic Characteristics

Criterion	At Service Termination		Always a Client		χ^2
	N	%	N	%	
Gender					0.175
Male	52	48.1	56	51.9	
Female	208	45.9	245	54.1	
Income (\$)					2.787
25,000 or less	42	51.2	40	48.8	
25,001–35,000	82	50.0	82	50.0	
35,001–45,000	69	42.3	94	57.7	
45,001 or more	70	45.2	85	54.8	
Auspices					16.114*
Public	88	55.4	70	44.3	
Private practice	51	33.1	103	66.9	
Nonprofit	86	45.5	103	54.5	
Age					0.014
Less than or equal to 45.8 years	128	46.9	145	53.1	
More than 45.8 years	135	46.4	156	53.6	

* $p < .0005$.

with 46.8 percent indicating once a client, always a client, and 40.9 percent indicating one becomes an ex-client at the time of termination. The remaining 12.1 percent, a little over 80 respondents, indicated various time periods ranging from six months to 10 years. The small numbers in these distinct categories precluded analyses related to these subsets of time periods.

Table 2 presents the different scales, constituent items, and alpha coefficients for internal reliability. Although the vast majority of respondents considered most of the questionable practice behaviors inappropriate professional conduct, a significant number of respondents were uncertain. For example, although 70.0 percent of the respondents considered it inappropriate to have as a client someone with whom you have another relationship, 20.1 percent were uncertain, and nearly 10 percent thought it was appropriate. Similarly, whereas nearly 49 percent of the respondents considered it inappropriate for social workers to pray with their clients, nearly a one-third were uncertain, and 21.4 percent considered this appropriate conduct. Thus, these illustrative response patterns clearly demonstrate considerable disagreement and uncertainty within the profession about many aspects of professional conduct.

Table 3 presents *t* tests comparing the mean scores of the two termination groups on the prac-

tice standards measures. It is clear that the definition of former client had a significant and consistent relationship to the judgment of whether specific sets of behaviors are considered appropriate professional conduct. In all instances, the practitioners who believed in the definition of once a client, always a client were significantly more conservative in judging the appropriateness of the measured behaviors.

Table 4 presents a regression analysis, where the demographic characteristics were entered first into the equation as control variables. The termination criterion emerged as a significant predictor in all instances but social relationships. Furthermore, with the exception of the social relationships scale, the definition of ex-client was the strongest predictor across all of the practice behavior dimensions. On the other hand, the small amount of variance explained suggests that the model used in this analysis is incomplete, and some important factors have been left out of the study.

Discussion

When the data are examined more closely, subtle yet potentially important patterns emerge. Practice setting, or auspices, provides a clue to the acceptance of certain behaviors. We found that workers in the public sector (who were more

Table 2

Distribution of Respondents (and %) across Scale Items

Criterion	Scale Scores					
	1-2		3		4-5	
	N	%	N	%	N	%
Peripheral professional advice ($\alpha = .75$)						
Give medical advice to clients other than referring to a physician	44	6.9	79	12.4	517	80.7
Give legal advice to a client other than referring to a lawyer	41	6.4	69	10.7	535	82.9
Give financial investment advice to your clients	13	2.0	32	5.0	596	93.0
Concrete assistance ($\alpha = .79$)						
Loan your car to a client	11	1.7	7	1.1	624	97.2
Give a ride to a client	153	24.0	172	26.3	312	49.7
Help a client with a move or other big chore	59	9.3	66	10.4	509	80.3
Loan tools or equipment to a client	47	7.4	108	17.1	478	75.5
Pay for a client's lunch with your own money	87	13.6	144	22.5	410	63.9
Multiple or dual relationships ($\alpha = .75$)						
Accept business associates or coworkers as clients	55	8.5	81	12.6	508	78.9
Have clients with whom you have another relationship	63	9.9	128	20.1	447	70.0
Accept relatives or friends as clients	27	4.2	34	5.3	576	90.5
Sexual and intimate relations ($\alpha = .86$)						
Go out on a date with an ex-client	11	1.7	20	3.1	611	95.2
Have sex with a client's relative or other individual with whom the client has a close personal relationship	8	1.3	7	1.1	623	97.6
End a professional relationship with a client in order to have a personal relationship	24	3.7	35	5.4	584	90.9
Kiss a client on the lips	10	1.6	2	0.3	630	98.1
Kiss a client on the cheek	47	7.4	76	11.9	514	80.7
Have sex with an ex-client	14	2.2	13	2.0	611	95.8
Confidentiality and privacy ($\alpha = .60$)						
Share confidential information about client with relatives without client's consent when you thought it was in the client's best interest?	75	11.8	71	11.2	489	77.0
Share confidential information about client with others (not family relatives) without client's consent when you thought it was in the client's best interest?	81	12.7	88	13.8	469	73.5
Social relationships ($\alpha = .70$)						
Accept a client's invitation to a party or special event (e.g., wedding?)	113	17.5	242	37.5	291	45.0
Participate in recreational or social activities with your clients?	107	16.8	86	13.5	445	69.7
Look after a client's belongings (house, pets, etc.) for a while?	12	1.9	25	3.9	603	94.2
Ask favors from a client (e.g., a ride home)?	12	1.9	33	5.1	596	93.0
Invite a client to your home for a social event?	19	3.0	29	4.5	593	92.5
Religion and prayer in practice ($\alpha = .80$)						
Discuss your religious beliefs with your clients?	105	16.5	163	25.5	371	58.0
Pray with clients during sessions at their request?	138	21.4	191	29.8	312	48.8
Use the "serenity prayer" as part of your treatment program?	243	38.2	195	30.7	198	31.1
Recommend a religious form of healing?	57	8.9	106	16.6	475	74.5
Initiate or recommend the "laying on hands" as a healing technique?	32	5.1	74	11.7	528	83.2
Request a client to pray with you during a treatment session?	20	3.2	41	6.4	577	90.4

