

# **Boundary issues within the counselling professions**

**Good Practice in Action 111**  
**Clinical Reflections for Practice**

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## Context

This resource is one of a suite prepared by BACP to enable members to engage with BACP's *Ethical Framework for the Counselling Professions* in respect of boundaries.

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## Purpose

The purpose of this resource is to stimulate ethical thinking concerning boundaries. It should be read in conjunction with Good Practice in Action 110 Fact Sheet: *Boundaries within the counselling professions*.

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## Using Clinical Reflections for Practice resources

The membership agreement with BACP establishes a contractual commitment by members to abide by the *Ethical Framework for the Counselling Professions*, which includes a responsibility for members to keep the skills and knowledge relevant to their work up to date.

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Practice issues and dilemmas are often complex, and may vary depending on clients, particular models of working, the context of the work and the therapeutic interventions provided. We therefore strongly recommend consulting your supervisor, and also, wherever necessary, a suitably qualified practitioner or lawyer. Some professional insurers will provide legal advice as part of their service.

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Organisations and agencies may also change their practice or policies, so please be alert for any changes that may affect your therapy practice.

In this resource, the terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care. The terms 'therapist' or 'counsellor' are used to refer to those trained specifically as psychotherapists and counsellors.

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## Introduction

When practitioners talk of boundaries, what do they mean? Boundaries within therapeutic work refer to agreed limits, implemented and managed by the practitioner to provide a situation of safety within which work can take place. This safety allows the development of a trusting, therapeutic relationship, within which the client can explore with courage and autonomy, the practitioner can maintain clarity, and both parties can work collaboratively within the agreed parameters.

Boundaries exist to ensure work is carried out professionally and ethically, always with the client at the heart of it. See the *Ethical Framework*, 'Put clients first by making clients our primary concern while we are working with them' (Commitment 1a) and the ethical principles of beneficence and non-maleficence (Ethics, Principles).

Further information about boundaries can be found in Good Practice in Action Fact Sheet: 110 *Boundaries within the counselling professions*. In brief, common boundary areas might include the working space (including face to face, online and on the telephone), confidentiality, session length, gifts, dress, between-session contact, self-disclosure, touch, social media, dual relationships, working within competence and the non-sexual exploitation of clients.

Boundaries provide the difference between the therapeutic relationship and other relationships such as friendship.

The approach to boundaries will vary between practitioners. For some, this will be informed by their theoretical approach, while for others this may be subject to organisational boundaries. Members of BACP are committed to working in accordance with the *Ethical Framework for the Counselling Professions*. See Good Practice, points 30-37 'Building an appropriate relationship', which give further information about boundaries.

All practitioners will have their own innate sense of what boundaries mean to them; this sense will only benefit from personal reflection, and this resource aims to facilitate this.

After each scenario, *Questions for reflection* are offered to stimulate personal reflection, and/or discussion with a supervisor, or within a training group. Observations on practice follow these questions, again forming the basis for reflection and discussion. You will also find links to various sections of the *Ethical Framework* and other Good Practice in Action resources that may be helpful.

Boundaries play a vital part in the counselling professions, but they do not stand in isolation from other ethical, therapeutic and legal issues, which inform what we do. This resource is not intended to be a prescriptive guide, but instead to increase awareness and reflection on our own boundaries, in conjunction with the other issues they touch upon, and the potential impact on our clients and ourselves if they are challenged.

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## 1 Overview of vignettes

While these fictionalised vignettes are not drawn directly from 'real life', it is hoped the boundary considerations presented translate easily to different settings, offering the chance for reflection on your own therapeutic practice.

Vignette one is about Malee, a volunteer practitioner who finds herself in difficulties through her use of social media and not setting boundaries for working with a client virtually.

Vignette two describes the practice of Nigel, an experienced supervisor whose personal difficulties are resulting in a blurring of boundaries with his supervisee, Tess.

Vignette three describes a situation in which time boundaries are consistently stretched by Ffion, a therapist, and the consequences this has for her work with her client Sarah.

Vignette four introduces Pablo and his client Tim, a situation in which failure to address a boundary issue early on in their relationship causes complications.

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## 2 Vignettes with questions and observations for practice

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### 2.1 Vignette one – Malee and Tomas

Malee is a volunteer practitioner in a small charity. She enjoys the work, but finds the admin frustrating, believing there are too many hoops to jump through; she just wants to get on with the job!

Malee is an active user of social media, enjoying keeping in contact with family in Thailand, and her UK friends. She also uses it to interact in the various online groups she has joined to do with therapy and mental health. She has added many 'friends' to her contacts as a result and values these online interactions.

