

Paul North

Ethical Self-Reflection Part II

Counseling Program

Department of Professional Studies, Chadron State College

Counseling Ethics & Professional Identity 533

Dr. Kathleen Woods

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### **1. Friendship**

In a situation where I had a client who was terminating counseling, but wanted to be in some kind of social relationship outside of counseling, I would have to be wary and cautious. As a general rule, multiple relationships between counselors and clients are discouraged and I take the opinion that a counselor and client cannot maintain any form of social relationship outside of counseling. To conduct such a relationship may cause ethical and legal problems for the counselor. It raises the question of boundary issues and the difference between a boundary crossing and a boundary violation. While a boundary crossing could be acceptable and possibly enhance the therapeutic relationship between the counselor and client, a boundary violation can damage the relationship, causing ethical and legal issues for the counselor. In a situation where a client was terminating their counseling with me and they asked to continue our relationship as a social relationship I would want to try and explore with the client why they wished to develop a social relationship.

If I was in such a situation, then that relationship could constitute a boundary violation. “A boundary violation is a serious breach that results in harm to clients and is therefore unethical” (Cory, 2019, pg.261). While not all boundary crossings should be considered boundary violations, there are serious concerns that arise when a counselor chooses to begin a social relationship with a current or former client. If a social relationship between a counselor and former client may not be considered unethical, there is a risk that such a relationship could be exploitative and harm the former client. The counselor would be in a position of some power over the former client in that they will know personal information about the former client that other friends and even family are not privy to. Should the relationship eventually breakdown, there is a risk that the “a former client might feel taken advantage of” (Cory, 2019, pg. 282) and the counselor could be reported to their professional organization. They could face the risk of losing their license to practice or face a formal reprimand. There is also the risk the former client could take legal action against the counselor arguing they have been harmed in some

way.

I would avoid forming a social relationship with a current or former client. However, I live in a small, rural, community where avoiding at least some types of multiple relationships is unavoidable. I anticipate that, during my counseling career, I will attend many social events which my clients will also attend, such as graduations, sporting events and so forth. In such a small community, this will not be avoidable and therefore some forms of multiple relationships will be acceptable. Rather than being boundary violations, these will be viewed as boundary crossings, “which is a departure from commonly accepted practices that would potentially benefit clients” (Cory, 2019, pg.261). In such a circumstances, a boundary crossing will not harm the client and could perhaps enhance the therapeutic relationship.

If I was in such a position, and provided there was some counseling time left, I would want to explore with the client why they would want to form a social relationship. I would consider what benefit the client would get from such a relationship and what they think the consequences would be should the relationship eventually break down. I would also explore with the client if they expected the social contact to be “ongoing or occasional” (Cory, 2019, pg. 283). I would be uncomfortable forming a social relationship with a client beyond meeting them at social gatherings. Even then, I might find the issue to be problematic. I am of the view “that counseling and friendship should not be mixed” (Cory, 2019, pg. 281). By mixing counseling with friendship, too many ethical and legal boundaries can be crossed. In the case of my client wanting to form a social relationship, I would explore with them why they wanted such a relationship and explain, in a professional manner why such a relationship would be impractical and inappropriate.

## 2. Competence

Competence is a difficult concept to measure. When measuring competence in any field, two people might rate a counselor as both competent and incompetent. In addition, a counselor may not be qualified to counsel in a particular area, such as couples or family counseling, which might seem to some people as the counselor not being totally competent in the field of counseling. The American Counseling Association states, “counselors may practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate experience” (ACA, 2014, pg. 8, C.2.a). For an individual to be competent in the field of counseling, they have met the minimum, academic professional, and licensure requirements, and are fully trained to deliver counseling services to clients. Competence is based on a counselor's level of experience in the field and the time they have actually spend working with clients. A counselor's competence may also be measured in the number of clients who have completed therapy successfully and feel they have found resolution to their problems and issues.

When assessing my own competence, I will base it off the number of clients that have been successful in counseling with me and have found resolutions to their problems and issues. I will base my competence on my skills and qualifications as a counselor, which should be reflected in how successfully I treat my clients. My level of experience is also important in measuring how competent I am as a client. Before I can become licensed as a clinical mental health counselor, I will have to meet a minimum number of practicum and internship hours. After this, I will be a provisionally licensed mental health professional and will have to practice for a set number of hours (3,000 hours) before I can gain my full license.

