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*GENERAL ETHICAL STANDARDS  
IN PRACTICE*

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Misuse of Psychologist Influence:  
Multiple Relationships

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**SUMMARY.** In no other area of professional ethics must psychologists rely on their own judgment than in the area of multiple relationships. Yet ironically, because of the wide variety of types and possible outcomes in dual relationships and boundary crossings, psychologists are given less guidance in this area of ethical decision-making than in any other. As a result, psychologists' emotional conflicts and personal needs are more likely to interfere with their judgment in this area. This article will review important dynamics of multiple relationships and boundary violations,

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while also providing a model for assisting psychologists in avoiding exploitive or harmful dual relationships. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

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Multiple, or dual, relationships occur any time a psychologist interacts professionally with another person in more than one capacity (Bennett, Bryant, VandenBos, & Greenwood, 1990). Such relationships may involve mixing a professional role (e.g., therapist, evaluator, supervisor, teacher, researcher) with a non-professional role (e.g., friend, lover, business partner, relative), or juxtaposing two professional roles (i.e., therapist and supervisor, therapist and student). These roles may occur concurrently or sequentially. Sometimes a dual relationship may exist in a more subtle fashion when a psychologist steps outside the boundaries of the professional role.

Multiple relationships are not prohibited in the current version of the American Psychological Association's (APA) *Ethical Principles of Psychologists and Code of Conduct* (2002), hereafter referred to as the Ethics Code. Indeed, many types of multiple relationships cannot be avoided and some may even be sought out. Not all are inherently harmful, and some are extremely beneficial to both participants. Even so, all multiple relationships provide fertile ground for problems to arise, and most psychologists believe that multiple relationships must either be approached with caution or avoided altogether (Kitchener, 1988).

Because not all dual relationships are harmful, because of the wide diversity in types of dual relationships, and because of the limited research base in this area, psychologists are given little guidance in how to navigate blurred boundaries or multiple roles in the ethics literature. Legal and regulatory guidelines are vaguely written or non-existent, and psychologists complain that the Ethics Code does not adequately address these issues (Pope & Vetter, 1992). As a result, professionals must rely on their own judgement more in this area of their professional conduct than in any other. Under such circumstances, psychologists are prone to commit errors in judgement more often in this area than in areas where there are more explicit guidelines available. Indeed, violations in the area of dual relationships, including sexual intimacies with

clients, make up the majority of disciplinary actions by state licensing boards, the most frequent type of complaint to ethics committees, and result in the largest financial losses in malpractice suits (Pope & Vasquez, 1991). As a result, there is little wonder that the profession, as well as the public, is starting to sit up and take notice.

### ***MULTIPLE RELATIONSHIPS IN THE APA'S CODE OF ETHICS***

Historically, interest in dual relationships began with those involving sexual relations between psychologists and their clients, students, and supervisees. As the APA's Ethics Code has developed over the years, there has been increasing attention devoted to the explicit prohibition against these types of sexual dual relationships (see Ethics Code Sections 3.05, 10.05, 10.06, 10.07, and 10.08). More recently, there has been increased attention focused on non-sexual multiple relationships, both in the Ethics Code and in the literature. Dual relationships involving sexual behavior will not be discussed in this chapter as they are addressed in depth elsewhere (see Shavit, this volume), as is a discussion of bartering (see Gandolfo, this volume).

The primary reference to multiple relationships in the Ethics Code is found in Section 3.05(a):

A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

This passage echoes themes found elsewhere in the Ethics Code, including the injunction that psychologists "take reasonable steps to avoid

harming” others (Section 3.04) and that they “do not exploit persons over whom they have supervisory, evaluative or other authority” (Section 3.08).

From this excerpt it is clear that dual or multiple relationships are not prohibited. Indeed, there is acknowledgement that avoiding such relationships is both impossible, and perhaps even undesirable in some instances. For example, a colleague working with a Native American population felt he would not be accepted as a potential therapist to this community were he not to deliberately engage in multiple relationships by participating in community events such as pow-wows and round-ups (R. Morton, personal communication, November 14, 1993). Other writers addressing ethical issues related to rural or other ethnic populations similarly discuss the frequent inevitability or need for the psychologist to participate in a dual relationship (Barnett & Yutrzenka, 1993; Haas & Malouf, 1989).

With not all non-sexual multiple relationships being prohibited, the Ethics Code goes on to warn against psychologists forming relationships that appear “likely” or “reasonably might” lead to problems. It is at this point that errors in the individual psychologist’s judgement can impair their evaluation of the likelihood or reasonableness that entering into a new role with another person could lead to problems. These errors in judgement are most likely to arise out of the psychologist’s own unexamined needs or countertransference reactions to the other person (Tansey & Burke, 1989).

The Ethics Code identifies four potential risks of psychologists forming multiple non-sexual dual relationships. These include impaired objectivity, interference with the psychologist’s professional performance, harm to the other party, and exploitation of the other party. With the first two risks, a psychologist’s effectiveness is compromised. It is difficult to confront a client if the therapist is hoping to form a friendship after the conclusion of therapy. An evaluator’s conclusions may be influenced if there is a possibility that the person being assessed will become their client. When a psychologist is not free to say what needs to be said in the best interest of the client, supervisee, or student, everyone loses. The psychologist loses a sense of integrity and the opportunity to offer potentially important information to the other person, while the other person is left with a diluted experience.

With the latter two risks, the other person’s well-being is compromised. When a psychology graduate student is not passed to candidacy because of something their professor/therapist learned about them in

therapy, a professional career is unfairly jeopardized. When a therapist asks a client for a favor, the client's sense of trust is damaged: whose needs are being met in this relationship? The harm to those damaged by exploitive dual relationships can include difficulties with trust, feelings of loss and anger, guilt, depression or anxiety, diminished self-esteem, emptiness, isolation, and even disturbances of identity (Peterson, 1992; Pope & Bouhoutsos, 1986).

The 1992 Ethics Code introduced a new element, in that not only is entering into a harmful dual relationship prohibited, but also even *promising* such a relationship in the future is advised against. The promise itself is understood as being sufficient in some cases to compromise a psychologist's effectiveness or to endanger the well-being of another. Focusing on the attainment of the new relationship may result in the sacrifice of the original goals shared by the participants (Canter, Bennett, Jones, & Nagy, 1994). For example, both therapist and client may compromise their honesty if they believed a social relationship would ensue after termination.

Canter et al. (1994) point out that the rule against promising a future relationship does not prevent the psychologist from explaining the rule to another person. However, they caution the psychologist not to mislead the other person into believing that having a different kind of relationship is a shared goal. They also warn the psychologist of the possibility of the other person misunderstanding the psychologist's intentions, as it may be easy to see the psychologist's explanation as a veiled message that a future relationship is indeed a possibility.

In Section 3.06 of the 2002 version of the APA Ethics Code, we see that, "Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation." As the first part of this section advises against entering into another type of relationship if a professional relationship existed first, this section asserts that a professional relationship may be inappropriate if any other type of relationship was pre-existent. It is the professional (especially a therapeutic) relationship that is understood to be of primary importance, as it carries the greatest risk of harm or exploitation. However, the authors of the Ethics Code recognize that it may not always be possible or necessary to avoid entering into such a dual relationship. Again, such a deci-

sion is left to the judgement of the psychologist, with all the inherent risks and responsibilities.