One evening, a 'friend' sends Malee a direct message asking to refer a family member, Tomas, to Malee's charity. Malee replies, giving the charity's phone number to pass on. A few minutes later, another direct message appears, this time from Tomas; 'I'm not good on the phone, and I'm on crazy shifts next week. Can't I just arrange it through you?'

Malee considers this. Deciding the information will end up in the same place, she takes Tomas's details and arranges a virtual appointment. She then confirms the appointment with him via the charity the following week.

Sticking to the charity's communication channels, they begin their work, and have four successful virtual sessions. The night before the fifth session, she gets a direct message on social media from Tomas, telling her he cannot attend his session the following day, and instead requesting a brief check-in online outside the hours that Malee practises. Malee is unsure what to do, so she does not respond. An hour or so later, when Malee is reading a message from her sister, Tomas messages again; 'I know you're online, why won't you answer me?'

Malee responds briefly, explaining she will cancel the appointment, but could not offer online support outside the allotted appointment times. Tomas reads the message but does not respond.

Malee later receives a message from Tomas's family member, her 'friend' who referred him initially. The message questions why Malee won't offer Tomas online at a time outside the times she sees clients. Malee, feeling increasingly attacked, leaves the message unanswered.

Checking her social media feed the following morning, she is relieved to find no further messages. Scrolling down her feed, however, she is dismayed to see a post by Tomas, complaining 'therapists are all hypocrites who don't really care'. Malee realises her contact has commented on the post, meaning Malee can now see it. Tomas and the contact have been discrediting some comments Malee has made in therapy. While Malee is not named, enough detail is given that anyone professionally acquainted with her could work out who is being discussed.

Malee is also horrified to realise if she can see the post 'liked' by her contact, Tomas could also have seen any posts of hers his family member had interacted with.

### Questions for reflection

What steps have you taken to separate your personal and professional social media presence?

What is your policy on contact with clients out of the session. Does this apply to online connections too?

If you were Malee, what would you do next?

### Observations on practice

We see here that Malee has compromised her boundaries from the start. By using social media to join groups on topics of professional interest, Malee is connecting with peers and ensuring continued professional development. (See Good Practice in Action 040 *Social media, digital technology and the counselling professions*, and the *Ethical Framework*, Good Practice, point 14). But by using a personal account, rather than one dedicated to her professional practice, there is a risk of dual relationships arising (*Ethical Framework*, Good Practice, point 33b. See also Good Practice in Action 077 *Dual roles within the counselling professions*, and Good Practice in Action 047 *Working online in the counselling professions*).

By accepting Tomas's details for referral, his information becomes 'personally sensitive therapeutic data', and therefore should be transmitted only using an appropriately secure platform (see Good Practice in Action 040 *Social media, digital technology and the counselling professions*).

In addition, this is likely to contravene her charity's policy on GDPR and privacy. They will have an appointed 'data controller', responsible for making sure Tomas's information is handled and stored correctly (<https://ico.org.uk> and GPiA 105 on the GDPR).

Has Tomas been given full information about how his data will be collected, transmitted and stored (see *Ethical Framework*, Good Practice, point 30), and who might be able to view them along the way? For example, do any family members have access to Malee's direct messages? Or, is the Wi-Fi she is using secure or open to hacking? (See Good Practice in Action 047 *Working online in the counselling professions*.)



Might Malee's decisions have been different were she in the room or on the phone with Tomas? The *Ethical Framework* requires us to offer the same standards of care to our work with all clients, whether face to face or online (*Ethical Framework*, Good Practice, point 20).

We begin to see some repercussions of Malee's breach of online boundaries. Because the first communication entered into was via social media, the client presumes this is an acceptable way to make contact. Was using her charity email account sufficient in addressing the initial boundary breach and ensuring the client was fully informed? What about Malee's duty of candour, frank and open discussion with clients about actions which may impact on the relationship? (*Ethical Framework*, Qualities, and Good Practice, points 6 and 12).

To correspond about the cancellation via this channel will likely undermine the charity's established cancellation procedures. However, by choosing not to respond to social media communication when she has previously done so, is Malee adhering to the Principles of beneficence, trustworthiness and non-maleficence? (*Ethical Framework*, Principles).

The issue of dual relationships colours the work here. Tomas is her client, and has now potentially seen personal posts, including details of her day-to-day life. What effect might this have on their relationship? And what of Malee's 'friend', Tomas's family member, how might their peer interaction using online groups now be impacted?

