John Duggan: Welcome. I'm John Duggan, your host for the American Counselling Association's 2015 Podcast Series. Today, I'm speaking with Dr. Kathy Ybañez-Llorente about Ethics and Extending Boundaries.

Dr. Ybañez-Llorente received her Bachelor's Degree in Psychology from Baylor University. She received her Master's Degree in Counselling and PhD. in Counselor Education from Texas A&M University-Corpus Christi. Dr. Ybañez-Llorente is an Associate Professor at Texas State University, and the Professional Counselling Program of the Counselling, Leadership, Adult Education and School Psychology Department, where she also serves as the Practicum Internship Coordinator for the Professional Counselling Program. She's a licensed Professional Counselor, and Board Approved Supervisor in Texas. She is past President of the Texas Association for Counselor Education and Supervision, and has served in various service related positions in national, regional, and state associations.

As a licensed professional counselor, she has provided clinical counseling services to children, adolescents, and families in a variety of settings, ranging from private practice and community counseling agencies to foster care, state-contracted agencies and the in-patient psychiatric setting. Welcome, Kathy. It's good to be with you.

Dr. Kathy Ybañez-Llorente: Thank you, John. Good to be here. Thank you.

John: Thanks, and I know that you've been part of the ethics committee. And today, I'd just like to spend a little bit more time as part of our special podcast series on Ethics to look at extending ethics and extending boundaries. And to start with, could you help by defining the concept? What do we mean when we're talking about the extension of boundaries as it relates to client care?

Kathy: Absolutely, and that's a great question. When we consider extending counseling boundaries as professional counselors and counselors in training. We learn about the professional role of the counselor, what's acceptable, what's not acceptable, and it seems though in the formation of relationships, and as this intimate professional relationship grows, there are instances where perhaps there is a different role that we can serve with a client. It's not entirely different, it's an extension of what we currently do.

So there may be times that we interact with a client in a little different way, maybe even outside of the counseling setting. For example, some of the examples that the ACA Code of Ethics lists is that perhaps we attend a formal ceremony, like a wedding or even a funeral, or a graduation ceremony for a client. We may even purchase something or be involved in a service or a product that a client provides. Or just being there for the client in a little different role, perhaps in a stressful situation, visiting them in a hospital or a family member in a hospital. So it's a little different boundary than we typically think of being acceptable in the counselor-client relationship.
**John:** Okay. That's important stuff to consider, especially when clients can come to us with multiple different needs and if we're journeying with them over a longer period of time, perhaps like you were saying, somebody becomes sick or they have an important event in their life such as a wedding. How is it that we could look at issues of protecting our clients from exploitation? Let's say a concern or a compliant arises when we extend boundaries. How can the counselor handle that?

**Kathy:** The counselor would absolutely need to be able to show or preferably document, show documentation, that they did consider the client's welfare prior to being engaged in this extension of boundaries. And so, being able to demonstrate, they considered a number of relevant factors before this relationship was changed in some way; the amount of time that the client had been in therapy, what kind of services they were receiving, what type of counseling, so the nature and duration of the counseling.

Also, the client's personal history I think would be important to be considered; their diagnosis, their own personal history to ensure that something within that wasn't being exploited. I think the client's mental status as well would be important to document, and having talked with the client ahead of time before crossing this boundary, so that the client was engaged in a discussion about what the potential negative impact could be. There may not always be a consequence, but just the potential for a misunderstanding would be important that the client knew that and it was part of the discussion.

I think the other part, too, that isn't always considered is the counselor also documenting or ensuring that there wasn't any statement or action on their part, that they perhaps stated ahead of time that led the client to believe that this boundary, extension of boundaries, would be absolutely okay and nothing would go wrong. So just a statement or some sort of action that could have invited the possibility of misunderstanding, that piece is important for counselors to consider as well.

And I think one of the biggest pieces is that, counselors being able to demonstrate that their intention was not motivated by their own personal interests or gains, but that it was instead motivated by the client's need and their best interest.

**John:** And I'm hearing as we're talking about this, client welfare, documentation, and you also mentioned personal history. It sounds like we really need to be thoughtful when doing an assessment at the beginning of treatment and how that can impact this stuff that we're talking about in terms of potential extension of boundaries.

