

**Counselor Ethical Boundaries and Practices**

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CNL 505: Professional Counseling, Ethical and Legal Considerations

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## **Counselor Ethical Boundaries and Practices**

This benchmark seeks to articulate, to counselors practicing in a parish community, the importance of ethics in setting and clarifying boundary crossings and violations. It covers making ethical decisions and attending to dual relationships that can happen in small communities. Collaborating with multidisciplinary peers and establishing professional relationships can assist addressing the mental health and well-being of a diverse population. Expanding professional experience, skills, and knowledge through peer consultation and securing supervision assists in licensure but also helps guide the counselor into the virtues of beneficence while navigating difficult ethical issues. A thorough understanding of ethics, regulations, licensure, boundaries, and consultation helps frame the practice approaches. Mental health professional counselors vigorously frame their practices with virtue ethics and ethical standards, superb supervisors, and well-developed professional relationships which guide counselors to excellent behaviors and a fulfilling practice while providing the best care for clients.

### **Boundary Issues and Dual Relationships**

#### **Boundary-Cross and Dual Relationships**

Counselors share much personal time with clients, so the counselor looks to virtue ethics for client development (Corey et al., 2024), ethical codes for solid boundaries, and an ethical decision-making process (EDM) to determine their decisions and actions (ACA, 2014, I.1.b). These frame the counselor's practice and behaviors guiding them as counseling veers into intense personal areas that can create transference and countertransference issues (Natwick, 2017). Counselors must anticipate situations and set boundaries in informed consent to avoid

ethical issues (Corey et al., 2024). The counselor must discern whether boundary-crossings lead to violations or can help during role changes (ACA, 2014, A.6.d).

Springer (n.d.) points to an EDM process as foundational for ethical practice. The EDM process clarifies the ethical dilemma personally and intellectually and articulates possible ramifications such as gift giving, boundary crossing, and confidentiality breaches. Relating specific ethical codes and regulations and analyzing how they affect the situation bounds the decision process. Consultation with various peers adds new perspectives. Then determine options and consequences leading to a decision (Burkholder et al., 2020). The counselor must discern if the dual relationship exploits or harms the client (ACA, 2014, A.4.a) and if it helps clients' well-being (A.1.a). Four examples explore the ethics of dual relationships.

#### *Example One*

A client feels a sense of friendliness and requests the counselor join a family event which seems innocuous until during a casual conversation at the event the client dives into confidential therapeutic topics creating an ethical boundary crossing (ACA, 2014, A.6.e). Because the counselor chose to attend the event the counselor must address the boundary crossing as soon as appropriate with the client through an informed consent discussion reminding the client of boundaries and potential harm (A.4.a). Next, the counselor documents the dual relationship, noting the observed transference and countertransference issues (A.6.c). If serious harm seems likely, the counselor seeks consultation (A.6.b) and does an EDM process (Burkholder et al., 2020). Because the counselor chose to attend the event, the counselor must be assured that no exploitation (ACA, 2014, A.6.a) nor harm (A.4.a) comes to the client, documents the risks and benefits (A.6.b), and holds further informed consent discussions with the client (A.2.a).

*Example Two*

The counselor and client attend the same church and find themselves in the same retreat weekend that requires reservations and significant cost. They find themselves in the same working group. The counselor must act at that moment in this situation. Having clear boundaries set early in the treatment, grounds informed consent discussions (Corey et al., 2024). A quick informed consent discussion (ACA, 2014, A.2.a) with the client ensures that the situation creates no problems, harm, or exploitation and covers risks with the client (A.6.d). If the risks are too high the counselor requests to move to another group or leaves the event thus protecting the client's well-being (A.1.a).

*Example Three*

A client, in appreciation, offers a several hundred-dollar gift as their culture encourages and would be offended if rejected. This requires an EDM process (Burkholder et al., 2020) and consultation to assess whether it causes harm (ACA, 2014, A.4.a) directly or indebts the counselor to the client causing harm indirectly possibly through countertransference or to the therapeutic relationship (A.10.f). Documentation (A.6.c) and informed consent (A.2.a) regardless of accepting the gift or not. The EDM process and consultation would help the counselor judge the motivations, transference, and countertransference issues at play (Corey et al., 2024).

*Example Four*

Due to the intensity of therapy romantic feelings surged in the client since the counselor listened, empathized, and was emotionally present during the sessions (Corey et al., 2024). The counselor must seek consultation immediately to navigate this situation to ensure appropriate action is taken (ACA, 2014, I.2.c). Documenting the situation, the transference, the counselor's actions, and activities (A.6.b) becomes imperative. This situation also requires careful self-

monitoring of possible countertransference ensuring the client's well-being is maintained (Knapp et al., 2017). Then, a gentle client discussion must happen to clarify boundaries and determine the therapeutic reasons behind the transference (Corey et al., 2024).