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## 2.2 Vignette two – Nigel and Tess

Nigel is an experienced therapist and supervisor in an agency setting and in private practice, working with individuals and couples. He has begun working with a private supervisee, Tess, who is around his age. He enjoys his work with Tess and values her insights on her work and clients.

In his personal life Nigel is struggling. His wife is not reacting well to their youngest child leaving home and has joined a number of social groups to 'find a new purpose'. Nigel is not able to join her due to work commitments; he also wonders if she particularly wants him to. Despite now being alone in the house without children, Nigel feels they do not spend time together. He is feeling lonely and hurt.

During supervision, Tess discusses a client whose situation reminds Nigel of his own. He is fascinated by Tess's approach with her client, and she makes several good points about her client's situation, which Nigel feels could equally apply to his marriage. With this fresh perspective, Nigel is keen to see if a new approach will make a difference with his wife. In the weeks after the session Nigel approaches communication with his wife differently, and the impact is positive.

Tess finishes with that client after a couple of months. Nigel, keen not to lose Tess's observations on the subject, finds himself referring back to this client in his work with her. He occasionally asks advice on his own relationship, though it is disguised as a hypothetical question. Tess wonders about the relevance of these questions, as they do not link to work with her current clients. Nigel laughs this off, encouraging her not to be 'defensive about being challenged'.

Nigel chances upon details of an expensive but well-renowned couples' therapy course. Telling himself he has no time for such training himself, he brings the details to his next session with Tess.

He encourages her to book on to it, offering to temporarily reduce the fees charged for their sessions when she expresses hesitation at the price. Tess does not book the course, and a few months later, informs him she does not feel her developmental needs are being met in supervision, and she has found a new supervisor.

### Questions for reflection

Who was responsible for the breakdown of this supervisory relationship? In what way?

If you were Tess, how might you have approached what was happening in your supervision sessions?

Have you ever felt a client's/supervisee's situation mapped on to your own? How did you keep the two separate?

### Observations on practice

This interaction highlights how far-reaching the impact of boundary issues can be. Nigel consistently fails to monitor his practice, meaning he is not effectively helping Tess to monitor her own. What then may be the impact on her clients?

Nigel's boundary breach stems mainly from his lack of adherence to the principle of Self-respect (*Ethical Framework, Principles*). By allowing personal issues to so impact his professional work, he is not only showing a lack of self-care and integrity, he is also compromising the trust placed in him by Tess (*Ethical Framework, Principles, Qualities, and Good Practice, point 63*). See also Good Practice in Action 078 *Fitness to practise in the counselling professions* and 088 *Self-care for the counselling professions*).

In failing to ensure ethical working by monitoring competence and accessing support when required, he is effectively failing on the very first and fundamental therapeutic commitment – to make clients our primary concern (*Ethical Framework, Commitments*. See also Good Practice, points 62, 63 and 91).

Nigel breached supervisory boundaries by exploiting Tess's time for his own interest; putting clients first within a supervision context means putting supervisees first. But what of other breaches?

How does Nigel's suggestion for training fit with the supervisory requirement to enhance Tess's work and benefit the client? (Bond 2010). What of Nigel's comment that he is 'too busy' to attend the training himself?

Nigel's conduct also raises questions of relational and financial power (see GPiA 010 *Monitoring the supervisory relationship from the supervisor's perspective*), as well as a failure to model good practice.

It should be said that Tess too had a responsibility to challenge Nigel's boundary breaches; supervision is a collaborative process with both parties responsible for paying attention to the supervisory relationship (see Good Practice in Action 010 *Monitoring the supervisory relationship from the supervisor's perspective* and 011 *Monitoring the supervisory relationship from the supervisee's perspective*). But Nigel fails to provide opportunities for Tess to speak about her work or their relationship (see *Ethical Framework*).

While the underlying cause of Nigel's boundary breaches is fundamentally an issue of ethics, we can see how his failure to monitor his fitness to practise has far-reaching consequences.

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## 2.3 Vignette three – Ffion and Sarah

Ffion is a therapist in a GP surgery. She has sole use of the room allocated for therapy. She organises her own appointments and tries to leave a 40-minute gap between sessions, which she finds important for self-care.

Sarah is referred after a diagnosis of anxiety. She struggles to leave the house, and when arranging their first appointment Ffion spends quite some time on the phone discussing Sarah's anxieties about attending. On the day of their first session Ffion has just begun her notes from her previous session when she receives a call that Sarah is in reception. Ffion recalls Sarah was especially nervous about waiting around lots of people. Deciding she can complete the notes later on, Ffion heads to collect Sarah and start the session early.

