

Ethical Considerations when Integrating Individual Sessions into Couples Therapy

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What factors would you consider in making this decision?

Shannon & Timothy contacted you for couples counseling. Though they have been married for 12 years, things have been tough over the past 18 months, and they are currently separated. They've been arguing more over:

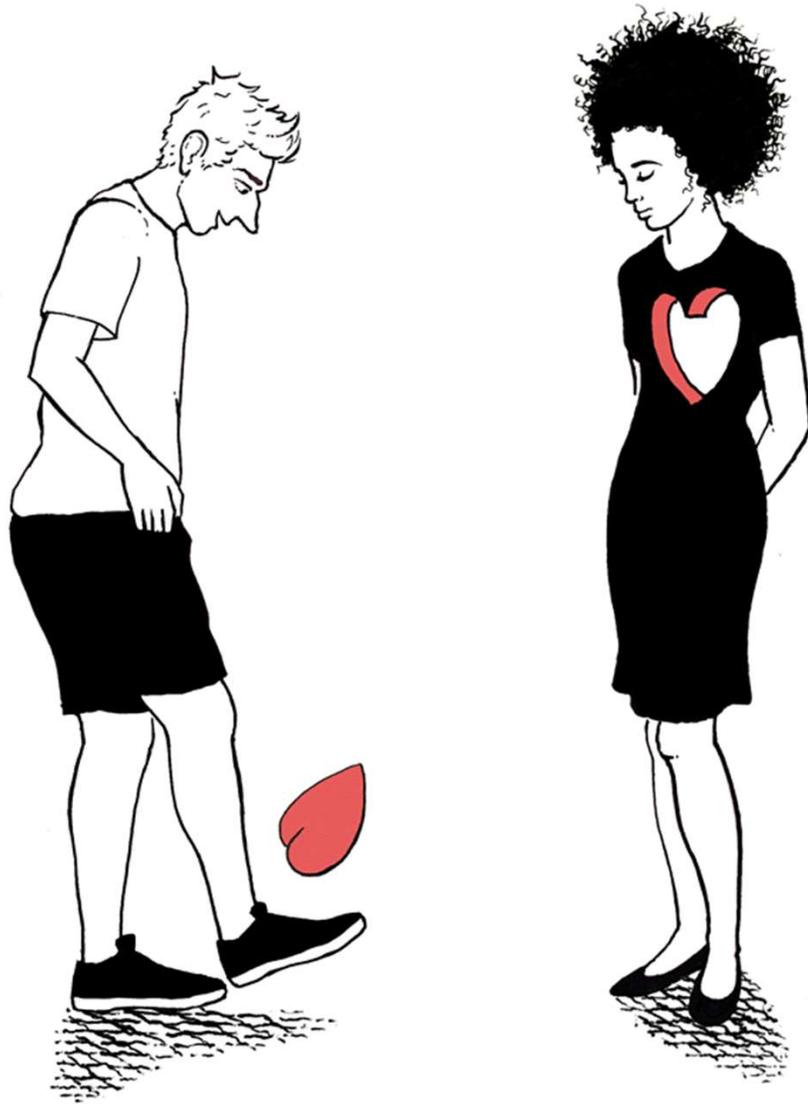
- finances – he thinks she spends too much
- affection and sex – she doesn't feel that he's into her anymore
- how to care for Shannon's aging/infirm parents

Shannon recently moved out and is enjoying her space and freedom. Timothy is freaked out.

After 3 sessions together, you're interested in hearing more about Shannon's ambivalence toward returning home, which she would prefer to discuss in an individual session.

Training & Experience – what's yours?

- Training = Traditional MFT
 - “let’s try it” [under supervision]
- Experience =
 - Exclusive couples therapy
 - Co-Therapy, with each partner aligned with one of the co-therapists
 - Integrating individual sessions into the primary modality of couples therapy
 - Individual therapy leading to couples therapy
 - Starting as couples therapy, then meeting with one or both partners for several sessions, often as the relationship deteriorates towards separation
 - Couples therapy then extensive individual post separation/divorce,
 - Family therapy woven alongside couples or co-parenting counseling
- “What does this case need?”



