
2. What is the most important thing you learned about yourself by going through this exercise? Explain.

3. What can you do to increase the chances of responding in an ethical and appropriate manner if you do encounter these kinds of dilemmas in your future practice?

A WORD OF ENCOURAGEMENT

Don't despair if you discover that you cannot work with all clients or with all problems. We don't expect this of you, or of ourselves. Our point is *not* that you should be value free or that you should never experience difficulties because of value differences. We do think you are far better prepared to meet the challenges you will eventually face in internships and as a practicing counselor if you spend time exploring your core beliefs and if you come to a clearer understanding of how your personal value system will play out in your professional work.

By working through the ethical situations presented here, you will have at least thought about the central role that values play in the counseling process. You may still be surprised by some of the challenges you will meet when you practice, yet hopefully, you will be better prepared to think through dilemmas as a result of what you are now learning. At this point, jot down a few key things that you have learned about how certain of your values may be an asset or a liability to you.

OTHER ROLE-PLAYS ILLUSTRATING VALUE CONFLICTS

Discussion with Students in the Workshop on Values

In the Institutional Version of the *Ethics in Action* video, several students who participated in a three-day workshop on ethics comment on how ways their values might influence their counseling practice. For instance, one student would have trouble with a client who holds racist beliefs. Another student would have trouble with a client who holds fundamentalist religious beliefs and is not willing to explore issues in counseling. If you are able to view the Institutional Version, ask yourself where you would most struggle with a client because of value issues.

Even if the Institutional Video is not shown in your class, we have provided enough information below for you to analyze ethical issues associated with some controversial areas in counseling practice. Consider the four cases below that are dramatized in the Institutional Version, which are also presented here as additional role-play situations to stimulate your thinking in areas dealing with religion and spiritual concerns, abortion, sexual orientation, and end-of-life decisions.

Remember, you will be better prepared for the realities of counseling practice if you seriously explore how your values influence what you say and do as a counselor. You don't need to have answers to every value-laden situation that you will face, but you are likely to be less surprised by your reactions through your involvement in this self-study program, your course work, and the reading you do in ethics. You will be better able to generalize what you are learning here to new dilemmas that will arise. As you work through the questions and discussion of these topics, identify areas where you might expect to have difficulty because of a conflict between your values and the values of certain clients.

Religious and Spiritual Concerns

In the Institutional Video, the role-play, "Religion as Answer," portrays a conflict of values between the client and the counselor. The client (LeAnne) thinks that prayer should be the answer to her personal problems. She thinks that she is not hearing the Lord clearly. Her counselor (Suzanne) has some trouble in understanding what her client's religion means to her or how to work with LeAnne's religious framework within the context of counseling. Instead, Suzanne comments that she feels that she is in competition with God and the client's religion. Suzanne wants LeAnne to put more faith in the counseling process as a way to find an answer to her problems.

Assume that you are counseling LeAnne. Answer the questions that follow.

1. How might your values or personal experiences with religion potentially get in the way of effectively exploring LeAnne's struggles within the context of her religious framework?

2. It is ethical for you to challenge your client's belief in the power of prayer and her reliance on God to solve her problems? Explain.

3. As her counselor, if you thought she was avoiding personal responsibility by relying on reading Scripture and praying, what might you say to her?

4. Do you think it is possible to incorporate religious or spiritual values in the counseling relationship, even if the client may be unwilling to examine her motivations for praying?

5. Is it appropriate to deal with religious issues in an open and forthright manner as clients' needs arise in the therapy process?

6. Do clients have the right to explore their religious or spiritual concerns in counseling? How might you help them to address these concerns?

7. Are you forcing your values on your clients if you are not willing to explore religious or spiritual themes when clients introduce them in a therapy session?

8. What role does spirituality or religion play in your life? Does it provide you with a source of meaning?

9. How might your own experiences and beliefs regarding religion or spirituality either help or hinder you in being objective with your clients?

10. As a counselor, under what conditions would you be inclined to refer a client because of his or her spiritual or religious beliefs?

11. Should a client who seeks counseling because of religious conflicts be seen by a counselor with a similar religious belief system? Why or why not?

KEY POINTS ON THE ROLE OF RELIGION AND SPIRITUALITY IN COUNSELING

- In your counseling practice, you will most likely be challenged to incorporate spiritual and religious beliefs in both assessment and treatment practices.
- It is important that you understand and respect your clients' religious and spiritual beliefs and include such beliefs in the assessment and treatment process.
- Exploring spiritual and religious values with clients may help them find solutions to their problems.
- It is essential that you remain open and nonjudgmental in listening to clients who want to discuss their spiritual or religious beliefs.

REFERENCES

1. See *Becoming a Helper*, Chapter 6 (Values and the Helping Relationship, pp. 166–170) for a discussion of religious and spiritual values.
2. See *Issues and Ethics*, Chapter 3 (Values and the Helping Relationship, pp. 82–90) for a treatment of the role of spiritual and religious values in counseling.

Contemplating an Abortion

In the Institutional Video, there is a role-play, "Abortion," which represents a value clash between the client and counselor. The client (Sally) is considering an abortion and the therapist (Lucia) has difficulty with this possible decision. Lucia says that she is feeling uncomfortable because of her belief that life begins at conception. Lucia tells Sally that she will have to get some consultation so that she can sort out her thinking. Sally is anxious and wants to talk about what she might do and is somewhat taken aback by her counselor's response.

Answer the questions that follow on value issues pertaining to abortion.

1. If you were the client in this situation, how might you have felt if the counselor let you know that she was morally opposed to abortion?

2. Was the counselor's disclosure that she had trouble with Sally's possible abortion helpful to her? How might this disclosure be burdensome to the client?

3. Lucia said that she wanted her client to consider her options objectively and make the best decision for herself. Do you think it would be likely that Sally would be able to do this, knowing what her counselor thinks about abortion?

4. What basic ethical principles need to be considered in analyzing this situation? (Autonomy; nonmaleficence; beneficence; justice; fidelity; veracity) For example, how does autonomy or this client's right to self-determination apply?

5. What are your values regarding a woman's right to an abortion versus the right to life issue? How do you expect your values to help or hinder you in counseling a client like Sally?

6. If you were counseling Sally and she brought up that she was considering having the baby and rearing it as a single mother, what would you want her to consider? Would you have any investment in the outcomes of this decision?

7. Assume that you have been counseling Sally for several months for her bouts with depression. At one session Sally tells you:

I just found out I am pregnant. I am really not ready to have a child and I'm not sure what to do. I don't want to give my child up for adoption. And I'm not sure that I am open to having an abortion. My religious values and moral convictions would make it extremely difficult to choose abortion. Really, I can see no option, yet I know I must make some choice. Can you help me?

Below are some interventions that you could make. Check all the things you might do in this situation.

- I'd be inclined to suggest a solution to my client.
- It would not be my place to give her my answer, but to help her find her own answers within herself.
- My religious and moral values would make it difficult to assist her in her struggle.
- I would suggest several other professionals she could seek for help, and at the same time I would continue working with her.
- I would seek consultation in this case.
- Most likely I would want to refer this client because I don't feel personally or professionally competent to deal with her issues.

What are some other ways you might intervene?

KEY POINTS IN DEALING WITH VALUE CONFLICTS REGARDING ABORTION

- As Sally's counselor, it is not your role to make a decision for her. Your role is to help her clarify her own values and make a decision after exploring all the options available to her.
- You are not working for your client's best interest if you either push Sally to have an abortion or instill guilt in her as a way to prevent her from having an abortion.

- If you find yourself struggling with how to deal with this kind of value conflict, referral is not the only answer. You can bring your struggle and your questions to your supervision sessions.
- Consultation would be helpful if you are aware of having a bias that would interfere with allowing your client to make her own choice in this matter.
- Sally's physical and medical condition must be a primary concern. Referral to a physician should be made if she has not yet consulted one.
- If you failed to make an appropriate medical referral, this could be grounds for a malpractice suit. Also, you are vulnerable to legal action if you influenced your client to make a definite choice without encouraging her to consider a range of options.

