Boundaries and the Use and Misuse of Power and Authority: Ethical Complexities for Clergy Psychotherapists

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Acknowledging their power and authority and establishing and maintaining clear and safe professional boundaries tend to be complex issues for clergy psychotherapists. The legacy of dual training, insufficient attention to professional ethics, as well as differing role expectations and professional socializations as clergy and counselor make it imperative for clergy psychotherapists to be particularly thoughtful about boundary issues in counseling. This article discusses the vulnerabilities and complexities clergy psychotherapists encounter, particularly matters of multiple relationships, confidentiality, and practice policies. It also proposes preventive actions to raise awareness and safeguard ethical conduct.

In our society, clergy traditionally enjoy a particular trust and high regard (Gula, 1996), and many people with emotional difficulties tend to first consult their rabbi, priest, or minister for assistance (Steward, 1979; Weaver, Koenig, & Larson, 1997). Many clergy have, in fact, expanded their traditional role of providing spiritual care and acquired additional training to function as counselors, either as part of, alongside, or independent of ministry.

As society becomes more and more secular as well as litigious, complaints of boundary violations by clergy, including clergy psychotherapists, have increased significantly. For instance, a 1994 report by the Maryland state regulatory board indicated that 40% of the psychologists accused of sexually inappropriate behavior were also ordained ministers (as cited in Case, Mclnn, & Rhoads Meek, 1997). In 1993, 4% of the American Association for Marriage and Family Therapy’s (AAMFT) membership could be identified by their degree as having a theological background. These members accounted for a disproportionate 29.5% of those found in violation of Subprinciple 1.2 of the AAMFT Code of Ethics (AAMFT, 1991), which addresses dual relationships. Attention to the particular boundary dilemmas clergy psychotherapists face might be crucial to protecting the integrity of their professional relationships and to preventing client exploitation and harm.

Most violations of professional ethics are unintentional (Haug, 1993), perpetrated by generally well-meaning counselors lacking education, supervision, self-awareness, or self-control. Establishing behavioral rules and guidelines concerning boundary issues, however, is only partially helpful. It seems equally important to address the attitudes and practices that give rise to misuse of power and authority. This article endeavors to raise clergy psychotherapists’ awareness of the factors that tend to predispose them to unique boundary dilemmas. It further provides suggestions to enhance ethical practice in the service of client welfare.

TERMINOLOGY

For the purposes of this discussion, the terms counselor, psychotherapist, and therapist are used interchangeably. Clergy psychotherapists are defined as mental health professionals who have received dual education and training as clergy and as psychotherapists (the term clergy encompasses Christian and non-Christian religions). Most commonly, theological training precedes mental health training. Clergy psychotherapists come from diverse religious traditions, and their mental health training may be in pastoral counseling, social work, marriage and family therapy, counseling, psychology, or psychiatry. In their professional capacity they may or may not use their theological degree and therefore are not necessarily identifiable as having a ministerial background. Psychotherapists with clergy training may work in secular settings as full-time counselors with minimal or no overt association with organized religion, in settings identified as providing pastoral counseling or religiously based therapy, or in settings in which they balance ministry and professional psychotherapy practice simultaneously. Although women in some Protestant denomina-

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tions constitute half of the student body in seminaries, clergy and clergy therapists still tend to be predominantly male.

Professional boundaries might be conceptualized as a frame (Gutheil & Gabbard, 1993; Peterson, 1992) which, like a picture frame, demarcates what is included in or excluded from the therapy relationship. This frame delineates the structure and content of the counseling relationship and establishes professional responsibilities and appropriate behaviors conducive to fulfilling the task of helping clients in distress. Among the issues included are place, space, timing and financial arrangements of counseling, psychotherapists' role and behaviors, and clients' rights and behaviors.

Power, for the purposes of this article, is defined as the ability to influence persons or events. It can be exercised in ways helpful or harmful to the parties involved. Unequal power, a situation in which one person is able to impose his or her will over others, is often due to such factors as one's role, sex, position, or knowledge (Richards, 1997). Authority, on the other hand, may be defined as legitimated power, publicly validated and usually institutionally conferred (Gula, 1996). Ethics and ethical refer to psychotherapists' attitudes and behavior that (a) give primacy to the welfare of clients, and (b) are mindful of the intended and unintended consequences of therapists' behavior not only to clients but also to clients' social context and to the public as well as the profession at large (Haug, 1998).

