Dual Relationships: A Continuum Ranging From the Destructive to the Therapeutic

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This article is a review of the literature regarding the nature, scope, and complexity of dual relationships, which range from the destructive to the therapeutic. The dynamics, consequences, standards of practice, and ethical dilemmas regarding sexual and nonsexual counselor–client dual relationships are discussed. Common elements of concern pertaining to both types of relationships are identified, and the potential benefits of some forms of nonsexual dual relationships are explored.

Ethical decision making is an ongoing process with no easy answers. In order to promote the well-being of clients, counselors must constantly balance their own values and life experiences with professional codes of ethics as they make choices about how to help their clients effectively. Therefore, knowing ethical codes and the consequences of unsanctioned practice can be useful tools to counselors during their attempts to establish therapeutic relationships with clients (Herlihy & Corey, 1997). However, although professional codes of conduct provide guidelines for how counselors should behave with clients, they do not furnish absolute answers for how counselors must act in every situation (Remley, Hermann, & Huey, 2003). Consequently, practitioners must combine their understanding of ethical codes with sound judgment to serve the best interests of their clients.

Some of the most challenging ethical situations result from dual relationships between counselors and others. "A dual relationship is created whenever the role of counselor is combined with another relationship, which could be professional (e.g., professor, supervisor, employer) or personal (e.g., friend, close relative, sexual partner)" (Herlihy & Remley, 2001, p. 80). For example, a counselor who serves as both a therapist and a business partner or friend to a client is engaged in a dual relationship (Maley & Reilly, 1999). Because there are many types of dual relationships and because ethical codes provide only general guidelines for handling these relationships, counselors sometimes have difficulty understanding what dual relationships are and how to handle them. The purpose of this article is to explore this issue and to provide counselors with information about, and suggestions for, managing ethical dilemmas pertaining to personal and professional entanglements between practitioners and their clients. Although other forms of dual relationships have been discussed in the literature (e.g., between supervisor and supervisee, professor and student), this article is focused on dual relationships between counselors and their clients.

In this article, dual relationships are defined and pertinent ethical standards from several professional organizations are cited. Examples of harmful and helpful dual relationships are discussed as well as their impact on the client, counselor, and profession as a whole. Guidelines regarding multiple relationships, developed to protect the client as well as the practitioner, are examined. This article demonstrates that dual relationships fall on a continuum ranging from the destructive to the therapeutic.

What Are Dual Relationships?

A dual or a multiple relationship exists whenever a counselor has other connections with a client in addition or in succession to the counselor–client relationship. "This may involve assuming more than one professional role (such as instructor and therapist) or blending professional and nonprofessional relationships (such as a counselor and friend or counselor and business partner)" (Corey, Corey, & Callanan, 1998, p. 225). According to the American Counseling Association *Code of Ethics & Standards of Practice* (American Counseling Association [ACA], 1995), "Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients" (p. 3). Similarly, the most recent revision of the *Ethical*

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Principles of Psychologists and Code of Conduct (American Psychological Association [APA], 2002) provides the following definition:

> 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. (¶ 3.05)

Typically, dual relationships are classified as either sexual (occurring with either a current or former client) or nonsexual (with a current client). According to Coleman and Schaefer (1986), sexual dual relationships are abusive and can include either overt forms of sexual contact with clients (e.g., passionate kissing, fondling, sexual intercourse, oral or anal sex, and sexual penetration with objects) and/or other less obvious expressions of sexual behavior (e.g., sexual gazes and seductiveness). There are also numerous kinds of nonsexual and nonromantic dual relationships, including the following: personal or friendship relationships, social interactions and events, business or financial relationships, collegial or professional relationships, supervisory or evaluative relationships, religious affiliation relationships, collegial or professional plus social relationships, and workplace relationships (Anderson & Kitchener, 1996).

