

Not All Multiple Relationships Are Created Equal: Mapping the Maze of 26 Types of Multiple Relationships *

— Ofer Zur

Introduction

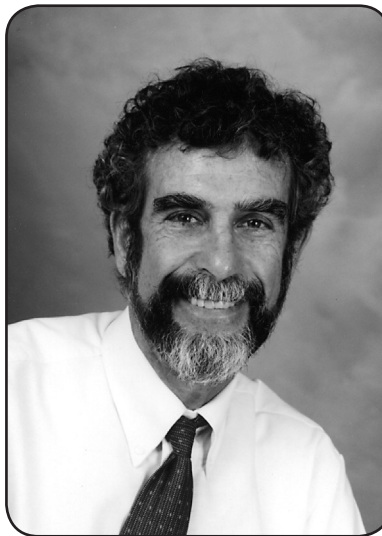
Most mental health professionals have attended risk management and ethics workshops where one of the central messages was the dire warning that multiple relationships are generally unethical, inherently harmful, mostly prohibited, and should be avoided. While the term 'unethical' is thrown about liberally when it comes to multiple relationships, the fact is that none of major professional associations' codes of ethics prohibit all forms of dual or multiple relationships (Lazarus & Zur, 2002, Reamer 2012, Zur, 2007). Of course, sexual multiple relationships between psychotherapists and current or recently terminated clients are always unethical. What is very often ignored is the fact that some forms of multiple relationships are actually mandated and, in certain situations, they are unavoidable. Furthermore, there are types of multiple relationships, which are clearly a normal part of healthy, interconnected, and interdependent communities.

Defining Multiple Relationships

Multiple relationships take place when, in addition to the professional role of a psychotherapist or counselor, the professional is also involved in an additional role with the client or with a person closely associated with the client. It is important to note that multiple relationships can occur either during the course of psychotherapy or after the therapy relationship is officially terminated.

The American Psychological Association (APA) Code of Ethics of 2010 defines multiple relationships in the following way:

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 (p. 6).

Codes of Ethics on Multiple Relationships

The codes of ethics of all major professional organizations are clear about the fact that not all multiple relationships are unethical. For example, APA (2010) clearly states: "Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical" (p. 6). The American Counseling Association (ACA) Code of Ethics (2005) goes even further and, in discussing the potential benefits

of multiple relationships, implicitly notes that there are beneficial aspects to multiple relationships when it states: "When a counselor-client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document, in case records, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client" (p. 18). Similar to the APA Code of Ethics, the National Association of Social Workers (NASW) Code of Ethics (2008) states that, "Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client" (section 1.06). It then acknowledges that some multiple relationships are unavoidable and states that, "In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries" (section 1.06). Not much different from the above codes, the California Association of Marriage and Family Therapists (CAMFT) Code of Ethics (2011) affirms that, "Not all dual relationships are unethical, and some multiple relationships cannot be avoided" (p.10).

In summary, none of the major professional organizations' codes of ethics view all forms of multiple or

* Generally, the terms 'multiple relationship' and 'dual relationship' are used interchangeably in the general literature, as well as in this paper.

26 Types of Multiple Relationships

Choice	Context	Legal/Ethical	Timing	Intensity	Helpful/Harmful
Mandated	Social	Ethical	Concurrent	Low	Helpful
Unavoidable	Professional	Unethical	Sequential	Medium	Neutral
Avoidable	Business	Legal		High	Harmful
Unexpected	Institutional	Illegal			
	Forensic				
	Supervisory				
	Sexual				
	Digital				
	Home-Office				
	Additional				

multiple relationships as unethical and all of them acknowledge that some multiple relationships are unavoidable.

