2014

Therapists' Experiences of Incidental Encounters with their Clients

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DISSERTATION

Submitted in partial fulfillment of the requirements for the degree
of Doctor of Psychology in the Department of Clinical Psychology
at Antioch University New England, 2014

Keene, New Hampshire

Department of Clinical Psychology

DISSERTATION COMMITTEE PAGE

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THERAPISTS' EXPERIENCES OF INCIDENTAL ENCOUNTERS WITH THEIR CLIENTS

presented on May 5, 2014

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on **5/5/14**

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Acknowledgements

There are so many people to thank for their unwavering support throughout the process of completing this dissertation. I would like to start by saying thank you to my incredibly supportive and kindhearted husband, Joel. In spite of the fact that I robbed you of adventurous weekends and relaxing evenings together, especially throughout this past year, you have been my rock. You pushed me to keep going when I wanted to stop, you reassured me that I was strong and smart enough to do this when it felt simply impossible, and you always listened when I needed someone to talk to, even if you had no idea what I was talking about. Thank you to my family. Mom and Dad, you are simply the best. You encouraged and loved me throughout this process the same way you have done so throughout my life. You asked questions gently, were perfectly sensitive to my stress, and displayed a curiosity about my topic that made it fun to talk about. Scott and Azanet, having gone through this yourselves and empathizing with my experience, you have helped me to see that I, too, could accomplish this. You were there when I was stuck, either in my writing or in my confidence, and never thought twice about stopping what you were doing to help. Thank you. Thank you to my committee chair, Jim Fauth, for pushing me to make this the best and most meaningful paper I've ever written. I know you would not have pushed me past my potential, even though it sometimes felt that way. Knowing you believed I could do this made me believe it too. Thank you to Vic Pantesco and Jim Graves for your time, commitment, and support, not just as committee members, but also as mentors. Thank you to my friends, near and far, who have continued to love, support, and encourage me—you are amazing. Last but not least, thank you Jamie Carroll for being my PsyD buddy and paving the way through this process so you could answer all of my questions. Thank you for always picking up the phone to listen and for having the perfect balance of honesty and empathy.

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Abstract

Incidental encounters with clients occur frequently and have been found to elicit feelings of surprise, uncertainty, and discomfort for the therapist (Sharkin & Birky, 1992). This qualitative study examined therapists' experiences of such incidental encounters to better understand factors that may contribute to those feelings. I conducted semi-structured interviews, in line with Interpretive Phenomenological Analysis (IPA), with six licensed clinical psychologists who have experienced an incidental encounter within the last five years. Participants were asked to imagine the encounter, discuss factors that contributed to their feelings about the encounter (during and after), consider long-term consequences, and describe their level of preparedness for incidental encounters. Data analysis included sustained engagement with interview transcripts that resulted in the emergence of superordinate and emergent themes. Superordinate, or dominant, themes included therapist personal factors, client personal factors, client/therapist intersection, therapeutic consequences, ethical considerations, and training considerations. Specifically, results from this study revealed that some therapists' responses to incidental encounters were shaped by client characteristics, therapeutic context, and the extent to which the therapist had disclosed personal information prior to the encounter. Some therapists discussed increased trust and professional growth that occurred as a result of the incidental encounter, and all participants considered the ethical implications of engaging with their client during the incidental encounter. Considerations for future research include a quantitative, representative study to acquire more comprehensive and generalizable data, possibly including differences in therapists' experiences in urban versus rural areas, how training programs cover management of incidental encounters, possible impacts of therapists' interpretation of language from older ethics texts, and therapeutic outcomes of incidental encounters in the general population.

Keywords: Incidental Encounters; Boundary Crossings; Boundary Violations; Dual Relationships; Ethics

Chapter 1

I saw her enter the restaurant only moments after I sat down with some colleagues for a quick bite in between classes. This would be a true test of my ability to maintain appropriately firm boundaries and protect my client's confidentiality. As my heart began to pound rapidly, I completely lost track of the conversation in which I had been engaged. Instead, I was trying to manage my discomfort while desperately attempting to remember details from the "boundary and confidentiality conversation" I have with each client during our initial intake session. Certain that I had prepared this particular client for my decision to remain quiet until she initiated conversation or otherwise gave me the "go-ahead," I reassured myself that ignoring her as I exited the restaurant was absolutely the right thing to do. Not only was I demonstrating my trustworthiness by remaining true to my word, I was proving that I was capable of handling such a situation the way an ethically-oriented therapist *should*. As it turns out, I instead unintentionally left my client feeling rejected and wounded, with few words to express her emotions as a young and impressionable 14-year-old girl.

The above vignette displays some of the feelings and reactions that therapists may experience when they bump into their clients outside of therapy. Feelings of insecurity, discomfort, and exposure, along with the absence of a clear or consistent message about how to handle such situations, may make it difficult to act as an ethically competent, self-assured, and compassionate professional. In the aforementioned scenario, I was immobilized by apprehension and uncertainty about the clinical and ethical implications of my decision. Consequently, I failed to consider how my actions would impact my client on a personal level in the moment.

Incidental Encounters are Ubiquitous

Despite efforts to prevent situations in which therapists engage in unplanned interactions

with their clients outside of the office, such boundary crossings occur frequently. Pulakos (1994) explored clients' perspectives of incidental encounters in a university setting and found that more than half of the students encountered their therapist outside of the office, with percentages increasing among students who attended more sessions. She therefore argued that situations in which therapists and clients do not bump into each other outside of therapy may be rare. Moreover, Sharkin and Birky (1992) found that 95% of therapists in their study reported having experienced an incidental encounter with a client. Given these statistics, incidental encounters reasonably deserve specific attention in research and training.

Incidental Encounters, and other Extratherapeutic Encounters, Defined

Ethicists have long studied a range of extratherapeutic contacts, including multiple and dual relationships, boundary violations, and boundary crossings. Though these terms are often conflated and used interchangeably, they represent conceptually distinct forms of contact, each with its own range of possible therapeutic implications. This section will first define each term with a focus on its potential for therapeutic value and harm. Then, each term is differentiated from the incidental encounter construct, which is the primary focus of this study. Understanding these concepts is especially important because conflation of these various types of extratherapeutic contacts may influence therapists' responses during incidental encounters. If a therapist does not understand the difference between a boundary violation and an incidental encounter, for example, that confusion could negatively influence their decision making.

Dual relationships. *Dual relationships* exist when the client and therapist actively and knowingly engage in a relationship that occurs outside of the traditional therapeutic relationship (Hyman, 2002). Tomm (1993) adds that a dual relationship refers to any relationship "in which there are two (or more) distinct kinds of relationships with the same person" (p. 33), and Herlihy

and Corey (2006) assert that dual relationships occur "when a professional assumes two or more roles simultaneously or sequentially with a person seeking his or her help" (p. 1). Dual relationships are *intentional* and *ongoing*. Dual relationships have historically been perceived as inherently and invariably problematic due to the risks of distorting the professional nature of the therapeutic relationship and creating conflicts of interest (Pope & Vasquez, 1998). Current thinking, however, acknowledges that dual relationships cannot and should not always be avoided, particularly in small, rural communities. Therefore, clinicians assume the responsibility of determining risks and benefits on a case-by-case basis (Younggren & Gottlieb, 2004).

Boundary violations. According to Herlihy and Corey (2006), a *boundary violation* is a serious infringement of the ethics code that is exploitative or causes harm to the client. Zur and Lazarus (2002) concur that boundary violations occur when the therapist's actions are "harmful, exploitative, and in direct conflict with the preservation of clients' dignity and the integrity of the therapy process" (p. 6). Boundary violations are always unethical and never constitute an effective or beneficial therapeutic intervention. For example, sexual dual relationships or any other situation in which the therapist uses power to manipulate, exploit, or take advantage of a client would be considered a boundary violation. In addition to being unethical, boundary violations are often illegal (Zur, 2004).

Boundary crossings. A *boundary crossing* is "a departure from commonly accepted practice that might benefit the client" (Herlihy & Corey, 2006, p. 10). Zur and Lazarus (2002) further assert that boundary crossings represent a variation in traditional therapeutic interactions that have the potential to be caring, humane, and beneficial, as well as harmful. As explained by Pope and Keith-Spiegel (2008), "nonsexual boundary crossings can enrich psychotherapy, serve the treatment plan, and strengthen the therapist-client working relationship. They can also

undermine the therapy, disrupt the therapist-patient alliance, and cause harm to clients" (p. 638). Whether a boundary crossing is helpful or harmful likely depends on a combination of factors including therapist awareness and client characteristics such as culture, traditions, beliefs, values, assumptions, perceptions, etc. (Pope & Keith-Spiegel, 2008). Pope and Keith-Spiegel assert that because all clinicians are fallible and subject to cognitive errors that may cause them to overlook important implications of boundary crossings, they are urged to remain alert, practice mindful awareness of ethical guidelines, and engage in frequent questioning of their decision-making processes. When clinicians seek consultation, consider the best *and* worst possible outcomes of crossing a particular boundary, and make decisions that they believe fit soundly within the clinical context, boundary crossings are more likely to enrich the therapy and less likely to cause harm (Pope & Keith-Spiegel, 2008).

Incidental encounters. Lastly, *incidental encounters* occur when the therapist and client meet, unexpectedly, in an environment outside of the therapy room (Sharkin & Birky, 1992). The incidental encounter differs from other forms of contact in that it occurs spontaneously and unintentionally. According to the guidelines delineated in the APA Code of Ethics (American Psychological Association, 2002), there is nothing inherently unethical about incidental encounters, since they are neither intentional, ongoing, nor exploitative. Yet, therapists' decision making and actions once they find themselves in an incidental encounter is no less important.

While all four constructs are similar, they can be differentiated in terms of their intentionality, propriety, and clinical value. Whereas boundary violations are intentional breaches of the ethics code that are inherently exploitative and harmful in nature, dual relationships and boundary crossings are intentional shifts in the therapy frame that can benefit or harm the client. Incidental encounters, on the other hand, are unintentional boundary

crossings, over which the therapist has no control, that may have a wide range of clinical implications depending on the quality of the existing therapeutic relationship and how the incidental encounter is experienced and managed.

Therapists Feel Surprise, Uncertainty, and Discomfort During Incidental Encounters

In a research investigation aimed at better understanding therapists' feelings during incidental encounters, Sharkin and Birky (1992) found that the emotional reactions most strongly experienced were surprise (87%), uncertainty (87%), and discomfort (83%). Hyman (2002) confirmed that the most common response to an incidental encounter by the therapist is "avoidance of full human contact" (p. 351), which he interpreted as a function of the desire to maintain a neutral stance (i.e., a blank slate).

Hyman (2002) noted some important factors that may contribute to the awkward feelings often experienced by therapists during incidental encounters. He pointed out that the nature of the therapist-client dyad undergoes a profound transformation outside of the structured environment created in and maintained by the therapy office. Whereas a therapy session is typically a prearranged encounter characterized by a designated time and location with mutually agreed-upon goals to improve the client's emotional well being, coincidental meetings outside of this environment are frame-challenging experiences that may add a new, uncontrolled dimension to the psychotherapeutic relationship (Hyman, 2002). For example, clients or therapists may find themselves in situations in which unwanted personal information is revealed (Gody, 1996; Sharkin & Birky, 1992). If such data becomes exposed, the therapist and client may feel ill prepared to manage the situation effectively in the moment, consequently causing feelings of anxiety and a propensity towards avoidance.

Gody (1996) discussed the anxiety often caused by accidental self-disclosure from a

psychoanalytic perspective. She contended that the analyst's response to a client may be influenced by "unconscious anxieties around intimacy and wishes to be normal" (Gody, 1996, p. 499). Thus, the distress caused by information revealed during the encounter might prompt therapists to remain aloof or avoidant in hopes that clients fail to recognize their weaknesses or imperfections. Though several hypotheses about therapist discomfort exist, little research has explored therapists' actual experiences and the meaning they make of incidental encounters.

Training Programs Neglect Incidental Encounters

Pulakos (1994) noted that therapists enter ambiguous territory whenever they unexpectedly meet their clients outside of the therapy office. Though in-session boundary challenges are often planned and controlled due to the well defined and circumscribed roles within the therapist-client dyad, much is unknown and unplanned outside of this setting. When these distinct roles cease and privacy becomes compromised during extratherapeutic encounters, it is crucial that therapists be adept at handling such situations ethically and in the best interests of their clients, which requires the ability to think quickly on their feet. However, Pulakos pointed out that many therapists have received inadequate guidance with regard to the most beneficial and appropriate ways to handle unexpected meetings with their clients. Thus, the unexpectedness of the encounter, coupled with the lack of training, may further complicate this awkward, yet common, situation.

