

FRESH LEGAL PERSPECTIVES:
PSYCHOLOGISTS IN DUAL RELATIONSHIPS

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The ethics of professional conduct in American society are being questioned and challenged by clients and consumers as never before in our history. Whether the psychologist's interests lie in a small community practice, large group counseling efforts, funded research programs, or the academic classroom, psychologists today are faced with a broad range of contemporary ethical issues. Those ethical concerns range from charging appropriate fees to third parties, maintaining client confidential records and information, to conducting academic research involving students and colleagues. In each professional scenario there exists a potential problem of multiple role relationships; the blending of professional roles and personal needs of the psychologist.

Mental health service providers are increasingly criticized for disregarding the rights of their clients and the public interest / trust bestowed on them by the state licensure process. Clients who pay for counseling or diagnostic services have become increasingly aware of legal remedies available to them when they feel a psychologist seems to have engaged in what they consider to be an unethical dual relationship.

The issue of boundary violations in counseling and psychotherapy is now a serious matter of scientific research, state and regional legislation, and contentious litigation. Ethics complaints based on multiple professional role confusion continue to increase in the nature and variety. For example, a report of complaints received by the American Psychological Association (APA) Ethics Committee from 1990 through 1992 revealed approximately 40% to 50% of all complaints to that committee involved dual relationships. (See Table 1 page 9) It is significant that Sonne (1994), reported that involvement in dual relationships was the most frequent cause of termination from APA.

In his discussion of dual relationships, Gabbard (1994), made reference to the famous American psychologist H.S. Sullivans' comments on the difficulties of maintaining clear and ethical boundaries. "Harry Stack Sullivan . . . once observed that psychotherapy is a unique profession in that it requires therapists to set aside their own needs in the service of addressing the patient's needs. He further noted that this demand is an extraordinary challenge for most people, and he concluded that few persons are really suited for the psychotherapeutic role. Because the needs of the psychotherapist often get in the way of the therapy, the mental health professions have established guidelines, often referred to as *boundaries*, that are designed to minimize the opportunity for therapists to use their patients for their own gratification" (p. 283). It is clear that psychologists often have an advantage of personal and professional power over the people they work with, especially when they are therapy clients, employees, students or academic interns.

The purpose of this article on multiple relationships and conflict of interest issues is to bring into sharp focus the potential danger for unethical behavior and psychological malpractice generated by such relationships. As the author brings a fresh legal perspective to help psychologists establish clear ethical standards and provide ethical guidance regarding dual relationships, he will present information on three fundamental questions: 1) What actually are dual or multiple relationships? 2) When do dual relationships constitute unethical or illegal behaviors? 3) What can Florida psychologists do to manage the risk of exposure to potentially problematic multiple role relationships?

WHAT ARE DUAL OR MULTIPLE RELATIONSHIPS?

The clarity of thought and understanding in this article will be enhanced by developing a working vocabulary of legalistic terms and concepts associated with dual role and multiple role relationships. The author finds the following two terms especially important to a dialogue on multiple relationships:

- A. **FIDUCIARY DUTY - FIDUCIARY RELATIONSHIP**

This concept applies when the psychologist is placed in a position of special or unique trust and accepts a professional duty for the benefit of their client. For psychologists, it means an ethical duty to place a client's interests and needs before those of the therapist. A fiduciary relationship is where one individual has a duty to act in good faith and honesty for the benefit of the other party. In Florida, the fiduciary duty to act with good faith towards the client is created by the voluntary act of seeking state licensure as a psychologist. Florida Statutes (FS) Chapters 490 and 491 impose a fiduciary relationship on all mental health service providers.

