



THE UNIVERSITY OF
TOLEDO




Heidelberg
U N I V E R S I T Y



Primum non nocere: Strategies for Supervisors & Professional Counselors to Avoid Boundary Violations in the Counseling Relationship

April 29, 2022



Presenters

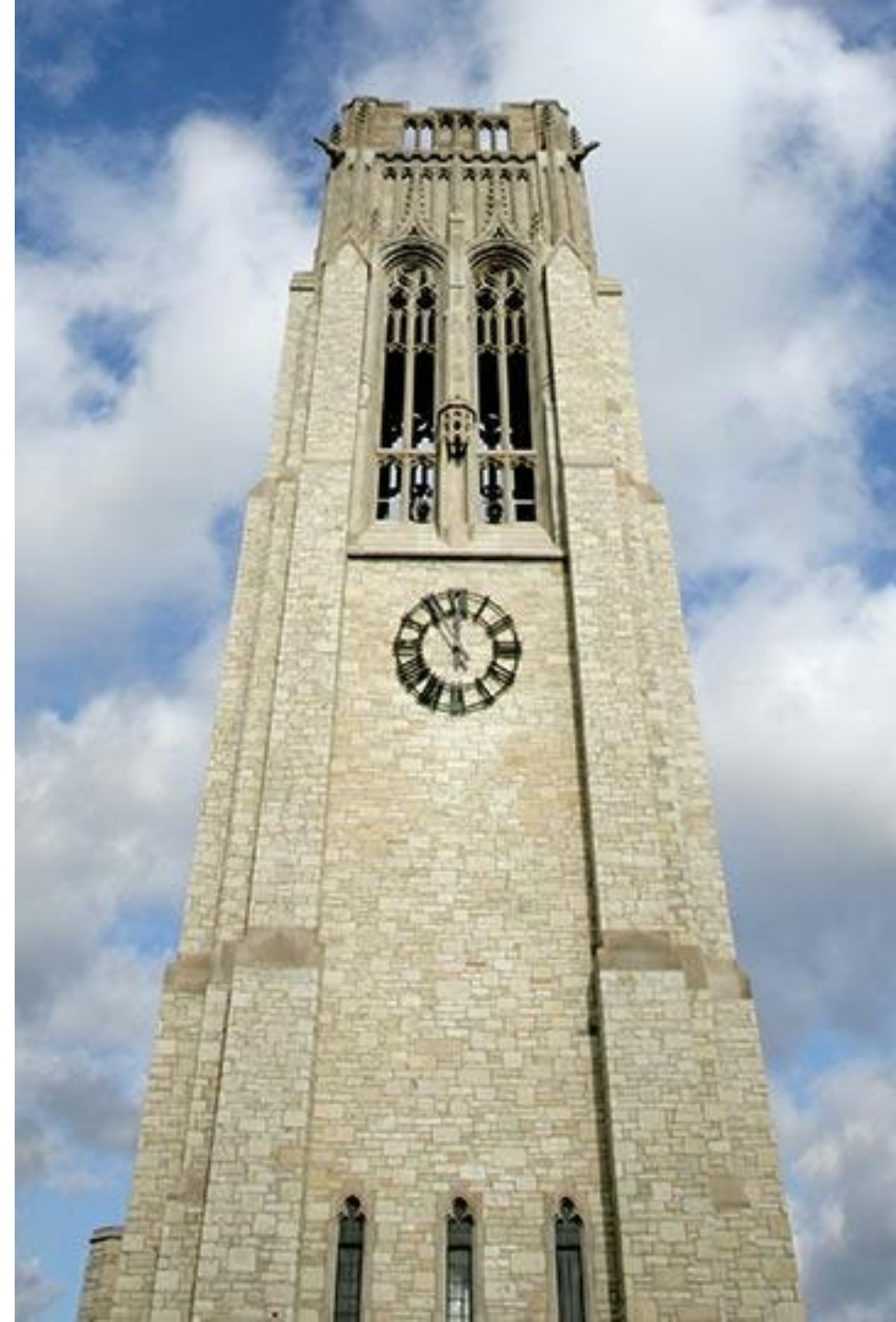
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Program Objectives



- Objective 1: Attendees will learn common boundary violations that may occur between clients, counselors, and/or supervisors and the negative outcomes that may result.
- Objective 2: Attendees will recognize when they or others are at risk of a boundary violation.
- Objective 3: Attendees will be prepared to apply best practices for preventing boundary violations before they happen and understand how to respond to boundary violations (clients, colleagues, and/or supervisors) after they occur.

