



Ethical Decision Making for the 21st Century Counselor

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Chapter 8

ETHICAL DECISION MAKING AND MANAGING PROFESSIONAL BOUNDARIES

James is a math teacher for the local high school and has been a client in Daniel's private practice for two years. James and Daniel have a strong, professional therapeutic relationship. Due to James's recent divorce and child support payments, he is struggling to make ends meet and is having difficulty affording his \$45 per session co-pay for counseling. With all of the transitions in his life, James recognizes how urgently he needs to remain in counseling. He remembers that Daniel's son Jonathan attends the local junior high. At a recent session, James discloses to Daniel his struggle with finances and offers math tutoring to Daniel's son in exchange for counseling sessions. Even though Daniel has not shared this with James, his son Jonathan is struggling with math and could benefit greatly from additional tutoring. Daniel recognizes that he would save quite a bit of money by not having to pay an outside tutor to help his son. Daniel considers his client's offer to barter services. What should Daniel do?

CHAPTER OVERVIEW

This chapter will help the reader examine the challenges that are presented with what is commonly known as dual relationships, multiple relationships, or managing professional boundaries. Boundaries foster trust and maintain the integrity of the counseling relationship. This chapter will review the benefits and risks involved when extending the role of the counselor. Regardless of counseling experience or the setting in which a professional works, all counselors will face ethical conundrums related to maintaining professionalism while encountering challenges to how we form and maintain boundaries with clients, supervisees, and other stakeholders. Counselors have varying perspectives about when and if to engage in a multiple relationship with a client or former client.

LEARNING OBJECTIVES

After reading this chapter you will be able to do the following:

1. Evaluate when dual or multiple relationships are and are not appropriate.
2. Employ ethical decision-making skills in managing boundaries.
3. Utilize an ethical decision-making model (EDM) when considering engaging in boundary extensions.
4. Apply cultural and contextual considerations to the ethical decision-making process regarding boundary structure.

CACREP STANDARDS

CACREP Core Standards

G.1.j. Ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.

CACREP Clinical Mental Health Standards

A.2. Understands the ethical and legal considerations specifically related to the practice of clinical mental health counseling.

B.1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.

INTRODUCTION

Almost every aspect of our daily lives is structured by boundaries. Imagine a world where no boundaries existed and the implications that might have. Let's consider driving, for example. There are numerous boundaries that exist when it comes to driving a car. There are typically lines on the road indicating which side of the road to drive on. There are stop signs and traffic signals that drivers must obey. These markers, signs, and signals are forms of boundaries. They guide us in moving our vehicles from place to place, promote safety on the

road, and ensure that order is maintained and that people are not harmed. All of that seems perfectly normal, right?

Now consider this: What if there were no boundaries in driving—no signals, stop signs, lines on the road, or speed limits? Things would become pretty chaotic to say the least, and most likely, there would be many crashes and injuries on the road because drivers would not follow the same rules and expectations—everyone would drive however and wherever they wanted.

Another example of boundaries is social etiquette. There are unwritten and unspoken rules and boundaries that people maintain. For example, it would be an inappropriate boundary violation for a stranger to walk up to someone else's table at a restaurant and begin eating his or her food. We also find it inappropriate to hug people we don't know or are not introduced to. Not conforming to societal boundaries or managing our relationships with strangers, as well as friends, family members, and coworkers, could result in hurt feelings, discomfort, as well as potential harm.

As vital as it is to have boundaries on the road and in social interactions, it is equally important to have boundaries in our professional relationships. In the following section we will explore the boundaries that exist between clients and counselors and how to manage them ethically and appropriately.