In the next several sections, the paper provides different typologies or different ways to differentiate, categorize, or describe the many ways that multiple relationships may take place. [Insert Table 1 here]

Multiple Relationships May or May Not Be a Matter of Choice:

In some settings, multiple relationships can be required, leaving mental health practitioners without the freedom to choose whether to engage in such relationships or not. However, in other settings, entering into multiple relationships is voluntary. Following are the four types of multiple relationships, as they relate to therapists' freedom to choose:

a. Mandated Multiple Relationships: Legally mandated multiple relationships often take place in the military, in prisons, in mental institution settings, and in some police departments (Barnett & Johnson, 2008, Zur, 2007). The practice of psychology or psychiatry in the military is markedly different from most non-military settings. Military clinical psychologists or psychiatrists on active duty fulfill multiple roles, i.e., their primary role as commissioned military officers and a secondary role as psychotherapists-clinicians. They serve two masters, with their first loyalty being to the Department of Defense and the second to their clients. They do not have a choice about this and, in fact, these multiple relationships can be extremely complex and contradictory. For example, as part of their responsibility to enhance the combat readiness of the unit, psychologists may help traumatized soldiers overcome their traumatic responses and reduce or contain their PTSD symptoms as fast as possible so that they can re-join their units and face battle again, where they may get wounded, killed, or re-traumatized.

Psychotherapists who work in prisons and jails are also often mandated to serve multiple roles: a primary role as a prison guard, where the focus is on security, safety, and loyalty to the institution; and, secondarily, as the psychotherapist-clinician, where the focus is on the client's mental health and welfare. As in the mili-

tary, these imposed multiple roles can be complex and contradictory. For example, a forensic psychologist who learns, in a counseling session with an inmate-client, of a potential escape plan, must report it to the prison warden, even though he/she is aware that a vulnerable client may face intense interrogations, punishment, and potential solitary confinement, which is likely to increase risk of suicide or self-harm. Obviously, such reporting are likely to result in lost of trust and rupture in the therapeutic alliance. Psychologists who are employed by the military, police, highway patrol, or sheriffs' departments may be required, to serve as fitness-to-duty evaluators and treaters. This can readily present an irreconcilable contradiction. As a treater, the clients' welfare is the clear, primary, ethical duty. However, as an expert evaluator, the focus is on objectivity and the welfare of the institution. As a result, a treater, who also serves as an evaluator, may write a report that will be detrimental to the client's employment and financial well-being.

Psychologists who work in forensic mental institutions are at times mandated by their employment contract or by court orders to serve in a highly complex and generally ill-advised multiple role as forensic evaluator and treater. A clinician may be asked to evaluate a client for 'competency to stand trial' or as part of a 'not guilty by reason of insanity' plea. In this case, if the psychologist finds his or her client 'competent to stand trial' or did not find his or her client 'not guilty by reason of insanity' the client may end up on death row as a result of his own therapist's actions.

b. Unavoidable Multiple Relationships: Unavoidable multiple relationships often take place in isolated, rural areas and small communities. The obvious reason is that in these communities the mental health practitioners are an integral part of the community and the number of mental health providers is likely to be small, thus choices are very limited and, at times, non-existent. Interconnectedness and interdependence are generally core values of these communities and multiple relationships are not only normal and expected aspects of community life, but even essential for their survival (Schank & Skovholt, 2006; Zur, 2007). Often, the unavoidable multiple relationships in small communities are social in nature, where a client or the

client's spouse or family member(s) and therapist also interact socially in the community in a variety of ways. They may meet in the only church in town, or the local farmers' market; they may work out regularly in the only gym in town or serve on a PTA or school board. Small community multiple relationships are often professional multiple relationships. They may involve a client or a person close to the client who is also a colleague of the psychotherapist in the only mental health center in town or a client whose child goes to the same school where the therapist serves as school counselor. Additionally, there can also be business multiple relationships, where the psychotherapist is a patron of the only shoe store in town, which is owned by the client's family; or retains the only attorney in town while the attorney's sister is his/her patient.

