

Analysis of Multiple Relationships as Experienced by
Marriage and Family Therapists Who
Counsel Members of Their
Religious Community

by

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ABSTRACT

This research study looks at how marriage and family therapists who are active in a religious congregation and have clients that attend the same congregation evaluate and manage multiple relationships. The literature review included in this paper provides a look at current views of multiple relationships as well as working models provided by authors to be utilized by therapists in their practice.

Thirteen marriage and family therapists completed an online survey used to explore their experiences with multiple relationships. The participants shared information regarding their process for analyzing multiple relationships, protecting themselves and their client, and as well as the effect their religious beliefs have on multiple relationships. Outcomes from this research will provide therapists an understanding of multiple relationships in church settings as well as useful tools for application to their own practice.

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Chapter I: Introduction

The American Association of Marital and Family Therapy (AAMFT) has provided a caution to marriage and family therapists to avoid exploitative multiple relationships with clients (AAMFT, 2001). However, many therapists find that they are faced with scenarios in which a multiple relationship is unavoidable. Operating as a therapist in a large city, or even operating as a therapist in a town separate from where one lives provides some boundary for the therapeutic relationship to remain the sole relationship. However, for therapists who operate in a rural setting or in a religious congregation, it is necessary to continually monitor any relationship that is separate from the therapeutic relationship. The AAMFT does not provide a model for how a therapist can navigate the ethical dimensions of multiple relationships.

The purpose of this study was to examine the experiences of marriage and family therapists who service clients from their own religious congregation. This research explored how therapists in this setting define a multiple relationship, how they evaluate the potential for a relationship outside the therapeutic relationship, how their religious beliefs impact their view of multiple relationships, and how their professional peer relationships affect their views and their process in managing multiple relationships.

Statement of the Problem

Managing multiple relationship scenarios carries a burden that leaves it to the therapist to determine the possibility of harm to the client. The AAMFT has provided cautions and some guidelines for navigating multiple relationships (AAMFT, 2001), but the therapist is ultimately responsible for his or her actions in regards to multiple relationships. For therapists who work in and are active in a religious congregation, the

possibility for multiple relationship scenarios is potentially unavoidable. How do these therapists assess possible multiple relationships, how do they manage these multiple relationships, and what steps are necessary to ensure they are operating in the best interests of their client?

Purpose of the Study

The goal of this study is to share real world experiences of marriage and family therapists and how they analyze and manage multiple relationship scenarios. Data collected through an 11 question online survey uncovered a number of themes and quotations will be used to share these responses. These experiences are meant to provide a working knowledge of the evolving conversation regarding the ethical dilemmas of multiple relationships. Various models have been provided by researchers and therapists in the field, but a singular solid working model has not yet been adopted by the AAMFT, thus leaving the availability of a decision-making model up to the research of each therapist. This study will provide therapists with an overview of multiple relationships as experienced by therapists in the field.

Assumptions of the Study

It is assumed that therapists do not receive direct training in their education on how to analyze, manage, and pursue multiple relations with a client. It is further assumed that there is no clear template produced or approved by the AAMFT for assessment and management of multiple relationships by marriage and family therapists.

Definition of Terms

Multiple relationship. For purposes of this research project, multiple relationship shall mean any scenario where a therapist has one or more relationships with a client

besides a therapeutic relationship. For instance, a therapist has a client they also know from being part of committee together. The term 'multiple relationship' has previously been known as 'dual relationship' in the psychotherapy fields. When analyzing the data collected, part of that process is to find out how therapists define multiple relationship. In that section, their definitions may be different than that used by the author.

AAMFT. American Association for Marriage and Family Therapy. The AAMFT is the professional association for the field of marriage and family therapy.

Summary

The following chapters will look at current literature regarding multiple relationships. The current literature provides a base for understanding various working models provided by authors meant to assist therapists in their analysis of multiple relationship scenarios as well as conversations regarding the ethics of multiple relationships. Following the literature review, a thorough presentation of the methodology used to gather data and specific examples from data collected will be provided. The final chapters evaluate and present the data for interpretation and discussion.

Chapter II: Literature Review

The focus on multiple relationships in the AAMFT Code of Ethics has changed in recent years from forbidding these relationships to issuing caution for therapists partaking in a multiple relationship. The current AAMFT Code of Ethics (2001) states:

1.2 Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

The Code of Ethics does not define what "appropriate precautions" means and how a therapist should proceed. There is a consensus that the therapist's job is to do good, not harm, but human tendency is to misuse power (Geyer, 1994; Hill & Malamakis, 2001; Humphrey, 1998; Llewellyn, 2002; Merrill & Trathen, 2003; Parent, 2003; Tomm, 2002; Zur & Lazarus, 2002). With this tendency towards misuse of power, the job of doing good may be more difficult than it seems.

