

## **Navigating Multiple Relationships and Boundaries... Without Getting Lost**

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## About us:

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**Dr. Mikayla Sleeter-Bozym**, LPC, NCC, is the director of Urgent Crisis Center & Evidence Based Practices at Child and Family Agency in New London CT. She is also a private practice owner who specializes in working with families who struggle with intimate partner violence (IPV). In Fall 2023, became an adjunct faculty member at CCSU. She started her counseling career working alongside police going to family violence 911 calls and then conducting in-home therapy work with families involved with CT DCF due to IPV.

# Disclaimer

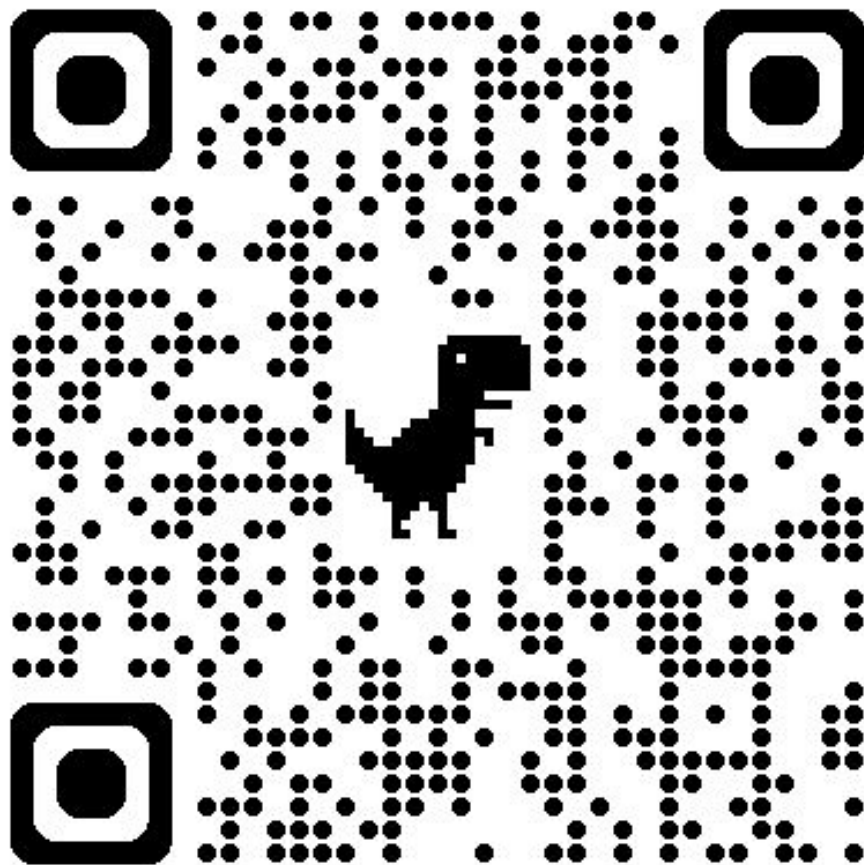
*This is educational, not legal or professional advice. There is no legal or professional relationship inherent in attending this presentation or accessing these materials. This presentation seeks to be informative and thorough, yet cannot possibly cover all situations. We advise you to seek legal or ethical consultation for your particular conundrums.*

\* You can request ACA ethical consultation if needed. ACA offers free 15 minute sessions as often as you want \* <https://www.counseling.org/resources/ethics>

## **C.2.e. Consultations on Ethical Obligations**

Counselors take reasonable steps to consult with other counselors, the ACA Ethics and Professional Standards Department, or related professionals when they have questions regarding their ethical obligations or professional practice.

Resources for you

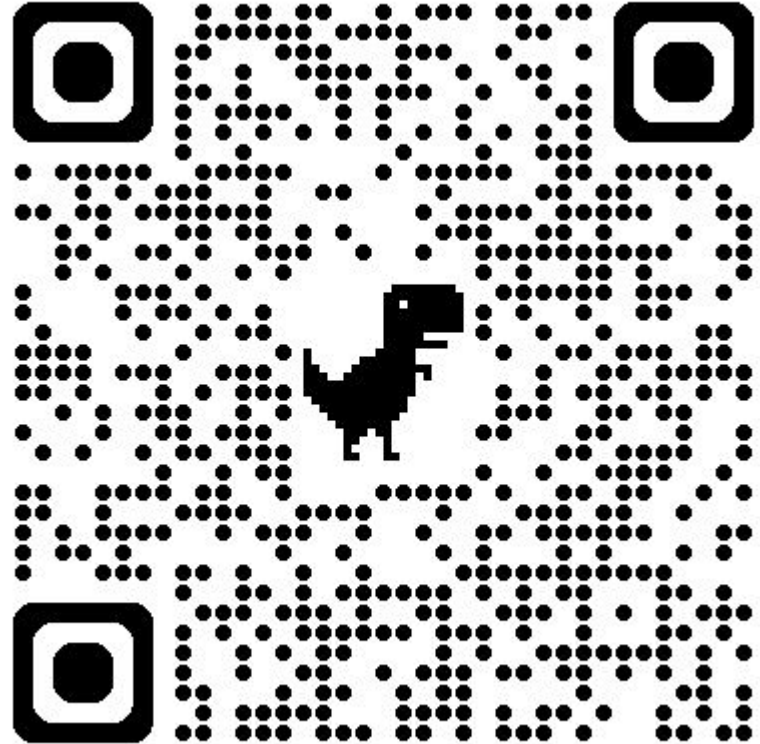


# The ACA Code of Ethics

Our current Code was released in 2014.

The next revision began in 12/2023 and is estimated to take 2 to 3 years to complete.

The QR code >>> will take you to the ACA Website Ethics page. You can access the Code from that page.