B. CONFLICT OF INTEREST

This term is used to describe the situation in which the private financial interests of a public official or fiduciary agent will benefit by the influence of their unique position of trust. In a conflict of interest situation, the individual uses a professional office to enhance the private interest of the fiduciary agent. For example, a psychotherapist who conducted therapy with the spouse of a successful stock broker and thereby gained insider stock trading information, would have created a conflict of interest for himself and his client. The APA (1992) code of ethics, FS chapters 490 and 491, and Florida Administrative Law Code (FALC) Chapter 90, all state strong admonitions and prohibitions against conflict of interest situations for Florida psychologists. When a client discovers a harmful conflict of interest situation with a psychologist, a lawsuit is likely to result. A paradigm displaying some of the emotional needs to be met by psychologists who participate in dual relationships is offered below. (See Table 2 page 10)

MULTIPLE OR DUAL RELATIONSHIPS DEFINED

Dual relationships are relatively easy to define, but they are much more difficult for psychologists to conceptualize in their professional behavior and practice. Psychologists can function in any professional roles consistent with their education and training, such as teacher, researcher, supervisor, I / O performance management evaluator, employer, therapist, forensic evaluator, or as an expert witness for the courts. These roles are all appropriate for the practicing psychologist. However, when the psychologist assumes more than one of those roles simultaneously, dual role conflict may arise. The degree to which multiple relationships may be problematic for the psychologist would depend on certain dynamics operating within the professional relationship (see Pope, 1994, Pope & Vasquez, 1998).

Sonne's (1994) comprehensive definition of multiple relationships includes those situations in which the psychologist functions in more than one professional relationship, as well as those in which the psychologist functions in a professional role and another definitive and intended role. She points out that multiple relationships may be concurrent or consecutive.

The author's working definition of a dual relationship is: a dual relationship exists when there is a combining of incompatible professional roles and behavior, to the detriment of someone to whom the psychologist owes a fiduciary duty. It is important to keep the basic definition as simple and clear as possible. That definition reflects contemporary legislative changes and the evolution of a perspective sharpened both by in-depth reading and research on the subject, as well as participation in litigation as a state prosecutor and private defense counsel in Florida.

A historical perspective to the problems related to dual relationships can be found in the first APA ethics code. Since the publication of its first ethics code in 1953, the APA has set forth a professional rule and policy governing dual relationships between psychologists and those with whom they interact in the community. The summary version of the 1953 APA ethical principle stated that a "cardinal obligation" of psychologists was to respect the "integrity and welfare" of clients and other professionals with whom they worked. The APA code admonished psychologists to avoid entering into clinical relationships with people so close that "their welfare might be jeopardized by the dual relationship." That is the first published APA code reference the author could find regarding a definition of the concept of dual role relationships, coupled with an admonition to not participate in them. However, practitioners and authorities have been debating these issues since the time of that early APA code publication.

The critics of drawing firm professional boundaries regarding multiple roles have historically contended that role blending is inevitable. They suggest that attempting to control these roles by invoking authority (e.g., ethics codes), oversimplifies the inevitable complexities inherent in the psychotherapy processes and creates a situation of defensive therapy (Clarkson, 1994). Those authors and psychologists who hold this position suggest the answer to the problem is to educate both clients and therapists about how to deal with unavoidable personal boundary violations. They contend that psychologists should be trained to understand and behave in ways that recognize exploitation of clients is always unethical, regardless of any boundary issues. These supporters argue that psychologists who remain boundary vigilant are "therapy machines" or "cookbook therapists," incapable of relating as a caring human being to their clients Koocher and Kieth-Spiegel (1998). However, Borys (1994), points out that there is no reason

consistent and clear professional role boundaries need to have an impact on a psychotherapist's warmth or empathy.

A key factor in the definition of problematic multiple relationships is the concept of risk--both to the client and to the therapist. Professional loss of objectivity and exploitation are two possible negative outcomes of role blending. Confusion, feelings of rejection or abandonment, and misinterpretation of personal communications, can also result in dual role relationships. When clients and therapists create multiple relationships that can result in a distortion of the relationship, it can bring misery and emotional pain into the lives of both.

For those and similar reasons, the APA code (1992), provides psychologists with the general proscription against multiple relationships in Ethical Standards (ES) 1.17 (a) and (b). The code states,

(a) In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party.