The AAMFT Code of Ethics (2001) added a guideline for therapists facing a potential multiple relationship. In section 1.7, the code of ethics references the concept of using the therapist's power or professional relationship, to benefit the therapist's interests. The Code of Ethics states, "Marriage and family therapists do not use their

professional relationships with clients to further their own interests” (1.7). The Code of Ethics states parameters that may pertain to 1.7 when it says,

7.6 Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

This statement in the AAMFT Code of Ethics is an addition from the previous version, which was published in July of 1998. The current Code of Ethics now allows for the possibility of bartering, which is related to 1.7 and provides guidelines for a therapist to avoid the opportunity to use their professional relationships for personal gain. In this instance, the AAMFT has given marriage and family therapists specific parameters in which they can allow bartering of services. With regard to multiple relationships, bartering is allowed within the therapeutic relationship by operating within the parameters established in the Code of Ethics.

Zur and Lazarus (2002) present six reasons for concern regarding multiple relationships: unclear boundaries, the “slippery slope,” exploitation and abuse of power, transference issues, professional risk, and outside interaction. Others have agreed with Zur and Lazarus that boundary definition, or role confusion, can create problems when not adequately addressed (Geyer, 1994; Humphrey, 1998; Parent, 2003). Gottlieb (1993) indicates a conflict of interest will arise when the role of therapist is incompatible with another role outside the therapeutic relationship. It is recommended that therapists take initiative to discuss roles and boundaries with clients where multiple relationships may

develop (Geyer, 1994; Humphrey, 1998; Parent, 2003; Zur & Lazarus, 2002). Because the AAMFT Code of Ethics (2001) does not define what “appropriate precautions” entails, a therapist must navigate carefully and work to define roles and boundaries in collaboration with their client (1.2).

The notion of a slippery slope describes the propensity of therapists to foster unhealthy or harmful relationships when strict guidelines are not adhered to (Zur & Lazarus, 2002). This argument is based on the claim by Pope (1990) that nonsexual relationships cultivate the conditions for a more harmful, sexual relationship. Zur and Lazarus (2002) refute this claim, saying that boundary crossing (partaking in a nonsexual multiple relationship) does not inevitably lead to boundary violations.

Multiple relationships can lead to the potential for abuse of the power that therapists obtain when a client walks through their door (Geyer, 1994; Humphrey, 1998; Parent, 2003; Zur & Lazarus, 2002). Geyer points to the reality that a therapist holds information that the client has offered in confidence because he or she trusts the therapist. Being in this position increases the power a therapist has over his or her client. Zur and Lazarus explain that there are many relationships with considerable differences in power that are not exploitative. Further, the potential problem of abuse or exploitation rests in the person, not in the relationship. A therapist who is aware of his or her susceptibility to abusing power may be able to manage his or her tendency through supervision and peer consultation.

Transference issues are relevant because the therapist must not offer the client the opportunity to see any weakness in the therapist, a possibility that may evolve in a multiple relationship scenario (Zur & Lazarus, 2002). The rebuttal to this argument is

that there is potential benefit that may come from experiencing multiple relationships, leading to an enhanced therapeutic relationship.

When a therapist is left to develop his or her own process for taking “appropriate precautions,” they leave themselves open for critique and judgment by ethics boards and the law, which may perceive the individual therapist’s multiple relationships differently (AAMFT, 2001). This is why Zur and Lazarus (2002) describe self-prescribed risk management as a potential danger for therapists in multiple relationships. Through consistent peer consultation, legal consultation, and/or supervision, a therapist can, and should, document his or her steps in taking precautions to protect his or her clients and his or her professional self when multiple relationships are present.

Zur and Lazarus (2002) end their discussion of multiple relationships by describing the potential invasion of privacy and breach of confidentiality that interaction with clients outside the office may bring. They propose that outside interaction may sometimes be beneficial to the therapeutic relationship, depending on the therapist’s theoretical orientation.

There is a special acknowledgement of the potential for multiple relationships for therapists practicing in a church where they may be unavoidable (Geyer, 1994; Gottlieb, 1993; Haug & Alexander, 1998; Llewellyn, 2002; Parent, 2003). This is because therapists who are active in the church in which they serve as therapists are unable to avoid outside interaction with clients. Haug and Alexander point to the effect of shared beliefs and values as well as that of financial reasons for the increased likelihood of multiple relationships for therapists within a church setting. Geyer states that the danger

of “isolation of professionals” (p. 190) can become a problem if the therapist views ethical guidelines of multiple relationships as negative or restrictive. Llewellyn continues a discussion of what she calls “demonization of dual relationships” in which therapists are not open about their outside interactions because of the question of shame surrounding multiple relationships. This leads to dangerous ethical and boundary issues for the therapist.