The Ethics Code by itself will probably never contain sufficient guidance to professionals struggling with the complexities of multiple relationships. As Keith-Spiegel and Koocher (1985) write: "It is probably impossible to create clear guidelines for psychologists with regard to dual-role relationships not involving sexual intimacy, since each situation presents unique features that must be considered" (p. 267). Psychologists must rely on expositions of the Code, on Ethics Committee decisions regarding specific cases, and ultimately, on consultation with colleagues in order to successfully navigate the perilous and often uncharted seas of dual relationships. The remainder of this article will consequently look beyond the limits of the Ethics Code for help in this journey.

### ***RESEARCH ON DUAL RELATIONSHIPS***

Surprisingly little research has been conducted in the area of nonsexual dual relationships. This is especially baffling considering the relative wealth of data available on sexual dual relationships (Pope & Bouhoutsos, 1986) and the number of complaints against psychologists in this area (Ethics Committee of the APA, 1988). However, there are several reasons why so few studies may have been undertaken. First, as stated above, nonsexual dual relationships, unlike their sexual counterparts, are not inherently problematic; consequently they do not compel such scrutiny. Secondly, dual relationships are extremely complex and situational, making it difficult to apply a general rule across individual cases. Finally, there are inadequate definitions when it comes to addressing types of dual relationships.

In what may be the earliest study on nonsexual dual relationships, Tallman (1981) noted that about one-third of a sample of 38 psychotherapist respondents had formed social relationships with some of their clients. Of particular interest was the fact that although the sample was equally divided along gender lines, it was only male therapists who developed social relationships with their clients. Another third of the sample, in this case mostly women, stated that they had attended a special event in their client's lives, such as a wedding or Bar Mitzvah. While the first group of psychologists developed friendships with their clients, the second group stated that attendance at these special events was an

isolated event designed to support their clients rather than provide an avenue for socializing. The final third of Tallman's sample could not justify social contacts with clients outside the office under any circumstances.

Pope, Tabachnick, and Keith-Spiegel (1987) surveyed the ethical beliefs and practices of 1,000 clinical psychologists, and included several items regarding nonsexual dual relationships among their questions. It is interesting to note how many of the psychologists who participated admitted to certain practices, at least on occasion. For example, 12% of their sample stated that they had become friends with a former client. Approximately 3% said they had provided therapy to a friend. Almost 8% reported they had invited clients to an office open house. Another 9% stated they had provided therapy to someone who was also a student or supervisee. Almost 3% had provided therapy to someone employed by them. Over 24% reported that they had attended a client's special event, such as a wedding. For all these situations, the vast majority of respondents stated that they had never participated in these practices, while another sizable contingent said that they had occurred "rarely."

A later study by Borys and Pope (1989) involving over 4,000 psychiatrists, psychologists, and social workers found a similar pattern of practices among all three professions as related to dual relationships. While usually far less than 10% of their sample admitted engaging in a dual relationship with their clients with any regularity, significant numbers of the respondents stated that they had disclosed details of personal stresses (38%), gone out to eat with a client after a session (21%), provided therapy to a current student or supervisee (10%), and bought goods or services from a client (21%), with at least "a few clients." Such a trend points to a phenomenon typical of dual relationships: while few psychologists engage in these practices with any regularity, almost all of us are at risk to become involved in a harmful or exploitive dual relationship at any given time. However, some of us may be more at risk than others.

In a further analysis of their data, Borys and Pope (1989) found a significant gender difference suggesting that male therapists tend to engage in nonsexual dual relationships more than do female therapists, and that these relationships involve female clients far more often than male clients. This pattern has been found consistently in studies addressing sexualized dual relationships, where a higher status male (e.g., therapist, professor, supervisor, administrator) is much more likely to engage in a sexual relationship with a lower status female (e.g., client,

student, supervisee, or employee) (Holroyd & Brodsky, 1977; Pope & Bouhoutsos, 1986; Pope & Vasquez, 1991) than is any other possible gender combination (high status female to low status male, female to female, male to male). The fact that this pattern also occurs in nonsexual dual relationships raises some interesting questions, the most important of which is: Does a nonsexual dual relationship tend to lead to a sexual one? There is ample reason to believe that it can.

As with familial incest, sexual involvement between therapist and client may be the culmination of a more general breakdown in roles and relationship boundaries that begin on a nonsexual level. This link was predicted by the systems perspective, which views disparate roles and behaviors within a relational system as interrelated. Changes in one arena are expected to affect those in other realms of behavior. The results of the current study suggest that the role boundaries and norms in the therapeutic relationship, just as those in the family, serve a protective function that serves to prevent exploitation (Pope & Vasquez, 1991).

### ***PARAMETERS OF A DUAL RELATIONSHIP***

Numerous models for ethical decision-making have been generated in recent years (Haas & Malouf, 1989; Handelsman, 1991; Rest, 1983; Woody, 1990). Recognizing the relative lack of guidance provided by the Ethics Code in the area of dual relationships, several writers called for increased structure in making decisions in this area (Borys & Pope, 1989; Keith-Spiegel & Koocher, 1985; Pope & Vasquez, 1991). In an attempt to provide a framework for decision-making in this area, various psychologists have attempted to define the parameters of a dual relationship.

Roll and Millen (1981) were the first to address non-sexual dual relationship issues, but limited their remarks to psychologists responding to requests for psychotherapy from acquaintances. Their suggestions include: (1) avoid doing so if possible, (2) be aware of possible transference, (3) obtain consultation while making a decision, (4) maintain boundaries, (5) be aware of one's own values, (6) be prepared to lose the friendship, (7) be vigilant regarding confidentiality, (8) recognize when treatment should be terminated, and (9) insure that one's own needs are met to avoid abusing the client.



Kitchener (1988) offered three guidelines to assist in determining if a dual relationship has a high probability of being harmful or not. The first guideline states that as the *incompatibility of expectations* increases between roles, so will the potential for harm. Second, as the *obligations* associated with different roles diverge, the potential for loss of objectivity and divided loyalties increases. Finally, as the *power and prestige* differential between the professional's and the consumer's roles increase, so does the potential for exploitation. Kitchener sums up her position in the following manner:

. . . when the conflict of interests is great, the power differential large, and the role expectations incompatible, the potential for harm is so great that the relationships should be considered *a priori* unethical. At the other extreme, when the conflict of interests is small or non-existent, the power differential small, and the role expectations compatible, there is little danger of harm. (Kitchener, 1988, p. 220)

Gottlieb's (1993) decision-making model is built upon Kitchener's, and also identifies three dimensions of a dual relationship. The first is that of *power*, defined as the amount of influence the psychologist may have in relation to another person. The second dimension is that of *duration of the relationship*, recognizing that power increases over time. The third is *clarity of termination*, referring to the likelihood of further contact between the two parties. Gottlieb then suggests that a psychologist follow five steps in employing his model.

*Step 1.* Assess the current (primary) relationship according to the three dimensions. If the level of power is high, the duration of the relationship prolonged, and termination unclear, then a further relationship is probably best avoided.

*Step 2.* If the conditions outlined in the first step are not met, the contemplated (secondary) relationship should also be assessed according to the three dimensions. If the same conditions delineated above apply, then a dual relationship should be avoided.

*Step 3.* Examine the two relationships for role incompatibility using Kitchener's (1988) model, noting expectations, divergence of obligations, and increase in power differential. As incompatibility increases, a dual relationship should be avoided.