It is interesting to note that at least one code of ethics, that of CAMFT, is overly restrictive and unreasonable when it comes to business ventures between psychotherapists and clients in small, rural, or isolated communities when it states, "Other acts that would result in unethical dual relationships include, but are not limited to, borrowing money from a patient, hiring a patient, engaging in a business venture with a patient, or engaging in a close personal relationship with a patient. Such acts with a patient's spouse, partner, or family member may also be considered unethical dual relationships." (2011, p. 6). This code may mean that many MFTs cannot reasonably and ethically practice in small, rural, or isolated communities.

Therapists who are disabled and work with disabled clients often encounter their clients in numerous settings that serve their disabled community. For example, deaf or blind therapists who socialize with other deaf or blind people in the local deaf or blind center are likely to encounter clients on a regular basis. Similarly, drug addiction counselors, who are recovered addicts themselves, often come upon their clients at 12 step meetings and other rehab-related events in the community. Multiple relationships are also often unavoidable when sports psychologists, who frequently travel, socialize after hours with the clients in hotel lobbies or bars, as part of their job.

Supervisory relationships inherently involve multiple relationships as part of the triangle of supervisor-supervisee-client. Supervisors have implicit, triple, co-existing responsibilities. They have responsibilities to the professional development of the supervisee; they bear responsibility for the welfare of the client; and, in their gatekeeper function, they have a larger responsibility to the profession and the public. Obviously, these roles are usually complementary, but can conflict at times.

Unavoidable multiple relationships in small communities, as noted above, are not restricted to physically isolated rural communities. They can take place just as easily in small, interconnected communities within

metropolitan areas, such as the above-mentioned disabled communities, as well as the LGBT, spiritual, or ethnic minority groups. In many such settings, clients, due to important factors of shared spiritual beliefs or past unpleasant or traumatic encounters with racism, homophobia, discrimination, and/or other negative experiences, are likely to seek help within their supportive and familiar communities, which share their values and experiences.

c. Voluntary-avoidable Multiple Relationships:

Multiple relationships are generally avoidable in large cities or metropolitan areas where there are many therapists to choose from, just as there are many places to shop, worship, exercise, or recreate. In such communities, both clients and therapists have many more choices than are available in the smaller communities described above and therapists may be easily able to refer or client may request referral, etc.

d. Unexpected Multiple Relationships: Unexpected multiple relationships occur when therapists are not initially aware that they have entered, or are already involved in, a secondary relationship with the client. The movie, *Prime*, depicts this kind of unexpected scenario, in which the psychotherapist, midway through the treatment, discovers that the female client she has been working with, is dating her son. Unexpected multiple relationships can also take place when client or therapist joins a church, a rotary club, a recreation league, not knowing that he/she will be encountering and interacting with their clinician/client in that setting.

Regardless of the form or type of the multiple relationships, psychotherapists and counselors must follow the relevant codes of ethics, professional guidelines, and state or federal laws relevant to the situation. They must be aware of the standard of care that is relevant to the context of their work and should go through a thoughtful, ethical, decision-making process to determine what ethical, legal, and clinically appropriate actions they can or cannot or should or should not pursue.

Multiple Relationships in Context:

Another way to view the different types of multiple relationships is to look at the context in which they take place (Barnett & Johnson, 2008; Lazarus & Zur, 2002; Reamer, 2012; Younggren & Gottlieb, 2004; Zur, 2007). The context within which multiple relationships take place is, without a doubt, one of the most important factors in determining their appropriateness. What is appropriate, unavoidable, and ethical in one context may be neither appropriate nor ethical nor avoidable in another context. Following is a comprehensive list of types of multiple relationships in a variety of contexts, ranging from more traditional social and professional multiple relationships to modern age, digital multiple relationships. The multiple relationships described in this section are not mutually exclusive.

a. Social multiple relationships occur when therapists and clients are also friends, acquaintances, or have some type of social relationship in the community. Social multiple relationships may also take place when clients and therapists attend or are involved in, for example, the same religious or political gatherings, yoga classes, or recreational sports. Social multiple relationships can exist in person or online.

