Ethics as they Apply to Non-Sexual Multiple Relationships in Therapeutic Counseling

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Abstract

Ethical decision-making has been shown to be particularly challenging for therapeutic councilors when they consider entry into a non-sexual dual relationship. Factors such as the nature of the relationship, be it business or social, cultural implications, urban or rural settings, timing, before during or after the therapeutic relationship occurs and sources of ethical guidance and risk management are discussed and explored for the purpose of fostering a rich understanding of how they effect a practitioners decisions. Ethical standards and moral decision making exist independent of therapeutic practice and are applied far beyond the narrow scope of clinical work. Practitioners are unique individuals who make ethical decisions based on their personal interpretation of their own principles and the principle and codes that are in place to guide them professionally. Because of this, the foundation of the upcoming discussion is deeply rooted in the application of virtue ethics, and how the development of personal ethical standards can result in sound moral and professional decisions.

Introduction

In the field of Clinical Psychology, ethics are one of the cornerstones of the profession. Ethics are a complicated subject and are more of a process of evaluation than a set of rules. The subject of multiple-relationships is particularly complex, largely because of the nature of human relationships. A clinical psychologist is not a solitary being devoid of social interaction, thus there is bound to be overlap between their professional and social lives. A clinical psychologist in a therapeutic setting will encounter a vast range of potential ethical dilemmas involving multiple-relationships. The subtleties of any one of these multiple-relationship dilemmas and how a clinician responds to them could tip the scales of ethical outcomes in a detrimental direction. That is to say, even a small decision that is made without careful thought and consideration for the well being of the client could result in real damage to the therapeutic relationship. Because of these intricacies, there is question as to whether or not the subject of multiple-relationships is adequately or realistically addressed in The American Psychological Association’s Code of Conduct. It is possible that the subject is too complex to be addressed in a few short paragraphs in a well meaning, yet deliberately abbreviated guidance publication. In an effort to better understand the full scope of these complexities, this review will consider the philosophical importance of ethics as it applies to the field of clinical psychology. The American Psychological Association’s Code of Conduct and human relations, causes of unethical decision-making, sources of ethical guidance and support and the process of decision making and risk management.

Virtue Ethics

Clinical Psychology

Ethics is a comprehensive field that finds its seed in the study of ancient philosophy. It can be generally defined as the moral principles that govern a person or group’s behavior (Stanford University Encyclopedia, 2003). In the field of clinical psychology, the APA’s Code of Conduct applies these moral principles with a focus on the unique nature of the helping profession. Virtue ethics lends itself quite well to the work of a clinical therapist. Virtue ethics postulate that right or wrong does not only lie in its intrinsic value. Morally right actions are fluid or situational, and the outcomes of such actions are more global in that the wellbeing of all involved is considered the ultimate goal (Stanford Encyclopedia of Philosphy, 2003). This approach to moral judgment emphasizes the conscious effort that is made by the individual to be a good person, that is to act as a good person, will in essence cause that individual to behave in a way that will allow for the best possible outcome for all involved (Jeong, Hyemin, 2013). Continuous self-evaluation and evaluation of the changing environment is an essential part of the ethical decision making process (Jeong, Hyemin, 2013). The complexities of multiple-relationships require such conscious effort in not only the concrete aspect of compartmentalizing relationships in the physical sense, but also more importantly, how we deal with the emotional implications of our actions. To understand the importance of ethics as it applies to the practice of clinical therapy, it is imperative that there is a clear understanding of the importance of ethics and moral judgment devoid of the more narrow application to any particular field. From this perspective, it is clear that a general sense of moral behavior must be developed and cultivated at a more personal level ultimately providing a foundation for a therapist by nature and personal discipline to make moral decisions within his profession.