(b) Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific obligations when preexisting relationships would create a risk of such harm. (APA, 1992, p. 1601)

WHEN DO DUAL RELATIONSHIPS CONSTITUTE UNETHICAL OR ILLEGAL BEHAVIORS?

It helps to answer this important question by placing dual psychological relationships in perspective. During the 1980's, sexual relationships received considerable attention in professional ethics literature. It is clear that such relationships with clients, even with appropriate consensual agreement, are unethical. The issue is a breach of the fiduciary duty owed by the psychologist to act in the best interest of the client. Individual state statutes and all of the major professional ethics codes have specific prohibitions against them.

The APA Code explicitly prohibits three specific dual relationships, which involve the combination of a psychologist's professional role and the role of sexual partner. The specific proscriptions further clarify the code's delineation of when multiple relationships constitute unethical conduct. Ethical Standard 1.19 (b) states, "Psychologists do not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority" (APA, 1992, p.1602. Standard 4.05 indicates, "psychologists do not engage in sexual intimacies with current patients or clients (1992, p. 1605). In addition, Standard 4.06 states, "psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies" (1992 p. 1605). This is the first time that the Code informed psychologists of the risk of unethical multiple roles is present regardless of whether the role of professional or of sexual partner occurs first.

Florida Statutes (1997) Chapter 490 --- Psychological Services --- Section 490.0111 prohibits sexual misconduct by any person licensed under that chapter. It ends by indicating that "sexual misconduct shall be defined by Rule. That reference means Florida Administrative Law rule. A psychologist must then turn to The Florida Administrative Code (1998) (FAC), Chapter 64B19 - Psychology- 16.003, Sexual Misconduct in the Practice of Psychology, to learn about specific behavioral acts that are considered to be sexual misconduct by psychologists. It informs the psychologist that "the client shall be presumed incapable of giving valid, informed, free consent to sexual activity involving the psychologist and the assertion of consent by the client shall not constitute a defense against charges of sexual misconduct."

Interestingly, the ban on sexual contact between therapist and client extends for two years beyond termination of therapy under the APA Code. In Florida, the prohibition under FAC 16.003 (5) (a) lasts forever or in "perpetuity," despite strong legislative attempts to limit it two years." The stated legal sanctions against such behavior is a \$1,000.00 fine, license suspension or revocation. The 1992 APA Code Ethical Standard 4.05 Sexual Intimacies with Current Patients or Clients, provides for revocation of membership and a mandatory report to inform the state agency of the psychologist who violates the prohibition.

During the 1990's, nonsexual psychological dual relationships received increased ethical and legal interest. A review of the literature reveals that there is a wide range of view on when multiple role client relationships constitute unethical or illegal behavior. If you are intent on

being a conscientious professional psychologist and try to clarify your position on this issue, you will be very likely to receive conflicting advice.

Pope and Vasquez (1991), for example, argue that such relationships tend to impair the therapist's judgment, and that there is always a danger of exploiting the client because the professional occupies the more powerful position in the relationship. They hold that dual relationships blur the therapist - patient boundaries and distort the professional nature of the therapeutic relationship. Pope and Vasquez go on to detail the many rationalizations that psychologists use to justify, trivialize, and discount the responsibility for the practice of engaging in multiple roles with their clients. A brief listing of those justifications would include: 1) blocking out of the awareness of the potential for serious harm, 2) focusing on the beneficial aspects of such relationships, 3) asserting that such multiple relationships are unavoidable, 4) arguing that such practices are very prevalent in the psychological community, and 5) emphasizing the right of clients to enter into relationships of their own free choice. Pope and Vasquez (1991) further summarize their position on this topic by asserting that psychologists who espouse dual client relationships are "skillfully rationalizing and attempting to evade the professional responsibility of designing acceptable alternative approaches."

