



Navigating Ethical Dilemmas in Couples Therapy

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Michal Goldman, LCSW, is a licensed clinical social worker specializing in relational therapy and therapist development. She is passionate about helping clinicians cultivate secure, ethical boundaries and deepen their self-of-therapist awareness to enhance their work with couples. Michal holds extensive training in emotionally focused therapy (EFT) and discernment counseling, and enjoys supporting couples through relational challenges. In addition to her clinical work, she writes a biweekly mental health column for a local newspaper, where she shares insights on relational health and ethical practice. Her teaching emphasizes compassionate care, cultural humility, and clinically sound decision making in therapeutic settings.

Purpose Statement

1

Support therapists in developing clarity and confidence around professional boundaries

2

Explore the ethical, emotional, and relational dimensions of boundary-setting

3

Apply boundary concepts to complex couples therapy scenarios

Purpose Statement

4

Use clinical case examples to enhance ethical decision-making skills

5

Promote sustainable, compassionate, and ethically grounded clinical practices

6

Provide clinicians with practical tools and self-of-therapist insight

Why Ethics in Couples Therapy?



Complexity in couples therapy: Managing more than one person



Ethical dilemmas can impact therapeutic outcomes



Importance of cultural competence, ethical consistency, and client-centered care

Ethical Challenges in Diversity



Diverse couple structures
(LGBTQ+, nonmonogamous, polycules, Western, religious)



Cultural considerations and humility



Scope of practice and continued learning

Working Across Differences

- Stay humble and curious
- Be aware of common challenges in different couple structures
- Avoid assumptions based on demographics
- Recognize client as expert in their own life and relationship
- Each client has their own specific culture

Insurance, Legal, and Documentation Issues

Insurance and Couples Therapy

Billing one partner for insurance purposes (INN or OON):
Becomes the IP

Medical model vs. relational model (evidence-based couples therapy is usually relational)

Identified Patient (IP) Complications

Only the IP has legal access to clinical file

Challenges if both partners are viewed as clients

Diagnosing for Insurance

- Are you underdiagnosing to try and fit it in with the treatment?
- Is treatment actually geared toward diagnosis?
- If so, is that helping the couple in the most evidence based way?
- Reminder: Insurance fraud risk

Modalities vs. Insurance Structures

- Couples therapy models treat the relationship
- Insurance requires medical model focus on one person
- Advocating for change

Writing Notes Ethically In Line with Insurance

- Focus on IP's diagnosis
- Include relational work appropriately
- Balance clinical accuracy
- AI HIPAA-compliant note-taking

Managing Communication

- Use group text/email whenever possible
- Transparency prevents favoritism and alliance ruptures
 - Not connecting more with “overfunctioner” or “more responsible” partner
 - Prevents contribution to couple’s negative cycle and their views of each other

Risks vs. Benefits of Individual Contact

- Risks
 - Overfunctioning partner overinvolved
 - Heightened distrust or jealousy in some couples (usually higher conflict)
 - Have plan in place to deal with that if you decide to have individual contact
- Benefits
 - Prevent stress if one partner struggles with scheduling
 - Helps you get information you need to help client

Setting Communication Boundaries

- Utilize consultation when deciding your boundaries
- Informed consent about all communication practices
- Decide:
 - Phone calls allowed with no secrets?
 - Phone calls allowed as necessary?
 - No outside communication except scheduling?

Handling Fights Shared Outside Sessions



Plan for disclosures between sessions



Clear, compassionate boundary-setting around disclosures and talking about fights

Secrets vs. No-Secrets Policies and Gray Lines

- No-secrets
 - Prevents perception of therapist collusion
 - May make it harder for a partner to be vulnerable when together
- Keeping secrets
 - Allows clients to open up fully
 - Allows you to get information that can be used to help the couple
 - Does everything need to be shared for a healthy relationship?
- Informed consent: Ensures safety and trust regardless

Challenges with Secrets



Ending therapy if secret is withheld?