*Step 4.* If the psychologist believes it may be acceptable to proceed, consultation should be initiated with a colleague. Decisions should be

made conservatively and with the best interest of the other party in mind.

*Step 5.* After consulting with a colleague, discuss a decision to proceed with the other person. If the other person is competent and chooses to engage in the secondary relationship, then the psychologist may proceed.

These models, while helpful in delineating a step-by-step approach to decision-making in the area of dual relationships, are limited in certain respects. First, while they both address the crucial dimension of power, they neglect the equally important dimension of intimacy. Duration of relationship may be related to the potential for intimacy, but these two parameters are not necessarily correlated. In addition, the needs and intentions of the two people involved are inadequately addressed.

Any professional relationship can be understood as involving the three dimensions of power, intimacy, and need fulfillment. *Power* may be defined as the degree of control one has in a relationship, such as may be represented by the capacity to evaluate, influence, or judge. Power exists on a continuum from domination to submission, with the people involved either involved in a power struggle or playing out some complementary balance of power. A therapist has power over a client, because the client has come for help. A teacher or supervisor has power because they are to grade or evaluate. In a professional relationship, the power aspect of the relationship is formalized through the granting of a license, with the assumption that the professional will use their power for the benefit of a client, student, supervisee, or research subject.

In non-professional relationships, such as friendships, family relations, or business acquaintances, the power relationships are not usually so well defined and may be more flexible. In business relationships, there is often no assumption made that the person who holds the power will use that power for the benefit of the other person. The power differential and expectation in a professional relationship most closely resembles the relationship between parent and child, where society expects the parent to use their greater experience and control to the benefit of their children. This is not to suggest a complete parallel in this regard, for there are many important differences. For example, professional relationships involve the element of choice.

*Intimacy* is defined as the degree to which one person allows the other person to get to know them. It generally refers to the conscious choice to tell or show someone else something about ourselves, but can also involve unintentional revelations about ourselves. Intimacy exists on a continuum from complete self-disclosure to a guarded secretive-

ness. In a professional relationship, the person who occupies the more powerful position generally shares the least about themselves. Clients, students, supervisees, and research subjects usually know little about the lives of their therapists, teachers, supervisors, or investigators. Of course the converse is also generally true, in that the person in the less powerful position generally engages in the most self-disclosure. With greater intimacy comes greater vulnerability. In non-professional relationships, the level of intimacy may be either more mutual or more equally restricted. Family relations and friendships usually involve greater mutuality of self-disclosure, while acquaintances and business relations usually employ an implicit restriction on self-disclosure. Indeed, the relative lack of self-disclosure on the part of the more powerful member of the professional relationship makes the exceptional occasions one decides to use self-disclosure as a therapeutic or educational technique very influential.

*Need fulfillment* refers to the question of whose needs a relationship is designed to meet. A relationship can be mutually fulfilling, fulfilling in a complementary way, or it can meet only one person's needs. Most professional relationships are designed to be fulfilling in a complementary manner, in which the needs of the less powerful, more vulnerable member are accorded greater concern than those of the more powerful, less vulnerable member. This does not mean that the psychologist/therapist/teacher's needs are not important or not being met. It means that the psychologist suspends their shared needs (to be liked, to be understood, to seek help, etc.) in favor of complimentary and agreed-upon needs, such as to be paid, to occupy a role of status, and to develop greater skill and competency. Non-professional relationships are marked by a tendency to be mutually fulfilling (meeting shared needs), while any exploitive relationship fulfills the needs of one member of the relationship at the expense of the other person.

Acknowledging that there is always the risk of harm in any dual relationship, with these three parameters of power, intimacy, and need fulfillment in mind, dual relationships can be assessed in terms of their level of risk. Table 1 illustrates risk levels in terms of these three parameters. At a mild level of risk, the dual relationships tend to share a common power differential (such as that between teacher and supervisor), a low degree of self-disclosure on the part of the psychologist, and the fulfillment of complementary needs specific to the roles each member of the relationship plays. At a more moderate level of risk, the dual relationships share a dissimilar power differential (such as that between

friend and therapist), a higher degree of self-disclosure on the part of the psychologist, and the fulfillment of mutual needs within the relationship. At a severe level of risk, the relationship's power differential remains dissimilar, self-disclosure tends to be high on the part of the psychologist, and the focus of the relationship becomes the gratification of the psychologist's needs.

### ***DUAL RELATIONSHIPS INVOLVING PSYCHOTHERAPY***

Probably no area of dual relationships has received more attention than that of becoming friends with former psychotherapy clients (Keith-Spiegel & Koocher, 1985; Pope & Vasquez, 1991; Rest, 1983; Tallman, 1981). There are a number of reasons for this interest. Foremost is the natural wish to develop a friendship with a client that the psychologist likes or with whom significant interests are shared. Our profession occupies a rather unique position in this regard. If an attorney, physician, teacher, or member of the clergy develops a friendship with a client, patient, student, or parishioner over time, there is not the inherent degree of risk involved as between psychotherapists and their clients. This risk is manifest in four primary ways. First, if a therapist anticipates forming a friendship with a client, the therapist may refrain from confrontation in an effort to avoid conflict or a threat to the desired friendship. Second, the therapist may develop a blind spot to a client's problem area, seeing the client as more effective than they may actually be. This could result in either idealizing the desired client/friend, or in prematurely ending the therapy so that the friendship might begin. Third, the client may limit self-disclosure in order to lower the risk of being rejected. Fi-

TABLE 1. Factors in the assessment of risk of harm in dual relationships.

<i>Level of risk</i>	<i>Parameters</i>
Mild	Power differential—high Psychologist's level of intimacy—low Need fulfillment—complementary
Moderate	Power differential—low Psychologist's level of intimacy—high Need fulfillment—mutual
Severe	Power differential—high Psychologist's level of intimacy—varies Need fulfillment—exploitive

nally, the loss of the anticipated friendship could be harmful to the client should the relationship not work out. Such a painful resolution to the therapeutic alliance could dilute whatever benefit the client had derived from therapy as well as become yet another problem with which the client needs to cope. In addition, becoming friends with a client may preclude their ever returning for treatment.

In Pope et al.'s (1987) study of psychologists' beliefs and behavior about ethical issues, 58% of the respondents stated that they had become friends with at least one former psychotherapy client. Approximately 79% stated that they believed it was ethical for a psychologist to form a friendship with a former client, at least under some circumstances. Despite the inherent risks outlined above, clearly this is an issue with which most psychologists wrestle.

If a psychologist is considering the pursuit of a friendship with a current or former client, there are several questions upon which he/she should reflect. What does this wish to be friends represent? Is there something about the transference relationship (e.g., a pull to rescue the client, or protect them from having to deal with the pain of separation) that fuels this wish? Is there a void or problem area in the therapist's life that this desired friendship might fill or resolve? Is the therapist attempting to avoid dealing with the pain of losing the client in his/her life? Considering the nature of the therapeutic relationship, what are the chances that the friendship could ever be truly mutual? How would the therapist feel about explaining the decision to become friends with a client to one's spouse or colleagues? How would the therapist handle the ongoing need to protect the client's confidentiality; for instance, in reply to a question of how the two became friends?

Once the therapist has thought through these questions, if he/she still feels that pursuing a friendship with a client is acceptable, consultation with a colleague is advisable to ensure that the psychologist is not deceiving themselves or overlooking any important information. The next step would be to discuss this issue with the client, taking some time to consider the feelings that arise in both parties as this wish is considered consciously. If the decision to pursue a friendship holds up after this kind of rigorous and honest self-examination, then it may be appropriate.

