Dual-Relationship Dilemmas of Rural and Small-Community Psychologists

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Sixteen licensed psychologists who lived and practiced in rural areas and small communities participated in interviews about ethical dilemmas they faced in daily practice. Dilemmas involving professional boundaries were identified as significant concerns for all of the psychologists. Major themes were the reality of overlapping social relationships, the reality of overlapping business relationships, the effects of overlapping relationships on members of the psychologist’s own family, and the dilemmas of working with more than one family member as clients or with others who have friendships with individual clients. The psychologists knew the content of ethical codes but often struggled in choosing how to apply those codes in the best interest of clients. Ongoing discussions regarding these choices can contribute to the evolution of practice codes applicable to rural areas and other small communities.

Psychologists practice in a discipline rife with ambiguity. There are often no “right” answers in dealing with the complexities of human problems and interactions. Yet, there must be guidelines, both in formulating and in treating the issues that clients present to psychologists. A critical component of those guidelines is a set of ethical standards, both internally and externally imposed.

Ethical and value decisions in therapy are often made intuitively and automatically, through internalization of an ethical stance. Confusion results from conflict between values, principles, or obligations. Internal standards come, in part, from a psychologist’s own values, environment, and life experience (Haus, Malouf, & Mayerson, 1988; Jordan & Meara, 1990). External standards come from legal statutes, professional codes of conduct, and regulating boards. But the opportunities to examine these standards and their interaction are often confined to graduate school training and occasional workshops or seminars. Psychologists may hesitate to discuss immediate ethical dilemmas with their colleagues. So they may ignore the problem, struggle in isolation, or rationalize the choices they make.

An urban-based model of ethical psychological practice holds psychologists responsible for maintaining distance from clients outside of the therapy session. According to Pope (1985), psychologists must place the client’s best interest first in return for the special status that is accorded psychologists as mental health professionals. Treatment boundaries must be imposed to provide “a therapeutic frame which defines a set of roles for the participants in the therapeutic process” (Smith & Fitzpatrick, 1995, p. 499). As Butler (1990) emphasized,

A key question to ask is whether or not the dual relationship will in any way inhibit the client’s actions and choices in other areas of their life, and if there are ways in which the client will feel that he or she cannot disagree with the therapist because of outside demands of any sort (p. 23)

Keith-SPIEgel and Koocher (1985) concluded that “It is most likely that psychologists will be judged culpable when a ‘small-world hazard’ was known in advance and when alternatives were clearly available, but the psychologist undertook a professional relationship anyway, and charges of exploitation, prejudice, or harm resulted” (p. 274). The issue of ethical dilemmas and decision making is compounded for psychologists working in small communities and rural areas. Prevailing standards in training, ethical codes, and regulations are not so easily applied in rural and small-community practice. Cultural differences, along with what Partilo and Sorrell (1986) described as the “intricate web of professional-personal roles” (p. 23) in small community life, complicate professional boundary issues. Overlapping relationships are inevitable in rural and other small communities where community involvement lessens suspicion and increases approachability and where “denying help to a potential client because of a preexisting relationship could mean that the person gets no help at all” (Smith & Fitzpatrick, 1995, p. 502).

In a study of the myths and realities of rural practice, Rich (1990) noted that in urban practice both clients and psycholo-
gists expect a separation between personal and professional roles. Thus, what constitutes an ethical violation is usually clear. Rich went on to say that in rural practice, personal and professional roles can easily become unintentionally blurred. In these rural settings, prevailing standards and codes of ethics cannot be applied in automatic ways. St. Germaine (1993) asserted that dual relationships are not necessarily problematic if the client's welfare is not compromised. She stated that these situations can even become opportunities for effective role modeling by professional counselors in rural areas.

Due to the lack of anonymity, rural psychologists are inherently active participants in the community. They have a more holistic view of clients and must balance the accepted and more easily defined single role of an urban setting versus the complexity of simultaneous relationships in a rural or small-community setting. Because it is impossible to isolate themselves from clients and former clients, psychologists must be able to compartmentalize relationships within the context of the community and maintain a balance between professional and community identification.