PROFESSIONAL BOUNDARIES

The ethics literature stresses the importance of knowing the various terms that are used in understanding professional boundaries in counseling as well as the nuances and perspectives each term carries with it (Herlihy & Corey, 2015; Jungers & Gregoire, 2013). The following are some of the terms you may encounter when considering this topic: dual relationships, multiple relationships, boundary crossings, and boundary extensions. A dual or multiple relationship occurs when a counselor engages in a professional counseling-related relationship with a client, student, supervisee, research participant, or other professional stakeholder while simultaneously engaging in a nonprofessional relationship with the same person (Corey, Corey, Corey, & Callahan, 2015; Kitchener & Anderson, 2011). In other words, multiple or dual relationships occur when we hold two or more roles with an individual at the same time. The overlap also can be between two professional roles, such as instructor and counselor. Many counselors traditionally have been wary about engaging in multiple relationships with clients because of the potential for the appearance of abuse of power that is inherent in the role of the professional counselor.

Types of Boundaries

Houser and Thoma (2013) outline four types of boundaries related to being a professional counselor: counselor social boundaries, psychological boundaries, financial boundaries, and counselor physical boundaries. Counselor social boundaries involve relationships that may occur in a social context, such as casual contact outside of the professional counseling office. Technology and social media are other examples where a counselor may post personal information about family members, vacations, and so on, that can be visible to clients. Clearly, social boundaries could be crossed through these means. Psychological boundaries include issues of counselor self-disclosure and how much information, if any, we should ethically share with a client within the therapeutic relationship. Financial boundaries involve how we structure things like establishing fees and payments for counseling services, decisions on a sliding fee scale process, engaging in bartering or not, and handling client nonpayment of services. The next boundary for consideration is counselor physical boundaries. Examples of these include a counselor having a sexual or intimate relationship with a client or other forms of physical contact between them, such as hugging and other forms of nonsexual touch. Physical boundaries also can involve home-based therapy or having a counseling session outside of the traditional counseling office.

We would like to add a fifth boundary for consideration—emotional boundaries. Emotional boundaries revolve around ways counselors manage the sensitive range of emotions we experience in and out of sessions about clients and clients' experiences. As empathic humans, we are impacted by the relationship with the client. For example, an emotional boundary may involve having protective feelings toward a client, which may be healthy in situations where the client needs protection. However these feelings also could be a form of unresolved countertransference and be more about us as counselors than about the client.

There is also what is referred to as the “slippery slope” of dual or multiple relationships (Corey et al., 2015; Jungers & Gregoire, 2013). The premise of the slippery slope is that once a counselor dips a proverbial toe into the water of blurring professional boundaries, even on what may appear to be an insignificant level, there is a strong potential for serious breaches of ethical conduct. These breaches potentially could bring harm to the counseling relationship. It is incumbent on us as professional counselors to monitor ourselves and maintain boundaries that reflect a high standard of ethical practice and uphold the welfare and dignity of our clients (Corey et al., 2015; Kitchener & Anderson, 2011). All of these issues are important considerations when it comes to managing boundaries in professional counseling.

Managing Boundaries

At times, having a multiple relationship with a client may be unplanned and spontaneous, such as running into a client unexpectedly at a party or other social gathering. Other times, engaging in a multiple relationship with a client may be an intentional, purposeful decision that aids the client in meeting therapeutic goals, such as a mental health counselor who also serves as a basketball coach for the same student–basketball player at a local high school. Some counselors may take the professional stance of “once a client, always a client,” meaning that they choose never to engage in a social or personal relationship with a client or former client outside of the counseling relationship. Other professionals, recognizing the unique circumstances that exist when counseling certain cultural populations or counseling clients in rural or other geographic locations, need to display therapeutic flexibility in their understanding of how to frame professional boundaries and may choose to engage in a simultaneous relationship with a current or former client. What might be a healthy, professional, and ethical boundary extension in one case may be extremely unethical and unwarranted in another case. In other words, there are no perfectly right choices for every occasion. The client, the counselor, and the context weigh heavily in the decision making.

When determining if it is appropriate to engage in a boundary extension with a client, counselors should consult the professional codes of ethics, examine current legal considerations and precedence, review relevant counseling scholarship on the subject, and consult with supervisors or colleagues who have experience managing multiple boundaries in a professional setting. We also must reflect on the motivation for engaging in a multiple relationship or boundary extension. Why do you think it is a good idea? The primary goal should remain what is in the best interest of the client, not what may be self-serving or beneficial to you as a professional counselor (Gutheil & Brodksy, 2008).