b. Professional multiple relationships occur when psychotherapists or counselors and clients are also professional colleagues at colleges, universities, or training institutions, or attend the same professional conferences. Professional multiple relationships are also created when therapists and clients co-author a book, as was the case when Dr. Irvin Yalom (Yalom & Elkin, 1974) co-authored the book, *Everyday Gets a Little Closer- A Twice-told Therapy*, with his client, Ginny Elkin. There are numerous other ways in which professional multiple relationships can be formed: when a client, or the client's family member, is the therapist's accountant, attorney, or investment broker; when the psychotherapist sees a fellow therapist's or colleague's family member in therapy; when a client refers a family member to therapy with the same therapist that he/she works with; or, when the psychotherapist provides treatment to a spouse of a physician who is also a key referral source for the therapist. Apparently, the possible permutations are almost endless.

c. Business multiple relationships occur when therapists and clients are also business partners or have an employer-employee relationship. Business multiple relationships include situations where therapists and clients are both involved in a joint business, whether it is a real estate deal, investment deal, or any other business. The employer-employee multiple relationships exist both when the therapist is the employer and the client is the employee and vice versa. A bartering arrangement, whereby the client provides services, such as gardening, house painting, pet-sitting, or car repair to the therapist in exchange for payment for psychotherapy services, may also be a business multiple relationship.

Business multiple relationships can exist in many forms, such as when the therapist acts on stock market tips or investment opportunity information provided by the client, or whenever psychotherapists or counselors sell dietary supplements, artworks, subscriptions, or anything else in addition to providing psychotherapy or counseling services or when the therapist is the customer, e.g., purchases office supplies from company of a client. While some codes of ethics, such as those of the APA (2010) or the ACA (2005) do not specifically mention the term, 'business dual relationships', some other codes do; such as the aforementioned CAMFT (2011), which seems to consider therapists' engagement in business ventures, or employment of clients and their family members, as unethical.

d. Institutional multiple relationships take place in the military, prisons, jails, police department settings, or psychiatric hospitals where, as noted above, multiple relationships are often inherent and unavoidable. Some institutions, such as state hospitals or detention facilities, mandate that clinicians serve simultaneously or sequentially in the complex and potentially conflicting roles of clinicians and evaluators. Institutional multiple relationships routinely take place in training institutions, such as psychoanalytic, Jungian, or CBT training institutions where therapeutic relationships often take place alongside supervisory and committee work. In parallel, social multiple relationships are often unavoidable in training institutions, at military bases, universities, and colleges where therapists and clients often socialize at the institutions' annual holiday parties and similar occasions.

e. Forensic multiple relationships involve clinicians who serve as treating psychotherapists, as well as evaluators and/or expert witnesses in trials, court hearings, or other legal proceedings. Serving as a treating psychotherapist or counselor, as well as an expert witness rather than as fact witness, is considered very complicated due to the potentially unethical role conflict, and potential harm to clients, and is therefore an ill-advised multiple relationship. Most of these ill-advised, and generally unethical, forensic multiple relationships occur when a psychotherapist yields to pressure from a client or the client's attorney(s) to write child custody recommendation letters without either conducting an official and comprehensive custody evaluation nor being trained or certified as a child custody evaluator. In fact, this form of forensic multiple relationship is the most frequent cause of consumers' complaints to licensing boards across all disciplines of psychotherapy. While prisons, psychiatric detention facilities, and other settings may mandate their staff psychologists to act in such a forensic multiple role, most other times, especially for psychotherapists in private practice, these multiple relationships are generally considered imprudent, unethical, and, in some states, illegal.

f. Supervisory relationships, as noted above, inherently involve multiple relationships and multiple loyalties. The supervisor has a professional relationship with both the supervisee and the supervisee's client and has professional obligations to the supervisee, the client, as well as to the profession.