Ground Rules

- Be respectful & courteous to everyone
- If you share, please do not reveal any identifying information
- This is a sensitive topic, if you feel like you need a break, please allow yourself that moment

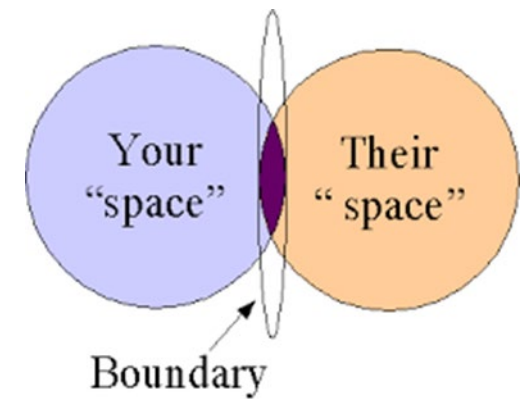
FIND A QUIET SPACE TO PARTICIPATE IN THE MEETING.



MUTE YOUR MICROPHONE WHEN NOT TALKING.



What are Boundaries?



1. “the demarcation between the self and the object...the envelope within with treatment takes place.” (Gabbard & Lester, 1995, p. 4, 39).
1. Boundaries establish rules and role expectations that the client may rely upon for the safety and predictability required for treatment (Glass, 2002).
1. Boundary establishment & maintenance is selfcare (Corey, 2020; Luke et al., 2020).
1. In the counseling relationship, boundaries underpin the fundamental truth upon which the counseling relationship is built: This is for you, not me. This is your time, not mine. This is relationship is meant to get your needs met, not mine. (Calenza, 2020).

With Whom Should we Have Boundaries?

- a. Clients
- a. Supervisors/Faculty members
- a. Peers



What are Boundary Violations?

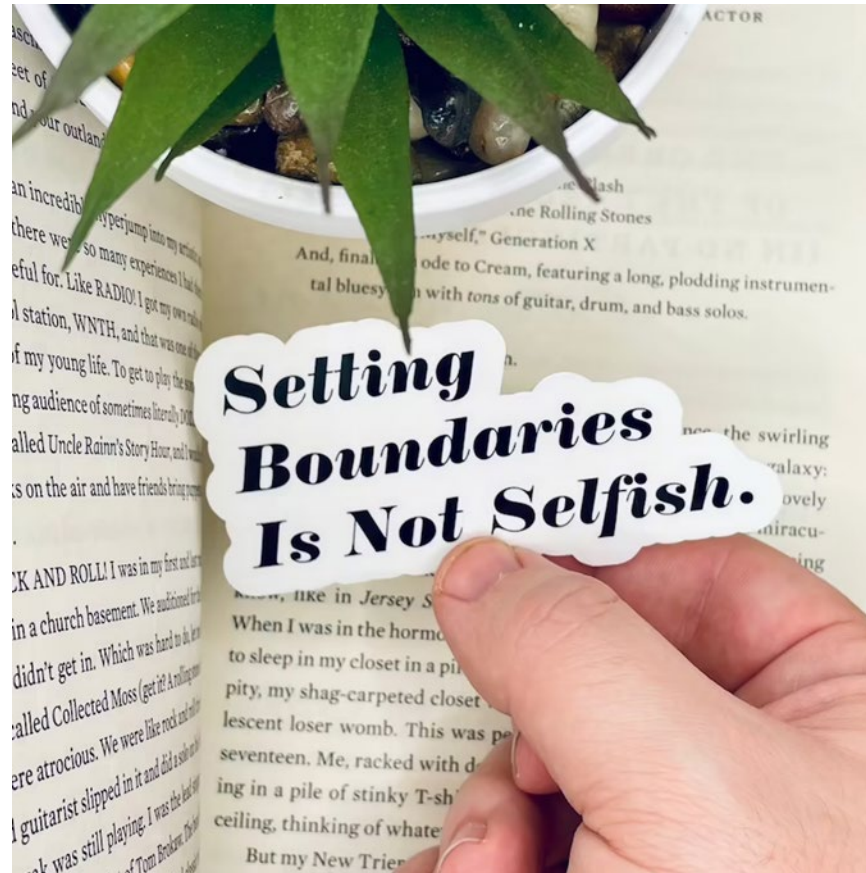


1. Behaviors that are not in the client's best interest (Glass, 2002). Departures from an established treatment framework.
1. A serious break that causes harm to the client (Corey, 2020).
1. A break in what? The safety and predictability of the relationship between the counselor and the client (Glass, 2002).

