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Acknowledging the Inevitable: Understanding Multiple Relationships in Rural Practice

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There are many factors that contribute to increased rates of multiple relationships in rural practice. Although limited availability of mental health practitioners and access difficulties are the most commonly cited factors, characteristics of rural communities and characteristics of psychologists who practice there may also promote the likelihood of these relationships. These characteristics may consequently promote acceptance of multiple relationships. This article addresses some of the unique aspects of rural practice and provides strategies for evaluating, preventing, and managing multiple relationships in rural practice.

Psychological practice in rural communities involves several complicated personal and professional challenges for which many psychologists are unprepared in graduate school, internship, or residency. Hargrove (1982) described three of these challenges as role confusion, isolation, and burnout. Role confusion, or the blurring of personal and professional boundaries in multiple relationships, is a significant issue in rural practice because of the lack of mental health resources generally and limited access to other providers specifically. Unlike their urban counterparts, rural psychologists are faced with frequent requests for services that could potentially compromise their clinical objectivity. Furthermore, peers and colleagues are frequently not available for support and consultation to assist in addressing these challenges.

What constitutes a multiple or "dual" relationship? Pope (1991) described a multiple relationship as a therapeutic relationship with a client as well as a significantly different relationship, such as a social, financial, or professional role, with that client. Bennett, Bryant, VandenBos, and Greenwood (1990) suggested that interacting with a client in more than one capacity (not necessarily having a formal relationship) indicates a multiple relationship. Although having any interaction with a client outside of the office may compromise therapeutic boundaries, it is unlikely that all extratherapeutic interactions indicate a multiple relationship. The *Ethical Principles and Code of Conduct* of the American Psychological Association (hereinafter referred to as the Ethics Code; APA, 2002) defines a multiple relationship as existing when a psychologist is in a professional role with a person in addition to another role with the same person, or is in a relationship with a person closely associated with the person, or promises to enter into a future role with the person. In this article we address these nonsexual multiple relationships in rural communities.

Engaging in multiple relationships and the attendant role confusion is indeed a risky practice. All mental health professional codes caution against multiple relationships (Brownlee, 1996; Gottlieb, 1993), presumably because of the confusing expectations of roles for both client and therapist and the resultant risk of harm: "Dual relationships are by far the most frequent cause for disciplinary action, legal action, or both against psychologists; most of these actions involve dual relationships of a sexual nature" (Peterson, 1996, p. 82). The Ethics Code (APA, 2002) recognized that all multiple relationships might not be avoidable but warned psychologists to be sensitive to their potential for harmful effects. Peterson summarized the ways in which multiple relationships could be harmful: They may affect the client's ability to develop an open and trusting relationship with a psychologist, impair a psychologist's objectivity in providing treatment, or clients may be exploited or otherwise harmed in these relationships.

However, multiple relationships are a reality in rural practice. Younggren (2002) argued that multiple relationships are a natural part of small-town practice. Brownlee (1996) described the difficulty in avoiding multiple relationships in rural practice: "Such relationships are almost impossible to avoid when there is no choice but to shop at a client's store or when one's children are in school with or even friends with clients' children" (p. 499). Schank and Skovholt (1997) acknowledged that multiple relationships might actually facilitate acceptance of psychological services by rural residents: "Overlapping relationships are inevitable in rural and other small communities where community involvement lessens suspicion and increases approachability" (p. 44).

Surveys of rural practitioners indicate that they are more likely to engage in multiple relationships than their urban counterparts. Borys and Pope (1989) surveyed a large national sample of psychologists, psychiatrists, and social workers. They found that the respondents who lived in the same small town as their clients were

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significantly more likely to have social and financial involvement with their clients. Rural practitioners also rated multiple professional roles as significantly more ethical than did other practitioners.

In a survey of Minnesota psychologists, Horst (1989) found that rural practitioners "reported significantly more out-of-session contact with clients than psychologists who practice in larger communities" (p. 15). Although rural psychologists had more extratherapy contact, they seemed to differentiate between casual contact and relationships that were potentially harmful or conflicted. She concluded that "while it may be difficult for rural psychologists to control the amount of outside contact they have with clients, they do seem to manage to exert control over the form the outside contact will take" (p. 23).