Dual relationships can come about in two ways: by choice and by chance. When dual relationships are formed as a result of a conscious choice made by the counselor, he or she must examine the potential positive and negative consequences that the secondary relationship might have for the primary counseling relationship. The counselor should choose to enter into the dual relationship only when it is clear that such a relationship is in the client's best interests. However, in some circumstances, the counselor has little choice about engaging in a dual relationship. For example, in sparsely populated rural areas, a dual relationship between a practitioner and a client may be unavoidable because

> Their children may have the same teacher, they may both volunteer for the United Way drive, or they may bump into each other waiting at the dentist's office. Since they drive the same streets all the time, they may even be involved in the same traffic accident at some point! (Welfel, 1998, p. 180)

In other circumstances, fate can play a role in blurring the boundaries between counselors and their clients. Pope and Vetter (1992) illustrated this point with one counselor's story of some very disruptive neighbors: It was only after filing a formal complaint against the neighbors that the counselor learned that one of his clients was his landlord. Although the circumstances surrounding multiple relationships may vary—sexual or nonsexual, current or former client, and cultivated by the counselor or brought about by circumstance—they all share a common defining element, the potential to either aid or sabotage the counseling relationship.

Relevant Moral Principles

Gladding (2000) described several moral principles that form the basis of making ethical decisions: autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity. From these moral principles flow the ethics and standards of practice of professional mental health associations, their purpose being to establish relatively clear expectations for professional behavior. Particularly significant to the ethical standards regarding dual relationships are autonomy and nonmaleficence. Both play vital roles in determining the impact an additional connection between counselor and client will have on the counseling relationship. Autonomy refers to the client's power to choose his or her own direction and the counselor's responsibility to advance this behavior (Corey et al., 1998). In a dual relationship, the degree of potential for destructiveness is relative to the potential degree of autonomy lost by the client. For instance, a client who is a highly skilled craftsman may not feel free to decline his counselor's request to commission a piece of furniture, despite the fact that he is already overbooked. On the other end of the continuum, the therapeutic gain to be made by a client in a multiple relationship is proportionate to its empowering impact on the client. A highly skilled craftsman lacking self-esteem and confidence may be well served by the genuine and fair offer of his counselor to commission a work from him.

Nonmaleficence dictates that professionals have a responsibility to avoid behaviors or practices that cause harm or have the potential to cause harm (Corey et al., 1998). In keeping with this moral principle, when faced with a dual relationship, counselors must consider two factors. First, professionals must assess the potential for harm to the client if they enter into a secondary relationship. Second, they must then weigh that against the potential for harm if they do not partake in the additional relationship. This bilateral assessment challenges the clinician to address issues from the perspective of the client's best interest rather than merely from the path of least resistance.

Definitions From the Ethical Standards

Considering the range of impact a secondary relationship can have on the counselor–client relationship, few would argue against the need for ethical guidelines. However, in the instance of counselor–client dual relationships, many suggest that the codes lack clarity and, in some instances, are impractical, at best, and counterproductive, at worst (Gabbard, 1994a; Gottlieb, 1993; Lazarus, 1994; Sonne,

1994). A comparison of the ethics and standards of practice of ACA (1995), APA (2002), the American Association for Marriage and Family Therapy (AAMFT; 2001), the National Association of Social Workers (NASW; 1996), and the American Mental Health Counselors Association (AMHCA; 2000) supports the position that there are variation, ambiguity, and ambivalence regarding dual relationships.

Despite the fact that

> therapist-client sexual contact has long been recognized as contrary to the client's best interest, only in recent years has it been explicitly proscribed by organizations representing mental health practitioners (the American Psychiatric Association in 1973, the American Psychological Association in 1979, and the National Association of Social Workers in 1980). (Smith & Fitzpatrick, 1995, Therapist-Client Sexual Contact, ¶ 2)

To date, the code of ethics of all professional helping organizations clearly prohibit this behavior. For example, "counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship" (ACA, 1995, p. 3). "Psychologists do not engage in sexual intimacies with current therapy clients/patients" (APA, 2002, ¶ 10.05). It is interesting to note that, among the five standards of practice examined herein, only the NASW (1996) *Code of Ethics* and the most recent version of APA'S (2002) *Ethical Principles of Psychologists and Code of Conduct* recognize the client's social network beyond the counseling office by prohibiting "sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client" (NASW, 1996, ¶ 1.09b).

