



Family ties: Tackling issues of objectivity and boundaries in counseling

Counseling is about relationships. The counseling relationship is the change agent that helps clients tackle problems in school and in their careers and treats serious issues such as depression and substance abuse.

Client and counselor do not exist in isolation, however. Both parties are likely to have familial ties. Although family relationships are some of the most important and influential in clients' lives, they can also present unique challenges when it comes to counseling. Additionally, counselors may find themselves in situations in which their own family ties cause conflict in their work. This can lead to complicated ethical dilemmas for counselors.

Counselors who specialize in working with families, children and adolescents need to be skilled in navigating the variables of family ties, but counselors in many other specialties will run into these issues too. As is often the case when it comes to ethics, some of the best solutions involve counselors taking preventive steps, such as being familiar with and applying the 2014 *ACA Code of Ethics*.

In the context of counseling, family includes people related through either blood or marriage, spouses and other romantic/sexual partners regardless of marital status. In couples counseling, the couple as a unit is considered the client; in family counseling, the family as a unit is considered the client. The following advice applies to both current and past clients, unless otherwise specified.

Prohibited relationships and roles

In counseling ethics, there are very few black-and-white issues. Sexual/romantic relationships with clients or members of their families (in person or virtually) are one of the exceptions. It is never justified for a counselor to engage in a sexual relationship

with the family member of a current client. This is because of the potential harm to the client, the intimate nature of these relationships and the power differential that may exist.

Similarly, the *ACA Code of Ethics* prohibits counselors from counseling individuals with whom they have had previous sexual/romantic relationships. When it comes to counseling the family members of a former or current sexual/romantic partner, the ethics code does not specifically prohibit this, but issues of power differential and objectivity remain key.

The ethics code sets a requirement that counselors wait a minimum of five years from the end of the counseling relationship before beginning a sexual/romantic relationship with former clients or their family members. However, this doesn't mean that the situation is acceptable just because the code "allows" it.

The first consideration for counselors must be the well-being of their clients, including past clients. If engaging in a romantic/sexual relationship with a client's family member would harm the client, it is not ethical for the counselor to engage in that relationship. To determine the likelihood of this type of relationship causing harm, counselors should use an ethical decision-making model to weigh the risks and benefits of the relationship. Counselors should also document this process. Ultimately, the best course of action is for counselors to abstain from having sexual/romantic relationships with any clients (current or past) or their family members, no matter how long ago the counseling relationship ended.

Objectivity

It might seem silly to say, but counselors are people too, and each has his or her own life experiences, ideas and biases.

This doesn't mean that counselors cannot work to put these aside when working with clients. In fact, they must do so to practice ethically.

Although counselors cannot ever fully divorce themselves from these parts of their experience, they can do what Standard A.1.a. of the *ACA Code of Ethics* states: Put the client's welfare first. This is an important step in objectivity, which is a theme throughout the 2014 *ACA Code of Ethics*. If a counselor cannot remain objective, this may affect the quality of the counseling relationship and has the potential to harm the client.

The 2014 ethics code prohibits engaging in counseling relationships with family members with whom the counselor cannot remain objective. In earlier versions of the ethics code, this language was more restrictive, forbidding counselors from treating all family members. The latest iteration of the ethics code allows counselors to treat their relatives in certain circumstances. As long as the counselor maintains objectivity, it may be permissible for him or her to treat a relative. It is always wise to consult with another counselor prior to accepting a family member as a client to ensure that all aspects of the situation have been reviewed. The counselor should then document how and why the decision was made.

For example, it seems highly unlikely that a counselor would be able to remain objective in treating an immediate family member, such as a sibling, even if that person has been absent from the counselor's life for a number of years. But suppose that a distant relative approaches a counselor seeking professional help. The counselor has no relationship to speak of with this person and is the only helping professional within a reasonable distance. As long as the

counselor can remain unbiased, it would be allowable to treat this relative.

If counselors determine that they cannot remain objective in treating a client, they should follow the 2014 *ACA Code of Ethics* standards regarding referral. Counselors should consider referral first when they feel that they cannot be objective because of family ties (either their own or a client's). The most important thing to remember in referring clients is that the needs of the client come first. Standard A.11. deals with terminations and referrals.

Extending boundaries

Boundary crossings are one of the most common issues that can lead to problematic situations and, in worst-case scenarios, ethical violations for counselors. Counselors should remember from their training that they need to be careful about extending the boundaries of their relationships with clients beyond counseling roles.

However, sticky situations can also arise when one steps outside the immediate circle of client and counselor. What are the appropriate boundaries for counselors to have with family members of their clients? Is it ever OK to engage with the family member of a client in a business, community or religious setting?

For example, should a counselor hire a client's family member to help with billing if that person is perhaps the best-qualified worker for the task, especially considering that the family member is not the client? There are several issues to consider. If the counselor knows that this person is qualified and is looking for work because of information gleaned from sessions with a client, this represents a potential breach of confidentiality.

Also, if the counselor were to hire the client's family member, there would be a change in the relationship dynamics for all parties involved. Previously, in the family member's view, the counselor was simply someone who was helping the family member's loved one. Now the counselor is also an employer. Another consideration is that the client may worry about the confidentiality of the information that he or she has shared with the counselor, even if the counselor insists no breach will occur.