USE AND MISUSE OF POWER AND AUTHORITY

Psychotherapists have great power to influence those in their care. They hold this power and authority due to their training and professional affiliations and trust and confidence these inspire in persons seeking their services. Counselors' fiduciary responsibility, documented in professional ethics codes, lies in exercising this power and authority in ways that will first serve clients' needs and protect clients' vulnerabilities. In fulfilling these obligations, counselors protect and advance their professional integrity.

Postmodern therapeutic approaches emphasize collaborative, egalitarian relationships between counselor and client and attempt to minimize or even deny counselors' power. However, although counselors and clients undoubtedly influence each other, this influence is not of equal proportions. Counselors' ability to influence counseling process, procedures, and content and clients' lives far outweighs, for better or for worse, the power clients have over counselors or counselors. The sheer fact that a client, not the counselor, shares highly personal and often embarrassing matters in counseling makes him or her vulnerable and at risk should the counselor prove untrustworthy.

Clients' vulnerability might be heightened when they consult clergy psychotherapists. Due to the ministerial background of clergy therapists, clients may have exaggerated expectations of their ethical conduct and of the safety, if not "sacredness," of the counseling relationship. Clients may therefore grant them extraordinary trust, power, and authority over their lives (Lebacqz, 1985; Richards, 1997) and also desire special closeness and attention. Clergy psychotherapists, on the other hand, often have an ambivalent attitude toward issues of power and authority (Fortune, 1989; Richards, 1997). They tend to prefer to down grade therapy to a friendship (Gula, 1996) and minimize both their influence over clients and their ethical responsibility for the relationship. The mix of these client and therapist dynamics makes wise handling of the therapy relationship very difficult because the risk of abuse of power seems greatest when professionals minimize or ignore the magnitude of the power they possess and become careless in monitoring power dynamics in therapy (Fortune, 1989; Gula, 1996; Peterson, 1992; Richards, 1997).

Power and authority, of course, present complex issues for every counselor, and misuse of power seems to be intimately and consistently connected to boundary violations of diverse kinds (Peterson, 1992; Rutter, 1989). Creating and maintaining safe, predictable, and reliable boundaries is therefore crucial to the integrity and success of any counseling dedicated to maximizing clients' welfare.

Unequivocally, the primary burden of responsibility to maintain clear boundaries and to protect the well-being of clients and the safety of the professional relationship lies mainly with the counselor (Bograd, 1992; Gula, 1996; Gutheil & Gabbard, 1993; Peterson, 1992; Pope & Vasquez, 1991), who should be more knowledgeable than clients about the role power dynamics play in therapeutic relationships. Due to a lack of understanding of the unintended potentially negative consequences, clients are rarely, if ever, in a position to give authentic consent to any crossing of professional boundaries. In addition, they are often not immediately aware of the harm they suffered from counselors' unprofessional behavior, and frequently lodge complaints after considerable time delay (Humphry, 1994).

Setting safe boundaries is best accomplished proactively rather than reactively. Some clients, particularly those who have experienced prior violations of their boundaries or who find themselves unable to accept limits, can be expected to test those limits. They need to feel safe in discussing or even acting out their conflicts and to be assured that counselors remain committed to appropriate professional boundaries, regardless of clients' behaviors or counselors' ambivalence.

VULNERABILITIES DUE TO DUAL PROFESSIONAL TRAINING AND ROLE EXPECTATIONS

Clergy psychotherapists generally bring to counseling practice their previous socialization and experience as clergy. The expectations of what constitutes appropriate professional conduct in both of these helping professions are not identical. Some practices common to clergy and considered ethical by most, such as ad hoc home visits, might be viewed as ethically questionable or even unethical for counselors. These discrepancies can create confusion for the clergy therapist. Awareness of the differences in what is expected and deemed professional and ethical in the two professions, however, is the first step toward preventing a lapse in ethi-
Ethical Complexities for Clergy Psychotherapists

Clergy training generally does not include mandatory course work in professional ethics or emphasis on personal growth and development, sexuality, or clergy self-care (Haug & Alexander, 1994). As a rule, clergy also have no detailed, specific code of ethics to which they can turn for support and guidance (Fortune, 1989; Gula, 1996).

In their mental health training, clergy psychotherapists may or may not have received specific training in ethics and professional issues. Their initial clergy training, however, may predispose them to be less informed and less aware than is desirable about (a) the ethical dimension of professional behaviors and practices and (b) the ways their personal issues might contaminate counseling processes. They might therefore be vulnerable to impaired judgments due to ignorance, naiveté, or personal blind spots, to the potential detriment of their clients.

