

Benchmark - Counselor Ethical Boundaries and Practices

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Introduction

This paper will explore boundary issues and dual relationships between clients and counselors and the ethical implications of these issues and relationships. Examples of dual relationships in the counseling setting and the decision-making process determine if they are honest and appropriate. Will be presented. This paper will establish a framework for working with other mental health professionals and acknowledge future ambitions to work in a specific setting. Next, this study will describe the role of supervisors and their relationship with counselors, along with ethical considerations. Additionally, this project addresses the methods of dealing with unethical behaviors with colleagues. Finally, the paper outlines how ethical thinking developed during this course through reflection.

Boundary Issues and Dual Relationships

The American Counseling Association {ACA} Code of Ethics instructs counselors to establish boundaries and maintain professional relationships with their clients (ACA, 2014). Counselors should avoid dual relationships to maintain a trusting environment. Counselors should evaluate whether boundary-crossing or forming dual relationships with clients causes harm or has the potential to cause damage to the client. Counselors must not manipulate or take advantage of clients by establishing a dual relationship. Counselors have an ethical responsibility to ensure that the client's welfare is their priority (ACA, 2014). Counselors must not enter dual relationships for financial or other reasons that give them an advantage at the client's expense. When boundary-crossing or dual relationships present themselves in the counseling setting with clients and counselors, counselors must choose to maintain trust and the integrity of the client-counselor relationship.

Counselors should consult experienced colleagues, supervisors, professional organizations' ethical helplines, and professional codes of ethics to determine if continuing boundary-crossing or dual relationships are appropriate. Non counseling roles and relationships are not permitted, and professional boundaries should be maintained (ACA, 2014). Counselors should never be involved in sexual or romantic relationships with clients and is forbidden (ACA, 2014). Even though the ACA Code of Ethics has a provision to allow the possibility of unprofessional relationships with former clients after five years, it is a terrible idea because of the potential for harm.

Sexual interaction between counselors and clients should be avoided and are unethical (ACA, 2014). The most frequently claimed violation against counselors is sexual interactions with clients, despite the prohibition of such relationships by the ACA Code of Ethics (Hoffman, 1995). Before entering a sexual or romantic relationship with a client, counselors should seek advice from other counselors, supervisors, and ethics consultants. Creating an environment that adds accountability to counseling sessions, enables the client and counselor to be protected. Counselors should also seek personal counseling for transference issues that may cause them to cross boundaries or continue inappropriate relationships.

When evaluating the appropriateness of dual relationships, the guideline is never to harm the client. When sexual relationships occur between a counselor and a client, the client may experience guilt, inability to trust, depression, and emptiness (Hoffman, 1995), which all impede the counseling process. Exploitation occurs when counselors put their need for intimacy above the client's welfare. After consultation with others, counselors must consider ethical standards, then determine what actions are available and their implications. Further training in sexual attraction and relationship areas is needed and should be sought by the counselor to avoid future

issues and remedy the current problem. After arriving at an informed decision based on the circumstances, the counselor must follow through to implement the course of action that benefits the welfare of all parties. The only solution to counselors having sexual relationships with clients is to end the sexual relationship and refer the client to avoid further harm.

Three other examples of complex dual relationships are counseling a friend, a coworker, or a fellow church member because the counselor may be unable to maintain objectivity. Dual relationships in counseling are unethical because they cloud the judgment of the counselor and present conflicts of interest that fracture the counseling relationship (Montgomery, DeBell, 1997). Consultation and consideration of ethical codes are first in the decision-making process to determine if entering or continuing these dual relationships are appropriate and ethical. Next, the counselor would consider the different courses of action available and how they will affect all involved. The option to refer a friend to another counselor is viable to avoid harming the client. Counseling a fellow church member may be unavoidable because of the limitations of other places to worship. In this scenario, consultation with colleagues and supervisors is imperative. Allowing supervisors to hold the counselor accountable by monitoring the progress of counseling sessions is an option to maintain the integrity of the client-counselor relationship. A detailed informed consent document that includes guidance on interactions outside the counseling setting will protect the client and counselor in all three examples. Documentation of every interaction and action taken to resolve boundary-crossing and dual relationships will help potential future litigation.

Professional Collaboration in Counseling: Working with a Multidisciplinary Team

Establishing an environment where clients can thrive and grow requires the ability to work effectively and congenially with others. Counselors must understand the roles of other

mental health professionals and collaborate while maintaining the confidentiality of the client to assist them in accessing resources, achieving mental health development goals, and ultimately acquiring autonomy to manage their own life. The first factor to consider when working with a multidisciplinary team is the client's specific mental health disorder and stage. Next, the team must have ways to communicate, collaborate, coordinate and problem-solve together (Lieberman, et.al., 2001). While working on multidisciplinary teams, the counselor must elicit the services of other mental health professionals to help the client achieve optimal success in every area possible. Each member must respect the expertise the other professionals bring to the team and utilize them optimally. When roles overlap, the team considers the client's best interest, the training, education, and skills of each professional, and the client's mental health status in evaluating each member's role. Ultimately, each member of the multidisciplinary team must have a clear role. The advantage of a multidisciplinary team is that the combined expertise of mental health providers offers a comprehensive view and continuity of care for clients that the individual alone cannot provide.