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Considerations

- Who's the client, and therefore who gets privileged?
 - Shannon, Timothy, their relationship?
- What does the client want (or client unit)? [autonomy]
- What are the potential drawbacks? [nonmaleficence]
 - And have the clients' been adequately informed? [informed consent]
- What are the potential benefits? [beneficence]
- Other client, practice, or contextual factors
 - Access to quality services, fee/insurance, cultural considerations
- ******You can make ethical and beneficial decisions that vary by case!***

ACA Ethics Code

B.4.b. Couples and Family Counseling In couples and family counseling, counselors clearly define who is considered “the client” and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties regarding the confidentiality of information. In the absence of an agreement to the contrary, the couple or family is considered to be the client.



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APA Ethics Codes – who's the client?

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard [4.02, Discussing the Limits of Confidentiality.](#))

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard [3.05c, Multiple Relationships.](#))

AAMFT Ethics Code – confidentiality

2.2 Written Authorization to Release Client Information.

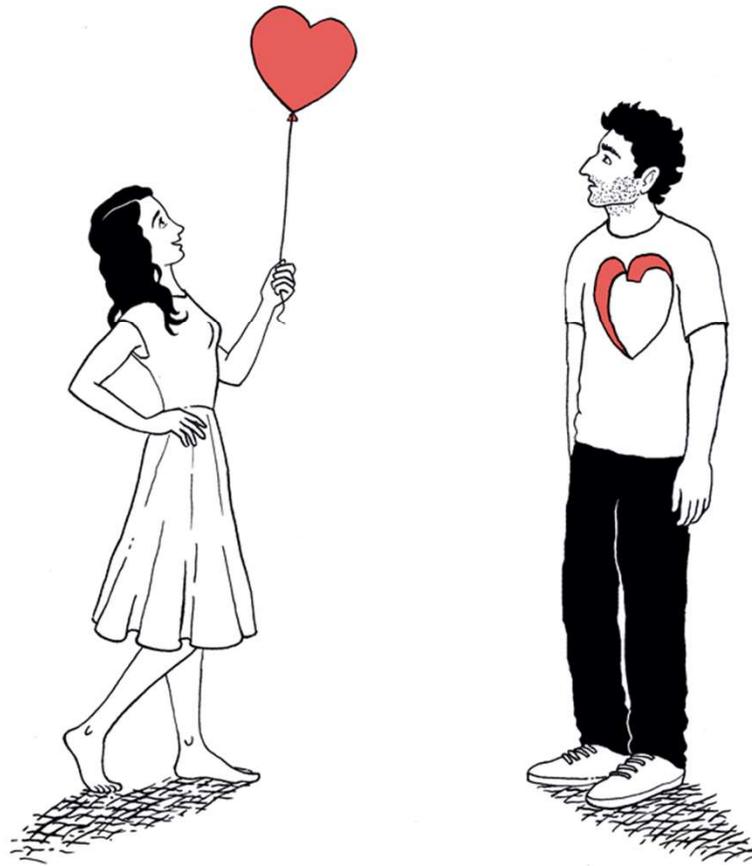
...In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

2.3 Client Access to Records.

...When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver

1.9 Relationship Beneficial to Client.

...continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.



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Common Drawbacks & Benefits

Potential Cons

- Individual begins to feel blamed as the problem.
 - “Why do I need more therapy than you?”
- The left-out partner begins to feel left out, or suspects an alliance forming – you’ll have to navigate this.
- Can’t control how the included partner uses your words at home (“Matt couldn’t believe you would do that”).
- Confidentiality concerns (generally very specific and often temporarily held in confidence until the partner shares)

Common Drawbacks & Benefits

Potential Pros

- Ability to provide extra support. Why?
- Partner can practice confronting an issue
 - Or preparing to say something difficult
- Conduct more detailed assessment
 - Attachment needs, trauma, substance use, sexual history
- Confront one client without partner present
 - Clients can respond without activating partner's defenses
- Strengthening rapport with distant client

You Can DO This!

- Consult
- Know the codes
- Talk to the clients
- Be open

