Counselor Ethical Boundaries and Practices

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Counselor and client relationships within the counseling field are complex and influenced by many factors, such as the client's unique experiences, cultural backgrounds, issues presented, and diversity. Therefore, what works for one client-counselor relationship may not work for another. In the case of dual relationships and boundary issues, counselors must call on their self-reflection, interpretation of the ACA Code of Ethics (2014), supervisors, decision-making models, and collaboration with colleagues to assist in ethical decision-making. This paper discusses the intricacies surrounding boundary issues and dual relationships in the client context. Moreover, it will dive into the importance of professional collaboration, the integration of multidisciplinary approaches, and the pivotal role of clinical supervisors.

Boundary Issues and Dual Relationships

Over the years, boundary crossing in counseling has been accepted in certain forms and has benefited the client-counselor relationship. However, when boundary crossing and dual relationships turn into boundary violations, it violates the ACA Code of Ethics (2014) per section A.6.-Managing and maintaining boundaries and professional relationships. Counselors will probably encounter a boundary or dual relationship situation in their careers (Corey et al., 2014). In order to keep the sessions objective and the client-counselor relationship professional, the counselor must decipher what is best for the client. To do this, the counselor must create and follow criteria combining critical thinking and self-reflection to make an ethical decision (Brownlee et al., 2019). The criteria of questions should include 1) What is the potential harm to the client? 2) What is the potential benefit to the client? 3) Is the dual relationship necessary? 4) Will the dual relationship disrupt the therapeutic relationship? 5) Can the counselor remain objective? 6) Has the client's culture, diagnosis, and values been considered? (Corey et al.,

2014). The counselor must self-reflect when answering these questions and seek advice from a peer supervisor or colleague. The benefit of collaborating is to get a non-objective opinion to weigh in on what is best for the client. In addition, to the decision-making process, the counselor must document the outcome in the client's notes.

Boundary Crossing and Dual Relationship Examples

Various actions can be considered boundary crossing into a dual relationship. Some boundary crossings can have risks, and some can benefit the client-counselor relationship. An example of boundary crossing that can be positive is the action of self-disclosure. Self-disclosure has been frowned upon by experts such as Freud, who believed that it distinguished counselors as people with their own feelings and thoughts and that clients may become more interested in analyzing them more than themselves, which would slow down the therapeutic process (Henretty et al., 2014). Since the time of Freud, other counselors have argued that an open-sharing model can create trust, credibility, and empathy in a client-counselor relationship (Henretty et al., 2014). An example of self-disclosure that could have positive benefits would be if a counselor shared that they were part of the LGBTQ+ community just like the client. The LGBTQ+ community can have limited therapeutic resources compared to others because some states allow conscience clauses to protect counselors when they refer clients based on a violation of their religious beliefs. Per the study "Sincerely Held Principles" or "Prejudice? The Tennessee Counseling Discrimination Law", the LGBTQ+ community feels that the conscience clause creates discrimination toward their community (Grzanka et al., 2020). The self-disclosure of being part of the LGBTQ+ community might put the client at ease to share because they are now aware that the counselor is empathetic to their issues. This boundary-crossing would be

considered ethical as long as the client benefits from the self-disclosure and it does not change the therapeutic relationship negatively.

Another example of boundary crossing that turns into a dual relationship would be if a counselor practiced in a small town and was one of the only counselors. This predicament would put the counselor at risk of running into their clients at grocery stores, school, and sporting events. In this example, the counselor would need to discuss the situation with their clients during the initial stages of counseling and make it part of the informed consent form per section A.2.a.- Informed consent in the ACA Code of Ethics (2014). Therefore, expectations are clear on how they can have a dual relationship but also maintain a professional one. Each client will be different, but with the initial conversation, they will have a document to refer to and discuss if the counselor-client relationship can continue. If the counselor or client feels uneasy with the dual relationship, the counselor should discuss it with a colleague. The goal is always to ensure that the client's welfare is the priority and that there is no harm to the client (American Counseling Association, 2014).

Part of becoming a counselor means that friends and family will have access to them in their off hours and may try to talk to them about their issues. Unfortunately, the counselor will have to decline service and refer them to another counselor as this dual relationship does violate the ACA Code of Ethics (2014) section A.6.a.- Previous relationships. The challenge with this dual relationship is that the counselor would have difficulty being objective, which would not benefit the client. If the relationship was a friend of a friend, then the counselor could discuss that relationship with a colleague or supervisor to see if that consisted of a dual relationship that could be ethical boundary crossing. The decision would depend on the issues being discussed and whether the counselor could be objective and prioritize the client.

An unethical boundary crossing, or boundary violation, would be if a client started having romantic feelings toward the counselor. If the client shared those feelings with the counselor and the counselor did not feel the same way, then this boundary crossing may be salvageable, and the therapeutic relationship could continue based on the conversation between the client and counselor. In this instance, the counselor would need to seek peer consultation to discuss the nature of the feelings and the client's diagnosis and run through the possible outcomes of the conversation utilizing the ETHICS model. Even though the counselor does not have reciprocal feelings, they will have to figure out how to discuss the situation professionally so that it does not harm or embarrass the client to the point where the client quits coming to counseling sessions. If the conversation is complicated for the client, then the counselor can discuss referring the client if that is more comfortable for the client. The goal is always to prioritize the client's welfare (American Counseling Association, 2014).