Hill and Malamakis (2001) provide a model for marriage and family therapists to utilize when they must evaluate a potential multiple relationship with a client. They describe three levels: professional ethics codes and legal guidelines, theory of therapy, and context and relationships. Professional ethics codes and legal guidelines are defined for marriage and family therapists by the AAMFT Code of Ethics (2001) and by laws and case precedent in the community in which they practice. Hill and Malamakis recommend a therapist consult with an attorney and his or her peers or supervisors about potential multiple relationships to avoid penalty and harm to his or her client. Theory of therapy refers to the therapist’s preferred theory in practice. The therapist must evaluate if multiple relationships are consistent with his or her theory of choice. Finally, context and relationships refer to therapist factors that include boundary clarification, risk of exploitation, and religious community’s beliefs. The third level also takes into account client factors like boundaries, presenting issues and degree of vulnerability, severity of presenting issues, and the client’s comfort with a multiple relationship.

Richards and Bergin (1997) look at the specific impact of multiple relationships in a religious community. They make the claim that a therapist should avoid seeing clients who are in a leadership role within the religious setting because of boundaries

being easily violated, the inability to provide adequate safety for the client to disclose his or her concerns, the increased potential for conflict of interest, and the possibility that both the therapist and religious leader will need to work together within the congregation.

Richards and Bergin (1997) also discuss the multiple relationship possibility when a therapist counsels someone within his or her congregation whom he or she refers to as a religious associate. Richards and Bergin identify the inability to avoid social connections within the congregation and identify the need for caution because the client may feel awkward in those social settings. In addition, Richards and Bergin also identify the greater risk to violate confidentiality and the possibility that the client will bring up content from the therapy session in the social setting of the congregation as reasons for concern in seeing clients from within the congregation.

Richards and Bergin (1997) list five recommendations for therapists working with clients within their religious congregation. Their first recommendation is to avoid these multiple relationships. Second, the therapist should seek consultation from a supervisor and his or her professional colleagues. Third, the therapists are responsible for identifying the boundaries of the therapeutic relationship and they should explain the risks that are associated with their potential multiple relationship. Fourth, the therapist should utilize professional consultation regularly and if at any time it is believed that the client is being harmed, the therapist should end the therapeutic relationship and refer the client to another appropriate, competent professional within the field. Finally, the professional consultation with his or her colleagues and supervisor should continue until the end of the case and ensure that the case has been thoroughly documented.

Erickson (2001) gives guidelines for therapists to use when assessing potential multiple relationships in rural settings. Like Richards and Bergin (1997), Erickson states that the multiple relationship scenarios should be avoided if possible. Erickson goes on to identify the need to weigh the risks and benefits, and if there are more risks than benefits, the therapist should decline the multiple relationship scenario. If there are more benefits, Erickson states that supervision and precise documentation will be necessary throughout the case.

Younggren and Gottlieb (2004) present a working model for therapists to evaluate and assess risk regarding potential multiple relationships. They offer questions that a therapist must ask him or herself when considering a multiple relationship in order to analyze its benefits and risks. These questions look at necessity, possible harm, potential benefits, risk to the therapeutic relationship, and ability to evaluate objectively. Once a therapist has had the opportunity to answer the questions, and he or she decides to pursue the multiple relationship, he or she then moves into a mode of managing the accompanying risks. As the counseling relationship progresses, Younggren and Gottlieb offer a further list of questions that a therapist can utilize to verify that he or she is sufficiently managing the risks of the multiple relationship scenario. The questions they prescribe for managing risk look at adequate documentation, obtaining informed consent, documenting consultation and supervision, recording of a client-centered process of making decisions, looking at credibility of consultation and supervision, matters of diagnostic issues, and analysis of relevant theoretical models from which the therapist works. According to Younggren and Gottlieb, taking these two categories of questions

and applying them to multiple relationship possibilities will support the therapist in his or her practice.