Other authors who write on dual relationships take a much more moderate view of the problem and see the entire discussion of multiple relationships as subtle professional dilemmas. After reviewing the literature on dual relationships, Herlihy and Corey (1992) suggested that they are inherent in the work of psychologists, regardless of their work setting or client population. For example, Koocher and Kieth-Spiegel (1998), pointed out that although the ethical code of psychologists cautions against engaging in dual relationships, not all such relationships can be totally avoided. They indicate that, while the potential does exist for harm to the client, some dual relationships may actually have very beneficial aspects for the non-psychologist. For example, "mentoring" of psychologists in training by licensed psychologists involves the blending of professional roles, yet both mentors and trainees can reap benefits from the relationship. They conclude that it is the responsibility of the psychologist to monitor themselves and to closely examine their own motivation for engaging in multiple relationships.

Backlar (1996) suggests that dual relationships range from client relationships that are potentially seriously harmful to those that have little potential for harm. The author maintained that even in therapy cases where there is a low risk of harm to the client, practitioners have a ethical obligation to evaluate the risk and act responsibly. He concluded that a psychologist should never enter into such relationships when the "potential for harm is high unless there are strong offsetting, ethical benefits for the client and the risks of the dual relationship are clearly discussed and agreed upon beforehand."

The APA Code (1992) offers the psychologist the best definitive standard of what constitutes unethical multiple roles. In Standard 1.17 *Multiple Relationships*, it states:

"A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other form of a relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party." (APA 1992 p.1603)

Surprisingly, the 1992 APA Code reversed its long -standing policy regarding bartering (accepting goods or services in lieu of money for professional services) and now allows it on a limited basis. Standard 1.18 states,

"Psychologists ordinarily refrain from accepting goods, services, or nonmonetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering *only* if (1) it is not clinically contraindicated, *and* (2) the relationship is not exploitative. (APA, 1992, P. 1602).

It appears that the policy reversal on bartering was focused on the necessity for psychologists to acknowledge that in tough economic times, certain types of clients would be restricted from psychological services because of their inability to pay the providing therapist or agency.

HOW CAN FLORIDA PSYCHOLOGISTS MANAGE DUAL ROLE RISKS?

The need for professional - client boundaries to guard against dual role risk varies according to profession, specialty, and professional setting. The common element in most of the different types of therapeutic multiple relationships is the potential for conflict of interest for the therapist, thereby hindering his or her objectivity. The fiduciary duty owed by the therapist to the client should be foremost in the mind of the psychologist who considers entering into any form of multiple relationships with a client. If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has been created, he or she should make a concerted attempt to resolve it with due regard for the best interest of the affected client.

Barnett (1998) offered practical solutions to the ethical dilemmas raised by multiple therapeutic relationships. He offered ten excellent guidelines for professional behavior designed to avoid potential exploitative multiple relationships and violations of professional - client boundaries. Those guidelines for professional behavior are reproduced below with brief changes and editorial comment.

GENERAL PREPARATION GUIDELINES:

1. Maintain and Be Aware of Professional Standards and Local Practices.

In the last five years new research findings, revised ethical standards, and stronger criminal and civil laws, have placed psychologists at an increased risk of problematic multiple client relationships.

It is very important that providers of mental health services maintain an ongoing awareness of these significant changes. Psychologists should be aware of the published changes and attend meetings and workshops designed to update their information and understanding in practical ways.

2. Attend to Boundary Issues.

By paying attention to patient boundary issues throughout the time of the therapeutic relationship, psychologists may be able to avoid the harmful and exploitative multiple relationships. It is important to be very cautious about boundary violations with clients. They may escalate, thereby leading the clinician down a "slippery slope" of wrongful and unethical or illegal behavior.

3. Know the Risk Factors for Both Providers and Clients That Can Lead to Boundary Violations.

Multiple relationships with clients can easily grow into the sexual realm of behavior. This is especially true if the psychologist is not aware of the warning signs they present. It is wise to be sensitive to the presence of unique client factors that leave the patient vulnerable to boundary issue violations. High risk clients would include those presenting characteristics of sexual abuse history, character disorders, or severe trauma in their developmental history.