Balancing cultural norms around privacy



Tricky timing if therapy ends before secret is shared

Cultural Sensitivity with Secrets

Example: Porn use accepted in some cultures, seen as infidelity in others

Always assess meaning in client's relational system

Decision Making about Secrets



How does it impact therapeutic alliance and the couple's bond?



How significant is the secret for relational trust?



How can you create enough safety for disclosure?

Case Study

- Alex and Jordan, a married couple, have been attending therapy for four sessions. During a private email to the therapist between sessions, Alex discloses that he is actively involved in an ongoing affair but begs the therapist not to tell Jordan, stating, “It would destroy him.”
- At the same time, Jordan reports feeling a growing sense of “something being hidden” and asks the therapist if Alex has shared anything privately.
- The couple is seeking therapy to rebuild trust and deepen emotional intimacy.

Case Study Clinical Questions

- What would be the benefits and risks of a no-secrets policy with this couple?
- How would you protect the therapeutic alliance with both Alex and Jordan?

Case Study Clinical Discussion

- Balancing transparency with safety when deciding on a secrets policy
- Informed consent BEFORE meeting couple, preferably in paperwork
- Setting boundaries for out-of-session communication

When Couples Therapy May Be Contraindicated

- Abuse
- Affair
- Addiction
- Differing agenda

Shifting Approaches over Time

- As research grows, many therapists see more shades of gray
- Contracting for trial period of sessions
- Regular reassessment for traction and harm
- Consultation

Defining Abuse Carefully

- Power imbalance that feels unsafe
- Black-and-white vs. gray areas
- Therapist comfort and ethical responsibility
 - Do no harm
 - Avoid colluding with one partner
 - Unethical to deny treatment when it can be helpful

Defining Abuse Carefully *(continued)*

- Use regular individual sessions to continuously assess
- Ongoing consultation
- Informed consent so you don't leave them abandoned

Importance of Rupture and Repair

- Part of all relationships
- Models healthy conflict resolution
- Strengthens therapist–client alliance
- Switch back and forth between partners

Balancing Validation

- Fully validate each partner
- Attachment frame: Focus on how much the relationship matters to each partner
 - For distressed couples, use attachment lens more mildly so as not to “stoke the flames”
- Frame each partner’s actions as protective
- Move back and forth between partners

Alliance Tips

- Attunement is calming
- See how both partners are trying to protect the relationship (e.g., by keeping things calm or trying to build more intimacy)
- Stay nonvilifying and compassionate
- Understanding attachment distress

Self-Assessment Question

When validating one partner's experience in therapy, it is most ethical and effective to:

- A. Take their side if they are clearly hurt**
- B. Provide equal time for both partners to vent**
- C. Frame emotional responses as protective strategies without vilifying the other partner**
- D. Avoid addressing emotionally charged issues**

Self-Assessment Question

When validating one partner's experience in therapy, it is most ethical and effective to:

C. Frame emotional responses as protective strategies without vilifying the other partner

Framing through an attachment lens helps deescalate conflict while supporting both partners' emotional experiences.

Interrupting Negative Cycles

- Stop shaming and blaming behavior between partners; catching the bullet
- Stay compassionate and attuned
- Informed consent about interrupting
- Be direct about interrupting
- Say what you see
- Reframe defensiveness as explaining yourself (less shaming word)
- Noticing when stuck in a pattern

Directness with Compassion

- Be direct about harmful dynamics while assuming best intentions
- No name-calling
 - Creates shaming, pits partners against each other
- Highlight relational strengths

Importance When Discussing Strengths

- Soothing
- Improves alliance
- Helps clients be more receptive
- Helps clients focus on what they want
- Gratitude and noticing positive shifts couples into a more connected space

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Thoughts or Questions?



You have completed the course: **Navigating Ethical Dilemmas in Couples Therapy**

Thank you!