**Professional Socialization**

Clergy are generally expected to be friendly and warm and to demonstrate their caring by initiating contacts with members (e.g., visiting parishioners in their homes, in the hospital, or over lunch; comforting them with hugs) and by placing minimal restrictions on their own physical or emotional availability. In addition, clergy often socialize with parishioners, attend family celebrations, or work side by side with them on community projects. It might be said that flexible, even ambiguous, boundaries and a tendency to become overly involved in people’s lives come with the ministerial territory and tend to be positively connoted and actively encouraged as expressions of love, care, and unselfishness. In fact, it might be precisely these very attitudes and actions that enable clergy to be effective in their pastoral work. The cost of this “boundless dedication,” however, tends to be clergy’s neglect of their personal and family lives in the service of others, a temptation to meet personal needs through their work, and difficulty setting limits assertively and protecting professional and personal time and space. As a result, they may also feel secretly entitled to being rewarded for all their sacrifices with special favors from those they care for so much, whether or not such reward is appropriate.

Clergy psychotherapists who internalize these publicly and institutionally sanctioned socialization patterns may be prone to continue some of these behaviors in the different environment of ongoing and intensive counseling. They remain unaware of how the exclusivity and privacy of the counseling context changes the dynamics and meanings of behaviors and what confusion the lack of clear boundaries and of counselor self-care creates for clients. At best, this may be countertherapeutic and, at worst, may lead to harm and exploitation. Counseling becomes unsafe as the focus on clients’ welfare and the parameters of the professional context are blurred.

**Practice Structures**

Clergy’s job descriptions tend to be poorly defined (Craig, 1991) and lack explicit criteria for success. This undoubtedly further contributes to clergy’s workaholism (Wiest & Smith, 1990) and lack of clear boundaries between the professional and personal realms of their lives.

In addition, clergy are paid by salary. Pastoral care or counseling is part of their job description and is not reimbursed on a fee-for-service basis. Clergy psychotherapists may therefore be ill at ease and unskilled in dealing matter-of-factly with such financial matters as fee setting and fee collection. Financial arrangements require clear policies and consistent boundary setting in their implementation. Lack of clarity or irregularities may lead to confusion and resentment when clients feel flattered and special for being undercharged and abused when therapists attempt to correct billing mistakes.
Clergy also often work in isolation, receive inadequate supervisory assistance in challenging circumstances, and lack peer review and accountability (Richards, 1997). This makes it more likely that they remain unaware of their biases and blindspots and retain unrealistic assessments of their abilities and competencies. Clergy psychotherapists may perpetuate similar behaviors and put themselves and their clients at risk when minor mistakes or improprieties may continue unnoticed and uncorrected until they escalate to major wrongdoing and come to the attention of authorities (e.g., church authorities, legal authorities).

The legacy of lack of (a) education in professional ethics, (b) theologically based self-care, (c) attention to personal growth, (d) support for clear professional boundaries in the face of traditionally unquestioned demands, and(e) controls and restraints, combined with the trust, power, and authority often blindly conferred on clergy place great burdens on them as far as wise handling of the helping relationship is concerned (Richards, 1997). Clergy psychotherapists, having generally been socialized into these pastoral attitudes and behaviors prior to becoming counselors, may find it difficult to reorient themselves to the different expectations and ethical guidelines of the mental health field—and they often resist those as cold, uncaring, and as "unpastoral." This revision may be easiest for those clergy who engage solely in full-time mental health practice and hold themselves primarily accountable to its professional values and codes of ethics. Clergy psychotherapists who work both as pastors, priests, rabbis, and so forth, and as therapists, face more complexities negotiating what constitutes appropriate behavior in which context. Setting, communicating, and maintaining distinct boundaries between both professional roles is of paramount importance for the integrity of both, ministry and mental health practice.

**COMMON BOUNDARY DILEMMAS**

Boundary violations are generally not a single event but a process (Peterson, 1992), a "slippery slope" where seemingly innocent and minor boundary crossings (Guthell & Gabbard, 1993; Haug, 1993) precede more serious breaches in professional conduct. Relatively minor boundary violations can be early warning signals and need to be taken seriously, discussed openly in supervision, and rectified. Clear and consistent boundaries create and support safety, dependability, trust, and security and dispel anxieties and confusion (Haug, 1993). They also do not have to stifle therapists' ability to convey warmth and caring.

Boundary crossings or outright violations occur most frequently in several areas: nonsexual multiple relationships, sexual and sexualized multiple relationships, confidentiality, client autonomy, and practice policies.