We must recognize the various levels of complexity when it comes to managing professional boundaries. For example, when developing an informed consent form for clients or guardians, it is important not to have rigid rules and expectations that leave little room for therapeutic flexibility. To explore your approach to the levels of ethical complexity, you are encouraged to complete the Guided Practice Exercise 8.1 and discuss it with your peers and, if in a class, your instructor. Discuss what influences your self-ranking and what clinical situations might change your rating.

Guided Practice Exercise 8.1

Managing Professional Boundaries Reflection

Rate yourself on a scale of 1 to 10, identifying the level of comfort you self-identify in the following scenarios (with 1 being extremely uncomfortable and 10 being extremely comfortable).

Item	Self-Score
Accepting a cup of coffee from a client at the start of an early-morning session (you haven't had your morning coffee yet).	
Purchasing Girl Scout cookies from a minor client.	
Taking a walk outside with a client during a counseling session.	
Attending a wedding of a client.	
Attending the funeral of a client.	
Visiting a client in the hospital.	
Hugging a grieving client in a counseling session who is sobbing after experiencing the death of a parent.	
Being Facebook friends with a former client.	
Self-disclosing to a client about personal struggles with anxiety and depression as a way to normalize those issues for the client.	
Being invited to a one-time family celebration at a client's home.	
Attending the same church, synagogue, or mosque as a client.	
Having a social relationship or friendship with a parent of a student in the school where you are a school adjustment counselor.	
Hiring a former client (who is an out-of-work carpenter) to build a bookcase for your office.	
Accompanying a client who is dealing with agoraphobia to a concert. (It is the client's first public event in a decade.)	
Giving a client from your therapy group a ride home because his or her car broke down.	
Attending the same dance club as a client (you know the client frequents this same club, and you will see him or her often).	
You live in a small town; there is only one mechanic. The mechanic requests that you provide counseling to his or her child. (You are the only counselor in the town who works with children.)	

Section A.6. in the American Counseling Association (ACA,2014) Code of Ethics provides specific ethical guidance when it comes to managing and maintaining boundaries and professional relationships in counseling. As counselors we have an obligation to reflect on the nature of our past relationships when considering taking on new clients or engaging in any type of formal, professional role with individuals we have had more personal, social, or even casual or distant relationships with, including shared memberships in clubs or organizations.

Ethical Code 8.1

A.6.a. Previous Relationships.

Counselors consider the risks and benefits of accepting as clients those with whom they have had a previous relationship. These potential clients may include individuals with whom the counselor has had a casual, distant, or past relationship. Examples include mutual or past membership in a professional association, organization, or community. When counselors accept these clients, they take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

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The ethical standards in the ACA Code of Ethics repeatedly state in Section A.6. that counselors examine both the risks and benefits of engaging in boundary extensions. Note that the standard focuses on the risks and areas of concern but also states that it is equally critical for counselors to examine the potential benefits to the client when engaging in boundary extensions. If the risks outweigh the benefits, the choice should begin to become clearer.

CASE STUDY 8.1

Julie, age 47, is a mental health counselor who has held a private practice in her community for the past seven years. Julie purposely has worked to create a private practice that specializes in serving the lesbian, gay, bisexual, and transgender (LGBT) community. She enjoys her work with clients and strives to create a healthy balance between her therapy work and her personal life. She devotes time to her family, volunteers for a local literacy program with at-risk youth, and is very active

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in the local chapter of the Human Rights Campaign (HRC), a national LGBT political organization. She holds the position of fund-raising and developments cochair in her city for the local HRC chapter.