Once I am qualified as a counselor, I fully intend to maintain my professional standing by seeking further training. This training can include, taking classes, completing workshops, and attending conferences. I feel that once I am qualified as a counselor, it is important to continue learning and

developing my professional competence. The American Counseling Association supports counselors in continuing their education so they can, “acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity” (ACA, 2014, pg. 9, C.2.f.). By continuing my education, it is possible to maintain competence in my skills as a counselor in order to be effective to clients.

In order to be a competent counselor, I must be willing to seek education, training, and experience in order to be effective. This is an on going process I fully expect to continue for the duration of my counseling career. It will mean keeping my skill set up to date in order to provide the best service possible to my clients.

### 3. Supervision

If I was to become a clinical supervisor, I would ensure all counselors working for me were providing the best possible help and service to their clients. As a clinical supervisor, I would expect some ethical issues to be presented to me where I might have to make significant decisions affecting the counselor under my supervision, but also the clients who the counselors serve. One of the main ethical issues I would have to consider as a supervisor would be the issue of inappropriate relationships between counselors and clients. In a small community, the issue of whether a multiple relationship was a boundary crossing or a boundary violation may be difficult to decide. Since counselors will run into their clients at a variety of events and gatherings, I would have to decide whether a boundary crossing or boundary violation had occurred.

In most cases, as a supervisor of counselors in a small community, I would expect counselors to have some form of multiple relationships with at least some clients. If a counselor I supervised informed me they were in a community organization or a group along with at least one of their clients, I would have to decide whether the relationship involved was appropriate. In most cases, I would argue that being in a community group or organization alongside a client would be a boundary crossing and appropriate.

I would be more concerned if the counselor/client relationship became much deeper so that it included friendship, business partnership, or even a romantic relationship. In such circumstances, I would feel a boundary violation had occurred. I could recommend to my counselor that they would have to remedy the situation or face possible consequences, which would include termination from employment. I would actually find having to terminate a person's employment extremely difficult since it would have grave consequences for the counselor and will affect their clients. It would be a decision I would come to with great difficulty.

Another ethical issue I might face as supervisor is “multiple-role relationships in supervision” (Cory,

2019, pg. 352) where I might have a nonprofessional relationship with one of the supervisees I work with. I would be careful in my nonprofessional relationships and reluctant to develop any kind of relationship with someone who was under my supervision in my place of employment. I would not form any kind of nonprofessional relationship with anyone under my direct supervision. While I would be willing to develop “deeper mentoring relationships: (Cory, 2019, pg. 353) with my supervisees and trainee counselors, I would not want to form nonprofessional relationships with them. I believe this would be a boundary violation and not be acceptable.

When dealing with supervisees and trainee counselors, it is important for the supervisor to understand their role. The supervisor needs to know when counselors under their supervision might be involved in multiple relationships that cause a boundary violation. The supervisor also needs to be clear about their role and relationships with their counselors and student trainees. While the supervisor can establish a strong working relationship with counselors and trainees, it would be wrong for those relationships to move beyond the professional level. As a supervisor, I would work to ensure my relationships with my supervisees remain professional at all times and do not turn into multiple relationships.

#### **4. Diagnosis**

Diagnosis will play a key role in my therapeutic practice. This may put me at odds with my theoretical orientation of Gestalt therapy, which says, “emphasis on the present moment is viewed as being more important than interpretations or any diagnosis” (Cory, 2019, pg. 375). I believe diagnosis is important to the clients who want to know specifically what their diagnosis is, but also important to me as counselor since I will want to diagnose what my clients are suffering from in order to come up with a treatment plan for them. As a consequence, and despite the fact my theoretical orientation does not stress the importance of diagnosis, I will incorporate diagnosis in to my counseling style.

Refusing to provide a diagnosis may also have legal, professional, and ethical consequences. As a counselor, I may face legal action if I have not provided a specific diagnosis. I also may face censure from my professional organization. Not providing a diagnosis presents ethical issues since the client does not know the nature of their illness. Without a diagnosis, I cannot come up with an effective treatment plan for the client. Many insurance companies require a diagnosis and will not reimburse for services unless a diagnosis is made.

Another factor to consider when making a diagnosis is to produce a treatment plan and measure the outcome of that treatment plan. Treatment plans and diagnoses produce measurable goals to measure the success of treatment and the prognosis of a client. I would monitor the progress of my clients through treatment and I can only do that if I have a firm diagnosis in place. Formulating a diagnosis may also be important because there may be outside factors associated with their mental disorder. With a diagnosis, it is possible to explore which outside factors have contributed to a client's mental disorder and from there deal with the outside factors to help improve the client's mental health.