Types of Boundary Violations: Counselors & Clients

1. Sexual

1. Non-Sexual



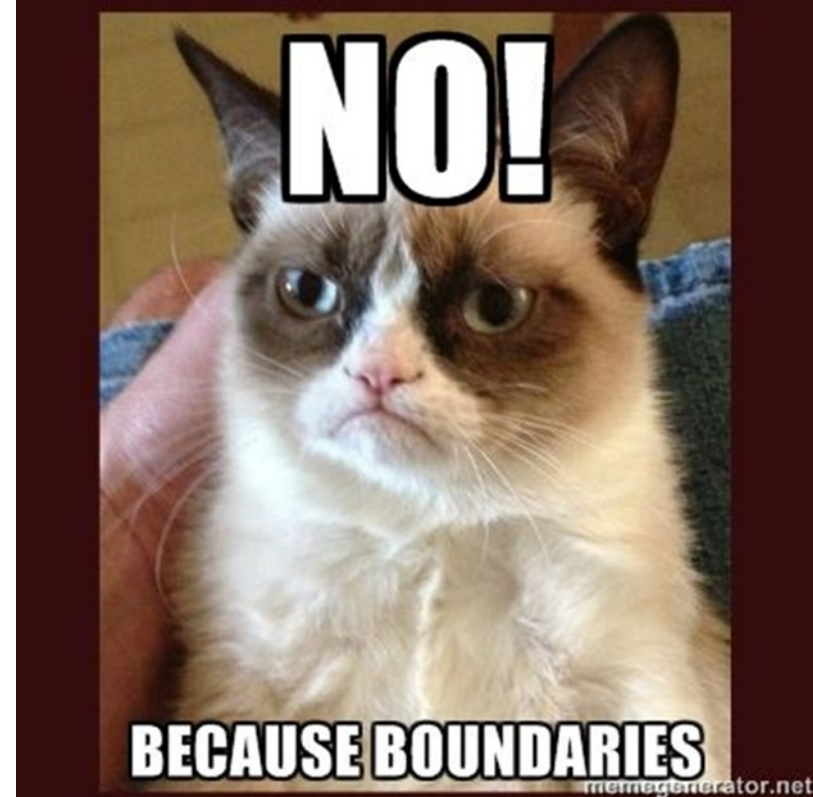
Sexual Boundary Violations

1. Sexual Impropriety (Swiggart, 2008).

- a) behavior, gestures, or expressions that are seductive, suggestive, or sexually demeaning to a patient

2. Sexual Violation (Swiggart, 2008).

- a) counselor-patient sex, whether or not initiated by the patient, and any conduct with a patient that is sexual or may be reasonably interpreted as sexual.



Sexual Boundary Violations

3. Having sexual contact with a current client has come to be regarded as one of the most heinous ethical breaches that a therapist can commit (McNulty, 2013).
3. McNulty et al. (2013) phenomenological study of disciplined practitioners about their relationships with their clients/former clients
 - a) Minimized the client's problem thus allowing clinician to neutralize the power differences between the two, repaint their relationship as conventional, did not test that assumption in supervision.
 - b) Shifted their identity between hero, victim, perpetrator.
 - c) Seeing themselves equal allowed the clinicians to enter into a relationship with the client.



Sexual Boundary Violations

1. Middleton (2003). Is a sexual boundary violation a “one-off” that occurs in the context of some particular personal crisis or episode of illness?
 1. He argues that the initial sexual boundary violation may be most usefully seen as indicative of the ongoing state of the person’s sexual boundaries.
 2. Question isn’t whether they will do it again but rather, why wouldn’t they?



Non-Sexual Boundary Violations

1. Sometimes seen as a slippery slope and therefore only problematic because of where they could lead, rather than recognizing that they are, in and of themselves, a problem (Miller, 2002).