Julie has been working with her client Meghan, age 42, for a little longer than a year. Meghan recently is divorced (with no children) and has moved to the area as a way to begin a new life as an out lesbian. Meghan has experienced some depression as a result of the divorce and is coming out of a physically and emotionally abusive relationship. She has been isolating herself and is not getting to know her neighbors. She also has been hesitant to get involved in her community. Through their work together, Julie has tried to help Meghan work on her goal of reaching out and creating a strong support system for herself in the lesbian community. Julie has not shared with Meghan about her personal community involvement in HRC, although they briefly (and appropriately) have discussed her family (due to the fact that Julie has pictures of her partner and kids in her office). Julie has talked with Meghan over the past few months about ways to ease her depression through engagement in some type of group or community event.

A few weeks later, Julie is facilitating a meeting of the fund-raising committee for the HRC. It is the first committee meeting of the fall, focusing on an upcoming fund-raising event. New members were encouraged to join the fund-raising committee. Julie arrives early to help organize information and welcome old friends back to the committee when Meghan walks in the room. Both look a bit surprised and caught off guard. Julie does not approach Meghan but briefly smiles at her, welcoming other new members and encouraging everyone to pick up a name tag. Meghan begins talking to other members of the fund-raising committee. While Julie is a bit flustered by Meghan's appearance at the meeting, as cochair of the committee, she continues with her leadership role throughout the meeting. It is evident that Meghan has already made some connections with new group members and returning members. Julie and Meghan do not speak at all before, during, or after the committee meeting.

Julie is preparing for her upcoming session with Meghan. This will be the first session since seeing one another at the meeting.

1. *How should Julie prepare for her next session with Meghan? What should Julie address in her next counseling appointment?*
2. *What are the ethical issues in this scenario? What ethical standards from the code of ethics apply to this case?*
3. *What are the risks and benefits of Julie and Meghan both being a part of the same organization?*

In older versions of the ACA Code of Ethics, dual relationships, which is sometimes still seen in the ethics literature, was viewed as something to avoid at all costs. However, due to issues faced regularly by counselors practicing in rural areas, as well as those who specialize in working with certain cultural populations, avoiding these boundary crossings is next to impossible. Even the language found in the ethics literature, as well as our professional code of ethics has evolved. For example, language that previously instructed us to avoid dual relationships has changed to the term *boundary extension*, which places greater emphasis on the way in which we examine professional boundaries. Let's further explore this with a case example.

Case Example

Phil is a licensed professional counselor at a mental health–counseling agency in his small town where he has been practicing for 13 years. His primary clinical focus is working with children and adolescents. He is also a volunteer basketball coach for the local high school. He has been volunteering as a coach for the past five years. Recently, Phil started counseling Brad, a 14-year-old sophomore at the same high school where Phil coaches. Brad has been struggling with depression for the past six months due to the sudden death of his father, who suffered a fatal heart attack. Brad is the oldest of three children and is afraid to discuss his grief with his mother because he believes he needs to be the “man of the house” and take care of his mom and younger siblings. Brad reports to Phil that he does not want to burden his mom with his own grief and instead, focuses on getting good grades and working a part-time job to help the family make ends meet.

However, over the past few weeks Phil notices that Brad's depression is worsening due in part to stifling his emotions, especially around his family members. Brad played freshman basketball last year but stopped after his dad's death. Phil recently encouraged Brad to get back on the team as a way to cope more positively with his grief and loss. Brad took Phil's suggestion and rejoined the team; however, it means that Phil will now be his basketball coach and his counselor. What should Phil do?

Phil recognizes the boundary extension that now exists due to being Brad's counselor and his coach simultaneously. To practice ethically, Phil discusses the potential ethical issues with Brad, especially respecting Brad's confidentiality. Phil indicates to Brad that he has an ethical obligation to care for Brad's well-being, and they can engage in a counselor-coach relationship only if (a) Brad and his mom consent to this dual role, (b) it has a clear therapeutic goal, and (c) Phil protects Brad's privacy and confidentiality. Phil also talks with the director of the mental health agency where he works and explains the rationale for potentially establishing this dual relationship with his minor client and how this boundary extension could enhance the therapeutic relationship.

Ethical Code 8.2

A.6.b. Extending Counseling Boundaries.

Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony, graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the hospital. In extending these boundaries, counselors take appropriate professional precautions, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no harm occurs.

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CASE STUDY 8.2

Phil explains to Brad that when he is acting in the role of basketball coach, he cannot discuss in public issues that Brad has brought up in their counseling sessions. However, Phil tells Brad that he is free to discuss anything that takes place on the basketball court in their counseling sessions. Phil explains that the other players and coaching staff will not know that Brad is seeing Phil for counseling. Phil explains that having the opportunity to coach and work with Brad as a basketball coach might offer unique insights, and things that he can learn about Brad may be helpful in their counseling work together.

Phil also reviews potential risks with Brad. For example, Phil indicates to Brad that if he is struggling in his performance as a player, it could mean that he would be benched. Phil talks with Brad about how that might impact their counseling relationship. As a coach, Phil explains, he has a position of authority and has the ability to have Brad play a lead role on the team or bench him. Brad understands but indicates that having Phil as both a coach and counselor could help him, especially in his struggle with his dad's death. Phil creates a special informed consent form for him and Brad (and Brad's mom) to review and sign in accordance with the ACA Code of Ethics.

Phil also explains to Brad that once they engage in the counselor-coach relationship and it becomes awkward or uncomfortable for either of them at any point, they will revisit it, discuss it together, and make a decision to terminate one of the professional roles, most likely, finding another coach to work with the basketball team.

After a few weeks of having the boundary extension, Phil sees improvement in Brad. In a recent session, Phil and Brad discuss Brad's difficulty in expressing his grief in front of his mom and feeling that he cannot talk openly with her. Brad believes

that if he talks about his dad with his mom, it would cause her pain and make her very upset. Phil then reminds Brad about the work they did on the basketball court when Brad was struggling to make his free throws. During practice, Brad continually expressed negative thoughts and had major self-doubt about his ability to improve his free throw shot. In his role as basketball coach, Phil was able to talk Brad through it and challenge his negative thought process. Over the course of a few practices and Phil's coaching techniques, Brad overcame his negative self-talk about his performance on the court, and he improved his free throws.

Phil reminded Brad of this in their recent counseling session. He also challenged Brad that if he could overcome his negative thoughts about his basketball skills, then is it possible that he could use a similar approach in overcoming his negative thoughts about talking to his mom? Brad agreed, and over the next few weeks, he spoke with his mom about the grief he was experiencing about his dad's death. Brad's mom shared her own struggle with grief, and Brad felt closer to her as a result of openly sharing his feelings. Brad's mom reassured him that he can cry and express his grief openly with her and his siblings and still be the man of the house.

Ethical Code 8.3

A.6.c. Documenting Boundary Extensions.

If counselors extend boundaries as described in A.6.a., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

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In this example, there was an important benefit that resulted in Phil serving as Brad's counselor as well as his coach. Phil had the unique perspective of being able to see Brad interact and perform on the basketball court, which informed their work in the counseling setting. This is an example of when a boundary extension can benefit the client immensely as long as the counselor consults with supervisors and colleagues, discusses the risks and benefits with the client, and documents the boundary extension via a revised informed consent and in the clinical notes.

Guided Practice Exercise 8.2

Phil's Philosophy on Boundary Extensions

In small groups, discuss the steps Phil took in his work with Brad. Do you agree with the boundary extension that Phil created with Brad by being both his counselor and his coach? Are there other considerations that Phil should think about concerning this overlap? What other issues can you identify that may raise an ethical concern? What other benefits of the dual relationship do you see?