Lear (1997) asked 257 licensed psychologists to respond to four vignettes depicting nonsexual dual-relationship scenarios. Although most psychologists were somewhat likely to engage in each of the proposed multiple relationships, rural psychologists were more likely than nonrural ones to engage in all four scenarios. Most psychologists considered conflict of interest and risk to the client as criteria for determining whether to engage in nonsexual multiple relationships with clients. Rural psychologists not only utilized these criteria but also considered four other factors in their decision-making process: degree of role overlap, therapist power, ability to maintain objectivity, and degree of client emotional vulnerability.

Schank and Skovholt (1997) interviewed 16 rural psychologists and identified four common dilemmas involving professional boundaries. Two dilemmas involved overlapping social relationships as well as business and professional relationships. A third dilemma identified the effects of overlapping relationships on members of psychologists' families. Finally, rural psychologists reported that having to work with multiple members of a family or others in the community who have significant connections with current clients created boundary dilemmas.

Perkins, Hudson, Gray, and Stewart (1998) surveyed 95 staff members of community mental health centers regarding professional role boundaries and client confidentiality. They found that rural practitioners experienced more professional role boundary dilemmas and were less likely to make ethically conservative decisions in response to these dilemmas than were nonrural practitioners.

The low numbers of rural practitioners and the difficulties clients experience in accessing other professionals (e.g., distance or geographic constraints) are the obvious reasons for the increased frequency of multiple relationships in rural practice. However, these may not be the only reasons. We propose that the characteristics of rural communities and the characteristics of psychologists who practice in these communities also enhance the likelihood of multiple relationships.

Characteristics of Rural Communities

Definitions of rural communities have changed over time, and the definition used in the 2000 U.S. Census was complicated in that rural communities tended to be defined by what they were not—urban or metropolitan. In general, however, rural communities are descriptive of areas with a population density of less than 500 people per square mile (U.S. Census Bureau, 2002).

Although rural communities are similar in terms of low population density and distance from urban areas, there is great diversity among rural communities. For example, Amish communities differ in norms and expectations from rural communities in the American South. However, some common characteristics of rural communities were noted by Keller and Murray (1982), who identified four values that appear repeatedly in research on rural populations: "An emphasis on hard work and mastery of the physical environment, an emphasis on the importance of family and community ties, an orientation toward traditional moral standards and conformity to group norms, [and] fatalism" (p. 8). We propose that there are additional common characteristics of rural communities that facilitate the acceptance of multiple relationships.

One of us (Clark D. Campbell) has practiced in a rural community for 18 years and has noted many distinctive characteristics (often supported in professional literature) that may be helpful in understanding why multiple relationships are more prevalent in rural practice. Although many of the characteristics noted below can be viewed as general commonalities of rural communities, these characteristics involve complex issues that are determined by several sociological, cultural, economic, and political factors.

People are known in family, social, and historical context. Individuals are known not simply by the work they do or where they live but also by their family legacy in the community. It is common to know someone not only by name but also as someone's son or daughter, aunt, or grandson. "The rural provider often possesses an intimate knowledge of extended members of families and their interconnection with other families, family reputations, patients' places of work, the cars they drive, their places of worship, their interests, and their vices" (Coyle, 1999, p. 202).

Rural residents often want to know details about others in the community and also want to be known by others. The local coffee shop, barbershop, or grocery store is not simply a place to purchase goods and services but also a place to hear what is new in the community and to tell of one's own experiences. Anonymity is not a probable option, least of all for the local mental health therapist, which further makes establishing clear boundaries extremely difficult (Catalano, 1997; Coyle, 1999; Kitchener, 1988). Brownlee (1996) suggested that isolation and greater distances between people in rural communities lead to greater interdependence. The multiple levels of relationships are an outgrowth of that interdependence and leave the therapist with some unique ethical considerations. For example, the rural practitioner must be careful not to ignore or avoid their clients outside of the therapy session (Coyle, 1999).