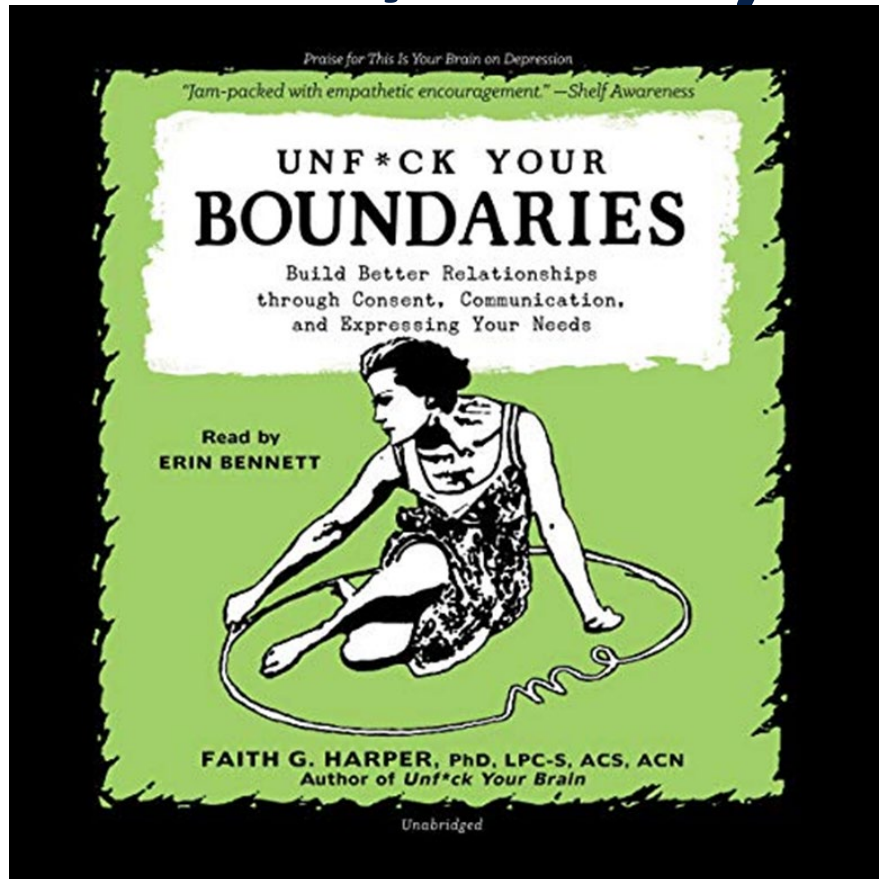
1. Covert and more difficult to recognize than sexual (Miller, 2002).

1. (narcissistic: Levine, 2010). “Their primary motivation has to do with personal self-aggrandizement rather than an appropriate subordination of self-interest to the counseling process.”

- a) When our needs and desires conflict with those of our clients, we are ethically bound to advance the aims of the client, not our own. (Levine, 2010).



Predatory Professionals (Pearson & Piazza, 1997)



1. Occurs "when professionals exploit the relationship to meet personal needs rather than client needs" (Peterson, 1992, p. 75).
2. Predatory professionals deliberately seduce or exploit others, unconcerned with anything but their own needs.
3. Edelwich and Brodsky (1991) characterized these professionals as severely character disordered.

Predatory Professionals (Pearson & Piazza, 1997)

1. Example 1: a dual relationship where professionals exploit clients, students, or supervisees by actively recruiting them as sexual partners. Predatory professionals deliberately seduce or exploit others, unconcerned with anything but their own needs.
2. Example 2: professionals who exploit clients, students, or supervisees for illicit personal financial gain, for example, by soliciting money for services that were not rendered.



Frequency and Examples

1. 10% of psychiatrists in one study admitted to some degree of erotic contact with patients (Karden et al., 1973).
2. State of Ohio CSWMFT Board lists all disciplined counselors



Board's website lists 909 disciplined persons

- i. 248 are counselors
- i. 73 (29.4%) had boundary issues (blurred or violations).
 - a. This number could be an underestimate.
 - b. The Board lists "failure to participate" as reason for discipline when a counselor does not respond to their inquiries

Examples of non-sexual violations

(CSWMFT Board)

Provided a session in home	gave client money and food	accepted gifts from client at agency & personal phone calls	multiple relationship with an ex-client: gave client access to home security code, use of laundry facility, social events
walked client down the aisle at wedding	personal relationship with a client	deposited client's divorce settlement into her own account until client could establish an account. Had client live with her while recovering from back surgery.	personal relationship with a client
overshared personal information, personal texting that was not included in file, had client design business card	inappropriate phone calls	accepted gifts of de minimis value	in appropriate relationship with client who was ending therapy with him
Transported client to her home	invited client to Christmas dinner	contacted client using her agency confidential contact information & by texting inappropriate messages	personal relationship with a client
entered into a personal relationship: explicit	hired client to work on parking lot	multiple relationship, communicating with client on personal cell phone	entered into a personal relationship with a client
hired attorney for client, gave client money	smoked pot with current client	went to client's home, offered a bottle of wine and clothing. Client did not accept.	inappropriate relationship with client
transported client, bought groceries, kept in church group	personal relationship with a client	exchanged gifts, cards, emails with a client. Attended family functions after the client terminated professional services.	embraced and kissed a client. Billed for sessions not documented