EMPLOYING AN ETHICAL DECISION-MAKING MODEL

As was noted in Chapter 2, there are often no easy answers to most ethical situations, but utilizing an ethical decision-making process can help solidify our ethical steps and ensure that the welfare of our clients remains at the forefront. Chapter 2 introduced numerous examples of EDMs we can choose from, including theory-based models and practice-based models. Regardless of the EDM we choose, the central point is to actively use the framework of a model to guide the decision-making process at each and every step. Kitchener and Anderson (2011) and Welfel (2013) discuss the importance of mental health professionals being reflective about ethical practice, including the use of sound reasoning. Kitchener and Anderson (2011) provide a useful model that can help us consider whether or not to engage in an extension of professional boundaries with a client or former client. We summarize their steps here for your use:

1. Pause and think about your response. Think about the implications on the therapeutic relationship if you were to engage in a boundary extension or multiple relationship with a client. How would the counseling relationship improve? How does this boundary extension help the client meet the established therapeutic goals? If the change in relationship does not, then you should not be engaged in a boundary crossing. How might the change in relationship potentially harm the client, cause confusion, or cause a significant power differential?
2. Review the available information. Review the facts of the decision to embark on a dual or multiple relationship. Are you treating this situation in a similar way you would with other clients?
3. Identify possible options. Review the risks and benefits of engaging in such a multiple relationship. The client should be involved in the conversation and option exploration, including the risks and benefits.

4. Consult the ethics code. What ethical standards from the codes of ethics can guide the decision?
5. Assess the foundational ethical issues. What are the core ethical issues at stake? What ethical principles (autonomy, beneficence, nonmaleficence, fidelity, or justice) apply in this situation?
6. Identify legal issues and agency policy. It is important to do your homework when it comes to ethical decisions. Have other counselors or mental health professionals in an ethical conundrum had successful outcomes by engaging in similar boundary crossings? What were any legal issues that arose as a result of these similar situations?
7. Reassess options, and identify a plan. Consult with a colleague or supervisor before embarking on a boundary extension. An outside perspective may aid you in examining a new avenue or a new concern that you had not considered before.
8. Implement the plan, and document the process. Document each step of the process, particularly why you are choosing to engage in a dual or multiple relationship. Document which specific therapeutic goal is supported by such action.
9. Reflect on the outcome of your decision. If you and your client decide together to engage in a boundary extension, you should have ongoing conversations about how the overlap is working and impacting the counseling relationship. Do any adjustments or clarifications need to be made? Is either individual uncomfortable or feeling uneasy about the current structure of the professional relationship? Is this new role negatively impacting the counseling process? If so, you should work with the client to find an appropriate resolution to the situation, including the possibility of having to end the outside role or relationship to preserve the sanctity of the counseling process.

BOUNDARIES AND CONTEXTUAL CONSIDERATIONS

As stated earlier in this chapter, counselors are encouraged not to make black-and-white decisions when engaging in boundary extensions with clients or former clients. Houser and Thoma (2013) encourage us to examine our motivation to act ethically, which also is called our ethical identity or ethical ideology. Also, cultural and contextual considerations should play an important role when reasoning through to a decision of whether or not to engage in a multiple relationship or to alter a current boundary structure within the counseling relationship.

Let's examine some examples to illustrate this more clearly. Many times, clients want to bring gifts to their counselors. The issue of receiving gifts from clients, especially around certain holidays throughout the year or other special occasions, may cause a boundary concern to enter the therapeutic relationship. On the surface, especially to a new counselor, the response to this may seem clear-cut—the counselor should establish a no gift policy and have a standard statement about not being able to accept any gifts from any clients at any time. While that may appear to be a clear-cut solution, is it the best? It is important for us to be aware that making such a policy decision may in fact unintentionally be engaging in unethical conduct. The ACA Code of Ethics should be consulted for guidance.

Ethical Code 8.4

A.10.f. Receiving Gifts.

Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift.

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Standard A.10.f. provides additional guidance for us to consider. It is reasonable for a counselor to refuse a client's gift if the client's motivation is to influence the counseling process, such as a gift for the counselor to give a favorable report to a court about a mandated client's participation in therapy. This is a straightforward example of when it likely would be warranted to refuse a gift. However, there are other situations when it could be detrimental to the client's welfare to refuse a gift.