Table 3**Comparison of Mean Scores on the Standards Measures, by Service Termination**

Criterion	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i> value	<i>p</i>
Peripheral professional advice					
At service termination	259	4.413	0.82	-2.36	.05
Always a client	297	4.562	0.68		
Concrete assistance					
At service termination	253	3.823	0.89	-5.81	.0001
Always a client	293	4.221	0.70		
Multiple or dual relationships					
At service termination	257	4.107	0.92	-7.33	.0001
Always a client	295	4.580	0.59		
Sexual and intimate relations					
At service termination	255	4.503	0.63	-3.46	.001
Always a client	295	4.661	0.43		
Confidentiality and privacy					
At service termination	261	4.052	1.09	-2.77	.01
Always a client	299	4.289	0.94		
Social relationships					
At service termination	263	4.123	0.83	-5.44	.0001
Always a client	300	4.451	0.60		
Religion and prayer in practice					
At service termination	255	3.823	0.89	-3.55	.0001
Always a client	295	4.071	0.71		

likely to define someone as an ex-client at the point of service termination compared with their colleagues in other settings) were significantly more likely to consider appropriate the provision of concrete assistance and a breach of confidentiality. One could perhaps explain the issue of concrete assistance by virtue of the fact that much of public sector work consists of providing discrete services and support. The public sector provider is less likely to engage in long-term treatment. Rather, these workers are more likely to provide clients with specific resources (money and goods, for example) and are also more likely to refer clients to other service providers. On the other hand, explaining why these workers would condone the breaching of confidentiality is less evident. A somewhat negative and unlikely perspective would suggest that these workers show little professional consideration or regard for their public sector clients. A more positive view would be that these workers are attempting to build a supportive client environment, one that would enhance the well-being of the client, even at the risk of violating client confidentiality. This perspective is based on the fact that the scale items

were constructed within the context of the client's best interest (see Table 2). Yet another explanation may be that these workers are forced to engage in these behaviors by virtue of existing rules and regulations. However, this does not answer the question of why such behavior would be condoned by the worker, given professional guidelines about confidentiality.

We also found that the public sector workers differed significantly from private practitioners in approving multiple or dual relationships with clients. We can only speculate, but this may truly be a function of the context of practice. Private practitioners (who were far more likely to define clients as once a client, always a client) are more likely to work with their clients for longer periods of time and are more likely to deal with problems of a more psychological or intimate nature compared with public sector workers. The very nature of the connection that typifies a private practitioner as "therapist" conjures an image of an intense and highly personal client-worker relationship. Any behavior that would impair or damage this relationship may be viewed as taboo, something that not only would harm the therapeutic alliance but