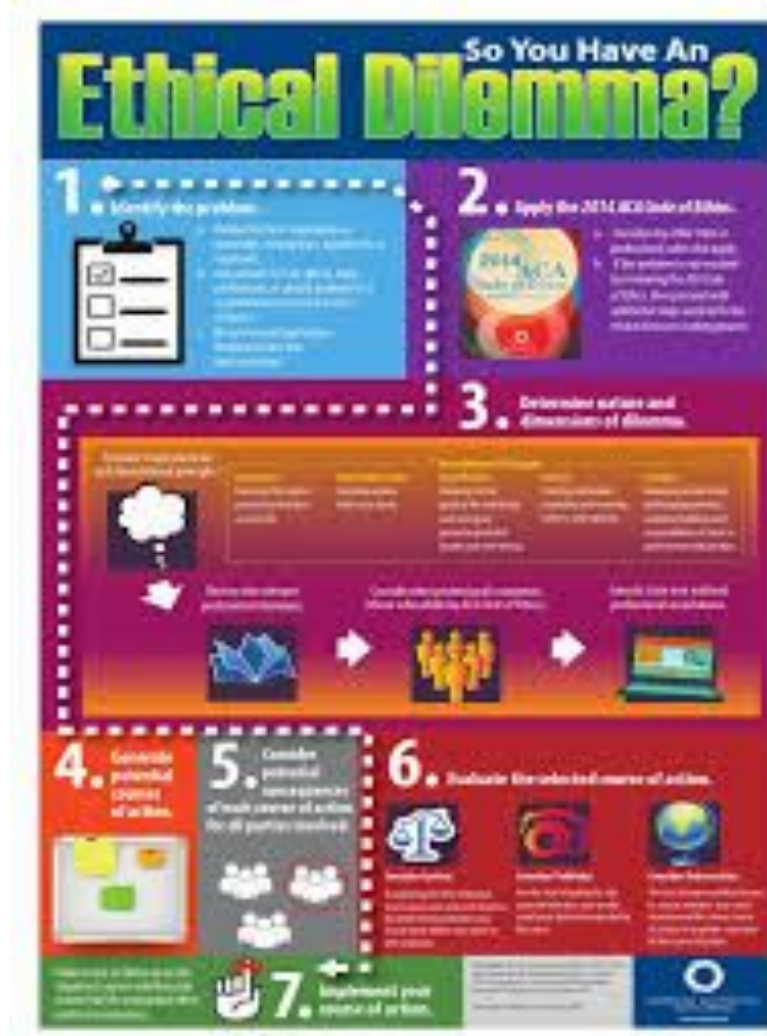


# Decision Making

Counselors will, at times, naturally have a hard time making decisions regarding ethics.

44% of counselors rely on their gut instinct, 39% personal experiences, and 10% rely on their morals when deciding ethical situations (Burns & Cruikshanks, 2017).

We encourage you to use an ethical decision making model.



# What if someone you work with is misbehaving?

**I.2.a. Informal Resolution** When counselors have reason to believe that another counselor is violating or has violated an ethical standard and substantial harm has not occurred, they attempt to first resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

**I. 2.b. Reporting Ethical Violations** If an apparent violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action depending on the situation. Such action may include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or appropriate institutional authorities. The confidentiality rights of clients should be considered in all actions. This standard does not apply when counselors have been retained to review the work of another counselor whose professional conduct is in question (e.g., consultation, expert testimony).

Informal resolution CYA - (1) write and have them sign it, (2) Adobe sign will date stamp your notes



# DATA from the HPSO Counselor Liability Claim Report: 2E

- Sexual misconduct issues are the most frequent license protection matters (13.6%) and cost more than the average expense.
- Boundary violations are the claim most likely to result in severe licensing outcomes.
  - 54.2% resulted in loss of license
- Boundary violations were approximately 50% of all closed liability claims.



# Malpractice Payment Report - Therapists & Counselors

This tool allows you to select report data, column data, and filter values to customize your results. Begin by choosing the type of output you prefer, map or graph, and then filter the data by tailoring the following options. A detailed report table will appear below either the map or graph that allows you to adjust for inflation and change the displayed value.

**Map or Graph**

Map

Graph

State

Year

Practitioner Type

Report Type

Action Type / Malpractice Payment Range

State (Bar)

Year (Line)

Practitioner Type (Bar)

Report Type (Bar)

Action Type / Malpractice Payment Range (Bar)

**Start Year**

1990

**End Year**

2023

**Report Type**

Medical Malpractice Paymen...

**Action Type / Malpractice Payment Range**

(All)

**State**

(All)

