ETHICS AND THE THERAPEUTIC RELATIONSHIP: BUILDING TRUST WITHIN BOUNDARIES

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OBJECTIVES

1. Describe how establishing and maintaining clear ethical boundaries fosters safety and trust within the therapeutic relationship.
2. Identify effective ways to communicate confidentiality limits and mandated reporting responsibilities to clients and families.
3. Recognize how ethical self-awareness and management of countertransference contribute to maintaining professional boundaries.
4. Explain strategies for balancing client autonomy with professional and ethical obligations in clinical practice

MYTH OR FACT

1. A strong therapeutic relationship develops when clients view the therapist as a friend.
2. Clearly explaining confidentiality limits can increase client trust.
3. Maintaining clear professional boundaries can strengthen the therapeutic relationship.
4. If a therapist genuinely cares about a client, strict boundaries become less important.
5. Therapists who are unaware of their own emotional reactions are at greater risk for boundary issues.
6. Therapist self-disclosure always strengthens the therapeutic relationship.

YOU ASK?

Ask **clients** what they find most helpful in counseling.

Ask **clinicians** which component of counseling ensures the highest probability of success.

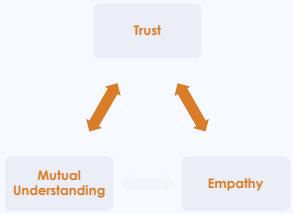
Ask **researchers** what the evidence favors in predicting effective psychological treatment.

Ask therapists from **diverse psychotherapy approaches** what point they can find commonality.

The Healing Alliance Between the Client and the Clinician.

(Norcross & Lambert, 2018, p. 303)

THERAPEUTIC RELATIONSHIP



(Topçu & & Mösko, 2025)

HOW TO BUILD TRUST?

- Client-centered interaction
- Clarification of confidentiality obligations
- Non-verbal cues
- Humor
- Therapeutic techniques
- Accuracy of translation

(Topçu & & Mösko, 2025)

THERAPEUTIC RELATIONSHIP

The therapeutic relationship is one of the most consistent predictors of positive outcomes in psychotherapy across treatment approaches

(Norcross & Lambert, 2018)

Image source: Renye, D. (n.d.). The uniqueness of the therapeutic relationship. Whole Person Integration.

ETHICAL FOUNDATIONS OF THE THERAPEUTIC RELATIONSHIP

- Client welfare is the counselor's primary responsibility (A.1.a).
- Ongoing informed consent and transparent communication support trust (A.2.a, A.2.b).
- Professional boundaries help prevent harm and protect the counseling relationship (A.6).
- Counselors avoid imposing personal values on clients (A.4.b).
- Ethical self-awareness helps counselors recognize and monitor personal reactions and countertransference (A.4.b; C.2.d).
- Client autonomy is respected while counselors fulfill legal and ethical responsibilities (A.1.c, A.2, A.2.e).

(American Counseling Association, 2014)

INFORMED CONSENT

Counselor Information

Credentials, license, and role

Purpose of Counseling

- Goals, structure, and nature of services
- Risks: emotional discomfort, distress, relational strain
- Benefits: coping skills, insight, improved functioning

Confidentiality & Its Limits

- Information is private and legally protected

Limits include:

- Risk of harm to self or others
- Suspected abuse or neglect
- Court order or legal requirement

Client Rights

- Right to ask questions and be involved in treatment
- Right to refuse or end services at any time
- Access to records (as legally permitted)

Financial & Administrative Policies

- Fees, billing, insurance (if applicable)
- Cancellation and no-show policies

Communication & Boundaries

- Appropriate contact methods and limits
- Social media boundaries
- Emergency/crisis procedures

Agreement

- Client (and guardian if applicable) consent to services

INFORM CONSENT & THE THERAPEUTIC RELATIONSHIP

- Sets the foundation for the therapeutic relationship
- Promotes collaboration and shared decision-making
- Supports client autonomy and informed choice
- Reduces risk of harm through transparency

(Coffman & Barnett, 2015)

Mandating Reporting & the Therapeutic Relationship

- Mandated reporting can disrupt the therapeutic relationship
- Clients may experience betrayal, anger, or withdrawal
- Clear informed consent is recommended to improve understanding of confidentiality limits
- Consultation and clinical supervision are essential when navigating mandated reporting decisions
- Therapist transparency and empathy influence repair of the therapeutic relationship
- Many clients may discontinue therapy after reporting (27% dropout rate; 73% may still continue)

(Bean et al., 2011)

CONFIDENTIALITY AS A FOUNDATION OF TRUST

Qualitative interviews with **11 children and adolescents (ages 7–15)** receiving psychological and medical treatment

Key Findings

1. Clear explanations of confidentiality helped children and adolescents feel safer and trust their providers.
2. Unanticipated disclosures to parents reduced openness and willingness to share sensitive concerns.
3. Children and adolescents generally understood and accepted confidentiality exceptions when safety concerns were present.
4. They preferred ongoing conversations about confidentiality rather than a one-time explanation at intake.