Gottlieb (1993) established a decision-making model that allows a therapist the ability to avoid exploitative multiple relationships. The first dimension within the model looks at power in relationship to the client. Gottlieb identified a spectrum that ranges from low to mid-range to high power differentials. The second dimension looks at the duration of the relationship along a continuum of brief to intermediate to long. The third dimension identifies how the therapeutic relationship was terminated on a continuum of specific (limited to a timeframe that is identified), uncertain (further contact is possible), and indefinite (no agreement on when termination will take place). By using these three dimensions and placing the therapeutic relationship on the three continua, the therapist can identify if a second possible relationship is appropriate or inappropriate. For example, a therapeutic relationship that has a high power differential, a long duration, and an indefinite termination is labeled by Gottlieb to be reason for a therapist to avoid any other relationship besides the therapeutic relationship. However, a therapeutic relationship that has a low power differential, a brief duration, and a specific timeframe for termination leans towards a possibility for exploring a relationship outside the therapeutic relationship. Relationship dimensions between these extremes must be evaluated on an individual basis.

Summary

In the literature reviewed, it is clear that marriage and family therapists need to rely on their peers and supervisors to assist them in navigating multiple relationships (Geyer, 1994; Haug & Alexander, 1998; Hill & Malamakis, 2001; Humphrey, 1998;

Merrill & Trathen, 2003; Moleski & Kiselica, 2005; Parent, 2003; Richards & Bergin, 1997; Tomm, 2002; Younggren & Gottlieb, 2004; Zur & Lazarus, 2002). With the AAMFT providing no clear boundaries or decision-making tools, therapists are left to their own interpretation and process for managing multiple relationships. It is important to note that, in the end, one particular multiple relationship scenario can be deemed a boundary violation by one therapist and beneficial by another (Moleski & Kiselica, 2005). Essential factors for assessing and managing multiple relationships begin with adequate assessment, proceed with informed consent, and are continued by proper documentation and supervision (Geyer, 1994; Haug & Alexander, 1998; Hill & Malamakis, 2001; Humphrey, 1998; Merrill & Trathen, 2003; Moleski & Kiselica, 2005; Parent, 2003; Richards & Bergin, 1997; Tomm, 2002; Younggren & Gottlieb, 2004; Zur & Lazarus, 2002).

The AAMFT Code of Ethics (2001) states that “therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons,” but the Code of Ethics does little to explain the precautions necessary and the exact type of situations in which exploitation may exist. In this literature review, many authors give examples of ways a therapist can analyze and allow for multiple relationships to exist with a client. As the governing body of the marriage and family field, the AAMFT has yet to endorse a means with which therapists can safely examine any multiple relationship scenarios. Instead, the Code of Ethics simply states therapists should “take appropriate precautions.” It is up to individuals to determine what “appropriate precautions” entail.

The literature presented in this review suggests there are specific scenarios that increase the probability that a therapist will encounter situations where a relationship other than the therapeutic relationship with a client will be encountered. One scenario is within the religious community. As discussed, the preference of similar beliefs and the familiarity of a therapist may lead a congregational member to approach a therapist within a congregation for counseling. This research will explore what happens when the concepts of faith and ethicality meet in the context of multiple relationships.

Chapter III: Methodology

This study is concerned with how marriage and family therapists who are active in a religious congregation and also see members of their congregation as clients analyze, pursue, and experience multiple relationship situations when one of them is a therapeutic relationship. The findings of this analysis are meant to increase the knowledge and understanding of multiple relationships in regard to practicing in the field of marriage and family therapy. This section discusses the research methods utilized to collect data to create an analysis of marriage and family therapists' experiences with multiple relationships.

Subject Selection and Description

The data was collected between October, 2006 and January, 2007. To find subjects for this study, email requests were sent to directors of Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited marriage and family therapy programs, inquiring about known therapists working within a congregational setting.

A search was conducted of state marriage and family therapy association websites to build an email database that included presidents of the associations. Adding to the database, any information discovered through the search of state websites that included a religious affiliation were included. Subjects were also added to the database by referrals from contacts known by the author.

Once the database of potential subjects was created, an email was sent out to the potential subjects asking if they met the research criteria: active marriage and family therapist, active in a religious congregation, and seeing clients who are active in the same

religious congregation. A total of 23 emails were sent to potential subjects with invitations to participate in an online survey. Thirteen of the 23 potential subjects successfully participated in an online survey. Successful participation is defined as completing every question with a full and complete answer. Three potential subjects declined to participate, one subject did not respond to the invitation, and six subjects partially completed the survey and their responses were not included in the final analysis.

The respondents who successfully participated are from across the United States. All survey respondents took part in the online survey that will be presented in the following section. To protect respondent identity, no data or quotations used throughout this research will contain any individual-specific data.