While most psychologists probably avoid taking on friends as clients, the Pope et al. (1987) study indicates that more than 47% of the respondents do not believe that seeing friends as clients is necessarily unethical in all situations. However, the psychologist who is approached by a

friend (or family member) to provide therapy should carefully consider any possible motivation for doing so. In most communities, there are other mental health professionals to whom a referral can be made, and any potential problems of a dual relationship avoided (Canter et al., 1994).

Seeing a friend in therapy can be tempting and gratifying to one's grandiosity, especially if the friend makes a plea to the psychologist's familiarity with the situation ("You know me already; I'd have too much to explain to anyone else"), to the psychologist's expertise ("You're the best in town to treat my problem"), or to the psychologist's vulnerability ("If I can't see you I won't go to anyone else for help"). However, few other situations so vividly highlight the importance of having a professional detachment with a client. What if the therapist learns something disturbing about their friend? Will the therapist confront the client/friend if it may mean risking the friendship? How can the therapist reasonably hope to maintain a lack of investment in the outcome of the therapeutic work? How will the therapist deal with their friend's judgement about the quality of their work together? Finally, how will the boundary between the therapeutic alliance and the friendship be established?

A related and far more common dilemma for the psychologist occurs when he/she is approached by a friend or acquaintance and asked for advice (Keith-Spiegel & Koocher, 1985). While it is again tempting for the therapist to use their expertise and knowledge of a given situation to provide assistance, this situation is fraught with difficulty. Because of the relative power accorded to the psychologist because of their training and advanced degree, his/her advice, however casually given, is often accorded significant importance. The friend may act on advice given when the psychologist had insufficient information, or when the psychologist was more interested in sounding like an expert than in considering the best interest of the friend. The friendship can be threatened if the psychologist's advice results in an undesired outcome to the friend. The psychologist may be blamed and held responsible. In situations such as this, the psychologist can of course provide emotional support and information. If a situation is at all serious, however, the friend is best referred to another professional for assistance and the potential risk to both parties avoided altogether.

Psychologists often gain new clients through acquaintances, colleagues, or clients who respect their work. When considering whether to take on a new referral, the nature of the relationship between the referral source, the potential client, and the therapist should be carefully consid-

ered. If the referral is from an acquaintance, what is the likelihood that the psychologist will meet the new client socially? How would boundaries be maintained if the therapist were to run into the new client because of membership in a common social group (church, school, etc.)? How would the therapist be influenced by what the potential client may say about therapy to their mutual friend?

Situations in which current therapy clients make a referral can be complex. What is the client's motivation behind the referral? Does the client hope to gain a new importance to the therapist by making referrals? Does the client have a particular investment in the outcome of the referred person's therapy? Is competition or "sibling rivalry" between the two clients likely to jeopardize both people's therapeutic work? Can the therapist ensure that he/she will not unintentionally disclose confidential information to one of the clients? Each of these questions must be given careful consideration so that the best interests of both the current and potential clients can be preserved. This is especially the case when the two clients are husband-wife or parent-child.

The Ethics Code (APA, 2002) does not prohibit psychologists from accepting gifts or favors from clients. Apart from the clinical issues involved (the client's motives), the ethical issue is primarily one of determining the effect accepting a gift or favor may have on the therapeutic relationship. Caution should be used as complaints of exploitation may be made if the client's motives were manipulative or if the client is later disappointed with therapy.

The value of the gift is an important dimension to consider, especially in relation to the client's socioeconomic status. However, psychologists should never accept gifts that exceed minimal value, no matter what the client's financial situation. The APA Ethics Committee once reprimanded a psychologist for accepting a Porsche automobile from a client, even when the psychologist pointed out that his client was so wealthy that the expense was negligible (Keith-Spiegel & Koocher, 1985). Regardless of the client's financial position, an expensive or highly valued gift is likely to unduly influence the therapist and should be avoided and examined in therapy.

Another issue to consider is the temporal context under which the gift is given. In general, it may be far more appropriate to accept small or handmade gifts given around holidays or termination than those offered at a seemingly random time. Haas and Malouf (1989) warn in particular of gifts that are accompanied by the statement, "I just saw this and it reminded me of you." Gifts given at times other than those mentioned

above are more likely to have clinical significance, and are again best refused and the motivations behind them examined.

Gifts and favors should of course never be directly solicited from clients. The client will inevitably become aware of the bind that such a request puts them in, with the resulting detrimental effect of all boundary violations. These types of situations will be discussed further below.

There are some instances where therapeutic goals are more likely to be achieved outside the therapist's office. These situations might include treatment of various phobias (e.g., flying, driving, being out in public), eating disorders, stress reduction, and crisis intervention. Whenever these interventions are contemplated, careful consideration is required to ensure that professional boundaries are maintained and conflicts of interest are avoided. Whenever the psychologist considers the use of an "in-situ" intervention, he/she should consider three things (Keith-Spiegel & Koocher, 1985). First, the psychologist should question his/her own motivation and need for utilizing this technique. Is it really necessary to achieve adequate results? Is there any research data to support the intervention? Does this intervention satisfy the therapist's need to spend more time with the client or break up the monotony of the office routine? Second, the therapist should develop a specific treatment plan justifying the intervention as the most effective way of achieving the desired outcome. If the issue is a client's sexual inhibition, does the therapist really need to accompany the client to an X-rated movie, or could the client view such a video by themselves in the privacy of their own home? Finally, the therapist should take steps to ensure that the client understands the proposed intervention, is adequately prepared for it, and provides freely given consent for it.

In addition, interventions carried out apart from the therapist's office can raise unexpected complications. For example, who should pay for the airline tickets and the therapist's time should the therapist and client decide to take a short flight together to practice in real life the skills learned in systematic desensitization? How will the therapist manage their own anxiety as a passenger in a car driven by a client recovering from a driving phobia? As much as possible, these issues need to be thought out before they are undertaken, perhaps in consultation with a colleague experienced in such techniques.

It is a seemingly universal experience among therapists that they run into their clients outside the office. In small or isolated communities the reality of bumping into clients or the inevitability of multiple roles is a



daily fact of life. However, even in large urban settings, psychologists must be prepared to deal with these same issues.

Barnett and Yutrzenka (1993) delineate the conditions that often serve to make the avoidance of dual relationships unavoidable in rural settings. First, the sparse population: when there are a limited number of people within a given area, these people are more likely to see each other on a regular basis. Second, the towns in a rural setting tend to be small and isolated from one another. Third, rural areas often have very limited health care choices generally, and even more limited mental health services from which to choose. Fourth, rural settings offer relatively limited personal privacy compared to urban settings. Finally, there is greater overlap of personal and professional relationships in a rural setting where choices are limited: if there is only one psychologist in town, that is the one the fourth grade teacher is likely to see, even if the psychologist's child is in her class.

Psychologists in rural settings often have to make an extra effort to ensure that acquaintances do not run into each other in the waiting room. They routinely must deal with the question of how to act towards a client they meet in the supermarket, park, or restaurant. In many cases, this type of role confusion is so engrained in the community that clients and professionals alike have no difficulty adjusting to the situation. With more disturbed clients, however, embarrassing situations can result.