Examples of non-sexual violations

(CSWMFT Board)

saw client for therapy, advised her student club, allowed student to assist in orientation with incoming students	clients was transferred away from counselor due to concerns about boundaries: Counselor	became friends with client
sent a letter of quasi personal nature to a former client	Former client contacted Counselor to ask to be "Christian Friends". They had coffee, met at a park, had meals. Counselor took home decoration advice.	multiple relationship with a client. Failed to document correspondence, referral, and termination with a client.
visited former client and engaged in inappropriate phone calls	Personal relationship with ex-client including letting ex-client live in his home.	
going to dinner with client, bought client groceries, visited client at home, engaged in non-sexual touching	multiple relationship with a client, allowed unauthorized person access to records, did not maintain proper client chart documentation	
touched a client. While meant to be supportive, was not professionally necessary and upset client.	social and personal relationship with client	
inappropriate comments to a client	provided MH services to a relative (multiple relationships)	
discussed personal medical procedures. Accepted a gift from a painting from a client. Accepted a photo from client, instead of making them part of record, destroyed the photos	dual relationship	



Client Initiated Boundary Violations

1. Inappropriate client sexualized behaviors (ICSB) “a verbal or physical act of an explicit, or perceived, sexual nature, which is unacceptable within the social context in which it is carried out” (Johnson et al., 2006, p. 688).



a) These can be intentional or unintentional, affiliative or distancing (Luke et al., 2020).

a) Examples

- a) Client sexual objectification of trainee
- b) Client gender discrimination toward trainee
- c) Sexualization of women by client in front of counselor
- d) Client attraction toward counselor



Client Initiated Boundary Violations

1. Female Counselors In Training (CITs) (Johnson et al., 2006).
 1. Tend to internalize blame.
 2. The few who sought supervision did not receive the support they were seeking
 3. Reasons for non-disclosure
 1. CITs feeling little to no support in the supervisory relationship (Ladany et al. 1996).
 2. CIT's perceptions of their supervisor's level of dependability, approachability, and experience level affects CITs' anxiety and comfort.
 3. CITs may not have perceived these ICSBs events to be salient enough to bring to supervision (i.e., unintentional nondisclosure)



Why are Boundary Violations to avoided?

1. Client welfare, obviously
 - a) For clients, sexual contact with therapists has been associated with long-term negative psychological impact (McNulty et al., 2013)
2. Damage to the profession (public trust)(McNulty et al. 2013).
3. Self-preservation
 - a) Violates Code of Ethics & could lead to expulsion
 - b) Sexual violation (Abbott, 2003)
 - c) May be sued for battery & malpractice
 - d) Some states may be sued professional negligence and/or felony
 - e) Lose license

IT'S OKAY TO
SET BOUNDARIES



Why can boundary maintenance be challenging?

1. Ethical codes recognize that multiple relationships are unavoidable.
1. Multiple relationships are complex. Few simple and absolute answers are available to help resolve ethical issues regarding boundary issues. Learn to manage multiple roles and responsibilities rather than avoid them (Corey, 2020)





