
Ethical Decision Making, Therapeutic Boundaries, and Communicating Using Online Technology and Cellular Phones

La prise de décision éthique, les limites thérapeutiques et la communication au moyen de la technologie en ligne et des téléphones cellulaires

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ABSTRACT

Cellular telephones and social networking sites pose new challenges to the maintenance of therapeutic boundaries. One such difficulty is the possible development of dual relationships between clients and counselling professionals as a result of communicating by these means. Most regulatory bodies advise professional counsellors and psychologists to avoid engaging in dual relationships, but there are instances where they can be helpful or inevitable. The authors of this article discuss ethical concerns associated with using cell phones and online social networking sites to communicate with clients. Examples of ethical dilemmas involving recent technology are provided in order to help counselling professionals work through a decision-making process to manage the challenges that current technology poses to the therapeutic relationship. Recommendations for counselling professionals, future research, and formal training are provided.

RÉSUMÉ

Les téléphones cellulaires et les sites de réseaux sociaux posent de nouveaux défis au maintien des limites thérapeutiques. L'une de ces difficultés tient au développement possible de relations duelles entre les clients et les professionnels du counseling par le truchement de tels supports. La plupart des organismes de réglementation recommandent aux conseillers et psychologues d'éviter de s'engager dans des relations duelles; il y a toutefois des circonstances dans lesquelles elles peuvent être aidantes et inévitables. Les auteurs du présent article discutent des aspects déontologiques liés au recours au téléphone cellulaire et aux sites de réseaux sociaux en ligne pour communiquer avec les clients. On présente des exemples de dilemmes éthiques impliquant la technologie récente afin d'aider les professionnels du counseling à élaborer une démarche de prise de décision leur permettant de gérer les défis que comporte la technologie actuelle eu égard à la relation thérapeutique. On y présente aussi des recommandations à l'intention des professionnels du counseling, pour la recherche future, et pour la formation officielle.

Defining and maintaining clear professional boundaries has become increasingly challenging for counselling professionals with the advent of social network-

ing sites and cellular phones. Having an unlisted personal phone number was previously considered an effective way for counselling professionals to maintain solid boundaries between their personal and professional lives (Taylor, McMinn, Bufford, & Chang, 2010). However, clients nowadays can and do gain access to their counsellor's world of personal information with some computer savvy and a few clicks of the mouse. A survey by Fox (2011) demonstrated that 8 out of 10 responders had used the Internet to find health information and search for particular health care professionals. If clients successfully obtain their counsellors' personal information through this and other means, they can access personal information online, make "friendship requests," telephone, and/or send text messages that could potentially damage the boundaries of the therapeutic alliance and lead to unhelpful dual relationships.

The purpose of this article is to introduce and critically analyze ethical issues that recent technology poses to the maintenance of therapeutic boundaries. This process begins first with a review of the literature on the topics of boundaries, dual relationships, social networking sites, and cellular telephones. The ethical relevance of this topic is then brought forth with a presentation of the relevant standards and principles from several codes. Two examples of ethical dilemmas are then presented and analyzed using a common decision-making process. Recommendations from this and other literature are included. Finally, the authors reflect on how their values interact with the use of recent technology and how they have chosen to manage the potential clash of their personal and professional lives.

BOUNDARIES IN THE COUNSELLING RELATIONSHIP

Within the professional practice of psychological counselling, the interests of the client are placed above the self-interest of the service provider (Sinclair & Pettifor, 2001). Solid boundaries are one such way that clients' interests are protected. Therapeutic boundaries may be conceptualized as membranes of safety and predictability that encapsulate the client-counsellor relationship (Schulz, Sheppard, Lehr, & Shepard, 2006; Smith & Fitzpatrick, 1995). Inside the boundary are informed consent, confidentiality, and single-role relationships while outside the boundary lurks the possibility of client harm. Therapeutic boundaries are exclusionary lines that differentiate between what counselling is and what it should not be.

Establishing proper boundaries in professional counselling relationships is imperative for at least two reasons. First and foremost, counselling professionals have a legal and ethical responsibility to do no harm to their clients (American Psychological Association, 2010; Schulz et al., 2006; Sinclair & Pettifor, 2001; Smith & Fitzpatrick, 1995). By defining and maintaining appropriate therapeutic boundaries, counselling professionals are more likely to fulfill this responsibility. When counselling professionals neglect to protect the boundaries of the alliance, relationships can be damaged and clients may be psychologically or physically harmed. Second, not only can neglected boundaries harm individuals, but they can also damage the reputation of psychology as a discipline (Sinclair & Pettifor,

2001). Society expects counselling professionals to act in a way that helps, not harms. When the rights of the client are not sufficiently maintained and protected, the public can lose faith in counselling as a profession.

Therapeutic boundaries can be maintained, crossed, or violated (Smith & Fitzpatrick, 1995). Although it is most desirable for them to be maintained in the counselling relationship, crossing therapeutic boundaries may be considered less severe than violating boundaries. Boundary violations may put the client or the therapeutic relationship at serious risk. Some common boundary issues in a therapeutic relationship are nonsexual physical contact, self-disclosure, therapist–client sexual contact, and dual relationships (Smith & Fitzpatrick, 1995).