Standard A.10.f. encourages us to be mindful of cultural issues that influence gift giving. If a client comes from a cultural tradition where giving a small gift (a monetary value of under \$25) is a sign of care and respect, then a counselor refusing the gift outright actually may harm the client by offending his or her cultural beliefs and unintentionally may hamper the therapeutic process. Because the counselor refused the token gift, the client may feel disrespected and not feel unconditional positive regard from the counselor. In addition to the cultural context and monetary value of the gift, the stage of the therapeutic relationship is an integral part of knowing what action should be taken. A client giving a gift during the second session likely will be handled differently than a client giving a gift to

the counselor at the last session of their counseling relationship as a token of gratitude after two years of therapeutic work together.

This same idea of making decisions based on client, culture, context, and so on, also can be applied to a variety of other issues impacting the counselor–client relationship: counselor self-disclosure, touch in therapy, and having a therapy session outside of the counseling office. There are numerous considerations and complexities that must be taken into account. For example, it likely would be highly inappropriate and a poor boundary crossing for a counselor to reach over during a session to touch the knee of a client and squeeze it. This could be an emotional or psychological trigger to the client, especially a client who may have experienced trauma related to physical or sexual abuse. However, it may be appropriate for a counselor to place his or her hand on the shoulder of a client as he or she leaves the office after a particularly challenging session. Therefore, where a counselor touches the client and the context can play significant roles in determining the rightness or wrongness of one’s actions.

In the course of a professional counselor’s career, she or he may encounter a client who makes flirtatious or sexual advances or comments to the counselor. A client commenting about a counselor’s outfit may appear minor in nature, but as we have been discussing, assessing the context of the situation is critical. What specifically a client says about the counselor’s clothing and the tone and manner in which it is said can be either a passing and simple compliment (“Those are great shoes you have on”) or a serious ethical situation (“That blouse really accentuates your figure”). When it comes to sexual or physical attraction, counselors are encouraged to seek out supervision and consultation actively in those types of matters because the slippery slope phenomenon discussed earlier certainly can be applied to those types of incidents.

As you can see, having a blanket policy, whether about receiving gifts or attending a function outside of the counseling setting with a client, may be tempting but also may become a therapeutic hindrance. Moving from a rigid posture to a more inclusive, reasoned approach is warranted. As counselors, we learn that black and white is rare and that we live in shades of gray. Becoming flexible and being comfortable with ambiguity is a hallmark of an ethical counselor.

CONCLUSION

Boundary issues are rampant in counseling. Because we practice a relational discipline, there are inherent challenges in the boundaries of those relationships. Knowing how to make decisions that are in the best interest of your client, as the vulnerable party in the relationship, and yourself is the focus of this chapter. By using the ethical decision-making

tips provided, beginning counselors should be able to move forward in establishing and maintaining appropriate boundaries. In addition, counselors can better understand how to manage boundary crossings when they arise.

KEYSTONES

- There are a variety of terms used within the counseling profession to describe the counselor taking on additional roles outside of the counselor–client relationship: dual relationships, multiple relationships, boundary crossings, and boundary extensions.
- Types of boundaries that counselors face include counselor social boundaries, psychological boundaries, financial boundaries, counselor physical boundaries, and emotional boundaries.
- Boundary extensions can involve a wide range of issues, such as touch in therapy, counselor self-disclosure to clients, attending an outside function of a client, having the counselor and client participate in the same outside organization, and simultaneously serving as a coach and counselor.
- The therapeutic goals and welfare of the client always should be at the forefront of whether or not to engage in a boundary extension. Other considerations include codes of ethics, legal considerations, counseling literature, and the opinions of other professionals with experience in managing boundaries.
- Practitioners and ethics scholars have a wide range of views about engaging in multiple relationships.
- Counselors must consider issues such as cultural context and geography (rural areas) and may find it impossible to avoid multiple relationships.
- Counselors must consult with supervisors and colleagues prior to engaging in any boundary extension and document the process used to find a workable solution that benefits the client.
- Kitchener and Anderson (2011) have created a model to help counselors consider engaging in an extension of professional boundaries, which involves reviewing the available information, identifying possible options and assessing their ethical and legal issues, choosing a plan and implementing and documenting the process, and reflecting on the outcome.