**Nonsexual Multiple Relationships**

When counselor and client engage in relationships with each other beyond professional parameters, such as becoming friends, business associates, employers, or interacting neighbors, they are engaging in "dual" or multiple relationships. Multiple relationships of any kind invariably introduce complexities and multiple agendas (Peterson, 1992) into the encounter and can subtly or decisively detract from the concerns that brought clients to seek counseling in the first place. They open the door to misunderstandings, confusion, anxiety, and harm. Due to the vulnerability factors listed previously, clergy psychotherapists are particularly tempted to minimize the risk involved in multiple relationships. With the rationalization of showing kindness, they remain unaware of the potential misunderstandings and complications created by, for instance, taking clients out to lunch, putting an arm around them, offering financially needy clients employment or bartering arrangements, forgiving outstanding balances, sending depressed clients flowers, taking their car to a client's repair shop, and so forth. They are ill equipped to handle the conflicts when, for example, the client's car repair proves unsatisfactory.

Clients often naively or compulsively seek out these additional connections with their counselors. They may initially feel flattered and special when they occur, particularly when the counselor, like a clergy person, has high standing in the community. Over time, however, many clients experience confusion about the true nature of the counseling relationship and feel betrayed at having to subordinate their own needs to those of their counselor. Counseling becomes unsafe, no longer a "holding environment" where clients can securely express themselves without feeling compelled to please their counselor or being afraid that counselors exploit the information for their own gratification, be it social, emotional, or financial.

Although some professionals call for greater acceptance of nonsexual multiple relationships as introducing a humanizing and more "real" element in psychotherapy, multiple relationships are one of the most frequent reasons clients, students, or supervisees feel harmed by providers and lodge ethics complaints with the various mental health professions (Pope & Vasquez, 1991; J. Scalise, personal communication, April 22, 1998). The admonition to avoid multiple relationships is contained in the ethics codes of most mental health professions and proves most protective of clients (see American Counseling Association, 1995).

It is crucial for counselors, particularly clergy psychotherapists, to ask themselves these questions: Who will benefit from this boundary crossing? Who really needs this hug, this financial advice, this get-together outside the counseling room? What are the possible negative, unintended consequences for clients and those close to them, for the public, and for the profession at large? Am I satisfying personal needs, for instance for services, social contact, self-revelation, financial stability, and so on, that might and should be met otherwise? Could this multiple relationship be avoided? Am I rationalizing away my concerns? Am I comfortable having this course of action made public?

Clergy psychotherapists working at their site of worship (e.g., church) may have the greatest difficulty in setting
clear boundaries to prevent a conflict of interest. Issues such as office location and policies, when and under what circumstances they might accept a member for psychotherapy, financial arrangements, availability, or advisability or inadvisability of touch need to be established proactively to prevent confusion and misunderstandings.

**Sexual and Sexualized Multiple Relationships**

The codes of ethics of all major mental health professions explicitly prohibit sexual intimacies between counselor and client, often with a 2-year (or longer) posttermination clause (Herlihy & Corey, 1996). The definition of what constitutes sexual intimacies is somewhat vague. The prohibition is generally interpreted to mean client–therapist intercourse. However, sexual exploitation may also occur in what might be termed “sexualized behaviors” such as kissing, embracing, verbal suggestions of sexual content, and behaviors of a sexual nature short of intercourse.

The code of ethics of the American Association of Pastoral Counselors (1994) in Principle III G provides explicit and comprehensive directives concerning what constitutes unethical sexual behavior:

> All forms of sexual behavior or harassment with clients are unethical, even when a client invites or consents to such behavior or involvement. Sexual behavior is defined as, but not limited to, all forms of overt and covert seductive speech, gestures, and behavior, as well as physical contact of a sexual nature; harassment is defined as but not limited to, repeated comments, gestures, or physical contacts of a sexual nature. (p. 3)

All indications are that sexual boundary violations occur predominantly between men in power and the women in their care (Gula, 1996; Rutter, 1989). This is not surprising, given the nature of psychotherapy and the gender patterns deeply embedded in our culture. Clients reveal emotional and highly personal contents in counseling, and a closeness and intimacy often develops between counselor and client that may stimulate in both of them sexual desire and sexual fantasies (Rutter, 1989). Most counselors struggle at some time in their career with sexual attraction—their own attraction to a client, a client’s attraction to the counselor, or both. At the same time, indications are that the less satisfied counselors are in their own sexual lives, the more they are in danger of wanting to have their needs met by clients (Balswick & Thoburn, 1991).