Halverson and Brownlee (2010) also highlighted the lack of preparedness of therapists who work in rural areas, where boundary crossings, dual relationships, and incidental encounters occur frequently. They interviewed 10 social service workers to explore their perspective on the prevalence and management of non-sexual dual relationships. Although it was discovered that dual relationships were ubiquitous in rural settings, Halverson and Brownlee found that only one

of the 10 participants believed her academic training provided valuable instruction for managing dual relationships. Many of the others reported that these topics were neglected in their formal training, with a general consensus that avoiding dual relationships altogether was advisable (Halverson & Brownlee, 2010). It is also important to note that while rural areas are often a focal point for the study of dual relationships, boundary challenges occur across settings, as people tend to choose therapists based on location, as well as common characteristics, cultures, or values (Herlihy & Corey, 2006). Thus, appropriate training for how to manage all types of out-of-office encounters seems warranted.

Sharkin and Birky (1992) also noted the shortage of adequate training in their exploration of therapists' feelings during incidental encounters. Specifically, results demonstrated that "63% of the respondents had little or no training experience dealing with incidental encounters with clients" (p. 328). Similarly, Cochran, Stewart, Kiklevich, Flentje, and Wong (2009) emphasized the importance of establishing guidelines for clinicians to follow when faced with an incidental encounter. They argued that training programs "should help future clinicians to anticipate incidental encounters and to be thoughtful about any action that they may take before, during, or after an incidental encounter" (p. 516). Such training is important when considering the potential impact of therapists' actions on their clients. For example, in their study, Cochran et al. found that while most clients experience discomfort during incidental encounters, "56.4% of participants scored in the affirmative range on the Acknowledgment subscale and 67.1% answered affirmatively to 'In this situation, I would want Dr. M to acknowledge me'" (p. 515). Clients were also more likely to prefer acknowledgement from their therapist in less intimate settings, highlighting the importance of context. Lastly, findings from this study suggest that cultural background and ethnicity may factor into clients' responses to incidental encounters.

Asian Americans, for example, reported less desire than European Americans to be acknowledged by their therapist, which Cochran et al. pointed out may be related to differences in boundary expectations or in stigma associated with psychotherapy. Given these findings, training should also include thoughtful consideration of how cultural differences may influence clients' experiences of incidental encounters.

The Evolving Ethics Code and Therapist Discomfort with Incidental Encounters

Since its creation in 1953, the American Psychological Association's code of ethics has been revised nine times (Fisher, 2009), likely contributing to diverse perceptions and variations in training psychologists receive with regard to ethical guidelines and principles. In 1992, almost 40 years after its creation, Ken Pope and Valerie Vetter recognized a need to streamline the use of the code by identifying those experiences found to be most ethically challenging or troubling for practicing clinicians. They therefore conducted a critical incident survey, replicating the study carried out at the inception of the ethics code, in order to gather information that "may be useful in considering possible revisions of the code…" (Pope & Vetter, 1992, p. 397). They found that the second most commonly reported ethical dilemma fell under the category of "blurred, dual, or conflictual relationships" (p. 399).

Given these findings, Pope and Vetter (1992) recognized that the original code did not adequately account for the complexity inherent in making boundary-related decisions. Clinicians were seeking something more straightforward and concrete upon which to rest their decision making. Pope and Vetter felt that the guidelines should address a variety of circumstances, especially those in which dual relationships, boundary crossings, and incidental encounters occur most frequently. Based on these findings, they highlighted the importance of comprehensible ethical principles: "…psychologists need and deserve formal principles that provide lucid,

useful, and practical guidance as an aid to professional judgment" (p. 401). Though our current code of ethics (APA, 2002) reflects this mandate, and several ethics experts have developed decision-making models as additional guidelines (e.g., Gottlieb, 1993; Pope & Keith-Spiegel, 2008; Sonne, 2005; Younggren & Gottlieb, 2004), many therapists continue to feel apprehensive when managing extratherapeutic experiences, including incidental encounters (Pope & Keith-Spiegel, 2008; Sharkin & Birky, 1992; Sonne, 2005). In sum, numerous revisions of the ethics code, combined with lack of training about how to make appropriate boundary-related decisions (Halverson & Brownlee, 2010**)**, may contribute to therapist discomfort in managing extratherapeutic contact, including incidental encounters.

Evolving views of extratherapeutic encounters. Much of the ethics literature in the 1980s and 90s emphasized a conservative stance of maintaining distance and avoiding extratherapeutic contact whenever possible. For example, Pope and Vasquez (1991) highlighted the problems with nonsexual dual relationships, contending that they "jeopardize professional judgment, clients' welfare, and the process of therapy itself" (p. 115). They went on to explain that dual relationships were apt to compromise the professional nature of the therapeutic relationship, create conflicts of interest that make appropriate therapist distance impossible, complicate issues around the inherent power differential between client and therapist, forfeit objectivity, and drastically change the nature of psychotherapy. Koocher and Keith-Speigel (1998), in their widely used textbook on ethics in psychotherapy, claimed that "lax professional boundaries are often a precursor of exploitation, confusion, and loss of objectivity" (p. 171). Clinicians who have read these texts, especially those who are new to the field, may worry that contact outside of the therapy office, planned or unplanned, will threaten the professional nature of the relationship, qualify as a breach of ethical guidelines, or create the perception of unethical

behavior. Though these authors did not address management of incidental encounters specifically, a reasonable question arises as to the professional residue of statements like the foregoing on therapists' experiences and handling of incidental contacts.

Over time, as many ethicists came to recognize the complexities of decision-making concerning extratherapeutic contact, a more nuanced perspective emerged. Many no longer prescribe specific or absolute recommendations for how to handle out-of-office encounters, but instead recommend guidelines for how to think critically about the complexities inherent in different forms of extratherapeutic contact. In doing so, they not only act as role models for clinicians, but they offer guidelines for considering the therapeutic implications and effectiveness of their decisions.

Ken Pope is a well-known and respected psychologist who served as chair of the ethics committee for the American Psychological Association (APA) and co-authored numerous books and articles on ethics issues. Much of Pope's earlier writing (e.g., Pope & Vasquez, 1991) implied that boundary crossings are inherently problematic (see above). In some of Pope's more recent writings (e.g., Pope & Keith-Spiegel, 2008; Pope & Vasquez, 2007), however, he takes a more fluid perspective on the appropriate management of a slew of nonsexual boundary issues, including meeting outside of the office for social events, use of nonsexual touch, bartering, and dual relationships. He now encourages clinicians to engage in thoughtful consideration of how to handle boundary-related decisions in clinical work. Moreover, Pope and Vasquez (2007) emphasized the value of thinking critically about each individual client's needs rather than inflexibly applying a strict set of rules across the board.

Incidental encounters warrant more explicit attention and guidelines. Because much of the ethics literature does not address the incidental encounter construct in particular, clinicians

may extrapolate their training and knowledge of other forms of extratherapeutic contact to incidental encounters. Unlike a planned boundary crossing or agreed-upon dual relationship, where the nature and quality of the extratherapeutic contact can be evaluated, discussed, and planned ahead of time, a clinician cannot fully anticipate how a client will respond during an incidental encounter. Factors may include the client's diagnosis, clinical needs, presentation, and/or personal factors (e.g., relational style or intellectual capacity). Moreover, as Pulakos (1994) noted, clients range from preferring distance and privacy to feeling rejected in the absence of acknowledgement during incidental encounters. Given the surprise nature of the incidental encounter, therapists may opt to establish a strong, a priori structure or plan for incidental encounters with clients, during early conversations about informed consent, that will help inoculate against the stresses and strains apt to arise in such situations.

In sum, the literature on therapeutic boundary maintenance has undergone a significant shift over the past 30 years. Whereas ethicists once invariably advocated for a conservative approach to all manner of extratherapeutic contact and boundary crossings, many now advocate for a more nuanced, case-based, and flexible approach. As therapists continue to become more cognizant of this shift, they might feel less inhibited and experience an increase in confidence and freedom to explore the possible benefits *and* drawbacks of each extratherapeutic contact or incidental encounter.

Potential Sources of Therapist Discomfort in the Face of Incidental Encounters

Therapists tend to feel uncomfortable during incidental encounters for a variety of reasons. Some may worry that they are acting unethically, violating therapeutic boundaries, or breaching confidentiality (Sharkin & Birky, 1992), due perhaps to inadequate understanding of ethical guidelines, as discussed above. Other therapists may feel vulnerable or inadequate when

caught off-guard, especially if personal information is unintentionally disclosed (Gody, 1996). Gody described a clinical vignette in which she unexpectedly encountered a female client while playing with her daughter in the park. This particular client was unable to have children in spite of a strong wish to do so, which had been discussed at length in the therapy. The client's observation of Gody with her daughter proved to be distressing and upsetting. Gody also acknowledged her own discomfort during the encounter, identifying feelings such as "disturbed" and "puzzled," due in part to her later recognition of the client's feelings about knowing she had a daughter. Circumstances in which information about the therapist is unintentionally revealed, especially when it relates directly to therapeutic material, may cause feelings of vulnerability or discomfort.

In a typical therapy session, clinicians make careful decisions about what to reveal about themselves to clients (Sharkin & Birky, 1992). Hyman (2002) asserts that therapists set aside their personal issues in order to fully engage the client and alleviate his/her emotional pain. When this traditional frame is altered and the client and therapist interact outside of the predetermined rules, etiquette, and physical constraints of the office, however, personal information about the therapist may be revealed (Hyman, 2002). When the therapist-client dyad enters unstructured and ambiguous territory, therapist vulnerability, tension, and discomfort may arise.

Gody (1996) noted that incidental encounters can alter the existing balance between client-therapist asymmetry and mutuality. When this original framework is altered during an unplanned encounter, roles may become blurred, leaving both individuals feeling vulnerable and apprehensive about how to manage this unanticipated change. For instance, the sudden shift in the therapeutic balance may elicit therapists' anxieties about impression management, or

upholding a certain image. An additional possibility is that the therapist may feel concerned about how the client will be able to manage the experience of being seen outside of the therapy office. Like therapists, clients also choose which information they want to share during a session. If observed in the midst of a behavior previously unknown to the clinician, they may feel exposed, uncomfortable, or even ashamed. If this occurs, an effective plan for managing the discomfort, moving forward, and re-establishing roles and a therapeutic alliance must be enacted.

Statement of Purpose

Incidental encounters between therapists and clients are unavoidable (Pulakos, 1994; Sharkin & Birky, 1992). In spite of the pervasiveness of such extratherapeutic experiences, research and training have not adequately addressed the competent handling of such matters (Cochran et al., 2009; Halverson & Brownlee, 2010; Sharkin & Birky, 1992). Therefore, a qualitative examination of incidental encounters from the therapist's perspective may well increase understanding in this important area of clinical practice. Such increased knowledge may provide impetus for enhancing training programs, clinician self-exploration, and a critical re-evaluation of how to effectively discharge our ethical obligations in this context. Research questions are as follows:

1. What may a therapist experience during an incidental encounter?
2. How might the therapist's clinical training and/or understanding of ethical guidelines influence his/her experience during an incidental encounter?
3. What contributes to feelings during incidental encounters?
4. What may be the long-term consequences of the incidental encounter?

Chapter 2: Methodology

Interpretive Phenomenological Analysis (IPA)

In order to gain a comprehensive understanding of therapists' experiences during incidental encounters, a qualitative methodology called Interpretive Phenomenological Analysis (IPA) was employed. IPA is a qualitative approach to research that focuses on exploring and then understanding how individuals make sense of their experiences (Smith & Osborn, 2008). Smith and Osborn assert that IPA is considered idiographic in that it pertains to the study of individual cases rather than to quantitative, probabilistic claims about groups of people or the population at large.