When a psychologist is presented with a situation where he/she is asked to see a client with whom they are likely to share multiple relationships, the psychologist should determine if there is any alternative available. Only if there is not should the psychologist proceed to establish a professional relationship. It is when charges of exploitation, prejudice, or harm are made in a situation where the "small world hazard" was known in advance and alternatives were available but not utilized that psychologists are held responsible by investigating ethics committees (Keith-Spiegel & Koocher, 1985).

In those situations, rural or urban, where a psychologist accidentally runs into a client, the therapist should leave it up to the client to decide whether to acknowledge him/her. If anyone is with the client, it would be natural for them to ask the client how they know anyone who speaks to them, and the client should be given the choice of whether to disclose the fact that they are in therapy. If the client says hello, the therapist should also acknowledge the client, keeping the interaction limited to

whatever is appropriate to the situation. The extra-therapeutic encounter should be discussed during the next therapy session.

### ***PSYCHOLOGICAL EVALUATIONS***

Performing psychological evaluations (psychological testing) for friends or their family members raises many of the same issues as those for therapy. Psychologists may be enticed to perform such services because of appeals to their expertise, or because the request seems so harmless. For example, a psychologist who specializes in psycho-educational assessment may be asked by a friend to evaluate her child for school readiness or a learning problem. Because of the “non-emotional” nature of the evaluation, the psychologist may be tempted to acquiesce. However, there can of course be many emotional factors involved in academic performance. The psychologist may overlook significant information in order to preserve the friendship, and deprive the child of an adequate evaluation and treatment plan. Or the psychologist could over-react to information learned about his/her friend through the child, which could either threaten the relationship or result in the evaluator taking inappropriate action. The friendship could also become endangered if the friend is unhappy with the conclusions reached by the evaluator (Binder & Thompson, 1995).

The Ethics Code (APA, 2002) does not prohibit psychologists from performing psychological evaluations with current clients, or from seeing as clients those who were previously evaluated by the psychologist. Certain work settings (such as in forensics) will preclude such a dual relationship, recognizing the potential bias such a relationship may produce. Standard 7.03 of the 1992 Ethics Code addressed this issue directly in a forensic setting, noting that a dual relationship in court-related matters can compromise “professional judgement and objectivity.”

When a psychologist considers evaluating a current client, several questions need to be considered. What is the psychologist’s motivation for taking on another role with the client? Does the psychologist have the necessary qualifications to conduct the evaluation, or would another professional be more suitable? How might the relative formality of the testing situation affect the therapeutic alliance? How might the psychologist and/or the client handle any “bad news” that results from the evaluation? Would the psychologist’s need to preserve the therapeutic relationship affect his/her interpretation of the test data or the way the

data was interpreted to the client? Would the client's need to preserve the therapeutic relationship affect their participation and level of self-disclosure? There may indeed be times where careful examination of these questions leads the psychologist to conclude that it would not be harmful to the therapeutic relationship to proceed with conducting the evaluation. There may even be instances where utilizing a previous professional relationship may be the only way to obtain a valid evaluation, such as in the case of a disturbed child who has difficulty forming attachments. But there may be other situations where referral to a qualified colleague may be preferred in order to avoid the risk of jeopardizing the therapy or to ensure that the client does not feel exploited.

In situations where a person previously evaluated by a psychologist approaches that professional about becoming a client, many of the same questions apply. There may be many situations where it is appropriate to accept this person as a client. However, this would not be appropriate in any forensic situation, nor should the psychologist ever consider a person they are currently evaluating as a potential client. Such a consideration could again serve to obfuscate the psychologist's judgement and the necessary detachment needed for an accurate evaluation.

### ***ACADEMIC SETTINGS***

While is it typical for therapists and their clients to make special arrangements to limit social contact with one another outside of the office, this is not the case for psychology professors and their students. Indeed, there are often special events (e.g., departmental socials, faculty-student retreats) that are designed to encourage such interactions and relax formal role distinctions. Indeed, many graduate and undergraduate students have benefited from becoming friends and colleagues with their professors. These types of mentoring relationships prove valuable in forming a professional identity and may open doors career-wise.

However, professors have a great deal of power over their students, which if used to the student's detriment can ruin a career. While a client can "fire" a therapist, a student may feel that they are unable to escape the influence of a faculty member who may hold a grudge against them or who may attempt to use personal information to keep the student from graduating or advancing to candidacy. Students often feel powerless in dealing with professors they perceive as exploitive, as university grievance committees are usually composed of other faculty members

who may be in sympathy with their colleagues. Professional ethics committees rarely become involved with student complaints unless they are extreme, preferring in most cases to have the complaints resolved at the level of the university (Keith-Spiegel & Koocher, 1985).

Blevins-Knabe (1992) outlines several issues that relate to dual relationships between professors and their students. Students often implicitly trust their professors with sensitive personal information, as they might a therapist. They trust their professors will not use this information to exploit them. This can be a special risk in situations where the professor is grading the student on non-objective criteria, or where the faculty member is part of a committee making decisions about the student's academic standing. When a professor learns information about a student that he/she believes may compromise that student's competence as a professional, the professor has an obligation to use this information responsibly. This might include directly speaking with the student about whatever concerns the professor might have, or raising the concern with the student and his/her advisor.

Faculty members are also required to be objective and fair in providing evaluations of students [see Section 7.06 of the Ethics Code]. Instances in which professors have responded to criticism from students by giving them poor evaluations have been noted by the APA Ethics Committee (Keith-Spiegel & Koocher, 1985). Additionally, faculty members are encouraged not to allow personal biases to influence their evaluations or grading of students.

An all too common situation that arises out of students socializing with professors are charges of favoritism from other students. When a student and a faculty member are perceived as friends by other students, this can compromise the role of the professor (Blevins-Knabe, 1992). Other students may feel that it is "who you know, not what you know" that is most important in academic success. The professor may feel exploited by the student who seeks to use the friendship to gain access to information about tests or to receive special consideration on grading. The student may feel exploited if the professor asks for special requests or issues a social invitation.

Several authors (Blevins-Knabe, 1992; Keith-Spiegel & Koocher, 1985) suggest that it is best for faculty members to restrict their social contact with students to casual or university-related events until the student graduates. They also note that while there may be many ways in which on-going friendships with a professor may benefit a student, there is always the risk that the relationship may become problematic,

leaving the student without an important reference. These writers suggest that a letter of recommendation could be placed in the student's file before a social relationship is formed as one way to protect the student.

Some professors design their classes to include "affective" or "experiential" material. It is not uncommon, for example, that a teacher of a group therapy class requires the students to serve as group members, sharing their own conflicts and feelings, to allow other students to practice their therapy skills. Other classes may require students to practice regression techniques (e.g., bodywork, hyperventilation, etc.) with one another in order to gain competence. These classes have a certain appeal to students, and many professors feel that it is the only way to teach certain skills short of bringing clients to class. When complaints are filed with ethics committees about such classes, the dual roles of student/client and professor/therapist are usually at the root of the problem. The most common complaints allege unfair evaluations based on the professor's subjective experience of the student's participation rather than on more objective criteria such as test performance, or poor evaluations based on personal information the student revealed during the class. Keith-Spiegel and Koocher (1985) suggest five recommendations for programs to follow when experiential courses are offered:

1. Inform students at the outset about course requirements and the justification for the requirements.
2. Assist any student who elects not to take a class that contains experiential content in finding an alternative class or in devising a substitute experience.
3. Use a professor who is not a core faculty member to teach such classes to limit the possibility of personal information influencing the student's progress through the program.
4. Whenever possible, develop objective grading criteria that does not utilize knowledge of student's problems or their willingness to share them as part of the criteria. If this is not possible, offer the course for "credit" only.
5. Make some attempt to screen students for the class. Offer any student who appears likely to be harmed by an experiential class an alternative class or experience.