A 1984 study by Blackmon found that 38% of clergy of four major denominations admitted that they engaged in what they considered “inappropriate sexual behavior” (Blackmon & Hart, 1990). Complaints to ethics committees of various mental health professions seem to confirm similarly high numbers of clergy psychotherapists implicated in sexual misconduct (as noted in the introduction of this article). The legacy of the scant attention clergy tend to pay to their personal lives and the strong transferential feelings and desires directed at clergy psychotherapists makes dealing with sexual impulses difficult. In addition, wishing to be helpful, clergy therapists may nurture exag-gerated and grandiose fantasies of the curative properties of therapists’ “love” for needy, traumatized clients. They may not be educated, aware, or secure enough to differentiate caring from love and love from sexuality. Clergy psychotherapists may remain blind to their own or clients’ behaviors, which might subtly or not-so-subtly encourage sexual fantasies, sexual focus of sessions, and sexual acting out, unaware of the romantic attachments fostered in both participants in such an encounter.

Research shows that sexual relationships between counselor and client can have long lasting, destructive consequences (Fortune, 1989; Peterson, 1992; Pope & Vasquez, 1991). Clients often suffer extreme shame, self-blame, loss of trust in close relationships, and symptoms of posttraumatic stress (Epstein & Simon, 1990). Counselors found in violation of sexual boundaries suffer as well, often with public humiliation, loss of respect, financial ruin, and deep shame.

The very common feelings of attraction become particularly dangerous when counselors keep them secret from peers or supervisors, thereby nursing them “in the dark” as shameful but alluring fantasies, often to the point where they escalate into inappropriate actions that override common sense and professional values. Research indicates that religious counselors find it particularly difficult to report sexual attraction and fantasy toward clients (Case et al., 1997). Safe supervisory relationships, however, in which counselors can reveal their own attractions or clients’ longings or seductive behavior and can find ways to respond without acting out are imperative for the integrity of the counseling relationship.

**Confidentiality Issues**

Clergy are obliged and protected by law to keep confessions confidential. Many other matters, however, such as who they see during the course of their workday or who is experiencing a health or personal crisis or milestone are not necessarily considered confidential information for clergy. They do, however, constitute privileged communications for counselors. Clergy psychotherapists may have to be particularly mindful of these differing requirements when they are simultaneously employed as clergy and as therapist. It may prove difficult for them to uphold the requirements of each of their roles and to avoid accidentally and inappropriately revealing confidential information. It is prudent for counselors of all backgrounds to err on the side of respect for clients’ confidentiality. Soundproofing counseling rooms; avoiding professional gossip; informing clients of supervision or consultation on their case, including the name of the supervisor; training administrative staff in confidentiality requirements; safeguarding records; and preventing unauthorized disclosures all help preserve clients’ dignity and ethical right to confidentiality.

In many states, privileged communications laws govern the release of client information, including who is or is not a client at a given facility or private practice. Confidentiality is a client’s right and client information can and must be
released only with the client’s written permission. Exceptions stipulated by case law or statutes may be the duty to report suspected child abuse and neglect, the duty to commit clients dangerous to themselves or others, and the duty to warn the intended victim of a crime.

**Client Autonomy**

Clients of certain religious persuasions may seek out clergy psychotherapists who belong to their own faith group or who they assume will be respectful of their religious beliefs. Many clients, however, may not be aware of the clergy background of their counselor. Clergy psychotherapists who have a strong commitment to the values and behaviors their faith groups hold may find it difficult to respect clients’ disinterest in exploring this area of their lives, or their strongly held divergent views. They may also be in danger of passing judgments and misusing their power and authority to proselytize or to inappropriately influence clients to adopt their view of the world.

At particular risk may be counselors who share their religion’s stand on issues such as reproductive rights; nonmarital sexuality, including adultery and gay/lesbian relationships; or divorce. These clergy psychotherapists may need to be vigilant so that they are not perceived as compromising clients’ rights to determine their own beliefs and to act in accordance with these beliefs. If they feel they cannot be objective, they may need to refer clients who are dealing with these issues to other counselors, and to do so in a way that the client will not perceive as rejection or victimization (Haug, 1998).

Counselors do, of course, hold personal convictions and values. Clients, however, are entitled to informed consent concerning pertinent information of the counseling process and relationship, including counselors’ religious persuasion and clinical orientation.