In some settings, such as in rural communities with limited populations, it may be difficult for a counselor to entirely avoid interactions with a client's family. For example, a client's family member

might be the only medical doctor in town, a counselor's child might be in the same class as a client's child or a counselor may attend the same faith organization as a client's parents.

When possible, however, counselors should avoid extending these boundaries. This isn't to say that counselors should not be involved in their communities. However, when contemplating extending boundaries, counselors should consider all of the possible implications, especially related to the well-being of their clients.

One of the reasons that counselors are discouraged from having nonprofessional relationships with the family members of clients is the power differential. Most counselors do not have difficulty seeing the power differential that exists between counselor and client. However, they sometimes fail to see the power differential that may exist with family members of clients. It is important to remember that how a client's relatives view counselors and other authority figures depends on cultural and individual differences, and the counselor may not know how these relatives think. That is why it is safer for the counselor to refrain from extending boundaries whenever possible.

Treating multiple members of the same family

Many different circumstances exist in which a counselor might be asked to treat multiple members of the same family. For example, school counselors may find themselves working with siblings; in small rural communities, there may be no other provider within a reasonable distance; family members may share a presenting problem that is best treated with a specific intervention in an area where the counselor is the only provider trained in that methodology.

What should counselors do when they have two clients from the same family? Once again, boundaries will be paramount. Boundaries should be explained to clients by way of the informed consent document and during conversations with clients at the beginning of treatment and periodically thereafter.

Counselors should also consider the type of services these clients are seeking. If they want joint family therapy, then the boundaries are dictated by the fact that the family is the client; the individual members are not regarded as separate clients. If these

clients each need individual treatment, however, it will be very important for the counselor to clearly explain the limits of confidentiality. Clients need to know what information they share, if any, will also be shared with family members. Note that special considerations apply with minors; see Standard B.5.b. in the *ACA Code of Ethics* for details.

It is also important that the counselor not become the arbitrator between these clients if they are having family difficulties. Clients should be assured that the counselor will remain objective and deliver the best services to each client without "playing favorites."

Teaching and supervision

At its best, counseling can encourage transformative results. Many counselors choose the profession after observing counseling's potential to change lives for the better.

This may sometimes lead trainees to seek out the counselors who inspired them to enter the profession to ask them to serve as the trainees' educators or supervisors. The counselor might have helped a trainee's family member, or the counselor might even be the trainee's relative. Regardless, the trainees know that these counselors are skilled; they have seen the results firsthand.

Although these counselors likely feel flattered by being asked to teach or supervise and may genuinely want to help these new professionals, this situation can be problematic. Once again, counselors need to engage in a careful and thoughtful decision-making process to determine if they will be able to remain objective in supervising or teaching this person.

Supervisors and counselor educators should take on only those supervisees and students with whom they can remain objective. This guidance allows flexibility for counselors in rural areas or those with uncommon specialties to work with their own family members or the family members of clients as long as the counselors can remain objective. However, relationships such as these should be avoided if possible.

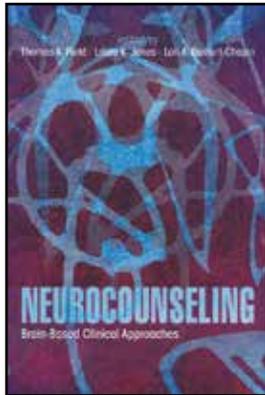
Conclusion

Counselors will inevitably have interactions with the family members of clients. Counselors may also find that those in their own families seek out their expertise. Regardless, it is the counselor's job to carefully examine potentially

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problematic situations and uphold the 2014 *ACA Code of Ethics*.

Counselors should consider whether they can be objective in a professional counseling relationship with relatives or as trainees who may be related to the counselor or their clients. Counselors must understand when boundary extensions are appropriate and the nuances of treating multiple members of the same family. Remember: Counselors should always ensure that they put the needs of their clients first.

For additional information, consult the following standards in the 2014 *ACA Code of Ethics*:

- ❖ A.1.a. Primary Responsibility
- ❖ A.2. Informed Consent in the Counseling Relationship
- ❖ A.5. Prohibited Noncounseling Roles and Relationships
- ❖ A.6. Managing and Maintaining Boundaries and Professional Relationships
- ❖ A.8. Multiple Clients
- ❖ A.11. Termination and Referral
- ❖ B.1.a. Multicultural/Diversity Considerations
- ❖ B.4.b. Couples and Family Counseling
- ❖ B.5.b. Responsibility to Parents and Legal Guardians
- ❖ E.13.c. Client Evaluation Prohibited
- ❖ E.13.d. Avoid Potentially Harmful Relationships

In addition, check out the following resources:

- ❖ “A practitioner’s guide to ethical decision making” by Holly Forester-Miller and Thomas Davis, American Counseling Association (see counseling.org/docs/ethics/practitioners_guide.pdf)
- ❖ *ACA Ethical Standards Casebook*, seventh edition, by Barbara Herlihy and Gerald Corey, American Counseling Association ❖

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