Diagnosis plays a key role in therapeutic practice. One of my first goals will be to assess my client in order to produce a diagnosis. This is important for the client, myself, and certain third parties such as mental health agencies and supervisors who may have a stake in me producing a diagnosis for a client.



A diagnosis is of vital importance and cannot be ignored as a mental health counselor.

### **5. Ethics in Group Work**

Should I ever work for an agency and be asked to design and conduct a group, there would be a number of ethical concerns I would have in forming and facilitating a group. While there are many different types of group, there are a number of ethical considerations unique to all groups. These ethical issues include informed consent and confidentiality, screening of potential group members, and issues of follow up and whether the group has been effective in helping group members.

One of my first ethical issues with forming and conducting a group would be the issue of informed consent and confidentiality. As the group leader I am ethically mandated to protect the confidentiality of the client and make them aware of informed consent. As the group leader, I “cannot prevent other members from disclosing personal information about members in a group” (Cory, 2019, pg. 441). Members cannot expect the same level of privacy as they would if they were receiving individual therapy. As the group leader, I can educate group members about informed consent and confidentiality, making this a continuing process during the lifetime of the group. I would still be concerned about group members disclosing information to third parties and while I would discourage this as much as possible, I recognize there is little I can do if group members choose to share information with third parties.

Another major ethical issue involves the screening of potential group members. As the organizer and facilitator of the group, I would want only individuals to join the group for whom the group is relevant and pertinent. I would put a screening process in place to ensure only certain individuals were members of the group. For instance, if the group was aimed at helping and treating people with substance abuse issues, I would implement a screening process so only people with substance abuse problems could be members.

Screening and selection of potential group members is important since it will be essential group members know or have an understanding of what the group will be about. When the group has its first

session, I can go into more detail about the purpose and function of the group, but it is still important that members know the group is aimed at tackling a specific issue.

One final ethical concern I would have would be the issue of feedback and whether the group was being successful in its aims. There is little point to the existence of a group if it is not helping its members. As the leader of the group, I would obtain feedback to discover if and how the group was helping its members. If there were any problems or issues, I would address them to make sure the group was effective and achieving its goals.

One way to obtain feedback is to implement “feedback-informed treatment (FIT)” (Cory, 2019, pg. 448). FIT is a process that involves receiving continuous feedback from clients and making changes as necessary so clients receive the most benefit from the group. FIT also allows group members to become equal participants in the group and can help guide me as the group leader in providing the most appropriate and effective treatment to the group members.

When asked to design and conduct a group, there are a number of ethical issues that must be addressed. By spending time in addressing these issues, I can conduct a group that will be effective and successful for its members. I will address all ethical issues and make sure each group member is protected from any potential harm. By taking the appropriate steps, I can minimize these ethical concerns and conduct a group which is helpful to all group members.

## 6. Advocacy

Social justice advocacy, while needed in rural communities, presents unique challenges. Many minority groups in rural areas are often underrepresented in their communities and are often ignored or even oppressed by the dominant culture. Examples of groups who are ignored or even oppressed in rural communities include, the LGBTQ community and ethnic minorities. Living in rural Western Nebraska, I have witnessed minority groups being ignored or oppressed by the dominant culture. As a result, the need for social justice advocacy is needed in my community.

Social justice advocacy is needed in rural areas because minorities tend to be overlooked and oppressed more than in urban communities. In many northern and mid-western rural areas of the United States, communities are predominantly white and conservative. Those from minority cultures or social groups are ignored, oppressed or discriminated against, making social justice advocacy vital “to promote the empowerment of people who are marginalized and oppressed in our society” (Cory, 2019, pg. 462).

For mental health professionals to become engaged in social justice advocacy it is a way for them to help those who are not in a position to advocated for themselves or those who are often ignored or oppressed by the dominant cultural group. For groups in the community, such as mental health professionals, to advocate on behalf of such groups helps give a voice to the voiceless.

Despite the benefits that come from mental health professionals being involved in social justice advocacy, there are practical and ethical issues that must be addressed. Any advocacy done by mental health professionals on behalf of minority groups in the community must not cause ethical issues for the professional. The professional must conduct themselves in a way that does not violate their professional organization's code of ethics.

Another issue to consider is multiple relationships. When carrying out social justice advocacy, a mental health professional must be careful about getting involved in issues that might draw them into

multiple relationships with clients. In some cases, the multiple relationship may be acceptable and be considered a boundary crossing, but the mental health professional must be aware of and work to avoid boundary violations that could harm clients. Boundary crossings and other ethical issues is especially pertinent in rural communities, which often have small populations where it is difficult for mental health professionals to avoid multiple relationships.