Clear & ongoing communication about confidentiality → Increased trust and willingness to disclose

(Kafka et al., 2024)

TRANSFERENCE VS COUNTERTRANSFERENCE

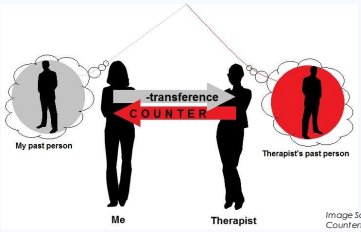


Image Source: J. (2016). What Is Countertransference?: An Attempted Explanation. Peace in the Storm.

"BEING AWARE OF COUNTERTRANSFERENCE MEANS YOU CAN DIFFERENTIATE BETWEEN WHAT YOU NEED TO DEAL WITH IN YOUR OWN PERSONAL COUNSELING VERSUS WHAT IS COMING UP IN THE ROOM..."

(Williams, as cited in Murphy, 2013)

- Countertransference is not harmful in itself
- Ethical risk comes from unrecognized countertransference
- Awareness and supervision support ethical practice

(Murphy, 2013)

COUNSELING BOUNDARIES

Rules and limits that help make the relationship between therapist and client safe, clear, and professional.

COMMON COUNSELING BOUNDARIES

1. Time
- Session length (e.g., 50 minutes)
- Start and end times
- Policies for late arrivals or cancellations

2. Role
- Therapist provides professional support, not friendship, romance, or personal dependency
- No dual relationships (e.g., therapist also being a close friend or business partner)

3. Communication
- When and how clients can contact the therapist
- Limits on texting, emails, or after-hours contact
- Emergency procedures (who to contact outside sessions)

4. Emotional
- Therapist maintains professional emotional distance while still being empathetic
- Prevents over-involvement or becoming overwhelmed by the client's experiences

5. Physical
- Appropriate touch policies (often none, depending on setting)
- Maintaining safe personal space

6. Financial
- Fees, payment schedules, insurance rules
- Policies for missed payments or sessions

7. Confidentiality
- What is private vs. what must be disclosed (e.g., risk of harm, abuse reporting laws)

THERAPEUTIC RELATIONSHIP & SETTING BOUNDARIES

- Modeling healthy relationships through clear boundaries
- Strengthening the therapeutic alliance through consistency and transparency
- Establishing boundaries during trauma work
- Communicating compassion while maintaining limits
- Accepting professional and personal limitations
- Navigating financial discussions ethically
- Referring clients when needs exceed scope of competence

(Stringer, 2025)

YOUR ATTITUDE TOWARDS PROFESSIONAL BOUNDARIES

❖What images do you associate with the term *professional boundaries*? How do these images consciously or unconsciously inform your clinical practice?

❖What is your personal history with boundaries? How have your culture, family, friendships, working conditions, and other life experiences influenced how you understand and implement professional boundaries?

❖How do you feel when a client "pushes," "challenges," or "resists" professional boundaries? How do those feelings influence your response, reaction, or clinical decision-making?

(Darley et al., 2024, p.98)

ETHICAL BOUNDARIES AND CLINICAL JUDGEMENT

- Professional boundaries are best applied using clinical judgement, rather than rigid rules alone
- Ethical decision-making considers:
  - client safety and wellbeing
  - transparency and informed consent
  - the therapeutic relationship and trust
- Boundaries may also need to consider:
  - cultural differences
  - client history and relational needs
  - clinical context and level of risk
- Ethical practice involves ongoing reflection before, during, and after boundary decisions

(Darley et al., 2024)

MAKING ETHICAL DECISIONS

1. Identify the problem or dilemma
2. Identify the potential issues involved
3. Review ethics codes, laws, regulations, and policies
4. Obtain consultation
5. Consider possible and probable courses of action
6. Evaluate consequences and risks
7. Decide and implement on what appears to be the best course of action
8. Implement → Document → Evaluate the Outcome

(Corey et al., 2002)

Boundaries support safety and trust when they are applied with thoughtful clinical judgement and in consideration of context, rather than in a rigid or purely rule-based way.

(DARLEY ET AL., 2024)

ETHICAL PRACTICE IS LESS ABOUT PERFECT SHOTS AND MORE ABOUT CONSISTENT ADJUSTMENT

ACTIVITY TIME: BUILDING TRUST IN REAL TIME

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Thank you!
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