REFERENCES

1. See *Becoming a Helper*, Chapter 6 (Values and the Helping Relationship, pp. 170–171) for a case pertaining to abortion, which is followed by guides for discussion.
2. See *Issues and Ethics*, Chapter 3 (Values and the Helping Relationship, pp. 73–75) for a case which illustrates ethical issues in dealing with a pregnant minor.

Sexual Orientation

In the Institutional Video is the role-play, "Coming Out," in which the client (Conrad) brings out his homosexual orientation. Conrad states that this is something that he is struggling with, mainly because it is not accepted in his culture or in his religion. The client admits that he trusts his counselor (John) and it feels good to be able to make this disclosure. Conrad wants his counselor's help in coming out to his friends and family. Conrad wants to explore his thoughts and feelings about his sexual orientation in light of his cultural and religious values.

Conrad finds the counselor being unreceptive at best. John, the counselor says, "Are you sure this is the best thing for you?" Then John discloses that he does not approve of "the homosexual life-style" and adds that he does not see it as "being very healthy." Conrad has negative reactions to John's judgmental attitude and lack of acceptance of who he is as a person.

Questions for Discussion

1. What is the main ethical issue in this vignette?

2. If you were the client in this case, how do you imagine you'd feel after hearing from your counselor that he does not approve of homosexuality?

3. Does John's self-disclosure about his view of homosexuality help or hinder Conrad? How appropriate is it?

4. Would it have been better for John to discuss his views with his supervisor before he shared them with Conrad? Explain.

5. As a counselor, how can you determine when and how much to disclose in value-laden areas?

6. If you are not able to support a client's sexual orientation, would you seek consultation? Would the ethical action be a referral?

7. If you were counseling Conrad and he didn't disclose his sexual orientation until months after the beginning of therapy, what would you do if you did not approve of gay/lesbian relationships?

8. The ethics codes clearly state that discrimination on the basis of race, ethnicity, gender, or **sexual orientation** is unethical and unacceptable. In light of this guideline, what are the implications for practitioners who claim that they could not work with a gay or lesbian client because they are morally opposed to this sexual orientation?

9. What basic principle would you most want to consider in analyzing this situation? (Autonomy; nonmaleficence; beneficence; justice; fidelity; veracity)

10. Assume that Conrad told you that he was really struggling with his sexual orientation because of his cultural background and religious beliefs, both of which were opposed to homosexuality. How able would you be to assist him in exploring his values and options, and to arrive at his own decision? How would you help?

KEY POINTS IN DEALING WITH SEXUAL ORIENTATION ISSUES

- As a counselor, you may need to seek supervision or consultation.
- It is essential that you be able to work with clients without your values getting in the way. It is important for you to put aside your biases so that you are in a position to hear what your client is presenting to you.
- Your client needs a nonjudgmental atmosphere. No client will open up if he or she feels judged. Even exposing values on your part can be a problem to the client.
- In this case, the challenge is to work with the client in such a manner that you could assist him in making decisions that are congruent with his own value system.
- In counseling gay and lesbian practices, examples of ethical practice would include:
 - ▶ recognizing that people can lead fulfilled lives, regardless of their sexual orientation
 - ▶ not making the focus of a client's problem his or her sexual orientation
 - ▶ not attempting to change sexual orientation without evidence that the client desires a change
 - ▶ assisting gay and lesbian clients to recognize ways in which social prejudices and discrimination create problems for them
 - ▶ actively challenging gay and lesbian myths
 - ▶ accepting the responsibility of educating others about gay and lesbian concerns

REFERENCES

1. See *Becoming a Helper*, Chapter 6 (Values and the Helping Relationship, pp. 160–163) for a case situation pertaining to gay and lesbian issues, which is followed by guides for discussion and a commentary.
2. See *Issues and Ethics*, Chapter 3 (Values and the Helping Relationship, pp. 99–106) for a treatment of ethical and value issues in counseling gay and lesbian clients.

End-Of-Life Decisions

In this role-play in the Institutional Version of *Ethics in Action*, “Talk of Suicide,” the client (Gary) is HIV positive and is seriously considering suicide.

The counselor (Natalie) tells Gary that she can't believe what she is hearing from him. The counselor is doing her best to persuade him not to take his life. She tells him that he is taking the easy way out by choosing to end his life. She asks him if he has a plan. She asks him to think about his family and other options. She lets him know that he may be in a crisis state and not able to make a good decision.

The counselor can have a definite agenda for her client. She doesn't want her client to take his life. She wants him to explore other options. She is concerned about Gary's welfare and the welfare of his family. This vignette raises both ethical and legal issues.

Questions for Discussion

1. What is the central ethical issue involved in this role-play?

2. What are the legal issues involved?

3. Are you aware of the laws of your state and the ethical guidelines of your professional organization concerning an individual's freedom to make end-of-life decisions? If so, what are they?

4. Do you see any potential conflict between the ethical and legal issues in this situation?

5. Where do you stand with respect to key questions on end-of-life decisions?

6. What religious, ethical, and moral beliefs do you hold that might enable you to support Gary's decision about ending his life due to the circumstances of the case?

7. What religious, ethical, and moral beliefs do you hold that might make it difficult for you to support Gary's decision about ending his life due to the circumstances of the case?

8. If Gary were your client, would you respect his self-determination, or would you influence him to search for alternatives to suicide at this stage in his life?

9. Do you have the responsibility and the right to forcefully protect Gary from the potential harm his own decisions may bring—to both himself and his family?

10. Do you have an ethical right to block Gary if he insists that he wants to choose death over life? Do you have an ethical duty to respect Gary's decision, assuming that he thinks this issue through thoroughly?

11. Do you think that imposing your values (of staying alive) might be justified in this case? Explain.

12. If there were no legal mandates to report Gary's intentions "to do himself in," would you feel justified (as did Natalie) in attempting to persuade Gary to accept the priority you place on life?

13. If Gary were your client, would you ask if he had a plan to kill himself? If he did have a plan, what might you do?

14. If he said that he just began thinking about this and doesn't have a plan, but wants to talk with you about how he might end his life, what would you be inclined to say or do?

15. Because Gary is rational and able to make decisions that affect his life, should he be allowed to take measures to end his life long before he becomes terminally ill?

KEY POINTS IN END-OF-LIFE DECISIONS

- As a counselor, you need to be able to discuss end-of-life decisions with clients when they bring these concerns to you.
- If you are not willing to examine your own values and beliefs in this area, it is likely that you'll not be able to encourage your clients to explore their values and make their own decisions. You may interrupt dialogues with clients, cut off an exploration of their feelings about such issues, and provide clients with your answers, instead of assisting them to find their own answers.
- In cases such as this, consultation is of the utmost importance.

- Along with consultation, it is also essential to keep good records and document discussions with your client and actions you took to prevent the client from harming himself or herself.
- This case illustrates the ethical and legal requirements of assessing for suicidal behavior. Below are a few guidelines that you will find useful if you encounter a client, like Gary, who may be considering suicide as an option.
 - ▶ take direct verbal warnings seriously
 - ▶ identify clients suffering from depression
 - ▶ pay attention to feelings of hopelessness and helplessness
 - ▶ ask whether the individual has a plan
 - ▶ determine a history of psychiatric treatment
- This case also raises the ethical and legal issues involved in deciding when to disclose confidential information about a client's HIV status. A few guidelines include assessing the degree to which:
 - ▶ sufficient factual grounds for high risk of harm to a third party exist
 - ▶ a third party is at risk of death or substantial bodily harm
 - ▶ harm to the third party is not likely to be prevented unless the counselor makes a disclosure
 - ▶ a third party cannot reasonably be expected to foresee or comprehend high risk of harm to self
- Recommendations for ethical practices in counseling HIV clients include:
 - ▶ all limits of confidentiality should be discussed with clients at the onset of treatment
 - ▶ therapists need to know the state laws regarding their professional interactions with HIV-positive clients
 - ▶ therapists need to keep current with regard to relevant medical information
 - ▶ therapists need to know about safer sex practices and be able to educate clients

AN EXERCISE: WHERE ARE YOU LIKELY TO EXPERIENCE A VALUE CONFLICT?