**Kathy:** Yes. I can think of some examples. I served as the liaison to our state licensing board for years, and I think can of a very specific example of a counselor who came before the board and who was defending his actions. And one of the things that he made mention of was this client's history of having experienced trauma, abuse, having been taken advantage of; just a number of things that he was able to list. And then the board then asked him how it was that he then became one more person in this client's
life who then also exploited her vulnerabilities. So that was kind of shocking to hear that, that here was the counselor who knew of the client's history yet clearly was putting his own personal gain ahead of that of the client.

Our clients don't always have the traumatic history, but that one just always sticks out in my mind, that I think here you have a client who has been taken advantage of before, and now you have given her one more example of that in her lifetime.

John: That sounds really difficult. How about some of the indicators that an extension of a boundary isn't the best interest of the counselor, as opposed to that of the client?

Kathy: I think that example that I just mentioned clearly first comes to mind, it was in that example and a couple of others that I can think of, the personal gain that that counselor benefited from was evident. That one example was the borrowing and lending of money. Pretty egregious actions, asking that client's child to co-sign on a loan. It was some pretty egregious types of things that were very --

John: Oh, there's a lot more context, yes.

Kathy: Yes, very obvious that the personal gratification and personal gain was clearly on the part of the counselor. But I think things like that should be taken into account, so it's not always that egregious but even considering whether or not that the counselor is able to remain objective in this decision. And if not, if they had all think, "Well, it's okay if I do this." If they are rationalizing it, then I think that could also be an indicator that this decision is in fact in the best interest of the counselor as opposed to the best interest of the client or the client's treatment, or their diagnosis. I think those kinds of example should trigger a thought in the mind of the counselor.

John: Sure, and I'm thinking that the role of consultation seems so important in these type of things. Initially, when we hear one piece of, "Well, the intention may have been good as we go further and further along and look at the history." And so, collaborating with another colleague or consultant or supervisor depending on where one is in their training and licensure, that that's going to play an important role.

Kathy: Absolutely. I think a question that a consultant or supervisor might even ask that I think could be a perfect question would be, "What benefit is there for you in extending this boundary?" And I think that's a pretty clear question that the counselor would need to be able to answer. And again, if there's far more benefit for the counselor than there is for the client, then that would be a caution that perhaps this isn't in the best interests of the client and shouldn't be followed through with.
John: That makes sense. What if we're in a situation where it's somebody with whom a counselor has had a personal relationship, and they're approached by a friend at a wedding or an event, for some sort of professional advice or counseling? Is it ever ethical for the counselor to enter into a counseling relationship with that person?

Kathy: Within the Code of Ethics, we're prohibited from engaging in counseling relationships with friends or family members, specifically because of the reason that we would more than likely be unable to remain objective with those individuals, especially having close relationships. I think with individuals that we've known in other contexts, I think it would be important to consider what that previous relationship entailed, how close was the contact; was it a casual relationship? Maybe just an acquaintance, that was really more of the relationship --

I think of the example of college, it could have been someone that you had a class with or maybe someone who lived in your dorm but wasn't your roommate, wasn't your immediate friend with whom you have ties. I think that relationship would be far different than the college friend whose wedding maybe you were in, or even whose wedding you were invited. That, to me, signifies a different level of prior relationship or previous relationship.

And so, again, it's that ability to remain objective would be key to deciding that, and being able to document exactly that, so that if there were ever to be a question about having had a previous relationship, a counselor would be able to document their informed consent, consultation, supervision, that their judgment was not impaired and that there wasn't any anticipated exploitation. And definitely, having the conversation with the client as you take them on, having just a very frank discussion about the fact that you've known each other previously and asking the client of any anticipated consequences of that that they can see on their part.

John: Sure, and I imagine that geographic location and the size of the community can play an important role. For example, if I met somebody at a fitness or a yoga stretching class, in an urban area, it might be more appropriate to refer that person to a trusted colleague or to say, "Here's somebody that you can go see". Whereas I'm guessing this might be an extension of boundary issues, in a small community where maybe there isn't another therapist for another 40 miles.