Despite the importance of strong therapeutic boundaries, boundary problems are a common occurrence in many counselling relationships all over the world (Pettifor & Sawchuk, 2006; Pope & Vetter, 1992). In an article by Pettifor and Sawchuk (2006), the authors reviewed studies from nine different countries in order to identify the most prevalent ethical problems experienced by psychologists. In six out of the nine countries investigated (i.e., the USA, Canada, Sweden, Finland, New Zealand, and South Africa), boundary problems including blurred, dual, or conflictual relationships were the second most reported ethical issues, with problems of confidentiality being the most common (Pettifor & Sawchuk, 2006).

Dual Relationships

When boundaries are crossed or violated, it is possible that a dual relationship with clients, research participants, employees, supervisees, students, or trainees may develop (Sinclair & Pettifor, 2001). The concept of the dual relationship is said to be derived from social psychology's conflict theory and refers to the situation where "an actor is required to fill two or more roles whose expectations are in some particulars inconsistent" (Getzels & Guba, 1954, p. 166). Each role has its set of social expectations and, when the actor is required to fill more than one, conflicts occur. According to the authors, the actor cannot reasonably fulfill these differing expectations so he/she responds by (a) relinquishing one role and committing to the other, (b) trying to make a compromise between the roles, or (c) abandoning both roles altogether. In the end, if actors cannot fulfill their roles to the satisfaction of the cultural group, they are judged as ineffective in their ability to handle their responsibilities (Getzels & Guba, 1954).

Dual or multiple relationships occur when one person engages in more than one role within a single relationship (Syme, 2006). Within the field of professional counselling specifically, some typical single-role relationships are between counsellors and clients, supervisors and supervisees, professors and students, researchers and participants, or managers and employees (Sinclair & Pettifor, 2001). Dual relationships occur when counsellors become friends with their clients, professors attempt to date their students, or managers try to sell their employees items from their home-based business, for example. There is an inherent power differential in all of these relationships, and refusing to be friends, accept the date, or buy the merchandise could result in negative consequences to the person holding less power.

Most of the ethical codes that Canadian counselling professionals abide by advise against engaging in dual relationships of any kind if possible (Canadian Counselling and Psychotherapy Association [CCPA], 2007; Sinclair & Pettifor, 2001). Even though the codes advise against becoming involved in dual relationships, not all of them are harmful (Syme, 2006). The difference between harmful and benign dual relationships is usually a matter of conflict and power. When engaged in the single-role relationship of counsellor and client, it should be clear that the client's interests are the priority. Alternatively, when engaged in a dual relationship with clients, the client's best interests can take a backseat to whatever the professional is attempting to accomplish. This shift in focus accompanied by the inherent power asymmetry of the relationship provides an environment that is conducive to the psychological and or physical harm of the client (Kitchener, 1988). Because taking all reasonable action not to harm their clients is a major responsibility of professional counsellors, engaging in dual or multiple relationships is an important ethical issue to consider when making decisions.

Many authors and most ethical codes acknowledge situations in which avoiding dual or multiple relationships is not clinically helpful (CCPA, 2007; Feminist Therapy Institute [FTI], 1999; Nigro, 2004; Sinclair & Pettifor, 2001; Syme, 2006). One condition where it can be inappropriate to avoid dual relationships is when working with clients from other cultures (Nigro, 2004; Syme, 2006). This is especially true for people from more communally based countries (e.g., India, Jamaica, Japan, and Brazil) (Syme, 2006). Similarly but more locally, Nigro (2004) found that several counsellors from British Columbia, Canada, reported the importance of attending the cultural events of their First Nations' clients. Not attending these events can be deleterious to a therapeutic relationship, as it can be interpreted as the counsellor feeling as if he/she is "too good for the rest of the people" (Nigro, 2004, p. 62). Another situation where it can be almost impossible for counselling professionals to maintain single-role relationships with their clients is when they live and work in rural communities (Kitchener, 1988). In rural situations, it has been found to be more realistic to learn how to negotiate multiple role relationships instead of trying to avoid them entirely (Erikson, 2001; Halverson & Brownlee, 2010).

RECENT TECHNOLOGY

Not causing harm to clients is a priority for counselling professionals (CCPA, 2007; Sinclair & Pettifor, 2001). Recent technology is placing new pressure on the boundaries between clients and counselling professionals, and potentially paving the way for harmful dual relationships. When counselling professionals ponder the topic of ethical issues, it is very important that they consider the impact of recent technology on the boundaries of the therapeutic relationship. As previously stated, it can be quite simple for clients to gain the information necessary to contact their counsellors on a personal basis. Two of the personal mediums through which clients can contact their counsellors are social networking sites and cellular phones.

Social Networking Sites

Social networking sites (SNS) have been helping people connect on the Internet since 1997 (Boyd & Ellison, 2008). These sites have been defined as Internet-based services that allow individuals to create a public or partially public profile, possess a list of other individuals who also have a profile and with whom they have a connection, and view the profiles of others (Boyd & Ellison, 2008). Originally intended as a way to connect with others in the same social network, SNS are now also used by government agencies, businesses, entrepreneurs, educational facilities, health care professionals, and people seeking romantic connections.

Facebook, arguably the most popular SNS to date, came online in 2004 (Boyd & Ellison, 2008; Fogel & Nehmad, 2009). Most of the people who have joined are “actively using Facebook to stay connected with their friends and the people around them” (Zuckerberg, 2010). Rates of membership to this SNS have grown exponentially, from one million users in 2004 to its current status of 750 million users as of July 2011 (Timeline, 2011). Because Facebook users are likely to include counsellors, psychologists, and clients, this site—and others like it—have the potential to pose difficulties within the therapeutic relationship.

