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## Secrets or No Secrets: Confidentiality in Couple Therapy

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*This paper discusses secrecy in couple therapy from ethical and clinical perspectives. The author explains what secrets mean in terms of therapy and then moves to what controversies are raised by revealing or withholding secrets. The author reviews and evaluates current approaches to handling secrets in couple therapy regarding the use of informed consent. Additionally, the manner of implementation serves as another variable. In this paper, the author presents several scenarios which are widely used. The article ends with a call for further research on how the change of formats in therapy affects confidentiality*

### BACKGROUND

It is not uncommon that a therapist offers couple therapy to a couple with some conjoint and individual sessions. Based on system theories, seeing a couple together paints a better picture of their interactions and relationships. On the other hand, separate individual sessions function in gathering more personal information and relational histories. In general, no matter what type of format a therapist applies, the major goal of couple therapy is to facilitate relationships for a couple. However, the problem occurs when “secrets” are revealed in separate sessions. From the client’s perspective, secrets are often best kept unknown to the other partner. From the therapist’s perspective, secrets have profound clinical implications. They are actually the key factor interfering with the couple’s relationship. Considering the meaning of secrets, should the therapist bring them up in the following conjoint session?

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## CONTROVERSY

According to American Association for Marriage and Family Therapy (AAMFT) *Codes of Ethics* section 2.2, a therapist is not allowed to reveal any individual's confidence in the systems-oriented therapy setting without the prior written permission of that individual (2001). The Board of Behavioral Sciences also emphasizes how important it is to maintain confidentiality. A therapist can only break confidentiality when it is required or permitted by law (2007). As a consequence, the first challenge a therapist faces is whether the disclosure of secrets violates confidentiality. This is the second challenge; "A therapist continues therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship" (AAMFT 1.9, 2001). However, withholding a secret is not helping therapy move forward. It is obvious that this action fails to live up to beneficence in terms of aspirational ethics: Therapists are dedicated to promoting the best interests of the clients (as cited in Corey, 2007). Additionally, some secrets are related to illegal activities, such as adultery in some states (Bass & Quimby, 2006). Disclosing them may trap the unfaithful partner into unwanted legal disputes.

## DISCUSSION

### Informed Consent

Gottlieb, Cooper, Margolin, Vangelisti, Caughlin, and Timmerman suggest establishing clear policies concerning confidential communication in dealing with secrets in the systems-oriented therapy setting (Gottlieb & Cooper, 1993; as cited in Bass & Quimby, 2006). Karpel (as cited in Weeks, Odell, & Methven, 2005), Gottlieb, and Cooper (1993) further propose several approaches regarding making the policy of secrets in informed consent.

#### 1. No information is confidential within a couple

The therapist will not keep any secrets and will share all information received. This policy stresses openness and honesty within the couple. On the other hand, it compromises security and trust in the therapeutic relationship.

#### 2. Individually revealed information can be disclosed only with a separate waiver

This policy grants the highest degree of confidentiality and promises a safe environment for each individual to share her or his secrets. The position allows the therapist access to the greatest amount of information. However, without the individual's permission, the therapist cannot transmit critical information to the partner. This makes couple therapy look more like two persons in a relationship who happen to share the same

therapist. This rule makes the effectiveness of couple therapy questionable.

3. Some individually revealed information is confidential within a couple.

The therapist will list the exceptions of confidentiality, such as disclosures related to extramarital affairs, contagious diseases, unsafe sexual behaviors, physical conditions, active substance addiction, severe mental disorders, etc. This rule strives to minimize the disadvantages of the no-secret policy and maximize the quality of confidentiality. Unfortunately, there is great difficulty in its implementation. It is impossible to include all information in advance which would interfere with therapy and be divulged.

4. The degree of confidentiality within a couple relies on the therapist's discretion.

The therapist will inform the couple that the information will be kept confidential unless the therapist believes any individually revealed information is critical or detrimental to treatment. This policy is designed to promote the efficacy of couple therapy. In some cases, clients feel confused and uncertain about the therapist's position. From feminist perspectives, the therapist discretion carries an inherent power imbalance.

### Implementation

The manner of the therapist in divulging confidentiality acts as another variable. Here are some common practices:

1. The therapist will suggest to the individual that certain information be shared to the partner in the following conjoint session, such as the presence of sexually transmitted diseases. Before that, the therapist will provide few individual sessions that work towards the client's fear of disclosure and coaches her or him how to express the secret.
2. Before suggesting the individual confide to the partner, the therapist will give the individual a limited time period for stopping certain behaviors, such as active extramarital affairs, or will help the individual stop the problems, such as excessive spending (Weeks, Odell, & Methven, 2005).
3. If the individual refuses to confide to the partner, the therapist will share the information and may refer the couple to other alternatives (Bass & Quimby, 2006).
4. In the situation that the individual refuses to share the information, the therapist will not share the specific information. The therapist will inform the couple that "she or he is aware of information obtained from one partner that makes it impossible to do couple therapy (Weeks, Odell, & Methven, 2005)."

## SUMMARY AND CONCLUSION

The most well-known way to deal with confidential communications within a couple is to provide a good therapeutic structure; that is, informed consent. No matter what policy a couple therapist applies, it always comes with its pros and cons, and none is a guarantee against a potential legal action. For further research, confidentiality in changes of format is a highly relevant topic. The four models I mentioned here are applicable to the presence of a couple in the first session. However, in some cases, the client requests to see the therapist individually and then followed by conjoint sessions. In other cases, during the course of individual therapy, the client wants to bring her or his partner into therapy. How does a therapist process the prior information the client revealed? The transference of confidentiality presents another legal and ethical challenge.

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