

Managing Boundaries and Multiple Relationships in Counselling and Psychotherapy

Dr Emmanuel Amaglo

Department of Psychology Methodist University College, Ghana.

Principal Visiting Lecturer, Legacy University. The Gambia.

doi: <https://doi.org/10.37745/bjpr.2013/vol11n15364>

Published March 12, 2023

Citation: Emmanuel Amaglo (2023) Managing Boundaries and Multiple Relationships in Counselling and Psychotherapy, *British Journal of Psychology Research*, Vol.11, No.1, pp.53-64

ABSTRACT: *This paper discusses boundaries and multiple relationships in Counselling and Psychotherapy. Boundary- crossing is a departure from commonly accepted practices that could potentially benefit clients; a boundary violation is a serious breach that results in harm to clients and is therefore unethical. In addition, the paper illustrates the unique ethics of multiple relationships, differing Perspectives on multiple relationships. Legal perspective on multiple relationships and factors to Consider before entering into a multiple relationship. The legal implications pertaining to dual relationships depend on the nature of the relationship and whether the client suffers harm. The terms dual relationships and multiple relationships are used interchangeably in various professional codes of ethics, codes provide some general guidelines, good judgment, the willingness to reflect on one's practices, and being aware of one's motivations are critical dimensions of an ethical practitioner. The ACA (2005) uses the term nonprofessional relationships. In this article the broader term of multiple relationships was used to encompass both dual relationships and nonprofessional relationships. To promote the well-being of clients, clinicians are challenged with balancing their own values and life experiences with ethics codes as they make choices regarding how to best help their clients.*

KEYWORDS: managing boundaries, multiple relationships, and boundary violation, boundary crossing, counselling and psychotherapy.

INTRODUCTION

The APA (2002) ethics code defines a multiple relationship as one in which a practitioner is in a professional role with a person in addition to another role with that same individual, or with another person who is close to that individual. When clinicians blend their professional relationship with another kind of relationship with a client, ethical concerns must be considered. In these situations, it is often difficult to determine what is in the best interests of the client.

Multiple relationships occur when professionals assume two or more roles at the same time or sequentially with a client. This may involve assuming more than one professional role (such as instructor and therapist) or blending a professional and nonprofessional relationship (such as counselor and friend or counselor and business partner). Multiple relationships also include providing therapy to a relative or a friend's relative, socializing with clients, becoming emotionally or sexually involved with a client or former client, combining the roles of supervisor and therapist, having a business relationship with a client, borrowing money from a client, or loaning money to a client. Mental health professionals must learn how to effectively and ethically manage multiple relationships, including dealing with the power differential that is a basic part of most professional relationships, managing boundary issues, and striving to avoid the misuse of power (Herlihv & Corey, 2006b).

Sometimes it is difficult to understand the rationale behind prohibitions, and some boundary limitations may seem arbitrary. The rationale behind the argument to abstain from any boundary crossings or multiple relationships involves the potential for therapists to misuse their power to influence and exploit clients for their own benefit and to the clients' detriment (Zur, 2008). Although codes can provide some general guidelines, good judgment, the willingness to reflect on one's practices, and being aware of one's motivations are critical dimensions of an ethical practitioner. Counsellors and Psychotherapist can fail to heed to warning signs in their relationships with clients. They may not always pay sufficient attention to the potential problems involved in establishing and maintaining professional boundaries. Practitioners may be unaware of the implications of their actions and may be blind to the fact they are engaged in unprofessional or problematic conduct.

The underlying theme of this article is the need for you to be honest and self-searching in determining the impact of your behavior on clients. In cases that are not clear-cut, it becomes especially crucial to make an honest appraisal of your behaviour and its effect on clients.

To us, behavior is unethical when it reflects a lack of awareness or concern about the impact of the behaviour on clients. Some counselors may place their personal needs above the needs of their clients, engaging in more than one role with clients to meet their own financial, social or emotional needs.