IPA was appropriate for this particular study for several reasons. First, it permitted an in-depth exploration of the meaning therapists assigned to their unique experiences of incidental encounters (Smith & Osborn, 2008). Second, the researcher had the capacity to engage with rich, textured information by entering into the psychological and social world of the participants (Smith & Osborn, 2008). Third, using IPA "facilitates rapport/empathy, allows a greater flexibility of coverage… and it tends to produce richer data" than more traditional methodologies (Smith & Osborn, 2008, p. 59). As the objective of this study was to understand *how* therapists make sense of their experiences of incidental encounters, it was of utmost importance to be able to gather thorough, relevant, descriptive information. Therefore, IPA provided an ideal methodological foundation for this research.

IPA is a constructive, dynamic process. Mertens (2005) asserts that, from a constructivist paradigm, knowledge is most effectively acquired through a cooperative and interactive relationship between the researcher and participant, where each party has a direct effect on the other. In a qualitative study such as this, it was impossible to interpret data outside

of this dynamic. IPA emphasizes a double hermeneutic, or a two-stage interpretation process, in which the researcher aimed to make sense of the participants' understanding of their experiences (Smith & Osborn, 2008). Moreover, IPA maximized the potential to yield rich data and analyses by combining empathic hermeneutics (trying to understand the participant's perspective) with questioning hermeneutics (asking critical questions about the data). This approach thereby reasonably used and acknowledged relevant aspects of participants'' thoughts, feelings, and experiences (Smith & Osborn, 2008).

Smith and Osborn (2008) believe that access to the participants' personal experiences "depends on, and is complicated by, the researcher's own conception…" (p. 53). In this particular study, it was crucial for me to maintain awareness of my role in the collection of data, interpretation, and analysis, and to recognize the reality that my interpretation of the material did not occur in isolation. Rather, my history, context, and biases inevitably played a role in my interaction with participants and my interpretation of the data (Mertens, 2005). In line with the requirements of IPA, I aimed to remain aware of my biases and strived to remain as faithful as possible to the actual experiences of the participants (see below).

Semi-structured interviews are ideal. Smith and Osborn (2008) argue that when using IPA, semi-structured interviews are the ideal method of data collection. Semi-structured interviews allow for the development of rapport and the opportunity for an engaging dialogue between the researcher and participant, whereby the researcher may modify questions and further query interesting topic areas that may increase the richness of the data. Though I outlined specific interview questions to guide this research, they were framed broadly and openly with no attempt to seek out "truth" or test a predetermined hypothesis. Rather, my goal was to enter into the participant's world, inviting sharing unique experiences of incidental encounters and the

meaning(s) ascribed to them. The participant was the expert while I, as engaged researcher, remained open to topic areas not previously considered.

Participants

Sampling. The goal in IPA is not only to understand the participants' unique experiences, but also to find commonalties among them. Therefore, IPA trades data breadth (large sample sizes) for depth (very rich, descriptive data from each participant), necessitating relatively small sample sizes due to the heavy investment in each participant (Smith & Osborn, 2008). Further, homogeneous samples are sought in IPA through purposive sampling methods, which aim to target individuals with particular characteristics that are of interest for this research topic (Locke, Spirduso, & Silverman, 2007). In line with recommendations made by Smith and Osborn (2008), who assert that a sample size of five or six is appropriate for student researchers, this research included six participants.

Eligibility. Individuals eligible to participate in this study were doctoral-level licensed clinical psychologists who had experienced an incidental encounter within the last five years. Eligible participants must have graduated from a program accredited by the American Psychological Association (APA) to ensure that each individual has been held to the same quality standards in education and training. Participants must have been willing to share the details of their experience and talk specifically about factors that contributed to their feelings about the encounter.

Recruitment. Participants were recruited through my contacts with Antioch University New England (AUNE) Clinical Psychology faculty members, from previous clinical supervisors at Chelmsford Public Schools, from supervisors at Riverbend Community Mental Health, Inc. (internship site), and through the New Hampshire Psychological Association (NHPA) listserv.

These individuals were informed about my study and asked to refer friends and/or colleagues by forwarding my recruitment announcement (See Appendix A).

The recruitment letter directed individuals who were interested in participating and met eligibility criteria to contact me via telephone or email. All responded via email. I responded to each participant to review eligibility requirements and determine where and when to meet for the interview. Following this contact, I sent each participant a brief Demographic Information form (see Appendix B) and the Informed Consent form (see Appendix C) to review and sign prior to the interview.

Participants. Participants included six licensed clinical psychologists, three male and three female. All participants identified as Caucasian and experienced an incidental encounter within the last five years. Participants ranged from 35 – 71 years old, though age was not necessarily correlated to years of experience. Five participants graduated with a Psy.D. degree between 2003 – 2006 and one participant graduated with a Ph.D. in 1992. Two audio-recorded interviews took place in person, at the participants' respective offices, and four took place on the telephone. All six participants currently practice in the northeast region of the country, though training took place nationwide.

Data Collection

Data was gathered through the use of semi-structured interviews. As noted by Smith and Osborn (2008), semi-structured interviews are flexible—questions are adaptable and may be asked in any sequence appropriate to the flow of the conversation, and the researcher can follow the participant's interests rather than adhering to a rigid set of questions. In spite of the flexible nature of the semi-structured interview, I outlined an interview schedule to guide the conversation and attempt to elicit responses most relevant to the research questions (see

Appendix D). Smith and Osborn make several recommendations for constructing questions and conducting the interview: (a) begin the interview with more general questions and refrain from using leading questions, (b) construct prompts that may be used for complex or vague questions, and (c) divide the interview into broad topical areas that are relevant to the research questions. In line with these recommendations, the interview schedule began with the broadest questions about the incidental encounter. After an in-depth description of the event was provided, the following specific areas were explored: *Imagining the Encounter, Contributors to Comfort or Discomfort (During/After), Long-Term Consequences,* and *Level of Preparedness.* The first question of each topic was most general, with more specific prompts and questions available for follow-up as warranted.

Interviews lasted between 45 minutes and one and a half hours. Each interview was audio recorded and transcribed verbatim. This practice was essential for capturing important details and nuances in the participants' words and was geared to minimize the risk of a flawed analysis. In addition, due to the lengthy nature of the interview, it was important to take measures to minimize distractions and interruptions. Participants were asked to power off cellular and electronic devices and in-person interviews were conducted in a private, comfortable, and confidential setting.

Data Analysis

In IPA, the purpose of data analysis is to attempt to understand the meaning an individual attributes to an experience (Smith & Osborn, 2008). In order to accomplish this, Smith and Osborn assert that meanings "must be obtained through a sustained engagement with the text and a process of interpretation" (p. 66). Data analysis in IPA proceeds along a step by step pathway as described below.

Examine the first transcript. This step involved reading the first transcript multiple times and commenting on interesting or significant pieces of the text, typically in the left-hand margin. Smith and Osborn (2008) emphasize the importance of rereading the transcript until the researcher has become as familiar as possible with the participant's description of his/her experience. As there are no specific rules for this step, I simply noted associations and initial impressions about what the participant might have been trying to express.

Note emergent themes. Once the first step was complete, I re-read each transcript again, this time making notations in the right-hand margin. During this phase, I began to interface with the text in a more sophisticated manner in which participants' words and descriptions were categorized into broad themes. I made sure that identified themes were clear and specific enough that they could be traced back to the participant's original words, and broad enough that they could be used to make connections within and across transcripts. Following making such notations, I rearranged themes from their original chronological order into a more thematic structure in a Microsoft Word table. It was during this stage in particular that the double hermeneutic became activated; I was trying to make sense of what the participant was attempting to convey while simultaneously checking my own sense-making against the participant's actual words. In order to remain as close to the transcript as possible, Smith and Osborn (2008) recommend compiling a list of phrases that support related themes, which was accomplished by including quotations in my table.

Continue the analysis with other cases. Smith and Osborn (2008) recommend two ways to analyze the additional transcripts: (a) the researcher can either draw on themes identified in the first transcript to guide subsequent analysis, or (b) the remainder of the transcripts can be analyzed independently. In order to honor each participant's idiosyncratic experience, I

employed the latter technique. Analyzing each transcript from scratch also facilitated the process of detecting both convergences and divergences in the data without favoring previously identified themes.

Connect the themes. In this step I created a table of reduced and prioritized themes from each transcript in a Microsoft Excel spreadsheet. Themes were color-coded to facilitate the process of identifying them across transcripts. During this final step of analysis, certain higher order themes emerged as superordinate, with lower order, emergent themes identified to support them (see Appendix E, which includes exemplars from the text). During this stage of analysis, it was essential for me to return to the original transcript to ensure that the themes were appropriate and connected to the participant's actual words.

Create a narrative. Lastly, I converted the thematic table into a formal write-up that summarizes the meanings derived from the data. In this write-up, the themes have been "explained, illustrated, and nuanced" (Smith & Osborn, 2008, p. 76), with care taken to ensure that my interpretations have been clearly differentiated from the participant's words. The narrative is presented in two sections, called *Results* and *Discussion*. The Results section contains a narrative of the emergent thematic analysis, and the Discussion section makes sense of the findings in relation to the extant literature, as well as describing some of the limitations and clinical implications of the findings.

Ensure Data Accuracy and Credibility

Robson (2002) states that it is vital for the researcher to practice reflexivity when engaged in qualitative research. In other words, the researcher must look inward in order to become aware of his/her own preconceived biases and ideas that may impact the research. Due to the reliance on the interaction between the researcher and participant in this method of data

collection, it is impossible to obtain objective information. Moreover, Robson contends that the data is always interpreted by an individual who possesses a unique social identity and way of understanding the world that may differ from that of the participant. Thus, it was crucial for me to maintain a keen awareness of the impact I may have had on data collection, interpretation, and results of the research.

My desire to conduct research in this area evolved from my own feelings of discomfort and uncertainty during various incidental encounters. During my first practicum, I felt ill prepared to handle such encounters effectively and confidently. I had been trained, both explicitly and implicitly, to maintain strictly professional relationships with my clients and to be mindful of potential breaches in confidentiality. Therefore, when I unexpectedly encountered my clients, I reflexively avoided them, attempting to eliminate my feelings of insecurity, to uphold the professional relationship, and to make sure I was acting within ethical boundaries. As I reflect on my own experiences during incidental encounters, I imagine that my feelings of discomfort were closely related to two factors: (a) my lack of thorough understanding of ethical guidelines, and (b) my fear that unintentional personal disclosure might somehow negatively impact the therapy.

During the data analysis process, it was essential for me to remain mindful of how my own experiences had potential to skew my interpretation. To facilitate this process, I implemented several measures to attempt to ensure data accuracy. First, I kept a journal in which I wrote my initial reactions following each interview. The entries consisted of answers to three predetermined questions aimed at bringing awareness to any tendency to focus on only certain parts of the interview that fit with my expectations and/or preconceived notions: (a) Did I find any part of the story particularly surprising? (b) Did I feel compelled to ask certain follow-up or

closed questions that may have been leading? (c) Did I notice myself focusing more intently on experiences that were in line with my own? These short entries were reviewed prior to data analysis in order to bring these questions to mind.

Yardley (2008) suggests additional procedures to enhance the validity of qualitative research, including participant feedback, comparing researchers' coding and the practice of disconfirming the data. *Participant feedback* was elicited to ensure that the therapists' experiences, as described in the interview, were accurately captured by the analysis. This was accomplished via email in a couple of steps during the first and last stages of data analysis. During the first stage, I sent each participant a copy of the transcript and a list of emergent and "secondary" themes from the interview. The secondary themes consisted of important comments and ideas from the interview that were only identified once, but seemed significant enough to keep for comparison across transcripts. When the final data analysis chart was completed, I contacted participants a second time. This time, each participant was able to see the final superordinate and emergent themes identified from his/her transcript. It was also during this communication that I asked participants for permission to use quotations in the final dissertation. During both contacts, participants were asked to provide feedback, corrections, or ideas to strengthen or correct the data. Participants generally responded very positively. During the first round of feedback, Participants 3 and 5 pointed out some spelling and grammatical errors in the transcript that they feared might have tainted my understanding of the data. Participant 3 also added some additional thoughts about parallel processes and the significance of guilt and shame in his experience. Participant 6 commented on language I used to describe her ethics training ("not as relevant"), which was changed as the themes were broadened across transcripts. When participants were asked for permission to use quotations, they all consented. Participants 1 and 2

reiterated the importance of keeping data deidentified, and Participant 1 requested to reword two quotes to prevent misconstruction of his tone.