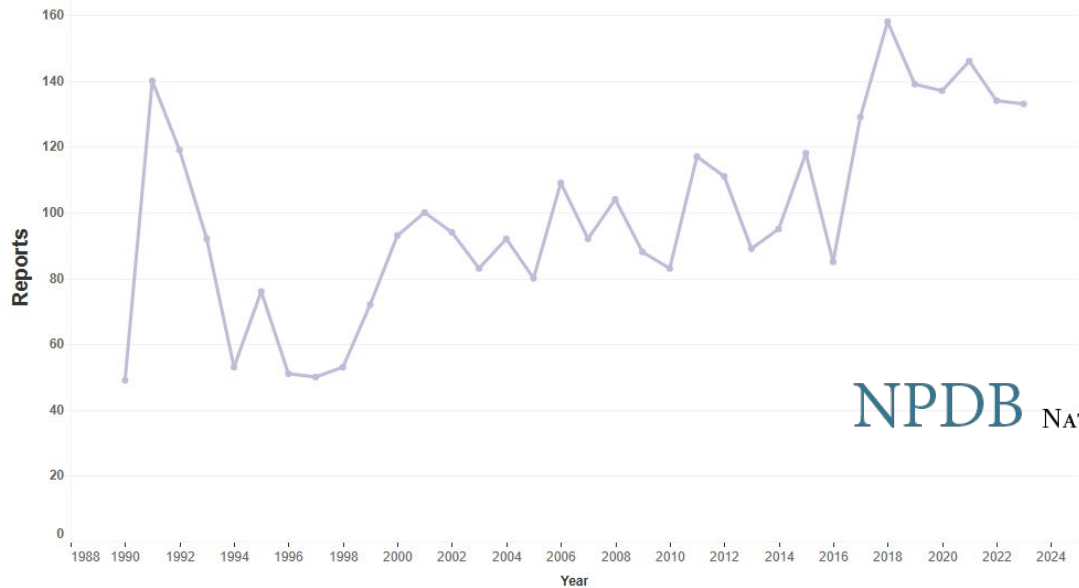
**Practitioner Type**

Therapists and Counselors

■ Therapists and Counselors

Number of malpractice payment reports per year

Practitioner Type by Year



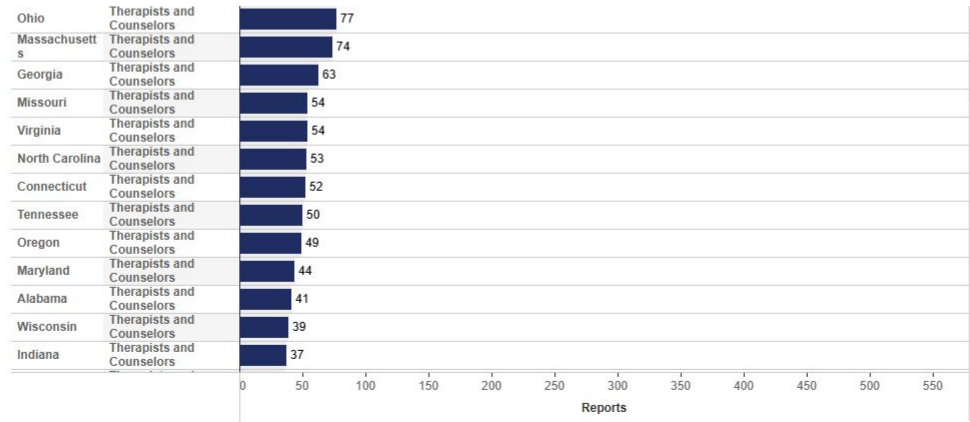
**NPDB** NATIONAL PRACTITIONER DATA BANK

## Report Detail Table

**Display Value**  
 Dollar Amounts (\$M) ▾

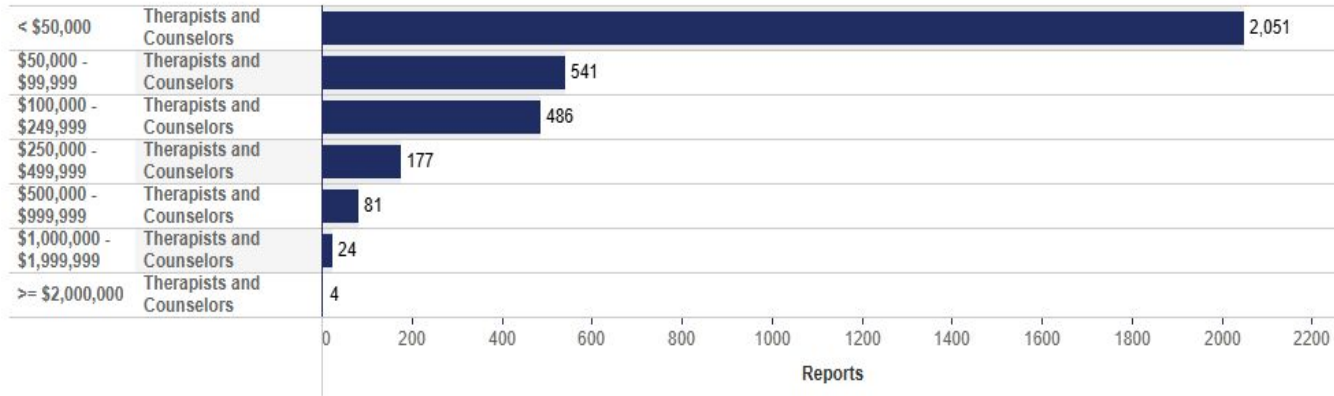
**Malpractice  
Inflation Adjusted**  
 Yes ▾

	16	2017	2018	2019	2020	2021	2022	2023	Total
<b>Practitioner ..</b> Therapists and Counselors	79	\$21.01	\$15.95	\$15.73	\$14.50	\$15.05	\$19.61	\$13.86	\$421.47
Total	79	\$21.01	\$15.95	\$15.73	\$14.50	\$15.05	\$19.61	\$13.86	\$421.47



# of reports 1990-2023 by state

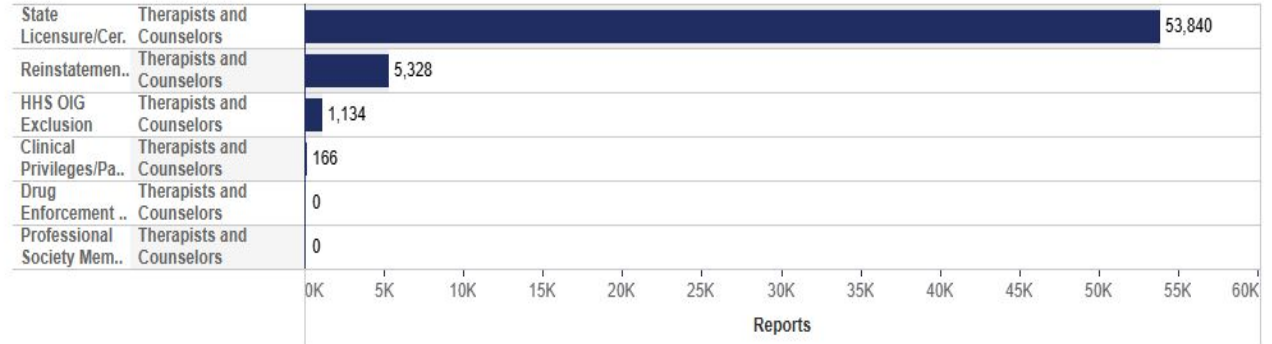
## Action Type / Malpractice Payment Range by Practitioner Type



Payment ranges for malpractice claims (1990-2023)

# of reports of “adverse action”

## Action Type / Malpractice Payment Range by Practitioner Type



**Table 2.** Boundary violations by gender, type of violation, license, and outcome.

Boundary violations	Gender	License type	Outcome
Sexual relationship with client—male worker	14	7 social worker 7 counselors	1 reprimand 2 revoked 3 surrendered 8 supervision
Sexual relationship with a client—female worker	22	17 social workers 5 counselors	3 reprimands 4 revoked 3 surrendered 12 suspended
Sexual harassment by a male worker	14	10 social workers 4 counselors	3 reprimanded 1 revoked 1 surrendered 6 suspended 3 supervision
Sexual harassment by a female worker	9	5 social workers 4 counselors	3 reprimanded 2 suspended 4 supervision
Dual relationship by a male worker	31	16 social workers 14 counselors 1 MFT	9 reprimanded 2 revoked 8 surrendered 7 suspended 5 supervision
Dual relationship by a female worker	66	44 social workers 22 counselors	22 reprimanded 6 revoked 1 surrendered 16 suspended 21 supervision
Totals	59 males 97 females	99 social workers 56 counselors 1 marriage/family therapist	41 reprimanded 15 revoked 16 surrendered 31 suspended 53 supervision

Source: Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, violations date 1985–2013.