This article focuses on boundary issues in professional practice, the difference between boundary crossings and boundary violations, multiple relationships, role blending, a variety of nonsexual dual relationships, and sexual issues in therapies. It also examine the more subtle aspects of sexuality in therapy, including, sexual attractions and the misuse of power. Multiple relationship issues cannot not be resolved with ethics codes alone; therapists must think through all of the ethical and clinical dimensions involved in a wide range of boundary concerns.

The Ethics of Multiple Relationships

The codes of ethics of most professional organizations warn of the potential problems of multiple relationships. These codes caution Counsellors and Psychotherapist against any involvement with clients that might impair their judgment and objectivity, affect their ability to render effective services, or result in harm or exploitation to clients. It should be noted that

none of these codes of ethics state that nonsexual multiple relationships are unethical, and most of them acknowledge that some are unavoidable (Lazarus & Zur, 2002). However, when multiple relationships exploit clients, or have significant potential to harm clients, they are unethical.

A Legal Perspective on Multiple Relationships

Writing from a legal perspective, Hermann (2006a) indicates that dual or multiple relationships exist on a continuum ranging from boundary crossing for a client's benefit to sexual dual relationships that cause major harm to a client. The legal implications pertaining to dual relationships depend on the nature of the relationship and whether the client suffers harm. The mere existence of a multiple relationship does not, in itself, constitute malpractice; rather, it is misusing power, harming, or exploiting a client that is unethical. In cases where a client suffers harm or is exploited due to a multiple relationship, the client could file a malpractice lawsuit against the mental health provider. Hermann suggests that it is wise for counselors to avoid multiple relationships to the extent possible and to document precautions taken to protect clients when such relationships are unavoidable.

Differing Perspectives on Multiple Relationships

There is a wide range of viewpoints on multiple relationships. If you are intent on clarifying' your position on this issue, you will encounter conflicting advice. Some writers focus on the problems inherent in multiple relationships.

Others see the entire discussion of multiple relationships as subtle and complex, defying simplistic solutions or absolute answers. Zur (2008) states that multiple relationships are common, inevitable, unavoidable, normal, and healthy part of communal life in many settings. Many counselors are rethinking their traditional approach to the therapeutic process and more often entering into secondary relationships that may have an impact on the counseling relationship (Moleski & Kiselica, 2005). Despite certain clinical, ethical, and legal risks, some blending of roles is unavoidable, and it is not necessarily unethical or unprofessional. Zur (2007) points out that APA's (2002) codes of ethics now provides more flexible guidelines regarding multiple relationships and emphasizes the importance of context in making ethical decisions.

Although the codes of ethics of most professions caution against engaging in nonsexual multiple relationships, such relationships exist in most settings and are not necessarily problematic; indeed, some are beneficial (Herlihy & Corey, 2006b; Herlihy & Corey, 2008). For example, "mentoring" involves blending roles, yet both mentors and learners can certainly benefit from this relationship. Casto Caldwell, and Salazar (2005) point out that mentors often balance a multiplicity of roles, some of which include teacher, counselor, role model, guide, and friend. They add that the mentoring relationship is a personal one, in which both mentor and mentee may benefit from knowing the other personally and professionally. There are many clear benefits in mentoring relationships, but ethical concerns are associated with these relationships. Ethical problems are likely to arise if the mentor's role becomes blurred, so that he or she is more of a friend than a mentor (Warren, 2005). Casto and colleagues emphasize

the importance of maintaining boundaries between mentorship and friendship, which requires vigilance of the power differential and how it affects the mentee. They contend that the focus of mentoring is always on the mentee's personal and professional development.

Herlihy and Corey (2006b) conclude that there is no clear consensus regarding nonsexual multiple relationships in counseling. It is the responsibility of practitioners to monitor themselves and to examine their motivations for engaging in such relationships, or face the consequences if they are negligent in these matters. Counsellors and Psychotherapist should be cautious about entering into more than one role with a client. It is generally a good idea to avoid multiple roles unless there is sound clinical justification for doing so.