Comparing researchers' coding is a process where another individual is asked to audit the data to ensure that the analysis is not biased or restricted to one perspective. A fellow clinical psychology doctoral intern read each transcript and the final data analysis chart in order to check for biases or possible misinterpretation of data. This individual did not detect any biases in my analysis. She pointed out, however, that two of the emergent themes I identified (*Therapist vulnerability* and *Therapists' experiences of intrusion and exposure*) seemed very similar. She challenged me to combine them or differentiate them more clearly. As a result, I eliminated these emergent themes altogether and combined them into a broader one to encapsulate both ideas (*Therapist personal boundaries*). The auditor also pointed out that certain quotations seemed to fit under more than one emergent theme and questioned how I decided where each would go. Because these quotations fell within one of the two eliminated emergent themes, the issue was easily resolved under the new, broader theme.

Disconfirming the data requires the researcher to seek out instances in which the data does not fit with the themes or patterns previously identified. This practice can be especially valuable for identifying areas of future research and confirms that I have represented all of the data rather than simply focusing on the parts that fit with my viewpoint (Yardley, 2008). In line with this recommendation, I engaged in a process wherein I attempted to identify data that was inconsistent with the identified superordinate and emergent themes. This process was meant to ensure that all data, even that which did not fit with my original viewpoint, was represented. Because a good portion of the data collected was not, in fact, consistent with my initial research expectations, this process was less demanding than I had anticipated. I was not able to identify

data that had been left out of analysis, but I did become aware of some data that didn't fit nicely with my expectations or with the other participants' experiences. For example, Participant 4 emphasized that she is most often "comfortable" and "not skittish" during incidental encounters. She, unlike others, also expressed that her training was thorough and encouraged her to think critically and flexibly about various ethical issues. The results of the analysis appear in the next chapter.

Chapter 3: Results

This section contains a narrative summary of the superordinate and emergent themes derived during data analysis, as described in Chapter 2. Superordinate themes are comprehensive, with lower-order emergent themes established and described to support them. In addition to this narrative, a summary table of all superordinate themes, emergent themes, and illustrative quotations can be found in Appendix E.

Therapist Personal Factors

All six participants discussed personal factors that influenced their experience during the incidental encounter. Such personal factors included therapists' character traits, life circumstances, and personal boundaries.

Therapists' character traits. Two of the six participants identified personal character traits that impacted their experiences of the incidental encounter. Participant 1's feelings about clients attending therapy inconsistently, along with his preference for quiet during the time of day when he encountered his client, seem to have negatively impacted his experience of the incidental encounter. He described his tendency to feel irritated when clients disappeared from therapy (as the client he encountered had previously done) as "a sore spot in my therapeutic landscape." Therefore, the experience of unexpectedly seeing his client felt particularly unpleasant for him: "…because people disappearing and not responding is a hot button if you want to call it that… he was a prime candidate for my grimace."

Participant 4 discussed her comfort with encountering clients in the community: "I'm not skittish about these things, and I kind of developed a long time ago, this sense that if I'm going to work in a small town, I'm—I want to be comfortable with my self-care thing, so I won't compromise this." Living in a small town, Participant 4 is unwilling to change her lifestyle in

order to avoid incidental encounters, especially because she views it as generally healthy and congruent with her identity as a clinician. When she encountered her client in an exercise class she attends frequently, she wondered how her client observed her in that setting. This curiosity was particularly salient because some of the client's therapy goals were centered on overcoming social anxiety. Participant 4 recognized that her general confidence and comfort in encountering her clients in the community impacted her experience of this particular encounter.

Therapists' life circumstances. Three participants discussed circumstances in their personal lives that influenced their experiences of the incidental encounter. Participant 2 was divorced years before the incidental encounter, but had just recently resumed using her maiden name. Her male client's awareness of this information was key to how he handled the encounter and subsequent therapy sessions. He was observed to be particularly watchful during the encounter and consequently caused Participant 2, who was on a date, to feel vulnerable. Participant 2's life circumstances were also relevant in that they provided a source of projection and fantasy for the client, who was in the midst of working through issues in his own relationship.

Participant 3 had recently broken up with a partner of 9 years at the time of the encounter. In spite of this breakup and their efforts to remain apart, Participant 3 and his ex were seeing each other and had planned to meet at the grocery store. The client Participant 3 encountered was also in the midst of a difficult breakup, and was aware of the therapists' circumstances through a self-disclosure as part of the therapy. For some time, therapy focused on how the client could maintain appropriate boundaries with his ex, which was a struggle for the therapist in his own relationship. Consequently, Participant 3 felt anxious and ashamed when he thought his client might discover that he was not "walking the walk" in his own relationship: "I think it was just

kind of a heady mix of things that were uncomfortable for me personally, having, you know, an element of my life that was, you know, really very vulnerable, um, kind of potentially exposed in that way." Participant 3 identified additional life circumstances that were comparable to his client's, which also contributed to his discomfort with the incidental encounter.

Participant 6 had begun taking a martial arts class in her free time. When she found herself in a class with a client who had a great deal of experience in martial arts, she felt vulnerable and exposed. She stated, "It's funny to be observed by your client in such a different setting while you're trying to learn something new. It made me feel more self-conscious than I would have. …It's a vulnerability when you're in a position of learning something new that's physical versus than, you know, you're the competent person in your chair comfortable in your office." Participant 6 emphasized that being observed as a novice by her client triggered a personal vulnerability and impacted her experience of the incidental encounter.

Therapists' personal boundaries may increase sense of intrusiveness. Four participants identified personal boundaries that influenced their experience of the incidental encounter. They mostly identified wishing for privacy or personal space from the client in the public setting. For example, when asked about the moment she first became aware of her client's presence, Participant 2 stated, "…my first thought was, um, like, 'shit.' I felt intruded on, you know, that I had some space that I wished had been private that was not." Similarly, Participant 4 stated, "You know, part of me was, like, resentful—that may be too strong—but like, of like, well, this was supposed to be my time. So there's this dilemma that I can't help turn off the therapist lens and observe the client, but I also want it to be *my* time." Participant 6 stated, "Yeah, there was sort of a 'okay, there she is. Darn it. You know, this is my thing I'm trying to do. And I'll just try to put up, you know, a little barrier between me and her.'" Participant 1

demonstrated awareness of how his personal boundaries affected his experience. He stated, "So, in the morning, I really like the quiet on my way to work. I play some music, which is usually instrumental and not words… Um, and maybe my boundaries during the morning hours are somewhat rigid. And so, I thought he invaded my space."

Client Personal Factors

The client's ability to manage him or herself appropriately during and after the incidental encounter was recognized across transcripts. These characteristics included client relational styles and behaviors as well as the client's understanding of professional boundaries.

Clients' relational styles and behaviors play a role in therapists' experiences. Four of the six participants identified the client's behavior and relational style as influential in their experience. Participant 1, whose client quickly engaged him in conversation during the encounter, wished that his client had been more subtle in the public setting: "If he would have been more discreet, that would have helped." Participant 2 discussed how her male client's behavior related to his recent marital problems impacted the incidental encounter, which took place while she was on a date at a dance performance. She reported that he engaged in "watchfulness" during the encounter that left her feeling sensitive: "He was in a position in his life where he and his wife were, um, very much struggling, and he was, um, having sort of, um, how would I say, sort-of ego-dystonic experiences outside of the marriage while he was in treatment that he had not brought into the marriage." Participant 2 noted that the client's behavior was a primary factor in her discomfort during the encounter.

Participants 5 and 6 discussed their clients' healthy and adaptive relational styles as influential in their experiences. Participant 5 observed a transformation in his client, whom he had seen intermittently throughout the past two years: "Over the period of 2 years he had

changed, um, and become, you know, a lot less depressive, a lot more expressive of his feelings, of his honest feelings, um, that were never depressive again." Seeing evidence of this growth contributed to Participant 5's feelings of pride and fulfillment following the incidental encounter. Lastly, Participant 6 noted that her client's levelheaded nature helped her to feel more relaxed during the encounter: "She's a very reasonable, thoughtful person. And so, she was happy to see me there, which is funny."

Clients' understanding of professional boundaries. Five out of the six participants reported that their client's understanding of personal and professional boundaries contributed to their experience of the incidental encounter. Participant 1's client consistently attempted to relate to the therapist as a friend, which impeded the establishment of a more professional, therapeutic relationship. As a result, when they encountered each other at a grocery store, the client approached the therapist very casually, and seemingly without recognition that a personal update and attempt to schedule a session was neither appropriate nor welcomed in that setting. This client's lack of understanding of professional boundaries impacted the therapist's experience during and after the incidental encounter, as subsequent sessions included challenging conversations clarifying the professional nature of their relationship. Participant 1 explained, "He has a very hard time maintaining relationships… He tends to overextend himself, gets used, and then begins to feel bad about that… so his boundaried conceptualization about relationships is diffuse, as is it was with me."

Participant 4 noted that her client's recognition of professional boundaries contributed to her positive experience of the incidental encounter: "I think in this situation, if they'd tried to engage me more, it would have been more uncomfortable… It may or may not have bothered me if they had engaged me, but there's just so much that goes into that, of, you know, if somebody

else is in the room and they're engaging me, how do I engage them back while keeping it confidential how I know them?" In other words, the client's sophistication about matters of confidentiality put Participant 4 at ease.

Likewise, Participant 6 felt relief when her client (appropriately) self-censored in public: "I give her credit because she knows that [martial arts class] is not a therapy session for her. You know, so she wanted to tell me something good but she did end it quickly." By tempering her level of disclosure, this client made the incidental encounter less stressful for the therapist to manage.

Client/Therapist Intersection

Two out of the six participants discussed the intersection between their own lives and their clients' lives as central to their experience of the incidental encounter. Though this experience of client/therapist intersection was only identified by a couple of the participants, when it occurred, it seemed central to the experience of their encounters. The emergent themes included mutual learning and circumstantial similarities between client and therapist.

Similar life circumstances. Participants 2 and 3 noted that their experiences during and after the incidental encounter were influenced in part by the similarities between their lives and their clients' lives. Participant 2 stated, "There was a certain, um, resonance, or similarity between the situations that we were in. I mean on a very vague, basic level." She identified that her client's awareness of this resonance influenced his response during and after the encounter. Participant 3 stated, "There were a number of uncanny coincidences about this man's life—the client's—and mine." Participant 3 was aware that these coincidences contributed greatly to his discomfort and concern about exposure during the incidental encounter.

Therapists learn from and identify with clients. Participants 2 and 3 centered on how

actual and perceived intersections between themselves and their clients helped them learn from and identify with their clients. As mentioned above, Participant 2's client knew that she had recently changed her name. He consequently assumed that some vague parallels between them were more similar than they actually were. Participant 2 reported that when she recognized this, she was able to grow and learn from the experience: "I'm constantly surprised by how people, um, take what they, you know, perceive—their experiences—and make sense of it according to their story… that makes me much more kind of relaxed and I feel like it really is kind of grist for the mill."

Participant 3 acknowledged several legitimate similarities with his client that not only influenced his experience of the incidental encounter, but also brought about a series of personal and therapeutic insights. He stated, "I think maybe that moment in the grocery store was a little bit more symbolic of a way in which his life and mine were running along some parallel lines, and I dare think that there's a kind of mutual influence and learning that can occur in therapy." Participant 3's experience during the incidental encounter highlighted a sense of identification and initiated important learning about his personal choices and his role as a therapist with this particular client: "Here he was in the aftermath of his relationship, and here I was in the aftermath of mine, and I think that I had—I was struggling myself with the fact that it might not all be so clear-cut…"

Therapeutic Consequences

All six participants discussed therapeutic consequences of the incidental encounter. One therapist experienced the encounter as having had a negative therapeutic impact, while four others experienced it as having had a positive impact. Two participants had ambivalent feelings about their clients, two noted that the encounter enabled them to recognize the important role of

projection during the encounter, and five participants identified having feelings of respect and compassion for their clients as a result of the encounter.

Negative consequences. Participant 1 noted that the incidental encounter led to boundary-clarifying conversations in subsequent therapy sessions, which seemed to damage the therapeutic relationship. Participant 1 stated, "He was hurt… and he continued to make appointments and then cancel them at the last minute… and I was probably more confrontative than usual… So we might have over the course of the next three to four months had three to four sessions, and he said, 'I think we've done as much as we can,' and he came in for a termination session." It seems that this incidental encounter was a defining moment within the context of the existing therapeutic alliance that may have contributed to its deterioration and the client's eventual withdrawal from therapy.

