



GRAND CANYON  
UNIVERSITY™

Kerry Krauss

November 8, 2023

Counselor Ethical Boundaries and Practices

In this assignment, I will address specific ethical issues and their concepts in response to the questions presented. I hope this reflects some of the valuable wisdom I have attained from taking this course.

## **Section 1: Boundary Issues and Dual Relationships**

Boundary-crossing and dual relationships should be avoided whenever possible. However, in some situations, it may be beneficial to the client. To determine whether boundary crossing or a dual relationship is beneficial to the client, the counselor should first seek counsel from colleagues and/or supervisors and evaluate the reasons the client wants to change the dynamic of the client-counselor relationship. The model I would follow when determining whether a boundary-crossing or dual relationship is ethical and appropriate is found in our textbook. There is a list of questions to help evaluate the risk versus benefit of boundary-crossing or dual relationships: “Is entering into a relationship in addition to the professional one necessary, or should I avoid it? Can the multiple relationship potentially cause harm to the client? If harm seems unlikely, would the additional relationship prove beneficial? If it is beneficial, is the benefit focused more on the client, the counselor, or both? Is there a risk that multiple relationships could disrupt the therapeutic relationship? Can I evaluate this matter objectively?” (Corey et al., 2019). Even if the counselor decides this change in the therapeutic relationship is beneficial for the client, even then, “they should then do so with the greatest of caution” (Corey et al., 2019). Once the therapist has decided to continue a boundary-crossing and/or dual relationship with the client, certain steps need

to be taken. The counselor should document changes in the therapeutic relationship and interactions with the client, have the client sign an informed consent form, and maintain an open dialogue with the client about how these changes are affecting them.

### **Socializing with Clients –**

- Is this necessary, or can it be avoided?  
The counselor and client are members of the same church.
- Can this harm the client?  
It can harm the client if the counseling relationship is ongoing at the church.
- Is it beneficial to the client? Who does this relationship benefit more?  
Not necessarily. Neither.
- Is there a possibility that this can disrupt the therapeutic relationship?  
It might harm the therapeutic relationship if the counselor is personally involved with or pursues relationships with the client's family and friends, or the client is personally involved with or pursues relationships with the counselor's family and friends.
- Can the counselor evaluate this matter objectively?  
Yes. The counselor and client need to discuss boundaries, expectations, and acceptable behavior towards each other at church.

### **Sexually Involved with a Client –**

- Is this necessary, or can it be avoided?  
It can be avoided.
- Can this harm the client?  
It will most likely harm the client.
- Is it beneficial to the client? Who does this relationship benefit more?  
This is not beneficial to the client, and it benefits the counselor more.
- Is there a possibility that this can disrupt the therapeutic relationship?  
It will disrupt the therapeutic relationship.
- Can the counselor evaluate this matter objectively?  
NO.

### **Supervisor and Therapist with a Client –**

- Is this necessary, or can it be avoided?  
It can be avoided.
- Can this harm the client?

It might harm the client if the counselor uses the client's personal issues to evaluate their professional performance. It can also cause harm when a counselor overlooks professional shortcomings out of favoritism.

- Is it beneficial to the client? Who does this relationship benefit more?  
It is beneficial for the client if the counselor uses their knowledge of the client to be more effective at training and supervising them.
- Is there a possibility that this can disrupt the therapeutic relationship?  
Yes.
- Can the counselor evaluate this matter objectively?  
Yes, but it is better to avoid it.

### **Business Relationship with a Client –**

- Is this necessary, or can it be avoided?  
The counselor wants to buy a car from the client. It can be avoided.
- Can this harm the client?  
It can harm the client if the client feels forced to offer a special price to the counselor or is afraid the counselor will get angry if the client sells the car elsewhere.
- Is it beneficial to the client? Who does this relationship benefit more?  
It is beneficial to the client if it is a source of income. However, the counselor might use this sale to exploit the client.
- Is there a possibility that this can disrupt the therapeutic relationship?  
Yes, the client may feel taken advantage of or forced.
- Can the counselor evaluate this matter objectively?  
Yes. The counselor and client need to discuss boundaries, expectations, potential negative outcomes, and solutions if they decide to proceed with the car sale and purchase.

## **Section 2: Professional Collaboration in Counseling: Working with a Multidisciplinary Team**

It is interesting to me that in the Bible, Jesus sums up the law in Matthew 22:37-39: "You must love the Lord your God with all your heart, all your soul, and all your mind." And. Love your neighbor as yourself. The ACA Code of Ethics summarizes the ethical code by prioritizing the client's needs over our own. Counselors can fall back on that statement in almost any situation and derive an ethical guideline from the ACA Code of Ethics.

“Professional counselors recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients” (American Counseling Association, 2014). Building and maintaining healthy working relationships with colleagues, supervisors, and other mental health professionals is key to providing effective services to our clients.

### **Section 3: Relationships with Supervisors and Colleagues**

Clinical supervisors are responsible for the quality of the services provided by the supervisee. A supervisor is obligated to ensure the supervisee is developing professionally, engaging in self-care, and is an active participant in preparing the supervisee to be a competent and ethical counselor. Supervisors do these things by “monitoring client welfare and supervisee performance and professional development” and by meeting “regularly with supervisees to review the supervisees’ work and help them become prepared to serve a range of diverse clients” (American Counseling Association, 2014). Supervisors are to be active and up to date in continuing education. Supervisors should always document a supervisee’s performance and interactions and offer useful instruction. According to the ACA Code of Ethics, “before offering supervision services, counselors are trained in supervision methods and techniques. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and

skills. Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship” (American Counseling Association, 2014).