Factors to Consider Before Entering into a Multiple Relationships

Moleski and Kiselica (2005) believe multiple relationships range from the destructive to the therapeutic. Although some multiple relationships are harmful, other secondary relationships complement, enable, and enhance the counseling relationship. Moleski and Kiselica encourage counselors to examine the potential positive and negative consequences that a secondary relationship might have on the primarily counseling relationship. They suggest that counselors consider forming multiple relationships only when it is clear that such relationships are in the best interests of the client.

Younggren and Gottlieb (2004) suggest applying an ethnically based, risk managed, and decision-making model when practitioners are analyzing a situation involving the pros and cons of a multiple relationship. They acknowledge that "these types of relationships are not necessarily violations of the standards of professional conduct, and/or the law, but we know enough to recommend that they have to be actively and thoroughly analyzed and addressed, although not necessarily avoided" (p. 260). Younggren and Gottlieb recommend that practitioners address these questions to make sound decisions about multiple relationships (pp. 256—257):

Is entering into a relationship in addition to the professional one necessary, or should I avoid it?

Can the multiple relationship potentially cause harm to the client?

If harm seems unlikely, would the additional relationship prove beneficial?

Is there a risk that the multiple relationship could disrupt the therapeutic relationship?

Can I evaluate this matter objectively?

In answering these questions, practitioners need to carefully assess the risk for conflict of interests, loss of objectivity, and implications for the therapeutic relationship. Counselors must discuss with the client the potential problems involved in a multiple relationship, and it is good practice to actively involve the client in the decision-making process. If the multiple relationship is judged to be appropriate and acceptable, the therapist should document the entire process including having the client sign an informed consent form. In addition, therapists would do well to adopt a risk-management approach to the problem. This involves a careful review

of various issues such as diagnosis, level of functioning, therapeutic orientation, community standards and practices, and consultations with professionals who could support the decision. Younggren and Gottlieb conclude with this advice: "Only after having taken all these steps can the professional consider entering into the relationship, and he or she should then do so with the greatest of caution" (p. 260).

Graham and Liddle (2009) explored the decision-making process which clinicians used in determining whether to become involved in nonsexual multiple relationships and the strategies they used to either prevent or cope with them. In deciding whether to take on multiple roles, the clinicians must give careful thought to the depth of existing relationships, the therapist's objectivity, the likelihood and frequency of outside contact, and the client's ability to appropriately manage multiple roles and relationships. Younggren and Gottlieb (2004) proposed a similar set of standards: evaluate the necessity of multiple roles and relationships evaluate the potential benefit and potential risk to the client of entering into a multiple relationship, reflect on the clinician's ability to be objective in the situation, and seek consultation with colleagues.

Barnett (in Barnett, et al., 2007) suggests some guidelines to increase the likelihood that a client's best interests are being served:

- The therapist is motivated by what the client needs rather than by his or her own needs.
- The boundary crossing is consistent with a client's treatment plan.
- The client's history, culture, values, and diagnosis have been considered.
- The rationale for the boundary crossing is documented in the client's record.
- The boundary crossing is discussed with the client in advance to pre-vent misunderstandings.
- Full recognition is given to the power differential, and the client's trust is safeguarded.
- Consultation with colleagues guides the therapist's decisions.

Lamb, Catanzaro, and Moorman (2004) also suggest that nonsexual over- lapping relationships be evaluated by considering factors such as context, history, current status of the professional relationship, the reaction of the client to the multiple relationship, and how the therapist explains the purpose of the boundary crossing within the context of the goals of the professional relationship.

Boundary Crossings and Boundary Violations

Certain behaviors of psychotherapist and counsellors have the potential for creating a multiple relationship, but they are not inherently considered to be multiple relationships. Examples of these behaviors include accepting a client's invitation to a special event such as a graduation; bartering goods or services for professional services; accepting a small gift from a client; attending the same social, cultural, or religious activities as a client; or giving a supportive hug after a difficult session. Gutheil & Cabbardrs (1993) caution that engaging in boundary crossings, paves the way to boundary violations and to becoming entangled in complex multiple relationships.