Go back to the previous four role-plays that deal with values associated with religious and spiritual concerns, abortion, sexual orientation, and end-of-life decisions. Ask yourself which of these cases would be the most challenging for you to function in an ethical and effective way. Assume that you were involved in a counseling relationship with this client and discovered that your values made it difficult for you work effectively. Below are the eight steps, with suggested questions, to assist you in thinking through the ethical dilemma you are likely to face with this client.

1. **Identify the problem or dilemma.** How can you know the nature of the problem? How might you begin the process of consultation with your client about the nature of the problem?

2. **Identify the potential issues involved.** How can you create a trusting and collaborative climate where your clients can find their own answers? What principles can you use in prioritizing the potential issues involved in this situation?

3. **Review the relevant ethical codes.** Are your values in agreement with the specific ethical code in question?

4. **Know the applicable laws and regulations.** Are there any state laws or regulations that have a bearing on the situation under consideration? What are the rules, regulations, and policies of the agency or institution where you work?

5. **Obtain consultation.** Assuming that you will consult with a colleague or a supervisor, what would you expect from this consultation? How can you use the consultation process as an opportunity to test the justification of a course of action you are inclined to take?

6. **Consider possible and probable courses of action.** What are some ways that you can brainstorm many possible courses of action? How might you involve your client in the discussion of the various courses of action?

7. **Enumerate the consequences of various decisions.** How can you best evaluate the potential consequences of each course of action, before implementing a particular action plan? What ethical principles can you use as a framework for evaluating the consequences of a given course of action?

8. **Decide on what appears to be the best course of action.** Do you solicit the input of your client in making this decision at this phase? Once the course of action has been implemented, what are some ways that you might evaluate the course of action?

ASK YOURSELF

Now that you have gone through this ethical decision-making process, answer the following questions.

1. Of all the possible cases, why do you think this case proves to be the most challenging for you?

2. What is the most important thing you learned about yourself by going through this exercise? Explain.

3. What can you do to increase the chances of responding in an ethical and appropriate manner if you do encounter these kinds of dilemmas in your future practice?

REFERENCES

1. See *Issues and Ethics*, Chapter 3, on the section of end-of-life decisions (pp. 90–97).
 - Review the National Association of Social Worker’s policy statement on end-of-life decisions (pp. 93–94).
 - Review the case of Andrew (p. 91) [This case is much like the case of Gary. See the discussion on “Suicide: A free and rational choice?” (pp. 92–93). Gary’s and Andrew’s cases can be applied to this discussion.]
 - Review the discussion on the topic of potential conflicts between law and ethics (pp. 94–96). Discuss the case of Festus (pp. 95–96) that illustrates how legal and ethical issues can be in conflict.
 - See the case of Emily (p. 96) and the case of Bettina (p. 97), both of which raise issues involved in end-of-life decisions.
2. See *Becoming a Helper*, Chapter 5, on the section dealing with the counselor’s obligation to warn and protect (pp. 128–130).
3. See also Herlihy, B., & Corey, G. (1996a). *ACA ethical standards casebook* (5th ed.). Alexandria, VA: American Counseling Association. Refer to Chapter 10, The Relationship between Law and Ethics, for a case study by Theodore P. Remley. Also refer to Chapter 8, Working with Suicidal Clients, for a case study of counseling a suicidal teenager by Robert E. Wubbolding.

FOLLOW-UP SELF-INVENTORY

Now that you have worked with some key ideas and situations dealing with how values influence the counseling process, take this inventory to determine your degree of agreement/disagreement with some attitudes about the role of values in the practice of counseling. Use the following code:

- 5 = I strongly agree with this statement.
- 4 = I agree, in most respects, with this statement.
- 3 = I am undecided in my opinion about this statement.
- 2 = I disagree, in most respects, with this statement.
- 1 = I strongly disagree with this statement.

- 1. Before I can work effectively with a client, I must decide whether our life experiences and values are similar enough that I'll be able to understand that person.
- 2. It is possible and desirable for me to remain neutral and keep my values from influencing my clients.
- 3. I am ethically bound to ask myself when I would have to refer a client because of a conflict in our values.
- 4. There are many instances where I might influence clients to adopt my values.
- 5. I could be objective in counseling a person who is having an affair, and who is in what his or her partner believes to be a monogamous relationship.
- 6. I do not see any basic conflict between counseling and religion or spirituality.
- 7. If I had a value conflict with a client, I would probably not disclose this for fear that doing so would burden the client.
- 8. If a client were practicing unsafe sex with multiple partners, I would do my best to educate this person and persuade him or her to practice safe sex.
- 9. I would have difficulty in counseling people who hold different cultural beliefs from mine.
- 10. It is unethical to challenge a client on his or her cultural or religious values.
- 11. Knowing myself, I will have to carefully monitor my tendency to want to impose my values on clients.
- 12. I think a major part of therapy is teaching clients values.
- 13. If I were counseling a couple with children who were considering a divorce, I would be likely to influence them in the direction of my values.
- 14. It would be very difficult for me to remain neutral in counseling a woman who was considering an abortion.
- 15. I believe it is unethical for me to attempt to persuade my clients to make decisions based on my own value system.

Go over this inventory and circle the numbers of any items where you have modified your thinking in any way. From viewing this segment of the video, doing the reading in the textbook, and involving yourself in the self-study material in this workbook, what new awareness might you be gaining? What are some specific value areas that you will need to give more thought to? What are some areas where you are uncertain about your position?

CONTENT AREAS OF THE STUDENT VERSION

PART THREE: BOUNDARY ISSUES AND MULTIPLE RELATIONSHIPS

SELF-INVENTORY TO COMPLETE BEFORE VIEWING SEGMENT THREE OF THE VIDEO

Directions: This is *not* a traditional multiple-choice test in which you must select the “one right answer.” Instead, it is a survey of *your* basic beliefs and attitudes pertaining to a host of ethical issues in counseling practice. Circle the letter beside the response that most closely reflects *your viewpoint* at this time. *You may circle more than one response* for each item. Notice that a blank line (“e”) is included in each item. If none of the provided options seems appropriate or if you have what you consider a better answer, write your response (or responses) on the line. After you have viewed the various segments in the video and completed the exercises in this Student Workbook, look back over these self-inventories to see if you are inclined to change any of your answers. It would be of interest to take the inventory again at the end of the course to see whether, or to what degree, any of your beliefs, attitudes, and values have changed.

1. Regarding the issue of counseling friends or relatives, I think that
 - a. it is never wise to accept a friend or a relative as a client.
 - b. it is acceptable if I could maintain my objectivity as a counselor.
 - c. it might be done rarely, if it is clear that having a close relationship with the person would not interfere with counseling.
 - d. it would depend on the circumstances.
 - e. _____
2. If a client wanted to meet with me outside of the office for a counseling session, I would most likely
 - a. tell the person that my policy is to conduct therapy only in the office.
 - b. explore the reasons my client would want to meet outside of the office.
 - c. agree to do so if I had a sense that it would make it easier for the clients to engage in self-disclosure.
 - d. agree to do so only in cases where it would be fitting for the client’s cultural background to meet more informally.
 - e. _____
3. If I were to find myself sexually attracted to a client, I would want to
 - a. disclose this to the client so that my attraction would not get in the way of the counseling relationship.
 - b. do all I could to hide these feelings.
 - c. talk with a colleague, supervisor, or therapist about my attraction to my client.
 - d. make a referral to another therapist.
 - e. _____
4. If, at the termination of therapy, a client were to tell me that he or she wanted to develop a friendship with me, I would probably
 - a. inform the client that doing so would be an ethical violation and is something I am not comfortable doing.
 - b. ask the client to call me in a couple of weeks if he or she still wanted a friendship with me.
 - c. agree to enter into a social relationship if I really liked the person.
 - d. encourage the client to explore his or her reasons for bringing this matter up during our termination session.
 - e. _____
5. If one of my clients were to suddenly become unemployed and informed me that he or she must terminate therapy because of not being able to pay for therapy, I would
 - a. agree to see this person for no fee.
 - b. suggest some sort of bartering arrangement.
 - c. encourage the client to return once he or she found the financial means to pay for my professional services.
 - d. refer the client to an agency that was willing to see individuals for a very low fee or no fee.
 - e. _____