Instrumentation

A survey was developed by the author and was created with the following 11 items:

1. What percentage of your clients are active members of the congregation you serve in (estimate)?
2. What is your definition of multiple relationships?
3. What ethical and legal issues do you associate with multiple relationships?
4. How do your professional peers affect your view of multiple relationships?
5. How do your religious beliefs affect your view of multiple relationships?
6. Please describe examples of multiple relationships you have experienced.
7. Have these multiple relationships been harmful, beneficial, or indifferent?
8. What other relationships, besides therapeutic, have you encountered with clients?

9. How do you prepare for seeing clients who are members of the congregation?
10. What process do you go through to evaluate potential multiple relationships?
11. How does your religious affiliation affect your evaluation of multiple relationships?

Data Collection Procedures

The 11 question survey was administered through SelectSurvey located on a server through the University of Wisconsin – Stout (UW-Stout). Respondents were given a web link to log in anonymously and complete the survey via the internet. All survey responses were collected online through a secure log-in process that was available only to the researcher.

Data Analysis

The qualitative data was analyzed using concepts described by Strauss and Corbin (1990). This process began with open coding which consisted of categorizing data and coding to find similar themes and properties. Second, axial coding created the opportunity to collate the data in ways that combined similar themes and categories. Finally, to extract a story line, selective coding allowed for the process of identifying and incorporating patterns and finding validating and conflicting statements of relationships (between data).

Limitations

There is not an accessible database to determine which marriage and family therapists are active in a congregation and also see clients in that congregation. Since a database does not exist, and because this research lacked the resources for a thorough mailing to find subjects, the search for potential subjects was limited to the willingness of

state associations and department chairs of marriage and family therapy education sites to email their MFT database. Some associations or department chairs were unwilling to forward my invitation due to email list rules that restrict such invitations. With more resources, a thorough search would likely have revealed more individuals who meet the research requirements. The ability to provide a mailing to an AAMFT database would be more effective at producing potential subjects.

Chapter IV: Results

This study is intended to provide readers with a look at how marriage and family therapists experience real multiple relationships. The fact that there is not a strict model for which therapists can depend on for guidance provides a grey area that leaves them vulnerable to their own judgment. Throughout the research on this topic, it has become evident through emails and conversations that the field of marriage and family therapy differs from other psychotherapy fields because the focus of therapy is primarily on relationships. Taking into account that most marriage and family therapists feel the therapeutic relationship is primary; taking the step towards a different kind of relationship is one that may cause anxiety and caution. The goal of this research is to provide content and context for marriage and family therapists to add to their consideration of multiple relationships when analyzing their own professional situations.

Item Analysis

The data that has been gathered comes from 13 marriage and family therapists located in the United States. They are active therapists who are active in religious congregations from which they also see clients. Seven of the 13 therapists polled listed 0-20% of their clients seen as members of their religious congregation, five listed 41-60%, and one listed between 61-80%.

The implementation of various coding tools described in the previous chapter produced four categories: (1) view of multiple relationships; (2) analysis of multiple relationship scenarios; (3) impact of religious beliefs on multiple relationships; and (4) preparation and protection in multiple relationship scenarios. These four categories

provide a framework for sharing and evaluating the experiences of these marriage and family therapists.

View of Multiple Relationships

In defining multiple relationship, every participant referred to a separate relationship in addition to the therapeutic relationship. Some examples of relationships they defined were business partner, friend, family, co-worker, classmate, and fellow church member. Three participants added words that implied a cautionary tone:

“Relationships complicated on more than one level that cause you to compromise your authentic response...” and “Conditions and relationships that could impair professional objectivity or increase the risk of exploitation.” One participant noted the “...power differentials that are both structural and process oriented.”

Every participant identified outside influences by peers of his or her profession. Six participants identified what is considered a positive impact by their peers. Such positive traits were identified as “encourage personal assessment...using the ‘do no harm’ as the ideal,” “...encourage high ethical standards and support me in maintaining these standards,” and “they are a good sounding board...I meet monthly with a small group of trusted peer colleagues.” Three participants identified either neutral feelings of influence or a change in their view of multiple relationships due to peer influence. One participant quantified peer influence as, “Not at all other than upholding our code of ethics.” Another participant noted a change from “... (being) very aware of dual relationships and to be cautious of them” to “recent articles in...has opened my mind to different possibilities...”

There were four participants that listed a negative response to their peer influence on multiple relationships. One participant noted, "Some (peers) have such a strict aversion to dual relationships it seems to discount my capacity for humanness and compassionate compartmentalization. I tend to avoid conversing with such peers and consider their view too rigid." Other participants stated that their agency "highly discourage(s)" multiple relationships or forbids them.