Principles

The principles of Clinical Psychology provide the practitioner with a good outline of what is considered ethical behavior. The principles are, by design, an abstract philosophical guide for moral character. Again, these principles exist outside of the field of clinical psychology, as well as in, and should be considered a valuable standard in all areas of life – both professional and personal. When embraced in this way, the lines of personal and professional relationships become blurred,
but the principles become well defined. When “do no harm” is not a principle that exists solely within the confines of clinical psychology, it becomes a personal mantra and thus adhered to in all aspects of life (Jeong, Hyemin, 2013). Ethics, and in particular, virtue ethics, imposes a certain level of responsibility on the therapist to be thoughtful and acutely aware of the implications of his professional actions, but in a deeply personal way. With all of this in mind, the principles of clinical psychology do offer a strong framework from which to build on when it comes to moral decisions on multiple-relationships. Virtue ethics could even be viewed as the primordial ooze from which clinical therapy sprang forth as they are founded in the cultivation of the wellbeing of all of humanity (Jeong, Hyemin, 2013). To some, this notion of wellbeing for all of humanity is perceived as an impossible task. The philosophical debate suggesting that in order to avoid causing harm to one it is inevitable that harm will, in some context, come to another. It is viewed as a moral dilemma of life (Kendler, 2002). To expect to resolve this dilemma within the micro-chasm of the field of clinical practice would be unrealistic and unusual. However, when the focus is on the wellbeing of the client, a practitioner has a defined range of parameters from which to base his decisions on. The boundaries are less abstract. It is not to say that a practitioner will never encounter such dilemmas, but that the principles of the field are focused squarely on the wellbeing of the client and thus gives the practitioner a strong sense of direction.

**Code of Conduct**

The Code of Conduct seems to be where some deficiencies or shortcomings appear when defining moral conduct in regards to multiple relationships (Anderson, Kitchener, 1996). It seems nearly impossible to address the host of multiple-relationship scenarios that can develop in the life of a clinical therapist (Burns, Goodman, Orman, 2012). This may explain why there are more books written on ethics than academic articles. In the APA’s Code of Conduct, there is little more than a page and a half of print on the subject of “Human Relationships,” with only a tiny portion of that being dedicated specifically to “Multiple-Relationships.” Given that the APA’s Code of Conduct is viewed as the primary source of ethical guidance, clinicians may feel they need to fill in the blanks when it comes to multiple-relationships (Gibson, Poke, 1993, Lamb, Catanzaro, Moorman, 2004). This is a little disconcerting, given a practitioner could lose his license to practice if the code is violated (Gottlieb, Younggren, 2009). It is not to say that the Code of Conduct should be the sole source of a practitioner’s guidance. It only accentuates the need for a practitioner to expand his toolbox for personal ethical growth, as academic knowledge has little value without responsible application.

**Human Relations**

**Multiple-Relationships**

It should not be assumed that all relationships, which overlap professional and personal areas of a psychologist’s life, are automatically placed in the category of unethical behavior. One study indicates that most overlaps transpire in social situations, after the therapeutic relationship has been terminated. Ethical concerns that are noted in post therapy are the potential for damaging effects of lingering transference that was formed during therapy or damage to the idealized image that a client might have of his therapist (Anderson, Kitchener, 1996, Fly, Bark, Kitchener, Lang 1997). Fewer incidents of overlap in professional or business relationships are indicated by the same study (Fly, Bark, Kitchener, Lang 1997, Lamb, Catanzaro, Moorman, 2004). Fewer still involve sexual relationships with clients (Gibson, Poke, 1993, Lamb, Catanzaro, Moorman, 2004, Zhao, Yang, Yang, Hou, Zhang, 2011). Overlap of a non-sexual nature is likely to repeatedly occur throughout the professional life of a therapeutic clinician. Conscious and deliberate attention focused on the potential negative effects of non-sexual multiple-relationships can easily be viewed as an extension of the therapeutic relationship. Given the likelihood of these occurrences, a clinician should be skilled at making critical evaluations of such situations to ensure they do not inadvertently violate their ethical responsibilities.

**Conflict of Interest**

Conflict of interest is high on the list of pitfalls that clinicians need to consider when evaluating multiple-relationships. Problems arise in business and billing practices when clinicians engage in trade for services or have secondary business relationships with their clients. Other conflicts occur when clinicians find that they have a relationship with a close friend or family member of a client (Gibson, Poke, 1993).

