

Professional Conduct: A Case Study

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This case study, which is a composite of actual cases dealt with in the discipline process, demonstrates some of the ethical and professional dilemmas that arise in the practice of psychology. Names and other identifying details have been altered to maintain confidentiality.

Ms. James filed a complaint concerning the conduct of her former psychologist, Dr. Williams. Ms. James alleged that Dr. Williams had harassed her verbally and threatened her physically. Since at the time of the incident occurred the complainant had been Dr. Williams’ client for approximately eight months, she was very frightened by this turn of events. Ms. James felt that Dr. Williams had been very supportive during the early stages of therapy, but now she felt she could not trust him.

In the ensuing investigations, Mr. James revealed that Dr. Williams’ harassment occurred during a time when he was contacting her repeatedly at her private residence regarding a sizeable sum of money that he had “given” her. She felt that he used his knowledge of her psychological frailties as leverage against her, and that this situation increased the emotional intensity of the harassment. She stated that she encountered Dr. Williams in one face-to-face contact after the telephone calls, at which time he became so upset that she felt physically threatened.

Dr. Williams, who was surprised that the matter had resulted in a complaint, said he felt he had done nothing wrong. Ms. James had referred herself to Dr. Williams’ private practice in a small rural community following escalating difficulties in her relationship with her boyfriend. The conflicts in her relationship had resulted in increasingly depressed moods and other depressive symptoms. Dr. Williams’ therapeutic notes contained a provisional diagnosis of “borderline personality disorder” that seemed to be combined with depression.

Approximately three sessions before her last appointment with Dr. Williams, Mr. James indicated that she was in debt and that one of her creditors had contacted her. Dr. Williams gave her a “loan” of \$200 so she could respond to the creditor’s demands. Dr. Williams said he took this action out of compassion for his patient and not as a “business arrangement.” Consequently, there was no documentation of the loan.

Shortly after she accepted the \$200, Ms. James missed a scheduled appointment and did not reschedule. After a few weeks, Dr. Williams decided to contact her at home “to see if she wished to reschedule her appointment.” Dr. Williams could not recall whether he had raised the issue of the loan during this call. As time passed, however, Dr. Williams became more concerned regarding repayment of the loan and decided to contact Ms. James more regularly to encourage her to pay him back.

According to Dr. Williams, his requests of Ms. James were delivered calmly but firmly. In his mind, these calls did not constitute harassment. He conceded, however, that Ms. James became upset enough to hang up during at least one of the calls. Dr. Williams also acknowledged that he had one face-to-face encounter with Ms. James after she had terminated therapy, at which time he again raised the issue of the loan. He indicated that Ms. James quickly became upset and walked away.

This case focuses on the issue of professional (mis)conduct. In cases similar to this one, the psychologist is likely to be found guilty of professional misconduct because he or she is violating professional boundaries.

Dr. Williams' notes clearly showed that he had a professional and therapeutic relationship with Ms. James. However, when he decided to lend money to her, he confused the boundary of the professional relationship and entered into a dual relationship.

This is a difficult and challenging point for many psychologists. Compassion may lead to actions that are not in keeping with the psychologist's professional role. Dr. Williams was naïve in allowing this dual relationship to arise with a client who may have had a borderline personality disorder. In fact any client may react in an unexpected way when professional boundaries become blurred.

Further boundary confusion occurred when Dr. Williams began to contact Ms. James for the purpose of recovering his money. This matter had nothing to do with his professional psychological relationship with Ms. James.

Dr. Williams should have anticipated that Ms. James could misinterpret his inquiries about the money. Dr. Williams may have felt his conversations with her were civil, but Ms. James' emotional state and the confusion caused by the dual relationship made her unlikely to respond favourably. A professional has an ongoing responsibility to remain alert to these conflicts and take steps to avoid them.

Dual relationships are addressed in a number of documents that provide guidance to psychologists. The Canadian Code of Ethics, for example, cautions psychologists to: "avoid dual relationships [e.g. with students, employees, or clients] and other situations which might present a conflict of interest or which might reduce (the psychologists) ability to be objective and unbiased in their determinations of what might be in the best interest of others" (Principle III.32).

The new Code of Conduct of the College of Alberta Psychologists includes a section entitled "Prohibited Dual Relationships." While much of this section addresses dual relationships of a physical or sexual nature, it also indicates that financial relationships may lead to damaging conflicts of interest.

Most of the documents addressing dual relationships acknowledge that extenuating circumstances can make it difficult to avoid certain types of interactions with clients. One of these circumstances could have been present in Dr. Williams' case, in that non-professional contacts with clients frequently arise in a small community. However, if a dual relationship occurs that may lead to a conflict of interest, the psychologist has a responsibility to:

- Speak openly with the client about the possibility of such conflict
- Document the details of the arrangement and the fact that it was discussed with the client
- Consult other professionals about the arrangement
- Ensure that the relationship does not have an untoward impact on the client.

There was no evidence that Dr. Williams took any of the above steps.

Dr. Whitsett is Chair of CAP's Discipline Committee.