Positive consequences. Four participants identified that the incidental encounter positively contributed to the therapeutic work. Participant 2 talked about the way in which the experience of the incidental encounter opened up space for her client to explore his fantasy of her life in relation to his own marital struggles: "…in terms of what it did for the work, um, that whole idea about the fantasy that he had had… that whole thing, um, had been in discussion but very much took root in a different way after the encounter. So I think it kind of opened up the space for him to talk about what he was looking for in that." Participant 4, who encountered her client in an exercise class that she sometimes recommends to clients, noted that the incidental encounter was helpful because it created an opportunity to demonstrate that the therapist is trustworthy, and also because it provided her with some insight into the client's character that she may not have had access to otherwise. "I think they [client] had more information and in some ways, in terms of consequences, I think ultimately helpful. Um… I think it may have

engendered some trust and um, and also some credibility that I practice what I preach, to some degree." Additionally, the therapist was able to observe some of the interpersonal difficulties identified as problematic for the client in a more organic fashion than she was able to do in the confines of therapy office. She reported that the encounter was "useful because some of the clinical issues, as I said, had to do with social interaction and social anxiety, and um, how others may or may not perceive her, so to see her in a social setting was interesting… And so to see some of those walls, was helpful."

Participant 6, like Participant 4, encountered her client in a group exercise class. Similarly, she described observing her client in a different setting as a positive experience: "And, uh, also I saw an elegance about her that doesn't come across because she's a person who dresses always very very simply in jeans and a cotton shirt. And to see her carry herself and move in, uh, a rather balletic way, because she was a ballet dancer before, was very nice, was lovely. Um, so… and uh, yeah, how did that change how I saw her? Mmm, it gave me an appreciation for aspects of her that I wouldn't get sitting in the office. So that's nice." Lastly, Participant 5 had not seen his client since he left for basic military training two months prior to the encounter at a local bookstore. He described the encounter positively, stating that it "turned into a therapeutic event." Though the client had been away, he remained a part of the therapist's practice and scheduled an appointment shortly after the run-in. Participant 5 stated, "I think the reason he came back was to further that encounter."

Therapist ambivalence during incidental encounters. Two participants felt both compassionate and intruded upon during their incidental encounters. Participant 1, though frustrated by his client's apparent ignorance about professional boundaries, also recognized his client's pain and need for a healthy relationship. "I had to be fairly stern, uh, to get him to stop

talking to me there in front of the cashier… and I did feel some compassion about his desperation. That he was lonely, um, not very skilled interpersonally, and that I made a difference in his life… So I felt ambivalence about my duty to be available and not to abandon." Similarly, Participant 2, who described feeling "sensitive" and "intruded upon" during the encounter itself, was also able to understand the client's behavior: "I remember feeling sort of watched, kind of uh, my association would kind of be like celebrity paparazzi… that also felt kind of at once understandable but a bit intrusive too."

Therapist insight into therapy dynamics. Following the incidental encounter, two participants recognized their clients' use of projection. This was particularly important for these therapists because it helped to mediate some of the discomfort they may have experienced otherwise. Participant 2 came to understand that her client's fantasy about her life, and thus his intense interest in what she was doing during the encounter, made sense in light of his own disintegrating and abusive relationship. She stated, "He had identified, um, with my situation, right, through projection, and I think that he became much more kind of interested and invested in what I was doing." Participant 4 also discussed the importance of projection in her experience of the incidental encounter. She discussed this dynamic in relation to her curiosity about how the client may have perceived or idealized her social interactions during the exercise class. She stated, "…it's a curiosity of, now they [client] have this information about me, which of course is a projection, it's not real and they don't know how well I know these people or how well I don't know these people." Participant 4 recognized that what clients see in their therapists, particularly during incidental encounters, might actually be a projection of their own experiences, insecurities, or wishes.

Increased respect and compassion for clients. All six participants experienced at least

some positive feelings or compassion toward their clients as a consequence of the encounter. Feelings identified by clinicians included respect for their clients for taking risks and making strides towards healthier lifestyles, compassion for clients' suffering, and admiration for clients' strengths. Participant 2 admired her client for taking the therapy to the next level by openly exploring his fantasies and working through transferences. "I did respect the risk he was taking in opening up what he had imagined… You know, it could have been easier for him to not take that risk, and keep a façade of 'Oh no, that didn't bother me,' or you know, whatever. So in addition to feeling all of those other things, I think I also did feel respect."

Participant 4 recognized that she experienced increased appreciation for her client following the incidental encounter because she became aware that the client was expanding her comfort zone to improve her life. "I think it gave me a different layer of respect for the client, you know, kind of seeing her doing something that I know is hard." Participant 5 identified feeling proud of his client for having made such significant gains since the last time they had seen each other. "…the kid was there to show off and show how much progress he had made from having no relationships because he was a jerk in high school to now having a relationship after having been in the army and you know, all of that stuff… And it was nice, it was a warm feeling, you know, to hear that."

Ethical Considerations

All six participants reported that their understanding of the ethics code was a factor in their experience of the incidental encounter. Discussions on this topic centered on whether the therapist had a "what-if" plan in place to manage a possible run-in, therapists' tendencies to prioritize the client's needs ahead of their own, therapists' understanding of dual and multiple roles, and how concerns about privacy and confidentiality impacted the encounter.

Planning ahead for incidental encounters. All six participants discussed their perspective on the importance of planning ahead for an incidental encounter. Some participants reported that they always incorporate discussions about how to handle incidental encounters into informed consent at the outset of therapy. Others make a "what-if" plan on a case-by-case basis if it seems likely they'll encounter a client outside of the office. Participant 1 stated that he has a practice of telling only specific clients whom he thinks he is likely to run into at a particular location that he will simply nod in acknowledgment if they see each other. When asked if he uses a similar "what-if" plan in other cases or more generally, he stated, "I don't." After further consideration of the benefits of doing so, he said, "So in social psychology there's this saying, 'forewarned is forearmed.' And that's what this [what-if plan] would do… So it's really worth doing to be more on my toes, to be more fluid, perhaps to be less hurtful." Though Participant 1 did not have a regular practice of planning ahead for incidental encounters, he recognized the possible benefits of doing so. Participant 2 correlated whether or not she makes "what-if" plans with her level of anxiety about running into clients. Because she practices in a residential therapeutic community where she frequently sees clients outside of her office walls, she reported that she only tends to plan ahead for special circumstances with clients, like when their families come to visit. However, she stated, "in situations where it were subtle, like, there was a chance that it might happen outside of the treatment—you know, it's interesting—I don't actually—I haven't actually talked about it in a long time… I think I used to, uh, talk about it more. I don't actually remember what would prompt me to talk about it but certainly it says something about the connection between talking about it and my level of anxiety (laughs) because I'm a lot less anxious. I think I have just talked about it as it's come up…" The remaining four participants reported their recognition of the importance of planning ahead for the possibility of an incidental

encounter. As Participant 4 pointed out, "You know, that the more you do up front the more covered you are; it's harder to cover yourself after the fact." Each participant provided specific examples of how they incorporate their respective "what-if" plans into their own practices (see Appendix E).

Prioritizing client needs. Four participants noted the importance of prioritizing the client's (perceived) needs in the moment. Though many also identified that they felt intruded upon during the encounter, they tried to set that aside in order to maximize comfort for the client. Participants 1 and 6 identified awareness of how their clients might have responded negatively if they had chosen to avoid them during the incidental encounter. When Participant 1 was asked what contributed to his decision to engage with his client in the grocery store in spite of his irritation, he stated, "Uhh, some of it is his interpersonal style of getting hurt very easily. And I didn't want to pile onto that. So I stretched." When asked about her choice to remain near her client during the martial arts class, Participant 6 stated, "Honestly, if I had chosen to move away from her, that would have been so much worse. I think that would be really awkward for her… um, yeah, and me too, you know… it would have been really weird to move away, and uh, I wouldn't have done that to cause her any kind of discomfort." Even though Participant 6 may have felt more comfortable having had more physical distance from her client during the class, she was not willing to risk hurting her client in order to do so.

Therapists' understanding of dual and multiple roles may impact the encounter. Participants were explicitly asked whether their understanding of dual and multiple roles impacted how they chose to respond to the incidental encounter. Four of them reported that their understanding of these relationships factored into how they handled the encounter, either during or afterward. Participant 1 attempted to avoid a dual role by clarifying the professional nature of

the relationship with his client: "I think in the clinical transaction when I distinguished professional relationship from friendship, I was trying to uphold the lack of dual roles. And so I felt like I was trying to abide by that instruction. Which was hurtful to him." Participant 2, on the other hand, views incidental encounters as "sub-threshold" boundaries that are not actually addressed by the ethics code. She stated, "I think what makes these encounters difficult is that they don't rise to the level of what I think the ethics code addresses. You know, it's not a situation where there's a question about multiple roles, you know, or a conflict of interest. Or it's not a situation where I've been asked to transgress a boundary…"

Privacy and confidentiality. Participants were asked about how their understanding of their responsibility to keep client information confidential may have impacted their experience of the encounter. Four participants expressed their concerns about breaching the client's confidentiality during an incidental encounter. Participant 3 stated that he always keeps client confidentiality in mind when considering how to interact with a client outside of the office. When asked how his understanding of the ethics code influences the way in which he handles out-of-office encounters, he answered, "It certainly is a piece of that in terms of our responsibility to protect a client's privacy and confidentiality. So, I mean, it would not be responsible from an ethical position to engage them in such a way in public in which they, you know, their relationship to me could be, you know, made public." Similarly, Participant 5 revealed his concern that his client may have disclosed private information in a public setting, which he considers a breach of confidentiality: "It would have been a big confidentiality issue… I don't want to talk about any of these things [client therapy issues] because it's too close to violating a boundary that I don't want to violate. And I won't let you violate."

Training Considerations

Participants were asked to consider how their formal training (in graduate school, internship, post-doc, etc.) influenced their understanding or handling of incidental encounters. All six identified various ways in which the training they received has impacted their practice. While some participants experienced their training as inadequate, others found their training to be thorough and comprehensive. Lastly, the importance of professional experience on mediating difficult experiences of incidental encounters was discussed.

Inadequate training on incidental encounters. Participants were asked directly about how their graduate school, practica, internship, post-doc, etc. trained them to handle incidental encounters. Four participants reported that they did not receive adequate training on how to handle incidental encounters in graduate school. Participant 1 stated, "There was never any explicit conversation in my 4+ years at [graduate school]." He later expressed that "this is one of, um, probably a spectrum of clinical possibilities that are not attended to. …Um, I think it could be done more, especially before someone goes into their first practicum. So that comes right to mind." Participant 2 had a similar experience. When asked whether the management of incidental encounters was brought up in her training, she stated, "Um, I don't think in my graduate program. I mean, we had talked about, you know, ethics and boundaries and like, don't sleep with your patients, and things like that (laughs). But the more kind of casual incidents, no I don't think that was ever talked about." Participant 3 recalled that his graduate program did not include explicit, helpful, or thorough instruction on how to handle incidental encounters. "I mean, I remember it being a topic that probably was in a professional seminar at some point, and probably came up in a few other contexts, but I don't really feel like I was, um, adequately prepared by [graduate school] to deal with that kind of thing." Participant 6 also thought back to

her graduate training, which was many years ago. She stated, "It was a long time ago so I have to say in fairness to the training program that maybe I don't remember, and honestly, I don't think much was said."

Thorough training on ethics and boundaries. Participants were also asked to recall how their graduate programs handled more general training on ethics and boundaries, including dual and multiples relationships and other boundary-related issues. Three participants reported that their programs were much more comprehensive when covering these broader topics. Participant 2, who stated that her program did not address handling incidental encounters, stated, "From an ethical perspective, in terms of what the APA code says about boundaries and multiple roles and things like that, I did have training in that in my graduate program… Um, and probably some refresher in my internship. And definitely in my post-doc. In my fellowship we talked about that a lot." Participant 3 had a similar experience: "Yeah, I think well prepared in that regard." Participant 4 reported that her training program included a thorough focus on an array of ethical issues. "I think I got very good training about multiple roles and dual relationships."