Other dual relationships in rural areas may result from treating friends' children, treating close friends and family members of clients or former clients, and participating in school and church activities. Sobel (1984) posited that, to be competent, psychologists in rural areas have a responsibility for educating the community through involvement in such groups and professional or social organizations. Yet, to be ethical, psychologists may have to decline social invitations that would compromise the boundaries of professional relationships.

Rural psychologists have more out-of-session contact with clients and know clients in a variety of ways. Horst (1989) concluded, from her survey of 99 Minnesota psychologists in urban and rural areas, that outside contact is not the criterion for harm in dual relationships. Rather, client and therapist staying in appropriate roles is more important. Confusion about client and therapist roles was avoided by controlling the kind, rather than the amount, of outside contact.

Psychologists need to find ways to be accepted into small communities and trusted by the people who form the complex web of rural social stratification. This community acceptance and trust is established through involvement in the community (Horst, 1989). The resultant visibility, along with role flexibility, leaves the rural psychologist vulnerable to conflicts between personal and professional roles. Psychologists cannot just offer traditional urban-based services and, instead, "need to function in a variety of community-oriented roles" (Murray & Keller, 1991, p. 227).

Rural and small-community psychologists must balance these personal and professional role conflicts to be accepted in the community. They must also work within the existing community system; establish support networks; and utilize a systems approach to understand local politics, power structure, and the informal communications structure (Jeffrey & Reeve, 1978; Sobel, 1984). Rural psychologists must cope with a "multitude of involvements and levels of involvement" (Hargrove, 1982, p. 22) and with "multiple levels of relationships" (p. 23). Psychologists in rural practice are "subject to a wide range of demands at any given time" (p. 23). Their response affects how the agency is seen by the community, and they must at all times be sensitive to community needs.

Standards may conflict, leaving psychologists to resolve the dilemmas. Each clinical situation brings with it new ethical demands, and role application of codes is not sufficient (Pope & Vasquez, 1991). As Rich (1990) stated, "Informal expectations and formal rules are more likely to come into conflict with each other in rural practice than they are in urban settings" (p. 33). Yet these urban–rural differences and conflicts have only recently begun to be addressed in professional codes of ethics.

The most recent APA Code of Ethics (American Psychological Association, 1992) has "revised and expanded the guidelines regarding dual relationships" (Sonne, 1994, p. 336). This revision provides a broader definition of dual relationships and acknowledges that some overlapping relationships are not necessary harmful. Although the definition does not address the distinction "between multiple problematic relationships and accidental or incidental contacts" (Sonne, 1994, p. 339), it clearly states that multiple relationships may not be avoidable and urges us as psychologists to examine the potential risk. The APA Code of Ethics provides an essential framework; however, it cannot foresee every possible dilemma and situation. In this study rural and small-community psychologists talk about these ethical dilemmas, how various relevant factors are weighed, and how decisions are made when providing psychological services to rural people.

Exploration

A qualitative approach was selected for this study to allow "for discovery, unplanned backlooping, and decisions to change course" (Heshmand, 1989, p. 14) in an effort to contribute to theory building and theory testing. According to Patton (1990), "Qualitative analysis is guided not by hypotheses but by questions, issues, and a search for patterns" (p. 15). The elemental goal of qualitative methodology can be stated in several ways, all of which indicate the importance of hearing what respondents have to say and interpreting their statements within context. The goal is not to suggest causal relationships or identify external analytic schemes but rather to describe the context of meaning and "the procedures by which persons create their own behavior and understand and deal with the behavior of others" (Patton, 1991, p. 391).