Table 4

Regression Analyses on Standards Measures, by Demographics and Termination Point

Criterion	β	<i>f</i> value	<i>p</i>	<i>R</i> ²
Peripheral professional advice				
Age	.06	1.443	NS	.01
Gender	.01	(5,483)		
Income	.04			
Auspices	-.03			
Termination point	.09*			
Concrete assistance				
Age	.03	8.346	.0001	.07
Gender	.03	(5,475)		
Income	.07			
Auspices	.12*			
Termination point	.24*			
Multiple or dual relationships				
Age	-.10*	12.943	.0001	.11
Gender	.05	(5,480)		
Income	.07			
Auspices	.11*			
Termination point	.29*			
Sexual or intimate relations				
Age	-.15*	4.371	.001	.03
Gender	.04	(5,480)		
Income	.04			
Auspices	-.01			
Termination point	.14*			
Confidentiality and privacy				
Age	-.01	3.852	.005	.03
Gender	.12	(5,487)		
Income	.05			
Auspices	.11*			
Termination point	.13*			
Social relationships				
Age	.19*	4.999	.0005	.04
Gender	.13*	(5,481)		
Income	-.01			
Auspices	.02			
Termination point	-.04			
Religion and prayer in practice				
Age	.01	3.861	.005	.03
Gender	.09	(5,480)		
Income	.08			
Auspices	-.02			
Termination point	.14*			

NOTE: NS = nonsignificant.

* β values are significant at $< .05$ or higher.

also could result in the loss of a client. The fact that the nonprofit sector workers did not differ significantly from either the private or the public sector workers further reinforces this argument. Practitioners in these settings are more likely to

see a far more diverse array of clients and hence engage in a broader spectrum of interventions.

The findings on age differences indicated that younger workers were less likely to condone behaviors related to dual relationships, intimacy,

and social relationships with clients than their older counterparts. This could be viewed as "wisdom of youth," where the younger workers are not only sensitive to their own vulnerabilities but perhaps more attuned to the potential dangers associated with such behaviors. They may simply be afraid of engaging in behaviors that appear to have potential impropriety. It is also possible that the younger workers have had greater exposure to content on professional ethics by virtue of the relatively recent Council on Social Work Education (1994) standard on the infusion of content on values and ethics in the curriculum. The more experienced older workers may perceive such situations as less pertinent to them, and therefore view themselves as unlikely to engage in these behaviors. But their positive responses in this regard may be guided by experience and the belief that such relationships are inevitable. It is not uncommon, for example, to note that rural practitioners find themselves in unenviable and unavoidable dual relationship situations purely as a function of the context of practice. However, whether this justifies dual relationships remains a question in need of an answer.

Overall, the data suggest that certain behaviors may be questionable in the larger scheme of professional conduct and ethical behavior and are influenced both by the auspices of practice and the age of the practitioner. Although it could be argued that age is correlated with auspices to some extent, with older workers more likely to be found in private practice, the results point to independent effects. Both younger workers and private practitioners were more likely to disapprove of dual relationships compared with public sector workers and older practitioners. Thus, it would appear that something other than auspices and age played a critical role with regard to the approval of engaging in these boundary behaviors.

Our findings underscore the importance of defining when a client is no longer a client. The profession trains social workers in the process of termination but fails to clarify the nature or the client-worker relationship after termination. The result is a confused practitioner. We contend that defining when a client is no longer a client is of paramount importance in professional conduct and workers' judgment about a variety of behaviors that are arguable on the boundaries of appropriateness. This lack of agreement on the definition of an ex-client is found across all demographic

contexts. Neither age, experience, practice setting, nor gender explained the variation. The lack of a universally accepted definition may place the client, the practitioner, and the profession at risk. Many of the concepts, guidelines, and prohibitions explicated in the NASW *Code of Ethics* (2000) rely on an understanding of the meaning of client. The absence of an agreed on definition results in practitioners operating under varying assumptions, that is, their own constructed definitions. Thus, both practice behaviors and judgments about ethical conduct may be compromised. The process of adjudication of cases by state and national committees on inquiry, licensing boards, and courts of law may be clouded and confused.

This study raises several issues for further research and exploration. The applicability of definitions and standards of practice must be examined in the context of practice and the scope of services delivery. Consideration should be given to whether all or some of the standards are universally applicable across all settings and client systems. Also, we know very little about what clients themselves think about their own relationship with a worker. When do they consider a "worker no longer their worker"? Furthermore, the advent of managed care and time-limited services within prescribed parameters may further muddy the situation and increase the need for more specific contracting with clients to clarify the nature and duration of the relationship. Finally, whereas our study focused only on direct services providers, interesting and parallel questions emerge if the practice of community organizers and administrators were to be examined.

The complex question of "Who is an ex-client?" needs to be addressed by the social work profession. Rather than leave decisions to others outside the profession, we need to take the initiative to engage in a substantive dialog to clarify and reach consensus regarding an ex-client definition. We do no service by operating out of our own individual assumptions about definitions that profoundly affect practice behaviors. We suggest that we owe a duty to our clients, our profession, and ourselves to address this lingering question and improve consistency in implementing our professional ethical standards. ■

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