Kathy: Absolutely. I think that would make a huge difference, given the fact that we have so many areas that are rural. We know that there are shortages of mental health professionals across the country and more so in some specific states. In my state alone, there might be one mental health professional living in a small town and there may not be another for a two-hour drive from that area. So that would certainly play a part in their decision, but then having that discussion with the client and talking through all of the benefits as well as the consequences or the drawbacks in engaging in that relationship would be important.
John: Yes. You really bring it close to home when you say it's a two-hour drive to that next counselor, that next professional. I'm just trying to imagine that. That's a big commitment. That's a big struggle. What about for folks who are part of a specialized population, or maybe it's a counselor who has a skill set that's in high demand? What considerations should the professional keep in mind when they're considering the possibility if a relationship already exists within that population, or somebody that's seeking those skill sets?

Kathy: Absolutely, I think it becomes far more complicated for an individual who does specialize with a very specific population or has these specific skills. I think counselors want to be that clinician because then you're sought out for those specific skills. But I think the complicated nature of that, particularly if you are a member also of that specialized population or community, that you're automatically going to have to consider the fact that there are pre-established relationships there. There are, perhaps, expectations that come along with that as well for those prior relationships. And considering the fact that, again, exploitation is the last thing that I'm sure a clinician wants to have happened, but the potential for exploitation might be increased in such a situation.

I can think of a clinician that came before the licensing board, unfortunately, but was highly-specialized in working with the LGBT community, but the clinician themselves was also a member of the LGBT community. I guess if especially we live in a larger city, we think of this population as being larger, when in fact it seems to be smaller. And so, the complicating piece that came up for this clinician was treating another couple, and that couple also having contact outside of the counseling room in a social situation, and that created all sorts of complications as far as social relationships bleeding over into the professional relationship. This clinician also further specialized in providing counseling to individuals who were pursuing fertility treatments. And so, that was even far more specialized. And it became very complicated and very sticky, I'll say.

And so, once this clinician was having to justify the actions that were taken, there were clear indications of her having exploited the relationship at a social level, not just in social aspects, but even within the counseling room. One example was asking one of the partners about legal advice regarding custody in different types of issues. So this one example was incredibly complicated, but the clinician did also speak to the fact that it was difficult to separate themselves from the social aspect of being part of the LGBT community. In the end, they were able to list a number of ways that they realized they needed to limit their social interactions, further defining the professional interaction separate from social interaction. And in the end, provide restitution to the couple that clearly had violated ethical standards related to boundaries.

John: Well, it makes me think of times when giving or engaging in the process of informed consent at the beginning of a counseling relationship, and working hard to define how would this look? What would it look like if we did see each other in the
community, if we did see each other at a social event? And explaining to a client that my job is to look out for your best interests, but also to let me know that if you feel uncomfortable to communicate that back, if we’re still in session, or to also just say, "Here’s how I’m going to handle it if we see each other in the community, if we see each other at the grocery store or at the bus stop, or walking down the street that I’m going to behave this way" and sometimes it can seem too rigid, but I think it offers a sense of structure and can reduce anxiety and guide things along.

So perhaps if there are times when we do extend the boundary, we also have a starting point, a place where we’ve had that conversation.

**Kathy:** Definitely. And I think exactly what you just described helps the client to not feel anxious about this interaction outside of the counseling room. Because it does feel strange if you run into your counselor at the grocery store or you see them somewhere where you don’t really expect to run into them. And if you, as the clinician, have talked through that ahead of time, then hopefully it feels a little less anxiety-producing when you do happen to run into them.

And especially if what you described was not connecting with them or not acknowledging them for the purpose of protecting their confidentiality, they would then know why you saw them and turned away as opposed to a client and thinking, "Wait a minute, why did they ignore me? Why did they not acknowledge me?" That would be so anxiety-producing for a client if they didn’t understand why you did the things that you did.

And that’s our job, is to make this transparent for them not just in the counseling room but outside of the counseling room and the off chance we run into them, or even just the process of counseling, making that very transparent for them.