Analysis of Potential Multiple Relationships

Common themes found in analyzing potential multiple relationships include cost/benefit analysis, checking in with the client, self analysis, and seeking assistance from professional peers. Many participants acknowledge that they take time to analyze the power differential in the therapeutic relationship and apply it to any relationship outside of therapy. Issues of crossing boundaries, exploiting the client, misuse of power, and intimidation are used to analyze receiving a new client the therapist already knows or pursuing a relationship outside the therapeutic relationship already established. In the data, participants noted that if the goal of therapy is not for self-improvement, or if the benefits are outweighed by the possible risks, they refer the client to another therapist. One therapist noted that, in this therapist's perspective, the AAMFT Code of Ethics lists multiple relationships as "unethical." This therapist identified the unique power differential in the therapeutic relationship.

Four participants noted that an important asset to the therapeutic relationship and to other relationships outside of therapy, is an open dialogue with the client about his or her thoughts, feelings and perceptions of the multiple relationships. A participant said, "I discuss them openly with the client from the beginning, and we mutually bring up factors

that we both see as they arise and discontinue and refer (to another therapist) as the setting dictates.”

Many participants listed their analysis of themselves as essential to evaluating potential multiple relationships. “I examine my relationship with the party in light of my personal therapeutic issues and my ability to be personally and professionally authentic,” said one participant. Another participant stated, “I ask myself if my objectivity is impaired by any information I have or contact I have made with the client or family member of the client.” One participant revealed they look at the percentage of communication in therapy. For one participant, if the conversation centers more on “deepening some type of secondary relationship with my client,” then a refocus back to the issues or a referral is necessary.

Finally, two participants listed outside peer consultation or supervision in analyzing potential multiple relationships as an asset to adequate analysis. “I use contacts/supervision to check on what my thought process is,” said one participant. These two participants allowed for the possibility that they may not have an unbiased view of the scenario.

Impact of Religious Views

Religious views of the therapist were identified as having influence on their view of multiple relationships. One participant noted, “There is a conflict between professional counseling and ministry in these types (of) relationships.” The data shows a viewpoint held by some therapists with religious beliefs that their clients are more like “family” than clients. Participants noted that they “treat them most carefully” because of their view of people and clients in general. Participants revealed their religious views led them to a

concept of loving all those around them more fully which translates into the therapeutic relationship. A participant noted a perception of Jesus Christ in saying "...I see Him engaging in multiple relations yet he had impeccable integrity and treated everyone as a full and complete human being with love." This participant claimed this image as a "prototype" for engaging with people. As a result of the perceptions that clients are to be treated with love along with the influence of religious views, participants noted their openness to multiple relationships and indicated a sense of obligation to see clients who are members of the same congregation because of their shared religious beliefs. For some participants, their religious affiliation or their religious faith made them more likely to pursue a multiple relationship. One participant noted feeling wary of what advice a client might hear if he or she was referred to someone that is not from the same religious congregation.

In evaluating multiple relationships, one participant noted that shared religious views allow one to take on a greater risk in pursuing a multiple relationship. This concept was reflected by another participant, "... (My beliefs) make my interpretation of multiple relationships much more lenient than someone who is not in my position as a minister and therapist." The perception of a shared faith is displayed in this comment by a participant, "I believe I can counsel and minister to people and have cordial appropriate relationships that also allow God to work in those relationships."

There is another thought pattern displayed by four participants that reflects indifference between clients from the congregation or outside the congregation. These participants said, "Hopefully it wouldn't be different from any other client." Three participants noted that the AAMFT Code of Ethics is their governing article and they

approach every multiple relationship from an ethical perspective. One participant stated that it is not religious beliefs, but rather that he is "...spirit filled, I do not minister that way to persons who are filled or don't believe in it." This participant noted the level of spiritual affiliation dictates his course of therapy.

Preparation and Protection

Informed consent is listed in some regard by 10 of the 13 participants. They describe the necessity of explaining the therapeutic relationship, confidentiality, and setting the stage for contact outside the therapy setting. One response reflected several times from the participants is that they tell their clients they will not acknowledge the client in public unless the client approaches them first. Also, as necessary, participants acknowledge sharing information about the AAMFT Code of Ethics.

"Knowing where appropriate boundaries are is critical to having these multiple relationships. Keeping those boundaries as part of the goals of therapy and always in plain sight is necessary as well," said one participant. Further, it was stated that proper documentation of these boundaries and of the therapy timetable helps to keep the therapeutic relationship within appropriate limits. This also helps protect any other relationship outside of the therapy setting.