Many health professionals today use social networking sites. Taylor et al. (2010) surveyed 695 members of the American Psychological Association on their use of SNS. The survey revealed that 77% of respondents maintained a personal profile on an SNS and that most did so with the purpose of keeping connected with their friends and family. Despite this benevolent intention, research indicates that the consequences of maintaining profiles on social networking sites are sometimes less than positive.

Taylor et al.’s (2010) respondents indicated several problems associated with the use of SNS by counselling professionals. First is the issue of privacy. If users of SNS do not stay current on ever-changing privacy options, they can be left open to others being able to view their online information and pictures without their knowledge. This can be problematic if users post any information that they do not want the general public to see.

Second is the problem of clients “requesting the friendship” of their counsellors. This action puts counsellors in a position where they need to accept, ignore, or reject the request—a decision that may impact the therapeutic relationship. Interactions such as these could initiate a dual relationship if the counselling professional accepts the friendship request or damage a working alliance if the counselling professional ignores or rejects the request (Taylor et al., 2010).

Third, a problem could arise if counselling professionals seek out their clients, students, and/or supervisees and attempt to add them as “friends” on an SNS. Due to the power differential in these professional relationships, the client, student, or supervisee may feel obligated to accept the request of the counselling professional. If the recipient decided to accept the request, an unprofessional dual relationship could potentially be formed. On the other hand, if the recipient decided to reject the request, it could have a negative influence on the working relationship previously held with the requestee.

Lastly, some of Taylor et al.'s (2010) respondents indicated that they had to remove or alter their SNS profiles upon discovering that they and their clients had "mutual friends." Having mutual friends is problematic, as clients can easily view comments left by the counselling professional on the mutual friend's online profile. As these comments are usually off-the-cuff, they are likely inappropriate for clients to see and could lead to the client's changed perception of his/her counsellor.

Lehavot (2009) explored the ethical dilemmas related to psychology graduate students posting personal information on the Internet. First, she illustrated a case where a faculty member rejected the application of a potential graduate student based on finding unprofessional pictures of the student on her Myspace profile. Second, Lehavot described a scenario where a faculty member felt the need to call a meeting due to reading about the drug and alcohol struggles of a graduate student, which were made evident online. In the final case presented, Lehavot outlined a situation in which a second-year clinical psychology graduate student posted information about cheating on his partner and the resulting break-up in an online blog. A client, who was being counselled by the graduate student and who was recently cheated on, read the online blog and proceeded to terminate the alliance and file a complaint with the counselling clinic. These examples illustrate how the online activity of counsellors and graduate students can affect their professional lives and the lives of those they are attempting to help.

Gutheil and Simon (2005) do not comment on the use of SNS in their article, but they do discuss the boundary-bending nature of clients and health care workers exchanging e-mails. E-mails, they argue, are considered to be less inhibited, less confidential, more immediate, and less inflected than face-to-face interactions. These characteristics can increase the likelihood of boundary violations, with additional potential for misunderstanding, difficulty in establishing or maintaining the therapeutic relationship, and inability to confirm the identity of the client. The authors illustrated several cases where dual relationships of a sexual nature began with the exchange of e-mails and the use of instant messaging. Although the authors did not address SNS specifically, the similarities to e-mail are easily identified.

Cellular Telephones

The second issue to be discussed in this section is the possible influence of the cellular telephone on the boundaries of the client-counselling professional relationship. Cell phone ownership is an important issue as use has increased immensely in the last 10 years, especially amongst adolescents (Reid et al., 2009). In 2004, 31% of Canadians in the lowest income bracket, 60% in the middle income bracket, and 85% in the highest income bracket had cell phones (Canada's Office of Consumer Affairs, 2004). Since these statistics are over six years old, it is not unreasonable to imagine that the percentages are substantially higher today. Cell phones are now embedded into Western culture; many teenagers even report sleeping with their phones (May & Hearn, 2005).

Counselling professionals are making use of cell phones in their practices as well. In an exploratory study by Negretti and Wieling (2001), 8% of participating psychologists regularly distributed their cell phone numbers to clients. Many others stated a preference for giving clients a pager number and then calling them back using a cell phone. This method has not proven to be flawless, however, with 25% of psychologists experiencing unexpected callbacks from clients on their cell phones. Unless counsellors purposefully block their cell phone numbers when calling clients, those numbers may appear on caller ID, giving clients the ability to call back.

There are pros and cons to clients having their counselling professionals' cell phone numbers. Benefits include increased and prompt access to services, giving the client more control over the conversation, providing clients from rural areas with service, reaching out to those who suffer from agoraphobia, and affording clients more privacy as they can call from home instead of being seen in the office (Haas, Kobos, & Benedict, 1996; Negretti & Wieling, 2001). Although therapist availability may be considered a benefit, it is also a limitation, as clients may call or send text messages any time day or night, which infringes on the counsellor's personal time (Negretti & Wieling, 2001). Another disadvantage is that cell phone conversations are not reliably confidential; cell phone discussions can be picked up by neighbouring baby monitors (Negretti & Wieling, 2001). Finally, despite their proliferation, cell phones still carry with them a personal connotation. Providing clients this access could give them the impression that more than a therapeutic relationship is implied. If not handled prudently, a text message or casual phone call placed here and there could be the beginning of an unintended dual relationship between client and counsellor.