Training may overlook flexibility in boundary maintenance. Three participants recalled experiences during their training when they were instructed to simply avoid certain situations. Participant 3 stated, "I mean, I think it was often sort of the sense that, you know, multiple roles are a bad thing. Don't do it." Similarly, Participant 5 stated, "it was very clear throughout training that… uh, yeah that these are clear lines that can't be crossed." Lastly, Participant 6 recalled an experience she had after graduate school at a training where she was directed to avoid crossing paths with her clients. She shared the following story: "I remember at a grand rounds there was a presentation about working in small communities. And I thought, 'Oh good! You know I need to talk about this.' I naively raised my hand and asked the presenter who

was a man who'd been in the department forever, how do you handle crossing paths with patients, which is what they call them in the hospital, and um, you know, there was this silence in the room. And he said 'You just don't do it.' (laughs)… And then I realized that you just don't ask questions in a public forum, that's what I learned."

Learning from experience. Five participants spontaneously discussed the importance of experience in improving their management of incidental encounters. Each reported that they have become increasingly comfortable handling incidental encounters over time, especially those who practice in small communities. They emphasized that even the most comprehensive training can't prepare a clinician for the actual experience of encountering clients unexpectedly. Participant 2 stated, "I don't know that there's anything that anybody could have told me, other than what they did—and people could say, 'oh it's all grist for the mill,' or whatever it was, but I don't think it actually mattered until I went through it enough times to understand it… I think it's part of why these encounters are important—just because it got me to the place where I could understand it and feel comfortable with it and cope with it in a way that's not anxiety-filled." Participant 3 expressed that he generally does not feel uncomfortable when bumping into clients, which is a significant contrast from his early experience when he first started to practice: "I'm bound to run into somebody every time I go out, and it's just something that we talk about in the following session or later on, or, it just, it doesn't make me nervous the way it used to. I don't feel like I'm doing anything wrong; I feel like I'm living my life." Participant 4 also reported that she has adjusted to the increased frequency of incidental encounters as she continues to work in the same small community: "I've been working in the community for 10 years now and so I can say the run-ins are increasing, as the layers of who I've treated over time increased, and because I've also become more connected to my community." Lastly, when Participant 6 was asked

about her level of preparedness for incidental encounters, she stated, "Now I feel prepared. Just from my own experience and thinking that—consulting, you know of course, with other colleagues about 'oooh this happened, what should we do?'" She later stated, "Experience is a great teacher."

Chapter 4: Discussion, Limitations, Implications, and Reflection

This study examined six licensed clinical psychologists' experiences of an incidental encounter. In this section, the meaning of the superordinate and emergent themes in relation to the extant literature is explored. In addition, the limitations of the study and implications for clinical work and future research will be considered. Lastly, I reflect upon the findings of this study in light of my own experiences of incidental encounters.

Client Characteristics and Therapeutic Context Shape Therapist Reactions

Sharkin and Birky (1992) found that therapists most commonly experienced feelings of surprise, uncertainty, discomfort, and anxiety during incidental encounters, as well as concerns about confidentiality and boundaries. In this study, therapist discomfort and anxiety were less universal than in the Sharkin and Birky study, and more apt to occur with relationally challenging clients with limited awareness of boundaries. In other words, clients who were more discreet within the incidental encounter elicited more positive reactions from therapists. Feelings of surprise, uncertainty, discomfort, and anxiety in this study seemed to be elicited by therapists' awareness of their similarities with their clients.

As Gody (1996) discussed, one thing that can make incidental encounters particularly challenging for therapists is that they may lose control of what is known about them and how to disclose personal information. When a client learns information about the therapist in a spontaneous encounter, the therapeutic relationship may become less asymmetric, leaving the therapist feeling vulnerable and exposed. Finally**,** the only therapist who encountered a client with whom he or she had a weak therapeutic alliance was also the only therapist who reported a negative therapeutic consequence, raising the possibility that the quality of the existing therapeutic relationship impacts the outcome of incidental encounter.

Therapist Self-Disclosure Increases Vulnerability During Incidental Encounters

Those therapists who had been more transparent about their personal lives in the therapy room seemed to experience the incidental encounter as less comfortable. For example, Participant 3, who purposely disclosed information about his breakup as part of the therapy, felt more vulnerable during his encounter as a result. Though Participant 2 was less deliberate about her self-disclosure, her client's awareness of her divorce was a significant factor in her experience of discomfort during the incidental encounter. Therapists may feel more vulnerable the more transparent they've been with clients about their personal lives, perhaps because their weaknesses and vulnerabilities may be exposed when least expected.

Incidental Encounters Can Engender Therapeutic and Professional Growth

The spontaneous and unanticipated nature of incidental encounters can provide meaningful grist for the therapeutic mill, enhance professional development, provide therapists with an important opportunity for self-reflection, and ultimately advance the therapy. For example, Participant 2 was able to use her client's reaction to the encounter therapeutically in order to enhance his self-awareness and better understand facets of his own relationship, and Participant 5 was able to catch a glimpse of his client engaged in a healthy interaction that was fostered and expanded upon in subsequent therapy sessions.

Two therapists in this study benefitted from incidental encounters through a self-reflective process that aided in professional development and enhanced self-awareness. Those who identified the significance of personal life circumstances on their experience of the incidental encounter also discussed the professional growth that occurred as a result. The greater the overlap in circumstances, the more learning seemed to take place. For example, when Participant 3 was able to reflect upon the meaning of his vulnerable and anxious feelings, he

began to recognize the impact of the complex similarities between he and his client. Neither of these participants seemed to fully comprehend the significance of the overlap with their client during the encounter. Rather, it took some space and time to reflect on the encounter for these insights to emerge.

Incidental Encounters Can Positively Impact a Therapeutic Relationship

Five out of six participants noted that the incidental encounter resulted in positive therapeutic consequences, and all of the therapists acknowledged feeling some level of respect or compassion for their client, even if they also felt as though their space had been invaded. Thus, it appears that incidental encounters can engender trust, have potential to alter a therapist's perception of a client, and may sometimes function as pivotal moments in a course of treatment. In fact, Participant 5 asserted that the incidental encounter was so meaningful for his client that it rekindled his interest in coming back to therapy. Participant 2's client had a therapeutic breakthrough by exploring what it meant to see his therapist out on a date.

Therapists Consider Ethical Guidelines and During Incidental Encounters

These therapists considered the ethical implications of engaging with their client during the incidental encounter, most likely because of the atypical nature of the interaction. This finding is consistent with existing research (e.g., Sharkin & Birky, 1992), which suggests that therapists are concerned about maintaining privacy and confidentiality during incidental encounters. Four of the participants identified their desire and ethical obligation to keep the nature of their relationship private and the content of the therapy confidential during an incidental encounter. Contrary to my expectations, however, participants seemed to understand that since incidental encounters are not intentional, and do not involve deliberate exploitation of the client, they would not be interpreted as an ethical breach. One participant even remarked that

management of incidental encounters is tricky in part because they don't reach the level of what the ethics code addresses. Others recognized that the broad ethical mandate, "Do no harm," guided their decision-making processes. A few even expanded upon this mandate by ensuring the client's comfort over their own.

Ethical considerations were also discussed in light of therapist training. Halverson and Brownlee (2010), Pulakos (1994), and Sharkin and Birky (1992) found that training programs inadequately covered the management of incidental encounters. Consistent with those findings, four out of six participants in this study did not recall any explicit training in managing incidental encounters. Nonetheless, most participants reported being adequately equipped by their training in broader ethical principles to learn, with experience, how to successfully navigate incidental encounters. Thus, the confidence in handling incidental encounters among these therapists seemed to emanate from a solid grounding in key ethical principles, along with professional experience.

Limitations and Implications for Future Research

There is still much to be learned about incidental encounters, how they impact both therapists and clients, and their implications for therapeutic outcomes. Though there are many strengths associated with a qualitative research design, one primary limitation of this small N qualitative study is that it is not generalizable to the population of therapists at large. For instance, five out of six psychologists interviewed in this study practice in a small community or rural area, where out-of-office encounters tend to happen frequently. The sixth participant, who practices in an urban area, stated that his practice niche also leads to an increased number of incidental encounters. Therefore, larger, more representative studies are needed. In particular, we could use additional quantitative studies to examine differences in therapists' experiences in

urban versus rural areas, to acquire more comprehensive data about how training programs cover management of incidental encounters, to increase understanding of how therapists interpret language from older ethics texts, and to better understand therapeutic outcomes of incidental encounters in the general population.

This study only explored therapists' experiences of incidental encounters with adult clients. As a clinician who works primarily with children and early-adolescents, it would be helpful to learn more about therapists' incidental encounters with children and their families. Given that children tend to be more open and less aware of professional boundaries, these encounters might pose different management challenges for therapists than those with adult clients.

Clinical Implications

As I analyzed this research and reflected on my own practice of establishing "what-if" plans at the outset of treatment, I began to contemplate how clients experience this conversation in light of two factors: (a) the existing social stigma around receiving mental health services and (b) the implicit message that incidental encounters are dangerous or negative in some way. It seems that notifying clients of a plan to defer to them in order to maintain their privacy has the potential to reinforce feelings of shame and humiliation about receiving treatment. Therapists may instead choose to share their perspective and experiences of incidental encounters, outlining possible options for handling them, and then initiate a dialogue that elicits the client's preferences and ideas. This approach provides an opportunity for clients to share their feelings and has potential to increase collaboration and client investment, enrich the client's voice in the therapy, and enhance understanding about possible outcomes of incidental encounters. Given additional findings that incidental encounters tend to be worse for therapists when clients do not

remain discreet or respect the professional nature of the relationship, such dialogue at the outset of therapy may be particularly important to protect against negative therapeutic outcomes. If the therapist experiences the encounter adversely, the therapeutic relationship will likely be impacted. Thus, engaging the client in a discussion about the nature of the professional relationship and possible benefits and drawbacks of interacting during incidental encounters may preclude client misunderstanding and undesirable outcomes.

Therapists in this study who were more transparent with personal information tended to feel more uncomfortable during the incidental encounter. When therapists are primarily focused on the therapeutic impact on the client in the moment, they may not anticipate how their transparency could leave them feeling vulnerable in potential future incidental encounters. Vulnerability may be especially likely if the context of the encounter is somehow connected to the information that has been disclosed and exceeds what the therapist wanted the client to know. In terms of impacts on the client, therapist self-disclosure can be beneficial or harmful, depending on the client and the circumstances. The psychoanalytic stance has traditionally frowned upon therapist self-disclosure in favor of maintaining therapeutic asymmetry. For example, Gody (1996) asserted that having too much knowledge about the therapist's personal life may be distressing or burdensome for the client, particularly if they perceive fault. In contrast, the humanistic stance advocates for appropriate self-disclosure to help the client feel more equal to the therapist and allow him/her to see that all people experience failure and personal challenges (Williams, 2002). Therapists' acknowledgement that shared personal information may be available outside of the setting in which it was, perhaps thoughtfully, divulged, may encourage them to further consider both positive and negative consequences of self-disclosure in their work.

Personal Reflection

My interest in learning about incidental encounters arose from a string of experiences I had while working as a practicum student in the rural community of Keene, New Hampshire. Based on my own experience, some research studies, and anecdotal evidence gathered from conversations with fellow students, faculty, and therapists with varying degrees and levels of experience, I came to understand that therapists generally don't enjoy the experience of unexpectedly running into their clients. I chose this dissertation topic to better understand *why*. I had several hypotheses. I thought therapists might feel insecure, just like I did. I thought they lacked knowledge of the most effective ways to handle incidental encounters because they hadn't received sufficient training. I hypothesized that their insufficient understanding of the ethics code caused a desire to avoid all out-of-office contact. I also wondered if they worried that their clients' observation of them outside of session would impair the hierarchical structure of the therapeutic dyad.

As it turns out, the experiences of the therapists interviewed in this study often differed from mine. Though all of the participants expressed some wish that they hadn't encountered their client, most seemed to feel rather secure and comfortable in their ability to manage incidental encounters. They didn't appear to misunderstand the ethics code or conflate various forms of extratherapeutic contacts. In fact, even though participants did not receive much specific training in how to handle incidental encounters, many reported that training in ethical principles, in combination with clinical experience, proved sufficient for ethical and competent management of them.