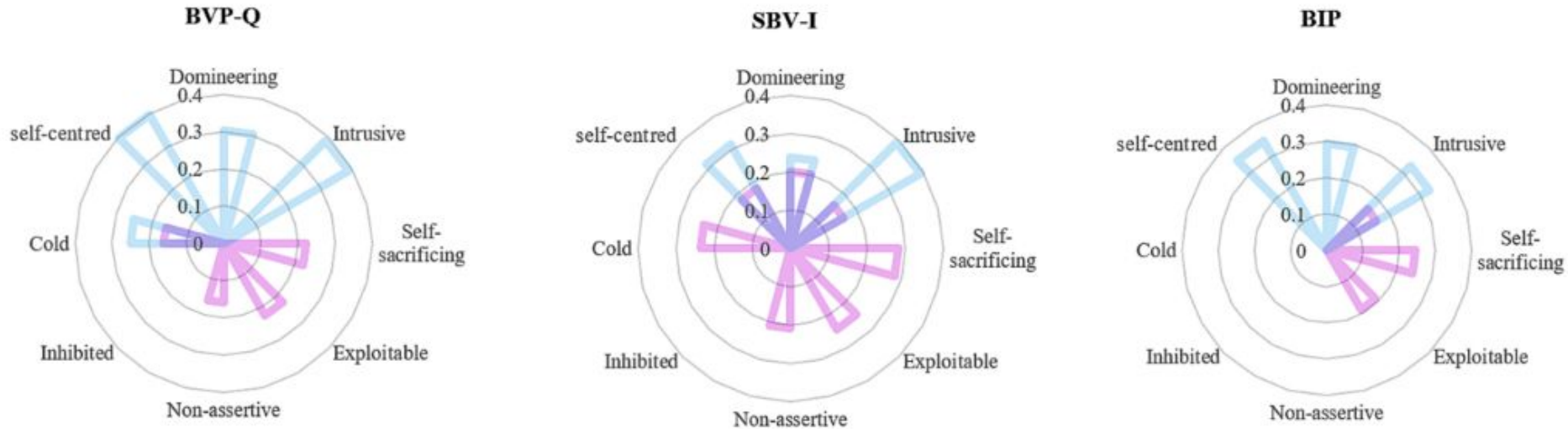
# Ohio behavioral health practitioners

(Magiste, 2020, p.766)

55.7% licensure complaints -  
professionals with more than 10  
years experience

**Overall 0.05% of licensed  
population had violations over 28  
years**

# Can we predict who will violate boundaries?



(Dickeson et al., 2020, p.852)

Also may have significant countertransference issues stemming from childhood trauma histories.

Qualities to watch for: narcissism, impulsivity, experiential avoidance, over dominant or nurturing

# What do multiple relationships look like?

- Directly engaging the client in a relationship that is a nontherapeutic relationship
- Examples:
  - Supervisor & counselor
  - Relative & counselor
  - Friend & counselor
  - Coworker & counselor
  - Drinking buddy & counselor
  - Boss/client (think plumber, electrician, accountant, attorney, doctor) & counselor

### **A.6.e. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)**

Counselors avoid entering into nonprofessional relationships with former clients, their romantic partners, or their family members when the interaction is potentially harmful to the client. This applies to both in-person and electronic interactions or relationships.



# WHEEL OF POWER/PRIVILEGE

## POWER!

Multiple relationships & boundary violations take advantage of the power imbalance in the counseling relationship.

It also involves placing the needs of the counselor above the needs of the client.

Consider the implications of your power and how this impacts your relationships.



Adapted from ccrweb.ca

@sylvriaduckworth

# Some questions to ask yourself...

- Is the additional relationship necessary, or can I avoid it?
- Can these multiple relationships harm the client?
- If harm seems unlikely, will it help the client?
- Are benefits from the multiple relationship to the client, the counselor, or both?
- Is there a risk that the new relationship could disrupt the therapeutic relationship?
- Can I be objective in this assessment?

### **A.6.c. Documenting Boundary Extensions**

If counselors extend boundaries as described in A.6.a. and A.6.b., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

# Boundary Crossings vs Violations

## **Boundary crossing:**

A departure from commonly accepted practices that could potentially benefit clients

Example:

Riding with a client afraid of driving.

## **Boundary violation:**

A serious breach that results in harm to clients and is therefore unethical

Example:

A gradual erosion of boundaries that leads to sexual exploitation of the client.

# Common Boundary Crossings

- Counselor self-disclosure
- Counseling on a military base
- Small town life
- Helping a client: Walking outside with a client experiencing agoraphobia.
- Visiting the home of a dying client.
- Speaking on the phone between sessions
- Extending session time
- Calling client to check in during rough time

## **A.6.b. Extending Counseling Boundaries**

Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the hospital. In extending these boundaries, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no harm occurs

# Boundaries - how much do you share about yourself?

#badtherapist on TikTok

Analysis revealed one of 5 reasons clients left therapy was boundary violation, and especially counselors revealing too much about themselves.

Other themes revealed included invalidation, biases, including religious beliefs without client approval, and denial of trauma

(Janes, et al, 2023)

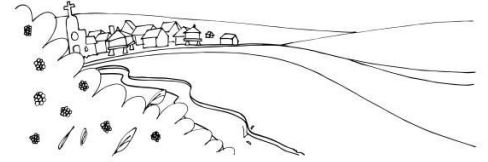
# Working in the client's home



- Very different from office counseling!
- Being asked to do tasks/errands “since you’re driving by the store, can you grab some milk?”
- Meeting family members & visitors
- Being asked to stay for dinner
- Being offered snacks, vegetables from the garden, small handmade gifts
- Being expected to consult with additional family members other than the IC
- Common themes: providing help vs managing boundaries, being a guest vs a host (Demmerle et al., 2023)



# Keeping out of trouble in a small town



- Obtain informed consent
- Document everything
- Set clear boundaries & expectations for you & client
- Confidentiality can be tricky – be aware! (depositing checks)
- Have consultation/supervision in place
- Plan for what happens when you meet up outside of the counseling session
- Be honest!