A supervisor-counselor relationship is based on the counselor’s professional development, whereas the counselor-client relationship focuses on the client’s mental health and personal development. In the supervisor-counselor relationship, the supervisor is responsible for monitoring the quality of services and the counselor’s professional development. In contrast, in the counselor-client relationship, the counselor engages in open dialogue with the client about the client’s therapeutic process. In the supervisor-counselor relationship, confidentiality is shared with licensing boards and employers, while the counselor-client relationship is more confidential.

If someone notices a colleague touching their clients inappropriately after sessions, this is an ethical dilemma. According to the ACA Code of Ethics, the counselor can implement the ETHICS Model.

### **E—Evaluate the Dilemma**

In this situation, it is easy to conclude that their colleague is involved in a boundary violation and a sexual relationship with their clients.

### **T—Think Ahead**

This situation can lead to several negative outcomes. First, harming the clients. Also, legal action against the counselor and/or the practice.

### **H—Help**

Seek help or advice from a supervisor or consultant.

## **I—Information**

Gather up-to-date information relevant to this situation.

## **C—Calculate Risk**

What could happen if I don't say anything? What if I do? Who would be negatively affected by this?

## **S—Select an Action**

“During this step, the counselor determines the most ethical/least unethical course of action” (American Counseling Association, 2014). If the counselor remains silent in this situation, the clients will endure more harm. The unethical behavior will continue, and the consequences of his inappropriate behavior will multiply over time.

## **Section 4: Development of Your Thinking about Ethics**

When I started this course, I struggled with the fact that I should keep my values and beliefs to myself. It is easy to recognize pain, struggles, issues, and trauma in other people; I just assumed they needed me to tell them about it. I confronted two of my good friends with information about their own trauma. I carefully explored their situations and trauma and came up with some good solutions. I then thoroughly explained to each of them privately how they were traumatized, what behaviors proved to me they have trauma, what effect their trauma has on them now, what they need to do to heal, and how it will all be okay. I thought that, because I am a Christian and follow Jesus, I should be able to enlighten them, cry with them, and then lead them the right way. No more trauma, just happy, healed people who all love Jesus! That didn't happen. One friend just minimized her issues and shut

me down; thank God, I didn't hurt her, and our friendship is still intact. However, much to my surprise, my other friend had a complete psychotic episode. I wasn't expecting that at all! She screamed at me for hours and said things that made absolutely no sense. At first, I thought she was just being stubborn and didn't want to change. I had never heard her talk, scream, or even cry that way. I felt like I was talking to a whole different person. I quickly learned that I stole the last defense mechanism she had left, avoidance. I forced her to face things she wasn't ready to, and she completely broke down. But wait! I have the answer: follow Jesus, and He will heal you, as He did me. It was like I took the huge, thick veil she had covering her face, held a mirror up to her, and forced her to look deep into it. She not only couldn't see Jesus, but she also couldn't see me or anyone for days. I believed my intentions were pure. God literally pulled me out of a horribly abusive situation and put me in a safe place where He has put me back together one piece at a time. I just wanted the same thing for her. It was one of the most horrible mistakes I have ever made. I can't even describe how awful it was. It took her weeks to forgive me, and even now, months later, our relationship is not the same. Yes, Jesus worked miracles in my life, but what happened after that? I was stuck for decades in abuse that I wasn't even aware of. I remember I avoided certain topics with friends and social interactions that included my husband for years, to maintain my dignity and to keep myself from having to face my situation. It was too painful and too overwhelming. If anyone had approached me in the same way I approached my friend, I would have done everything in my power to erase anything they said out of my mind as fast as possible. Why did I think my friend could handle me confronting her? I guess I thought if I survived it, so could she. When I finally started facing my situation, it came in stages, like the

six stages of change. The precontemplation stage was the longest. Contemplation was hard and painful. When I decided to prepare and was determined to get out, I was mostly convinced, but I constantly questioned myself. I struggled to take action because I was convinced that I wouldn't make it, whether I stayed in that situation or got out. I was too much of a loser, and leaving would prove to me that I was the problem. I got out, and I thought that was all I had to do, make it out. But that was just the beginning of my journey. It took several months after I got out before I started feeling like something was horribly wrong with me. I thought I was going crazy. Fighting to heal was harder than living in the abuse. For months, I begged my ex to take me back. He refused. Not even my abuser would take me back. It was by the grace of God that he didn't take me back. I became completely consumed and overwhelmed with emotional and physical pain, fear, nightmares, night sweats, day sweats, panic attacks, aggressive outbursts, hypersensitivity to almost every normal sound around me, and feeling utterly defenseless and vulnerable everywhere I went. I didn't think I was going to make it. Why am I saying all of this? Because it is absolutely ridiculous that I went through all of that and suffered as much as I did, and thought for one second that I could force my friend to be just as "enlightened" as myself. The funny thing is that I had to be in group therapy, individual therapy, witness my friend's psychotic episode, and take an ethics course to figure it out! When a person is ready, they will seek change and work towards healing. I will be a willing tool in the process to help that person along in their healing journey. I cannot force it, I cannot control it, and I certainly cannot "enlighten" others by forcing my own values and beliefs on them.

As a class, we covered and discussed a lot of valuable information and ethical standards.

After trying to gather as much information as I could, I realized that I will always be a student who evolves and learns more each day.

## **References:**

American Counseling Association. 2014. *ACA Code of Ethics*.

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

American Counseling Association. 2014. *ACA Code of Ethics*. *“Ethical Decision-Making Model” developed by the American Counseling Association (ACA)*

Corey, G., Corey, M. S., & Corey, C. (2019). *Issues & Ethics in the Helping Professions* (10<sup>th</sup> ed.). Cengage Learning. [BibliU - Reader](#)