Adding prayer to the dimension of preparation and protection was listed by one participant. Other participants identified their shared religious beliefs and faith as a cornerstone to protecting the therapeutic relationship.

One participant identified the need to prepare office staff for therapy sessions in which a congregation member is being seen. This participant labeled reviewing confidentiality, privacy issues, and remembering not to talk about the client in the

congregation as important elements to maintaining a practice that is open to seeing congregational members.

Chapter V: Discussion

It is evident that every therapist will hold his or her own view of multiple relationships. Some may err on the side of caution and simply avoid them altogether, some may see more benefits to the therapeutic relationship, and some may feel that the power differential is too great. Whatever the thoughts of the therapist, the AAMFT has provided a word of caution in 1.3 of the Code of Ethics (AAMFT, 2001) and has set specific parameters regarding sexual relationships and bartering. This research has provided shared experiences of therapists and their process of engaging in multiple relationships with clients in order to provide marriage and family therapists the opportunity to listen, compare and contrast, and make use of the findings.

The relationship between religious beliefs and ethical regulations is combined, compared and analyzed for the therapists in this study. As some participants stated, their religious beliefs affect their decisions regarding multiple relationships. Given the statements by some research participants, it appears that there may be instances when ethical considerations are not upheld to the fullest. This concern stems from participants stating that they are more likely to take risks if they share beliefs. Granted this is not a widely accepted view by all participants, and should not be taken as such, but the decision to follow the Code of Ethics first and foremost does not appear to be a primary consideration among therapists who counsel congregational members.

Based on the information received in the literature review, and based on the feeling of some participants that their peers hold negative views of multiple relationships, a legitimate concern is the issue of therapist isolation. If a therapist believes his or her peers will not support his or her decisions regarding multiple relationships, he or she may

intentionally avoid reaching out to his or her peers for support and advice. If this happens, a therapist is at risk by isolating him or herself from objectivity and adequately processing the situation. In this case, a therapist is best served by pursuing supervision outside of the congregation context to find an unbiased perspective.

Recommendations

As a licensed marriage and family therapist (LMFT), a person is bound to the guidelines set forth by the AAMFT. Some therapists may experience discord between their beliefs or values and the guidelines set forth by the Code of Ethics (AAMFT, 2001). However, a therapist must operate within the parameters of his or her license in order to ensure that the protection and respect of the client is the first priority. Regardless of any conflict in beliefs or values, the Code of Ethics must be the guiding principal for an LMFT. Therapists who have the potential to engage in multiple relationships with clients should take measures to protect both themselves and the client, regardless of religious beliefs.

In researching the literature reviewed for this research, and in considering the responses from the participants in this research, there are certainly valid and available means by which a therapist can successfully evaluate and manage multiple relationships. The key components that have been identified are self evaluation by the therapist, informed consent, comprehensive documentation, and peer consultation and supervision. Until the AAMFT adopts a formal decision-making process, it is up to each therapist to identify his or her preferred means for evaluating and managing multiple relationships, unless he or she chooses to rule them out from the beginning.

Self evaluation is not easy and is often overshadowed by personal feelings. In order to adequately evaluate a multiple relationship, the therapist must be able to view the situation objectively to ascertain the possibility of any conflicts of interest, exploitation, or potential misuse of power. The process of self evaluation may include peer consultation or supervision based on the therapist's ability to look at the situation with appropriate perspective.

Informed consent is part of a process a therapist utilizes to ensure his or her client is aware of what is involved in therapy, what potential risks exist, and understands his or her responsibilities as a client. As part of informed consent, addressing the potential for other relationships is advised. In this process, some therapists may describe to their clients how a potential social meeting may transpire, as well as inquire how the client feels about the possibility of other relationships. If a client already has a relationship outside the therapy setting with the therapist, creating a working plan to protect both the client and the therapist may be necessary. When a client comes to therapy without knowing the therapist, addressing multiple relationships may wait until that situation arises.

The most important aspect of protection for a therapist in a multiple relationship with a client is documentation. Adequate documentation requires keeping detailed notes about treatment and how the client's goals are being addressed. Documentation must also include how the client is being protected throughout therapy and in social settings. Supervision and peer consultation should also be documented in order to verify that the therapist is holding the therapeutic relationship and treatment goals as primary to any other relationship.

