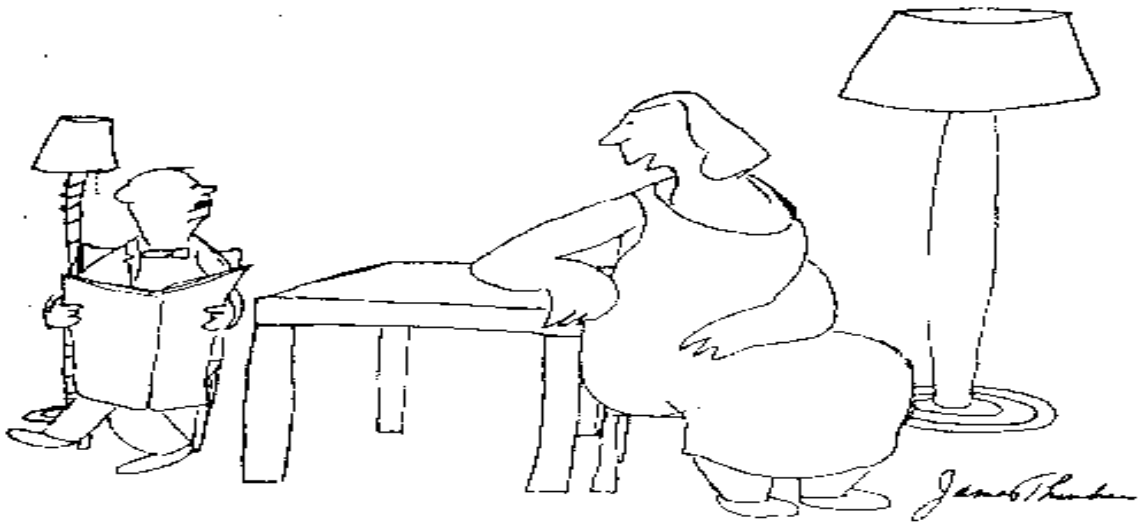
Duality Happens

ETHICS OF MULTIPLE RELATIONSHIPS IN PSYCHOLOGICAL PRACTICE

MICHAEL HAWTHORNE, PHD

KNOXVILLE AREA PSYCHOLOGICAL ASSOCIATION
DEC 8, 2020



"My analyst is crazy to meet you, darling."

Setting the stage . . .

- Most ethics and licensing board complaints involve professional role blurring and boundary violations
- Some obvious violations of standard of care that bring risk and harm
- But no ethics code can possibly guide specifically on the wide variety of human relationship configurations and situations that arise in practice

History

- 1980s and 1990s saw hundreds of articles, books, dissertations on boundaries, dual relationships
- Lawsuits regarding sexual relationships, exploitation
- Lazarus controversy: How do we practice?
  - rigid, legalistic, concrete, rule-bound and defensive or
  - humane, generous, flexible, creative
- Boundary crossings vs boundary violations
- Consensus that some boundary crossings involve no ethical transgressions and actually prove beneficial to the patient and the therapy
- Ethical principles are immutable, but therapy boundaries are always contextual, unique, dynamic

Bottom Line

Good advice to protect patients, their therapy and your career as a psychologist:

- Consistent practice with reliable boundaries and integrity
- Explore and discuss concerns, deviations, ruptures
- Keep a clear head – Clinical rationale or just rationalizing?
- Stay in your lane – limited by your original role (pivot foot)
- Conservative in judgments (especially around role shifts)
- Application of beneficence and nonmaleficence
- Awareness of vulnerabilities, needs, changes, fears, ego
- Humility and the caution that it brings
- Consultation and the perspective that it brings

APA Code of Ethics
3.05 Multiple Relationships

- **3.05 Multiple Relationships**
- (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

APA Code of Ethics
3.05 Multiple Relationships

- A psychologist refrains from entering into a multiple relationship if the multiple 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.
- Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

APA Code of Ethics
3.05 Multiple Relationships

- (b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.
- (c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

The Frame

- Therapist's responsibility to create, maintain, protect frame
- Physical setting
- Duration of sessions
- Timeliness of session - beginning and ending
- Fee and payment
- Confidentiality
- Vigilance for conflicts of interest
- Limited self-disclosure - asymmetrical
- Role of therapist is limited and announced at outset
- Holding environment (Winnicott)
  - Predictability – reliable, regular appointments
  - Continuity – memory of session content, building of narrative meaning
  - Stability – safety and security
- Focus devoted to the experience of patient for his/her benefit

Singularity of therapist's role

Fiduciary responsibility of therapist: duty to act in good faith, integrity and honesty - always for the benefit of the patient

- Allows for objectivity, neutrality
- Avoids conflicts of interest
- Defines the purpose and focus of the work
- Limits the power of therapist
- Focuses the responsibility of the patient

Duality happens . . .