### **Multidisciplinary Team**

Clients can come to therapy with such a wide variety of backgrounds, worldviews (GCU, 2024), and cultures that it becomes a challenge to meet the expanded needs of diverse clients in a virtue-ethical manner (Corey et al., 2024). It also creates difficulties in framing the practice with the competencies required by ethical standards (ACA, 2014, C.2.a). Supervision and consultations can guide the counselor in ethical issues (C.2.e). To excel while staying within the frame of the practice a counselor can tap into the experience and expertise of a multidisciplinary team each doing their part in the journey to clients' well-being (D.1.c).

### **Collaboration**

By working with multidisciplinary peers counselors can call on their expertise. As Korsbek et al. (2021) describe social workers, case managers, intake counselors, nurses, and other multidisciplinary peers can bring lived experiences to help bridge the client from their experiences into mental health therapy. A good way to collaborate with multidisciplinary peers would be to establish professional relationships through volunteering in non-profits, putting together a peer mastermind group to share ideas, or reaching out for informational interviews with peers to establish relationships. Case managers can help transition clients to a substance abuse clinic for example (R. German, case manager Blanchet House, personal communication, June 19, 2024). Emergency department nurses and doctors can be consulted for suicidal ideation or serious SUD situations (Corey et al., 2024). Social workers can be brought into conversations about unique diversity issues with clients.

## **Professional Setting**

Counselors working in parish or church settings have access to parish and school administration professionals who are often familiar with counseling, affiliated parishes, and the dioceses. Each parish seeks a counselor on staff or associated with the parish (Fr. S. Weeks, personal communication, May 1, 2024). The counselor works with individuals, families, and groups and does workshops for the community in concert with the pastor. Spiritual direction comes from the pastor or deacon which can enhance therapy (GCU, 2024). The school counselor can provide specialized consultation and support for student development, confidentiality, and struggles (ASCA, 2016, A.1.e). Emergency department nurses and doctors help with medical issues impacting clients' mental health. Collaborating with associated organizations like SUD clinics can bring in case managers and intake coordinators to hold psycho-educational sessions and transition clients appropriately to facilities. Sexual and Gender Minority (SGM) counselors can bring the LGBTQ+ community's unique issues of proximal and distal stressors they experience in life (Grzanka et al., 2020). The collaboration not only brings in expert knowledge it helps frame therapy ethically and in the virtue of well-being.

## **Relationships with Supervisors and Colleagues**

Supervision offers an opportunity to learn the topics necessary to becoming an excellent counselor while setting the practice up for the virtue of client welfare and beneficence (Warner, 2022). By framing the practice well and learning continually, ethical issues can be avoided and virtue counseling can be realized as Corey et al. (2024) articulated.

## **Role of Clinical Supervisors**

Supervisors play an important role in the Registered Associate path to licensure in the State of Oregon (n.d., Become a Supervisor section) and assist Licensed Professional Counselors

(LPC) in extending competencies (ACA, 2014, C.2.b). Client welfare is the primary goal of supervisors (ACA, 2014, F.1.a). They are legally and ethically responsible for clients' progress, the supervisee's behavior, and the therapy processes (State of Oregon, n.d., Become a Supervisor section). ACS (2016, C.8) obligates supervisors to communicate the schedule of supervision. They must establish plans and goals for the supervisee (ACS, 2016, C.2) to guide, evaluate, and monitor the supervisee into competence that cover therapy performance issues (ACA, 2014, F.6.a), culture diversity issues (F.2.b), impairment of the supervisee or supervisor (F.5.b), and, if necessary, gatekeeping that leads to remediation (F.6.b). Informed consent (F.1.c) plays a major role in covering the responsibilities of the supervisor and supervisee and its limitations, privacy, confidentiality, and professional disclosure. Informed consent also covers a plan with topics aligned with counselor goals and ethical considerations (Warner, 2022). Supervisors must get and maintain competence (ACA, 2014, F.2.a; State of Oregon, n.d., Become a Supervisor section) in the supervisory role and if not refer the supervisee appropriately (ACS, 2016, C.1).