The issues relating to therapeutic boundaries, dual relationships, and recent technology are rarely cut and dried. Although sexual dual relationships are never permissible, there exist situations where extratherapeutic relationships have been either unavoidable or helpful (CCPA, 2007; Erikson, 2001; FTI, 1999; Halverson & Brownlee, 2010; Nigro, 2004; Sinclair & Pettifor, 2001; Syme, 2006). Similarly, there is a lack of clarity on the topic of using cell phones and SNS in the digital vicinity of clients (Gutheil & Simon, 2005; Haas et al., 1996; Lehavot, 2009; Negretti & Wieling, 2001; Taylor et al., 2010). Because there is a vast grey area with these issues, almost every clinical situation must be considered on a case-by-case basis and weighed for risks and benefits. Fortunately, counselling professionals are not left to make such important ethical decisions in a "willy-nilly" fashion; there are several codes of ethics and adjunct guidelines to appeal to. In cases where the codes are not able to provide clear guidance, there are ethical decision-making processes that one can work through to discover the least harmful plan of action.

RELEVANT CODES ADDRESSING ETHICAL PRINCIPLES AND STANDARDS

Several different codes of ethics have been created to guide counselling professionals in their research and practice. For the purposes of this investigation,

the relevant principles and guidelines from three different codes and two sets of guidelines are described. These include (a) the Canadian Counselling and Psychotherapy Association *Code of Ethics* (CCPA, 2007), (b) the *Canadian Code of Ethics for Psychologists* (CCEP; Sinclair & Pettifor, 2001), (c) the *Feminist Therapy Code of Ethics* (FTI, 1999), (d) guidelines created for psychologists who provide services via electronic media (Canadian Psychological Association, 2006), and (e) guidelines set out by the College of Alberta Psychologists (CAP, 2000). For ease of viewing, the Appendix contains an approximation of all of the relevant principles and guidelines. Each of the codes and sets of guidelines was chosen for its unique perspective on dual relationships and the use of recent technology in the therapeutic relationship. Although there are differences between the codes, there are also several similarities, so an effort has been made to reduce redundancy in the Appendix.

The CCEP (Sinclair & Pettifor, 2001) is widely used by counselling professionals in Canada (Sinclair, 1998). Although this code was written for psychologists, its aspirational nature and clear ethical decision-making process may be helpful to other counselling professionals in examining relevant ethical principles and standards in relatively uncharted ethical areas, such as those posed by possible dual relationships and current technology. The code has three explicit uses: (a) to guide counselling professionals in their thinking and decision making, (b) to serve as the skeleton to which more specialized documents can be added, and (c) to help make decisions when complaints are brought against counselling professionals (Sinclair & Pettifor, 2001). Some activities are strictly prohibited by the code (e.g., client-therapist sexual contact), whereas others require the purposeful deliberation of the reader. One feature that makes the code unique is a 10-step ethical decision-making process that counselling professionals can use when they are confronted with situations in which the principles conflict (Sinclair, 1998). The CCPA's *Code of Ethics* also offers an effective decision-making model, but for the purposes of the current article, the CCEP model will be used. Although the 10 steps are not outlined here, this decision-making process will be applied to the ethical issues discussed later in this article.

How counselling professionals are expected to conduct themselves with SNS and personal cell phones is an area that is not specifically addressed by these ethical codes or guidelines for two reasons. First, it was not the intention of the code to control the personal lives of psychologists or counsellors (Sinclair & Pettifor, 2001). The code states that personal activity only becomes a concern if "it undermines public trust in the discipline as a whole or if it raises questions about the psychologist's ability to carry out appropriately his/her responsibilities as a psychologist" (Sinclair & Pettifor, 2001, p. 39). Second, regulating bodies may be unable to keep up with the innovations of technology, which would limit inclusion of such topics in their codes of ethics (Taylor et al., 2010).

Regardless of the reasons for not specifically addressing these forms of recent technology, the dilemma exists and parameters are unclear, so counselling professionals should engage in an ethical decision-making process when such situations

arise. Because the CCEP includes a comprehensive decision-making model, it is the model that will be used in the following ethical dilemmas. In order to do so, it is necessary to determine which ethical principles and standards would be affected (see Appendix).

ETHICAL DILEMMAS

Two situations that exemplify dual relationships in today's technological environment are presented in this section. The first scenario depicts a counselling professional's decision to either accept or reject a past client who has requested his "friendship" on Facebook. The second example illustrates a counselling professional trying to decide whether or not to give her cell phone number to a client who is at risk for suicide. The 10-step decision-making process as outlined by the CCEP (Sinclair & Pettifor, 2001) will be used to guide the discussion.

Scenario 1. Facebook Request from a Client and the Consequent Decision-Making Process

Part of counselling professional Jason's job was to co-facilitate a nine-week psycho-educational group at a female-only young offenders facility in his community. He did not provide any one-on-one services to these young females; that was the role of his co-worker. Approximately two weeks after the group was completed, Jason received a "friend request" from Liza, one of the former group participants, on his personal Facebook account. Jason remembered Liza as being "pretty cool." Should Jason accept or reject Liza's request for friendship?

This ethical dilemma is now analyzed using the 10-step decision-making process outlined in the code (Sinclair & Pettifor, 2001).