Gutheil and Gabbard (1993) distinguish between boundary crossings (changes in role) and boundary violations (exploitation of the client at some level). A boundary-crossing is a departure from commonly accepted practices that could potentially benefit clients; a boundary violation is a serious breach that results in harm to clients and is therefore unethical. Note that not all boundary crossings should be considered boundary violations. Interpersonal boundaries are fluid; they may change over time and may be redefined as therapists and clients continue to work together. Yet behaviors that stretch boundaries can become problematic, and boundary crossings can lead to a pattern of blurring of professional roles. The key is to take measures to prevent boundary crossings from becoming boundary violations.

Barnett (in Barnett, Lazarus, et al., 2007) states that even for well-intentioned clinicians, thoughtful reflection is required to determine when crossing a boundary results in a boundary violation. If a therapist's actions result in harm to a client, it is a boundary violation. Failing to practice in accordance with prevailing community standards, as well as other variables such as the role of the client's diagnosis, history, values, and culture, can result in a well-intentioned action being perceived as a boundary violation. Barnett (2007) Stated that "One person's intended crossing maybe another's perceived violation. A thoughtful, premeditated approach with open discussion with the client before engaging in actions that may be misinterpreted or misconstrued is strongly recommended" (p. 403). Barnett also points out that crossing boundaries may be clinically relevant and appropriate in some cases, and that avoiding crossing some boundaries could work against the goals of the therapeutic relationship.

Establishing and Maintaining Appropriate Boundaries

Consistent yet flexible boundaries are often therapeutic and can help clients develop trust in the therapy relationship. Borys (1994) suggests that many clients require the structure provided by clear and consistent boundaries. Such a structure is like "a buoy in stormy, chaotic seas" (p. 270). Koocher and Keith-Spiegel (2008) suggest that "the therapy relationship should remain a sanctuary in which clients can focus on themselves and their needs while receiving clear, clean feedback and guidance"(p.264).

Conventional wisdom emphasizes the need for stability in the client-therapist relationship. Orchin (2004), stretches boundaries by taking therapy outdoors. Orchin maintains that going outside the office challenges therapists to manage more fluid boundaries and novel situation, but that doing so can have definite therapeutic benefits. He believes that session can be an appropriate way to create ceremonies and ritual to mark transitions, celebrate achievements, and encourage transformation.

Orchin claims that this effective intervention has assisted many of his clients in getting through an impasse in their therapy and moving therapy forward. This approach is an

example of a boundary crossing that could have therapeutic benefits if it is carefully applied to certain clients and specific situations.

Zur (2008) also makes a case for taking professional relationships beyond the office walls. He writes about the advantages of out-of-office experiences, such as home visits, attending celebrations of a client, adventure or outdoor therapy, and other encounters with clients. For example, he describes how he accompanied a client to the gravesite of a child for whom she had not grieved. This intervention proved to be therapeutic for the woman who had been depressed for years prior to beginning her therapy with him.

He recommend that therapists who make it a practice to venture outside of the office or engage in nontraditional activities with clients make this clear at the outset of therapy during the informed consent process. Furthermore, therapists should consult with their insurance carrier about such practices as these activities may have implications for one's liability exposure.

Role Blending

Some roles that professionals play involve an inherent multiplicity of roles. Role blending, or combining roles and responsibilities, is quite common in some professions. For example, counsellor educators serve as instructors, but they sometimes act as therapeutic agents for their students' personal development. At different times, counselor educators may function in the role of teacher, therapeutic agent, mentor, evaluator, or supervisor. School counselors must often function in multiple roles such as counselor, teacher, chaperon, and other non counselling roles. Supervisors typically engage in a multiplicity of roles as well, such as coach, consultant, evaluator, counselor, and mentor. Although supervision and psychotherapy are two different processes, they share some common aspects. The supervisor may need to assist supervisees in identifying ways that their personal dynamics are blocking their ability to work effectively with clients.

