

Dual Relationships Within Congregational Life

Many AAMFT members practice in or treat members from their faith-based congregations. In that capacity, practitioners may either be employed by their church or synagogue or simply may have members approach them for treatment based on the trust that is built while being members of the same body.

Section 1.3 of the AAMFT Code of Ethics states that “Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation... When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.”

- **Can you treat members of your congregation ethically?**

Therapists working within a pastoral therapist role or the role of therapist supported by the church can still effectively treat clients. Special attention needs to be paid to the multiple role realities and those need to be discussed with the client in both an informed consent and an ongoing manner. If the dual relationship ever inhibits the parishioner’s ability to either make progress in therapy or to worship, steps need to be taken to correct that discrepancy.

- **How do you maintain appropriate boundaries in that sensitive position?**

Healthy boundaries are the key to minimize the potential harm to clients. It is important to model healthy boundaries as well as teach the concept to counselees. Healthy boundaries allow connection with the client without being overly involved with them. For example, generalized social situations are perfectly acceptable points of connection. Private dinner engagements, however, would likely not maintain appropriate distance. Out-of-town trips would be an outright breach of the ethical code. Each connection opportunity needs to be evaluated with critical questions and an awareness of the consequences of potential ethical breaches.

- **If you are on the staff of a local congregation, how do you define when and what information is shared with other staff members or the body at large?**

Information is an important part of congregational functionality. Who is ill, who is struggling, who needs assistance, etc. are essential and normal questions asked by congregants and staff members alike. For the therapist working in that setting, it is essential that the client have control over what information is shared and to whom. In certain situations it may also be important to get a release to share particularly

sensitive information. It is also important to assist the client in thinking through the ramifications of sharing such information.

One piece of information that is automatically available is the presence of the individuals in therapy, if services are rendered on-site. Consequently, it is best to have a location away from the church if possible. If that is not feasible, then, there is a need to clarify with all of the members of the staff the necessity, scope and logistics of confidentiality.

- **Is treating a friend or member of your congregation going to hurt or harm their relationship with you or with the other members?**

When members of the congregation are treated by a practitioner who also is a part of that body, the possible issues of conflict, awkwardness or shift in the relationship with the therapist or with other members of the congregation needs to be discussed prior to working with the individual, couple or family. If there is an agreement that this is an acceptable risk, the therapist can minimize the possible outcomes by committing to a focus on care and value of the parishioner which can be maintained inside or outside of the counseling office. The key factor is avoiding any sense of condemnation for the choices or problems of the counselee. Given that pattern of acceptance of those in counseling, clients can be met with compassion and care in the church, at the grocery or in the counseling room with consistency.

- **Is encouraging a particular perspective on life or value judgment ethical for the pastoral therapist?**

Therapists are challenged to avoid projecting beliefs or values onto the clients they serve. Life presents some difficult choices. Some will have ethical impact while others will be seen as having moral implications. Doing therapy in a church setting or even as an agent for the church requires, in many cases, that particular strictures or mores of that body be held out for consideration. The key element again is to avoid any sense of condemnation for the individual even if their personal choices do not match that of the therapist or the body they represent. Health as you understand it needs to be put forth for discussion along with the fears you might have for the client's choices. In many cases clients are desirous of that opposing view in order to find a better way or one that is more consistent with what they truly believe.

In any case, special care and sensitivity to the possible ethical breaches for dual relationships needs to be paid by those serving a body of faith either as a paid staff member or as an adjunct provider of service. The goal, as with all of therapy, is to "Do No Harm". May you bless others' lives as you help them discover a greater sense of health in their relationships and in their lives in general.