6. Regarding bartering of goods or services for therapy services, this practice
 - a. is never ethical because of the potential for client exploitation.
 - b. may be ethical if the client initiates it and if it is clear that the benefits of doing so clearly outweigh the potential for risk.
 - c. may be ethical if it is part of the client's culture and is a practice that is commonly accepted in the community.
 - d. tends to put an undo strain on the therapeutic relationship, and thus it is wise to look for other alternatives besides bartering.
 - e. _____
7. If a client were to offer me a gift, my inclination would be to
 - a. express my appreciation, but to decline accepting the gift.
 - b. accept the gift only if it were very inexpensive and then only in rare circumstances.
 - c. accept the gift if I thought that not doing so would offend the client.
 - d. discuss with the client the motivations for offering me a gift.
 - e. _____
8. Regarding the ethics of social and personal relationships with *former* clients, it is my position that
 - a. it is never wise to get socially involved with anyone who was once a client.
 - b. it might work if the former client were very mature.
 - c. changing the focus of the professional relationship to a personal one should always be considered unethical.
 - d. before engaging in such a relationship, it would be wise to seek consultation.
 - e. _____
9. If a client were to express feelings of sexual attraction to me, my inclination would be to
 - a. ask the client to go into detail about these feelings.
 - b. change the subject.
 - c. inform my client that such a disclosure is inappropriate.
 - d. thank my client and ask why he or she is telling me this.
 - e. _____
10. Concerning the issue of using physical touch as a part of my counseling practice, my view is that touching
 - a. is ethical only when the client requests it and when I genuinely believe that it would be appropriate.
 - b. often enhances the therapeutic process by showing that the counselor cares.
 - c. is acceptable if it involves a pat on the back or a handshake, but not if it is a hug.
 - d. is unwise, largely because it could be misinterpreted by the client and could lead to a lawsuit.
 - e. _____

BOUNDARY ISSUES IN PERSPECTIVE

This segment of the program addresses the theme of learning how to establish appropriate boundaries and managing multiple and dual relationships in counseling. In the following part of the video we address these topics: creating boundaries in counseling, social relationships in therapy, sexual attraction in therapy, bartering, and accepting gifts. Before we delve into these specific role-plays, we want to raise some questions for you to consider. We also provide a context that will help you develop a perspective on ways to ethically deal with boundary concerns. Below is a summary of the spirit of the codes that deals with boundary issues and multiple relationships.

ETHICS CODES ON DUAL AND MULTIPLE RELATIONSHIPS

The codes do not prohibit dual and multiple relationships, but cautions about entering into them if there is a potential for harm to the client. The guideline is to avoid dual and multiple relationships when possible. However, in many communities, it may not be realistic to avoid social or other nonprofessional contacts with client. In some cases, these relationships may be justified on clinical grounds. The key is for practitioners to be aware of their power and not to exploit clients by meeting their own needs at the expense of clients.

Professionals make every attempt to avoid dual or multiple relationships with clients that could impair their professional judgment or increase the risk of harm or exploitation to clients. In cases where dual or multiple relationships cannot be avoided, practitioners are responsible for taking steps to protect clients by setting clear, appropriate, and culturally sensitive boundaries. Practitioners take measures to prevent problems associated with dual or multiple relationships through the process of informed consent, consultation, supervision, and documentation.

QUESTIONS FOR REFLECTION FOR THIS SEGMENT OF THE PROGRAM

Before continuing with the program, take a few minutes to think about your responses to each of the following questions.

- Are multiple relationships *necessarily* unethical and unprofessional?
- What makes dual or multiple relationships so problematic?
- What is the difference between avoidable multiple relationships and unavoidable multiple relationships?
- What are some ways to create safeguards if multiple relationships are unavoidable?
- Do you think that social relationships with *current* clients are ever appropriate or ethical? What about with *former* clients?
- When, if ever, would you consider developing a social relationship with a *former* client?
- Under what conditions, if ever, might you consider attending a special event of a client, such as a wedding reception or a graduation party?
- If you were sexually attracted to a client, how do you expect that you would deal with this situation?
- How might you deal with a situation in which a client discloses his or her sexual attractions to you?
- Under what conditions, if ever, might you consider bartering arrangements with a client? How do cultural considerations play into the deliberation of bartering?
- Under what conditions, if ever, might you consider accepting a gift from a client? What cultural considerations might influence your decision to accept a gift?
- What cultural issues might you consider in establishing and maintaining boundaries in counseling relationships?

KEY POINTS: UNDERSTANDING AND MANAGING MULTIPLE RELATIONSHIPS

- As a counselor, you will have to make judgment calls and apply the codes carefully to specific situations (many of which are enacted in this part of the video program).
- It is well to focus on the consequences to the client of getting involved in multiple relationships, which implies carefully considering all the parameters involved before entering into such relationships.
- Clients are not necessarily harmed or exploited if multiple relationships exist. The key element is abuse of power on the therapist's part, not simply dual or multiple relating.
- The reasons dual or multiple relationships are problematic are that they can be difficult to recognize, they contain the potential for harming clients, and they are not always avoidable.
- If you decide to become involved in a dual or multiple relationship, it is important to be able to justify your decision, based on clinical reasons.
- There are few absolute answers that can neatly resolve dual or multiple relationship dilemmas. Below are some key points that provide a context for understanding and resolving ethical dilemmas posed by multiple relationships.
 - Dual relationships are the subject of conflicting viewpoints.
 - Maintaining appropriate boundaries is a practitioner's main responsibility.
 - Not all dual or multiple relationships are necessarily harmful, exploitive, or unethical.
- Although some dual relationships can be avoided, some cannot. When you cannot avoid dual or multiple relationships, it is good practice to:
 - obtain informed consent of the client
 - seek consultation
 - document and monitor your practices
 - obtain supervision
- The main aspect in managing multiple relationships consists of developing safeguards to minimize risks to clients. It is your responsibility to assess for potential negative consequences and to develop measures to reduce (if not eliminate) the

potential for harm. You need to consider whether the potential benefit of the relationship outweighs the potential for harm. Below are some safeguards.

- ▶ Set healthy boundaries early in the therapeutic relationship. Informed consent is essential from the beginning and during the therapeutic relationship. Involve the client in ongoing discussions and in the decision-making process, and document your discussions.
- ▶ In order for you to assess the situation, consultation with fellow professionals can be useful in gaining an objective perspective and identifying unanticipated difficulties. Realize that you don't need to make a decision alone.
- ▶ When dual relationships are potentially problematic, or when the risk for harm is high, it is always wise to work under supervision. Document the nature of this supervision in your records.
- ▶ Throughout the process, self-monitoring is critical. It is good to ask yourself whose needs are being met and to examine your motivations for becoming involved in a dual or multiple relationship.

REFERENCES

1. See *Issues and Ethics* for a comprehensive discussion of dual and multiple relationships.
 - On page 227 is a summary of all the codes pertaining to dual relationships.
 - On pages 224–225 is a self-inventory to assess beliefs and practices pertaining to managing boundaries and multiple relationships.
 - See also the discussion in the section on Dual and Multiple Relationships in Perspective (pp. 226–231).
 - See the discussion of Designing Safeguards to Protect Clients (pp. 228–231).
2. See also the discussion in *Becoming a Helper* (pp. 131–134) on Keeping Relationships with Clients Professional: The Dual Relationship Controversy.
3. If you are interested in delving into more depth on the topic of boundary issues and multiple relationships, you may want to consult other sources. Refer to Herlihy, B., & Corey, G. (1997a). *Boundary issues in counseling: Multiple roles and responsibilities*. Alexandria, VA: American Counseling Association.