4. Engage in Adequate Self-Care and Burnout Prevention.

It should be self-evident that psychological providers experience personal problems, high job-related stress levels, and personal burnout just as members of other care giving professions do. But at times, it is easy for the psychologist to ignore the warning signs and possibly seek nurturing and support from clients. This issue often arises in multiple relationships. It is an unhealthy process of role reversal, which invariably brings harm to the patient.

A direct assessment of life difficulties, which happen to all clinicians in their career, is a key risk prevention program factor. It is wise to go beyond self-monitoring of one's level of stress or professional burnout. By having an in-place contingency plan for how to deal with life-on-life's-terms situations. Seeking personal psychotherapy may prove very helpful when difficulties arise. In the area of prevention, a significant number of important recommendations may be made for the mental health of the mental health worker. For example, it is crucial to take the time to care adequately for yourself, paying attention to your own mental and physical health needs. Regular exercise, a healthy diet, adequate rest, engaging in hobbies, and visiting time for friends and family are all important. By ensuring that personal needs are met outside of patient's treatment, clinicians will be better able to maintain appropriate boundaries and not rely on patients for self-gratification needs.

5. Have Established, Well-Thought Out Policies for Addressing Multiple Relationships.

Professional areas worthy of attention in this area include billing practices, extratherapeutic contact, acceptance of gift policy, disclosure of personal information and experiences, and the use of personal touching with clients. An alert psychologist would properly seek consultation if necessary in establishing these practices in his or her professional office.

These areas should all be addressed in a comprehensive informed consent procedure / form, which is completed with each patient as part of the intake procedure. The informed consent procedure should include a direct discussion of any potential multiple relationships prior to engaging in them. An open discussion of these issues and their meaning for the patient, will help to ensure that therapist actions that hold the potential for harm are minimized.

6. *Know How to Address Dilemmas Regarding a Multiple Relationship.*

When a questionable multiple relationship has been created and a doubt as to whether a particular act was or was not appropriate, it is very important to not keep such a behavioral event private between the parties. A better approach would be to document the questionable behavior and then discuss it with a colleague or clinical supervisor who can be trusted to provide the psychologist with honest, objective counsel and advice. Prompt remedial action by the therapist and the development of office procedures to prevent recurrent problems in this area would be appropriate.

DIRECT INTERACTIONS WITH PATIENTS

7. *Know How to Respond to Inappropriate Overtures by a Patient.*

Often a patient may attempt to initiate a multiple relationship, which will not serve the stated purpose for therapy, or the diagnosed patient's needs. If the therapist is uncomfortable with the arrangement proposed by the patient, whether it is economic, social, or sexual, the therapist should pay attention to that professional or personal discomfort. Often the "gut" discomfort is the correct early warning sign of inappropriate behavior.

For example, if a male client makes overtures of a sexual nature toward his female therapist, those behaviors may indicate a symbolic representation of the provider as a caring, nurturing person. A supportive, gentle exploration of those expressed needs will usually serve the needs of therapy and end the conflicted situation for the client. That approach to a potential multiple relationship seems much more advisable than an immediate confrontation, rejection, or a fast recitation of professional rules of conduct or a discussion of the APA behavior code.

8. *Be Honest With Yourself About Whose Needs Are Being Met.*

Individuals who enter the service professions are often clearly expressing a need to be needed by others. However, clinicians should never lose sight of the fact that they are trained and licensed to meet the mental health needs of their clients. The goal of therapy is to help the client strive toward increasing the client's personal autonomy and independence.

The therapist must guard against any action--no matter how well intended--that would increase the client's dependence upon the therapist. Often dual relationships promote dual dependency between the parties. Therefore, every possible measure should be taken to minimize any adverse effect that might befall the client if a dual relationship happens to develop.