The initial pool of 48 male and 33 female participants was gathered from the membership of the Minnesota Psychological Association. Only participants who lived at least 50 miles from major metropolitan areas were considered. An attempt was made to address geographical, situational, and practice-site diversity in choosing names of psychologists to be contacted. Seventeen psychologists were invited to participate, and 16 agreed. Twelve were PhD licensed psychologists, and 4 were master's-level licensed psychologists. (Until 1991, Minnesota licensed master's-level psychologists.) The group as a whole practiced in 15 small communities in rural areas of Minnesota and Wisconsin. Ten of the 16 research participants were in private practice, 4 were in community mental health centers, 1 was in a multidisciplinary group practice, and 1 was in a hospital setting.

The research participants' years of practice in rural areas ranged from 2 to 21 years, with a mean total of 12.2 years.
Their years of practice in urban areas ranged from 0 to 11, with 9 of the 16 research participants never having practiced in urban areas. The research participants' total years of practice ranged from 5 to 24.5 years, with a mean total of 13.9 years. Although 10 of the 16 research participants indicated that their degree programs included coursework or training in ethical issues for psychologists, none of their degree programs included any coursework or training in the practice of psychology in rural areas or other small communities.

The sample group was initially contacted, asking for a 60–90 min interview. Psychologists were interviewed at their practice sites by the researcher. The researcher relied on an interview guide based on the six main topics generated by an extensive review of the literature: (a) maintaining professional boundaries, (b) limited resources and limits of competence, (c) community expectations and values differences, (d) interagency issues, (e) peer helpers and other alternatives to traditional treatment methods, and (f) burnout. An additional question was asked about advantages to practicing in a small community or rural area. Each participant had the opportunity to suggest other areas of ethical dilemmas not covered by these seven category areas. At the conclusion of the interview, the participant was asked to answer a brief questionnaire regarding demographic information.

Content of the interviews was analyzed to identify important themes, patterns, and natural variation in the data. The analysis was focused first on "convergence," or what fits together, and then on "divergence," or which things were different (Patton, 1990). Once the content had been grouped together, the investigator chose those direct quotations that best illustrated the words of the research participants in response to each question. Themes appeared when the researcher examined each content area. Closer examination then yielded convergent patterns and divergences, both within and across content areas.

As with all qualitative research, the information gathered in this study is bound to situational context and limited in generalizability and applicability (Patton, 1990). A wide range of geographic, ethnic, and cultural representation in studies of rural and small-community psychologists would be an important addition to future research. Another limitation was the involvement of the researcher as the sole interviewer and data analyzer. In spite of best efforts and intentions, the researcher could not have been completely objective in gathering and analyzing the data.

A complication was that the researcher was a master's-level licensed psychologist at the time of the research and had to inform research participants prior to the interview that she would be obligated by Minnesota state law to report certain specific, serious ethical breaches that they may divulge in the course of the interview. Although not readily apparent, the effect of this obligation may have affected the openness of the research participants, particularly in talking about reportable offenses of abuse and sexual exploitation. However, the interviews still yielded rich data on a variety of areas that focused more specifically on dual relationship dilemmas.

Discusssion

This section is a report of one of the seven general topics covered in the interview, dilemmas involving professional boundaries. This topic was chosen as the focus for this article because it was raised by each of the psychologists who were interviewed, all of whom indicated that it was the most frequent and complicated of the dilemmas that they face in daily psychological practice. The entire data collection is reported in Schank (1994).

There are four subtopics of dilemmas. They are (a) the reality of overlapping social relationships, (b) the reality of overlapping business or professional relationships, (c) the effects of overlapping relationships on members of the psychologist's own family, and (d) working with more than one family member as clients or with others who have friendships with individual clients.

The Reality of Overlapping Social Relationships

Simultaneous or overlapping social relationships occurred in a variety of settings that were identified by all 16 of the psychologists: church, parties and social gatherings, eating out in local restaurants, cultural activities, school events, and volunteer activities. The following are quotes from psychologists regarding overlapping social roles:

One of the things we have done in our church for the last 5 years is that we have taken a group of kids to Colorado skiing as part of the youth program. I feel some kind of tension about that sometimes. For example, one of my clients happened to be on the ski trip 3 or 4 years ago. Well, I thought, "Okay, we don't do anything socially with this family." But I don't think those pressures are so unusual. It's just that you have to keep those dual relationships clear in your mind.