MANAGING BOUNDARIES

#8 "The Picnic" (34:00—John/Lucia)

Summary of role-play: The client (Lucia) would like to meet with the counselor (John) at a park down the street for their counseling sessions so she can get to know him better and feel closer to him. She could bring a lunch for a picnic. John is concerned about creating an environment that would help Lucia the most, but as she says, "That (meeting in the park) would really help me."

YOUR IMMEDIATE REACTIONS TO THE ROLE-PLAY YOU JUST VIEWED

1. What do you imagine it would be like to be the client in this situation?

2. What reactions do you have to how John dealt with Lucia?

3. What is the main boundary issue or ethical issue that this role-play illustrates?

NEXT, WATCH THE FOLLOW-UP DISCUSSION OF THE ROLE-PLAY

After viewing the discussion that follows this role-play situation, complete the exercises below as a way to refine your thinking as it applies to this case.

Questions to Consider

1. If Lucia were your client, what are some of the reactions you might have, or what might you say and do? Check all that apply.

- I'd ask the client, "What would it mean to you if we met in the park instead of this office?"
- My hunch would be that Lucia is resisting.
- My hunch would be that Lucia might be interested in getting to know me better.
- I would be thinking that the client is testing me to determine if I will maintain appropriate boundaries.
- I would tell Lucia that my policy is to keep all of our sessions strictly professional, which entails meeting in the office.
- If I thought that meeting in the park would help Lucia in her therapy, I would give that a try.
- If meeting over lunch fits into the context of Lucia's culture, then I would adapt by granting her request.

Other reactions:

2. What are some potential consequences of meeting clients outside of the office? Do you have any concerns about violation of appropriate boundaries?

3. What would you say to Lucia if she told you, "I'd feel more comfortable if we could meet at the park. If we could break bread together, then I'd feel that I could get to know you better."

4. If you were to accept Lucia's suggestion to meet at the park for counseling sessions, what would you say to her?

5. If you were to decline Lucia's request, what reasons would you give to her?

COMMENTARY

Strictly speaking, if you were to meet with Lucia for counseling sessions outside of the office, this does not necessarily constitute a dual or multiple relationship. It may be a strictly professional relationship that does not lead to a personal or social relationship. However, it does represent some challenge on how to establish and maintain appropriate boundaries in the counseling relationship.

If you were to meet Lucia outside the office setting, she might feel that your relationship is a friendship as well as a professional one. It is not the place of meeting that is critical, but the client's motivations for wanting to meet in a more informal atmosphere. If you were to agree to meet Lucia in the park, what would you say to her when she wants to have her sessions in a local restaurant over lunch? And would it be any different to have a therapy session at lunch than it would to have an evening dinner?

The most basic point is to explore the personal meaning of Lucia's request and what it might mean for the client-counselor relationship. In cases portrayed by this role-play of meeting outside the office, a useful step is to explore with the client what it is like for her to meet at the office. What makes it difficult for her to disclose in this setting? What would be different for her if we met outside? What is she wanting from the counseling relationship?

Given that Lucia commented that in her culture it is important to establish a personal connection, it would be important to explore the ramifications of the settings. Rather than make interpretations for the client, this would be a place where the counselor could include the client in this discussion.

If you are Lucia's counselor, it would be important to share your thoughts about what she brings up. If, for example, you are concerned about providing a private setting where confidentiality is assured, you could tell her that you are hesitant to meet in a public setting. Rather than simply tell her you won't meet in the park, let her know about your concerns.

KEY POINTS

- It is always the counselor's role and responsibility to define and maintain appropriate professional boundaries. In order to teach clients about boundaries, you need to be clear in your own mind about what constitutes useful boundaries. You also need to model operating within the framework of respectful boundaries.
- Maintaining appropriate boundaries does not imply stiffness and formality. You can be personal and human in your interactions with clients, and at the same time maintain a sense of appropriateness.
- It is probably better to err on the side of caution than it is to attempt to stretch boundaries. Counselors sometimes get themselves into ethical trouble by too quickly relaxing professional boundaries. The setting for counseling is but one aspect of creating a climate where productive work can occur.

SOCIAL RELATIONSHIPS

#9 "The Friendship" (38:45—Natalie/Charlae)

Summary of role-play: At the last therapy session, the client (Charlae) says she would like to continue their relationship because they have so much in common and she has shared things with the counselor (Natalie) that she has not discussed with anyone else. Natalie informs Charlae that this puts her in a difficult situation and she feels awkward. Charlae says, "What if we just go jogging together a couple of mornings a week?"

YOUR IMMEDIATE REACTIONS TO THE ROLE-PLAY YOU JUST VIEWED

1. What do you imagine it would be like to be the client in this situation?

2. What reactions do you have to how Natalie dealt with Charlae?

3. What is the main boundary issue or ethical issue that this role-play illustrates?

NEXT, WATCH THE FOLLOW-UP DISCUSSION OF THE ROLE-PLAY

After viewing the discussion that follows this role-play situation, complete the exercises below as a way to refine your thinking as it applies to this case.

Questions to Consider

Assume that Natalie sought you out for consultation because she was in conflict about what to do. She tells you that a big part of her would like to get involved with Charlae socially and she would like to have her as a jogging partner. Yet, another part of her is hesitant because she doesn't want to meet her personal needs through her work. She asks for your help in thinking through what to do. Discuss the following steps in the ethical decision-making model.

1. What do you see as the basic problem, if any, if Natalie joins Charlae for jogging?

2. What are the potential issues involved?

3. What guidance, if any, do the codes provide in this situation?

4. What are the possible courses of action that Natalie might take?

5. What consequences do you think are likely for each course of action she might take?

6. What course of action would you recommend?

COMMENTARY

Charlae sees that she has a lot in common with her counselor, and she wants to continue a more informal relationship now that therapy has ended. Natalie thinks it will be too soon to continue with a social relationship, and she does let her know that she feels awkward about meeting with her on a social basis.

In this case, it is important to see if there are some underlying clinical issues in the client's request. Why does Charlae want a friendship with Natalie? Charlae may be hesitant to reach out and make friends beyond the therapy setting. If this is so, it is critical that Natalie asks her to look at what she is learning in her therapy. Hopefully, the therapy hour is a laboratory where clients learn how to engage in life. Real living is supposed to occur beyond the therapy venture. If Charlae wants to stay comfortable, she needs to be challenged on this.

If you frequently strike up social relationships with former clients, it is important for you to look at how you might be meeting your personal needs through your work. Looking at patterns in your behavior with clients is one way to monitor yourself.

Some say, "Once a client, always a client." Although there are some similarities between the client-therapist relationship and the supervisee-supervisor relationship, the two are not equivalent. What is your response to: Once a supervisee, always a supervisee? Once a student, always a student? How might these relationships evolve over a period of time?

KEY POINTS

- Certainly combining personal and professional relationships with current clients is problematic at best; forming social relationships with former clients *may* be acceptable after termination of the professional relationship.
- It is best to keep relationships with clients on a professional basis, which can be done by not combining professional and personal relationships.
- The codes are silent with regard to having a social relationship with a *former* client. Although engaging in social relationships with former clients is not necessarily unethical, the practice may be unwise. It is probably best to exercise caution before entering into such a relationship, even after termination.
- In the long run, former clients may need you at some future time as their counselor than as a friend. If you change the professional relationship to a personal one, you close the possibility of this client returning to you for counseling services at a later time.
- Forming social relationships with current clients is but one example of a dual relationship. Learning to deal with dual or multiple relationships is essential if you are to practice ethically.

REFERENCES

1. See *Issues and Ethics* on the matter of social relationships with former clients (pp. 238–241).
2. See *Becoming a Helper* on the issue of becoming friends with former clients (pp. 135–136).

