Ethics and Boundaries with Small, Rural or Niche Populations

Jaime Monson, MSW, LICSW
Mental Health Professional
Volunteers of America of MN
Mental Health Clinics

Board Requirements
- Board of Social Work, minimum 2 hours of ethics out of a total of 30 CE hours in every 2-year cycle
- Board of Marriage and Family Therapy, 30 CE hours every 2-years, can include ethics
- Board of Behavioral Health and Therapy, 40 CE hours every 2-years, can include ethics
- Board of Psychology, 40 CE hours every 2-years, can include ethics

Objectives
- Define, identify and recognize boundaries, as well as both detrimental and beneficial boundary crossings.
- Consider dual relationships and ethical decision making related to dual relationships.
- Consider overlapping and/or personal relationships with clients.
- Consider the impact of confidentiality, both on the client and on the client-therapist relationship.

Populations
- Small
  - Communities (college campus, etc)
  - Towns, Villages
- Rural
  - Isolated
- Niche
  - Disabilities
  - Cultures

Introduction
- There are several challenges specific to professionals working in these communities, including:
  - 1) overlapping relationships, conflicting roles and altered therapeutic boundaries;
  - 2) confidentiality;
  - 3) cultural dimensions of care;
  - 4) limited access to clinical care, mental health, and ethics resources; and
  - 5) special stresses of small-community clinicians.

Roberts & Dyer, 2004

Objective 1: Boundaries
- Role
- Time
- Place and space
- Money
- Gifts
- Services
- Clothing
- Language
- Self-disclosure
- Physical contact

Gutheil and Gabbard (1993)
Boundary Crossings

- "Crossing certain boundaries may at times be salutary, at times neutral, and at times harmful."
  - Gutheil and Gabbard (1993)
- The nature, clinical usefulness, and impact of a particular crossing "can only be assessed by a careful attention to the clinical context."

Boundary Decisions

- A decision about whether to cross a boundary must be made in the context of a more general approach to ethics.
- Thoughtful consideration of boundaries must be solidly grounded in our basic approach to ethical decision-making.
  - Pope and Keith-Spiegel 2008

Basic assumptions about ethical awareness and decision-making

- Awareness of ethical codes and legal standards is an essential aspect of critical thinking about ethics and of making ethical decisions. Codes and standards, however, inform rather than determine our ethical decisions. Our theoretical orientation, the nature of our community and the client's community, our culture and the client's culture, and so many other contexts influence what we see and how we see it -- every ethical decision must take account of these contexts.
  - Pope and Keith-Spiegel 2008

Boundary Violations

- A violation . . . represents a harmful crossing, a transgression, of a boundary.
- Note also that the difference between a harmful and a nonharmful boundary crossing may lie in whether it is discussed or discussable; clinical exploration of a violation often defuses its potential for harm.
- Perhaps the best risk management involves careful consideration of any departures from one's usual practice accompanied by careful documentation of the reasons for the departure.
- Finally, the value of consultation with a respected colleague should be a built-in part of every practitioner's risk-management program.
  - Gutheil and Gabbard (1993)

Basic assumptions about ethical awareness and decision-making

- Ethical awareness is a continuous, active process that involves constant questioning and personal responsibility. It is crucial to practice continued alertness and mindful awareness of the ethical implications of what we choose to do and not do.
  - Pope and Keith-Spiegel 2008

Basic assumptions about ethical awareness and decision-making

- Awareness of the evolving research and theory in the scientific and professional literature is another important aspect of ethical competence, but the claims and conclusions emerging in the literature should not be passively accepted or reflexively applied no matter how popular, authoritative, or seemingly obvious. We must greet published claims and conclusions with active, careful, informed, persistent, and comprehensive questioning.
  - Pope and Keith-Spiegel 2008
Basic assumptions about ethical awareness and decision-making

Many of us find it easier and more natural to question ourselves in areas where we are uncertain. It tends to be much harder -- but often much more productive -- to question ourselves about what we are most sure of, what seems beyond doubt or question.

Pope and Keith-Spiegel 2008

Basic assumptions about ethical awareness and decision-making

All of us can -- and do -- sometimes make mistakes about boundary decisions and any other aspect of our work, overlook something important, work from a limited perspective, reach conclusions that are wrong, hold tight to a cherished belief that is misguided. An important part of our work is questioning ourselves, asking "What if I'm wrong about this? Is there something I'm overlooking? Could there be another way of understanding this situation? Could there be a more creative, more effective way of responding?"