**John:** Exactly. And I find that over the years, it’s also been helpful to find -- yes, this is how we will go and interact if we see each other in public, if we bump into each other at the farmer's market. I may not acknowledge you. If you choose to say hi, I’ll respond, I’ll say hi, but I won’t acknowledge how we know each other. And the other piece is cross-introductions. I’ve run into so many times where somebody does say, "Hi, John" and then they’re trying to introduce somebody, and it’s like, "Well..." And so even then, that process of doing the informed consent and trying to work with the anxiety and set some clarity, it’s, "You know what? It’s okay. We can agree now that we don’t cross-introduce and just know that it’s okay. We could find a way to gracefully move through it and I think sometimes that puts people at better ease, a little more relaxed and less worried when we do cross each other in the community -- and it’s going to happen.
Kathy: Right, and I think we just never know when that's going to happen, and clients never know when that's going to happen. You mentioned the informed consent process, doing that at the beginning, but I think again you mentioned throughout counseling, and even at the end, at the termination of counseling, and I can think of a funny example that I use in teaching is about one of my clients who was actually an adolescent client, probably one of the most difficult that I had ever worked with, and terminated the relationship and didn't see her for years. And I always wondered, of course, how she was doing and hoping for the best.

And walking into a restaurant with my sister and my niece, who was about six years old at the time, and I walked in the door and the hostess yelled my name out. And my niece looked at me and she said, "Aren't you supposed to tell them what your name is?" And she was so confused by this young girl yelling my name out and knowing who I was before I even stepped up to the stand. And of course, lo and behold, that was my previous client that I had had.

So I smiled, I did repeat my name and she put it down, and I just walked off and we sat. And so, what ended up happening, my niece asked the question, but I just acknowledged, yes she knew my name but didn't go any further. And I guess maybe luckily, my former client came over and actually came and sat with us. And she then proceeded to explain who she was on her own, which was very interesting because, again, we just don't anticipate those kinds of interactions happening. But this was even a couple of years after I've seen her, so you just never know.

John: It sounds like you handled it with a sense of respect and grace, and she was making it a choice and hopefully she felt comfortable doing that.

Kathy: She seemed to, yes.

John: Yes, and I like your comments, your suggestion about how informed consent is an educational process throughout the entire counseling relationship, right up to termination and constantly reminding people, "This is what we're about. These are our intentions, and here's how we do this". I think that's an important thing to keep in mind. What about some different types of practice settings where counselors might be more inclined or called to step out or extend some boundaries? I'm thinking even times with hospice care or something like that, my memory is that sometimes that brought up opportunity is, there are times where it was an ethical dilemma, and should I or shouldn't I extend the boundary?

Kathy: Definitely. I think hospice is a perfect example. We seem to have now, in the training of counselors, future counselors -- we've had more and more students and interns working with hospice agencies, and really talking about, in supervision, having this different expectation or different relationship, a lot of it related to grief and loss and preparation for loss. So, the expectation of possibly attending a funeral or going to a
hospital in support of their client maybe happens more so than you might see in general counseling populations, so that definitely would be specific.

You mentioned also rural communities earlier, I think that's a given for many rural practitioners. The expectation is that they remain part of their community, they're an active part of the community. And especially, I would imagine if they're the only mental health professional in that community or within an hour or two hours, it would be incredibly difficult for them to separate themselves from the rest of their community. I think it would be an unfair expectation to have them separate themselves.

And their family along with that; separate their family from the rest of the community. So it might be that they do end up providing counseling services to the grocery store manager down the street, or a pharmacy, the pharmacist or a technician that works at their local pharmacy, and that is something that has to happen unless we expected people to drive the two hours that we mentioned earlier, then it really would be a really difficult expectation, I think.

We have more counselors also working with the military. We've tried, for years, to make inroads with the Veteran's Administration. That seems to be happening a little bit more so in our area. We're seeing some more interns working with the military, but I would say for individuals who are active military but also mental health practitioners, their role is also complicated in that they might serve as the mental health provider for someone in their unit or someone that they also serve with in the military.

But they also might be a supervisor or serve an evaluative role of that individual. So that conflict of interest might occur, and a lot of times it's completely out of the hands of the mental health practitioner. They don't really have a say in serving in these dual-capacity, so it's just maybe an expectation of them, and that would be difficult, I would imagine, to navigate and ensure that there's not this unmet expectation on the part of the client.