Sarah is very grateful. She begins to relax a little once the session is underway, and they complete 50 minutes.

Next week, Sarah again arrives early. Because of cancellations, Ffion has not seen anyone all morning. She is a little bored. She decides to collect Sarah from reception, and they get down to work.

One week, Sarah arrives 20 minutes late for her session. 'The bus broke down!' she pants 'Can I still see you?'

Ffion agrees to a shorter session, but as they get underway, she soon notices a change in Sarah, who is more energetic than usual, and keen to discuss her improvement. Not wanting to curtail Sarah's enthusiasm, Ffion allows the session to run for 50 minutes.

They continue in this vein, beginning the session whenever Sarah arrives, regardless of their scheduled appointment.

After a few months Ffion receives notification her therapy room will now be shared with another practitioner, working the same days as Ffion. A booking system has been devised. Her colleague soon builds up a caseload, and they find sharing the room to be workable.

However, the change means Ffion cannot be flexible with her session times any more. This is mostly uneventful, but on occasion she is forced to leave Sarah in the waiting room until their scheduled session, or to shorten a session if Sarah arrives late. Thinking of this as 'background admin', she does not discuss it with Sarah. Gradually Sarah attends later and more irregularly, citing her anxiety as the reason, which Ffion quite understands. Eventually she leaves a message with reception to say she will not be returning. When Sarah completes the surgery's evaluation form, Ffion is alarmed to see she has written that she enjoyed the sessions at first, but then it felt like the therapist wasn't bothered about her anymore.

### Questions for reflection

What impact did starting early/finishing late have on the therapy? What impact did it have on the client? And what about the therapist?

How might Ffion have approached the situation differently?

How might that have changed the impact on the therapy, client and practitioner?

Do you take issues like this to supervision?

And what would it be like if your supervisor changed the terms of your sessions without discussion?

### Observations on practice

First, let's think about why Ffion began her first session with Sarah early. In offering Sarah respite from a situation she knew to be a trigger, Ffion could be said to be offering care, empathy and beneficence (see *Ethical Framework, Principles and Qualities*). However, Ffion makes the same decision again the following week, but for different reasons. While Sarah may have benefited from the early start, how much of the choice was down to Ffion's boredom? (See *Ethical Framework, Good Practice, point 33*.) Boundaries hold space for psychological trust within the therapeutic relationship and building this trust is at the heart of the commitment we make to work ethically (see *Ethical Framework: Principles; Qualities; Good Practice, points 7, 8 and 12*). And what of the notes Ffion abandoned for Sarah's first session? How might that fit with the Principle of justice, or Commitment 2e?

Both with beginning early and ending late, Ffion is failing to model the boundaries she is setting (Knox and Cooper, 2015). This lack of sincerity and fairness means there is no opportunity to review how the work is undertaken, check its impact on Sarah and ensure Ffion is working in an open and accountable manner (*Ethical Framework*; Commitment 3c; Principles; Qualities; and Good Practice, points 6, 32, 44, 52).

By not discussing the alteration of the time boundaries (Knox and Cooper, 2015), and lacking the care and wisdom to realise the impact on Sarah when they subsequently become rigid (see *Ethical Framework*: Principles, and Qualities) Ffion causes a breach of the therapeutic relationship. Had Ffion's reviews with Sarah included explicit discussion around the time boundaries, the integrity of their relationship might have been ensured (see *Ethical Framework*: Values).

Another boundary issue to consider with Ffion is that of self-care. She typically leaves gaps between sessions to support this. How will altering her start and finish times with Sarah impact this?

In turn, how will that impact on her wellbeing, and consequently on the quality of her work? As practitioners, our fundamental values include protecting the safety of clients, and our principles include non-maleficence and self-respect.

How does Ffion's decision sit within that? (See *Ethical Framework*: Values; Principles; and Good Practice, point 91, also Good Practice in Action 088 *Self-care for the counselling professions*.)

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## 2.4 Vignette four – Pablo and Tim

Pablo has worked in private practice since qualifying two years ago. Business is slow but steady.

Pablo has been working with Tim, mainly discussing Tim's difficulties in forming and maintaining relationships. Tim gets on well with his family, often helping out in the coffee shop his father runs.

On their third session, a wet and dreary day, Tim arrives with a takeaway cup of fresh coffee from his father's shop. Without thinking, Pablo comments on how good it smells. Tim laughingly says he'll bring one for Pablo next time. Unsure if Tim is joking, Pablo smiles, waiting for Tim to settle into the session.