SEXUAL ATTRACTIONS _____

#10 "The Disclosure" (44:15—Conrad/Suzanne)

Summary of role-play: The counselor (Conrad) shares with the client (Suzanne) that he has been thinking about her a lot and that he is attracted to her. Suzanne responds with, "You're kidding, right?" She says she came to him because of having problems with men taking advantage of her and not respecting her. She has bared her soul to him and now she feels devalued. Suzanne suggests possibly seeing another counselor, but Conrad thinks they can work it out.

YOUR IMMEDIATE REACTIONS TO THE ROLE-PLAY YOU JUST VIEWED

1. What do you imagine it would be like to be the client in this situation?

2. What reactions do you have to how Conrad dealt with Suzanne?

3. What is the main boundary issue or ethical issue that this role-play illustrates?

NEXT, WATCH THE FOLLOW-UP DISCUSSION OF THE ROLE-PLAY

After viewing the discussion that follows this role-play situation, address the questions and complete the exercises below as a way to refine your thinking as it applies to this case.

Questions to Consider

1. If you were the counselor in this situation and found that you were sexually attracted to a client, what steps might you take? Check as many of the following that apply.

- I'd acknowledge to myself the feelings of attraction.
- I'd take responsibility for my feelings.
- I'd monitor boundaries by setting clear limits on physical contact, self-disclosure, and client requests for personal information.
- I'd immediately attempt to understand my feelings through discussions with a supervisor, colleague, or personal therapist.
- I'd disclose my feelings to my client as a way to model honesty.
- I'd refer my client, telling him or her the reasons for the action.
- I'd avoid actions that could foster the attraction, such as sitting close to or hugging the client.
- I would share these feelings with the client, for if I didn't, then these feelings would get in the way of the therapy relationship.
- I would suggest terminating the professional relationship so that we could begin a personal relationship.
- During the therapy sessions with the client, I would encourage him or her to work through possible transference feelings.
- If I were not able to resolve my feelings, I'd terminate the professional relationship and refer the client to another counselor.
- I would carefully document the discussion about this matter in my case notes.
- Under no circumstances would I act out feelings of attraction.

Other strategies:

2. Put yourself in this situation: You are sexually attracted to one of your clients. You become aware that your client has sexual feelings toward you and would be willing to become involved with you. During the therapy sessions with the client you find that you are engaging in more and more self-disclosure about your personal life. How would you interpret this situation? Check all that apply.

- This is a certain sign of countertransference.
- I have serious problems.
- This is an indication that I am on the road to becoming an impaired therapist.
- I need to discuss this with my client, with a recommendation for referral.
- There are no problems with simply having these feelings, and I could probably hide them from the client.
- It would be imperative to seek consultation from a trusted colleague or a supervisor.
- Personal therapy would be indicated.

Other interpretations:

3. How would you determine how and when to disclose feelings of attraction to a client? Or would you simply never share this with a client?

4. Put yourself into this role-play as the counselor. What would you say to the client when she says, "How do you expect me to work with you when I know you have these funky feelings?" What would be a therapeutic response?

COMMENTARY

There is a distinction between finding a client sexually attractive and being preoccupied with this attraction. It appears that Conrad is preoccupied with his attraction toward Suzanne.

In this situation, he discloses his feelings to Suzanne and she reacts negatively. She informs him that the whole reason that she came to therapy is that she was having problems with men and felt devalued by men. Conrad's open declaration of his attraction to Suzanne burdens her with information that is likely to get in the way of them working effectively together.

Although the counselor in this role-play thinks these feelings might be something they can work with, the client thinks differently. It is essential for Conrad to weigh the possible impact of disclosures on his part, especially since she has come to therapy to explore issues with men.

This case demonstrates how easy it is for counselors to take the focus off the client when they allow their personal needs to take precedence over what is best for the client. The case also points to the obligation the therapist would have to refer Suzanne, if he is unable to listen to her because of his personal distractions.

If a therapist's unmet needs are getting in the way of being therapeutically present for the client, then personal therapy for the therapist is probably the ethical path to follow. If we were supervising Conrad, we would hope he would reflect on these questions: "What's going on in your own life that is making you more vulnerable to being sexually attracted to clients? What might you be missing in your personal life?"

KEY POINTS

- Feelings of attractions of therapists to clients, and also of clients to therapists, may be normal human responses in many cases, and not a sign of a serious problem. However, sexual attractions, if mismanaged, can lead to sexual acting out, which is always a serious problem.
- Disclosing sexual attraction to a client can burden the client and can be misunderstood. There could be all sorts of repercussions by disclosing. It is a good policy to explore this attraction in supervision and/or the counselor's own therapy.
- If you find yourself attracted to a client, what is of paramount importance is that you recognize and learn to deal effectively and ethically with your reactions. Do not deny feelings of attraction, for it is not possible to manage these feelings if they are disowned.
- If you are *repeatedly* sexually attracted to your clients, then supervision, consultation, and very likely personal therapy are indicated.
- Learning to deal with sexual attractions requires being aware of the signs of unhealthy professional boundaries. Some indicators of inadequate boundaries include:
 - ▶ not noticing boundary invasion
 - ▶ over-responsible attitude toward the client
 - ▶ over-involvement with the client
 - ▶ role confusion and role reversal
 - ▶ inappropriate touch
 - ▶ being manipulated by a client's unreasonable demands
 - ▶ responding to inappropriate personal questions
 - ▶ nurturing a sexual attraction
- Know that virtually all the ethics codes are uniform on prohibiting sex with clients. Many codes specify that sex is unethical if it occurs with former clients before a two year limit. Some states prohibit sex with former clients, regardless of the time that elapses since termination.
- The client is vulnerable. Even if the client behaves seductively, the therapist cannot blame or hold the client responsible. The person in power has the responsibility to maintain boundaries.
- Maintaining sexually appropriate boundaries extends beyond the client-therapist relationship. Sexual misconduct can occur in supervisory and teaching relationships. Sex between supervisor and supervisee or between educator and student are prohibited.
- The number one cause for malpractice action is sexual misconduct. Knowing and following the codes are basic to avoiding becoming involved in an ethical sanction and legal action. Below are the codes that deal with sexual misconduct.

ETHICS CODES ON SEXUAL MISCONDUCT

Virtually all of the codes of ethics of the various professional organizations prohibit any form of sexual contact or sexual intimacies with current clients. Furthermore, most codes state that therapists are not to accept as clients persons with whom therapists have engaged in sexual intimacies.

Most codes specify that a sexual relationship with a former client is unethical if it occurs within a two-year period after termination of the professional relationship. Regardless of the time that elapses since termination, if practitioners engage in conduct that is contrary to this prohibition, it is the professional's responsibility to demonstrate that the former client has not been exploited or coerced, either intentionally or unintentionally.

The codes are clear that it is unethical for practitioners to terminate professional services to pursue a social, financial, or sexual relationship with clients.

ETHICS CODES ON MULTIPLE RELATIONSHIPS WITH SUPERVISEES OR STUDENTS

Generally, most professional codes indicate that supervisors and educators are aware of the power differential between themselves and their supervisees and trainees. Ethical practice demands that they not engage in any dual or multiple relationships with supervisees or students in which there is a risk of exploitation or the potential for harm to supervisees or to students.

Most ethics codes state that educators and supervisors take measures to prevent misusing power or exploiting their students and supervisees. It is the responsibility of educators and supervisors to clearly establish and maintain ethical, professional, and social relationship boundaries with their students and supervisees. Supervisors and educators are responsible for setting clear, appropriate, and culturally sensitive boundaries. Under no circumstances, should they engage in sexual relationships with students or supervisees.

REFERENCES

1. See *Issues and Ethics* on sexual attraction (pp. 241–245) and sexual activity with former clients (pp. 252–254).
2. See *Becoming a Helper* on sexual attraction (pp. 138–141) and sexual activity with former clients (pp. 142–143).

BARTERING

#11 "The Architect" (51:00—Jerry/Janice)

SKIP - 68-72

Summary of role-play: The client (Janice) lost her job and can no longer pay for counseling sessions. She suggests providing architecture services for plans for work on his house. The counselor (Jerry) suggests they discuss the pros and cons and that he wants to be sure that this is in her best interests. He mentions the code of ethics that discourages bartering. Jerry talks about issues of value and timeliness of services.