g. Complementary treatment and ancillary professional multiple relationships may take place when a psychotherapist also provides additional treatment modalities or services, in addition to psychotherapy, such as massage therapy, acupuncture, naturopathic medicine consultation, nutrition or dietary consultation, Reiki, chiropractic services, etc. Obviously, great caution is required in such situations and the importance of informed consent cannot be too greatly

emphasized. Whenever psychotherapists or counselors sell dietary supplements, subscriptions, or anything else, in addition to providing psychotherapy, this, too, is considered as creating a secondary professional-business relationship, in this case, that of retailer and customer.

h. A sexual multiple relationships involves a therapist and a client who are engaged in a sexual relationship. Sexual multiple relationships with current clients are always unethical, and illegal in most states. Most codes of ethics specifically address the concern with sexual relationships with clients. Sequential multiple relationships, where a therapist and client had sexual relations prior to the onset of therapy are frowned upon by most codes of ethics. Most codes of ethics mandate that sexual multiple relationships that start two or more years after termination of therapy are to be approached with caution. Following is an example of how the American Psychological Association Code of Ethics of 2010 approached the idea of sexual multiple relationships. It states: "Psychologists do not engage in sexual intimacies with current therapy clients/patients" (p. 5). "Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard" (p. 14). "Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies" (10.07). "Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy . . . Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances." (p. 14). One of the few codes that has adhered to the notion of "once a client, always a client", or the illusion of the psychotherapist's omnipotence in perpetuity, is the American Psychiatric Association, whose code of ethics states that psychiatrists can never have sexual relationships with former clients.

i. Digital, online, or internet-based multiple relationships take place when therapists and clients engage with each other on online social or professional networking sites, such as Facebook, LinkedIn, Twitter, or on blogs. These digital relationships can be professional, social, or even sexual. (Of course, whether online or face-to-face, sexual relationships with current or recently terminated clients are equally unethical.)

j. Home Office related multiple relationships may sometimes involve some form of multiple relationships, usually social, if the clients routinely socialize before or after sessions with the psychotherapist's family members or others who reside in the house.

k. A variety of additional circumstances may create unique forms of multiple relationships. I have consulted

with social workers who sought to adopt former child-clients who were put up for adoption long after the termination of therapy. I have consulted also in cases where therapists provided pet sitting for their client's pets and where clients pet-sit or water the plants and picked up the mail when therapists went on vacation. The renowned psychiatrist, Dr. Milton Erickson, was famous for his innovative approach to psychotherapy. He allowed a patient to live in his backyard for a short period, as the man was just out of prison and had nowhere to stay. He also housed the dog of one of his patients who had been diagnosed with schizophrenia and was not able to reliably and consistently take care of the animal (O'Hanlon, 1991).

Ethical and Legal Multiple Relationships

Multiple relationships can also be categorized according to whether they are ethical or unethical, and legal or illegal.

a. Ethical multiple relationships must fall within the parameters outlined by the different codes of ethics. Most generally, multiple relationships that would not *reasonably* be expected to cause risk of exploitation, loss of objectivity, impairment, or harm are considered ethical. The term *reasonable* has been defined in the APA code of ethics (2010) as, "... the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time." This definition of *reasonably* implies that each multiple relationship must be evaluated within the context of therapy and not by an arbitrary yardstick. As noted repeatedly in this paper, some multiple relationships that are mandatory or unavoidable in one setting, and therefore ethical, will not necessarily be ethical in other settings. Ethical multiple relationships must also comply with the provision that addresses the important issue of conflict of interests. Like other codes, the APA code of ethics states that: "...psychologists refrain from entering into 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" (2010, p. 6).

b. Unethical multiple relationships constitute those relationships that would reasonably be expected to cause impairment, or risk exploitation or harm. As noted above, sexual relationships with current or recently terminated clients are always unethical. While some codes state a minimum time of 2 years after therapy ends before a sexual relationship between a psychotherapist and a former client may commence, (i.e., APA, CAMFT, NASW) others, such as ACA, set the

bar higher at 5 years. Even after the minimum required years, there are stipulations.