When I moved here, I got a membership to the YMCA to go to exercise classes. After running into a couple of clients in the locker room, I decided that this was just too uncomfortable for me. So I'm not going to continue the membership in the YMCA. It was just really awkward. It's not like there are a huge number of athletic clubs here that you can have a choice of which one you go to.

The psychologists faced dilemmas in terms of boundary issues in deciding whom to see as clients and ended up making those decisions on the basis of three different criteria. Some made the decision on the basis of their own comfort level as to whether they could successfully manage overlapping relationships with particular clients. Others involved prospective clients in that decision-making process. Some psychologists used type and severity of clients' presenting problems as indicators of whether they would enter into overlapping relationships. For example, some were more likely to see clients for advice-giving or problem-solving situations but were unlikely to take on a client who had a possible personality disorder when there was even a potential for a dual relationship. An often-mentioned situation was in seeing children as clients who were in school or other activities with a psychologist's own children, a situation that could not always be predicted or avoided. Several of the psychologists talked about how their spouses' (ministers, attorneys, physicians) professional contacts and people affected decisions about taking those people on as clients. Others found that duality unavoidable.

Most of the psychologists talked directly with their clients about the high likelihood of out-of-therapy contact. They made it clear to clients that they would respect client privacy by
waiting to see if clients wanted to acknowledge or greet them. This clarity on the part of psychologists was intended to make the context of dual relationships safer for the clients and, somewhat so, for themselves:

I have this wonderful habit of just simply looking straight ahead when I go to the grocery store, and half the time I don’t see people. So that has protected me.

It is always establishing boundaries. I live on a very busy street in town and was doing some landscaping and working out in the front yard. One of my clients must have seen me and later said, “Oh, is that where you live? I saw you.” I said yes, and she said, “Well, I noticed that the house next to you is for sale. Wouldn’t that be cool? You know, my parents are thinking of helping me buy a house.” I said, “No, that would not be cool because you are my client—you are not a friend. If you moved in next door to me, it would be extremely uncomfortable. I know what you are saying—I listen to you, I care about you—but friends know about one another. You don’t come in, and I sit and talk about my problems and my life. I don’t call you when I am hurting or need a friend for support.” She said, “Oh, yeah, I didn’t even think about that.” And so it’s continually having to establish boundaries with a number of clients.

One psychologist had the additional constriction of supervising the other therapists in her agency. Besides coping with dual contexts with her own clients, she also had to deal with knowing about others’ clients through supervision.

The Reality of Overlapping Business or Professional Relationships

A related concern, which was identified by 12 of the psychologists, underscored the problematic nature of business or professional contacts with clients and their families. As with overlapping social contacts, rural and small-community psychologists thought through the advisability of such contacts and looked for ethical ways of conducting such relationships. It was often a question of degree of involvement in these overlapping business or professional relationships. For example, psychologists had few conflicts over shopping in a store where a client might be working but would be less comfortable entering into a business partnership that directly involved a client or client’s family:

I have clients who are locksmiths or electricians that have come to my house, with me not knowing that I was calling the electrical company that they work for... It is hard to make small talk with someone who the day before was in your office talking about really powerful things. Sometimes clients will joke about it, which is kind of nice. They will break the ice.

Some decisions appeared to be more complex. When alternatives were available, some psychologists avoided contact with clients by shopping and trading exclusively outside of their own communities. Others tried to deal with the ambiguity and confusion that came with overlapping business and therapeutic contacts:

When you do have business dealings with someone, I find it really hard. I won’t bargain with them. Recently someone [who was a former client] worked on my car, and I thought the price was a little high. I trust the guy, but I felt awkward in asking him what the charges were for. If it were someone else, I would have had no problem asking.