Professional Collaboration in Counseling: Working with a Multidisciplinary Team

As a counselor, there will be times when working within a multidisciplinary team is necessary. Multidisciplinary collaboration refers to professionals with different expertise and training backgrounds working together for the patient's benefit (Hrovat et al., 2013). However, the challenge with working with multiple experts is that everyone comes with their own way of training and silo thought processes on what is best for the client, and this can turn into a "turf war" rather than a cohesive team that works well together (Hrovat et al., 2013). Counselors must work with others in a multidisciplinary team, do their best to put the client's welfare first and abide by the ACA Code of Ethics (2014) section D.1—Relationships with colleagues, employers, and employees. A counselor must utilize their training in listening to the client's needs and work with the client's team members to positively impact their lives. For example, the

client's team members could consist of dieticians and inpatient coordinators. If this is the case, the counselor should meet with the individuals to share notes on the client, discuss how each person's expertise and recommendations fit with theirs, and help create an overall plan that will benefit the client. This is a time to set aside professional egos and learn from each other. This is a situation that counselors should be comfortable with as part of the job is learning through continuing education and feedback to serve the clients better.

Multidisciplinary Team Examples

Counselors specializing in trauma, crisis management, and critical incident stress debriefing (CISD) will often work with different multidisciplinary teams throughout their careers. For example, a position such as a Crisis Counselor Hospital Rapid Response employee from Crisis Preparation and Recovery would always walk into a situation with other human service and behavioral healthcare teams working with the patient. As a Crisis Counselor, the responsibility would be to work with the patient in need and the existing team to analyze and assess the patient's needs now and in the future. This process will also require the counselor to select and assign new behavioral and human service experts as they see fit, section D.1.f. - Personnel selection and assignment, ACA Code of Ethics (2014). In this example, the counselor would lead the assessment and work with inpatient coordinators from the hospital, case managers, and outside services such as suicidal treatment centers like Sierra Tucson. They will create a customized plan for the patient and follow up with the case manager and patient to assess the progress.

Moreover, a counselor focusing on CISD would also walk into a situation where team members of different expertise and professions are on the scene assisting and assessing those needing a debriefing from a traumatic event. For example, an event needing CISD could consist

of members from a police department that witnessed the same traumatic event or something like the tragic event of 9/11. The multidisciplinary team comprises of a mental health counselor and peer support personnel (Mitchell, n.d.). The mental health counselor would lead the small group debriefing and work with the peer supporters to comfort and direct the members through the CISD seven-stage process. The peer supporters would also help comfort the members during post-briefing refreshments while the counselor met individually with members to follow up and assess. Additionally, the counselor would continue to follow up with the members one to three times following the event to assess the need for additional outside counseling (Mitchell, n.d.).

Relationships with Supervisors and Colleagues

The relationship between a counselor and their supervisor is crucial. Whether the relationship is between a student-in-training or a licensed professional counselor, it must be open and trustworthy. The responsibility of a clinical supervisor consists of training, evaluating, and guiding the supervisee while protecting the welfare of the client being counseled (American Counseling Association, 2014). The supervisor is also responsible for helping the supervisee follow the ACA Code of Ethics (2014) and identify and develop their own professional counseling identity (Cruikshanks & Burns, 2017). An ideal relationship would be one where the supervisee is comfortable accepting feedback from the supervisor and asking questions to learn as much as possible before becoming an independent counselor.

Supervisor-Supervisee Ethical Issues

The relationship between a clinical supervisor and supervisee is like a client-counselor relationship, as the ACA Code of Ethics (2014) is the guideline they must follow and abide by during the training process as well as the state laws. The goal of the supervisee is to take their classroom education and apply it to in-person counseling to grow and develop into a competent

counselor. In order to do that, a supervisee will need a supervisor to create a plan encompassing administrative and direct counseling experiences that meet the needs of practicums, internships, and state laws for licensures (Grand Canyon University, 2021-2022). A supervisor will add that information to an informed consent form for the supervisee to review and sign (American Counseling Association, 2014). The difference between a client-counselor relationship and a supervisor-supervisee relationship is that the supervisor-supervisee will be a dual relationship which can create a set of ethical conflicts. One ethical conflict is the power differential. A supervisee may agree to a decision that they believe to be a violation just because they know the supervisor has superiority over them (Heuer & Holbrook, 2015). This is where the supervisee will have to self-reflect and decide to act if they feel there are ethical dilemmas. If the supervisee doesn't feel comfortable discussing the issue with the supervisor, they can consult a professor for advice.