APA (2010) states:

Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the client/patient (p. 14).

c. Legal multiple relationships, as is obvious, take place when psychotherapists operate legally according to the states' legal codes and within the guidelines set forth by the states' licensing boards. Many licensing boards have adopted the codes of ethics of the respective professional organizations, such as APA, NASW, or ACA, as their guidelines, which often simply means that what is ethical is also legal in these states.

d. Illegal multiple relationships take place when psychotherapists violate states' laws, case laws, or state licensing boards' guidelines. The fact that many licensing boards have adopted the codes of ethics of the respective professional organizations as their guidelines often means that what is unethical is also illegal in these states. All states have prohibited therapist-patient sexual relations through licensing regulations. Additionally, therapist-patient sex is a violation of tort law and is thus subject to malpractice suits. About a dozen states have criminalized sex between psychotherapists and clients, and states vary in their determinations of how long after termination of therapy, sexual relationships with former clients are considered illegal.

Timing of Multiple Relationships:

Secondary, non-clinical relationships between therapists and clients can take place before treatment starts, while treatment is taking place, or after treatment ends.

a. Concurrent multiple relationships take place when the secondary, non-clinical relationships take place at the same time as therapy. For example, during that period when therapy sessions are in progress, therapist and client also happen to attend the same church or go

to the same gym. Similarly, it is a concurrent multiple relationship when the therapist buys a car from the car dealership owned by the client during the same period that therapy sessions are ongoing.

b. Sequential multiple relationships are created when the non-clinical relationships take place, either before therapy started or after termination. Examples are when a therapist engages in a social or business relationship with a client or a person close to the client after the termination of therapy, or, similarly, if a client, who formerly played tennis with the therapist, decides to enter into psychotherapy with the former tennis-buddy. APA Code of Ethics (2010) defines non-sexual sequential multiple relationships as only those which were "promised". The code does not seem to specifically cover sequential (non-sexual) multiple relationships that were not promised or planned prior to termination.

Intensity of Level of Involvement:

The intensity of multiple relationships between psychotherapists and clients, obviously, varies. While some relationships are exceptionally intense, others may be casual and minimal.

a. Low/minimal level intensity multiple relationships take place when a therapist, for example, runs into a client at the local market parking lot, or in a large church during a Sunday morning service. Generally, such encounters may, at the most, amount to a nod of acknowledgment, saying hello, or if the client prefers, no acknowledgment at all.

b. Medium level intensity multiple relationships take place when a client and therapist share occasional encounters, as in attending services at their small church, where perhaps they may exchange a few words about the sermon after the service, or, occasionally, when attending their children's school functions, they might stop for a few moments to comment on the event, in passing. When the encounters are sporadic and do not involve regular or intense or lengthy interactions, they are likely to fit into the category of medium level multiple relationships.

c. Intense multiple relationships take place when a client and a psychotherapist serve on the same committee, or a local board which meets weekly, or when both therapist and client belong to the same bird watching group, which goes on day long hikes to observe birds in their natural habitat. In other words, when conversation, discussion, and other interactions, are almost sure to occur. Business relationships between psychotherapists and clients, too, can be as intense as playing in the same musical band or on the same team in local recreational baseball league.

Helpful or Unhelpful Multiple Relationships

As has become obvious from the detailed descriptions in this paper, some multiple relationships are helpful; others are neutral, while some are harmful.

a. Helpful multiple relationships are those relationships where clients clearly benefit from them. For example social multiple relationships in ones' community can enhance trust and therapeutic alliance, which, as we know, is the best predictor of positive therapeutic outcome.

b. Neutral multiple relationships refer to all the situations where the relationships are neither helpful nor harmful; where the clinical and non-clinical roles simply co-exist without any meaningful impact on the client.

c. Harmful multiple relationships have been discussed extensively in the literature. In fact, almost all of the scholarly and professional writing on the topic in the 1980's and early 1990's essentially equated dual relationships with harm. There has been a far more reasonable and nuanced approach to the subject since the mid 1990's, with authors, such as Barnett (Barnett & Johnson, 2008) Lazarus (Lazarus & Zur, 2002), Reamer (2012), Williams, Younggren (Younggren & Gottlieb, 2004), Zur (2001, 2007), and others meticulously exploring the subject and exposing the faulty conclusions of the past and asserting that, indeed, not all dual relationships are created equal.