Although the consensus regarding sex with current clients seems straightforward, the guidelines regarding postcounseling sexual relationships vary among the professional organizations. Before 1992, neither ACA nor APA proscribed posttermination sexual relationships. When introducing such a proscription in 1992, the first 15 drafts of the APA ethical standards included recommendations for a total ban on posttermination relationships. Currently, the ACA, APA, AAMFT, and AMHCA standards mandate that professionals cannot engage in sexual intimacy with former clients for 2 years following termination. Counselors who do develop sexual relations with clients after this 2-year period must thoroughly document that the relations did not have a destructive nature. For those who believe the counseling relationship continues through perpetuity, the 2-year waiting period is problematic. Perhaps that is why NASW's (1996) policy concerning sexual relations with former clients reads as follows:

> Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally. (1.09b)

The ethical concerns of nonsexual dual relationships do not vary from those of sexual intimacies. The issues of autonomy and nonmaleficence face any counselor confronted with this decision-making process as well. In ACA's (1995) *Code of Ethics and Standards of Practice*, counselors are encouraged to avoid dual relationships when possible:

> Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (p. 3)

APA's (2002) *Ethical Principles of Psychologists and Code of Conduct* standard on multiple relationships addresses the potential for diluting a professional's objectivity:

> 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. (3.05)

Similar positions can be found in the most recent professional codes of the AMHCA, NASW, and AAMFT.

Ambiguity within the code of ethics concerning these nonsexual and sexual relationships places an enormous burden on the shoulders of clinicians who find themselves in, or on the verge of entering into, a multiple relationship. For a clinician confronted with an ethical dilemma regarding client dual relationships, whether sexual or nonsexual, the solution is often obscured by a myriad of circumstances unique to that particular situation. In our pluralistic society, many counselors are reevaluating their traditional approach to the therapeutic process, thereby encountering more secondary relationships and the ramification their impact has on the counseling relationship.

Destructive Dual Relationships: Sexual and Nonsexual

On the continuum of dual relationships, there seems little disagreement among clinicians that a sexual relationship between a counselor and a current client is the most harmful. Borys and Pope (1989) surveyed 4,800 mental health professionals to examine opinions and practices regarding various dual relationships. Ninety-eight percent of the

respondents cited “sexual activity with a client before termination of therapy” (p. 289) as never ethical.

Despite the honorable attitudes reflected in surveys regarding counselor–client intimacies, behavior indicates that there remains cause for serious professional concern. Nearly half of the practitioners responding to a survey by Stake and Oliver (1991) reported treating clients who had sexual contact with a previous therapist. On careful examination of surveys concerning sexual intimacies with clients, Housman and Stake (1999) cited the following: “The percentage of psychologists reporting sex with current clients has ranged from 3% to 12% among male therapists and from 0.5% to 3% among female therapists” (Introduction section, ¶ 1).

Perhaps most alarming was the study by Pope and Bajt (1988) in which 100 senior psychologists were chosen to participate by virtue of their apparent familiarity with ethical professional behavior. The participants were current or former members of state ethics committees, the APA’s ethics committee, authors of legal or ethical psychology textbooks, and diplomats of the American Board of Professional Psychology. Pope and Bajt found that even in this prestigious sample of psychologists, 9% indicated that they had engaged in sex with a client.

“It is clear from survey research, and from case study reports, that therapist sexual contact has almost universally negative consequences for the client” (Stake & Oliver, 1991, Introduction section, ¶ 1). Sexual intimacies with current clients demonstrate the counselor’s disregard for the counseling relationship in favor of the sexual one. By its very compelling nature, the sexual relationship becomes primary and the counselor has failed in his or her obligation to promote autonomy and nonmaleficence. “The client’s need for help, willingness to share, and reliance on the practitioner make giving and receiving help possible; they also make the client especially susceptible to the practitioner’s authority and influence” (Kagle & Giebelhausen, 1994, p. 216). Because of this power imbalance, clients may feel they have neither the freedom to choose to enter or not enter into a sexual relationship with their counselor nor the freedom to leave it.

The tragic cost for the patient of such a relationship may include cognitive dysfunction, sexual confusion, ambivalence, suppressed rage, guilt, depression, psychosomatic disorders, and risk of suicide (Kagle & Giebelhausen, 1994; Smith & Fitzpatrick, 1995; Stake & Oliver, 1991). Furthermore, Stake and Oliver cited the destruction of the integrity of the therapeutic relationship, the client’s diminished trust in future caregivers, and the exacerbation of the very symptoms for which the client had sought help as further negative results of sexual contact.