9. *Be Prepared to Refer if You Can No Longer Meet the Patient's Needs or if Advised to Do So by Trusted Colleagues.*

It is flattering when someone who works with you or who knows you by reputation approaches you for professional services. In these cases, it is often prudent to offer a referral to another appropriate provider. If feelings develop between clinician and patient that cannot be handled within the context of an existing clinical relationship, consultation and referral may be necessary in order to prevent any professional boundary crossing.

10. *Be Cautious About Multiple Relationships.*

It is wise for mental health clinicians to follow the general rule that multiple relationships should be avoided unless very extenuating circumstances exist. Examples would include being in a rural area in which no other practitioner is available, or being a specialist where there is no one

else competent in that geographic area. Even under such "special" circumstances, great caution should be taken along with any possible steps to reduce the likelihood of harm to the patient. (p. 263-265)

CONCLUSION

Ethical, legal, practical, and creative professional solutions are available to psychologists who want to avoid entangling multiple relationships. Fostering ethical relationships between psychologists and patients is probably the best way to prevent problematic conduct. The process begins with a search for information that allows the psychologist to follow legal and ethical code mandates. Such actions have three important goals: 1) To prevent potential harm from multiple relationships to the client, 2) to prevent dual relationships from compromising the effective therapeutic efforts of well-trained and gifted psychologists, and 3) to press the appropriate officials to provide effective supervision, treatment, and when necessary, punishment for those who victimize their clients through multiple relationships.

At the individual level, psychologists must understand the nature and extent of their personal and professional needs and then engage in adequate self-care. They must meet their needs in such a way that those needs do not inappropriately impinge on relationships with their patients. Psychologists should take precautions to avoid acting on poor judgment that allows them to enter multiple relationships to begin with. It is especially important to seek consultation during times of personal stress, distress, or impairment. In this way, the psychologist will increase the likelihood that problematic dual relationships and secondary personal agendas will be more readily identified and addressed. Psychologists must avoid the justification of multiple relationships as necessary, inevitable, or helpful to their clients.

Florida Psychological Association
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CONTINUING EDUCATION - QUESTIONS

1. The APA Ethics Committee (1992) reported that _____ of all complaints to that body involved dual relationship issues.
 - a. 20% to 30%
 - b. 30% to 40%
 - c. 40% to 50%
 - d. above 65%

2. A fiduciary duty relationship exists between therapist and client when:
 - a. the therapist signs a fee agreement with the client
 - b. the therapist accepts a professional duty to act for the benefit of their client
 - c. when the therapist becomes licensed in the state of Florida
 - d. a fiduciary duty is a mutual obligation between client and therapist

3. In Florida, a conflict of interest situation exists when:
 - a. the private or financial interests of the therapist will be benefited by the influence of the therapist on the client.
 - b. the client does not pay the therapist for services
 - c. the Florida Statutes mandate therapist behavior
 - d. when the client brings a lawsuit against the therapist for negligence

4. Which of the following would best represent Sonne's (1994) comprehensive definition of multiple psychological relationships?
 - a. psychologists can function in any role as long as they only occupy a single role at a time
 - b. psychologists can only participate in consecutive professional roles
 - c. psychologists may not participate in concurrent professional roles
 - d. multiple relationships include those situations in which the psychologist functions in more than one professional relationship

5. The author's working definition of a dual relationship is:
 - a. reflective of Florida's contemporary legislative changes
 - b. based on historical perspective
 - c. a psychological situation where there is a combining of incompatible professional roles, to the detriment of the client
 - d. to be used as a guideline to direct professional behavior

6. Historically, the first APA code of ethics reference to problematic dual relationships was made in what year?
 - a. 1953
 - b. 1960
 - c. 1986
 - d. 1992