### **Ethics Issues in Counselor-Supervisor Relationship**

The relationship between clients and counselors models the supervisor-supervisee relationship in many ways and must follow the ACA (2014, F.1.a) standards. Informed consent (F.1.c) with goals and plans (Warner, 2022), professional disclosures, and limitations are all similar for supervision as in client therapy. Differences include the responsibility of the supervisee to follow the ACA (2014, F.5.a) code of ethics, keep records of the sessions (B.6.a), and keep in mind that client welfare is still primary (F.1.a). The supervisee should consult with a professional as ACA (n.d.) makes available and has the right to terminate the relationship and seek other supervision if deemed appropriate (ACA, 2014, F.4.d).

## **Unethical Counselor Behavior**

When working with professionals, counselors may encounter unethical behavior. The most common boundary violation encountered in Oregon is practicing beyond the scope of the license authorization, such as post-graduation claiming the title of LPC, LMFT, or Registered Associate on their official communications with clients before completing the requirements (State of Oregon, n.d., Compliance section). The counselor's ethical duty, if they witness these violations, requires addressing the issue through direct discussion with the person (ACA, 2014, I.2.a) as an initial step.

If a direct discussion does not work then consult with a supervisor, colleague, or management on the issue (ACA, 2014, I.2.c). Next, go through an EDM process to define the issue and its impact, identify the codes and statutes involved, ascertain options and their pros and cons, consult with more professionals, document everything, and choose a path (ACA & Davis, 2014). If necessary, file a report to the board that a violation happened (ACA, 2014, I.2.b). It is hoped consultation and informal discussions correct the issue. Unresolved issues of presenting expertise and credentials beyond the scope of board approval mislead clients which can cause harm through malpractice, exploitation, and confusion in clients (A.4.a).

### **My Ideas about Ethics**

I encountered a lot of new information through this course. The degree of importance of ethical issues and how they are embedded into state regulations impacted my thinking about approaches to counseling. Oregon (2024) specifically calls out the ACA (2014) code of ethics in the regulations for Registered Associates, LPCs, and Licensed Marriage and Family Therapists (LMFT). Additionally, Oregon publicizes all board complaints with names and accusation details



on its website (State of Oregon, n.d., Compliance section), emphasizing the seriousness of ethical considerations to frame the practice.

During my consulting contracts, I often wondered about boundaries. I had set boundaries in payments, confidentiality, and being on time among other business issues, but some boundaries like socializing, disclosure, taking care around extending session lengths, and countertransference issues I had not grasped (Corey et al., 2024). The definitions and distinctions of boundary crossings and violations (Natwick, 2017) helped me clarify what I must include in my practice and informed consent. In retrospect, boundary crossings were commonplace in my business consulting context. Boundaries are now in my scope of attention to clarify.

I am relieved to understand Oregon's (n.d., Associate Registration section) licensure process. The State of Oregon requires one of the National Certified Counselor's (NCC) examinations certified by the National Board of Certified Counselors (NBCC) (NBCC, 2024, Examinations section) for LPC licensure. Candidates choose the National Clinical Mental Health Counseling Examination (NCMHCE) or the National Counselor Examination (NCE). Oregon (n.d., Exams section) further specifies one of the three examinations: NCE, NCMHCE, or Certified Rehabilitation Counselor Examination (CRC) for Licensed Professional Counselor licensure. The state also requires separate examinations for LMFT licensure through the Association of Marital & Family Therapy Regulatory Boards (AMFTRB).

Finally, I appreciate the cultural and ethical expectations for consultation through ACA (n.d, Ethics section) as a member, consult with colleagues, or get supervision to grow professionally (ACA, 2014, B.7, C.2.e, I.2.c). I am familiar with association workshops, continuing education, referencing professional journals, and eLearning approaches to enhance

professional development. The need for framing my practice ethically and with virtue ethics to mitigate problems and enhance client well-being forms what I hope to be an ethical practice.

### **Concluding Thoughts**

Framing a church or parish community practice with virtue ethics bounded by ethical principles will allow the practice to navigate issues and thrive (Warner, 2022). In a small community, the opportunity for boundary crossings and dual relationships abounds (Corey et al., 2024). It is incumbent for the counselor to understand the ACA (2014, C.1) code of ethics and set distinct boundaries for dual relationships by taking precautions of supervision, consultation (A.6.a), documentation (A.6.c), and informed consent (A.6.b). Developing an extended team of peers in the church community to help with the diversity, life stages, and various mental health issues of the target population becomes crucial to providing excellent mental health care (Corey et al., 2024). The counselor must have access to supervisors for licensure, supervision, and consultation for ethical decision-making processes to grow professional knowledge and skills (Warner, 2022). The goal is to frame a virtue ethics and ethical practice that provides excellent counseling services, becomes fulfilling to the counselor, and creates a set of professional services that increase the well-being of all those who come for help.