Role blending is not necessarily unethical, but it does call for vigilance on the part of the professional to ensure that exploitation does not occur. Herlihy and Corey (2006b) assert that role blending is inevitable in the process of educating and supervising counsellor trainees and that this role blending can present ethical dilemmas when there is a loss of objectivity or conflict of interests. Functioning in more than one role involves thinking through potential problems before they occur and building safeguards into practice.

Whenever a potential for negative outcomes exists, therapists have a responsibility to design safeguards to reduce the potential for harm. Hence I recommend the following measures to minimize the risks inherent in multiple relationships:

- Maintain healthy boundaries from the outset.
- Secure the informed consent of clients and discuss with them both the potential risks and benefits of multiple relationships or any kind of blending of roles.
- Remain willing to talk with clients about any potential problems and conflicts that may arise.
- Seek supervision or consult with other professionals when multiple relationships become particularly problematic or when the risk for harm is high.
- Document any multiple relationships in clinical case notes.
- When necessary, refer clients to another professional.

Avoiding the Slippery Slope

Professionals get into trouble when their boundaries poorly defined and when they attempt to blend roles that do not mix. A gradual erosion of boundaries can lead to very problematic multiple relationships bring harm to clients. Gabbard (1994) cites the slippery slope phenomenon of the strongest arguments for carefully monitoring boundaries in psychotherapy. This argument is based on the premise that certain actions can lead to a progressive deterioration of ethical behavior, Furthermore, if professionals do not adhere to uncompromising standards, their behavior may foster relationships that are harmful to clients. To avoid the slippery slope, therapists are advised to have a therapeutic rationale for every boundary crossing and to question behaviors that are inconsistent with their theoretical approach Pope, Sonne, & Holroyd, (1993).

Managing multiple roles and relationships can be extremely complex, and seasoned professionals are often challenged to follow the most ethical course when it comes to crossing boundaries. Managing multiple relationships can be even more challenging to students, trainees, and beginning professionals. Those with relatively little clinical experience are well advised to avoid engaging in multiple relationships whenever possible. (2006; Lazarus & Zur, 2002; Moleski & Kiselica, 2005; Younggren & Gottlieb, 2004; Zur, 2007, 2008).

Think about the circumstances in which you may decide upon flexible boundaries. What multiple relationships do you consider unavoidable, and what can you do in these situations? What kinds of relationships could place you in professional jeopardy? Consider, for example, how refusing to attend a social event of a client could complicate the therapeutic relationship. In struggling to determine what constitutes appropriate boundaries, you are likely to find that occasional role blending is inevitable. Therefore, it is crucial to learn how to manage boundaries, how to prevent boundary crossings from turning into boundary violations, and how to develop safeguards that will prevent the exploitation of clients.

Advantages of Boundary Crossings

Rigid adherence to boundaries may be just as harmful to a client and the therapeutic relationship as a boundary violation (Barnett & Johnson, 2010). Examples of such rigidity include never touching a client under any circumstances, refusing every small gift, or refusing to extend a session for any reason. In many situations, it may be difficult for clinicians to readily discern the difference between a positive boundary crossing and a boundary violation.

Boundary Crossings that Promote Healing

In much of the literature on boundaries, the focus is on negative outcomes. Phrases such as "protecting the client," "minimizing the potential for abuse and exploitation," "teetering on the precipice," and the "slippery slope phenomenon" abound. The assumption seems to be that without ethical rules and regulations all practitioners would be violating the rights of clients. The focus on the negative, emphasizing what the practitioner cannot do, can be detrimental to the client. Greenspan (2002) is doubtful that the admonition to eschew all dual relationships achieves the objective of protecting clients and promoting healing. Elsewhere Greenspan (1994) states: The standard of care itself conspires against the genuine meeting of persons that is the real *sine qua non* of healing. It keeps patient and professional separate even when they do not wish to be. It makes authenticity feel like a bad and dangerous thing. (pp, 199-200).