YOUR IMMEDIATE REACTIONS TO THE ROLE-PLAY YOU JUST VIEWED

1. What do you imagine it would be like to be the client in this situation?

2. What reactions do you have to how Jerry dealt with Janice?

3. What is the main boundary issue or ethical issue that this role-play illustrates?

SKIP

NEXT, WATCH THE FOLLOW-UP DISCUSSION OF THE ROLE-PLAY

After viewing the discussion that follows this role-play situation, complete the questions and the exercises below as a way to refine your thinking as it applies to this case.

Questions to Consider

Before entering into a bartering arrangement ask these questions:

1. Who initiates the idea of bartering—the client or you?

2. How will you and the client determine the value of the goods or services in a collaborative manner? How long will this system of exchange last?

3. How can you determine if a relationship is not exploitive? What risks would you want to disclose to the client in advance? What safeguards would you put into place so that the chances of exploitation are reduced or eliminated?

4. Have other alternatives been explored besides bartering, such as reducing the client's fee?

5. Is bartering commonly accepted in the client's culture? Is this an accepted practice among professionals in the community? Are you practicing in a small rural community where it is almost impossible to eliminate all dual roles?

6. How can a clear, written contract be developed, and how can these arrangements be discussed from time to time, as necessary?

7. If the bartering arrangement does not work as expected, is this likely to sour the therapeutic relationship? If your client reports you for an ethical violation, what might you say to the ethics committee or to the licensing board about why you agreed to bartering and what steps you went through in making this decision?

AN EXERCISE: TO BARTER OR NOT TO BARTER?

Put yourself in the role-play situation illustrating the pros and cons of bartering. Assume that you are counseling Janice who has just informed you that she lost her job and cannot continue therapy. However, she soon comes up with one way that she might be able to continue her therapy with you. Janice suggests that she'll provide services for you in exchange for your therapy services.

Below are some guidelines and questions to assist you in determining if the advantages of bartering outweigh the disadvantages.

1. **What are the services your client is offering to provide?** Look over the list of services that Janice might offer. In each of the spaces before each item, indicate "Yes" if you would be willing to consider accepting this service from her and "No" if it would not be acceptable.

- She will provide you with a complete set of architectural drawings for the remodeling of your home.
- She will perform secretarial services for you.
- She will clean your house once a week for half a day.
- She is able to repair your stereo set.
- As a certified massage therapist, she will give you a two-hour therapeutic massage in exchange for a one-hour therapy session.
- She will do library research for a book that you are writing.

If you said "No" to any of the above, give your reasons why you would not agree to this kind of exchange.

2. **Identify the potential issues involved.** What principles can you use in prioritizing the potential issues involved in this bartering arrangement that you are considering?

3. **Review the relevant ethical codes.** What are some specific guidelines that would determine when you might become involved in bartering? Review the spirit of the code below.

Ethics Codes on Bartering. Generally, bartering is discouraged. Most codes state that practitioners ordinarily refrain from exchanging therapy services for goods or services because these arrangements may interfere with the professional relationship. The codes allow for bartering *only* if it would be clinically appropriate, if the relationship is not exploitive, if the client

initiates the arrangement, if a clear, written contract is established, and if such arrangements are commonly accepted practices within the community.

4. **How can you balance the risks against the benefits?** Can you come up with a major risk factor if you agree to barter with Janice? Can you identify one main benefit that seems probable if you agree to exchange services?

5. **Obtain consultation.** Assume that you are not quite sure if bartering would be in the best interests of your client. Also assume that you will consult with a colleague or a supervisor. How can the consultant help you gain clarity on the best way to proceed?

6. **Consider possible and probable courses of action.** What are some courses of action you might take? Are there any courses of action besides a bartering arrangement?

7. **Enumerate the consequences of various decisions.** What ethical principles can you use as a framework for evaluating the consequences of each plan you devise?

8. **Decide on what appears to be the best course of action.** Would you include Janice's input in making the decision at this phase? Having thought about the issue of to barter or not to barter, what will you do in this case?

REFERENCES

1. See *Issues and Ethics* on bartering (pp. 234–238).
2. See *Becoming a Helper* on bartering (pp. 136–138).

COMMENTARY

This commentary is mainly based on the exercise above. Apply this commentary to your approach to dealing with the dilemma of Janice not being able to continue therapy with you because of losing her job.

One of the first areas to consider is coming up with a system of fair exchange. Let's assume that you accept Janice's offer to provide you with a set of architectural design plans for the remodeling of your house. It may seem like a good exchange, especially if you know she has a reputation for being an excellent architect.

It is imperative that you consider all the ramifications before agreeing to an exchange. What may look like a good-will gesture on your part could easily boomerang and negate many of the gains you've made with a client. Bartering is tricky and could complicate the professional relationship. Consider what might go wrong.

- What if you don't like the plans she produces?
- What if she is so perfectionistic that she keeps scraping her plans because she is afraid of displeasing you?
- What if she delays you, which results in you having to hire another architect so that you can keep on schedule?
- What if she feels resentful over putting in far more time in doing the drawings than her therapy sessions are worth?
- What if Janice becomes disenchanted with the quality of therapy you are providing and feels that you are taking advantage of her?

How will your answers to these questions have a bearing on your ability to provide the best therapy you can for her?

It is better to think about all the ramifications of bartering before you make the decision of alternatives to paying for therapy. Tell your client that you need time to consult, to reflect, and to discuss this possibility before you agree to enter into any kind of exchange. This includes discussing the matter fully with your client.

What principles can you use to decide what to do in this case? Surely the principle of *nonmaleficence* applies in this potential bartering situation. You would want to avoid doing harm to Janice in any way, either intentionally or unintentionally. If you were displeased with her architectural plans, Janice could take this very personally and it could shatter her confidence as an architect. Also, if you don't have clear arrangements ahead of time, it might be possible for you to take advantage of her. Out of her need to do an outstanding job for you, she might go way beyond her agreement with you.

Below are some guidelines for determining the acceptability of bartering. Following these procedures will increase the chance of practicing ethically when bartering is involved.

- Evaluate whether bartering puts you at risk of impaired professional judgment.
- Determine the value of goods or services in a collaborative fashion.
- Determine the appropriate length of time for the arrangement.
- Document the arrangement.
- Include your client in the informed consent process and discussion as long as the arrangement continues.
- Consult with experienced colleagues or supervisors and continue to monitor how well this arrangement is working.

GIFT GIVING _____

#12 "Tickets for Therapy" (55:47—Marianne/John)

Summary of role-play: The client (John) shows his appreciation for his counselor (Marianne) by getting tickets to the theater for her. John says, "I got tickets for you so you can go and enjoy it and have a good time." Marianne talks about why she cannot accept them, in spite of the fact that she is very appreciative of his gesture.

YOUR IMMEDIATE REACTIONS TO THE ROLE-PLAY YOU JUST VIEWED

1. What do you imagine it would be like to be the client in this situation?

2. What reactions do you have to how Marianne dealt with John?

3. What is the main boundary issue or ethical issue that this role-play illustrates?

NEXT, WATCH THE FOLLOW-UP DISCUSSION OF THE ROLE-PLAY

After viewing the discussion that follows this role-play situation, complete the exercises below as a way to refine your thinking as it applies to this case.

Questions to Consider

1. Do you think that it is ever ethical to accept a gift from a client? If so, under what conditions would you accept a gift? When or why would you refuse a gift?

2. What kind of cultural context might make a difference in deciding to accept or not accept a gift?

3. How could accepting a gift negatively affect the counseling relationship?

4. How could refusing a gift negatively affect the counseling relationship?

5. In what way could accepting a gift become a boundary problem or develop into a dual relationship?

6. Would there ever be a time or a circumstance when you would give a gift to a client?

AN EXERCISE: TO ACCEPT OR REFUSE A GIFT FROM A CLIENT?