STEP 1: IDENTIFICATION OF THOSE AFFECTED

The individuals that could potentially be affected by this decision are Liza, Jason, and future clients. Groups that could be affected are other counsellors and psychologists, as could the reputation of the discipline of professional counselling.

STEP 2: IDENTIFICATION OF ETHICALLY RELEVANT ISSUES

The ethically relevant principles and practices are identified in the Appendix.

STEP 3: CONSIDERATION OF PERSONAL BIASES

The ethical dilemma at hand is whether or not Jason should accept a "friendship request" from a former client and possibly engage in a dual relationship. A personal bias that may influence his decision is that he is very comfortable with technology and with Facebook. He has had an account for three years and keeps in touch with all of his friends and acquaintances that way. A stress that may influence his decision is the pressure he feels to respond to her "friend request." Finally, his self-interest may affect his decision, as he personally enjoyed interacting with Liza during group sessions.

STEP 4: DEVELOPMENT OF COURSES OF ACTION

There are two courses of action that Jason can take in this situation. First, he could accept Liza's "friend request," which would allow her to access his personal information and begin conversing with him online. The second option would be to reject her request and send her a brief message explaining why he has done so in this case.

STEP 5: ANALYSIS OF RISKS AND BENEFITS

The best consequence that could come out of the first option is that therapeutic boundaries would be crossed, as defined by Smith and Fitzpatrick (1995). This would occur if Jason accepted the request but their interaction was minimal and benign. A possible negative consequence that could come out of his acceptance would be an avoidable, inappropriate, dual relationship. Using Smith and Fitzpatrick's definitions, this could be interpreted as a boundary violation: a decision that could cause harm to both parties and the reputation of professional counseling as a whole. A possible positive consequence for the second option could be that Jason would maintain boundaries by not starting down the slippery slope of dual relationships and Liza would respect his professionalism. A negative consequence might be that Liza would feel upset because she was rejected.

STEP 6: CHOICE OF ACTION

Of the two options presented, Alternative 2 seems like the most viable option. All codes reviewed for this article encourage psychologists and counsellors to avoid dual relationships if possible. In this situation, there is no reason to believe that anything seriously negative could happen by rejecting Liza's request. By maintaining his professionalism in this situation, Jason would be respecting his client, himself, and counselling as a profession.

STEP 7: ACTION

Based on this decision-making process, Jason would be wise to reject Liza's "friend request" and send her a short message explaining why he had to do so. If for some reason a problem came up with the plan, Jason could return to the decision-making process to review other alternatives.

STEP 8: EVALUATION

It will be very difficult for Jason to evaluate the results of his course of action, as Liza is not a client of his and no longer lives in the same community.

STEP 9: ASSUMPTION OF RESPONSIBILITY

If there were any negative consequences associated with this decision, such as Liza being upset, Jason would have a very difficult time remedying the situation. It is not even very likely that he would know about it. However, Jason could be assured of maintaining professional boundaries.

STEP 10: ACTION TO PREVENT FUTURE OCCURRENCES

In order to prevent future occurrences of similar situations, Jason should bring up the event at a staff meeting so the organization would have the opportunity to formulate a policy for this dilemma. He should also privatize his Facebook page and make a personal commitment to refuse the “friend requests” of any past or current clients or group members. If Jason found that these “friend requests” were becoming more common, he could consider deleting his Facebook page altogether. Doing so would eliminate the unsolicited requests; however, deleting his page would prevent him from using the SNS to keep in touch with his friends and family.

Scenario 2: Providing Cell Phone Numbers to Clients and the Consequent Decision-Making Process

A community outreach worker referred Nancy to counselling professional Jennifer approximately three months ago. Through texting on their cell phones, the community worker determined that Nancy had been harming herself and may be at risk for suicide. Nancy agreed to see Jennifer. Upon meeting, Jennifer described the limits of confidentiality and then asked Nancy about the self-harming behaviour. Nancy admitted that yes, she had in fact been hurting herself and no longer felt motivated to keep living. After a psychiatric assessment, Nancy was admitted to the mental health unit and Jennifer began to work with her on a regular basis. Two weeks later, Nancy was assessed as being stable enough to be discharged from the unit. Before her release, Jennifer and Nancy created a safety plan so that the client would know what to do if she became suicidal again. This safety plan included outpatient appointments with Jennifer and attending the teen coping skills group. During this process, Nancy revealed that Jennifer was the only one she felt comfortable contacting and asked for her cell phone number so she could contact her “when she needed to.” Jennifer is not sure what to do, as she only has a personal cell phone and has not given a client her cell phone number before. What should she do?

This ethical dilemma is now analyzed using the 10-step decision-making process outlined in the code (Sinclair & Pettifor, 2001).

STEP 1: IDENTIFICATION OF THOSE AFFECTED

The individuals that could potentially be affected by this decision are Nancy, Jennifer, and future at-risk clients. Groups that could be affected are other counsellors and psychologists, as could the reputation of the discipline of professional counselling.

STEP 2: IDENTIFICATION OF ETHICALLY RELEVANT ISSUES

The ethically relevant principles and practices are identified in the Appendix.

STEP 3: CONSIDERATION OF PERSONAL BIASES

The ethical dilemma at hand is how Jennifer should handle this situation in a way that will reduce possible harm to her client. A personal bias that could influence her decision is the fact that she is young and quite comfortable with technology. A stress that may influence her decision is time; she seems to be under pressure to make a decision. Finally, her self-interest may affect her decision-making as her client's allegiance may play into Jennifer's personal need to be needed.