There are advantages to crossing boundaries in certain circumstances. For instance, consider some of the advantages of out-of-office encounters between school counselors and students. By attending a student's school play, musical recital, or sports event, the counselor can do a lot to build a relationship with a student. However, the school counselors must ask these questions: "How will I respond if this client continues to ask me to participate in other activities?" "How will I respond to other students who make similar requests?" "How will I deal with these extra demands on my time?"

Imagine that you were required to videotape all your sessions with clients and maintain them as your records. Would your behavior with your clients be different in any way? What do you do now that you might hesitate to do if your colleagues were to view your videotaped sessions? Would you be pleased to have your work with the client published? Would you welcome oversight from your peers? If you would not be comfortable with such- oversight, take time to examine what makes you uncomfortable.

Consider the client population with whom you are dealing as this will certainly influence the kinds of boundaries of which you need to be sensitive. Not all clients are alike. Age, diagnosis, life experiences such as and culture are key elements that need to be considered in establishing boundaries. A second element is the character of the

therapist. In my opinion, the therapist's character and values have more influence than training and orientation. Consider how boundaries were respected in your family of origin and how you manage boundaries in your own personal life. How sensitive are you to the boundaries of others in your personal life? If we establish and maintain appropriate boundaries in our personal lives, unlikely that we will be indifferent to boundaries in our professional lives, or unwittingly ignore them.

To conclude. I have tried to put ethical issues pertaining to multiple relationships into perspective. I have emphasized that dual and multiple relationships are neither inherently unethical nor always problematic. Such relationships are always unethical, however, when they result in exploitation or harm to clients. I have attempted to avoid being prescriptive and have summarized a range of recommendations offered by others to reduce the risk of boundary crossings and boundary violations recommendations I expect will increase the chances of protecting both the client and the therapist.

Although ethics codes provide general guidance, you will need to weigh many specific of variables in making decisions about what" boundaries you need to establish in your professional relationships. The emphasis has been on guidelines for making ethical decisions about nonsexual multiple relationships, which often tend to be complex and defy simplistic solutions. To promote the well-being of your clients, clinicians are challenged with balancing their own values and life experiences with ethics codes as they make choices regarding how to best help their clients.

Sexual relationships with clients are obviously unethical and detrimental to clients' welfare. It is unwise, unprofessional, unethical, and illegal to become sexually involved with clients. However, it is important that therapist not overlook some of the more 'subtle and perhaps insidious behaviors of the therapist that may in the long run cause serious damage to clients. This is not to say that as a counselor you are not also human or that you will never be attracted to certain clients. You are imposing an unnecessary burden on yourself if you believe that you should not have such feelings for clients or if you try to convince yourself that you should not have more feeling toward one client than toward another.

What is important is how you decide to deal with these feelings as they affect the therapeutic relationship. Referral to another therapist is not necessarily the best solution, unless it becomes clear that you can no longer be effective with a certain client. Instead, you may recognize a need for consultation or, at the very least, for an honest dialogue with your colleagues. If for some reason your feelings of attraction

become known to the client, it is essential that the client be assured that they will not be acted upon. If this creates a problem for the client, a referral should be discussed. Becoming a therapist" does not make you perfect or superhuman. I want to stress the importance of reflecting on what you are doing and on whose needs are primary. A willingness to be honest in your self-examination is your greatest asset in becoming an ethical practitioner. As was mentioned earlier, it is always good to keep in mind whether you would act differently if your colleagues were observing you. And be aware that you will be held responsible for your actions and legal action could be taken against you when it is established that boundary violation has occurred.