In many rural communities, there is a great need for social justice advocacy on behalf of minorities groups in the community. While this may be welcomed by the communities in question, mental health professionals must be aware of the practical and ethical issues that come with social justice advocacy. Such advocacy should not interfere with the professional's work in counseling and helping clients, and they must be cautious not to violate any ethical boundaries. If a mental health professional is in a position to advocate on behalf of others then they should do so as long as they strike the right balance with their professional responsibilities and their responsibilities to the clients.

### **7. Good Will Hunting**

The movie, Good Will Hunting is about a twenty year old Boston janitor, Will Hunting, who is an unrecognized mathematical genius. Will is an orphan who was brought up in the foster care system. He has a difficult childhood. He has had numerous run-ins with the police, culminating in an arrest for assault. As part of his deferred prosecution agreement, Will is placed under the supervision of Professor Gerald Lambeau with whom he is to study mathematics. As a condition of his release, Will is to attend therapy sessions to which he is initially resistant. After going through several therapists, Will meets Dr. Sean Maguire, played by Robin Williams. Over a period of at least eight sessions, Will gradually opens up to Dr. Maguire, who challenges his defense mechanisms. During the movie, several ethical, clinical, behavioral, and legal issues are presented, which, if they were to occur in real life, might pose serious ethical and legal consequences to the character of Dr. Maguire.

When the character of Will first enters therapy, he is resistant to the idea of seeing a therapist. He goes through a number of therapists, each of whom refuse to see him again after only a single session. One issue with these therapists is that Will and the therapist are not the only people in the room. Professor Lambeau and an associate are also in the room while therapy is ongoing. This presents the first ethical issue of the movie, which is that of informed consent and confidentiality. In a normal therapy situation, the only people present in the room are the therapist and the client. No third parties should be present while therapy is ongoing. The issue of informed consent and confidentiality is never brought up, which are two of the most important aspects of any counseling relationship.

When Will meets Dr. Maguire, we again see nothing is ever mentioned of informed consent or confidentiality. We also see at several points during the film, Dr. Maguire and Professor Lambeau openly discussing Will's case. This would certainly be a breach of most ethics codes, such as those of the ACA, and a breach of the HIPAA law, which are designed to protect medical patients and clinical mental health clients from privacy violations.

In addition, during the first session, we see Dr. Maguire speak to Will in an unconventional manner, culminating in Dr. Maguire becoming angry with Will over comments Will made about Dr. Maguire's dead wife. Dr. Maguire holds Will by the neck against a window. This is not a part of conventional therapy and it constitutes assault upon a client. Dr. Maguire self-disclosed too much information, leading to the confrontation and the assault upon Will.

During the rest of the sessions with Will, Dr. Maguire is unorthodox in his counseling approach. Dr. Maguire provides too much personal information and reveals his own emotional pain and suffering. During the second session of counseling, the two meet for counseling in an unorthodox and inappropriate place – in public. In another session, Dr. Maguire ends the session early because he is annoyed at Will, which would unlikely happen in a real life situation.

Throughout the movie, no mention is made of a diagnosis and little evidence of a treatment plan, which constitutes a breach of ethical rules. As a therapist, Dr. Maguire perhaps acted in an unorthodox and unconventional manner as a way to get the defensive Will to open up to him. After all, several other therapists had tried and failed to work with Will. The initial meeting with Will and Dr. Maguire did not go well. Over time, Will eventually opens up to Dr. Maguire. In one of the later sessions, when Will breaks down and starts to cry, Dr. Maguire gives him a hug. In that situation, a boundary violation occurred.

I do not see therapists acting in the way Dr. Maguire did toward his client. I could never see myself acting in such an unorthodox and unconventional manner. Had Will Hunting been my client, I would have started the first session with informed consent and confidentiality information. I would have been conventional with Will, which I suspect would not have gotten him to open up and talk to me in the initial sessions. I may be a little unconventional in my speech and conversation with Will, but I would have acted in a conventional and professional manner. In projecting what I think may have been different had I been counseling Will, my therapy would have lasted much longer than eight sessions.

Based on what I saw in the film, Will Hunting had a number of deep psychological issues, which would have taken longer than eight sessions to resolve. Realistically, Will should have been in counseling for months, if not years, dealing with his childhood experiences and the defensive mechanisms he has put in place to deal with his present world. I would be successful with Will, but only over a much longer period of time.