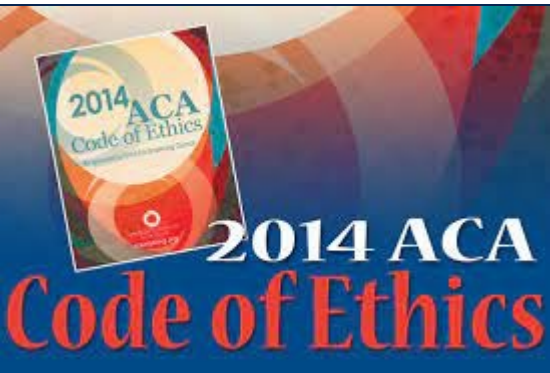
10 Minute Break

Ethics & Boundaries

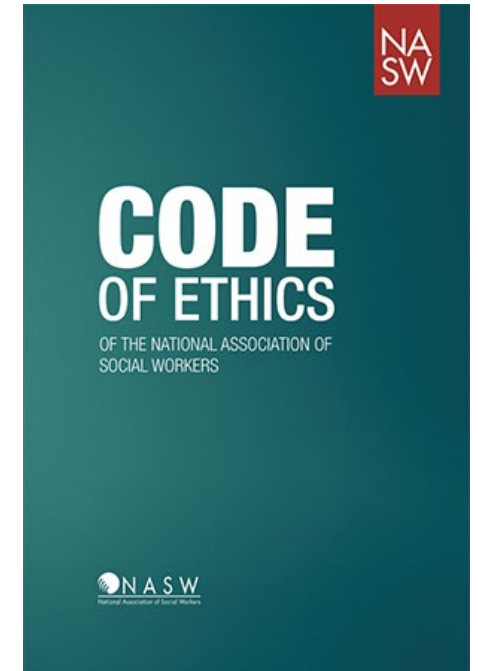
Ethics



“Ethics are a set of moral principles or rules of conduct for an individual or group. The term ethics comes from the Greek ethos meaning custom, habit or character. Ethics determine choices made. In counselling, ethics underpin the nature and course of actions taken by the counsellor. Counsellors and others in helping professions are expected to behave in an ethical manner” (AIPC, 2009).



Helping professionals are bound by their profession's codes of ethics.



AMERICAN PSYCHOLOGICAL ASSOCIATION

ACA, 2014	AAMFT, 2015	ACES (Best Practices, 2011)	APA, 2010/2016	NASW, 2021
<p>Section F, Introduction Counselor supervisors, trainers, and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students in both face-to-face and electronic formats. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of counselors, students, and supervisees.</p>	<p>4.1 Exploitation Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.</p>	<p>5. The Supervisory Relationship 5.ii. Within appropriate professional boundaries, the supervisor is accessible to the supervisee.</p>	<p>3.08 Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees.</p>	<p>2.06.a (a) Social workers who function as supervisors or educators should not engage in sexual activities or contact (including verbal, written, electronic, or physical contact) with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.</p>
<p>F.3.a Extending Conventional Supervisory Relationships Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.</p>	<p>4.3 Sexual Intimacy with Students or Supervisees Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.</p>	<p>5. The Supervisory Relationship 5.iii. The supervisor is aware of the power differential inherent in the supervisory relationship and is transparent about this with the supervisee. The supervisor works to minimize the power differential while at the same time maintaining appropriate authority.</p>	<p>7.04 Student Disclosure of Personal Information Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.</p>	<p>3.01.b (b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.</p>
<p>F.3.b Sexual Relationships Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.</p>	<p>4.6 Existing Relationship with Students or Supervisees Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.</p>	<p>5. The Supervisory Relationship 5.c.iii The supervisor clearly defines the boundaries of the supervisory relationship and avoids multiple roles or dual relationships with the supervisee that may negatively influence the supervisee or the supervisory relationship. When this is not possible, the supervisor actively manages the multiplicity of roles to prevent harm to the supervisee and maintain objectivity in working with and evaluating the supervisee.</p>	<p>7.07 Sexual Relationships with Students and Supervisees. Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.</p>	<p>3.01.c (c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee, including dual relationships that may arise while using social networking sites or other electronic media.</p>
<p>F. 10.f Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe that a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support during a stressful event; or maintaining mutual membership in a professional association, organization, or community. Counselor educators discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time limited and/or context specific and initiated with student consent.</p>		<p>5. The Supervisory Relationship 11.b.ix The supervisor practices and promotes professional boundaries in supervision, thereby acting as a role model to the supervisee.</p>		



Break Down of the Codes

16

16

Total number of codes
addressing supervisors
and boundaries

5

5

Address dual
relationships

5

5

Address sexual
relationships

4

4

Address the power
differential



Workplace Sexual Harrassment



1. Based on anonymous survey responses, no fewer than 1 in 28 U.S. workers report having been victimized by workplace sexual harassment annually.
2. Only 1 in 11,000 workers file a formal sexual harassment charge with the Equal Employment Opportunity Commission (EEOC), the agency tasked with enforcing all federal anti-discrimination laws.
3. A major concern with underreporting is that it exacerbates the behavior: faced with a low probability of punishment, firms may respond by pushing the boundaries of their misconduct further.

(Dahl and Knepper, 2021)



Non/Underreporting

How might unclear/lack of ethics as they pertain to non sexual boundary violations impact underreporting of violations?



Why should we care?