STEP 4: DEVELOPMENT OF COURSES OF ACTION

There are at least three courses of action that Jennifer could take in this situation. First, she could give Nancy her cell phone number. A second option would be for Jennifer to refuse Nancy's request for her cell phone number but convince her to use a 24-hour hotline should she become unstable again. A third possibility would be to acquire a work cell phone and provide Nancy with that number instead.

STEP 5: ANALYSIS OF RISKS AND BENEFITS

A positive consequence that could come out of providing her personal cell phone number is that Jennifer could provide timely service to Nancy if she were to become suicidal again. The reverse of this is possible as well; Nancy could seriously harm herself if she did not think that Jennifer responded quickly enough. This consequence would always be a looming threat, as Jennifer keeps her cell phone on 24 hours a day, 7 days a week, so she is accessible to her family. Another negative consequence to giving out her cell phone number is that Nancy may use the number for reasons other than its intended purpose, possibly resulting in a dual relationship. Providing Nancy with her personal cell phone number could be considered a boundary crossing which could result in a positive, benign, or negative outcome (Smith & Fitzpatrick, 1995).

A positive consequence of refusing to give Nancy her cell phone number would be the maintenance of the therapeutic boundaries, as developing a dual relationship would be far less likely. A negative consequence that may occur as a result of the second option is that the therapeutic alliance could be ruptured or broken; Nancy could interpret her counsellor's refusal as rejection. Another negative consequence is the possibility that the client would commit suicide. Without proper support, Nancy might be at high risk. This is an example of how the steadfast maintenance of boundaries can lead to serious client harm.

A positive consequence to providing Nancy with a business cell phone number is that Jennifer's services would be more accessible for her. Another positive consequence is that Jennifer could set boundaries around her availability so that Nancy would know when she could and could not expect to reach her counsellor. A negative consequence to this plan of action is that Nancy may still attempt to enter into a dual relationship of some kind with Jennifer even though precautions were taken. This option is another way to maintain boundaries in a way that would likely cause less harm to the client.

STEP 6: CHOICE OF ACTION

It seems that of the three options, Alternative 3 would be the best. Above all, Jennifer has a responsibility to protect Nancy's well-being and, as Nancy made it clear that she only felt comfortable contacting Jennifer, it would be unrealistic to pretend that she would make use of a helpline during a vulnerable time. However, to protect herself from the possibility of a dual relationship, Jennifer would need to set limits around Nancy's use of her cell phone number. She would need to let Nancy know the hours within which Jennifer could be expected to reply to her phone call, text message, or voicemail. There would need to be an understanding that Jennifer could not be accessible 24 hours per day and that if an emergency came up outside of the available hours, Nancy would need to commit to using the helpline. All of the conditions of this agreement would need to be documented in Nancy's file in case Jennifer needed to make evidence of this agreement.

STEP 7: ACTION

Jennifer should likely move forward with the third alternative, as it seems to be the least likely to cause harm to Nancy, Jennifer, and the discipline of professional counselling. If for some reason a problem came up with the plan, Jennifer should revisit the decision-making process.

STEP 8: EVALUATION

The only way that Jennifer could evaluate the results of this decision would be to wait and observe Nancy's actions. If Nancy respected the boundaries implemented, the decision could be interpreted as a success. If Nancy began expecting different service than Jennifer could provide, if she hurt herself without attempting to contact Jennifer, or if she tried to befriend Jennifer, the plan would need to be re-evaluated during an outpatient session.

STEP 9: ASSUMPTION OF RESPONSIBILITY

If Jennifer decided to provide Nancy with her business cell phone number, she would need to take responsibility for whatever occurred as a result. In this particular case, it might be a good idea for Jennifer to put the conditions of the agreement on paper and have Nancy sign it. This way, if Nancy did not follow the conditions, Jennifer could use the signed document to refresh Nancy's memory of the commitment or use it for legal purposes, if it were ever necessary.

STEP 10: ACTION TO PREVENT FUTURE OCCURRENCES

Jennifer should create a business cell phone protocol so she knows exactly what to do when similar situations present themselves in the future. Because this was the first time Jennifer had to deal with a request for her cell phone number, she was a bit unprepared. The use of technology is on the rise, so Jennifer should likely get more comfortable with incorporating it into her regular practice.

SUMMARY

Creating appropriate boundaries is an important part of the therapeutic relationship. Counselling professionals' ability to sustain these boundaries can be compromised by recent forms of technology such as cell phones and social networking sites (SNS). Therapeutic boundaries may be crossed or violated when clients and counselling professionals attempt to add each other as "friends" on SNS, send each other personal text messages or e-mails, or phone each other outside of office hours. When boundaries are crossed or violated, dual or multiple relationships become a possibility (Sinclair & Pettifor, 2001). Although in some situations dual relationships are unavoidable (CCPA, 2007; FTI, 1999; Nigro, 2004; Sinclair & Pettifor, 2001; Syme, 2006), it is still advisable to circumvent them when possible (CCPA, 2007; Sinclair & Pettifor, 2001). When counselling professionals engage in dual or multiple relationships they may invite the risk of harming their clients. Not causing harm to clients is a priority for counsellors and psychologists (CCPA, 2007; Sinclair & Pettifor, 2001).