Supervision and/or peer consultation is essential to protecting a therapist when dealing with multiple relationships with clients. The AAMFT Code of Ethics (2001) does not tell a therapist the steps to take to protect the professional self or the client; therefore, it is up to the therapist to ensure his or her own protection. A therapist protects him or herself by striving to see a multiple relationship in its entirety; an act that often is not possible without an unbiased, outside perspective. The AAMFT requires its approved supervisors to receive mandatory training in order to assist therapists in case consultation. Cases in which a therapist and client are in, or could be involved in multiple relationships are benefited by supervision to decrease the possibility of exploitation of, or damage to the client.

Supervisors must be amenable to assisting their supervisees in navigating multiple relationships. Supervisees may be timid about multiple relationships when reading the AAMFT Code of Ethics (2001). Listening for language that describes potential multiple relations is important, as is inviting supervisees to feel comfortable processing his or her situation. A supervisor must also be knowledgeable about current research applicable to multiple relationships. If a supervisor believes multiple relationships are unethical, he or she may indirectly (or directly) create anxiety or embarrassment for his or her supervisees. It is essential that supervisors uphold a supportive, ethical relationship with supervisees. This is especially important when it involves issues as potentially sensitive as multiple relationships.

Multiple relationships still needs more research. Across the mental health field are differing opinions on whether more (or any) benefits than concerns exist. Determining the spectrum of beliefs on multiple relationships can help the field evaluate not only the

ethical appropriateness of multiple relationships, but also a healthy process a therapist can utilize in managing multiple relationships. This author recommends a more complete analysis of the field to determine the effects of multiple relationships on the therapeutic process. Furthermore, it is recommended that the field of marriage and family therapy develop a clear, working model for a therapist to utilize and operate knowing he or she is supported in managing multiple relationships

References

- AAMFT. (2001). *AAMFT code of ethics*. Washington, DC: American Association of Marriage and Family Therapy.
- Erickson, S. H. (2001). Multiple relationships in rural counseling. *Family Journal, 9*(3), 302-304.
- Geyer, M. C. (1994). Dual role relationships and Christian counseling. *Journal of Psychology & Theology, 22*(3), 187-195.
- Gottlieb, M. C. (1993). Avoiding exploitive dual relationships: A decision-making model. *Psychotherapy: Theory, Research, Practice, Training, 30*, 41-48.
- Haug, I., & Alexander, C. (1998). Dual relationship issues among clergy therapists. In G. W. Brock (Ed.), *Ethics casebook* (pp. 157-163). Washington, DC: American Association for Marriage and Family Therapy.
- Hill, M. R., & Mamalakis, P. M. (2001). Family therapists and religious communities: Negotiating dual relationships. *Family Relations, 50*(3), 199-208.
- Humphrey, F. (1998). Dual relations. In G. W. Brock (Ed.), *Ethics casebook* (pp. 144-155). Washington, DC: American Association for Marriage and Family Therapy.
- Llewellyn, R. (2002). Sanity and sanctity: The counselor and multiple relationships in the church. In A. A. Lazarus, & O. Zur (Eds.), *Dual relationships and psychotherapy*. (pp. 298-314). New York: Springer.
- Merrill, T. H., & Trathen, D. W. (2003). Dual role relationships: Toward a greater understanding in the church-based setting. *Marriage & Family: A Christian Journal, 6*(1), 69-77.

- Moleski, S. M., & Kiselica, M. S. (2005). Dual relationships: A continuum ranging from the destructive to the therapeutic. *Journal of Counseling & Development, 83*(1), 3-11.
- Parent, M. S. (2003). Managing multiple role relationships. *Journal of Psychology and Christianity, 22*(1), 59-63.
- Pope, K. S. (1990). Therapist-patient sex syndrome: A guide to assessing damage. In E. A. Margenau (Ed.), *The encyclopedia handbook of private practice* (pp. 687-696). New York: Gardner Press.
- Richards, P. S., & Bergin, A. E. (1997). Ethical issues and guidelines. *A spiritual strategy for counseling and psychotherapy*. (pp. 143). Washington, CD: American Psychological Association.
- Strauss, A. L., & Corbin, J. M. (1990). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Newbury Park: Sage Publications.
- Tomm, K. (2002). The ethics of dual relationships. In A. A. Lazarus, & O. Zur (Eds.), *Dual relationships and psychotherapy*. (pp. 32-43). New York: Springer.
- Younggren, J. N., & Gottlieb, M. C. (2004). Managing risk when contemplating multiple relationships. *Professional Psychology: Research and Practice, 35*(3), 255-260.
- Zur, O., & Lazarus, A. A. (2002). Six arguments against dual relationships and their rebuttals. In A. A. Lazarus, & O. Zur (Eds.), *Dual relationships and psychotherapy*. (pp. 3-24). New York: Springer.