**What impact does boundary crossing
& violations have on a counselor or
supervisee?**

Impact - Physical

In a meta-analysis of studies of the impact of sexual harassment on nurses, nearly $\frac{1}{3}$ of respondents reported one or more of the following health concerns (Kahsay et al., 2020)

- Headaches
- Exhaustion
- Dizziness
- Nausea
- Vomiting
- Stomachaches
- Appetite change
- Weight gain or loss
- Difficulty sleeping
- Menstrual disturbances
- Muscle aches



Impact - Mental Health

Sexual harassment has found to impact a range of mental health concerns including the following (Kahsay et al., 2020)

- Anger
- Nervousness
- Fearful
- Shame & embarrassment
- Feelings of belittlement & humiliation
- Guilt or self-blame
- Disgust
- Loss of confidence
- Feelings of helplessness

Impact - Mental Health continued

Willness and colleagues (2007) found symptoms related to diagnoses of the following:

- Anxiety
- Depression
- Post-traumatic stress disorder

There has been found to be consequences to social health including social isolation (Kahsay et al., 2020)

Xin and colleagues (2018) found an impact in spouse and family life satisfaction



Impact - Job-related Constructs

Sexual harassment has been found to impact the following (Willness et al., 2007)

- Job satisfaction (Clarke et al., 2016)
- Organizational commitment
- Work withdrawal
- Productivity
- Arriving late or missing work

Woodzicka & LaFrance (2005) found impacts even during a job interview including changes to speech fluency, answer quality, relevance of questions asked & nonverbal demeanor



What does this mean for clients?

Counselor Impairment

If a supervisee has experienced a boundary crossing by their supervisor they may be at risk for experiencing physical and mental health impacts so at what point does that cause counselor impairment?

A decrease in performance within the workplace has the potential to cause harm to a client



Counselor Self-Efficacy

Counselor self-efficacy can be defined as a counselor's "beliefs or judgements about his or her capabilities to effectively counsel a client in the near future" (Larson et al., 1992, p. 180).

The ability that counselors have to manage their personal stress may be a significant contributor to counselor self-efficacy (Butts & Gutierrez, 2018).

Additionally, higher self-efficacy has been shown to increase the ability for counselors to be receptive to feedback



**How does boundary
crossing/violations impact the
supervisory relationship?**



Supervision A Contractual Relationship

- At the heart of clinical supervision is a contractual relationship between an experienced professional counselor and a counselor-in-training or pre-licensed clinician
- Supervisors agree to provide support, training, and collaboration to supervisees and supervisees agree to

You sign a contract, don't you?

Supervisory Contracts

- Basic information (degrees, credentials, business location/ contact info)
- Supervision training and experience
- Style of supervision and beliefs about supervisees
 - Can you articulate your beliefs or alignment with a specific theory of supervision?
 - Role of supervisor
- Evaluation processes
- Processes for endorsement of licensure or fulfillment of course/training program requirements
- Costs of services
- Start/end of relationship

Expectation of supervisee(s)

- Adherence to Code(s) of Ethics
- Maintaining memberships in professional organizations
- Working towards license/ credentials
- Insurance policy/ies
- Treatment policies and documentation
 - Informed consent
 - Encryption software
 - Maintaining records
- Telehealth considerations



What is Supervision?

A process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s) (ACA, 2014)

- Clinical supervision has been labeled the “signature pedagogy for the mental health professions” (Bernard & Goodyear, 2014, p. 2)
- According to the Counselors for Social Justice CES Task Force, it is the responsibility of supervisors to ensure that supervisees (1) understand power, privilege, and oppression as it exists in the counseling/supervision room and in all systems in society, (2) have the skills to challenge oppressive systems, and (3) have the skills to empower and work alongside oppressed communities to ensure equitable educational, mental health, economic, and life outcomes.



Effects on Supervisees

- supervisees report stronger supervisory relationships with supervisors who model strong relationships with wellness practice (Doyle & Welfare, 2022)
- According to a recent meta-analysis, supervisory working alliance is positively related to supervision outcome variables (Park et al., 2019)
- Like counseling relationships, the supervisory relationship between supervisor and supervisee is a strong indicator of positive supervision outcomes (Callahan & Love, 2020)
- The trainee-reported strength of the supervisory alliance has been found to be associated with client-reported strength of the therapy relationship, as well as trainee adherence to the intended treatment model (Patton & Kivlighan, 1997)
- Although supervision and counseling training can be anxiety-inducing for supervisees, supervisors can alleviate these uncomfortable feelings by using unconditional positive regard and normalizing difficulties (Newman & Kaplan, 2016; Rogers, 1957)



What should supervision look like?