I think one other setting I can think of too, that we're seeing more counselors in the addictions area, addictions counseling. In our area, we've seen more licensed professional counselors, also working with licensed chemical dependency counselors, and the expectations are a little bit different. Not all counselors are in recovery. Some might be, but some may not be.

So before with licensed chemical dependency counselors, I guess with the majority or a large number of them also being in recovery, they, for years, have had to navigate to these extension of boundaries because they might have to attend -- let's say it's a small area, they might have to attend, both attend, the only after-care group or the only Alcoholics Anonymous group that's in existence in their area. And so, talking through these extension of boundaries and what that means ahead of time would be incredibly helpful.
John: Yes, that sounds like you could get a tricky situation.

Kathy: It could be.

John: I'm sure that as one moves into a professional identity and role, that it becomes a little more a familiar and easier process to navigate that and develop those relationships with their clients as well. A moment ago, we were talking about the experience of students, and I'm wondering, are there any important considerations related to the extension of boundaries that apply to the educator-student relationship?

Kathy: Definitely. I would say it mirrors that of the boundaries we extend with clients, and so we should ensure that we're taking similar precautions; we're thinking through some of the same concerns when we talk about working with students and extending boundaries with students. I think keeping in mind, the biggest piece is that power differential that's present in the counselor-client relationship. We know that power differential exists in an educator-student relationship as well.

And so, that becomes just as important in our consideration. Same thing with the students. We are called on to be educators, but the mentoring relationship also exists for them. And so, it might be that some of the same examples about inviting to a formal ceremony or providing some sort of support to them throughout a stressful event, that might be an instance where an educator decides to extend the boundary between educator and student. I think in a situation such as that, though a stressful event, we also have to be mindful of the fact that there are additional boundaries in place that stipulate, and we cannot provide counseling to students.

John: And I think that there's an example of this in the 2014 ACA Code of Ethics. What type of recommendations or suggestions would you have for a counselor-educator to keep in mind before, during and after providing support in a stressful -- I guess grad school is not always the easiest time for anyone to navigate. So what would you recommend for a counselor-educator to do?

Kathy: A counselor-educator would be called on to have some of the same discussions that we discussed or described earlier with clients; providing support but also talking through the expectation of this different role or additional role that they're engaging in. I think setting those expectation or boundaries with students, letting them know that I'm able to provide this kind of support to you, but I also have to refer you for continued support through counseling. I cannot provide counseling to you -- I think setting that expectation from the beginning becomes important.

I can think of an example of an instance that I became aware of with a student that was seeking support from a faculty member, and that faculty member did provide support, but then it seemed to become ongoing. It wasn't really time-limited, and it ended up going on and on and on, and that became difficult or problematic because the student
had come to expect that the support would be ongoing. And when the counselor-educator consulted with someone about it, they realized that the time limitation should have terminated well before that point at which they found themselves.

And so, and it became a little more complicated. I think there ended up being an expectation on the part of the student that became an unmet expectation, that they became upset about. So I think it just further complicated the fact that, again, the intention was well-intentioned on the part of the educator, but the lack of time limitation and the lack of discussion of expectation from the beginning allowed it to become this complicated experience for the both of them.

John: That sounds like it’s a painful process, and maybe that’s a great example of why we would go through the process of setting up a formal agreement or a contract about, this is what our time together looks like, this is how we meet, where we meet, and so on. This is what the supervisor/supervisee relationship looks like, and so that we can really be not rigid but have something to fall back on to guide us all in this process, regardless of one’s role. So that you’re always being clear and coming back to that informed consent piece of what at our purpose is.

Kathy: And I think especially when there’s an expectation that hasn’t been stated by either party, I think that’s where the confusion comes in then, when it’s an unmet expectation on someone’s part. If that was discussed early on or even became part of the conversation at the beginning or throughout, then I think that could have the potential to lessen the impact, the negative impact of an unmet expectation. And that could be helpful in figuring out a situation such as that one.

And I think as educator and educator-student boundaries, the other important area -- you’d mentioned professional identity earlier -- and I believe and we teach that part of the professional identity is being involved in professional associations and organizations, in just the counseling community itself. And I think that’s a very important area that educators and students need to discuss. So not just both being members of American Counseling Association, but both travelling to a conference or travelling to the National Conference each year, and talking through what the expectation might be there.