For instance, there are people that work for my husband that would come to me. It gets a little sticky because he would be sharing with me, “My employee so and so and such and such,” and I’m having to sit there and sort of screen that out.

Several psychologists had overlapping professional roles with medical providers and referral resources:

We have a nice, isolated building here in a beautiful, quiet place. So professionals many times will come here. Now, I have seen a lot of professionals in town [as clients], either for personal counseling or for their children. Then I refer [clients] to [those same professionals] because there is no one else... If you read the rules about dual relationships, that is not allowed.

The most difficult situations were those in which psychologists were providing therapy to colleagues or their families. Those who chose to do so acknowledged the discomfort and potential liabilities of such overlapping relationships but believed that in protecting a client’s confidentiality or acting in the client’s best interest, one ethical choice overrode the other ethical choice:

I do consulting at a fair number of group homes. Sometimes I’m in that dilemma where there is someone [working there] that I’ve seen as a client. In fact, I can think of two instances where I currently was seeing people as clients and subsequently discovered that they had obtained employment at one of the group homes. So I was dealing with them as clients, as well as in a professional relationship in terms of some of the consulting.

The Effects of Overlapping Relationships on Members of the Psychologist’s Own Family

One topic identified only once in the literature on dual relationships (Jennings, 1992) was raised by 12 of the 16 people who were interviewed for this study: the effect of overlapping relationships on the family members of rural and small-community psychologists. This issue seemed especially significant and resulted in much questioning and searching for ethical balances on the part of the psychologists. The psychologists who were parents faced having clients or former clients as friends of the psychologists’ own children. Psychologists had to weigh which of two competing ethical stances best served their clients’ interest. Do they have to accept having clients in their homes as guests of their children, or do they break confidentiality by setting limits on whom their children can have as friends? How, when, and where do they limit their children’s social lives and involvement in activities?

I think there are a lot of variables. If I can avoid a situation, I will. Let’s say it is a function like a hockey party. My kids are on the hockey team. The kids want to go, and they want the parents to go. So you are at this function [with clients]. You’re not going to say to the kids, “Ole, I can’t go to the hockey banquet.” So you just go... Sometimes you just kind of live with it. My older kids have friends who have been my patients in the past. I prefer that they not come over to our house, but you can’t say to your kids, “Don’t invite so and so.”

Young people that I’ve seen are becoming friends with my daughter.
through the school system. I was so surprised—one night I came home from work to discover that one of my clients was a good friend of my daughter’s through school and was staying overnight with her.

Several psychologists spoke of talking directly to child clients about the fact that some segments of their two lives overlapped. They allowed the child client to be in charge of “who knows what” and helped the client weigh the options in arriving at that decision. Psychologists also talked with their children about how to deal with teasing and questioning, self-disclosure from clients, and inadvertently knowing confidential information about their psychologist parent’s work.

Two psychologists brought up the dilemmas they faced when their teenage children ended up dating clients or former clients. Neither compromised their client’s confidentiality, but both spoke of the uneasiness and worry that came with knowing things about the former client or about abuse issues in the client’s family:

I think the most difficult situation is interaction that my daughter has had. She is now away at college, but when she was here she would end up dating clients—only to find out and just be absolutely horrified and angry. That is probably the most difficult circumstance that we have been in. The confidentiality piece is really difficult because she would confront me with, “Is so and so your client?”

She is real glad to be done with that.

The volunteer or professional activities of spouses sometimes created a dilemma for psychologists in deciding whether they should set boundaries in social situations:

My husband met another [colleague’s] wife who wanted to socialize, and I had to say that I can’t go to their house for dinner... He was understanding but was still feeling curtailed by my practice because we couldn’t socialize with people that he would have enjoyed because they had come to me for family counseling.