Change and diversity are minimized and carefully controlled in rural communities. Although change may be minimized to promote stability and predictability of the community, a consequence is that new residents must accommodate local norms and power structures. There is no exception for the therapist who comes in as an outsider. He or she soon realizes that the "pattern of interlocking relationships may well constitute a significant component of the community's power structure" (Hargrove, 1995, p. 338). The successful rural psychologist learns to accommodate the community norms in many areas of life.

Relationships among rural residents tend to be long-term. Other than migrant labor populations, rural inhabitants tend to remain in a particular community for years, perhaps generations.

Rural residents are less likely to move for occupational, professional, or educational purposes, and thus relational bonds are likely to be long-term. Access to public transportation is diminished, making rural residents less mobile and more likely to remain continuously in one area.

Rural community members may collude in tolerating some behavior while denouncing other behavior. There may be decreased tolerance for interracial relationships, diversity of sexual orientation, and cultural fads. However, there may be increased tolerance for the inappropriate behavior of the "town drunk." Unfortunately, domestic violence may be tolerated as well as other forms of deviance (Mulder & Chang, 1997; Weinert & Long, 1990). Working within some rural value systems may be a particular challenge for many psychologists who grew up in urban settings or developed different value systems through educational experiences.

When psychological problems develop, individuals are expected to deal with the problems within their families or perhaps by talking with a member of the clergy or the family doctor. "Mental health problems are typically considered the domain of family and church" (Fox, Merwin, & Blank, 1995, p. 442). This is likely related to the more central role that churches play in the lives of rural residents. "While strongly religious elders are found everywhere, religion has a more central role in the belief systems of people who live in rural places than in the culture of people who live in more urban places" (Arcury, Quandt, McDonald, & Bell, 2000, p. 56). Family physicians also play a prominent (authoritative and trusted) role in rural communities, and families may readily defer decision making to the medical practitioner.

Noncommunity members are distrusted and viewed with suspicion. Close ties are a basis of trust for community members, and "outsiders" are a potential threat to those close relational ties. Residents may speak of how outsiders have hurt the community in the past or have brought harmful changes. On a professional level, once the community has accepted a therapist, residents do not want to be referred to other outside professionals for help they believe they could obtain locally. An exception to this may occur if the outside professional is perceived to be a "superstar" or truly outstanding.

Multiple levels of relationship are expected and seen as "normal." Because privacy and anonymity are minimized and perhaps devalued in rural communities, rural residents expect to relate to others on multiple levels. They expect to see each other at the store, gas station, church, doctor's office, and school. One must become involved in some of these areas to be accepted into the community, and thus multiple relationships are expected and encouraged.

Characteristics of Rural Psychologists

In addition to the social forces described previously, it may be that there are characteristics of rural psychologists that promote multiple relationships as well. Little is known about the characteristics of successful rural practitioners. Federal programs exist to provide financial support to psychologists and other health care providers to locate their practices in rural communities. However, a search of the literature yielded no data on the success of these programs in getting practitioners to continue living and practicing in these rural areas after the financial incentive is completed.

It is reasonable to consider, however, that there may be characteristics that are common among psychologists who choose to live and practice in rural environments. The characteristics presented below are based on our own observations and have not been substantiated through empirical research. However, these observations could serve as hypotheses for research on successful rural practitioners. Characteristics of successful rural psychologists include the following:

Rural psychologists are comfortable with a rural lifestyle and likely grew up in a rural environment. It is easier to integrate into a community in which one knows the norms and expectations. Psychologists, like other professionals, will not be comfortable in a rural setting unless they are willing to live without some of the privacy and anonymity provided in urban areas. Those familiar with the characteristics of rural living are likely to make a positive adjustment to a rural environment in professional life.

Rural psychologists take active steps to integrate into the community. In order to break the suspicion surrounding anonymity, one has to be visible to be accepted into the rural community. Rural psychologists are likely to be visible members of service groups, churches, and other community organizations that facilitate active integration into the community.

Rural psychologists have broad general practices. Because of the dearth of mental health services available in rural areas, it is likely that psychologists serve a broad age range of people and provide an array of assessment and therapeutic services. Although practice preferences may be indicated, it is unlikely that rural practices will be limited to small specialty areas.