I know I enjoy mentoring students, and as part of that -- a graduate student was presenting with me. We talked about what the role would be at the conference besides presenting and maybe attending different receptions. And I knew this person would go on and pursue doctoral studies. And so, we talked about the fact too that maybe it would be a good place for her to network, and we talked through how I might be a benefit to her in doing that. And one thing she also was wondering is whether she could come to me and ask me to introduce her to people that she wanted to meet.
And I hadn't really thought about that, but I said, "Of course." I may not know that person, but if I could be the go-between to lessen -- maybe it was more about her anxiety of going up to someone and introducing herself to them, then I was happy to step in and do that even if I didn't know the person. But that was at the forefront of her mind, thinking, "Well, I know you'll introduce me to some people. But what if there are other people? How do I navigate that, and how would it not be uncomfortable for you or for me?"

And so, I was glad that we had that conversation ahead of time. And I knew also that that was also an expectation in her mind, that she hoped that I would be able to meet, and when she voiced it then absolutely, that was perfectly fine for me, but I think her talking through that and talking about what she hoped would happened or how that might happen became important.

John: It helped to clarify, and I'm thinking that our Code of Ethics also speaks to the multiple forms of relationships that we can have. And so, it's like thinking things through in terms of how do I navigate this? How do I make sense of it? Whether someone's in education or clinical or leadership, there's times where we can put on different hats or different roles, and maybe being more explicit about it, and finding ways to continue to move forward and support one another in an appropriate way.

Kathy: Definitely. Extending supervision boundaries as well, I think that's another area that we haven't touched on, but again, similar types of expectations for supervisors and supervisees. Easily, you would be involved in different types of relationships, personal, professional, social types of relationships, and talking through the risks, the benefits of those extensions of boundaries would be important for supervisors and supervisees.

John: I'm also thinking about other times you've mentioned, like going to a professional conference. I'm thinking also about some day in and day out settings, where let's say somebody has a social media webpage, and it could be a client or a student, is reaching out and trying to do some contact through a networking site. Would this be considered an extension of boundaries?

Kathy: I think counselors and students would have to be really careful about seeing it as an extension of boundaries. Again, ACA Code, we have an entire section now devoted to social media, an area that we didn't have a lot in before, but there are professional boundaries that need to be in place when we're providing counseling, not just different types of counseling, but just other types of interaction, what they call virtual interactions with clients.

And so, friending a client on a social network site or through a blog, on a website, or that kind of thing, where we have other types of interactions, counselors would need to be mindful, again, of the potential exploitation to a client and how that might bleed over into personal relationships or more social relationships or friendships. And that's the
piece that we don't want to confuse for clients. We want to help our relationship to be clear, and that it's a professional relationship, even though it is intimate; so it feels different to clients, but it's still a professional relationship and not a friendship.

So in the case of social networking sites, if a counselor were to want to use a social networking site for professional use, they would need to be very intentional in how that's created. So there's some counselors that are creating Facebook pages for their practices or for themselves professionally, and they would want to make sure that those are really separate.

At an ACA training, they discussed the fact that counselors were doing that and one counselor listed the same email or phone number for both Facebook accounts. And what ended up happening was, they clicked the button that allowed that Facebook profile to search their address book, and connected to anyone within the address book. Well, that then confused their personal contacts with client contacts, and became a very complicated mess for them to sort out. So having two different profiles, Facebook profiles, was something they talked about, but ensuring that each one has its own dedicated email address and phone number tied to it, so that there wasn't that potential for crossover.

I think that's difficult sometimes, though, because some people might have a cell phone that they use professionally, but that might also be the one contact phone that they use as well in their everyday life. I think we have gotten rid of landlines a lot, so many people do have one cell phone that serves in a professional capacity and personal capacity. I think that was a good lesson to hear though; how easily technology does bleed over, just in everyday situations and how we need to be mindful of how far that extends into professional and personal types of engagement.

So I don't think a counselor should friend a client on a social networking site that is personal. But if they choose to connect with them, through a professional Facebook site or website, or some sort of other social media, I think setting those boundaries, talking through with the boundaries with clients, ensuring it's spelled out explicitly in their informed consent documents, would be very important as well, so that it's introduced to the clients before, during, throughout a counseling relationship. And it's part of every session conversation, as opposed to when it becomes a problem.

John: Yes. Even sometimes after the therapeutic relationship ends, after the counseling ends. I remember five, six, seven years ago, putting together a social media policy as part of the informed consent process, and talking about those boundaries and saying, "After we complete the counseling process, I won't be friending or engaging on Facebook". It's just the way that I would set up my practice and establish, and explaining that.
And I notice now, that more and more counselors are following that direction, and our Code of Ethics. But when you go back seven years ago, people would just forget, look at me and go, “What are you talking about? Why are we even looking at this?” But it's such an important piece, because there are -- also protecting the issues or the concerns of the client, but also protecting the counselor’s privacy and being aware that we may have pictures of our family members or friends, or something like that, that we want to hold privately and keep private.

**Kathy:** Absolutely. And having more access to information increases the chance of clients -- they can easily Google you, they're free to do that. We're restricted. We can't Google our clients, but I think clients having more information about you than they need or maybe want, could be a problem as well. So if they were to friend you on Facebook and they learned things about you, even if they didn't seem terrible to you, but in some way allow the client to make some sort of a judgment. Maybe it was about you politically or some stance that you have on a certain issue, or even just something about your family.

I think that might detract them from the client's care, and the counseling should be about the client and not about the counselor. So I think that would assist the relationship and not going in a different direction that I wouldn't need to go in.

**John:** Sure. And we've been talking a little bit more about moving from the academic setting to working more in private practice; setting up some social media policies and all. Let's say if you were opening a private practice, how would you recommend that a counselor handle issues related to extending boundaries? And I'm thinking particularly in terms of things like gifts. Sometimes, it can range from baking something nice for a holiday or for a time of the year, all the way over to bringing something that you could look at and go, "Wow, this is a very personal or an expensive thank you gift!" Can you say more about that?

**Kathy:** I think you've mentioned earlier about the policy and creating policy within our informed consent documents. I think that's the first place to start for a clinician after they've spot through what their policy is going to sound like about accepting gifts. We don't always know what the motivation is on the part of the client for getting the gift, and it could be different for different types of clients. And so, it would be difficult to always assume that a client's giving you a gift for the benefit of you not being as hard on them as in counseling, let's say, or creating a different kind of relationship.

So creating not just an absolute strict limit or strict boundary of no gifts, I don't think that's always workable with clients that we have for a variety of reasons. But having some addressing, some sort of policy about gifts, how they'll be handled let's say, if you were to bring me a gift, I would not be able to accept it. I would have to share it with the community or share it with the practice. So in the case of, like you mentioned, bringing in food or that kind of thing -- letting them know that it would have to be shared. If your
state has certain restrictions, let's say a dollar amount, then you would absolutely want to include what the dollar amount is on the limit of the gift.

And the other piece too, that might be hard to list in there but a counselor would be to consider, would be their own motivation for wanting to accept or decline the gift from a client. Maybe they would be more inclined to accept a gift from Susie, but would be more inclined to decline it from John. They might really then have to consider what that motivation is, why they would accept from one person and not from another. And I think if we didn't have any sort of policy, then every time we would find ourselves in this conflict of, "Well, I did for this person, so maybe I should accept this gift". It just seems like it would become complicated, maybe too complicated.

**John:** Yes. I'm thinking that it's also important to have that discussion about what will happen with it, because if someone did give a gift and it was just placed out in a common area or something, and a person didn't even have that conversation, and then a client thought they could feel hurt or rejected and very disappointed. And so, I think having that conversation. And then it's also important to consider seeing times where someone from a particular cultural experience would say, "This is just what we do".

I remember one time, somebody giving a gift. It was very small, but a beautiful piece of fabric, but it meant something very significant to that client, to their cultural experience, and it was a way of communicating something. I've researched it, consulted and I was like, "Wow! This takes on a different role and a different meaning".

**Kathy:** Definitely. I know food within my culture means a lot, and for someone to share food with you is a sign of gratitude. So to reject that outright could be offensive to someone. Again, that feeling of rejection -- and if our job is to build connection with someone, yet we've done something to make them feel rejected, that could have a negative impact on the counseling relationship, and that's certainly not what we want to create. We want to avoid that at all costs.

So having a discussion about it ahead of time, then perhaps if they did still bring you some sort of small gift or food to keep with that example, you could have a conversation about it; but even if they brought it but still they knew that we share with everyone, then that's okay, that's a choice that they made, and then it's willingly shared and they know that piece. So I think it would just be easier -- or if you had that discussion and they still brought it, then maybe that's an opportunity to talk about boundaries and to talk about limits of ongoing expectations. Thanking them for sharing this small bun cake with me this time, but ongoing, this doesn't need to become part of a regular ongoing interchange between us as much as -- I'm sure it's delicious and lovely, and I appreciate it, having a weekly bun cake brought in to you -- certainly wouldn't want to be a pattern that we'd want established.

**John:** Yes, my waist wouldn't want that either.
Kathy: Right, I was just thinking that, from a waistline perspective and from a therapeutic perspective, both, yes.

John: Yes. Can you believe that we almost have an hour, we just have a couple of minutes left. And Kathy, I'd like to ask you, the American Counselling Association, we now have more than 56,000 members, most of whom are clinicians. Is there anything that I haven't asked you that you would like our members to know?

Kathy: I think when we talk about boundaries and extension of boundaries, some of these answers seem clear cut, and this short one hour discussion doesn't answer all questions. So I think it will be an ongoing topic and discussion that clinicians will have to consider, and counselors-in-training as well. I think that piece that would become important for counselors to know, is that we're not alone in this. And by that, I'm thinking about, you said earlier, consultation and also supervision.

I think utilizing both of those, depending on where you are in your training, utilizing both of those as we consider boundaries, becomes vital. So if you're in supervision because you're an intern, take advantage of that supervision relationship and bounce off of your supervisor what these boundaries mean. And maybe it's a motivation on your part to consider extending a boundary and being able to have that discussion with your supervisor, going through all of the considerations we talked about earlier.

Let's say you're further along in your career and you're no longer in supervision, maybe you create a peer supervision network so that you have this ongoing discussion that just becomes a regular practice, maybe between you and a couple of other colleagues, and you enter into a peer supervision relationship. And if that's not available to you, then ensuring that you have some trusted colleagues that you can have on speed dial or have a conversation with, to consult with when these types of issues come up. Just having a sounding board, someone else who understands our Code of Ethics, understands your role, your practice, and someone who would be willing to ask you some of those difficult questions, and would be able to be objective with you as well, I think can only help us to navigate these waters.

John: And it makes me think of our developmental foundations and how we grow and learn and change, and how perhaps a relationship that is a training educator-student relationship, that becomes one of supervision. And then as one graduates and takes on a professional identity, that relationship can also change, and therefore -- is talking about it, but the boundaries of the relationship can change.

I think a couple of mentors along the way who have gone from that time of knowing in university and being thought, and much more than a decade later it's like that relationship continues, it's renewed, it's clarified, there are new boundaries. And then there can become the mutual consultation that can happen. That's such a positive
experience, I think, for all involved. And I think those situations are unique but hope-filled for students and people moving forward in a professional identity.

Kathy: Yes, I think that's a great word, hope-filled, because that's the difficulty when you've come into a situation where you're not sure what to do. I think that anxiety that automatically pops its head up, feeling that there's hope for you to be able to work through this ethical dilemma or in this ethical issue, and be able to come to some sort of a conclusion, and know how to document that; how to work through an ethical decision-making model. I think that does provide hope, so that we're not just feeling like we're stuck and could potentially end up in a really nasty situation or scary situation. But yes, hope, absolutely.

John: Good, good. Very helpful conversation, Kathy. Thanks so much for your time.

Kathy: Thank you, John, I appreciate it.

John: Okay, thanks, Dr. Kathy Ybañez-Llorente for this conversation on Ethics and Extending Boundaries. To view links to this program, to send an email to the presenter or the host, please go to www.counseling.org and click on the podcast page. This is John Duggan, your host for the ACA 2015 Podcast Series. Until next time, so long. Thanks for joining us and make it a good day.