Despite its risks, the professional use of recent technology may have benefits in the therapeutic relationship. Counselling professionals who choose to provide clients with their cell phone number or e-mail address can potentially improve their service delivery (Haas et al., 1996; Negretti & Wieling, 2001). Considering the complexities of this type of dilemma and the lack of specific guidance by Canadian ethical codes, it is no wonder that some counselling professionals are unsure how to handle the recent technological realm.

Ethical dilemmas such as the previous examples can be adequately resolved using the 10-step decision-making process provided in the *Canadian Code of Ethics for Psychologists* with consideration given to codes and guidelines produced by the CCPA (2007), the FTI (1999), the CPA (2006), and the CAP (2000). In the present article, two dilemmas were described and analyzed using this process. In the first scenario, Jason, the counselling professional, had to decide whether or not to accept a "friendship request" from his former client, Liza. Through the decision-making process, it was determined that it would likely be less harmful for Jason to reject the request than to accept it. In the second scenario, Nancy, the client, requested her counsellor's cell phone number in case she became at higher risk for suicide once discharged into the community. By working through the decision-making process, it was decided that distributing a cell phone number was helpful as long as clear boundaries were drawn around its use and the counsellor's accessibility. Generally, it seems that when used in an ethically responsible manner, certain forms of recent technology can enhance the personal and professional lives of counsellors, clients, supervisors, and students—as they were meant to.

RECOMMENDATIONS

For Counselling Professionals

As mentioned previously, the codes do not directly address specific types of technology, so counselling professionals are often charged with the responsibility

of making ethical decisions on their own. Fortunately, there is at least some academic literature that can be taken into consideration when thinking about recent technology and the development of dual relationships.

There are many actions that counselling professionals can take to reduce their risk of developing dual relationships through the use of SNS and cellular phones. With SNS, one of the most important things counselling professionals can do is utilize the privacy options that are available (Taylor et al., 2010). Considering Facebook specifically, users can locate their privacy settings, control how others contact them, what they want to share, what details others can share about them, and what contact information is listed on their profiles. Users are cautioned to check on changes made to privacy settings as Facebook tends to update them quite frequently. In addition to increasing security, counsellors and psychologists can consider the consequences of what they write online. Some questions for reflection are

- (a) What are the risks and benefits to posting this information?
- (b) What chance is there that this information will negatively affect clients, classmates, or faculty?
- (c) How would this information affect my credibility?
- (d) Does this information discredit professional counselling as a whole? (Lehavot, 2009)

Some professionals may find it easier to simply delete their SNS profiles rather than spend so much energy trying to keep their use ethically appropriate.

Another precautionary measure counselling professionals can take is including their SNS protocol while obtaining informed consent from their clients (Negretti & Wieling, 2001). During the first or second session, counsellors and psychologists can clarify professional boundaries and make clients aware of how their attempts at contact over SNS will be handled. Clarity with clients at the beginning of the therapeutic relationship may pre-emptively thwart many potential boundary issues.

Using cellular phones as a way to communicate with clients can be very convenient but risky as well. There are many actions clinicians can take in order to decrease the chance of developing a dual relationship as a result of communicating by cell phone. First, counselling professionals may discuss the appropriate use of a cell phone in the therapeutic relationship. This could involve identifying (a) the circumstances under which it would be appropriate to contact the clinician outside of session; (b) what the fee, if any, would be; (c) the length of time the counsellor would stay on the phone; (d) the times the counsellor would not be available (and creating another safety plan for those times); and (e) how long the client could expect to wait for the counsellor to return his/her phone call or text message (Negretti & Wieling, 2001). By taking the time to incorporate these suggestions into their routine, counselling professionals are likely to avoid many of the ethical problems inherent in using cell phones with clients.

Further Research

The use of SNS and cellular phones by counselling professionals and clients are fairly recent phenomena, suggesting plenty of room for more research on the topic. First, the issue of clients' reaction to their counselling professionals' online disclosures has not yet been investigated (Taylor et al., 2010). What is the nature of the information they find helpful, benign, or troublesome to the alliance? Second, it would be informative to determine how counselling professionals handle clients attempting to initiate dual relationships using SNS and cellular phones. Third, how do clients react to the way their counselling professionals handle such attempts, and how would they prefer to be treated? These and many other ideas could be researched in this interesting and current area of technology and the therapeutic relationship.

Formal Training

Boundary issues and dual relationships are very common in therapeutic relationships (Pettifor & Sawchuk, 2006; Pope & Vetter, 1992). Despite the ubiquitous nature of these dilemmas, some counselling professionals report feeling somewhat ill equipped to handle the situations (Erikson, 2001; Halverson & Brownlee, 2010; Negretti & Wieling, 2001). Based on this information, it is quite likely that counsellors and psychologists could benefit from more formal training on the issue of recent technology and therapeutic boundaries. It has been suggested that incorporating this kind of training into graduate programs would be one way to strengthen the knowledge and confidence of counselling professionals (Taylor et al., 2010). For counselling professionals who are already in practice, a short continuing education course could be offered on the topic. By educating both clinicians in training and those in current practice it is far more likely that a more competent, confident service will be provided.

Recent technology such as SNS and cell phones is an important part of living in the 21st century. If counselling professionals engage with it, they are likely to experience challenges, but if they choose to avoid it, they might just miss out on a world of possibility. By appealing to the ethical codes and guidelines, documenting, self-monitoring, and seeking consultation and supervision, counsellors and psychologists have a better chance of providing an up-to-date service to their clients in an ethical fashion.