Participants in this study had many years of clinical experience prior to the incidental encounter they discussed, perhaps explaining why they managed them with relative ease and

proficiency. As I continue to grow as a clinical psychologist, I hope that I, too, continue to learn from my experiences, reflect upon my own role in relational intersections, experience increased comfort with incidental encounters, and feel respect and admiration for my clients for the risks they take and the hard work they do.

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Appendix A: Participant Recruitment Announcement

Dear Potential Participant,

My name is Beth Ketaineck and I am a doctoral candidate in the Clinical Psychology program and Antioch University New England (AUNE). For my dissertation project, I am conducting a qualitative study of therapist's experiences during incidental, or unplanned/unexpected client encounters outside of the therapy office.

I am recruiting doctoral-level clinical psychologists to participate in my study. Each participant must have graduated from a program accredited by the American Psychological Association (APA) and have experienced an incidental encounter within the last five years. Participants must be willing to share the details of the event as well as their ideas about why their experience was comfortable or uncomfortable. If you have received this letter, it is because you have been referred by a friend and/or colleague who thinks you might meet the eligibility criteria.

I am really excited about my research, as anecdotal evidence suggests that many psychologists have unique and interesting stories to share. My interest in this topic is twofold and integrates my own experiences of incidental encounters with my enthusiasm for better understanding how our training, personal characteristics, and understanding of ethical guidelines have potential to influence the manner in which we interact with our clients when we see them unexpectedly.

If you meet the eligibility criteria and this study is of interest to you, please contact me via email at bketaineck@antioch.edu or phone at (203) 415-7565. If you are unable to reach me, please leave your contact information and the best time(s) to reach you. When we do connect, I will gladly answer any additional questions you may have about the study. Please note that I prefer to conduct interviews in person. However, phone interviews will be accommodated if necessary.

The research described above has been reviewed by the Institutional Review Board at Antioch University New England. My dissertation chair is James Fauth, Ph.D., Department of Clinical Psychology. He can be reached via phone at (603) 283-2181, or email, at jfauth@antioch.edu.

Lastly, if you know of anyone else who may be interested in this study, please feel free to let me know or forward this letter to him/her. Thank you for considering participating in my dissertation project!

Respectfully,

Beth Ketaineck, M.S.
Antioch University New England

Appendix B: Demographic Information Form

Name:_____

Address: Street, Apt #:_____

_____ _____ _____
City State Zip Code

Primary Phone Number:_____

Email Address:_____

Please circle your preferred form of communication with me: Phone Email

What is the best time to reach you? _____

Sex:_____

Age:_____

Race/Ethnicity (Please choose from the list below):

___African American/Black

___American Indian/Alaskan Native

___Asian American/Pacific Islander

___Biracial (please specify):_____

___European American/White

___Latino/Latina

___Other (Please specify):_____

Highest Degree Completed:_____ Year obtained:_____

Name and Location of Clinical Psychology Doctoral Program:_____

_____

Appendix C: Informed Consent Form

INFORMED CONSENT FORM

Project Title:	**Therapists' Experiences of Incidental Encounters with their Clients**
Principal Investigator:	Beth Ketaineck, M.S. Doctoral Student Department of Clinical Psychology Antioch New England Graduate School 40 Avon Street, Keene, NH 03134
Phone:	(203) 415-7565
E-mail:	bketaineck@antioch.edu

Thank you for volunteering to participate in this research project seeking to understand therapists' experiences during incidental encounters. An incidental encounter occurs when a therapist and client unexpectedly come across each other outside of the regularly scheduled therapy session. Your signature on this consent form shows that you have been informed about the conditions, risks, and safeguards of this project.

1. **Procedure you can expect**. We will either meet in-person, at a location of your choice, or we will connect on the telephone. Regardless of location, a semi-structured interview will take place. During this interview, I will ask you about your experience during an incidental encounter. Questions will focus on your level of comfort or discomfort, what may have contributed to the presence or absence uncomfortable feelings, long-term consequences of the encounter, and your level of preparedness to effectively manage an incidental encounter. The interview will be tape-recorded for later transcription and analysis, and is not expected to exceed 90 minutes.

2. **Participation is voluntary**. If you decide not to participate, you can withdraw from the study at any time, for any reason, without penalty.

3. **There is no more than minimal risk to individuals who participate in this research.** The topic of the interview will be on your experience during an incidental encounter. While it is expected that such a discussion will be experienced as noninvasive, it is possible that it may cause some mild emotional distress. If this occurs, I will pause the interview, acknowledge your emotional response, and remind you that you may stop at any time.

4. **This research has potential benefits for the field at large.** Current research shows that incidental encounters are ubiquitous and often uncomfortable for therapists. The goal of this research is to increase our understanding of the factors that may contribute to particular feelings during incidental encounters. This information may provide impetus

for enhancing training and professional development on the management of incidental encounters in the field of psychology.

5. **Your confidentiality is ensured**. Themes from your account may be printed in my doctoral dissertation, which will be available to the public. In order to protect your privacy, I will be taking the following security measures:

   - Your name, names of other people you mention, and specific locations will not be used.

   - A number code will be used to identify your typed transcript. Your name, which corresponds to the number code, will be kept in a password-protected Microsoft Excel spreadsheet.

   - The audio recording, which will be kept in a lockbox, will be deleted as soon as the interview is transcribed.

   - Only the project investigator, my advisor, and research assistants will have access to the interview transcripts.

   - All informed consent documents will be stored in a lockbox, separate from transcripts and any other material associated with data analysis.

6. **Data usage in final project**. Your interview will be coded and condensed into prominent themes about your feelings and experience during the incidental encounter. These themes, which will be extracted from the text as I seek to understand and capture the essence of your reported experience, will be used in the final dissertation product. They will be chosen based on their similarities to and differences from information gathered in other interviews. Your interview transcript will not be included in the dissertation. DE identified passages may be included, with your permission, to enhance the richness of the data analysis (see below).

7. **You have control over how your data is used**. After I have analyzed the data, I will contact you for a "member check" to review and comment on themes I have identified from your interview. During the member check, I will ask you to provide feedback or clarify anything that I may have misinterpreted. In addition, should I wish to use any of your verbatim deidentified passages in the dissertation, I will provide you with the passage(s), and seek your written permission; you are free to consent to or decline this request as you see fit.

8. **You have rights.** Questions about your rights or concerns about risk to you because of participation in this study may be addressed to the researcher at the phone number or e-mail listed at the top of this page or to my advisor, James Fauth, Ph.D., Department of Clinical Psychology, Antioch University New England, 40 Avon Street, Keene, NH 03134. Phone: (603) 283-2181; E-mail address: jfauth@antioch.edu

9. **Risks and benefits have been evaluated**. The research described above has been reviewed by the Institutional Review Board at Antioch University New England. Any questions or concerns pertaining to associated risks of participating in this research should be directed to either the researcher or to Antioch University New England's Institutional Review Board: Dr. Katherine Clark, Chair of the Antioch University New England Institutional Review Board (603) 283-2149, or Dr. Steven Neun, ANE Vice President for Academic Affairs, (603) 283-2450.

Consent Statement:

I have read the information provided and agree to participate in this qualitative research on therapists experiences of incidental encounters with their clients.

Signature: _____ Date: _____

Please Print Name: _____

Appendix D: Schedule of Semi-Structured Interview Questions

Interview Introduction:

In preparation for this interview, please bring to mind an incidental encounter that was particularly challenging for you due to the presence of awkward or uncomfortable feelings. I will be asking you a series of questions about what the encounter was like, how you made then or make sense now of your discomfort, what contributed to the way you handled the encounter, and whether it had any long-term consequences for you or the client. Though I have outlined questions to guide the interview, please feel free to go into greater detail or share additional information that I didn't specifically ask for.

As a reminder, this interview will be audio-recorded and transcribed to maximize accuracy in data analysis.

Interview Questions:

Imagine The Encounter:

- Take a moment to imagine the scene of the incidental encounter you want to share today…
    - Where were you?
    - What was the context?
    - Who were you with?
    - What happened?
    - What was it like?
    - How did you feel?
    - How did you engage with or avoid the client?
    - Any other detailed description of the scene…?

Contributors to Comfort or Discomfort (During/After):

- What were your thoughts and physical registers (if you had any) when you saw the client?
- What made the encounter comfortable or uncomfortable?
- What were your concerns during the encounter, if any?
- What might have changed the level of comfort or discomfort?
- What helped you decide whether to engage or avoid?

  (Prompts only for use if participant seems to be struggling w/the question):
    - Power differential?
    - Ambiguous boundaries?
    - Confidentiality?
    - Unintentional Disclosure?
    - Uncertainty as to if or how it would affect the therapy?

Long Term Consequences:

- Do you think your client saw you differently after that encounter? How did you know?
- How did you view your client after the encounter?

- How did the encounter impact your work with the client?
- How did therapy shift?
    - How did you know change happened due to the encounter?

Level of Preparedness for Incidental Encounters:

- To what degree did you anticipate this happening?
- Did you feel adequately prepared to handle an incidental encounter?
- How did your training program teach you to handle incidental encounters?
- Did you feel prepared to deal with boundaries? Multiple roles?
- How did your understanding of ethics code influence the way you handled the incidental encounter?
- How did you prepare for an incidental encounter?
    - Did you make a "what if" plan with your client?
- Did this encounter change how you handled (or would handle) future incidental encounters?

Appendix E: Superordinate and Emergent Themes Chart

Superordinate Themes	**Emergent Themes**	**Examples from Transcripts**
Therapist Personal Factors (N=6)	Therapists' Character Traits (N=2)	"… that's a sore spot in my therapeutic landscape." (P1) "I was still carrying countertransference about how bold he was in the encounter and in the public domain." (P1) "…because people disappearing and not responding is a hot button if you want to call it that… he was a prime candidate for my grimace (laughs)." (P1) "I'm not skittish about these things, and I kind of developed a long time ago, this sense that if I'm going to work in a small town, I'm—I want to be comfortable with my self-care thing, so I won't compromise this." (P4) "Even in times of uncomfortable situations, I may put on that kind of confidence, you know, I appear more confident rather than less confident." (P4)
	Therapists' Life Circumstances (N=3)	"… a couple of months before this… I mean, long before this I had been divorced. A couple months before this I had, uh, changed my name back to my maiden name…" (P2) "When I was in school and I was in training at _____, I was pretty nervous at that time about the whole issue of self-disclosure…" (P3) "I think it was just kind of a heady mix of things that were uncomfortable for me personally, having you know, an element of my life that was, you know, really very vulnerable, um, kind of potentially exposed in that way." (P3) "…it's funny to be observed by your client in such a different setting while you're trying to learn something new. It made me feel more self-conscious than I would have. …It's a vulnerability when you're in a position of learning something new that's physical versus than you know, you're the competent person in your chair comfortably in your office." (P6)
	Therapists' Personal Boundaries	"So, in the morning, I really like the quiet on my way to work. I play some music, which is usually instrumental and not words… Um, and maybe my boundaries during