Working With More Than One Family Member as Clients or With Others Who Have Friendships With Individual Clients

This was an issue highlighted by 9 of the rural psychologists who were interviewed. Therapy choices may be limited in rural areas and small communities, and there is invariably an intersection of clients with other clients. Although some psychologists practiced in settings where new clients could be referred to other therapists, others did not have such options available. Sometimes psychologists knew in advance that their clients’ lives overlapped; other times they discovered the overlap in the course of therapy. Consultation and evaluation requests were another source of such overlap:

It is very bizarre because I have clients, all of whom seem to know each other and talk about their therapy with each other. I have even had cases where two people who are friends who were in therapy with me separately—one will call and say, “I can’t make it, but my friend wants my spot. We talked about it, and is it okay if he comes in at 10:00?”

As a matter of fact, one time I had—I did not know this—I had two new clients starting. They didn’t know that the other one was coming here, and they were having affairs with each other’s mates. Well, I had to make a choice of whom I was going to see. In that particular case, it worked out fine. But just to let you know—there is tremendous overlapping.

Conclusions and Implications

Issues Across Small Communities

Small-community psychologists are not just rural practitioners. They are also professionals who live and work in small communities, often separated by important demographic variables (e.g., age, race, sexual orientation, disability, or geographic location). For example, the American military therapist in Korea, the lesbian psychologist serving that community, the Native American counselor working in that culture, and the deaf practitioner with a deaf clientele are all examples of small-community psychologists who potentially struggle with ethical guidelines developed and enforced by urban psychologists, who are able to live apart from their clients and who can more easily distance themselves from their clients while outside their offices. Although there are some needs that are specific to certain populations, the conversations on appropriate ethical conduct could also include these other communities. By joining together to articulate their concerns, small communities could have more of a voice in contributing to an overall discussion of high-quality ethical practice guidelines.

Examining the Content of Ethical Practice

Although setting appropriate boundaries is a professional necessity, psychologists must also maintain a balance of flexibility in overlapping relationships (Herdly & Corey, 1992). What constitutes sound ethical practice in urban areas may not completely parallel the practice of their rural and small-community counterparts. The needs of both rural and urban clients and the voices of both rural and small-community psychologists need to be heard and respected in an overall consideration of professional ethics. Little research is available on this topic; however, psychologists have recently begun discussing these issues within the context of the APA convention (Barnett, 1995; Gutman, 1995; Leigh, 1995) and other forums.

Safeguards to Minimize Risk

1. Nonsexual overlapping relationships are not a matter of “if” as much as “when” in the daily lives of small-community psychologists (Barnett & Yutzenka, 1995). Ethical codes or standards are necessary but not sufficient and are tempered by experience and context (Barnett & Yutzenka, 1995). Although it may seem obvious, knowledge of these codes and of state laws is essential in framing the background for small-community application. Continuing education in ethical issues adds to this framework.

2. Clear expectations and boundaries, whenever possible, strengthen the therapeutic relationship. This is especially important in situations where out-of-therapy contact cannot be closely controlled. Obtaining informed consent, sticking to time limits, protecting confidentiality (and explaining its limits), and
documenting case progress (including being explicit about any overlapping relationships) diminished the risk of misunderstandings between client and psychologist.

3. Ongoing consultation and discussion of cases, especially those involving dual roles, provide a context for psychologists to get additional perspectives and decrease the isolation that sometimes accompanies rural and small-community practice. Each of us has blind spots—trusted colleagues can help us constructively examine them.

4. Self-knowledge and having a life outside of work lessens the chances that we as psychologists will use, even unknowingly, our clients for our own gratification. This also involves what Barnett and Yutrenzka (1995) have recommended in maintaining a constant interpersonal style and authentic presence with clients.

Differences between urban and small-community practice may contribute to the professional isolation of rural and small-community psychologists. More open discussion of the issues lessens the potential danger that rural and small-community psychologists may become isolated. If fear of retribution from professional licensing boards in the helping professions, ethics committees, and professional organizations diminishes the opportunities for frank conversations about the realities of rural and small-community practice, this retreat into professional isolation may lead to individual rural and small-community psychologists becoming the sole arbiters in their practices of ethical decision making.

References


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