**Exploitive Relationships**

Exploitive relationships are by far the most damaging among clients, no matter when they occur. It is hard to believe that clinicians engage in such behaviors, and when they do, it is rarely by mistake. There is no contention that sexual exploitation of a client is predatory and illegal. However, other forms of exploitation can cause serious damage to the client’s ability to not only trust their current clinician, but also any clinician. Asking a client to tell their “success” story to increase business or asking a client to promote a course of treatment changes the dynamics of the therapeutic relationship by making the client feel the request must be fulfilled to insure continued approval from their therapist (American Psychological Association, 2003).
Sexual and Non-Sexual Relationships

By comparison, most multiple-relationships that occur are of a non-sexual nature as are the dilemmas that arise from them (Gibson, Poke, 1993, Lamb, Catanzaro, Moorman, 2004, Zhao, Yang, Yang, et al., 2011). There is greater disparity among practitioners as to what constitutes unethical behaviors in non-sexual multiple-relationship scenarios (Gibson, Poke, 1993, Lamb, Catanzaro, Moorman, 2004, Weirzbicki, Siderits, Kuchan, 2012, Zhao, Yang, Yang, et al., 2011). A study that included inquiries made over a span of thirty years showed over 22% of the inquiries made by clinicians to the APA involved questions concerning multiple-relationships (Weirzbicki, Siderits, Kuchan, 2012).

Causes of Unethical Decision Making
Perspectives / Demographics

There has been a long-standing belief that gender, age, and level of education were predictors of ethical behavior. Many studies have shown that there are significant differences in how men and women perceive ethical behaviors (Gibson, Pope, 1993, Kish-Gephart, Harris, Trevino, 2010, Zhao, Yang, Yang, et al., 2011). However, a meta-analysis conducted by Kish-Gephart, Harris and Trevino in 2010 shows that differences between men and women, when it comes to ethical decision-making, are negligible. Women were shown to be only slightly more likely to make ethical decisions. However, while there is little difference at the finish line in this comparison, there are some differences in what men and women consider ethical behavior when it comes to multiple-relationships. Men are more likely to view gift giving to clients as ethical behavior, more likely to view homosexuality as unethical and more likely to view sexual fantasy of clients as unethical. Men are also more likely to view intimate relationships with former clients as ethical (Gibson, Pope, 1993, Zhao, Yang, Yang, et al., 2011).

Age was shown to have no significant difference as well (Kish-Gephart, Harris, Trevino, 2010). The primary difference being that older clinicians found it ethical to provide counseling to friends, employees and students (Gibson, Pope, 1993). Apparently, wisdom does not come with age. Again, this indicates some confusion on what constitutes appropriate or ethical behavior.

The most surprising find of the meta-analysis is that levels of education had no significant effect on ethical decision-making. This finding calls into question as to whether education can in fact enhance an individual’s ability to make moral decisions (Kish-Gephart, Harris, Trevino, 2010). There is even some suggestion in current research that genetic variation in cognitive behavior may guide morality in spite of factual knowledge of what is right and wrong in terms of formal standards (Kendler, 2002).

Consensus and Dissent

It is very difficult to find a balance between personal perspective and that of an entire industry. Therapy by nature is a private experience for both the client and the clinician. Therapists have few occasions to compare their own behavior to the behavior of other therapists. Their moral behavior in relationship to their client is generally self-regulated. The industry relies on the individual integrity of the clinician to act in the best interest of the client. The decision making process for a psychologist who is engaged in therapeutic counseling is influenced by many factors. The complexity of these factors is particularly evident when practitioners attempt to manage multiple relationships (Anderson, Kitchener, 1996, Gibson, Pope, 1993). The skills to access and implement a variety of conflicting, and often ambiguous sources can make the path to good decision-making difficult to navigate (Gibson, Pope, 1993, Gottlieb, Younggren, 2009, Kendler, 2002, Weirzbickie, Sideritis, Kuchan, 2012). One study surveyed 579 certified counselors in the United States on their perception of 88 behaviors that are pertinent to ethical conduct in counseling settings. While most counselors conceded that sexual contact with clients was unethical, there was clear dissent in what constituted ethical behavior in non-sexual relationships (Gibson, Pope, 1993). A replica study done in China showed the same results (Zhao, Yang, Yang et al., 2011). Over 40% of clinicians in the U.S. study rated behaviors such as going into business with a client, or providing counseling to friends, students and business associates as ethical behavior (Gibson, Pope, 1993).

