Some psychologists take the position that the therapeutic relationship between a patient/client and psychologist starts as soon as the patient calls the psychologist’s office for an appointment. Others say that the relationship starts when the informed consent form has been signed. Still others say that it does not start until there is an agreement between the patient and the therapist that therapy is to commence.

According to the California Board of Psychology (BOP) Laws Relating to the Practice of Psychology (2017), Paragraph 2903, psychotherapy is defined in detail but says nothing about when the therapeutic relationship starts. Additionally, California’s Licensing Laws and the APA Code of Ethics (2002 with 2010 and 2016 amendments) provide no information about when the therapeutic relationship starts.

One concern arises when a psychologist is approached by an individual in a social setting and is asked a question that could call for advice or an answer. It would be wise not to offer such an answer in a social setting because the questioner might claim harm in relying on the answer and that a therapeutic relationship existed.

In Smith v. Pust (1993) 19 Cal.App.4th 263, Mr. Smith, having participated in two sessions with his wife and her psychologist, asserted he was present in sessions and therefore a patient. He also had several phone calls with the psychologist. Mr. Smith later sued claiming there was a sexual relationship between his wife and the psychologist. The court held that Mr. Smith’s participation in two sessions and belief that he was a patient did not create a patient-therapist relationship between him and the psychologist.

In another instance, a male psychologist treated a female patient for a number of years before 1995. Approximately 15 years after therapy had ended (beyond the statute of limitations), the patient called the retired psychologist and wanted to vent about perceived wrongdoing on his part. The male psychologist, not suspecting it was an attempt to get around the statute of limitations, agreed to meet. A lawsuit soon followed, asserting the meeting revived the patient-therapist relationship.

Was there a duty to the potential patient when s/he initially showed up in the office? Most psychologists would say, at least in a limited way, yes. For example, it would not be acceptable to share the fact that this person showed up in the office to anyone else. There is a clear responsibility to maintain confidentiality (APA 3.02). However, we also take the position that the therapeutic relationship had not begun. Such a relationship requires approval from both the patient and the psychologist. When psychologists meet a new patient, the psychologist must maintain the right, if not the responsibility, to determine if the psychotherapy is a good fit, discuss informed consent issues (see Pope, 2017) and potentially refer the patient elsewhere if the psychologist does not think that it is a good fit to begin a relationship.

The Confidentiality of Medical Information Act Civil Code §51 et seq. in a case called Pettus v. Cole, the Court of Appeal held that evaluators owed a duty of confidentiality to evaluatees in an adverse fitness for duty evaluation but not the traditional doctor-patient relationship. Thus, an initial meeting which does not give rise to an agreement for therapy could fall under the Pettus v. Cole theory as far as confidentiality but not as to any other duties.

In our view, starting a therapeutic relationship is not simply the patient’s decision. The psychologist has a responsibility to determine if he or she is the best fit in order for a therapeutic relationship to begin. Before there can be treatment of a mind, there has to be a meeting of the minds of therapist and patient on whether there will be treatment at all.

Complete references for this article can be found at www.cpapsych.org – select The California Psychologist from the Professional Resources menu.