Rural psychologists are comfortable with a relatively high profile in the community. Because psychologists are not common in rural areas, they tend to be viewed as local experts on mental health once the community has accepted them. It is likely that rural psychologists will be valued for their opinions and insights on a variety of community issues.

Rural psychologists have a higher tolerance for a blurring of personal and professional boundaries. Successful practitioners have undoubtedly faced multiple levels of relationships in rural practice. Although it is doubtful that one ever becomes completely comfortable with a blurring of relationships, one comes to expect contact with clients in some context outside of the office.

Managing Multiple Relationships

As noted previously, multiple relationships in rural practice may be the result of pressures related to community characteristics and psychologists' characteristics and may not simply be the result of practitioner unavailability or limited access to mental health professionals. So how can psychologists approach nonsexual multiple relationships with clients in an ethical manner? We suggest that psychologists consider the following and then apply the decision-making models of Kitchener (1988) and Gottlieb (1993).

The 1992 APA Ethics Code conceded that in some situations it may not be possible to completely avoid multiple relationships, and this concession is repeated in the 2002 APA Ethics Code. Each clinical context brings with it new ethical demands, and rote application of the code is not sufficient (Hargrove, 1986; Pope & Vasquez, 1991). Abstaining from outside contact with clients is a standard to which psychologists should aspire; however, it has already been established that strict adherence to an abstinence

policy may not be possible or appropriate in rural settings. The therapist is left to his or her own professional judgment as to what the most ethical choice may be.

Decision making about multiple relationships in the APA Ethics Code (APA, 2002) is based on three criteria: risk of exploitation, loss of therapist objectivity, and harm to the professional relationship. Brownlee (1996) noted that the Ethics Code may be less helpful by referring to the outcome of impaired effectiveness as a reference point rather than explaining the characteristics therapists should strive for in relationships with clients. A feminist criticism of overreliance on the code points out that the process of making ethical decisions should be a primary focus rather than a list of rules (Lear, 1997). In the everyday practice of rural psychologists, prospective multiple relationships rarely fit neatly into one ethical category or another.

Furthermore, there has never been agreement that multiple relationships are inherently harmful to clients (Lear, 1997). Some have gone so far as to point out various benefits to maintaining multiple levels of relationships (Pope & Vetter, 1992; Spiegel, 1990). Regardless of one's comfort level with extratherapy client contact, it is clear that many more factors than are provided in the Ethics Code should be considered in a rural environment. As rural psychologists struggle to make the best ethical choices for their practice, they may not all agree. In fact, conflict sometimes arises when other mental health professionals in the same community have a different professional code or a drastically different interpretation of good boundaries with clients (Backlar, 1996; Brownlee, 1996).

Role conflicts can be a struggle for the individual practitioner. Psychologists can be left in some awkward and perhaps hurtful situations—for example, providing therapy to two people who the psychologist knows are feuding outside the office, yet neither of whom knows that the other is seeing the same psychologist. Additionally, role expectations and potential conflicts should be considered before taking leadership positions in a rural community. The same characteristics that make rural communities safe and interdependent can also make role conflicts particularly destructive. It may be beneficial in the decision-making process to take into account the possible "worst case scenario" (Coyle, 1999).

It is helpful to consider the "slippery slope" phenomenon in which seemingly minor boundary compromises lead to more substantial boundary violations (Strasburger, Jorgenson, & Sutherland, 1992). Biaggio, Paget, and Chenoweth (1997) applied a similar line of reasoning in providing guidelines to use in considering the management of dual relationships between faculty and students. Gutheil and Gabbard (1993) warned that the legal system and ethics committees assume that "smoke usually leads to fire" (p. 189) when it comes to boundary compromises. There is a common presumption that evidence of relatively minor compromises makes the presence of grave ethical violations more likely. Haas and Malouf (1989) provided warning signs of role-boundary conflicts, including increased self-disclosure to a client; increased anticipation of meeting with a client; a desire to prolong a session with a client; failure to terminate or refer a client; and a desire to please, impress, or punish a client. These therapeutic red flags could indicate increased potential for the development of a multiple relationship.