REFERENCES

- American counseling Association (2005), *Code of Ethics*, Alexandria, VA, Author.
- American Psychological Association (2002), Ethical Principles of Psychologists and code of conduct. *American Psychologist*, 57 (12), 1060 -1073.
- Barnett, J.E., & Johnson, W.B. (2010). *Ethics desk reference for counselors*. Alexandria, VA: American Counseling Association.
- Barnett, J. E. Lazarus, A. A. Vasquez M. J. T. Moorhead - slaughter, O. & Johnson, W.B. (2007). Boundary Issues and multiple relationship: Fantasy and reality. *Professional psychology: Research and practice*, 38(4), 401 – 410.
- Borys, D.S. (1994). Maintaining therapeutic boundaries: The nature is the therapeutic effectiveness, not defensive practice. *Ethics and Behaviour*. 4(3) 267-273.
- Casta, C. Caldwell, C. & Salazar, C. E. (2005) creating Mentoring relationship between female faculty and students in counselor education: Guidelines for potential mentees and mentors. *Journal of counseling and Development*, 83 (3) 331 -336.
- Gabbard, G, O (1994) Teetering on precipice: A commentary on Lazarus How certain boundaries and ethics diminish therapeutic effectiveness. *Ethics and behavior*, 4(3), 283-286.
- Graham S.R. & Little B.J. (2009), Multiple relationships encountered by lesbian/bisexual Psychotherapist; How close is too close? *Professional Psychology: Research and Practice*, 40 (1) 15 - 21.
- Greenspan, M, (1994) On professionalism. In C. Heyward (Ed). *When boundaries betray us* (pp.193-205). San Francisco, CA: Harper Collins.
- Greenspan, M. (2002). Out of bounds. In A.A. Lazarus & O.Zur (Eds), *Dual relationships and psychotherapy* (pp.425-431). New York: Springer
- Gutheil, T.G. & Gabbard, G.O (1993). The concept of boundaries in clinical practice: Theoretical and risk management dimensions. *American journal of Psychology*. 150(2)186-196.
- Herlihy, B Corey, C. (2008). *Boundaries in counseling Ethical and clinical issues. Ethical issues in professional counseling* 11(2) 13 - 24 (Published by the Hatherleigh company, Habert, New York.
- Herlihy, B. & Corey, G (2006b). *Boundary issues in counseling Multiple role and responsibilities* (2nd ed), Alexandria, VA American Counseling Association.
- Koocher .G.P. & Keith-Spiegel. P. (2008). *Ethics in psychotherapy and the mental health professions: Standard and cases* (3rd ed.) New York: Oxford University.

- Lamb, D. H. Cactanzaro, S.J O&Moorman,A.S(2004).A Preliminary look at how psychologist identify, evaluate , and proceed when faced with possible multiple relationship dilemmas. *Professional psychology and Research and Practice*, 35(3) 248 – 254.
- Lazarus, A, A, & Zur.O (Eds) (2002) *Dual relationship and psychotherapy*. Newg Your spriner.
- Moleski, S, M & Kiselica, M.S (2005), Dual relationships: A continuum ranging from the destructive to the therapeutic. *Journal of counseling and developing* .83(1) 3 - 11.
- Orchin .J. (2004).Taking therapy outdoors: How to use nature to get tough cases unstuck. *Psychotherapy Networker* 28(6).27-28.
- Pope, K.S., Sonne, J.I., &Holroyd, J. (1993) *Sexual feelings in psychotherapy: Exploitations for therapist and therapist in training*. Washington DC: American Psychological Association.
- Warren, E, S (2005) Future colleague or convenient friend. The ethics of mentorship: *counseling and values*, 49(2) 141-146.
- Younggren, J.N., & Gottlieb, M. C (2004) Managing risk when contemplating multiple relationships. *Professional Psychology Research and Practice*, 35(3), 255-260.
- Younggren. J. N & Gothlieb, M. C (2004) managing risk when contemplating multiple relationship. *Professional Psychology Research and practices* .35(8), 255-260.
- Zur, O, (2007) *Boundaries in psychotherapy; Ethnical and clinical explorations*, Washington DC: American Psychological Association.
- Zur, O. (2008), *beyond the office walls: Home visits, celebration, adventure therapy incidental encounters and other encounter outside the office walls*. Retrieved may 10, 2009 from <https://www.zurinstitute.com/out office experiences.html>.