SUGGESTED BEST PRACTICES

- Consider what you feel like when people don't respect your boundaries. That is how clients feel as well.
- Attend to how you handle the multiple relationships already present in your life: your child's teacher who is also your friend, the babysitter who is the daughter of a colleague, or the neighbor who is your banker. These relationships can help you understand boundaries better.

- Whenever you are tempted to self-disclose in session, pause. See if it can wait until next session. Then check your motives. Many of us have a me-too response to client stories. We think that information may help them, but is it possible that it would diminish their own story or cause them to be concerned about you?
- Be aware of the emotional impact seeing clients has on you. You are not made of Teflon. What do you do with that impact?
- Talk with your clients while they are in your office about how you will handle seeing them outside of the office. Make this part of your informed consent.
- When considering extending a boundary, engage in an ethical decision-making process. Consult with another professional and the client before proceeding.
- Remember why ACA moved away from language admonishing us to avoid dual relationships to managing boundary extensions. Sometimes it is in the best interest of the client.
- Pay attention to ethics in the news. Many problems are the result of engaging in multiple relationships without consideration for how it would create a therapeutic benefit for the client.
- Consider each boundary extension within its context and through the lens of the relevant culture.
- Rather than having stock responses or rules about boundary issues, be willing to evaluate each based on benefit to the client.
- Although it has been discussed before in this text, don't forget to document your decision.
- Always involve the client and process any unintentional boundary crossings, such as running into a client in a social setting, in the following session.

ADDITIONAL RESOURCES

In Print

- Allan, J., Liston-Smith, J., & Whybrow, A. (2010). Effective boundary management—the signature of professionalism? *Coaching Psychologist*, 6(1), 48–53.
- Barnett, J. E. (2014). Sexual feelings and behaviors in the psychotherapy relationship: An ethics perspective. *Journal of Clinical Psychology*, 70(2), 170–181. doi:10.1002/jclp.22068
- Calmes, S. A., Piazza, N. J., & Laux, J. M. (2013). The use of touch in counseling: An ethical decision-making model. *Counseling & Values*, 58(1), 59–68. doi:10.1002/j.2161-007X.2013.00025.x
- Pope, K. S., & Keith-Spiegel, P. (2008). A practical approach to boundaries in psychotherapy: making decisions, bypassing blunders, and mending fences. *Journal of Clinical Psychology*, 64(5), 638–652. doi:10.1002/jclp.20477

On the Web

- Stone, C. (2011). *Boundary crossing: The slippery slope*. Retrieved from <http://schoolcounselor.org/magazine/blogs/july-august-2011/boundary-crossing-the-slippery-slope>
- Zur, O. (2015). *Dual relationships, multiple relationships, boundaries, boundary crossings & boundary violations in psychotherapy, counseling & mental health*. Retrieved from <http://www.zurinstitute.com/dualrelationships.html>

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- Corey, G., Corey, M., Corey, C., & Callahan, P. (2015). *Issues and ethics in the helping professions* (9th ed.). Stamford, CT: Cengage.
- Gutheil, T., & Brodsky, A. (2008). *Preventing boundary violations in clinical practice*. New York: Guilford.
- Herlihy, B., & Corey, G. (2015). *ACA ethical standards casebook* (7th ed.). Alexandria, VA: American Counselor Association.
- Houser, R., & Thoma, S. (2013). *Ethics in counseling and therapy: Developing an ethical identity*. Los Angeles, CA: Sage.
- Jungers, C., & Gregoire, J. (Eds.). (2013). *Counseling ethics: Philosophical and professional foundations*. New York: Springer.
- Kitchener, K. S., & Anderson, S. (2011). *Foundations of ethical practice, research, and teaching in psychology and counseling* (2nd ed.). New York: Routledge.
- Welfel, E. R. (2013). *Ethics in counseling and psychotherapy: Standards, research, and emerging issues* (5th ed.). Belmont, CA: Brooks/Cole.