In these therapy sessions, I would follow the ethical and legal rules which would include not discussing the case with any third parties. I think Dr. Maguire is able to get away with his ethical and legal violations because this is a Hollywood movie and not real life. If Dr. Maguire was a real person, conducting real therapy sessions, there is a good chance he would have had his professional qualifications to practice revoked a long time ago. There is also a good chance he may have been sued by some of his clients.

Had I been Dr. Maguire's supervisor, I would have been concerned about his behaviors and counseling style. I would definitely bring up the issue of informed consent and the violation of HIPAA laws. I would suggest a more conventional and professional approach to counseling and encourage him to take his time with Will over progressive sessions, allowing Will to open up and discuss his life, problems, and issues. I would also encourage Dr. Maguire to seek out a diagnosis and formulate a treatment plan for Will to work on over a period of time.

In the eighth session with Will, Dr. Maguire says the time together is over and Will is done with therapy. Based on the problems and issues Will presents in those sessions and throughout the film, Will needs more time in therapy to work through his problems and issues. Eight sessions is too short of a time for Will to be able to resolve his personal issues stemming from his childhood, which has an enormous impact on him as a young adult. It may take several sessions to diagnose Will's mental health issues and come up with a treatment plan. We do not see any of this in the film. As a consequence, the film is great entertainment, but it does not present a realistic portrayal of mental health counseling.



Good Will Hunting presents a number of moral, ethical, and legal issues when it comes to therapy. The movie does not portray counseling in a realistic manner, It shows therapy in a light for entertainment purposes. A real therapist who acts and behaves in the way Dr. Maguire did, would would be subject to serious legal and ethical issues. A real-life Dr. Maguire would not be allowed to continue in his practice.

Another issue in the movie was Dr. Maguire had a dual role of college professor and therapist. While there is nothing wrong with this multiple relationship, if he was to take on additional clients, he should do so away from the college setting. In the film, Dr. Maguire is seen to be counseling Will in his office at the community college. This is not an appropriate place to carry out a counseling session because ethical issues arise with the use of a school office, which is not a private enough place to conduct a counseling session. The film is not a realistic portrayal of therapy. If I was conducting the therapy, I would act and behave in a much different manner compared to what is portrayed in the movie.

### **8. Shifts in My Thinking About Ethics**

During this summer semester, most of my ethical values have not changed much. When I completed the Inventory of Your Attitudes and Beliefs About Ethical and Professional Issues, my answers were mostly the same from the start of the semester. There were notable differences in my thinking about ethical practice shifted, such as bartering, family therapy, and testing.

In family therapy, I began the semester strongly believing it is always better to treat the individual than the couple or family. I believed most problems lay with the individual and it was the individual who should always receive therapy and not the couple or family. As a result of learning different theories in my Counseling Theories class, such as systems theory, and also learning about ethics in my other class, I now see more value to couples and family counseling.

Within couples and family counseling I see the importance of viewing the couple or family as a single unit instead of seeing each individual as a separate person. I am much more sympathetic to the Family Systems Therapy approach, which sees the family as a single unit and the behaviors and problems of individuals within that unit stem from the various interactions of family members. This represents a major shift in my thinking compared to just a few weeks ago.

In bartering, my opinion at the start of the class was it was unethical at anytime for a clinical therapist to enter into a bartering arrangement for services with a client. My opinion now is bartering may be acceptable if the client has no other way of paying for counseling services. I would seek professional and maybe legal advice before entering into such an arrangement, but I believe, in certain circumstances, it may be appropriate to enter into a bartering arrangement with a client.

The third area where my values and ethics have shifted concerns the issue of testing. I have always believed tests can be manipulated and abused. While I still think this is true, I have also come to accept that tests can be valuable tools to help the therapist uncover issues with the client and is a useful tool in the counseling process. Tests that are objective can uncover important facts about clients that might not

otherwise be known to the therapist and could go unremedied by the therapist. Thus, tests can be valuable tools if they are used as adjuncts to the counseling process.

While I feel most of my ethics have not changed during my time in this course, they have shifted in the aforementioned areas. One thing I have learned in this class is I am an ethical person, which was true before I started this class. I always try to do the right and ethical thing and I will be doing it on behalf of my clients, who will always come first in my practice.

During this summer semester, I have been fully invested in this class and determined to learn about professional ethics in counseling. I have always done more than the minimum and always completed my work and assignments on time or early. I have strived to do the best I can and put my college classes at the top of the list of things that need to be completed. When giving myself a percentage grade for participation in this class (and my other class) I would have to give myself at least 95%. I sincerely believe I have done the best I can in this class and I have fully participated in this class during the semester.

### **References**

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