Culture

Culture as a moral guide must be considered when discussing the nature of multiple relationships. The replica study that was done in China had a similar outcome as the original conducted in the U.S., but researchers of this article suggest that culture seems to play a role in non-sexual dual relationships, sighting Confucianism as a major influence that guides ethical decision-making (Gibson, Pope, 1993, Zhao, Yang, Yang, et al., 2011). It should be noted that Chinese psychologist are held to their own Code of Conduct but that the content of their guide holds nearly identical standards as its U.S. counterpart (Chinese Psychological Society, 2007). In some cultures, familiarity with a clinician is essential in order to establish trust between the client and the clinician before a therapeutic relationship is established. Often, culture plays a role in how the family is involved in a client’s therapy or how a client is referred to a therapist (Barnett, Lazarus, Vasquez, Moorehead-Slaughter & Johnson, 2007).
Geographical Implications

The difference between urban and rural settings when it comes to multiple-relationships suggests that psychologists in urban areas are particularly challenged by their geographic location. In one study, it was shown that a rural psychologist is far more likely to encounter situations involving ethical decision on multiple-relationships. In smaller communities, psychologists often find themselves treating clients who are close friends or family members with each other, which can complicate confidentiality. In rural settings, a psychologist may have business or social relationships with clients simply because he is the only clinician in the area and refusal to treat a distressed client can have devastating results (Helbok, Marinelli, Walls, 2006). In such settings, a clinician must be particularly careful about how they manage their professional and personal lives. Due to their unique set of circumstances, there is a clear difference in the frequency and nature of ethical decisions that rural clinicians must make. Rural practitioners must keep their ethical skills well honed, which can be a source of great concern. Many rural clinicians have expressed some distress over their seemingly creative efforts they must make to operate within the APA's Code of Conduct (Helbok, Marinelli, Walls, 2006). The issue of overlap can even effect a clinician’s decision to enter into intimate relationships due to personal privacy concerns in small communities (Lamb, Cantanzaro, Moorman, 2004).

Ambiguity

The difficulty in decision making when it comes to concepts that are more abstract may find its roots at the very heart of the scientist-practitioner training model. From a philosophical perspective, the decision-making process is twofold, assessment of cold, hard facts, or naturalism and the evaluation of the moral outcome, the latter of which, is not always supported by the former (Jeong, Hyemin, 2013). The scientist-practitioner model is analogous to the ethical decision making process, the scientist, represents facts or codes of the profession, and the practitioner, represents the moral application of the facts, or treatment that is implemented in the best interest of the client. (Jeong, Hyemin, 2013). This way of thinking is a great model and foundational to the work. While in practice, a practitioner may find that they have to be a little more creative in how they handle decisions about multiple relationships. A practitioner may have to consider everything they should not do and then everything they can do, weigh the value of a multitude of possible outcomes, and then adjust accordingly. Many factors pull and tug at the boundaries of ethical behavior, making it nearly impossible to create hard and fast regulations that govern ethical decisions in multiple-relationships. As is true with the application of research to therapy, a practitioner must be able to take their knowledge of ethics and apply it to real world situations in a meaningful way.

Sources of Ethical Guidance and Support

Examples of sources of ethical guidance include the APA Code of Conduct, AAC Ethical Standards, state boards, supervisors, research, formal education, training and a myriad of ethics committees. In one study that looked at 16 sources for counseling psychologists, practitioners scored the majority of them in the “terrible” to “good” range, with only the American Association of Counseling Ethical Standards scoring in the “excellent” range (Gibson, Pope, 1993). Another study suggests that the APA’s Code of Conduct does not deter multiple-relationships of a sexual nature and offers limited guidance in non-sexual multiple-relationship encounters (Anderson, Kitchener, 1998, Lamb, Cantanzaro, Moorman, 2004). Research on clinicians who practice in rural settings shows that the ethical standards in the field fail to address their unique circumstances resulting from proximity when it comes to multiple-relationships (Harbok, Marinelli, Walls, 2006, Lamb, Cantanzaro, Moorman, 2004, Younggren, Gottlieb, 2004). This almost suggests that counselors are flying by the seat of their pants when it comes to obtaining outside support in regards to situations where they have to make difficult ethical decisions. The APA’s Ethics Committee reports that there is a steady increase in the number of ethical inquiries. The numbers indicate that multiple-relationship inquiries from professionals rank third on the list (Wierzbicki, Sderits, Kuchan, 2012). The implication being current ethical sources are lacking in their ability to offer sufficient guidance to clinicians when it comes to the complexities of multiple-relationships.