7. The professional critics of drawing firm professional boundaries regarding multiple roles have historically:

- a. contended that role blending by psychologists is inevitable
 - b. indicated that professional psychologists can individually determine appropriate and inappropriate professional roles
 - c. felt that appropriate ethics codes and legal authorities are the best answer to this complex problem
8. Which of the following is not a part of the APA Code Ethical Standard (ES) 1.17 (a) and (b) related to Multiple Relationships?
- a. a recognition that it is not always feasible for psychologists to avoid nonprofessional contacts with clients, students, and others
 - b. an admonition for psychologists to be sensitive to the potential harmful effects of nonprofessional contacts with clients
 - c. a directive to refrain from taking on professional or scientific obligations when preexisting relationships might be harmed
 - d. permission to barter with clients for services if it is not contraindicated by the clients mental health needs
9. Which of the following is not one of the three specific dual relationships explicitly prohibited by the 1992 APA code?
- a. Psychologists do not engage in sexual relationships with students
 - b. Psychologists may not practice as psychologists if they are found guilty a felony crime
 - c. Psychologists do not engage in sexual intimacies with current patients or clients
 - d. Psychologists do not accept as therapy patients persons with whom they have engaged in sexual intimacies.
10. In Florida, a psychologist looking for the legal definition of what constitutes sexual misconduct, will find it:
- a. under Florida Statutes - Chapter 490: Psychological Services
 - b. under Florida Statutes - Chapter 491: Mental Health Services
 - c. under Florida Administrative Code: Chapter 64B19
 - d. only by consulting with a private attorney
11. The ban on sexual contact between psychologist and patient under Florida law lasts:
- a. in perpetuity
 - b. for two years after termination of therapy
 - c. for five years after termination of therapy
 - d. for ten years after termination of therapy
12. Pope and Vasquez (1991) detailed the many rationalizations that some psychologists use to justify engaging in multiple roles with their clients. Which of the following is not one of them?
- a. blocking out the awareness of potentially serious client harm
 - b. focusing on the beneficial aspects of such relationships
 - c. asserting that multiple relationships are unavoidable
 - d. arguing that such practices take place rarely in the community
13. Koehler and Kieth-Spiegel (1998) point out that some multiple relationships can actually be beneficial to the client. What type of dual relationship did they encourage on the part of psychologists?
- a. mentoring relationships
 - b. professor - student relationships
 - c. psychologist - employee relationships
 - d. "trusted friend" relationships
14. The 1992 APA Code offers the psychologist the best definitive standard of what constitutes unethical multiple roles.

- a. true b. false

15. The 1992 APA Code defines "bartering" as accepting goods or services in lieu of money for professional services. This practice is:

- a. prohibited by psychologists
- b. deemed conditionally acceptable by the APA Code
- c. widely accepted in private practice

16. The most common element in the different types of therapeutic multiple relationships is:

- a. the need for psychologist - patient boundaries
- b. the potential for conflict of interest for the client
- c. the potential for conflict of interest for the therapist
- d. abandonment of the client due to the conflict of interest

17. Barnett (1998) offered ten excellent practical solutions to the ethical dilemmas raised by multiple therapeutic relationships. Which of the following is not one of those practical solutions offered under the section titled: "General Preparation Guidelines?"

- a. Awareness of professional standards and local practices
- b. Risk factor knowledge for both therapist and client
- c. Adequate self-care and burnout prevention by the therapist
- d. Ad-Hoc policies for addressing multiple relationship conflicts

18. Similarly, Barnett's article offered solutions to help with dual relationship problems under the "Direct Interactions With Patients" section. Which of the following is not one of those guidelines?

- a. Know how to respond to inappropriate overtures by a patient
- b. Be honest with yourself about whose needs are met in the therapy
- c. Be prepared to refer the client if advised to do so by colleagues
- d. Even if extenuating circumstances exist, multiple relationships must always be avoided

19. The author concludes that psychologists who are aware of legal and ethical code mandates regarding multiple relationships are much more unlikely to enter such harmful relationships with clients.

- a. true b. false

20. The author recommends that psychologists take precautions to avoid acting on poor personal / professional judgment to enter multiple relationships, by seeking consultation during times of personal stress, distress, or impairment.

- a. true b. false

Fresh Legal Perspectives

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