Two models have been described that clarify ethical decision making when anticipating the possibility of multiple roles. Kitchener (1988) described three guidelines to use in the decision-making process. She proposed that the potential for harm increases when (a) there is incompatibility between role expectations, (b) there are divergent role obligations, and (c) there are significant differences between the power and prestige of the therapist and the client. She recommended assessment of these issues when evaluating the possibility of harm in multiple relationships.

Gottlieb (1993) developed a second model that incorporates three dimensions critical to ethical decision making when considering more than one role with a client. These dimensions are power, duration of the relationship, and clarity of termination. When there is little power differential between therapist and client, brief therapeutic contact, and little potential for an ongoing relationship, there is decreased risk of harm from multiple roles. On the other hand, when there is a clear power differential between the therapist and client, long-term therapeutic contact, and ambiguity regarding termination, there is increased risk of harm from multiple roles. Gottlieb recommended assessing both the current relationship and the anticipated relationship along these dimensions as well as obtaining consultation when confronted with the possibility of multiple roles.

There are times, however, when multiple relationships develop without the opportunity for evaluation along the dimensions suggested by Kitchener (1988) and Gottlieb (1993). For example, a psychologist may be called to a rural hospital to consult on a suicidal patient, only to find out that the patient is engaged in a bitter custody battle with a current client. Despite good decision making, multiple relationships are inevitable in the rural community. The following recommendations are offered for those who find themselves in multiple relationships in the rural setting:

1. Imagine the worst-case scenario (Coyle, 1999). It is relatively easy to see the possibility for positive outcomes from therapeutic work, but it can be sobering to think of the possible harm that could develop for the client or psychologist. Thinking of what could go wrong in the relationship should make one cautious in proceeding.

2. Seek consultation. Professional consultation provides some of the objectivity that is potentially compromised with blurred role boundaries. Consultation can be helpful in thinking of alternative therapeutic actions as well as in holding the psychologist accountable for his or her risky behavior. Because of the remote nature of rural practice, consultation may need to take place via telephone or e-mail. This consultation should be documented by making specific notes in the client's record.

3. Maintain clear boundaries in as many areas as possible so that the client's needs take priority over those of the psychologist (Stockman, 1990). Simon and Williams (1999) suggested "that applying the rule of abstinence, which states that the therapist must abstain from obtaining personal gratification at the expense of the patient, can help therapists distinguish between boundary issues, crossings, and violations" (p. 1440). Bartering, gifts, and other exchanges may be common in some rural or impoverished areas. However, psychologists must be aware of the potential ways in which such practices may compromise ethical and effective practice and further complicate relationships.

4. Maintain confidentiality. Because of increased involvement, multiple relationships increase the likelihood of breaches in confidentiality: "Therapists must be constantly aware to keep original sources of information clear or run the risk of unintentional dis-

closure of confidential material" (Catalano, 1997, p. 25). It is helpful to be aware of all known sources of community information in order to minimize unintentional breaches. Mastering the skill of communicating in social situations with appropriate professional vagueness is helpful.

5. Terminate the dual therapeutic, social, or business relationship as soon as possible. Any termination should be handled with thoughtfulness and consideration of the client's best interests. Eliminating the multiple levels of a relationship when possible will decrease the chance of confusing or conflicting relational roles and obligations. As Coyle (1999) suggested, a "therapist is obligated to limit development of a social relationship even if the patient should initiate such interest" (p. 212). Usually it is the best practice to prevent multiple levels of relationship from beginning in the first place.

Multiple relationships in rural practice are inevitable because of the limited number of rural practitioners, access difficulties, characteristics of rural communities, and characteristics of psychologists who practice in these communities. Although the best practice is to abstain from multiple roles and boundary compromises, there are situations in which avoidance of involvement may result in no psychological care for a large portion of the rural community. Kitchener (1988) and Gottlieb (1993) have provided helpful guidelines to consider when confronted with potential multiple roles with clients. At times psychologists will find themselves in multiple roles with clients, and they are cautioned to proceed with prudence in these relationships and to seek consultation liberally.

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