The relationship between supervisor and supervisee raises many of the same issues relative to dual relationships, as do those between professors and students. Indeed, it is not uncommon for a student to have a professor also serves as a supervisor. Such a dual relationship in itself is

not unethical (Canter et al., 1994). However, it is important for both parties to be aware that a poor grade received in the classroom could negatively impact the supervisory relationship, especially if the student feels that the grade was not based on objective criteria.

Section 3.08 of the 2002 Ethics Code specifically mentions supervisees as a group with whom psychologists should avoid potentially harmful or exploitive dual relationships. Social relations may compromise a supervisor's objectivity in providing feedback or evaluations. Interns and supervisors may conspire to avoid issues or topics that might threaten the social relationship (Slimp & Burian, 1994).

Supervisors should be alert to signs that they are starting to engage in a dual relationship with their interns. They should note tendencies to treat their supervisees differently based not on their training needs, but on personal regard or attraction. Supervisors may also find themselves disclosing personal information designed to have their interns like or understand them, rather than in the interest of the student's growth. Finally, supervisors should guard against placing their students in the middle of political battles that are typical of most institutions (Horn, 1995).

Despite some of the similarities between supervision and psychotherapy, Slimp and Burian (1994) cite a number of writers who argue against supervisors doing therapy with their interns. The Board of Psychology in California expressly prohibits supervisors from hiring interns who were former psychotherapy clients (California Department of Consumer Affairs, 1995). Supervisors are required to evaluate their interns, and evaluations are antithetical to the therapeutic process. Evaluations should be based on the student's performance as a clinician, not on their personal conflicts (Slimp & Burian, 1994). Supervision should serve only to identify areas of personal conflict that are impacting the intern's professional performance. For resolution of these conflicts, the student should either be referred for psychotherapy or seek out treatment on their own.

### ***FORENSIC SETTINGS***

As suggested above, the issue of multiple relationships between psychologists and their clients takes on even greater importance in a forensic setting than in a clinical one. In court, every effort must be made to ensure that the testimony of the psychologist designated as an expert is untainted by bias resulting from a previous or multiple relationships. In the rare in-

stances where a multiple relationship is unavoidable, the nature of these relationships must be clarified to all parties involved in the case.

Section 7.03 of the Ethics Code (APA, 1992) addressed the issue of multiple relationships in a forensic setting:

In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding—for example, as a consultant or expert for one party or for the court and as a fact witness—they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgement and objectivity and in order to avoid misleading others regarding their role.

This standard is echoed in the *Specialty Guidelines for Forensic Psychologists* (Committee on Ethical Guidelines for Forensic Psychologists, 1991), and states the goal of psychologists avoiding multiple relationships whenever possible in a forensic setting. Although there may be exceptions to this rule, most forensic experts believe strongly that such exceptions are fraught with the risk of harm to the clients involved (Canter et al., 1994).

The most common situation that comes up involving multiple relationships in a forensic situation is that of a psychologist being asked by the court to testify about a client. Section 7.05 of the Ethics Code (APA, 1992) stated that having a prior professional relationship with a client does not preclude a psychologist from testifying as a fact witness, but also admonishes professionals to consider ways in which the previous relationship may affect their opinions and judgement, and to disclose any potential conflict to the relevant parties.

Psychologists may find themselves forced to testify regarding their clients against their will, or they may see it as in their client's best interests to testify on their behalf. In either event, the therapist must be aware of any tendency to act as an advocate for their client, as this is not a legitimate role for the psychologist to play. In court, the psychologist's purpose is to supply the court with facts, and to also express any limitations regarding those facts (Canter et al., 1994).

In the vast majority of cases where a psychologist is requested by the court to conduct a psychological evaluation on a current or former therapy client, the Ethics Code (APA, 2002) makes it clear that the psychologist should not do so. In the role of therapist, the client's welfare is

most important, while in the role of forensic evaluator, objectivity and accuracy in presenting data is paramount, resulting in the extreme likelihood of these two roles coming into conflict. If the assessment were not to prove favorable to the client, the therapeutic relationship could be irreparably damaged. In the rare cases where the therapist agrees to also serve as an evaluator, the possibility of bias should be acknowledged in all reports, depositions, and testimony, along with any limitations that might be relevant to the rendered opinions (Canter et al., 1994).

### ***BOUNDARY VIOLATIONS***

While most discussions of multiple relationships focus on the more moderate violations discussed above (or the most extreme violation of therapist sexual abuse), it is important to also attend to the wide variety of lesser and more complex boundary crossings that may or may not result in a boundary violation (Gutheil & Gabbard, 1993). In any professional relationship, there is a thin line between the roles that both parties explicitly agree to and the various other roles that either party can so easily be enticed to enter. As Kilman (1994) puts it:

For the most part, the problem for psychologists is not the recognition and avoidance of clear dual relationships, the problem lies in the more subtle blurring of roles. Most dual relationship problems it turns out, begin with “good intentions” to be “helpful” and from these innocuous beginnings therapist and patient can start down the slippery slope which leads to the impairment of the therapist’s judgement, loss of unself-interested objectivity and to the compromise of patient safety/trust essential to any therapeutic work. (p. 2)

It would be a mistake to assume, however, that all boundary crossings are inevitably bad. It could be argued that boundary crossings occur with great regularity in any therapeutic relationship, and are noted and used to the client’s benefit by the sensitive therapist who carefully monitors and interprets these crossings as part of transference and countertransference reactions. Under these conditions, one could argue that such boundary crossings are necessary in order for the therapeutic alliance to be maintained, much as the tightrope walker must begin to lose his balance before the central nervous system can compensate and allow a return to balance.



Several writers (Pope & Vasquez, 1991; Slimp & Burian, 1994) point out that a review of the therapist sexual abuse literature often notes that lesser boundary violations tend to precede the actual sexual acting out within the therapeutic relationship. Other writers caution that because of this “after-the-fact finding” in cases of therapist sexual abuse, the legal system (and plaintiff’s attorneys in particular) automatically apply this reasoning to all cases in which a client complains of being harmed by a boundary violation on the part of the therapist. Thus any boundary crossing is perceived as wrong and inevitably harmful (Gutheil & Gabbard, 1993). It is important to recognize that what constitutes a boundary crossing or violation is somewhat relative, depending upon which theoretical orientation is adopted and on the context of the behavior. For example, touching a client may be frowned upon in psychodynamic psychotherapy, but is considered essential when conducting a sensory-perceptual examination as part of a neuropsychological evaluation.

Whenever psychologists discuss the issue of boundaries, it is assumed that everyone understands and agrees on what constitutes a professional boundary. Like most, this is probably not a good assumption. Gutheil and Gabbard (1993) delineate nine dimensions of the professional boundary to facilitate psychologists’ reflection on their own behavior.