## References

- American Counseling Association [ACA]. (2014). *2014 ACA code of ethics*.  
<https://www.counseling.org/Resources/aca-code-of-ethics.pdf>
- American Counseling Association [ACA]. (n.d.). *Ethics - Tools to ensure ethical standards compliance*. www.counseling.org. <https://www.counseling.org/resources/ethics>
- American Counseling Association, & Davis, T. (2014). *Code of Ethics – Ethical Dilemma Decision Tree*. Author.  
<https://www.azbbhe.us/pdfs/Ethical%20Dilemma%20Decision%20Tree.pdf>
- ACS. (2016). *CCE Approved Clinical Supervisor (ACS) Program Code of Ethics*.  
<https://www.cce-global.org/Assets/Ethics/ACScodeofethics.pdf>
- American School Counselor Association [ASCA]. (2016). ASCA ethical standards for school counselors. <https://www.schoolcounselor.org/getmedia/f041cbd0-7004-47a5-ba01-3a5d657c6743/Ethical-Standards.pdf>
- Burkholder, J., Burkholder, D., & Gavin, M. (2020). The Role of Decision-Making Models and Reflection in Navigating Ethical Dilemmas. *Counseling & Values*, 65(1), 108–121. <https://doi-org.lopes.idm.oclc.org/10.1002/cvj.12125>
- Corey, G., Corey, M. S., & Corey, C. (2024). *Issues and ethics in the helping professions* (11th ed.). Cengage.
- Grand Canyon University [GCU]. (2024). *The Christian Worldview*. Halo.  
<https://halo.gcu.edu/resource/33455616-0a51-4f25-89a5-6fabd5f65847?nestedResourceId=3d2e7371-5ac2-42af-b3fa-88f0b0302d3f>

- Grzanka, P. R., DeVore, E. N., Frantell, K. A., Miles, J. R., & Spengler, E. S. (2020).  
Conscience clauses and sexual and gender minority mental health care: A case study.  
*Journal of Counseling Psychology, 67*(5), 551-567. 10.1037/cou0000396
- Knapp, S., Gottlieb, M. C., & Handelsman, M. M. (2017). Self-Awareness Questions for  
Effective Psychotherapists: Helping Good Psychotherapists Become Even  
Better. *Practice Innovations, 2*(4), 163-172. 10.1037/pri0000051
- Korsbek, L., Vilholt-Johannesen, S., Johansen, G. K., Thomsen, R., Johansen, M. B., &  
Rasmussen, K. S. (2021). The Intentional Differences: A Qualitative Study of the Views  
and Experiences of Non-peer Mental Health Providers on Working Together with Peer  
Support Colleagues in Mental Health. *Community Mental Health Journal, 57*(8), 1435–  
1441. <https://doi-org.lopes.idm.oclc.org/10.1007/s10597-021-00807-8>
- Mifsud, A., & Herlihy, B. (2022). Ethical Standards for a Post-COVID-19 World. *Journal of  
Mental Health Counseling, 44*(1), 82–96. [https://search.ebscohost-  
com.lopes.idm.oclc.org/login.aspx?direct=true&db=edsbl&AN=RN628250715&site=eds  
-live&scope=site](https://search.ebscohost-com.lopes.idm.oclc.org/login.aspx?direct=true&db=edsbl&AN=RN628250715&site=eds-live&scope=site)
- Natwick, J. (2017). It's lonely out there: How counselors might stray from their ethical training.  
*Counseling Today, 59*(12), 20-23.  
[https://search.ebscohost.com/login.aspx?direct=true&db=ehh&AN=123436008&site=eds  
-live&scope=site](https://search.ebscohost.com/login.aspx?direct=true&db=ehh&AN=123436008&site=eds-live&scope=site)
- NBCC. (2024). *National Board of Certified Counselors: Continuing Education*.  
<https://www.nbcc.org/resources/nccs/earnce>

Oregon. (2024). *833-100-0011 Division 100 Code of Ethics*. Mental Health Regulatory Agency.  
v2.0.12.

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3741>

Springer, S. (n.d.). *Week 2 Principles & Decision Making Process* [Video]. GoogleDrive.

<https://drive.google.com/file/d/1Nw8mXf29Y8Dk4YTiFGPN-GQPz77FsJjs/view?usp=sharing>

State of Oregon. (n.d.). *Board of Licensed Professional Counselors and Therapists*.

<https://www.oregon.gov/oblpc/Pages/index.aspx>

Warner, T. (2022). Making every moment of clinical supervision count. *Counseling Today*,  
64(7), 45–49.