Decision Making and Risk Management

Understanding risk management when considering dual or multiple-relationships is essential if a clinician wants to successfully navigate these treacherous waters. The APA’s Code of Conduct is clear in stating that not all multiple-relationships are considered unethical, and yet offers little specific guidance as to what is (American Psychological Association 2003). Lawyers advise clinicians to avoid all potential multiple-relationships if they want to avoid possible violations of the Code of Ethics, or worse, legal action (Younggren, Gottlieb, 2004). In rural settings, such avoidance could result in total isolation of a clinician (Helbok, Marinelli, Walls, 2006).

Younggren and Gottlieb in a 1998 article recommend that a clinician approach dual relationship decisions by asking a very specific list of questions before and after entering such relationships. These questions are highly focused on the well being of the client but also address the issue of risk that the clinician takes when entering such relationships. A meta-analysis on causes of unethical decisions showed that the fear of formal disciplinary action deters unethical decisions. Further, the study suggests that a heightened sense of morality can create dissonance in certain individuals who are in the midst of ethical dilemmas, rendering them incapable
of making unethical choices without causing great discomfort (Kisg-Gephart, Harrison, Trevino, 2010).

A full evaluation of the dual relationship situation and all that entering into it entails is a good place to start. The continued monitoring and adjustment of the relationship is just as essential. The multiple or dual relationship is the epitome of a high maintenance relationship and requires a clinician to be hypersensitive to both the needs of the client and the morality of the practitioner. Continued monitoring of both can keep a clinician on the right track. A continued effort on staying updated on current laws and ethical policies is the responsibility of the practitioner, and is one that all practitioners should take seriously (American Psychological Association, 2003).

Discussion

Given the complexities of ethical decision making when it comes to multiple-relationships, it seems vital that clinicians, and those who hold court over them, cannot operate on cruise control. Every individual is unique. The relationships that evolve between people are intertwined within the communities in which they occur. Clinicians are hard pressed to pay close attention to their clients and the overlap of relationships that can occur outside of the clinical setting. It is clear that a practitioner is held to a much higher ethical standard than most professionals are. The very wellbeing of their clients depends on their moral diligence. The private nature of psychological treatment and the exclusive relationship that develops between the clinician and his client because of that treatment are reliant on the practitioners care. To risk such a relationship is to say that a clinician does not value the very people he dedicated his life to helping. The importance of a clinician’s effort to understand all of the factors that can put a client at risk is clear. While many of the formal sources of ethical guidance are found to lack the black and white guidelines of what is and is not ethical, the practitioner can educate himself to become an expert in his own unique situation. An environment that allows non-judgmental, open, and frank discussions on such unique issues is paramount. There is a lot to be said about the tradition of healthy but aggressive debate on situational ethics. An anonymous forum could prove to be quite insightful.

Conclusion

Road blocks to successful ethical decision-making in managing multiple relationships include a lack of formal education in ethics, limited sources of meaningful guidance, poor to no training in situational ethics, a lack of agreement among peers and mentors as to what constitutes unethical behavior, lack of research and failure to fully understand the value of risk management. The APA is actively perusing a remedy to these problems, as is the research community. In response to preliminary studies, graduate programs began to include formal ethics training in their Masters and Doctorates programs. However, it is unclear if formal training is enough, as current studies suggest that in general, higher levels of education have no significant effect on ethical decision-making. However, it is not to say that ethical training applied to the field of psychology is ineffective. Research has expanded to include the formal application of ethics as it relates to the field of psychology in a plethora of situations and settings. In fact, there has been an explosion of research on ethical behavior in all areas of clinical and counseling psychology. Most interesting is the research that acknowledges the all-encompassing nature of ethics and the value that it holds for those who make the conscious effort to be better people and thus better clinicians. Finally, training in risk management can guide practitioners when making decisions as well as boost their confidence that the decisions they make are the right ones. There has been a notable increase in the inquiries to the APA’s Board of Ethics from the field, suggesting that clinicians are hungry for guidance and have a genuine desire to act in the absolute best interest of their clients. It is clear there is a real conversation-taking place within the industry and this can only be good for all involved. The ancient philosophy of virtue ethics does appear to be the continuing guiding light for the modern practitioner.
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