Sexual relations with former clients do not elicit the same unanimous concern from professionals in the mental health field. The decision to allow counselors, albeit under very specific conditions, to engage in sexual intimacies with clients 2 years after termination demonstrates this ambivalence. Many scholars have voiced the concern that the 2-year delay is arbitrary, changes the nature of therapy, and contradicts a counselor’s responsibility to do no harm and to enable patient autonomy. These issues are summarized well by Gabbard (1994a), who questioned the notion that a counselor no longer has any professional relationship or responsibilities to a former client. All therapy, regardless of duration, focus, and theoretical approach, requires professional responsibilities that persist long after termination. These responsibilities include maintenance and permitted transmission of records as well as the preservation of the client’s rights to appropriate privacy, confidentiality, and privilege.

The concern that posttermination sexual relationships may drastically alter the nature of therapy is twofold. “Patients who may have wanted or needed a relationship free from sexual possibilities (e.g., those who seek therapy because they have been victims of rape or incest) may find themselves evaluated by a therapist as potential future sex partners” (Gabbard, 1994a, Harm to Patients and the Therapeutic Process, ¶ 1). On the other hand,

> Rather than viewing their attraction to a therapist as a normal event that may safely emerge in a context with no possibility of ever being consummated, patients may come to recognize that, at least eventually, sexual union with the person serving as their therapist is a real possibility, recognized and condoned by the ethics code. (Gabbard, 1994a, Harm to Patients and the Therapeutic Process, ¶ 2)

A patient hoping to fulfill this attraction may attempt to hide from the practitioner any aspects of him- or herself that may appear unattractive or prolong the therapeutic process. Hence, in hopes of pursuing this secondary relationship with their counselor, clients may consciously or unconsciously sabotage their own therapeutic efforts. Conversely, the counselor’s finding him- or herself attracted to a client may alter the nature and duration of therapy to expedite the process in hopes of a future sexual relationship.

Even if a relationship has been terminated, the client’s autonomy remains at high risk because of the inherent power differential that continues after counseling. Counselors have access to intimate and sensitive information concerning their clients that could be abused in certain situations. The implicit threat of exploitation facing former clients, who come to believe their trust was broken and wish to file a complaint, is all too real. Furthermore, filing a complaint compels the client to waive the right to privilege and confidentiality. What was once held in the strictest confidence may well become a matter of public record (Gabbard, 1994a). In this case, the counseling relationship is subverted and held hostage by the counselor’s own needs.

Indeed, counselor–client sexual contact represents all that is problematic in boundary violations. The professional and personal concerns of counselors about to begin a sexual relationship with a current or terminated client loom large. It is

essential that mental health professionals understand the laws and regulations that govern this issue in their states. The potential damage to counselors—lawsuit, felony conviction, having their licenses revoked, expulsion from professional organizations, loss of insurance coverage, and termination—is well summarized by Corey et al. (1998). Furthermore, counselors "may also be placed on probation, be required to undergo their own psychotherapy, be closely monitored if they are allowed to resume their practice, and be required to obtain supervised practice" (Corey et al., 1998, p. 247).

In many situations, nonsexual dual relationships can also be caustic to the counseling relationship. Some clinicians believe the risk that the secondary relationship will override the counseling relationship is too great and therefore harmful to the client. For instance, Kagle and Giebelhausen (1994) argued that nonsexual dual relationships violate professional boundaries. "The practitioner's influence and the client's vulnerability carry over to the second relationship" (p. 215). As such, the practitioner is in a position to exploit the client for his or her own personal gain. Furthermore, Sonne (1994) has argued that the nature of such dual relationships undermines the fiduciary relationship a practitioner has with his or her client. Because of this second relationship, the counselor is now susceptible to other interests (personal, financial, or social, etc.) that he or she may put before the best interests of the client.

In a study by Borys and Pope (1989), 1,108 practitioners completed a survey on multiple relationships. Of the respondents, 70.8% claimed it was never ethical to solicit a patient regarding products, 63.5% believed inviting a client to a social event was also unethical, and 57.9% deemed counseling an employee as ethically inappropriate.

Welfel (1998) cautioned that even well-meaning counselors should think twice before beginning a dual relationship:

> Counselors with good intentions to help people who need therapy are often especially vulnerable because they underestimate the limits their other role places on them and overestimate their capacity for objectivity in the face of strong personal interests. In other words, they do not recognize the conflict of interest inherent in the situation. (p. 172)

For example, the dynamics of dual relationships can be troublesome for the counselor recovering from substance addiction. Recently, "the National Association of Alcoholism and Drug Abuse Counselors (NAA-DAC) reported that approximately 58% of its 1994 membership was recovering from a substance addiction" (Doyle, 1997, p. 428). Because fellowship meetings play an integral role in the recovery process, these counselors may encounter a current client at a local AA meeting. Such circumstances may enhance the client's feelings of trust and provide the counselor with additional information helpful to the counseling relationship. On the other hand, such circumstances may place counselor and client in a secondary relationship that is not only potentially detrimental to counseling but possibly damaging for the practitioner as well.