Furthermore, counselors will, at times, observe behavior that seems unethical with their colleagues. In this instance, they should be direct with their colleagues and discuss the situation to look at it objectively. When ethics are questioned by the counselor themselves or a colleague, all counselors must acknowledge and act on it, as the client's welfare is always the priority (American Counseling Association, 2014). Collaborating with a colleague and utilizing the ETHICS model is a great way to examine a possible ethical dilemma. The ETHICS model will allow the counselors to evaluate the problem, think ahead about the various outcomes, get help from colleagues, gather research and information, calculate the risk of all possible solutions, and select the action that benefits the client the most and not harm or abandon them (Ling & Hauck, 2017). An example of an ethical dilemma would be if a pregnant woman came to see a counselor and wanted to talk about her anxiety and depression about wanting to get an abortion, and the

counselor did not believe in abortion. At this point, the counselor would have to self-reflect and recognize if they were counseling the client based on their own beliefs and values or what is best for the client. It would be easy for the counselor to steer the conversations toward adoption based on their beliefs, but that does not put the client's welfare first, violating the ACA Code of Ethics (2014) section A.4.- Avoiding harm and imposing values. If the counselor recognized their attitude, they could refer the client, but this is also a violation based on discrimination and abandonment (American Counseling Association, 2014). This specific situation would be an excellent opportunity to consult with a colleague and utilize the ETHICS model to resolve the manner in a scientific-based way that creates the best outcome for the client. This way, the counselor can feel good about the decision and be comfortable with the steps taken to record and document the notes in case of any repercussions from the client.

Ethics and Critical Thinking Development

The most notable perspective change I have developed throughout this course on ethics and counseling is that even though we as counselors can utilize our critical thinking, codes of ethics, colleague collaborations, and ethical decision-making models to solve issues, we still must understand our clients well enough not to harm them with the outcomes. Counseling seems like a fine line between making sure we do not cross any boundaries with our clients that allow for a malpractice lawsuit and being open and communicative with the client to help them with the best possible outcome. As a counselor, I will have to drill into my head all the ethics codes and be diligent about the initial meetings, informed consent forms, and privacy rights and limitations to allow myself to breathe, knowing that I covered myself to start the sessions. I think my experience will dictate how I practice. I hope that the thought of malpractice issues and violations becomes a small part of my career and that I can focus on the clients and the problems

at hand to impact people's lives positively. I am getting into this field because I want to help people and make a difference in my community.

To conclude, the client-counselor relationship is dynamic and molded by the unique experiences and characteristics of both the counselor and the client. Boundary crossing and dual relationships add another layer of complexity to these relationships requiring counselors to self-reflect, collaborate with supervisors and colleagues, and utilize decision-making models to abide by the ACA Code of Ethics (2014) and always put the client's welfare first. Counselors must embrace continuous learning through research, colleagues, continuous education, and collaboration in multidisciplinary teams to grow, develop and adapt to the community's mental health needs.

References

American Counseling Association. (2014). ACA code of ethics. www.counseling.org/Resources/aca-code-of-ethics.pdf

Brownlee, K., LeBlanc, H., Halverson, G., Piché, T., & Brazeau, J. (2019). Exploring self-reflection in dual relationship decision-making. *Journal of Social Work*, 19(5), 629–641. https://doi.org/10.1177/1468017318766423

Corey, G., Corey, M., Corey, C., & Callanan, P. (2014). *Issues and ethics in the helping professions with 2014 aca codes, 9th ed.* Cengage.

Cruikshanks, D., & Burns, S. (2017). Clinical supervisors' ethical and professional identity behaviors with postgraduate supervisees seeking independent licensure. *Cogent Psychology, 4*(1), 1373422. https://doi-org.lopes.idm.oclc.org/10.1080/23311908.2017.1373422

Grand Canyon University (2021-2022). *College of doctoral studies college of humanities and social sciences graduate field experience manual*. https://www.gcumedia.com/lms-resources/student-success-center-content/documents/chss/cmhc-ces-medsc-field-experience-manual.pdf

Grzanka, P., Spengler, E., Miles, J., Frantell, K., & DeVore, E. (2020). Sincerely held principles" or prejudice? The Tennessee counseling discrimination law. *The Counseling Psychologist*, 48(2), 223–248. https://doi.org/10.1177/0011000019886972

Heuer, J., & Holbrook, T. (2015). Multiple relationships in counseling supervision. *American Counseling Association*. (59), https://www.counseling.org/knowledge-center/vistas/by-subject2/vistas-education-and-supervision/docs/default-

source/vistas/article_59735a22f16116603abcacff0000bee5e7

Hrovat, A., Thompson, L., & Thaxton, S. (2013). Preparing counselors-in-training for multidisciplinary collaboration: Lessons learned from a pilot program. *American Counseling Association.* (82), https://www.counseling.org/knowledge-center/vistas/by-subject2/vistas-education-and-supervision/docs/default-source/vistas/preparing-counselors-in-training-for-multidisciplinary-collaboration

Ling, T., Hauck, J. (2017). The ETHICS model: Comprehensive, ethical decision making. *American Counseling Association*. (18), https://www.counseling.org/knowledge-center/vistas/by-subject2/vistas-assessment/docs/default-source/vistas/the-ethics-model

Mitchell, J.(n.d.). Critical incident stress debriefing (CISD). *Trauma.* http://www.info-trauma.org/flash/media-f/mitchellCriticalIncidentStressDebriefing.pdf