# Setting Yourself up for Success

- Explain the unique counseling relationship:
  - How & who shares info (where does the counselor's personal self lie?)
  - Can be emotionally intimate and cause intense feelings of attachment for some
    - These feelings should be shared, can show what client needs in their lives
- Help yourself!
  - Be aware of your own feelings & behaviors, including somatic messages
  - Talk about this in supervision, will lessen your anxiety
  - Distress tolerance techniques for yourself!
- Say what you see
  - It's OK to bring this up with your clients if you're noticing things
    - Remind of your discussion about relationships in counseling (informed consent!)
    - Give specific examples (gifts, etc)
    - Normalize feelings
    - Assert boundaries of counseling relationship

(Rabasco, 2023)

# Culture & Boundaries



- Educate yourself about norms and customs of the culture
- Talk with a counselor who works with this culture
- Seek consultation
- Work with the client to figure things out
- Remain culturally humble
- Be open to working with others in the culture: priests, leaders, elders, healers
- Use self-reflection: are any shifts in your boundaries helpful to client, appropriate, what are the risks?

# Gift giving & Receiving

**A.10.f. Receiving Gifts** Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift.

-It is recommended that any exchange of gifts and related conversation is clearly documented in your client notes.

-Interestingly, in some cultures, small gifts are a token of respect and gratitude. Therefore, besides considering a gift's monetary value, counselors should consider the motivations and symbolism underlying the exchange of gifts, taking culture, ethnicity, therapeutic style, client history, and diagnosis into account.

# Social Relationships w/clients

Most important to understand that you are NOT friends with your clients

What to do if you see a client in public?

Establish clear boundaries and expectations regarding social interactions with clients at the onset of therapy, rather than once it has already become a problem.

Therapists generally agree that we do not to approach clients outside of therapy, out of respect for the client's confidentiality. If a client approaches the therapist *first*, however, engaging is often considered appropriate.

Be mindful of the limits to privacy that exist in the world today, specifically regarding social media, geo-location, and video footage. Even if clients don't see you in a social situation themselves, they may be able to see video footage that would impact the therapeutic relationship.

Don't swipe on dating apps at work. If you use a dating app that targets your geographic location, using the app at the office greatly increases the chances that clients will be among those who can see you on the app.

# WWYD?

Just the facts:

- Client A saw CNSLR for trauma counseling at outpatient non-profit
- Started with weekly counseling in office, then morphed to meeting Client A over lunch, then to 4-5 hour long counseling sessions
- After 4 months CNSLR invited Client A to live with CNSLR @ parent's house
- After Client A moved in, control of finances, treatment, medications began. This lasted from 2016-2022.
- Client A was manipulated, harassed, and emotionally, physically and sexually abused.
- CNSL also followed Client A on social media.
- Starting in 2018 Client B began treatment with CNSLR after suicide attempt/hospitalization
- Counseling sessions 5+ hours, then eventually Client B moved in too (2019-2022).
- CNSLR controlled & manipulated Client B similarly to Client A, including controlling communication with family/friends
- CNSLR failed to create & maintain documentation of counseling services

**YOUR TASKS: (1) What would you do if you worked with CNSLR? (2) What sections of the Code have been violated?**

# Here's what NC found

If true, the above-referenced conduct constitutes violations of Sections A.1.a., A.1.b., A.1.c., A.1.d., A.4.a., A.4.b., A.5.a., A.5.c., A.5.e., A.6.b., A.6.c., A.6.e., A.12., B.1.b., B.1.c., B.6.a., B.6.h., C.2.d., C.2.g., C.6.b., C.6.d., H.6.c, I.1.a., I.1.b. of the American Counseling Association Code of Ethics (2014) and violations of N.C. Gen. Stat. § 90-340 (a)(7), (a)(9), (a)(10), (a)(11), (a)(12), (a)(13), and (a)(14), of the North Carolina Licensed Clinical Mental Health Counselors Act.

This case is still in litigation and therefore we don't know the outcome.

# Sexual Attraction in Therapy

- It happens! Between 77-88% of all counselors will have the experience of being attracted to a client at some time in their professional career (Jacob & Prikhidko, 2022).
- Simply experiencing sexual attraction to a client, without acting on it, makes the majority of therapists feel guilty, anxious, and confused.
- There is a distinction between finding a client sexually attractive and being preoccupied with or acting on this attraction.
- Neglecting to attend to family-of-origin issues can lead to blind spots such as being attracted to clients.





## We don't have to act on feelings...



- Learn to recognize sexual attractions and learn how to deal with these feelings.
- Understand the difference between *having* sexual attraction to clients and *acting* on this attraction.
- Understand the potential adverse consequences for clients and therapists who engage in sexual activity.
- Know that telling your clients that you have sexual for/about them can harm them.



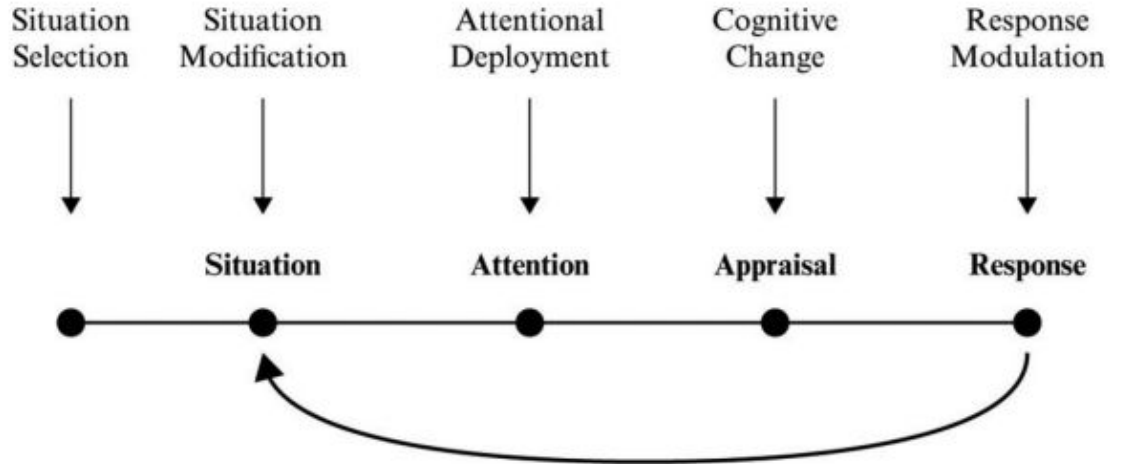
## Instead of acting on these feeling you can...