"Both the client's right to confidentiality and the counselor's anonymity are at risk" when both individuals belong to the same group. "From the counselor's perspective, his or her anonymity as a recovering person [could be] compromised" (Doyle, 1997, p. 430). In addition, the effectiveness of the counseling sessions may be jeopardized because of the counselor's use of self-disclosure at the meeting. Because the opportunity for substance abuse counselors and their clients to meet in therapeutic arenas is great (especially in small communities), it is vital that counselors receive proper training regarding these dual relationships.

It is also crucial that counselors take action to protect the well-being of a client who has been the victim of a harmful dual relationship, whether the relationship is sexual or nonsexual in nature. According to Malley and Reilly (1999), counselors should provide or arrange for therapeutic services for clients who have been exploited and abused by another practitioner. In addition, counselors are obligated to report unethical behavior to appropriate authorities, such as state licensing boards, national certifying boards, national ethics committees, and state certification boards.

Therapeutic Dual Relationships

Clearly, some dual relationships are harmful to the therapeutic process. However, on the other end of the continuum are secondary relations that complement, enable, and enhance the counseling relationship. The counselor who is about to begin a dual relationship is not always destined for disaster. In fact, to refuse "to provide counseling to individuals with whom one has another relationship would [in certain instances, such as a rural setting] prevent people in need [of aid] from receiving assistance" (Doyle, 1997, p. 428). Such behavior merely trades one ethical concern for another.

Furthermore, Corey et al. (1998) examined the issue of client autonomy from another perspective. They contended that the ways in which counselors can misuse their power and influence are varied. "Simply avoiding a dual relationship does not prevent exploitation" (p. 228). In some instances, maintaining such boundaries may in fact place a needless emphasis on the power differential and the hierarchy of the relationship. Ironically, in such instances, the secondary relationship is destructive to the counseling relationship because it was avoided!

In working with clients from other cultures, clinicians often find themselves crossing boundaries to promote the counseling relationship. Herr (1999) summarized cross-cultural counseling as "therapeutic techniques designed to be sensitive and responsive to cultural differences between counselors and clients" (p. 153). It is the receptiveness to their client's culture that has led therapists to cross into additional relationships with them in order to enhance the

helping relationship. "In other cultural contexts, where people are unaccustomed to depending on strangers or outsiders for advice and help and where objective detachment would not be understood as facilitative, a dual relationship of reciprocal trust and 'connectedness' may be required" (Pedersen, 1997, p. 25). For example, a culturally common practice to show gratitude and respect in many Asian communities is gift giving. While Western-trained professionals may believe that accepting a gift would blur boundaries, a refusal of the gift may result in the client feeling insulted (Corey et al., 1998).

Schank and Skovholt (1997) conducted interviews with psychologists who lived and practiced in rural areas and small communities. Participants were asked to describe multiple relationships they routinely came across in daily practice. In order to be accepted, these psychologists found they needed to work within the existing community system. Unlike large urban environments where anonymity is well received, the culture of smaller and more remote locales calls for familiarity. Smith and Fitzpatrick (1995) explained that mental health professionals in rural settings are often regarded with suspicion. Inhabitants of such environments may view a counselor who participates in community activities as more approachable than those who avoid outside office contact. In many small communities, it is the well-earned trust of the population that will enable the therapist to effectively serve the community.

In a controversial article that incited numerous responses (Borys, 1994; Brown, 1994; Gabbard, 1994b; Gottlieb, 1994; Gutheil, 1994), Lazarus (1994) addressed the 1992 revised ethical principles of psychologists and warned that "when taken too far [the ethical guidelines regarding dual relationships] can become transformed into artificial boundaries that serve as destructive prohibitions and thereby undermine clinical effectiveness" (p. 255). Citing the positive outcomes of numerous boundary crossings with clients (i.e., socializing, playing tennis, taking long walks, accepting and giving small gifts), he explained that his attitudes and practices are not completely contrary to accepted belief: "I remain totally opposed to any form of disparagement, exploitation, abuse, or harassment, and I am against any form of sexual contact with clients. But outside of these confines, I feel that most other limits and proscriptions are negotiable" (Lazarus, 1994, p. 259).