Pope and Keith-Spiegel 2008

Basic assumptions about ethical awareness and decision-making

Many of us find it easier to question the ethics of others -- especially in a difficult and often controversial area like boundaries -- while putting our own beliefs, assumptions, and actions off limits. It is a red flag if we spend more time trying to point out the supposed weaknesses, flaws, mistakes, ethical blindness, destructive actions, or error-filled beliefs of a colleague or group of colleagues than we spend questioning and challenging ourselves in positive, effective, and productive ways that awaken us to new perspectives and possibilities.

Pope and Keith-Spiegel 2008

Basic assumptions about ethical awareness and decision-making

As psychotherapists, we often encounter ethical dilemmas without clear and easy answers. This is perhaps more true for boundary decisions than for any other area. There is no legitimate way to avoid these ethical struggles. They are part of our work.

Pope and Keith-Spiegel 2008

Basic assumptions about ethical awareness and decision-making

Consultation is almost always helpful and sometime crucial. Because we may be blinded by our own issues, consulting with trusted colleagues -- those not involved with the situation -- can strengthen ethical decision-making. Useful perspectives not considered and unrecognized biases may best be revealed by colleagues.

Pope and Keith-Spiegel 2008

Making Decisions Involving Boundaries – 9 Steps

1. Imagine what might be the "best possible outcome" and the "worst possible outcome" from crossing this boundary and from not crossing this boundary. Does this crossing or not crossing seem to involve significant risk of negative consequences, or any real risk of serious harm, in the short- or long term? If harm is a real possibility, are there ways to address it?

2. Consider the research and other published literature on this boundary crossing. (If there is none, consider bringing up the topic at the next meeting of your professional association or making a professional contribution in the form of an article.)

3. Be familiar with and take into account any guidance regarding this boundary crossing offered by professional guidelines, ethics codes, legislation, case law, and other resources.

Pope and Keith-Spiegel 2008
Making Decisions Involving Boundaries – 9 Steps

4. Identify at least one colleague you can trust for honest feedback on boundary crossing questions.

5. Pay attention to any uneasy feelings, doubts, or confusions – try to figure out what's causing them and what implications, if any, they may have for your decisions.

6. At the start of therapy and as part of informed consent, describe to the client exactly how you work and what kind of psychotherapy you do. If the client appears to feel uncomfortable, explore further and, if warranted, refer to a colleague who may be better suited to this individual.

Pope and Keith-Spiegel 2008

Cognitive Errors and Boundary Crossing Decisions

■ Error #3: Our understanding of a boundary crossing is also the client's understanding of the boundary crossing.

■ Error #4: A boundary crossing that is therapeutic for one client will also be therapeutic for another client.

■ Error #5: A boundary crossing is a static, isolated event.

Pope and Keith-Spiegel 2008

Making Decisions Involving Boundaries - Resources

■ Jeff Youngren's "Ethical Decision-making and Dual Relationships" available at http://kspope.com/dual/youngren.php;


Pope and Keith-Spiegel 2008

Cognitive Errors and Boundary Crossing Decisions

■ Error #6: If we ourselves don’t see any self-interest, problems, conflicts of interest, unintended consequences, major risks, or potential downsides to crossing a particular boundary, then there aren’t any.

■ Error #7 Self-disclosure is, per se, always therapeutic because it shows authenticity, transparency, and trust.

Pope and Keith-Spiegel 2008
When Boundary Crossings Go Wrong

- Try to see the matter from the client's point of view. A client may experience a boundary crossing in a way that represents the opposite of what we intended, of what we anticipated, and of what the client anticipated.
- If the situation involves a formal complaint, consider the special steps described in the chapter "Responding to Ethics, Licensing, or Malpractice Complaints" (Pope & Vasquez, 2007) and the chapters "Enforcement of Ethical Conduct" and "Mental Health Professionals in the Legal System" (Koocher & Keith-Spiegel, 2008).

Pope and Keith-Spiegel 2008

When Boundary Crossings Go Wrong

- Continue to monitor the situation carefully, even though paying attention to it may be uncomfortable.
- Be open and nondefensive, even though this be hard for any of us at times.
- Talk over the situation with an experienced colleague who can provide honest feedback and thoughtful consultation.
- Listen carefully to the client. We may make all sorts of assumptions about how the client is reacting to the boundary crossing or the crossing's negative consequence, but these may be completely off base.