- Get help for yourself if you're in crisis or feeling lost.
  - Personal counseling
  - Supervision
- Examine and monitor feelings and behaviors toward clients continually. After supervision, you may choose to terminate the therapeutic relationship when sexual feelings obscure objectivity.
- Practice a risk management approach (e.g., be aware of timing and the location of scheduled appointments, non erotic touch, and general self-disclosure).
- Be open to using supervision, consultation, and personal therapy throughout your career.

# The Process Model of Emotional Regulation

**Attentional Deployment** (distraction, mindfulness, and rumination) and **Cognitive Change** (using strategies to change thought processes & emotions) were most used when dealing with sexual attraction to clients in this study.

A commitment to ethics was the rationale most cited for not acting on impulses.



**Figure 1.** The process model of emotion regulation, Gross (2013, p. 7).



## Sometimes our clients catch feelings

- Establish and maintain clear boundaries, especially when a client makes sexual advances toward you. Document the discussions.
- Some female counselors may struggle with feeling as if they are rejecting their clients, fearing retaliation, feeling as if they were at fault for the situation, maintaining their sense of authority, and feeling vulnerable (Lukac-Greenwood & van Rijn, 2021).
- Get supervision.

# Designing the counseling environment for our (emotional) safety

- Orient the client to counseling. Use your informed consent and first sessions to clearly explain counseling: include warnings that this relationship can feel intimate and emotional due to the topics we discuss, and that sometimes this can cause feeling on the part of the client. Encourage them to discuss this with you if it happens.
- Know that the essential parts of the counseling relationship (empathy, warmth, attentiveness) can be part of the inner schema of relationships for our clients and be prepared to deal with it.
- Be respectfully assertive; learn to deal with your stress responses (breathing, relaxation techniques) (Rabasco et al., 2023).



# Consequences of counselor sexual misconduct - clients

Clients who are the victims of sexual misconduct suffer dire consequences:

- Distrust of the opposite sex

- Distrust of therapists and the therapeutic process

- Guilt, depression, anger, and/or PTSD

- Feeling of rejection and low self-esteem

- Suicidal ideation

# Consequences of counselor sexual misconduct - counselors

Negative consequences for therapists include:

- Being the target of a lawsuit

- Being convicted of a felony

- Having license revoked or suspended by state

- Being expelled from professional organizations

- Losing their insurance coverage

- Losing their jobs

# WWYD?

- Counselor X was an LPC in NC from 4/2017 to 9/2017
- Counselor X was an LPC in PA from 6/2005 to 2/2018
- Investigation in PA revealed that Counselor X was employed at Y Center for Recovery.
- While there Counselor X met Client who was an inpatient client at the Center with a history of sexual trauma, substance abuse, major depressive disorder, abandonment issues, and other disorders.
- Counselor X met daily with Client, however Counselor X failed to make progress notes or other records of Client's treatment.
- Counselor X engaged in a sexual relationship with Client.
- Client's inpatient stay was extended for approximately 38 days longer than usual due to this relationship
- Other clients made written complaints about Counselor X's disrespectful and inappropriate comments and jokes, including sexual comments, and Counselor X's improper touching & hugging of clients.

**YOUR TASKS: (1) What would you do if you worked with CNSLR? (2) What sections of the Code have been violated?**



## Here's what happened...

After their investigation concluded, PA accepted the permanent voluntary surrender of Counselor X's license to practice as an LPC in PA, and notified NC of its action by letter.

The NC Board summoned Counselor X to a hearing, where Counselor X denied his alleged actions and stated that people lied, and he was being retaliated against for whistleblowing, and has been terminated 9 times by former employers for similar situations.

Sections of the ACA Code violated included: A.1.a., A.1.b, A.4.a, A.5.a., B.6.a.

Counselor X's license to practice in NC was revoked.

### **A.5.c. Sexual and/or Romantic Relationships With Former Clients**

Sexual and/or romantic counselor–client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of *5 years* following the last professional contact. This prohibition applies to both in-person and electronic interactions or relationships. Counselors, before engaging in sexual and/or romantic interactions or relationships with former clients, their romantic partners, or their family members, *demonstrate forethought and document (in written form)* whether the interaction or relationship can be viewed as exploitive in any way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering into such an interaction or relationship.

# WWYD?

- Counselor Y was employed as a counselor at an agency in NC.
- During Counselor Y's employment, she engaged in inappropriate romantic relationships with three prison inmates who were her former clients.
- Counselor Y also discussed her clients with other inmates.
- Counselor Y's behavior was discovered and she was fired from her agency.

**YOUR TASKS: (1) What would you do if you worked with Counselor Y? (2) What sections of the Code have been violated?**

# Here's what happened

Counselor Y's hearing is still pending. NC completed their investigation and believes the facts to be accurate.

If true, the above-referenced conduct constitutes violations of Sections A.1.a., A.4.a., A.4.b., A.5.a., A.5. c., A.6.e., B.1.b., B.1.c., C.2.d., C.2.g., and C.6.d., D.1.g., D.1.h., of the American Counseling Association Code of Ethics (2014) and violations of N.C. Gen. Stat. §90-340(a)(6), (a)(7), (a)(9), (a)(10), (a)(11), and (a)(13) of the North Carolina Licensed Clinical Mental Health Counselors Act.

# Nonerotic Touching with Clients

One of the more controversial boundary crossings

Can be appropriate and have significant therapeutic value

- A genuine expression of caring and compassion

- Reassuring and a part of the healing process

Counterproductive when it distracts clients from experiencing what they are feeling



# Working with small children & touch

The Association for Play Therapy provides a *Paper on Touch* (2022) to guide play therapists in this. This is a very short summary of its guidance

- Touch is a powerful, complex way to communicate. It can be helpful or hurtful, and in some form is almost inevitable when working with younger people.
- At times withholding touch can be harmful.
- Obtain training/supervision before/while incorporating touch.
- Obtain informed consent & document this. Document every instance of touch.
- It is about the needs of the child and should be culturally sensitive.
- Touch should be grounded in theory, and special consideration applied to the needs of that particular child: trauma, sensory differences, need for restraint.