### *Role*

While difficult to define, the professional role is essentially what the therapist, supervisor, or professor is supposed to do. The psychologist may step outside their role when they put their needs first, or they may be lured outside their role by client demands. One way of conceptualizing which demands the psychologist is supposed to gratify is by distinguishing libidinal demands (those which are related to the client’s need to be loved) from growth demands (those which may be related to the client’s need for flexibility and sensitivity on the part of the therapist).

### *Time*

Professional relationships are bounded by time (i.e., the length of the therapy session, class, or supervisor session). For many clients, the time limits on their sessions provide structure and a container that they find reassuring, as they know they will only have to experience the pain of remembering and reliving for a set time. The time of day in which a session takes place can also be part of a boundary, as sessions which occur

outside of usual working hours are more at risk of being viewed by the client and others as taking away from the psychologist's personal time and giving that time to the client. Giving clients extra time through the use of telephone calls may also represent a boundary violation unless they are allowed only under certain explicit conditions.

### ***Place***

Professional relationships typically occur within an office, a hospital, or a classroom. While there may be legitimate reasons to see clients or students elsewhere (e.g., in their homes, in court, in jail), making an exception to the customary standard should be well thought out with regard to the psychologist's motivations and the possible impact on the professional relationship.

### ***Money***

The financial dimension of the professional relationship defines it as a business relationship, placing it squarely in the world of work, not love. Passively allowing a client to run up a large debt or letting the billing lapse is quite different than making a decision to see a client for free or a low fee and discussing this decision with the client. When the psychologist neglects the financial aspect of a professional relationship, he/she betrays his/her own conflict in this area, leading inevitably to feelings of anger. The psychologist is then in the uncomfortable position of either denying his/her legitimate needs or asserting needs that have accumulated excessive emotional energy.

### ***Gifts and Services***

As discussed above, small or handmade gifts given during a holiday or at the end of a professional relationship may be received by the psychologist without constituting an ethical violation. When the psychologist allows excessive giving on part of the client, or worse comes to expect it, then a boundary violation occurs.

### ***Clothing***

The manner in which a professional dresses represents a social boundary. Excessively revealing or outright seductive clothing could

lead to harmful effects for the client. Allowing or encouraging a client to wear inappropriate clothing would also constitute a boundary violation.

### ***Language***

How the psychologist and their clients, students, or interns address one another is another important dimension of boundary. Using first names may in some instances create a false sense of intimacy or may be infantilizing to a client. The tone used between both parties is also relevant, as anger and seductiveness are most often conveyed in terms of the tone used in speech. Choice of words and the use of profanity need to be carefully considered in relation to the client, student or intern with whom the psychologist is dealing. What may be a way of joining with one person may be offensive to another.

### ***Self-Disclosure***

Self-disclosure is a powerful tool in the therapist's arsenal, as it may strengthen the therapeutic alliance, reduce feelings of isolation and self-criticism, and foster a more realistic perception of the therapist and of the client's own self. However, few other aspects of the professional boundary are so subject to misuse. Careful self-examination is needed to ensure that self-disclosure is not done to gratify the therapist's unfulfilled needs in their private lives. Disclosure of many facts in the therapist's life may be a burden to a client, where exploration of the client's fantasies about the therapist may prove more beneficial.

### ***Physical Contact***

Psychologists hold many different views regarding the use of touch with their clients. The most conservative limit their physical contact to a handshake, while more liberal therapists believe it is appropriate to hug clients or provide comfort by touching their backs or extremities. There may be occasions where it seems inhumane to refuse to touch a client, such as in cases involving HIV+ or acutely grief-stricken clients. Like all other boundaries, however, careful thought should go into all decisions to have physical contact with a client. Pope, Sonne, and Holroyd (1993) provide useful questions for psychologists to consider in relation to their own decisions about touching clients.

Reflecting upon the above nine dimensions of professional boundaries will hopefully make it easier for psychologists to monitor their own behavior, and prevent boundary crossings from becoming boundary violations.

In an interesting exploration of boundary violations across several professions, Peterson (1992) notes that boundary violations can be distinguished from a boundary crossing, as all violations share in common four characteristics. Focusing on the therapist-client relationship, she notes that while in a professional relationship the therapist suspends their needs to meet the needs of the client, when a boundary violation occurs a *role-reversal* occurs, wherein the therapist's needs become primary. In a professional relationship, the therapist and client mutually agree on the goals they are working towards, but a boundary violation occurs when the therapist has a *secret agenda* of which the client is unaware. In a professional relationship, the therapist uses their status and expertise for the benefit of the client, but in a boundary violation the therapist *misuses their position of power and trust*. Finally, in a professional relationship the client should feel free to make choices without risking a loss of integrity or the loss of the therapeutic alliance. When a boundary violation occurs, however, the client is placed in a *lose-lose situation* where either one outcome or the other is inevitable.

An example should make these characteristics clear. Suppose a dependent, somewhat histrionic client starts to cry at the end of session, and the therapist allows her to remain in the office for several minutes beyond the end of her scheduled session. The therapist, failing to attend to his feelings of sexual attraction and his wish to rescue and protect this client, suggests that she move her appointment to later in the day when he has no one scheduled after her, in case she needs some extra time.

In the example above, the therapist has put his needs above those of the client, who needs to learn to tolerate some limits. The therapist also has a secret agenda of which the client is unaware. He is indulging his sexual attraction to her, while she believes that he must really care for her if he is willing to spend extra time with her. The therapist is misusing his position of power and trust, acting as though he is merely conducting a psychotherapy session when he is actually giving in to his sexual fantasies. Finally, the client is in a lose-lose position, as she loses a sense of integrity if she continues to indulge the therapist's wishes, and she risks losing the therapeutic relationship she values if she states that she does not want to be seen at the end of the day for longer than usual.

It is important to note that the client could “lose” in another way if and when the therapist recognizes what he is doing and attempts to reestablish appropriate therapeutic boundaries. By telling the client she must leave the session after the usual time, she may feel a sense of rejection or abandonment once she is no longer “special” enough to warrant extra time. These feelings may also occur if the therapist becomes more aloof in response to the recognition of his own sexual attraction to the client. The issue of how to resolve problematic multiple relationships will be addressed later in this article.

As this example demonstrates, exploitation of those with less power than the psychologist can be subtle. Therapists may burden clients with requests they may feel unable to deny and that go beyond their responsibilities. Similarly, supervisors can ask favors of their interns that can make the intern feel they have no choice in the matter, or that they risk a poor evaluation should they refuse. The same could apply to professors and students. In these situations, the client, intern, or student is unable to make a truly autonomous decision. It is like when the insensitive parent presents their child with an untenable choice: do what I say (which they know the child does not want or need to do) or risk the loss of parental love (or risk emotional or physical abuse).

### ***PREVENTING PROBLEMATIC MULTIPLE RELATIONSHIPS***

Conservative writers in the field of dual or multiple relationships take a position that seems simplistic and unrealistic. While acknowledging that dual relationships per se are not unethical, they view such relationships as so fraught with the potential for exploitation they recommend that if a dual relationship can be avoided, it would be unwise not to do so.

However, even Section 3.05 of the Ethics Code (APA, 2002) recognizes that dual relationships are unavoidable. They may be expected in rural areas or small towns, and among certain ethnic, religious, professional, or university communities. When a psychologist has no choice but to enter into a dual relationship, then his/her foremost priority must be to avoid causing harm. Whatever efforts to avoid harm are taken should be carefully documented, and should always include efforts to clarify one's role with all parties, informing the other parties of any possible negative consequences, and following well-established treatment or research protocols (Keith-Spiegel & Koocher, 1985).