Put yourself in the role-play situation illustrating the pros and cons of accepting a gift from a client. Assume that you are counseling John and he offers you tickets to a concert you've very much been wanting to attend.

Below are some guidelines and questions to help you decide whether to accept or refuse his gesture.

1. **What are the conditions surrounding the giving of the gift?** In each of the spaces before each item, indicate "Yes" if you would be willing to consider accepting the gift from John and "No" if the terms are unacceptable.

- He offers to provide you with several concert tickets for you and your friends.
- He offers you the tickets after a difficult therapy session where he felt alienated from you.
- He presents you with the tickets after a session where he explored his dynamics of going out of his way to win people's approval.
- He gives you choice tickets with the expectation that you will attend the concert with him.
- At his place of work he gets free tickets for his friends.
- He purchased these tickets at a price of \$60.
- Part of John's culture is giving gifts to people who have helped him.
- John hoped that by giving you the tickets it would strengthen your relationship.

Under what conditions might you consider accepting the tickets?

2. **Identify the potential issues involved.** What principles can you use in prioritizing the potential issues involved in deciding whether or not to accept the tickets?

3. **Review the relevant ethics codes.** What guidance, if any, can you find in the codes pertaining to accepting gifts from clients?

4. **Consider the reasons for accepting or refusing the gift.** Can you come up with a *clinical* reason to accept the gift? Are there any ethical, professional, legal, or clinical reasons not to accept the gift?

5. **Obtain consultation.** Assume that you are not quite sure if accepting the tickets would be in the best interests of your client. You may wonder about the impact on your relationship if you refuse the tickets. You seek consultation to sort out your thoughts. Where do you need clarity?

6. **Consider possible and probable courses of action.** You might accept the tickets. You might decline the offer. If you don't accept the tickets, what will you say to John?

7. **Enumerate the consequences of various decisions.** What are the consequences of either accepting or refusing the tickets?

8. **Decide on what appears to be the best course of action.** Having thought about John's offer, what will you do in this case?

COMMENTARY

You may think that accepting a gift is a simple matter. Some may merely tell a client that they will not accept a gift because doing so might be viewed as unprofessional. From a legal perspective, accepting gifts from clients, especially expensive ones, is risky. If you do accept a gift, it may be a good idea to document your clinical reasons for doing so.

However, from a multicultural perspective, gift giving may be a common practice in some cultures. John may want to give an inexpensive gift of tickets as a sign of his appreciation for all that you did for him as his therapist. If you refuse to accept this gift, might this damage the therapeutic relationship or reverse some of the gains made in the counseling relationship? John might feel rejected if you did not accept the tickets. Would this influence your actions in this case?

Regardless of your decision, it would be important to explore the clinical dimensions involved. What are John's motives for wanting you to have the tickets? How would accepting or refusing the tickets either help or damage the therapeutic relationship? If you decline the tickets, expressing your gratitude is important. You can also let John know about your struggle in coming to your decision. Provide John with your reasons and include him in the discussion.

FOLLOW-UP SELF-INVENTORY

Now that you have worked with some key ideas and situations on boundary issues and multiple relationships in counseling, take this inventory to determine your degree of agreement/disagreement with some attitudes pertaining to boundary issues and multiple relationships. Use the following code:

5 = I strongly agree with this statement.

4 = I agree, in most respects, with this statement.

3 = I am undecided in my opinion about this statement.

2 = I disagree, in most respects, with this statement.

1 = I strongly disagree with this statement.

- 1. Although it may be unwise to form social relationships with clients while they are in counseling, there should be no ethical or professional prohibition against social relationships after counseling ends.
- 2. If I were a truly ethical professional, I would never be sexually attracted to a client.
- 3. If I were counseling a client who was sexually attracted to me, I would most likely refer this client to another counselor.
- 4. I may suggest to a client the possibility of exchanging my therapeutic services for goods or services from a client if he or she could not afford my fees.
- 5. If a client initiated the possibility of exchanging services in lieu of payment, I would consider bartering as an option.
- 6. I would never accept a gift from a client, for doing so constitutes crossing appropriate boundaries.

- 7. It is essential to consider the cultural context in deciding on the appropriateness of bartering, accepting gifts, and the counselor assuming multiple roles with a client.
- 8. Dual or multiple relationships are almost always problematic and therefore should be considered unethical.
- 9. Because dual relationships are so widespread, they should not be considered as either inappropriate or unethical in all circumstances but should be decided on a case-by-case basis.
- 10. As long as my client felt comfortable about developing a social relationship with me once therapy was over, I would have little difficulty forming such a relationship.
- 11. I think that it will be relatively easy for me to establish clear and firm boundaries with my clients.
- 12. I think the best policy is to avoid dual or multiple relationships if it is at all possible.
- 13. I can see the value of discussing appropriate boundaries with my clients from the outset of a professional relationship.
- 14. Before engaging in a dual or multiple relationship, I would be very concerned about weighing the possible risks and benefits.
- 15. I don't think that dual or multiple relationships are problematic in themselves, rather what becomes problematic is the misuse of power and the exploitation of the client.

Go over this inventory and circle the numbers of any items where you have modified your thinking in any way. From viewing this segment of the video, reading the textbook, and involving yourself in the self-study material in this workbook, what are you most learning about how best to manage boundaries and multiple relationships in counseling? What are some specific areas that you will need to give more thought to? What are some areas where you are uncertain about your position?

SOME FINAL THOUGHTS

As you participated in this self-study on ethics, we hope that you do not allow yourself to get overwhelmed and paralyzed with fear of making mistakes. Realize that no matter how experienced you become, you will never have all the answers. There are few final or easy answers to some of the ethical problems that you'll face. What is important is to adopt a questioning and reflective attitude, rather than look for absolute answers. You can always find help by consulting with colleagues, supervisors, and experts. Becoming an ethical practitioner is a task that is never really finished, but continues as you gain experience.

As has become evident by involving yourself in this video and the workbook exercises, becoming aware of your own values will impact how you arrive at solutions to ethical problems. Be open to continual reflection on the question: "How does the person who I am affect the way I work with my clients?"

Throughout your professional career, we invite you to ask, "Is what I am doing in the best interests of my clients?" Also, be open to be challenged about your practices by others. Complacency will stifle your growth as a counselor. Honest self-examination will make you a more effective therapist.

Your work with people who are coming to terms with life concerns is bound to open up some of your own unfinished business and psychological wounds. This can be an opportunity for you to grow and change. You don't have to be fully actualized to help others, but you need to know how your life experiences will either help or hinder you in your professional work. Involve yourself in your quest for personal self-exploration. Realize that this is a never-ending process, not just something you'll do in your training.

You won't be able to guide your clients, if you have not come to terms with your own life struggles. We hope you have learned that becoming an ethical practitioner involves far more than simply knowing the ethical codes. It involves understanding yourself and the clients you serve.

Examining your life will be a challenging and life-long process. Seek out avenues of self-understanding so that you can better understand what it is like for your clients to make decisions of how they want to change their lives.

At this point you have gained an appreciation for the fact that becoming an ethical professional demands dealing with the complexities entailed in working with others. Personal values, cultural factors, and boundary settings are just some of the issues that can deeply affect the therapeutic relationship.

Through the process of actively viewing this video and completing the workbook, you are on the road to enhancing your ability to successfully deal with the ethical dilemmas that you may encounter. Having explored your thoughts on the various ethical dilemmas has better equipped you for dealing with ethical challenges in your future practice. Certainly, there will be situations that may perplex you, but the active work you have done here will provide you with a direction for resolving ethical dilemmas.

At this point in your educational career, we encourage you to join a professional organization and consider attending the national conferences put on by these organizations. Information is given later to assist you in becoming a student member.

As a final exercise, we ask you to reflect on what have been the significant learnings for you from this process and to clarify where you want to go from here.

WHERE ARE YOU NOW AND WHERE WILL YOU GO FROM HERE?

1. How has your view of ethical issues in counseling changed in viewing the video and completing the activities in this workbook?