**Practice Policies**

Practice policies covering such topics as time, place and space, financial arrangements of counseling, acceptance of gifts, or counselor availability provide crucial boundaries that provide structure and containment to counseling sessions (Gutheil & Gabbard, 1993) and make them predictable. Practices such as extending the counseling hour, making oneself available on demand, meeting at places other than an office such as in cars or at lunch places, forgetting billings, or forgiving client debts introduce the great potential for these actions to be either misinterpreted by clients or become the fertile ground for further, more serious boundary crossings. Clergy psychotherapists, who in their clergy roles were often expected to behave in such fashion with parishioners, may have a difficult time understanding that counseling clients form a more intense connection and dependency with them and are apt to misinterpret these actions. Clients may easily mistake the professional relationship for a social friendship and feel entitled to further special treatment. Correcting these misconceptions and dealing with unmet expectations and feelings of rejection take time and deter from the primary focus of counseling.

Rigidity, of course, is seldom well advised. Stretching a boundary after thorough reflection may have a beneficial effect, for example conducting a session in the hospital, accompanying a client to court, or not charging when a child’s illness prevents clients from attending sessions. It is, however, crucial to discuss with clients the intended and possible unintended consequences of such actions and to inform clients proactively about pertinent policies and procedures that govern the therapy relationship.

**CONCLUDING RECOMMENDATIONS**

Raising clergy psychotherapists’ awareness that all actions, no matter how seemingly minor or unimportant, have ethical consequences that may harm or help clients is crucial to ethical practice. On the basis of my experience as both clergy psychotherapist and past member and chair of the ethics committee of one of the mental health professions, I propose several means, independent of therapists’ conceptual frame, that might prevent the abuse of power and of resulting boundary violations:

1. Education in ethics and professional issues to expand and update clergy psychotherapists’ knowledge base: Keeping abreast of contemporary developments in ethical thinking and professional codes is crucial for all mental health practitioners. Graduate-level or continuing education courses ought to address the use of power and authority, ethical principles and their application to ethical reasoning and decision making, and professional codes of ethics. Particular attention ought to be given to issues of gender sensitivity in counseling, multiple relationships, the recognition and handling of transference and countertransference, informed consent procedures, and legalities.

2. Education concerning all dimensions of sexuality, including sexual development through the life cycle, gender aspects, and ethical dimensions of sexuality: This ought to go hand-in-hand with creating avenues for clergy psychotherapists to openly and honestly discuss their own sexuality (Richards, 1997) and receive assistance with personal dilemmas.

3. Assistance in creating office policies and forming agreements with clients at the beginning of therapy: Proactive informed consent procedures are of great importance to prevent future boundary ambiguities. They ought to encompass counseling goals and expectations; counselors’ training, orientation, and behaviors; confidentiality issues, including limits to confidentiality or how chance meetings (e.g., at the supermarket or at church) might be handled; administrative matters such as office policies governing professional availability; billing and fee collection, and so forth. Counselors should provide these disclosures in writing and request clients’ signature.

4. Building supportive professional networks to reduce professional isolation and increase accountability, particularly for those clergy psychotherapists in private practice.
5. The acceptance and conscientious pursuit of ongoing supervision and peer consultation and review: Supervision is crucial for recognizing biases, blindspots, or misjudgments and for practicing ethically. Supervision should require a commitment not to withhold from supervisors any aspect of one's attitudes and behaviors with clients, including deviations from established policies and procedures, sexual attractions, or temptations to engage in multiple relationships. This supervisory assistance is particularly indispensable for clergy psychotherapists who simultaneously work as ministers or those who practice in small communities where multiple relationships may be unavoidable and therefore need proactive policy setting and careful handling and monitoring.

6. Encouragement and assistance in focusing on clergy psychotherapists' personal life and attending to personal needs in an ongoing manner: Satisfying personal relationships and rejuventating, non-work-related experiences may be the best antidote to inappropriately meeting personal needs through work. A theological rethinking of the importance of setting appropriate limits and of necessary self-care may help prevent not only ethics lapses but counselor burnout as well.

7. Strong support for using personal therapy as a resource for resolving personal dilemmas: The special pressures and vulnerabilities clergy psychotherapists experience make it highly desirable for them to obtain individual, couple, or family counseling during times of crisis, transition, or conflict. The role of clergy psychotherapists as mental health care providers is still emerging. It may gain more prominence in the coming years as a result of the current interest in our society and among mental health professions to include a spiritual orientation in mental health practice. When clergy psychotherapists' vulnerabilities receive the careful attention they require and deserve, their many contributions to clients' welfare may be augmented and become more visible.

REFERENCES


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