The literature identifies several steps that can be taken to avoid entering into exploitive or harmful multiple relationships. Pope and Borys (1989) focus on the training of psychologists. They recommend that students be exposed to the research literature on dual relationships, especially those involving therapist sexual abuse. Dual relationships should be explored in all areas of training as they arise, and institutions are encouraged to make explicit policy statements regarding dual relationships, especially between professors and students. Perhaps most important, training programs are encouraged to provide safe and supportive environments in which students and supervisors can discuss anxiety-laden issues that may lead to unethical dual relationships. Sexual feelings, aggressive impulses, and financial conflicts are examples of some of the issues that interns need to be able to bring up with their supervisors. Continuing education in these areas is also important for therapists who are already practicing.

Becoming more educated about dual relationships is a necessary but not sufficient way of preventing problematic dual relationships. In addition, psychologists must remain sensitive to both the pull from their clients as well as their own needs that would lead them into a potentially harmful dual relationship. Experienced psychologists will become aware of certain clients who may be more likely to initiate a dual relationship, such as those with personality disorders. Seasoned practitioners should also remain sensitive to their own areas of conflict and need, especially as life events bring stress and loss. By staying in touch with oneself, the psychologist can be sure to be the first one to know if a dual relationship is negatively affecting treatment. This is far better than finding out through a client, or worse, an attorney.

There are certain warning signs that psychologists can be aware of that may lead them to question whether they are approaching a professional boundary, or whether that boundary has already been breached. These may include strong feelings toward a client, either positive or negative, as well as relaxation of the structured boundaries of time and place. Other warning signs may include excessive or unwarranted self-disclosure, gratification of a client's libidinal impulses, or touching a client. Psychologists may wish to use the Exploitation Index developed by Epstein and Simon (1990) as a structured self-assessment instrument. To assist in identifying early warning indicators of boundary violations, this instrument poses questions to the therapist related to eroticism, exhibitionism, dependency, power-seeking, greediness, and enabling.

In thinking through possible dual relationship situations, it is useful to consider whether the anticipated dual relationship will keep the client

from making autonomous decisions. It may be equally important to consider the impact on the professional's life. Many dual relationships may be experienced by the psychologist as inhibiting them in either their personal or professional roles, apart from the impact on the client's life. Many psychologists find it helpful to consider worst-case scenarios when contemplating a course of action related to dual relationships.

The importance of consultation in evaluating dual relationships cannot be overstated (Canter et al., 1994; Pope & Vasquez, 1991). Especially in an area of ethical decision-making that is so emotionally charged, the relatively objective perspective of a colleague detached from the situation can bring to light aspects of the decision that were avoided or denied by the individual. Indeed, avoidance of seeking out consultation in situations about which a psychologist feels particularly anxious should perhaps be viewed as a warning sign. Consultation can be useful in understanding the dynamics of a boundary violation or dual relationship, in finding an effective way to resolve a problem, and in creating the least possible harm. Any consultation meetings regarding a dual relationship should be documented in the event that a complaint is later filed by a client.

Once a problematic dual relationship or boundary violation and possible ways of resolving it have been identified, the psychologist should take action. Waiting for the client to take the initiative is likely to breed further injury and anger if the client feels harmed by the relationship. This will only create more problems for the client, and increase the likelihood that a complaint will be filed with an ethics committee.

### ***RESOLVING PROBLEMATIC MULTIPLE RELATIONSHIPS***

Section 3.05(b) of the Ethics Code is explicit in its demand that psychologists attempt to resolve harmful multiple relationships:

If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

Psychologists may initially go into denial when confronted with the reality of having entered an uncomfortable dual relationship or having committed a boundary violation. They want the problem to go away, or hope the client will not notice. If they recognize the violation as being

harmful to the client, the professional is likely to also experience a sense of shame and impaired self-worth. After all, most psychologists are highly motivated to help others, and the thought that they may have caused harm is disturbing to all but the most psychopathic therapists. Associated with these other feelings is the sense of terror: the fear of what must be faced about oneself, the possibility of facing investigation by an ethics committee or licensing board, and having to face the client.

Once the psychologist accepts that a boundary violation or harmful dual relationship has been committed, he/she must make the uncomfortable choice between self-protection and self-examination. While in a self-protective stance, the psychologist engages in rationalization in an attempt to justify their actions, and/or minimizes the impact of their actions on the client. But if the psychologist is courageous enough to choose the path of self-examination, there are four difficult, but potentially rewarding, questions to answer (Peterson, 1992). First, how did this happen? Second, what is going on for me that led to this result? What need was served by my entering into this multiple relationship? Third, why this particular client? And finally, how did I give myself permission to commit this ethical violation? How did I lose empathy for the client? And what was the faulty logic that I engaged in to justify my actions? Other decisions may follow or aid in this line of self-examination, such as seeking out consultation or entering treatment.

Making a decision to acknowledge a boundary violation to a client is admittedly risky, because it could be viewed legally as an admission of guilt. The threat of being sued or investigated makes many psychologists fearful of discussing the violation and attempting to restore balance in the relationship. However, in avoiding this challenge the psychologist compromises their integrity and the restoration of trust will be impossible.

In order to face their client and admit their mistake, a psychologist must let go of perfectionistic beliefs about their professionalism. They must also relinquish control over the outcome, and be willing for the client to be seen by another professional if the conflict cannot be resolved. They must also trust that they are choosing the right path, and know that they have the opportunity to alleviate their own shame as well as the client's sense of injury. Beginning a frank discussion with the client with the words "I have allowed treatment to take a turn that is no longer serving your best interests" is the first step towards reaching a resolution and restoring a client's sense of integrity and reality.

During this unusual type of meeting with a client, the psychologist must be open to hearing the client's experience of the boundary violation without becoming defensive and justifying his/her actions. Using empathy-building skills, the psychologist needs to effectively respond to any



pain he/she might have caused. Feelings of remorse and sorrow expressed by the therapist will result in a sense of acceptance and validation for the client. If mutual acceptance is possible, it will lead to a renewed and perhaps stronger therapeutic alliance. If such mutual acceptance is not possible, it is in the client's best interest to be referred to another practitioner so that he/she can resolve these issues and get on with the business of dealing with their own lives.

The psychologist's efforts to resolve a boundary violation or harmful dual relationship can have a powerful impact on their clients. When the psychologist tells the client what happened from his/her side of the relationship, the client gains a sense of clarity. When the psychologist explores the truth about themselves and takes responsibility for his/her actions, the client gains a sense of safety. When the psychologist acknowledges the wrong that he/she has done, the client gains a sense of control. When the psychologist faces their shame and accepts the consequences of their actions, the client gains a sense of validation. Putting aside the therapist's own needs and returning to their proper professional role can be extremely confirming for a client.

### CONCLUSION

This article has emphasized the central reliance that psychologists must have on their own judgement in dealing with multiple relationships. Because of the wide variety of types and possible outcomes in dual relationships and boundary crossings, psychologists are given less guidance in this area of ethical decision-making than in any other. As a result, psychologists' emotional conflicts and personal needs are more likely to interfere with their judgement in this area. Education about dual relationships is an important first step, but psychologists must find support from their colleagues to undergo continued rigorous self-examination if they are to avoid violating professional boundaries and causing harm through multiple relationships. Consultation remains the best safeguard against possible harm to our clients.

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