Pope and Keith-Spiegel 2008

When Boundary Crossings Go Wrong

- Keep adequate, honest, and accurate records of this situation as it evolves. It helps in making sense of the situation and in finding ways to respond positively and constructively.
- If you believe that you made a mistake, however well intentioned, consider apologizing.

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Apologizing

- Research suggests that an apology can help healing the effects of purposeful or inadvertent professional mistakes (e.g., Robbenolt, 2003). Over half the states have passed "I'm sorry" laws to encourage doctors both to promptly and fully inform patients of errors and to apologize when warranted, and other states are considering them (Henry, 2007).

Pope and Keith-Spiegel 2008

Objective 2: Dual Relationships

- Dual relationships are subtypes of boundary crossing.
- Psychologists practicing in rural and small communities encounter numerous unavoidable dual relationships in the course of their daily lives.
- Relationships in such small communities can get even more complex when people choose their therapists because they know them and not because they saw their ad in the Yellow Pages.

Dual Relationships

In fact, duality, mutual dependence and prior knowledge of each other are prerequisites for the development of trust and respect in these communities. Non-sexual, non-exploitative dual relationships and familiarity between therapists and clients are not only normal but, in fact, increase trust.


Dual Relationships

While dual relationships may be sometimes unavoidable, psychologists must nevertheless pay attention to the harm that can arise from them, especially where there is a conflict of interest. Conflicts of interest are often present in situations where the client is also a student, employee, employer or business partner. Of course, sexual dual relationships are always unethical, counter-clinical and illegal in most states.


Dual Relationships

It is not the mere existence of a dual relationship that makes it unethical. When a mental health professional is confronted with a choice as to whether one should enter into a dual relationship or not, many factors need to be carefully evaluated.

Younggren, Jeffrey N. (2002).

Dual Relationships – Factors to Consider

Is the dual relationship necessary?
Is the dual relationship exploitive?
Who does the dual relationship benefit?
Is there a risk that the dual relationship could damage the patient?

Younggren, Jeffrey N. (2002).

Dual Relationships – Factors to Consider

Is there a risk that the dual relationship could disrupt the therapeutic relationship?
Am I being objective in my evaluation of this matter?
Have I adequately documented the decision making process in the treatment records?
Did the client give informed consent regarding the risks to engaging in the dual relationship?

Younggren, Jeffrey N. (2002).

Objective 3: Personal Relationships

Ensuring that the psychiatrist has no previous, current, or future personal relationships with a patient can be extremely difficult or even impossible in small communities.

In considering the guideline about avoiding personal relationships with patients, much depends on the interpretation of what constitutes a personal relationship.

Obviously relatives, childhood friends, close adult friends, and professional peers would easily qualify as personal relationships.

A superficial acquaintance with a prospective patient may not necessarily be a contraindication to beginning treatment.

Personal Relationships

An initial period of evaluation may help clarify the issue.
- When the psychiatrist is the only mental health provider in a rural community and no other mental health professionals are available for hundreds of miles, he or she would find it very difficult to turn away a friend or relative who is in need of treatment, particularly in an emergency. The psychiatrist can conduct an initial evaluation to determine the nature of the problem and the treatment required.
- To do otherwise would be to add insensitivity to injury.
- In this instance, doing the humane thing takes precedence over the rigid observance of boundary guidelines.


Confidentiality

- Especially in small communities, confidential information that is authorized for release by the patient may be carelessly leaked and disseminated.
- For example, diagnostic and treatment information released locally for insurance purposes may be seen by individuals who know the patient.
- Small communities often present inherent and inescapable confidentiality problems.
- Neighbors and other community residents may observe the patient going to and from the psychiatrist’s office.


Objective 4: Confidentiality

- The maintenance of confidentiality can be particularly problematic in small communities and rural areas.
- Concerned family and community members may mount considerable pressure on the psychiatrist to disclose information about the patient.
- Fears about stigmatization may cause individuals to avoid necessary treatment or to be very worried about breaches of confidentiality if they do come for treatment.
- It is incumbent on psychiatrists and other therapists to discuss anticipated confidentiality issues at the beginning of treatment.


Small Group Activity

- Read the scenario in your group and discuss based on the questions provided.
- Prepare some thoughts to report back to the larger group in the event we have enough time to do so.

Bibliography

Thank you!

Jaime Monson, MSW, LICSW
jmonson@voamn.org