Ideal Supervision

- clear boundaries
- regular check-ins and meetings
- individual meetings
- live supervision and/or video review
- unconditional positive regard
- trust of the supervisee
- constructive feedback and problem-solving

Poor supervision

- undefined boundaries
 - dual relationships
- sporadic meetings
- relying only on dyadic or triadic supervision
- lack of trust in supervisee
- conditional approval/ inducing feelings of shame in supervisee
- neglecting client(s)



**In any relationship, one thing is
paramount...**



CONSENT

Like any relationship--romantic, platonic, familial, business, etc., consent is necessary before engaging in a clinical supervisory relationship

Unlike clients, graduate students and/or pre-licensed clinicians who are seeking supervision are presumed to have the capacity to give informed consent (Thomas, 2007)

The informed consent process can be otherwise similar between supervisee and supervisor

Broaching Consent

Consent in supervisory relationships is informed, freely given, revocable, and *ongoing*

(Levendosky & Hopwood, 2017)

- What do supervisors need to obtain consent for?
- Supervisees?

Inherent Power Differentials

- There is an inherent power differential in the supervisor- supervisee relationship, despite conscientiousness about this and attempts to be egalitarian in these relationships
- Ultimately, supervisors hold the power in relationships because they are the licensed/ credentialed clinical supervisor responsible for supervisee learning, development, and implementation of counseling practice
- There are approaches to supervision that embrace this supervisor- as- expert model (e.g., psychodynamic)
- Other approaches expect the supervisor to be a collaborator with the supervisee (e.g., person-centered)
- Approaches such as feminist or constructivist supervision reject the hierarchies assumed in supervision and actively disrupt the power imbalances in the relationship (i.e., power is more equalized as supervision progresses)



Broaching Power in Supervision

- Supervisors are tasked with initiating direct conversations, *broaching*, with supervisees, but may hesitate to broach topics they don't feel completely competent in (King & Jones, 2019)
- Broaching conversations demonstrates the intentionality of the supervisor's approach to a relationship with the supervisee and awareness of self
- Regarding power in the relationship, it is incumbent upon the person with the most power (counselor in counselor-client relationship; supervisor in supervisor-supervisee relationship) to initiate this discussion
- Broaching doesn't have to happen all at once; a conversation can start by addressing the supervisee's goals, strengths, interests, growth edges, etc.
- Broaching power along with other aspects of the relationship helps supervisees feel comforted and invited to more deeply process aspects of supervision (King & Jones, 2019)



The Unsaid

- Supervisees often withhold information from supervisors, which can impact the working alliance and ultimate treatment of clients
- trainees could be influenced by their perception of their supervisor's regard toward them, especially in terms of withholding information (Carl & Bailen, 2019)
- Ladany et al. (2013) found that CITS who rated their supervisor-supervisee working alliance more highly reported more willingness to disclose, and that higher trainee anxiety was related to less willingness to disclose.
- ruptures in the supervisory relationship led to feelings of shame for trainees and inhibited disclosure (Yourman, 2003)
- A supportive supervisory alliance involves supervisors creating a climate where supervisees can openly discuss (a) the relationship, (b) the power differential in supervision, (c) their reactions to the supervisor and supervision, and (d) the supervisor's, supervisee's, and client's multiple intersecting identities (Inman, 2006; Soheilian et al., 2014 in Hutman & Ellis, 2020).
- Creating an atmosphere of transparency promotes supervisee disclosure, especially for more diverse supervisees



Ethical Decision-Making

ACA-endorsed EDM model by Forester-Miller & Davis has 7 steps:

1. Identify the problem.
2. Apply the ACA Code of Ethics.
3. Determine the nature and dimensions of the dilemma.
4. Generate potential courses of action.
5. Consider the potential consequences of all options and determine a course of action.
6. Evaluate the selected course of action.
apply tests of justice, publicity, and universality
7. Implement the course of action.



Supervisees & Ethical Decision-Making

- Many counseling students report not being familiar with/trained on using Ethical Decision- Making Models, which can lead to feelings of helplessness regarding ethical dilemmas
- Gottlieb (1993) developed a decision-making model specifically focused on avoiding exploitive dual relationships that can be shared with students/supervisees
- Even when using this model, students and supervisees tend to be conservative in what they would report as an ethical breach out of fear of retribution from the supervisor (Burns, 2019)
- However, “counselor educators need to be aware that students find not providing appropriate feedback because of the counselor educator's personal feelings toward the student, not providing students with required supervision time in practicum, and taking first authorship when the student performed all the work on the submission as being as abusive as having sex with a student” (Burns, 2019, p. 71).





10 Minute Break Again

Exploring Ethical Dilemmas



How to Know if you are at Risk for a Boundary Violation

Trying to create healthy boundaries like



Conclusion

- Any final thoughts/questions
- Filling out the workshop evaluation form
- Receiving your CE certificate
- References available upon request
- Any questions, request, etc. please email
ronee.rice@rockets.utoledo.edu