	May Increase Sense of Intrusiveness (N=4)	the morning hours are somewhat rigid. And so, I thought he invaded my space. " (P1) "If he would have been more discreet, that would have helped" (P1) "…my first thought was, um, like 'shit.' I felt intruded on, you know, that I had some space that I wished had been private that was not." (P2) "You know, part of me was like, resentful—that may be too strong—but kind of like, well this was supposed to be my time. So there's this dilemma that I can't help turn off the therapist lens and observe the client, but I also want it to be *my* time." (P4) "Yeah, there was sort of a, 'Okay, there she is. Darn it. You know, this is my thing I'm trying to do. And I'll just try to put up, you know, a little barrier between me and her.'" (P6)
Client Personal Factors (N=6)	Clients' Relational Styles and Behaviors Play a Role in Therapists' Experiences (N=4)	"He has a very hard time maintaining relationships… He tends to overextend himself, gets used, and then begins to feel bad about that… so his boundaried conceptualization about relationships is diffuse, as is it was with me." (P1) "He was in a position in his life where he and his wife were, um, very much struggling, and he was, um, having sort of um, how would I saw say, sort of ego-dystonic experiences outside of the marriage while he was in treatment that he had not brought into the marriage." (P2) "Over the period of 2 years he had changed, um, and become, you know, a lot less depressive, a lot more expressive of his feelings, of his honest feelings, um, that were never depressive again." (P5) "She's a very reasonable, thoughtful person. And so, she was happy to see me there, which is funny." (P6)
	Clients' Understanding of Professional Boundaries (N=5)	"He was not taking my boundaries and my schedule particularly seriously." (P1) "I think there are some patients who I've run into… who… it's comfortable because they don't really care." (P2) "I think in this situation, if they'd tried to engage me more, it would have been more uncomfortable… It may or may

		not have bothered me if they had engaged me, but there's just so much that goes into that, of, you know, if somebody else is in the room and they're engaging me, how do I engage them back while keeping it confidential how I know them?" (P4) "His [client's] inhibition probably isn't as ideal as it should be. He would have blurted out all kinds of things that would have been inappropriate." (P5) "I give her credit because she knows that [exercise class] is not a therapy session for her. You know, so she wanted to tell me something good but she did end it quickly." (P6)
Client/ Therapist Intersection (N=2)	Similar Life Circumstances (N=2)	"There was a certain, um, resonance, or similarity between the situations that we were in. I mean on a very vague, basic level. " (P2) "He and I ended up running into one another on numerous occasions in a local bar that I go to with my friends… "(P3) "There were a number of uncanny coincidences about this man's life – the client's – and mine." (P3)
	Therapists Learn From and Identify with Clients (N=2)	"I think that that [similarity to client] made me more sensitive and made him more interested." (P2). "I'm constantly surprised by how people, um, take what they, you know, perceive—their experiences—and make sense of it according to their story… that makes me much more kind of relaxed and I feel like it really is kind of grist for the mill…" (P2) "So there were a lot of elements of a kind of, identification, I think, that was just part of the relationship." (P3) "I think maybe that moment in the grocery store was a little bit more symbolic of a way in which his life and mine were running along some parallel lines, and I dare think that there's a kind of mutual influence and learning that can occur in therapy." (P3) "I don't know if it was that encounter in the grocery store as much as sort of like, here he was in the aftermath of his relationship that had ended, and here I was in the aftermath of mine, and I think that I had—I was struggling myself

		with the fact that it may not all be so clear-cut, and how do you maintain some kind of—morphing into some kind of different relationship with an ex…" (P3)
Therapeutic Consequences (N=6)	Negative Consequences (N=1)	"He [client] was hurt… and he continued to make appointments and then cancel them at the last minute… and I was probably more confrontative than usual… So we might have over the course of the next three-four months had three-four sessions and he said, 'I think we've done as much as we can,' and he came in for a termination session." (P1)
	Positive Consequences (N=4)	"…in terms of what it did for the work, um, that whole idea about the fantasy that he had had… that whole thing, um, had been in discussion but very much took root in a different way after the encounter. So I think it kind of opened up the space for him to talk about what he was looking for in that." (P2) "I think they [client] had more information and in some ways in terms of consequences, I think ultimately helpful, um, I think it may have engendered some trust and um, and also some credibility in that I practice what I preach, to some degree. (P4) "It [encounter] was useful because some of the clinical issues, as I said, had to do with social interaction and social anxiety, and um, how others may or may not perceive her, so to see her in a social setting was interesting… And so to see some of those walls, was helpful." (P4) "It turned into a therapeutic event." (P5) "I think the reason he came back [to therapy] was to further that encounter." (P5) "And, uh, also I saw an elegance about her that doesn't come across because she's a person who dresses always very very simply in jeans and a cotton shirt. And to see her carry herself and move in, uh, a rather balletic way, because she was a ballet dancer before, was very nice, was lovely. Um, so… and uh, yeah how did that change how I saw her? Mmm, it gave me an appreciation for aspects of her that I wouldn't get sitting in the office. So that's nice." (P6)
	Therapist Ambivalence	"I had to be fairly stern, uh, to get him to stop talking to me there in front of the cashier… and I did feel some

	During Incidental Encounters (N=2)	compassion about his desperation. That he was lonely, um, not very skilled interpersonally, and that I made a difference in his life… So I felt ambivalence about my duty to be available and not to abandon…" (P1) "I remember feeling sort of watched, kind of uh, my association would kind of be like celebrity paparazzi… that also felt kind of at once understandable and a but intrusive too." (P2)
	Therapist Insight Into Therapy Dynamics (N=2)	"And he had identified, um, with my situation, right, through projection, and I think that he became much more kind of interested and invested in what I was doing." (P2) "So I'm just kind of – it's a curiosity of, now they [client] have this information about me, which of course is a projection, it's not real, and they don't know how well I know these people or how well I don't know these people." (P4)
	Increased Respect and Compassion for Clients (N=5)	"I did feel some compassion about his desperation… so I could feel that. And that's a good thing." (P1) "I did respect the risk he was taking in opening up what he imagined… You know, it could have been easier for him to not take that risk, and keep a façade of 'Oh no, that didn't bother me' or you know, whatever. So in addition to feeling all of those other things, I think I also did feel respect." (P2) "Honestly, I think I took some inspiration from this man." (P3) "I think it gave me a different layer of respect for the client, you know, kind of seeing her doing something that I know is hard…" (P4) "And then right after that I was like immediately comfortable. Because the kid was there to show off and show how much progress he had made from having no relationships because he was a jerk in high school to now having a relationship after having been in the army and you know all of that stuff. 'Look at me, I'm a mature19-year old' was the message I was getting from him. And it was nice, it was a warm feeling, you know, to hear that." (P5)
Ethical Considerations	Planning Ahead for	"So in social psychology there's this saying, 'forewarned is forearmed.' And that's what this [what-if plan] would

(N=6)	Incidental Encounters (N=6)	do." (P1) "In situations where it were subtle, like, there was a chance that it might happen outside of the treatment—you know, it's interesting—I don't actually—I haven't actually talked about it in a long time… I don't actually remember what would prompt me to talk about it but certainly it says something about the connection between talking about it and my level of anxiety (laughs) because I'm a lot less anxious." (P2) "And I guess my general way of operating—and sometimes this is something I'll talk about either if I think it's likely that I'll run into somebody in public that is a client, or after the fact—and if it hasn't come up before, I just try to generally—like, if we run into each other, 'I may not acknowledge you, I'll leave it up to you if you choose to acknowledge me, but I won't know necessarily if you're with someone and then you would be put in the position of having to explain to them how you know me, and you may not want them to know that you go to a psychologist.'" (P3) "Well, I think in part it was my ethical training has always been preventative. You know, that the more you do up front the more covered you are; it's harder to cover yourself after the fact." (P4) "I do warn some clients that, who I know practice, or who talk about [exercise], or if I recommend [exercise], I may say "you need to be aware, I do practice, I tend to go to these classes. You have to choose if you're comfortable with that and we'll talk about it if, you know, if we end up in the same class." So sometimes I give a pre-warning, I don't think I had in this case." (P4) "Um, I have agreements with the kids and their families when we do the intake. For example that if we see each other out of here, acknowledge me if you will, and then I'll acknowledge you. Otherwise, um, you know, I won't." (P5) "And I usually ask people when they first come to see me, how do you want to handle it *when* we bump into each other. Not *if*." (P6)
	Prioritizing	"Uhhh, some of it is his interpersonal style of getting hurt

	Client Needs (N=4)	very easily. And I didn't want to pile onto that. So I stretched." (P1) "And I'll stay in my vulnerable state. In fact, I'll stay down on this step while you're [client] up here, so we can do all that work too…" (P5) "And honestly, if I had chosen to move away from her, that would have been so much worse. I think that would be really awkward for her, um, yeah, and me too, you know… it would have been really weird to move away, and uh, I wouldn't have done that to cause her that kind of discomfort." (P6) "Well, I mean, I think foremost I try and think about the client's privacy." (P3)
	Therapists' Understanding of Dual and Multiple Roles May Impact the Encounter (N=4)	"I think in the clinical transaction when I distinguished professional relationship from friendship, I was trying to uphold the lack of dual roles. And so I felt like I was trying to abide by that instruction. Which was hurtful to him." (P1) "I think what makes these encounters difficult is that they don't rise to the level of what I think the ethics code addresses. You know, it's not a situation where there's a question about multiple roles, you know, or a conflict of interest. Or it's not a situation where I've been asked to transgress a boundary…" (P2) "The ethics code is so clear about, about uh, sort of doing no harm. You know. No malfeasance. Of doing no harm. And the issue of relationships, that they need to be clear. I'm not sure that I was prepared for that straight out of training… And the ethics are clear. If I were to just have followed the ethics to begin with, I wouldn't have had this, uh, trouble at the beginning. I wouldn't have had this feeling that I need to be more of a friend than a therapist." (P5) "And just again I think was a function of being here in this community and realizing there's no way you can avoid all contact so, uh, being mindful of the nature of it, the potential effect on the therapeutic relationship, and all of that." (P6)
	Privacy and Confidentiality	"It certainly is a piece of that in terms of our responsibility to protect a client's privacy and confidentiality. So, I

	(N=4)	mean, it would not be responsible from an ethical position to engage them in such a way in public in which they, you know, their relationship to me could be, you know, made public." (P3) "I think I'm very interested in ethics… I've found myself multiple times mid-sentence suddenly imposing the ethics code and going, 'Am I somehow breaching confidentiality? Or just doing something uncomfortable?'" (P4) "It would have been a big confidentiality issue… I don't want to talk about any of those things [client therapy issues] because it's too close to violating a boundary that I don't want to violate. And that I won't let you violate." (P5) "We were still public. So it was not a confidential space." (P1)
Training Considerations (N=6)	Inadequate Training in Incidental Encounters (N=4)	"There was never explicit conversation in my 4 plus years at _____." (P1) "This is one of, um, probably a spectrum of clinical possibilities that are not attended to. …Um, I think it could be done more, especially before someone goes into their first practicum. So that comes right to mind." (P1) "Um, I don't think in my graduate program. I mean, we had talked about you know ethics and boundaries and like, don't sleep with your patients, and things like that (laughs). But the more kind of casual incidents, no I don't think that was ever talked about." (P2) "I mean, I remember it being a topic that probably was in a professional seminar discussion at some point, and probably came up in a few other contexts, but I don't really feel like I was, um, adequately prepared by _____ to deal with that kind of thing. I think it was much more—and maybe that's okay—maybe that's much more of a supervision, practicum, internship kind of a topic." (P3) "It was a long time ago so I have to say in fairness to the training program that maybe I don't remember, and honestly, I don't think much was said." (P6)
	Thorough	"From an ethical perspective, in terms of what the APA

	Training on Ethics and Boundaries (N=3)	code says about boundaries and multiple roles and things like that, I did have training in that in my graduate program. Um, and probably some refresher in my internship. And definitely in my post-doc. In my fellowship we talked about that a lot." (P2) "Yeah, I think well prepared in that regard." (P3) "I think I got very good training about multiple roles and dual relationships." (P4)
	Training May Overlook Flexibility in Boundary Maintenance (N=3)	"I mean I think it was often sort of the sense that, you know, multiple roles are a bad thing, don't do it." (P3) "…it was very clear throughout training that… uh, yeah that these are clear lines that can't be crossed. (P5) "I remember at a grand rounds there was a presentation about working in small communities. And I thought, 'oh good!' you know I need talk about this. I naively raised my hand and asked the presenter who was a man who'd been in the department forever, how do you handle crossing paths with patients, which is what they call them in the hospital, and um, you know, there was this silence in the room. And he said, "You just don't do it." (Laughs). (P6)
	Learning from Experience (N=5)	"I don't know that there's anything that anybody could have told me, other than what they did—and people could even say, "Oh, it's all grist for the mill," or whatever it was, but I don't think it actually mattered until I went through it enough times to understand it. So it was something that was talked about, but as for myself, my level of preparedness… it just took some time to get used to it. (P2) "I think it's part of why these encounters are important – just because it got me to the place where I could understand it and feel comfortable with it and cope with it in a way that's not anxiety filled." (P2) "I'm bound to run into somebody every time I go out, and it's just something that we talk about in the following session or later on, or, it just, it doesn't make me nervous the way it used to. I don't feel like I'm doing anything wrong; I feel like I'm living my life." (P3) "I've been working in the community for 10 years now

		and so I can say the run-ins are increasing, as the layers of who I've treated over time increased, and because I've also become more connected to my community… (P4) "And then experience kind of mediated that a little bit. You know, it's not that absolute. There are times…" (P5) "Now I feel prepared. Just from my own experience and thinking that—consulting, you know of course, with other colleagues about ooh this happened, what should we do?" (P6) "Experience is a great teacher…" (P6)