My future goal is to open a private practice specializing in mental health counseling for the entire family. Counselors within the private practice will service all mental health issues the family unit faces, except those requiring hospitalization. A need exists to create strong relationships with other mental health professionals to offer excellent client service, which will be a multidisciplinary team. The team would consist of a psychiatrist, who would evaluate, diagnose and prescribe medications for clients, when inpatient treatment is required. A social worker would be a part of the team to locate vital resources such as housing, employment opportunities, inpatient facilities, and support groups. Social workers will also help with inpatient discharge planning, and case management. A family and marriage therapist will also be

a part of the team to offer marriage counseling and family therapy. The mental health counselor will provide all mental health counseling needs to individual clients within the private practice. The counselor will collaborate with clients to establish treatment goals and empower clients to find solutions to solve mental health issues. This multidisciplinary team will involve team members that work in several different settings, but always communicate and collaborate to ensure the best interests of the client are met.

Relationships with Supervisors and Colleagues

The counselor supervisor monitors the supervisee's services, performance, and professional development (ACA, 2014). Supervisors must meet with supervisees regularly to assess their work and provide counseling guidance for various client types (ACA, 2014). In addition, supervisors evaluate and provide instructions concerning informed consent to supervisees. Supervisors are also responsible for informing clients about the supervisory process and the confidentiality limitations.

The supervisor-counselor relationship is delicate because there is a power difference between the two. The supervisor can facilitate the counselor in obtaining licensure but can also hinder the process. Supervisors should be honest and fair and adhere to the ACA Code of Ethics when performing their duties. Supervisors must maintain professional boundaries and avoid dual relationships to protect all parties from harm. Boundary-crossing and dual relationships between counselors and supervisors are unethical and have the potential to impair the judgment of the supervisor and counselor. The potential for abuse of power is the major issue with the dual relationship between supervisors and counselors. Sexual harassment of a counselor by a supervisor would be an ethical violation.

Client-counselor relationships are similar to supervisor-counselor relationships in that both have a power differential. Supervisors can harm clients and counselors if they behave unethically by taking advantage of them, crossing boundaries, and misusing their power (Corey, et.al., 2019). The priority is the welfare of the client in both relationships. The supervisor-counselor relationship also prioritizes the welfare of the counselor, which complicates the situation if the counselor's ethical violations harm the client. The trust required in the supervisor-counselor relationship is much greater than that of the client-counselor relationship because the supervisor is responsible and liable for the counselor's actions. The counselor must trust the supervisor enough to allow full disclosure of areas that require extra supervision, and the supervisor must trust the counselor enough to allow him/her to learn and develop without policing.

An example of an unethical behavior that counselors may observe colleagues participating in would be having an intimate dinner with a client of the opposite sex. The counselor must first decide if a breach in the professional code of ethics has occurred. This case violates professional boundaries. Next, the counselor must determine if harm or potential harm to the client exists. The potential for harm to the client exists because counselor objectivity may be compromised and the client's trust and respect for the counselor destroyed. Both may impede the success of the counseling process and harm the client's well-being. Next, the counselor must determine what courses of action are available and the ramifications of these actions. Finally, the counselor must make an informed decision considering the code of ethics and the supervisor's input and then acts.

Development of Your Thinking about Ethics

Since the beginning of this course, my thinking has changed about what situations I consider ethical. Before studying the ACA Code of Ethics, I was unaware that a counselor sharing their values with a client was unethical. I did not understand the role of the counselor as a facilitator of autonomy and thought counseling was giving advice. In light of this knowledge, I understand that a counselor's role is to assist the client in discovering solutions that suit their values and beliefs. I never considered the potential for lack of objectivity that could compromise the entire counseling process regarding counseling friends and family members. Because everyone deserves access to mental health services without bias, I am now willing to counsel clients whose values differ significantly from mine. I can disagree with a client's values without imposing my beliefs on them or compromising mine. I was unaware of many aspects of the counseling profession, and now I have a clearer view. As a result, I have an excellent appreciation for ethical training.

Conclusion

This paper discussed boundary issues and dual relations and their ethical implications. We discussed professional collaborations with multidisciplinary teams. Finally, this paper discussed counselors' roles and responsibilities and the supervisory issues they face. Observing ethical violations by colleagues was subject to a decision-making process. This course's ability to develop my ethical thinking was acknowledged.

References

- American Counseling Association. (2014). ACA Code of Ethics. American Counseling Association. <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Corey, G., Corey, M. S., & Corey, C. (2019). *Issues and ethics in the helping professions* (10th ed.). Brooks/Cole Cengage Learning. ISBN-13: 9780357690048
- Hoffman, R. M. (1995). Sexual dual relationships in counseling: Confronting the Issues. *Counseling & Values*, 40(1), 15. <https://doi-org.ropes.idm.oclc.org/10.1002/j.2161-007X.1995.tb00383.x>
- Liberman, R. P., Hilty, D. M., Drake, R. E., Tsang, H. W. H., Simon, E., Corder, Z. A., Yedidia, M. J., & Rebeiro, K. L. (2001, October 1). *Requirements for multidisciplinary teamwork in psychiatric rehabilitation*. Psychiatric Services. <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.52.10.1331>
- Montgomery, M. J., & DeBell, C. (1997). Dual relationships and pastoral counseling: Asset. *Counseling & Values*, 42(1), 30. <https://doi-org.ropes.idm.oclc.org/10.1002/j.2161-007X.1997.tb00951.x>
- National Alliance on Mental Illness (NAMI). (2020, April). *Types of mental health professionals*. NAMI. Retrieved October 12, 2022, from <https://www.nami.org/About-Mental-Illness/Treatments/Types-of-Mental-Health-Professionals>