As a result of the present litigious climate, Lazarus (1994) acknowledged that he is more cautious and "a less humane practitioner today" (p. 259). The current ethics and boundaries in psychotherapy, although well intentioned, are also in response to the profession's growing concern about liability and the constant threat of legal suits. He cautioned colleagues not to hide behind rigid boundaries, where they are often of little help to their clients. "I would say that one of the worst professional or ethical violations is that of permitting current risk-management principles to take precedence over humane interventions" (Lazarus, 1994, p. 260).

Similarly, Kiselica (2001) has suggested that successful counseling of adolescent boys calls for "a transformation that requires us to reexamine how rigidly we interpret concepts such as client–therapists boundaries and dual relationships" (p. 52). Counselors should seek out restaurants, parks, gymnasiums, and playgrounds for enhancing the therapeutic alliance. These environments provide familiar and nonthreatening settings for young males who are used to "developing intimate relations in less formal settings" (Kiselica, 2001, p. 47). In addition to meeting outside of the office, Kiselica also advised counselors of young boys to be prepared to divulge appropriate personal information about themselves to the client:

> Although traditional boys may find it difficult to disclose very personal matters to others directly, they tend to open up to others who take the lead with self-disclosure. . . . Sharing light conversations that are characterized by gradual and mutual self-disclosure and are held outside of the office can pave the way for discussions regarding more substantive matters. (p. 49)

Assessing Multiple Relationships

"Boundary issues regularly pose complex challenges to clinicians. The effects of crossing commonly recognized boundaries range from significant therapeutic progress to serious, indelible harm" (Smith & Fitzpatrick, 1995, Recommendations and Conclusions, ¶ 4). The assorted theoretical viewpoints of mental health professionals further complicate the issue of dual relationships. Lamb and Catanzaro (1998) proposed that professional attitudes regarding nonsexual boundaries are influenced by theoretical orientations. Because these orientations vary widely, some clinicians may be confused about how "to identify and make appropriate decisions regarding nonsexual boundary events or behaviors with individuals with whom psychologists interact in their professional roles" (Lamb & Catanzaro, 1998, Introduction section, ¶ 5).

What one professional may deem as appropriate behavior, another professional may view as a boundary violation. Even some of our most knowledgeable and prominent figures in the mental health field had questionable practices with their clients. For example, Sigmund Freud analyzed his friend and his own daughter. D. W. Winnicott was known to take patients into his home as part of their treatment. Finally, Melanie Klein invited a client to follow her on a vacation. During this time, she analyzed him for 2 hours on her hotel bed (Smith & Fitzpatrick, 1995, Types of Boundary Violations, ¶ 2). The complexity surrounding multiple relationships often makes evaluating them a difficult task for practitioners. "Sometimes the code of ethics provides adequate guidance; other times, the dilemma is 'at the cutting edge of practice' or one ethical principle seems to conflict

with another" (Welfel & Kitchener, 1992, Components of Moral Behavior, ¶ 3).

In response to the increasing need for additional guidance, frameworks have been devised to assess the risks of multiple relationships and the variables to consider when assessing the ethics of a second relationship. These variables include, but are not limited to, the standards of practice, the client's well-being, the type of dual relationship (sexual or nonsexual), the therapeutic process, the client's mental status, the motives of the counselor, the circumstances surrounding termination, and boundaries (Herlihy & Remley, 2001; Welfel, 1998). A general theme cutting across discussions of these variables harkens back to professional obligations of nonmaleficence and autonomy.

There are general rules offered throughout the literature to aid the assessment of multiple relationships. When functioning in more than one role with a client, Corey et al. (1998) recommended thinking through potential problems before they occur and offered the following to guide the process:

1. Set healthy boundaries from the outset.
2. Secure the informed consent of clients and discuss with them both the potential risks and benefits of dual relationships.
3. Remain willing to talk with clients about any unforeseen problems and conflicts that may arise.
4. Consult with other professionals to resolve any dilemmas.
5. Seek supervision when dual relationships become particularly problematic or when the risk for harm is high.
6. Document any dual relationship in clinical case notes.
7. Examine your own motivations for being involved in dual relationships.
8. When necessary, refer clients to another professional. (p. 230)

In addition, Welfel (1998) recommended that counselors consider limiting their professional activities with people who are their clients and friends:

> In other words, the mental health professional ought to offer only briefer, less intense services to those with stronger business, social or community ties to the counselor and to reserve long-term counseling for people with whom outside connections are nonexistent or peripheral. (p. 183)

Discussion

A code of ethics is one hallmark that distinguishes professions from occupations. Over time, ethics has been defined and redefined to reflect the current collective, philosophical, and theological characteristics of the social context. Once strictly based on divine authority, society was guided by the scholarly interpretations of the code of God. While moral theology provided a framework for ethics, the intrinsic finality of "God's Word" did little to encourage discussion or debate. During the 19th century, the orientation of ethics moved away from God toward a theory based on reason. This rational movement brought with it freedom for people to question ethical principles and apply them to their current lives in ways that were practical and representative of their pluralistic society.

The current standards of practice involving dual relationships need to be reexamined and extended to adequately address the current moral dilemmas confronting mental health professionals. The standards of practice are developed by an ethics committee within a professional organization that has the responsibility of helping to ensure that a wide range of moral principles are reflected in the final codes for that organization. However, for these codes to be applicable and relevant, thoughtful input on the part of the organization's members is crucial. Therefore, it is necessary for professionals to hold active membership in their organization. By joining together, practitioners experiencing similar dilemmas (e.g., the rural psychologists) can effectively voice their concerns so appropriate changes can be made. In addition, it is the responsibility of the professional association to provide a safe and nonjudgmental environment for members to engage in frank conversations with advisory boards regarding the reality of multiple relationships.

According to M. Kocet (personal communication, January 16, 2003), the chairperson of the committee charged with revising the ACA ethical standards, there is growing support among counselors to reexamine traditional, rigid beliefs about dual relationships. This is welcome news, because the codes of professional mental health associations typically regard dual relationships as interactions that are harmful in nature and to be avoided. However, the current version of APA's (2002) *Ethical Principles of Psychologists and Code of Conduct* realistically states, "Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical" (¶ 3.05). It seems that this addition to the code, unique among the professional organizations, states the obvious. However, that there needs to be such a statement reflects the dilemma of practitioners finding their way in the ethical maze of dual relationships. Consequently, we hope that the revised ACA ethical standards developed by Kocet and his colleagues provide clearer direction regarding both the risks and the potential benefits of dual relationships than past versions of the standards did.

These risks and benefits of dual relationships are best understood in the broader context of the counseling relationship. From the literature review undertaken in this article, it appears that a variable that makes sexual relationships with clients or posttermination sexual relationships destructive is also found in toxic nonsexual dual relationships. This

variable is the intensity of the counselor's additional interest or interests that have developed as a result of the second relationship. It appears that the increase in the secondary interest necessarily fosters a decrease in the primary relationship of counseling. Hence, to the degree that the intensity of the counselor's personal concerns increase in the second relationship, there is also a greater danger that the client will lose autonomy and a greater potential for harm to the client. Furthermore, the positive or negative value of the relationship is determined by the degree to which it enhances the primary counseling relationship. Therefore, in positive dual relationships, the interest of the counselor stays focused on the well-being and autonomy of the client.

Studies are needed to investigate the impact of nonsexual dual relationships on clients from the client's perspective, because there appear to be no studies of this kind to date. Future research in this area might yield valuable data for consideration in the development of ethical standards, or at least more informed dialogue on the subject. Meanwhile, it should be noted that there is empirical evidence from several studies suggesting that the majority of counselors believe that posttermination friendships between counselors and their former clients could be acceptable as long as such friendships do not result in any harm to the former clients (Akamatsu, 1988; Gibson & Pope, 1993; Salisbury & Kinnier, 1996). In response to these latter findings, Herlihy and Remley (2001) warned that counselors should try to avoid meeting their social needs through former clients. They cautioned counselors contemplating the development of friendships with former clients to

> consider several factors in making their decisions, including the length and nature of the counseling relationship, client diagnoses or issues, circumstances of termination, the possibility that clients might want to return to counseling, unresolved transference or countertransference issues, and whether any harm to the clients can be foreseen. (p. 83)

In closing, we reiterate that the subject of dual relationships is a complicated topic that requires all counselors to examine the potential risks and benefits of entering these relationships. We hope that the issues and recommendations reviewed in this article will help more counselors to respond to potential dual relationships in ways that produce therapeutic outcomes with their clients.

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