AUTHOR PERSPECTIVES

The first two authors, Jesay and Angela, have active Facebook pages that are used regularly to maintain connections with friends, family, and acquaintances and provide an opportunity to socialize. Disclosure of personal information is kept to a minimum, and the privacy settings are as secure as possible so that anyone who is not a "friend" cannot see any information beyond a profile picture. Additionally, when posting personal information, the authors consider the question, "Would it be OK if this post was read or this picture seen by a past, current, or future cli-

ent?” Unsolicited “friend requests” do occur, but they are dealt with by sending a brief message explaining why the request cannot be accepted. So far, the clients and past clients who have requested these authors’ “friendship” have understood the necessity of maintaining professional boundaries.

At the beginning of her career, there were a couple of occasions where Jesay provided her personal cell phone number to clients in case they were ever caught in the position where they needed help. This gesture resulted in both clients attempting to initiate a friendship-based dual relationship with her. With this experience in mind, Jesay is not likely to offer her personal cell phone number again, although she is not averse to using one for business purposes in the future. Angela uses her personal cell phone as her primary business contact, keeping discussions with clients and students purposefully brief and reserved for setting up face-to-face appointments and meetings.

The third author, Jo-Anne, has purposefully chosen not to engage in online SNS at this time. As an online faculty member, she is responsible for 60–100 graduate students that she communicates with exclusively online. Each student regularly communicates questions, assignments, and comments through both personal e-mail and online computer-mediated conference software. This is in addition to e-mail that she receives for research and daily messaging. The high volume of electronic messages received at all hours of the day, night, and weekend means that strict boundaries have to be maintained to provide regular breaks from office work. Further, she is also concerned that once messages are sent, issues surrounding privacy and confidentiality have yet to be satisfactorily settled in a way that upholds the principles of personal rights, confidentiality, privacy, and freedoms under the Freedom of Information Act as it currently exists in Canada.

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Appendix

Relevant Ethical Principles and Guidelines Regarding Recent Technology

CCPA Code of Ethics

- A11. Counselling services provided by computer technology & other media must meet ethical standards.
 - B16. When the Internet is used with clients, (a) identities are verified, (b) client can use the program, (c) the program is appropriate, (d) the client understands the program, and (e) follow-up is provided.
 - B17. Counselling services provided by telephone, teleconferencing, and Internet, including appropriate precautions regarding confidentiality, security, informed consent, records, and counselling plans, as well as determining the right to provide such services in regulatory jurisdictions.
 - D5. Their ethical responsibilities are not altered, or in any way diminished by the use of technology for the administration of assessment instruments
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CCEP Principles

- I.38. Do not infringe on private space of client without clear permission.
 - I.41. Handle all private information in a way that attends to the needs for privacy and security.
 - II.9. Keep up to date on knowledge relevant to their field.
 - II.2. Avoid doing harm to clients, employees, students, etc.
 - II.17. Not carry out any activity unless the benefit likely outweighs the risk involved.
 - II.27. Be aware of power differential in therapy.
 - III.33. Avoid dual/multiple relationships.
 - III.34. Engage in supervision & consultation when dual relationships cannot be avoided.
 - III.35. Inform all parties if a real of potential conflict of interest exists.
 - IV.16. Convey respect for and abide by prevailing cultural norms.
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FTI Code of Ethics

- 3.A. A feminist therapist recognizes the complexity & conflicting priorities inherent in multiple or overlapping relationships. The therapist accepts responsibility for monitoring such relationships to prevent abuse or harm to the client.
 - 5.D. A feminist therapist, teacher, or researcher is alert to the control of information dissemination & questions pressures to conform to & use dominant mainstream standards. As technological methods of communication change & increase, the feminist therapist recognizes the socioeconomic aspects of these developments & communicates according to clients' access to technology.
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CPA Guidelines

- I.1. When obtaining informed consent for electronic services, psychologists must include information on risks, misunderstandings due to lack of visual cues, benefits, alternative services, and privacy limitations.
- I.4. Psychologists educate themselves on current devices for electronic communication.
- I.6. When it is difficult to identify the client being served electronically, steps are taken to address imposter concerns (e.g. use a code word).
- II.1. Psychologists keep up to date with e-service literature.
- II.3. Psychologists ensure that e-services are appropriate for the client.
- II.4. The client's record contains hard copies of all communications.
- II.9. Psychologists inform their clients of alternative communication procedures if there is a technology failure.

- II.10. If it becomes evident that the client could benefit better from in-person services, the psychologist will accommodate that.
- IV.1. Do not put the security of assessment tools at risk by delivering them over insecure media (e.g., Internet, phone).
- IV.2. Psychologists get liability insurance for their e-services.
- IV.3. Psychologists give their clients relevant contact information for their regulating bodies.
- IV. 4. Psychologists learn the laws and regulations of all jurisdictions to which they provide e-services.

CAP Guidelines

Competency of Practice

Psychologists are required to practice only within their area of competency and only through methods recognized within professional standards of care.

Duties to Vulnerable Persons

Psychologists must notify authorities if they have reason to believe a child is being abused, and they have a responsibility to safeguard the lives of those who are in danger due to imminent suicidal or homicidal risk. Doing so becomes more difficult when location of client is uncertain due to contact on the Internet or cell phone.

The Therapeutic Relationship

Without being physically present, it may be hard for the psychologist to know the client's perception of what is indeed happening between them.

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