# WWYD?

- Counselor Q was an LPC in NC
- Client saw Counselor Q for: depression, anxiety, fear, mental abuse from boyfriend. Counseling lasted approximately 1 year.
- Counselor Q sat next to Client on the couch to help her learn to be intimate with people. He would ask “How do you feel now?” and move closer if she indicated it was OK.
- Counselor Q would tell Client that she looked beautiful.
- Counselor Q put his hand on Client’s left leg and asked how she felt. He told her this was to help expand her boundaries.
- Counselor Q then verbally proposed sex to Client, which she thought might be part of therapy, until he physically became very close to her and delayed her exit from the counseling room.
- Upon investigation it was revealed that Counselor Q did not have a masters in counseling nor adequate training to provide CBT, his alleged theoretical orientation.

**YOUR TASKS: (1) What would you do if you worked with Counselor Q? (2) What sections of the Code have been violated?**

# Here's what happened

NC found that Counselor Q violated these portions of the ACA Code of Ethics:

- A.1.c., A.4.a., A.5.a., C.2.a.,

Counselor Q's license was revoked.



# Social Media & Boundaries

**A.5.e. Personal Virtual Relationships With Current Clients** Counselors are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship (e.g., through social and other media).

**B.1.b. Respect for Privacy** Counselors respect the privacy of prospective and current clients. Counselors request private information from clients only when it is beneficial to the counseling process.

## **Section H: Distance Counseling, Technology, and Social Media**

**H.6.a. Virtual Professional Presence** In cases where counselors wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence.

**H.6.b. Social Media as Part of Informed Consent** Counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media.

**H.6.c. Client Virtual Presence** Counselors respect the privacy of their clients' presence on social media unless given consent to view such information.

**H.6.d. Use of Public Social Media** Counselors take precautions to avoid disclosing confidential information through public social media.

# Handling bad online reviews

*“It’s not often a therapy visit sends you into behavioral health crisis” “my Thyrapist kept falling asleep” “this so called doctor never showed up, never called, never cancelled” “If you’re looking for an easy medical marijuana card, this is the right place, if you’re actually looking to fix your problems, I suggest find somewhere else”*

- You can’t ask for reviews - good or bad. Maybe you can use site policies to get them removed.
- Don’t write a fake review
- HIPAA says you cannot respond - just because the client has breached confidentiality does not mean that you can

**C.3.b. Testimonials** Counselors who use testimonials do not solicit them from current clients, former clients, or any other persons who may be vulnerable to undue influence. Counselors discuss with clients the implications of and obtain permission for the use of any testimonial.

# Online Counselor Groups

Many of us use them for referrals or community.

Be cautious about revealing too much! Speak in generalities. If you're looking for a referral - talk about what kind of counselor you need NOT about what kind of client you have.

Avoid the following: name, town, age, exact problem, town "Have 12 year old child in Coventry whose parents are undergoing a dramatic divorce and is feeling anxiety about this."

Be general: "need counselor for a child, takes Aetna, in the greater Manchester area, specializes in anxiety and family discord"

Online forums are not supervision!



# How do counselors feel about social media?

- There are many pressures to have a professional social media presence: not to do so may cost you clients.
- There is also a need to stand out, to be considered legitimate
- It's a struggle to maintain separation between your professional and private selves.
- Clients do search us online, and therapists may feel disturbed, overwhelmed, intruded upon, violated.
- However, many counselors don't approach this in counseling or ask what the client may have seen about them online and process this in session. Clients often don't volunteer this info either.

(Berler et al., 2023)

# Keeping your private life private

- Google yourself (like, right now. Do it in an incognito window to see yourself the way someone else might) What did you find? What do you need to change? **Share that info at your table**
- Consider what name you use for your private profiles vs your public ones
- When family/friends tag you in photos - what account are they tagging?
- Who do you accept friend requests from?



# Social Media Mental Health Influencers

Many people access social media to gain medical information.

Counselors are considered “experts” in mental health info.

Counselors posting mental health information are not always including citations or evidence bases for their assertions, sometimes just adding “fun facts” or what they consider “basic knowledge” without considering ethical ramifications (Hynes, Triplett & Kingzzette, 2023).

Influencers - many in this study were acting as influencers, often without being aware of this. Considerations for ethically promoting (or not) products and sharing client information may not have been explored adequately.

Themes to be considered include: clients as the audience, client issues as content. Where is the ethical line?



# We all want love

- About 50% of people under 30 have used one; 37% ages 30-49; 20% those 50-64; 13% 65+
- Lesbian, gay or bisexual adults more likely to have used (51% v 28%)
- Tinder most popular for those under 30
- Match, Bumble, OKCupid, eharmony, and Hinge are next in popularity for all ages

(McClain, 2023)

## Nearly half of online dating users – and about eight-in-ten users under 30 – report ever using Tinder, making it the most widely used dating platform in the U.S.

% of U.S. online dating users who say they have ever used ...

	Tinder	Match	Bumble	OkCupid	eharmony	Hinge	Grindr	HER	Other
Total	46	31	28	21	19	19	6	3	31
Ages 18-29	79	9	51	18	7	39	9	6	15
30-49	44	34	24	28	21	14	6	1	36
50-64	17	54	9	15	28	3	6	1	43
65+	1	44	2	4	34	1	1	1	39
Straight	45	34	28	20	21	20	1	1	32
LGB	51	16	24	20	9	15	34	10	25

79% of U.S. online dating users ages 18 to 29 have ever used Tinder.

Note: Online dating users refers to those who have ever used a dating site or app. LGB refers to those who are lesbian, gay or bisexual; these groups are combined because of small sample sizes. See topline for a list of the most common other dating sites or apps mentioned. Those who did not give an answer are not shown.

Source: Survey of U.S. adults conducted July 5-17, 2022.

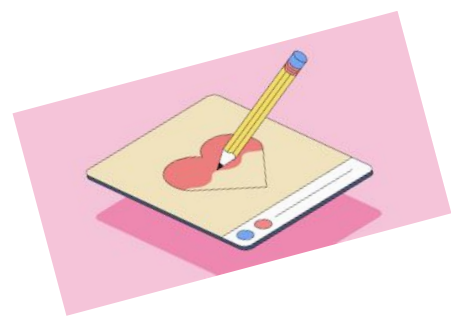
"From Looking for Love to Swiping the Field: Online Dating in the U.S."

