Professional Boundaries in Your Backyard: The Ethics of Practice in Embedded Communities

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Developing appropriate professional boundaries with clients/patients can be one of the most challenging therapeutic tasks to negotiate, irrespective of one’s level of training or experience. Psychologists are well aware of prohibitions against sexual relationships with clients, but evaluating the ethics of non-sexual multiple relationships can be considerably more complex.

Many have written about the unique and increased ethical dilemmas faced by psychologists who practice in smaller communities to which they also have personal connections, such as rural communities where there may be a higher likelihood of contact outside of the therapist office. Indeed, empirical research suggests that rural therapists are more likely than suburban or urban therapists to report non-sexual multiple relationships (Helbok, Marinelli & Walls, 2006).

But what about practitioners who are embedded in communities in ways that transcend geographic overlap, in which there may be cultural or other aspects of commonality? How can therapists maintain personal ties to their community and, at the same time, responsibly provide professional services for members of the same community? For example, psychologists who are both personally and professionally active within local LGBT communities may encounter complicated ethical dilemmas when both therapist and client/patient find themselves at centers of social contact for the community (Kessler & Waehler, 2005; Morrow, 2000). In addition to chance (or perhaps more regular) encounters in social settings, community-based activities that raise the potential for repeated out-of-office contact, such as participation in community political, advocacy or other organizations, can also lead to difficult decisions for clinicians. For example, a therapist who has served as a long-standing volunteer at an LGBT youth resource center discovers that a client/patient has begun to volunteer at the same organization. What are the relevant ethical considerations and what is the best way for the therapist to navigate this potential multiple relationship?  

Of course, the types of multiple relationship dilemmas will likely depend on the nature of the community, which may be defined by geographical, social, ethnocultural or other community-distinguishing characteristics. Other examples of potential embedded communities include religiously-oriented psychologists who are members of or in positions of leadership in religious congregations (Plante, 2007; Sanders, Swenson & Sneller, 2011) and clinicians active within the deaf community (Smith, 2014).

Limited research suggests that individuals in certain culturally embedded communities may be more likely to encounter and engage in non-sexual multiple relationships. For example, in a survey of 362 Christian licensed mental health professionals, Sanders, Swenson and Sneller (2011) found that those who worked in religious settings were more likely to engage in multiple relationships and may face more frequent and difficult multiple relationship ethical dilemmas than those working in other settings. Examples of potential dilemmas include accepting members or employees of one’s church as psychotherapy clients/patients, attending current or former client/patient’s religious ceremonies or events, and serving with clients/patients on church committees and boards.

In general, ethical concerns about multiple relationships often center on whether the additional relationship “could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist or otherwise risks exploitation or harm to the person with whom the professional relationship exists” (Standard 3.05, American Psychological Association, 2010).

It’s important to remember that not all multiple relationships are unethical. According to the American Psychological Association’s Ethics Code (2010), “multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical” (Standard 3.05). Multiple relationships nonetheless remain a concern for all psychologists. While some argue that some non-sexual multiple relationships may hold the possibility for benefit for clients/patients, other multiple relationship may result in serious consequences for the
professional, client/patient and/or their relationship.

When both the client/patient and therapist are members of a common community, negotiating appropriate professional boundaries may be considerably more difficult. For example, some clients/patients may consider shared activities evidence of a friendship or in ways that may otherwise complicate the professional work. In addition, some therapists may hesitate to enforce professional boundaries for fear that they may result in irreparable ruptures to the therapeutic relationship.

Unreasonably rigid rules may serve neither the client/patient's or the therapist's needs. On one extreme, therapists who shun community activities for fear of encountering a client/patient may inhibit their personal and professional development (Everett, MacFarlane, Reynolds, & Anderson, 2013) or even lead to feelings of anger and resentment. On the other hand, therapists who do not consider the ethical and clinical ramifications of potential multiple relationships and/or who do not discuss boundaries with clients/patients may create difficult ethical dilemmas and violations. For example, a therapist who does not discuss appropriate boundaries or how non-therapeutic encounters should be handled may unintentionally violate client/patient confidentiality during unplanned public encounters in any number of ways, including rushing to greet a client/patient/client (rather than letting the client/patient decide whether to initiate contact), introducing oneself to client/patient companions as the client/patient's therapist, or publicly following up on therapeutic areas of concern.

Decision making models (such as those offered by Fisher, 2013 or Barett et al., 2001) are critical to responsible practice, but thoughtful planning before a situation occurs may be the best way to potentially avoid a difficult ethical decision, damage to therapeutic relationship and ethical violations. Of course, many may be unforeseeable, such as chance encounters at social events or community activities, so it's important to consider creating a plan with clients/patients to effectively handle these types of situations.

Below are some considerations for clinicians practicing in embedded communities (of course, many are applicable for all therapist-client/patient relationships), based in part recommendations by Morrow (2000) and Kessler and Waehler (2005):

1. Discuss understandings of the therapist-client/patient relationship. These conversations may help to minimize unreasonable expectations, discourage potentially harmful boundary crossings, and affirm the professional nature of the relationship.

2. If appropriate, it may be helpful to acknowledge the embedded community to which you are both members. These discussions may be particularly advisable when there is community overlap that is known to both of you, such as membership in the same social, political or advocacy groups. The therapist should critically evaluate any sustained non-therapeutic contacts, assessing the risks and benefits of these contacts and paying particular attention to the possibility of therapist impaired judgment and possible client/patient exploitation and/or harm.1

These discussions should also include a plan for how you will handle any potential meetings (unanticipated or otherwise). Morrow (2000) and others recommend explicitly giving clients/patients the power to make the decision of whether they want to acknowledge or greet the therapist in an out-of-office encounter and agreement that the therapist will not initiate contact. This may serve to empower the client/patient, lead to discussions about feelings the client/patient may have about therapy, and also reduce the possibility of confusion, hurt feelings or misunderstandings. It may also be helpful to discuss how to address potential questions from partners, friends or other companions as to the encounter.

3. Process out-of-office meetings during the next therapy encounter(s), including a discussion of any feelings of discomfort or concerns that the client/patient or therapist may have experienced, how well their plan worked and any modifications for a possible future encounter.

4. Monitor potential ongoing out-of-office encounter situations. For situations in which there may be repeated contact (such as attendance at scheduled club or organization meetings), regular “check ins” to process encounters, monitor the effectiveness of strategies and revise strategies to prevent boundary crossings and ethical violations may be helpful to build into the therapy session.

Notes:

1 See Kessler & Waheler, 2005 for a thoughtful discussion on this type of dilemma.

2 Younggren and Gottlieb (2004) offer helpful guidelines for evaluating the ethics of multiple relationships, including potential harm to the therapeutic relationship, the importance or necessity of the non-therapeutic
relationship, and the ability of the psychologist to objectively evaluate the potential consequences of the relationship.

References:


