

# MANAGING PROFESSIONAL BOUNDARIES: ETHICAL GUIDELINES TO PREVENT BOUNDARY VIOLATIONS

ALANA J BRUNNER  
LCPC, NCC



# MANAGING PROFESSIONAL BOUNDARIES: ETHICAL GUIDELINES TO PREVENT BOUNDARY VIOLATIONS

- Introduction
- Plan for day

# Objectives

- Participants will be able to distinguish between a boundary extension and a boundary violation.
- Participants will understand current code regarding confidentiality, multiple relationships, gifts, self-disclosure, and social media.
- Participants will understand steps to follow in the event of a boundary extension gone wrong.

# What are Ethics?

- At some level nearly every human being has developed his or her own set of beliefs about what is good and what is bad, resulting in our personal code of conduct.
- Our personal morals and values are influenced by our family-of-origin values, religious moral education, formal civics instruction, and informal observation of the behavior and interaction of important individuals and groups as well as the personal conclusions reached from the lessons of life. -Wheeler & Bertram 2015

# What are Ethics?

- “A professional’s personal code of ethics evolves from an inner sense of right and wrong, a healthy set of personal and professional boundaries, an informed awareness of relevant published standards, years of experience, and ongoing consultation and lifelong continuing education.” -Pope and Vasquez (2011)

# What is Ethical Practice?

- Ethics establishes standards or benchmarks that prescribe “what humans ought to do in terms of rights, obligations, benefits to society, fairness or specific virtues.” -Stein 1990
- Ultimately boils down to the kinds of informed and responsible boundary decisions helpers make in their everyday professional activities
- What you do when nobody is watching

# Boundaries and Meaning

- Multiple meanings and implications
  - Geographical or political boundaries
  - Biological boundaries
  - Laws, social, racial, interpersonal, spiritual, etc...
- Boundaries can
  - Separate or unite
  - Enhance or deplete
  - Help, heal, or harm
- What unifies all definitions is they differentiate between two or more physical-actual or elusive-abstract entities

# Professional Boundaries

- Arose out of the desire to
  - Enhance therapeutic effectiveness
  - Create a protective “frame” around the therapeutic exchange
  - Protect client vulnerability



# Boundaries and Therapeutic Relationships

- Professional Boundaries
  - Distinguish therapeutic relationships from social, familial, sexual, and business relationships
  - Assist helper and client understand the nature and purpose of their relationship
  - Allow us to genuinely relate to others
  - Promote a safe and trusting environment in which clients may receive needed treatment without risking exploitation or harm
  - Provide structure for the process, and safety for the client

# Boundaries

- The division fosters a more productive therapeutic process as
  - It increases the likelihood that the professional has the objectivity needed to understand and treat the client's concerns
  - The client has trust in the “good will” and “motives” of the helper to share personal information and work through uncomfortable issues

# A Note on Vulnerability

- Helpers are hired for their professional expertise, which consequently gives them an expert-based power over their clients
- Helpers' aura of wisdom translates into a power advantage
- Clients may seek out help during times of crisis, anxiety or depression which makes them inherently more vulnerable, augmenting the power differential between helper and client

# The Helper and Power

- Pope and Vasquez (2001) identified several types of power that pertain to therapists:
  - Power conferred by the State (licensing)
  - Power to name and define (diagnose)
  - Power of knowledge (education and expertise)
  - Power of expectation

# The Helper and Power

- No matter where power is coming from, it gives helpers the power to influence our clients
- Our opinions, suggestions, or instructions are likely to be taken seriously by our clients--even more so by our clients who are more vulnerable to such influences
- This influence places high level of responsibility on the helper to not abuse or exploit this power

# Boundaries

- Create a protective “frame” around the therapeutic exchange
- Enhance therapeutic effectiveness
- Protect client vulnerability
- Protect our professional relationship with clients and the way we genuinely relate to others

# Boundaries

- Three terms that appear in discussions about boundaries
  - Boundary Crossing
  - Boundary Extension
  - Boundary Violation
- Grounded in the notion that there ought to be a division between the professional and personal lives of professional and the client

# Boundary Extensions and Boundary Violations

- These terms are designed to help us differentiate between what's appropriate and what isn't appropriate in the helping relationship
- It is important to note:
  - “Boundary crossing” has fallen out of favor and the more preferable term is “boundary extension”
  - Terms may be used interchangeably



# Boundary Extension

- Involves transgressing a boundary
- Not considered inappropriate, unwelcomed, or harmful
- Any deviation from the strictest professional role
  - Deviation from ‘hands-off’, ‘only-in-the-office’, ‘no self-disclosure’ forms of therapy
  - Or departure from risk management procedures

# Boundary Extension

- Some use the term “boundary extension” to describe the kind of additional connection with a client that is grounded in the intent to help and has some credible evidence that benefit is likely to result
- However, just because one believes a boundary extension is therapeutically justified or non-harmful to the client doesn't make it so

# Examples of Boundary Extensions

- Walking with an agoraphobic client to an open space outside of the office as part of an exposure or in vivo intervention
- Self-disclosure as a way of modeling, offering an alternative perspective, and creating authentic connections
- Joining a person with anorexia at lunch time
- Taking a short “walk and talk” session with an adolescent
- Home-visits to an ailing/bedridden client to provide face-to-face therapy
- **Can you think of other examples?**

# Boundary Violation

- Much easier to define than a boundary extension
- Always unethical and likely, illegal
- Involves transgressing a boundary in a manner that is considered to hold a significant potential for exploitation or harm
- Violates accepted professional standards
- Is unwelcomed

# Boundary Violation

- Few professionals would make a conscious decision to take advantage of a client.
- Violations often occur when the professional is too compromised to function completely, too impulsive, or too self-interested.
- When professionals deny or remain unaware of their personal significance, power, or authority a misuse of that power can easily occur
- Any time a professional exploits a relationship to meet their own personal needs, the boundaries have slipped and both the client and the professional are in danger

# Boundary as Metaphor

- Austin, Bergum, Nuttgens, and Peternelj-Taylor (2006) point out that the metaphor of a boundary suggests a clear line in the sand that cannot always be drawn or applied rigidly to each situation
- The reality is that boundaries may be permeable in some situations
- The challenge is making professional decisions about which situations merit relaxation of boundaries/parameters

# Boundary Extensions

- Are boundary extensions okay?
- Yes, but implement with two things in mind:
  - The welfare of the client
  - Therapeutic effectiveness

# Barnett (2014)

To distinguish between a boundary extension or boundary violation, Barnett (2014) suggests the following considerations:

1. *The client's presenting problems, mental health history, and the nature of the treatment being provided.*
  - For example, the therapist may need to exercise greater caution when considering boundaries with a client who presents with dependent issues, a need to please authority figures, or emotional vulnerability.



# Barnett (2014) cont...

## 2. *The helper's intent.*

- Decisions made about boundaries must be based on a thoughtful appraisal of the client's best interests and treatment needs.
- Never on the gratification of the helper's personal needs.

## 3. *If the client welcomes the action or not.*

- If a client does not welcome an action or behavior, then, by definition, it is a boundary violation.
- However, even if a client welcomes an action on the helper's part, this does not mean that the behavior is a beneficial boundary extension.

# Barnett (2014) cont...

## 4. *The helper's theoretical orientation.*

- For example, the use of self-disclosure and touch may be more consistent with the perspectives held by humanistic therapists as opposed to psychoanalytic or psychodynamic therapists.

## 5. *Diversity issues and prevailing community standards.*

- Actions may be viewed differently by individuals from culturally diverse groups/backgrounds.
- Failure to attend to group differences may result in unintentionally harming the therapeutic relationship.

# History of Ethical Codes

- “The farther backward you can look, the farther forward you are likely to see.” -Winston Churchill
- Understanding the history and revisions of our code helps us better understand of the future of our profession

# History of Ethical Codes

- The ACA (then called the American Personnel and Guidance Association) adopted the first *Code of Ethics* in 1963
- Revisions approximately every 7 to 10 years
  - 1988 ACA Ethical Standards (published by the American Association for Counseling and Development AACD, now ACA)
  - 1995 Code of Ethics and Standards of Practice
  - 2005 ACA Code of Ethics
  - 2014 ACA Code of Ethics
    - Distance Counseling
    - Social Media

# History of Ethical Codes

- National Association of School Psychologists (NASP) adopted its first code of ethics in 1974
- Revision have been made over a range of 5-10 years
- 1984, 1992, 1997, 2000, and 2010
- At first glance, appears the 2000 Principles of Professional Ethics underwent significant revision to produce 2010 *Principles* (condensed from 62 pages to 16 pages).

# Boundaries

- Confidentiality
- Multiple Relationships
- Self-disclosure
- Gifts
- Social Networking and Social Media

# Confidentiality

- An ethical duty which denotes a contract between the client and the helper in which the helper promises to keep all utterances confidential
- Also includes records related to interactions with clients and the identities of clients
- “Sacred covenant”

# Confidentiality

- The success of the helping relationship is due in part to a client's ability to trust that information shared with a helper will be held in confidence
- It is important that we respect a client's confidentiality by not divulging information shared, except in limited circumstances (such as law requirements)



# Confidentiality

- For counselors, law requires confidentiality be kept unless:
  - Harm to self
  - Harm to others
  - Suspected or reports of abuse (children/elderly/vulnerable)
  - Court order
- Exceptions to Confidentiality are addressed in ACA Code of Ethics 2014 B.2.a.
- “Serious and Foreseeable Harm and Legal Requirements”

# Confidentiality

- NASP Principles for Professional Ethics (2010)
- Principle I.2. Privacy and Confidentiality
- “School Psychologists respect the right of persons to choose for themselves whether to disclose their private thoughts, feelings, beliefs, and behaviors.”
  - Standard I.2.4
  - “...Information is not to be revealed to third parties without the agreement of a minor child’s parent or legal guardian (or an adult student), except in those situations in which failure to release information would result in danger to the student or others, or where otherwise required by law...”

# Confidentiality & Interdisciplinary Teams

- How does confidentiality work with interdisciplinary teams?
- ACA Code of Ethics 2014
  - B.3.b. Interdisciplinary Teams
  - “When services provided to the client involve participation by an interdisciplinary or treatment team, the client will be informed of the team’s existence and composition, information being shared, and the purposes of sharing such information.”

# Confidentiality & Interdisciplinary Teams

- NASP Principles for Professional Ethics (2010)
- Principle I.2. Privacy and Confidentiality
  - Standard I.2.5
  - “School psychologists discuss and/or release confidential information only for professional purposes and only with persons who have a *legitimate* need to know. They do so within the strict boundaries of relevant privacy statutes.”

# Multiple Relationships

- When a professional has a connection with a client in addition to the helper-client relationship, a secondary relationship exists
- This is call a “dual” or “multiple” relationship
- The term “dual relationship” has fallen out of favor and now counseling and psychology professionals use the term “multiple relationships”

# Multiple Relationships

- Hill (2004)
  - A multiple relationship occurs when someone in power (helper) adds another role to his/her interaction with a less powerful individual (client)
  - Could potentially be harmful
  - Helpers should not take on clients with whom they have other relationships if it would interfere with the helping process
- Some relationships may be unavoidable, thus should be openly discussed and proactively managed to avoid negative outcomes.

# Rural Settings & Multiple Relationships

- Osborn (2012)
  - School psychologists in rural areas may experience dilemmas regarding competence, multiple relationships, and confidentiality.
  - Interconnectivity in rural schools may be beneficial to the community, but relationships can also be blurred in rural areas
  - For example, teachers may also be parents of children within the school, school psychologists may be asked to work with a child of a close friend, or perhaps the psychologist may have his/her own children attending the school

# Rural Settings & Multiple Relationships

- Helbok et al. (2006)
  - As a way to minimize multiple relationships, school psychologists in rural areas limited their social activities
  - Although may prevent (possibly) multiple relationships from forming, too much limitation may impact self-care
  - Lead to feelings of isolation or burnout and harm school psychologist's relationships within the community



# Multiple Relationships

- ACA Code of Ethics (2014)
  - A.5.d. prohibits counselors from engaging in counseling relationships with friends or family members with whom they have an *inability to remain objective*

# Multiple Relationships

- NASP Principles for Professional Ethics (2010)
- Principle III.4. Multiple Relationships and Conflicts of Interest
  - School psychologists avoid multiple relationships and conflicts of interest that diminish their professional effectiveness

# Multiple Relationships

- NASP Principle III.4. Multiple Relationships and Conflicts of Interest cont...
  - Standard III.4.2 “School psychologists refrain from any activity in which conflicts of interest or multiple relationships with a client or a client’s family *may interfere with professional effectiveness.*”
  - Should multiple relationships “threaten to diminish professional effectiveness or would be viewed by the public as inappropriate, school psychologists ask their supervisor for reassignment of responsibilities, or they direct the client to alternative services.”

# Multiple Relationships

- NASP Principles for Professional Ethics (2010) cont...
- Principle III.4. Multiple Relationships and Conflicts of Interest
  - Standard III.4.4 “School psychologists are cautious about business and other relationships with clients that *could interfere with professional judgment and effectiveness* or potentially result in exploitation of a client.”

# Multiple Relationships (Sexual)

- ACA Code of Ethics (2014)
  - A.5.a. prohibits sexual and/or romantic counselor-client interactions or relationships with current clients, their romantic partners, or their family members
  - A.5.b. prohibits counselors from engaging in counseling relationships with persons with whom they have had a previous sexual/romantic relationship
  - A.5.c. prohibits sexual and/or romantic counselor-client interactions or relationships with their former clients, their romantic partners, or their family members for a 5 year period following the last professional contact.

# Multiple Relationships (Sexual)

- NASP Principles for Professional Ethics (2010) cont...
- Principle III.4. Multiple Relationships and Conflicts of Interest
  - Standard III.4.3 states school psychologists do not engage in sexual relationships with individuals:
    - Over whom they have evaluation authority (college students in their classes/program, any other trainees, or supervisees)
    - Current or former pupil-clients
    - Parents/siblings/other close family members of current pupil-clients
    - Current consultees

# Friendship with Clients

- Conservative critics say “Never”
- Ex-client may need to return to services and should be able to do so without the danger of multiple role conflicts
- Codes don't address specifically
- Good rule of thumb is consult codes, colleagues and address it with client

# Self-Disclosure

- Most helpers have engaged in some level of self-disclosure
- Requires significant professional judgment
- Before self-disclosing consider why you are considering the disclosure
- Research indicates:
  - Those who engage in considerable and revealing self-disclosure stand a greater risk of forming problematic relationships with clients
  - Excessive self-disclosure of personal information often precedes sexual misconduct with clients



# Self-Disclosure

- What if the client asks you about your personal life?
  - a. If helper dismisses the question it could come across as demeaning
  - b. “Wise” helper will explore the intent of a client who seems too inquisitive
  - c. Skilled helper can respond without demeaning the client in the process
- Neither NASP nor ACA Codes address self-disclosure

# Gifts

- Bestowed voluntarily and without compensation
- An ancient and universal way to express gratitude, appreciation, altruism, and love (Zur, 2007)
- Can be from client to helper or vis-versa
- Clinically appropriate gift-giving by clients or helper is considered a boundary extension
- As are gifts that are suitable expressions of clients' gratitude or given by a helper to clients as a transitional object to encourage or enhance the therapeutic alliance

# Inappropriate Gifts

- Inappropriate gifts:
  - Offensive, violent, sexual, racist, sexist, or homophobic
  - Inappropriately expensive gifts or any other gifts that create indebtedness
  - Gifts that create a conflict of interest, that are exploitative, or that negatively affect helpers' clinical effectiveness or client's ability to benefit from treatment

# Consideration for Gifts

- Gifts must be understood and evaluated within the context that it is given
- Consider client's personality, culture, socioeconomic status, and history to help determine the likely meaning of the gift
- May also consider the treatment environment, therapeutic alliance, and timing of gift

# Gifts

- What's the harm in a gift?
  - May be attempts to express negative feelings, manipulate, or sexually seduce the helper
  - Client trying to “buy love” or gain an “ally” (couple, family, group therapy)
  - May be a way to try to deny, negate, or mask client's negative feelings and maintain the continuity of a positive connection with the helper (missed a session, disagreed with helper)
  - Can also be a way of acting out hostility, ambivalence, jealousy, competitiveness, etc...

# Expensive Gifts

- Expensive gifts
  - Can be a way to express gratitude but also a way to manipulate and control
  - They can create indebtedness on the part of the helper, which may turn into some level of impairment in objectivity, confer a sense of obligation and distort clinical judgement
  - Should not be accepted, regardless of how prosperous the client is

# Gifts

- Although traditional analysis has discouraged therapists from accepting gifts, most clinicians and ethicists also agree that rejecting appropriate gifts of small monetary value (but highly symbolic) can be offensive to clients, cause clients to feel rejected, and thus can be detrimental to the therapeutic alliance and process

# Recommendations for Gifts

- Consult employer policies and procedures manual
  - Some agencies chose to add a “no-gifts policy”
  - This may be the ethical/legal way to address gift giving, but does not remedy the impact gifts may have on the therapeutic process
- Consider the following: type, timing, content, financial value, and appropriateness
- Discuss the gift with your client
- “Thank-you”



# Gifts

- ACA Code of Ethics (2014)
- A.10.f states that 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 the 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.
- NASP Principles do not address gifts specifically

# Social Networking Sites

- “Web-based services that allow individuals to construct a public or semi-public profile within a system, articulate a list of other users with whom they share a connection, and view and traverse their list of connections and those made by others within the system” -Boyd & Ellison, 2007 p. 211

# Social Media

- “Broader term that refers to websites that use collaborative virtual applications that enable the creation, exchange, and broadcasting of online user-generated content.” -Kaplan & Haenlein, 2010
- May include, but not limited to:
  - Social networking sites (Facebook, LinkedIn)
  - Published virtual media (Wordpress, blogs, Wikipedia)
  - Content sharing (YouTube, Flickr, Instragram)
  - Web chat/discussion (Google Talk, Skype)
  - Microblogging (Twitter, Tumblr)
  - Livestreaming (Livestream)
  - Virtual Worlds (Second Life)

# Social Networking

- People engage in social networking for several purposes
  - Establish and maintain interpersonal relationships
  - Create a personal identity
  - Seek information
  - Use it as a diversion/entertainment

Anderson, Fagan, Woodnutt, & Chamorro-Premuzic, 2012

# The Online Disinhibition Effect

- Suler (2004)
  - Observation that while online, some people self-disclose or act out more frequently or intensely than they would in person
  - Helpers are not immune to this but must be more diligent in their efforts to avoid it in light of their professional responsibilities

# Social Networking & Social Media

- What's the concern?
- Issues related to:
  - Privacy
  - Multiple relationships
  - Self-disclosure
- Social media can impact the therapeutic boundaries within the context of a therapeutic relationship

# Social Networking & Social Media

- Clear boundaries are necessary in order for both the helper and client to understand the nature and purpose of their relationship with each other
- Confusion about this relationship can interfere with the goals and process of therapy
- Client who comes to view the helper as anything other than as a helper may have difficulty making use of the therapeutic alliance
- Going back to power differential, the responsibility for maintaining boundaries always falls on the helper

# ACA and Social Media

- ACA Code of Ethics (2014)
  - A.5.e. prohibits counselors from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship
  - H.6.a. recommends counselors use separate professional and personal web pages/profiles to clearly distinguish between the two kinds of virtual presence
  - H.6.c. states that counselors respect the privacy of their clients' presence on social media unless given consent to view such information



# NASP and Social Media

- NASP Principles for Professional Ethics (2010)
- Does not address social networking and social media directly
- Standard III.4.I states “...School psychologists, in their private lives, are free to pursue their personal interests, except to the degree that those interests compromise professional effectiveness.”
- While no specific NASP codes, research does address ethical issues for school psychologists with the use of social media

# School Psychologists & Social Media

- Pham (2014)
  - School psychologists ought to develop technological competence before using social media (seen as important and multicultural competence)
  - Even if helpers don't participate in social networking, it is important to understand the different sites because the youth we work with likely utilize social media
  - School psychologists should be adept in using privacy protection safeguards (restricted access, passwords, or pseudonyms) to ensure maximum security

# School Psychologists & Social Media

- Lehavot (2009)
  - Reflect on the implications of self-disclosure
    - Costs and benefits of posting the content
    - Likelihood that colleagues, trainers, parents, or children can view the content
    - Likelihood that posting the content may damage the professional relationship with colleagues, trainers, parents, or children
    - Likelihood that posting personal content threatens professional credibility and character

# Steps to Protect Privacy on Social Media

Barnett (2010) recommends some steps to protect clients' privacy in the course of using social networking services:

- Make thoughtful decisions about who you accept as “friends” and thus grant access to your personal information.
- Consider using some form of restrictions to your online profile such as utilizing private or friend-only access or using a pseudonym.
- Keep in mind that whatever you share online may be available to numerous individuals and once out there, it can't be taken back.

## Barnet (2010) cont...

- Consider online relationships as similar to in-person ones with clients and former clients. Don't overlook the potential impact of online relationships on the professional one.
- Never access a client's personal information without obtaining permission. Ensure they understand the potential impact of online disclosures on the therapeutic relationship.
- Utilize your profession's ethical code and consultation with colleagues to guide decision-making.
- Create a policy for the use of social networking sites, share this with clients who ask, and follow it carefully.

# Former Clients and Social Media

- Who is the client?
  - High-functioning fellow professional? Very disturbed person? Does this client need clear limits or can s/he benefit from a more flexible approach?
- Why did the client post the request? What is the meaning of the request?
  - Routine action or manifestation of the client's tendency to push boundaries/be intrusive?
  - Client seeking more meaningful relationship with helper?
- What does being a friend with this client mean for the helper?
  - Helpers must explore own feelings, wishes, and reactions to the client/request

# Approaches to Boundary Problems

- Norris, Gutheil, & Strasburger (2003) suggest three approaches for dealing with boundary issues
  - Education
  - Supervision
  - Consultation

# Approaches to Boundary Problems

- Education
  - Educate yourself about boundary issues in therapy
- Supervision
  - Dynamic learning opportunities available for trainees and supervisors
  - Supervision provides the ideal setting for emphasizing and clarifying to the trainee how boundary issues inevitably arise in clinical work and how they can be managed appropriately
- Consultation
  - Consult with peers or specialists at early stages of difficulty
  - Heighten your awareness about issues that may present boundary risks



# What to do if Boundary Extensions Go Wrong

- Boundary Extensions may:
  - Catch us off guard
  - Be virtually inevitable or inescapable
  - Even with the best intentions, go horribly wrong
- Pope & Keith-Spiegel (2008) provide eight steps that may be helpful in the event of a boundary extension gone wrong

# Pope & Keith-Spiegel (2008)

1. *Though uncomfortable, monitor the situation carefully*
  - We may not want to realize we have made a mistake or accept responsibility for our error.
  - Denial and avoidance is the best way to turn an emerging problem into a disaster.
  - Acknowledge the mistake, take accountability and continue to check-in with self/client

# Pope & Keith-Spiegel (2008)

## 2. *Be open and non defensive*

- We may be tempted to minimize the relationship between crossing the boundary and the negative impact, downplay or trivialize the impact or blame the client or their mental health condition (“borderline”)

## 3. *Talk about it*

- It might not only be hard to acknowledge the problem ourselves but difficult to open up to a colleague about it
- Consultation about the boundary extension that has turned sour/harmful is likely to be helpful only if we are honest about it

# Pope & Keith-Spiegel (2008)

## 4. *Listen to your client*

- We may make assumptions about how the client is reacting to the boundary extension. Don't guess. Just ask.

## 5. *Try to see things from the client point of view*

- The client may be just as stunned about the boundary extension as you are
- Empathize with the client even though this may be difficult if the client is angry and accusing, withdrawn from therapy, or has decompensated

## Pope & Keith-Spiegel (2008)

6. *Seek additional steps/information if the situation involves a formal complaint*
  - Pope & Keith-Spiegel offer additional resources to consult within the article
7. *Keep adequate, honest, and accurate records*
  - It might be difficult to keep written record of the situation
  - Honest charting helps make sense of the situation and find ways to respond positively and constructively

# Pope & Keith-Spiegel (2008)

## 8. *Consider apologizing*

- If you believe you made a mistake, however well intentioned, consider apologizing
- May make us as helpers vulnerable
- If extension was inadvertent or unintended, or if we acted in what we thought was client's best interest we may feel like we owe no apology
- Research suggests that an apology can help the healing effects of purposeful or inadvertent professional mistakes
- Deciding whether to apologize requires the same care as any clinical and ethical judgement, taking the client, the context, and the nature of the boundary crossing itself into account

## Wrap-up

- Questions?
- Thank you!

# References

- American Counseling Association (2014). ACA codes of ethics. Retrieved from <http://www.counseling.org/resources/aca-code-of-ethics.pdf>.
- Anderson, B., Fagan, P., Woodnutt, T., & Chamorro-Premuzic, T. (2012). Facebook psychology: Popular questions answered by research. *Psychology of Popular Media Culture*, 1, 23-37.
- Austin, W., Bergum, V., Nuttgens, S., Pernalj-Taylor, C. (2006) A re-visioning of boundaries in professional helping relationships: Exploring other metaphors. *Ethics & Behavior*, 16, 77-94.
- Barnett, J. E. (2014) Sexual feelings and behaviors in the psychotherapy relationship: An ethics perspective. *Journal of Clinical Psychology: In Session*, (70)2, 170-181.
- Boyd, D. M., & Ellison, N. B. (2007). Social network sites: Definition, history, and scholarship. *Journal of Computer-Mediated Communication*, 13, 210-230.
- Corey, C., Corey, M., and Callanan, P. (2003). *Issues & ethics in the helping professions (16th ed)*. Pacific Grove, CA: Brooks/Cole.
- Helbok, C. M., Marinelli, R. P., & Walls, R. T. (2006) National survey of ethical practices across rural and urban communities. *Professional Psychology: Research and Practice*, 37, 36-44.
- Kaplan, A. M., & Haenlein, M. (2010). Users of the world, unite! The challenges and opportunities of social media. *Business Horizons*, 53, 59-68.
- Lehavot, K. (2009). "MySpace or yours?" The ethical dilemma of graduate students' personal lives on the Internet. *Ethics and Behavior*, 19, 129-141.



# References

National Association for School Psychologists (2010). Principles for professional ethics. Retrieved from

[http://www.nasponline.org/standards/2010standards/1\\_%20ethical%20principles.pdf](http://www.nasponline.org/standards/2010standards/1_%20ethical%20principles.pdf).

Norris, D. M., Gutheil, T. G., and Strasburger, L. H. (2003). This couldn't happen to me: Boundary problems and sexual misconduct in the psychotherapy relationship. *Psychiatric Services, (54)*4, 517-522.

Osborn, A. (2012). Juggling personal life and professionalism: Ethical implications for rural school psychologists. *Psychology in the Schools, (49)*9, 876-882. DOI: 10.1002/pits

Pham, A. V. (2014). Navigating social networking and social media in school psychology: Ethical and professional considerations in training programs. *Psychology in the Schools, 51*(7), 767-778. DOI: 10.1002/pits

Pope, K. S., and Keith-Spiegel, P. (2008). A practical approach to boundaries in psychotherapy: making decisions, bypassing blunders, and mending

fences. *Journal of Clinical Psychology: In Session, (64)*5, 638-652. DOI: 10.1002/jclp.20477

Pope, K. S., and Vasquez, M. J. T. (2001). *Ethics in psychotherapy and counseling: A practical guide (2nd ed)*. San Francisco, CA: Jossey-Bass.

Pope, K. S., and Vasquez, M. J. T. (2011). *Ethics in psychotherapy and counseling: A practical guide (4th ed)*. Wiley. Kindle Edition.

Suler, J. (2004). The online disinhibition effect. *CyberPsychology and Behavior, (7)*3.

Zur, O. (2007). *Boundaries in Psychotherapy: Ethical and Clinical Explorations*. Washington, DC: American Psychological Association.