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# Suggestions for dating profiles



Include the bare minimum of information

No political orientation, religious views, substances, places of employment, vulgar information

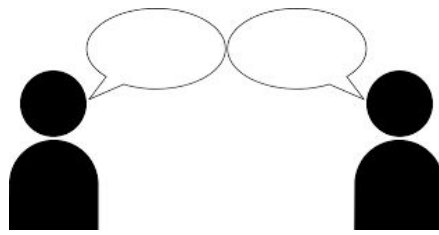
Consider your pictures! Look at what you're wearing, how you're posing, and what's in the background.

Sadly, research reveals that women are judged more harshly than men.

Would you be comfortable with your clients seeing these things? How about your colleagues or supervisors? How could the information in your profile impact the power in the counselor-client relationship?

(Unhjem et al., 2021)

## Let's talk about it...



“I saw on Hinge that you sent me a like. I have enjoyed working with you and think we have formed a great relationship in the therapy room, but it is inappropriate and unethical for me to pursue any relationship with you outside of therapy. How do you feel about this?”

Normalize being attracted, that those feelings are OK, but are misplaced feelings and need to be worked through.

“Yes, I have a busy life and use dating apps like many people do! What are your thoughts about dating apps? What are your reactions to me using them? Do you think of my role as a therapist differently now?”

Address this in your informed consent! Encourage clients to discuss any feeling about running into counselor on social media, including dating apps. Clearly state that there is to be no contact via any social media.

(Unhjem et al., 2021)

# WWYD?

- Counselor W was working and advertising herself as an LPC in NC. However, Counselor W did not meet the requirements to be an LPC, and falsely represented herself in her personal disclosure statement.
- Additionally, Counselor W made statements on social media that did not delineate between personal perspectives and statements as a counselor, including soliciting clients and speaking as a counselor from what appeared to be a personal Twitter account.
- Counselor W made several statements on social media inappropriately supporting the use of substances as a coping mechanism for trauma. She also made statements about taking medications (benzos, SSRIs) that were outside the scope of her competence. Counselor W also stated: “If your professor or job requires a doctor’s note due to a missed day, take the logo of the dr’s office from their website and write it in Word. This is a bullshit requirement, doctors don’t have time for that, and your doctor cannot verify whether you are a pt. or were seen.”
- Counselor W admitted that her social media interactions negatively impacted her and the practice where she worked.

**YOUR TASKS: (1) What would you do if you worked with Counselor Q? (2) What sections of the Code have been violated?**

# What happened?

This case is still being litigated. From the report:

“If true, the above-referenced conduct constitutes violations of Sections C.1, C.2.a., C.2.c., C.2.g., C.3.a., C.4.a., C.4.b., C.6.c., C.8.a., F.5.a., F. 5.b., F. 5.c., H.6.a., and I.1.a. of the American Counseling Association Code of Ethics (2014) and violations of N.C. Gen. Stat. §§90-331, 90-340(a)(4), (a)(5), (a)(7), (a)(9), (a)(11), and (a)(12) of the North Carolina Licensed Clinical Mental Health Counselors Act, as well as the Board’s Administrative Rules 21 NCAC 53. 0208 and 21 NCAC 53. 0702.”

# AI and Counseling



- It's not coming. It's here!
- There are mental health apps which are chatbot based (Wysa, Woebot).
- There are apps that will take your clinical notes for you after listening in on sessions (Blueprint, JotPsych).
- What others have you heard about?



wysa

blueprint

 Woebot Health™

# Concerns with AI & ACA Recommendations



- Make sure your clients are able to make informed decisions about AI involvement in their counseling.
- Ensure HIPAA compliance with any AI you use.
- Understand that AI has limitations, and understand what they are.
- Know there are risks with AI and share these with your clients.
- AI should not be used in crisis situations.
- AI should not be used to create diagnoses.
- Be aware that AI may not be great at representing all communities, especially people who have been marginalized.
- As the counselor, you have accountability for any AI you choose to use in counseling sessions.

(American Counseling Association, n.d.)

# WWYD?

Counselor A is a self-described “techie”, using all of the most recent technology in both her private and professional life. She addresses this in her informed consent, saying “when useful, technology is used to enhance the counseling process.”

Counselor A is currently using an AI program to facilitate note taking. This program is running in the background on her phone during sessions, recording the content and writing notes, which she then reviews.

Counselor A also suggests that clients use some AI apps between sessions.

Counselor A also uses AI insight to help formulate her diagnoses for all of her clients.

**YOUR TASKS: (1) Where are the dilemmas in this scenario? (2) What sections of the Code may have been violated?**

# Multiple relationships & supervision



**F.3.a. Extending Conventional Supervisory Relationships** Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.

**F.3.b. Sexual Relationships** Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

**F.3.c. Sexual Harassment** Counseling supervisors do not condone or subject supervisees to sexual harassment.

**F.3.d. Friends or Family Members** Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective.



# Harmful supervision

Study of 310 post-graduate counselors recruited from across the US found that:

More than 77% reported inadequate supervision

Approximately 35% reported a dual role with their supervisor

30% considered their supervision harmful

47% did not receive a supervision contract

15.5% reported feeling unsafe from exploitation by their supervisor

4.5% reported feeling exploited by their supervisor

0.65% (2) endorsed a sexual relationship with their supervisor

0.65% (2) endorsed using substances with their supervisor

0.32% (1) endorsed being physically threatened by their supervisor



(Cook & Ellis, 2021)

# WWYD?

Supervisor X is working with Counselor G on her post-graduate hours. They both work in the same agency.

Supervisor X invited Counselor G to connect with her on LinkedIn.

Supervisor X invited Counselor G to attend the CCA Conference with her, where they sat together during a session and Supervisor X introduced Counselor G to other counselors she knew.

Supervisor X shared intimate details of her marriage with Counselor G to explain why she was having a bad day.

Supervisor X shared her feelings of vulnerability and experience of imposter syndrome as a new counselor with Counselor G, who has expressed experiencing the same things, to help normalize the experience.

Supervisor X invited Counselor G out for drinks at the end of a tough day so they could process things at the local bar.

**YOUR TASKS: (1) Where are the dilemmas in this scenario? (2) What sections of the Code may have been violated?**

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