- Self disclosure – intentional and unintentional
- Contact outside tx
- Third parties – insurance company, managed care, parents
- Mandatory reporting or employer requirement
- Who is seen leaving or entering the waiting room
- Referral source “in the room?”
- Multiple clinical roles within family – Simultaneous, sequential
- Gifts
- Touch
- Social / business relationships years after termination
- Mental health community: simultaneous and sequential therapeutic, referral, consultative, shared cases, personal relationships

Boundary crossings vs. boundary violations

Boundary crossings	Boundary violations
• Benign, even helpful, breaks • Usually occur in isolation • Minor and attenuated • Non-progressive • Discussable • Ultimately do not cause harm to the patient • Potentially enhance therapy and benefit patient	• Exploitative breaks • Repetitive, aggregated • Egregious and extreme • Progressive • Discussion discouraged • Typically cause harm to the patient and therapy • Corrupt therapy in the service of therapist's needs

Gabbard, G. (2010). Long-Term Psychodynamic Psychotherapy.

Boundary Riders - The Upside

- Crossings can be a dynamic, living, empathic elaboration of the therapeutic setting
- Crossings can be therapist's attempts to enhance the treatment by adapting a conventional treatment to the needs of a particular patient
- "Therapeutic actions at the boundary"
- But are crossings planned, coordinated, strategic or lazy, careless, self-indulgent, arrogant, risky?

Glass L (2003) The gray areas of boundary crossings and violations. American Journal of Psychotherapy, Vol 57, No 4, 429-444.

Boundary Riders - The Downside

- Crossings can jar the safety and predictability that had been established and disrupt the working alliance
- Patient's experience of intention, motive, goal ≠ ours
- Can be precursors of boundary violations
- Increases the risk of rationalized, idiosyncratic practice
- Introduces potential of "ethical fading" and self-deception
- Big step toward "slippery slope"
- Especially when:
  - Decisions are unexamined
  - No consultation

Glass L (2003) The gray areas of boundary crossings and violations. American Journal of Psychotherapy, Vol 57, No 4, 429-444.

Considerations Regarding Added Role Dimensions	*More Risky*	*Less Risky*
Relevant therapeutic issues or socio-cultural factors (e.g. diagnosis, client's religion and traditions, family situation and dynamics)	Unclear whether an added role would be wise	Clear indications favoring an added role
Therapist/client power differential	High	Low
Therapist and client expectations	Incongruent	Congruent
Duration (or expected duration) of therapy	Longer-term	Short-term
Termination (or expected termination)	Conflicted / no time specifiable	Mutual/ Satisfactory
Prospects that client requires follow-up later	Very likely	Less likely
Extent to which therapist's personal needs would be gratified more than those of the client	Considerable	Very small; negligible
Impulsivity of the therapist	High	Low
Degree of client pathology or abuse history	High	Low
Firmness of client's personal boundaries	Loose	Solid
Degree of client's autonomy	Low/needy	High/confident
Extent to which confidentiality can be indefinitely maintained	Not likely	Very likely
Therapist's access to collegial interaction and support	Little/isolated	Considerable
Extent of client's understanding of, and informed consent to, the contemplated added relationship	Minimal	Full
The worst-case outcome scenario of the contemplated relationship remains relatively benign	No	Yes
A consultation with a colleague about the contemplated relationship has taken or will take place before going forward	No	Yes

Koocher, G, Keith-Spiegel, P (2013) Boundary Crossings and the Ethics of Multiple Role Relationships

Considerations Regarding Added Role Dimensions – Surgeon Example	*More Risky*	*Less Risky*
Relevant therapeutic issues or socio-cultural factors (e.g. diagnosis, client's religion and traditions, family situation and dynamics)	Unclear whether an added role would be wise	Clear indications favoring an added role
Therapist/client power differential	High	Low
Therapist and client expectations	Incongruent	Congruent
Duration (or expected duration) of therapy	Longer-term	Short-term
Termination (or expected termination)	Conflicted / no time specifiable	Mutual/ Satisfactory
Prospects that client requires follow-up later	Very likely	Less likely
Extent to which therapist's personal needs would be gratified more than those of the client	Considerable	Very small; negligible
Impulsivity of the therapist	High	Low
Degree of client pathology or abuse history	High	Low
Firmness of client's personal boundaries	Loose	Solid
Degree of client's autonomy	Low/needy	High/confident
Extent to which confidentiality can be indefinitely maintained	Not likely	Very likely
Therapist's access to collegial interaction and support	Little/isolated	Considerable
Extent of client's understanding of, and informed consent to, the contemplated added relationship	Minimal	Full
The worst-case outcome scenario of the contemplated relationship remains relatively benign	No	Yes
A consultation with a colleague about the contemplated relationship has taken or will take place before going forward	No	Yes

Koocher, G, Keith-Spiegel, P (2013) Boundary Crossings and the Ethics of Multiple Role Relationships

Final considerations

- Solo practitioners
- Boundary violations - Early and late career
- Red flags don't always look so red
- Complicated roles increase odds of violations
- "Risky patients" increase odds of violations
- Strong countertransference? Get consultation
- Role reversal? Already sliding on the slippery slope!!
- Reparation work can heal relationship, redeem the injury and promote growth in therapy