Situations that do NOT Constitute Multiple Relationships

In the fields of ethics, risk management, and clinical work, there are widespread faulty beliefs regarding what constitutes a multiple relationship. There are those who erroneously claim that any interaction that is not in the office or does not follow strict psychoanalytic or risk management principles, creates a multiple relationship (Lazarus & Zur, 2002, Zur, 2001, 2007). Others erroneously assert that any type of therapist's self-disclosure constitutes multiple relationships. Following are lists of common clinical practices that do not constitute multiple relationships due to fact that psychotherapists in all the following listed situations are operating exclusively as clinicians or treaters and do not have a secondary role vis-a-vis their clients.

a. Making a home visit does not necessarily create a secondary role if it is done for a clinical reason or it is done as part of home-based therapy rather than for social or other reasons. Clients who are sick, not mobile, do not have the means, or are too disorganized to get to the clinicians' offices, are often seen at their homes.

b. Flying with a client who suffers from fear of flying can be part of a clinically well-constructed, behaviorally-based, in-vivo, desensitization treatment plan and does not involve a secondary relationship.

c. Going for a walk with a client who is agoraphobic or who prefers side-by-side to face-to-face communication does not create a secondary relationship as it is done for clinical reasons.

d. Attending a wedding, confirmation, bar mitzvah, funeral, or school play when done for clinical reasons does not constitute a multiple relationship. For example, attending a high school play of an adolescent client who, with the help of the psychotherapist, overcame fear of public speaking and performance anxiety can be an appropriate part of the treatment plan and neither involves a secondary role by the psychotherapist nor any form of multiple relationships. Similarly, attending a wedding of a couple with whom the psychotherapist conducted couple therapy for a while, can enhance the therapeutic alliance and increase effectiveness of treatment. While the wedding is a social event the clinician is not there in the role of a friend, thus the situation does not constitute a multiple relationship.

e. Accompanying a client to a dreaded but important medical appointment can be extremely important and clinically appropriate. Joining or driving an anxious, phobic, paranoid, or reluctant client to a very important medical appointment does not constitute a secondary relationship if it is done to help the patient deal with phobic responses through in-vivo desensitization, as well as for important medical reasons.

f. Having a meal with a fearful or phobic client can be an integral part of a behavior modification treatment plan. Similarly, having a meal with an anorexic client for the clinical purpose of modeling and helping with choice of food is neither a social event nor does it constitute a multiple relationship.

f. Playing basketball or engaging in other sport activities with an adolescent client, if done exclusively for clinical reasons, such as to increase the therapeutic alliance, use the sport to teach emotional regulations or life lessons, etc., and not for recreational reasons, is not a multiple relationship situation because the therapist has only one hat, that of psychotherapist.

g. When a client follows their psychotherapist on the therapist's Facebook page, 'likes' the therapist's Facebook page, or follows the therapist on Twitter, these do not constitute multiple relationships as none involve social or professional interactions nor are secondary relationships established. In contrast, if clients and therapists have profiles on LinkedIn, multiple relationships exist if they interact and communicate via this medium. Generally, the type and quality of

communication and the settings of the websites would determine whether multiple relationships are created or not.

Summary

The goal of this paper has been four-fold: to lay to rest the false, yet persistent belief that multiple relationships are generally unethical and often harmful; to clearly differentiate ethical and legal multiple relationships from unethical and illegal ones; to map the wide, often intricate complexities and typologies of dual or multiple relationships in psychotherapy and counseling; and to clearly demonstrate when, how, and why multiple relationships can not only be mandated, but also be beneficial, often invaluable, normal, and healthy elements in community living and can enhance therapeutic outcome, which is the best predictive of positive therapeutic outcome.

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