Next week, Tim arrives with two cups of coffee, offering one to Pablo. Pablo, caught off guard, automatically takes the cup. Unsure yet how to politely refuse the gesture without Tim feeling his efforts are rejected (a common theme), Pablo remains quiet while Tim settles in. However, Tim launches straight into the week's frustrations, and Pablo decides not to interrupt just now. As the session continues, and with his early start catching up with him, unthinkingly Pablo begins to drink the coffee. By the time the session ends the coffee is finished. Pablo decides it would be hypocritical to tackle the topic now. Assuring himself it was a probably one-off, he says goodbye to Tim without comment.

The following session Tim again brings two coffees. Pablo makes a vague comment about not being able to take it. Tim looks confused. 'But you drank it last week? It's no big deal, really, I just grab them from the shop on my way over. I don't even have to pay!'

Pablo is torn, feeling he probably shouldn't take the coffee but unsure how to explain this to Tim. He is also concerned refusing it may damage their relationship. He decides to accept the coffee. They are due to have a gap between sessions; hopefully Tim will forget about it.

But each session, Tim brings Pablo coffee. Pablo, feeling the moment to refuse has passed, accepts them.

The work continues well, and they agree to end on their 10th session. Pablo and Tim review the work done. Tim plans to put his goals into practice. 'I'll tell you about it next time we meet for coffee!' Tim laughs. Pablo queries this, reminding him this is their final session. 'Of therapy, but we can still have a coffee now and then, can't we?' Pablo explains this is a professional relationship, and he cannot see Tim outside this. Tim is visibly upset. 'It's just coffee and a chat, it's what we've been doing for the last few months, how is it any different? Or did you just want to take my money and my coffee without actually caring about me!'. Pablo's stomach begins to sink.

### **Questions for reflection**

Pablo felt he could not refuse Tim's offer of coffee. What would you have done?

What is your policy on receiving gifts? And how might you sensitively refuse a gift? Is it still a gift if it has no monetary value?

Have you experienced any other situations within the therapeutic relationship which seemed small but grew to be significant? When is the right time to address something which could be 'nothing'?

How could Tim reframe the ending of the sessions for Pablo so he can understand the purpose of therapy?

## Observations on practice

When Tim first offers coffee, Pablo feels uncomfortable, perhaps due to his commitment to respecting the boundaries of the work (see *Ethical Framework, Commitment, 4c*).

However, accepting the coffee once did not need to mean a permanent blurring of boundaries. Could he have gently interrupted Tim's initial flow to attend to the here-and-now of their relationship? Or failing that, he could perhaps have sought an appropriate break to speak.

He could even have set time aside at the end to address the issue and implications with Tim; displaying candour and allowing Tim to be a full participant in any future exchanges (*Ethical Framework: Commitment 3c; Principles; Qualities; Good Practice, point 52. See also GPiAs 073 and 113 Accountability and candour within the counselling professions*).

In fact, Pablo fails to address the issue at all with Tim. His awkwardness at risking Tim feeling rejection meant he failed to display courage as well as breaking the ethical principle of being trustworthy (*Ethical Framework, Principles and Qualities*). Even the fact that he drank the coffee initially might have been addressed by acting with integrity, being openly accountable for his actions (see *Ethical Framework: Values 7, Good Practice, points 6, 43, 52a and 52b*).

Pablo should also be considering self-care as part of his practice; how else might his 'early start' be impacting his practice? (see *Ethical Framework: Principles and Good Practice, point 91, and Good Practice in Action 088 Self-care for the counselling professions*).

Ultimately, Pablo's actions impacted on Tim, breaching the principle of non-maleficence (See *Ethical Framework, Principles*). What is more, by failing to make his policy on gifts clear from the outset (see *Good Practice in Action 110 Fact Sheet: Boundaries within the counselling professions, Ethical Framework: Commitments 3c, 4c*) and failing to discuss his concerns with Tim, Pablo could also be seen to be breaching Commitment to Client 6b (see *Ethical Framework*), and he denies Tim the opportunity to work through in sessions what the act of bringing coffee (and Pablo's refusal) might mean for him (see *Ethical Framework: Commitment 6d; and Good Practice, point 44*). As commented on by Knox and Cooper (2015), boundary violations by clients can provide links with other boundary issues in everyday life; a potentially rich line of enquiry and understanding that Tim was denied.



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## Summary

In all our vignettes, we see the impact of boundary breaches, and though the cases are different, they raise similar questions.

What was agreed about boundaries at the beginning of the therapeutic relationship? Many misunderstandings can be dealt with if clients have a good idea of what to expect from the practitioner and if any problems are addressed as soon as they arise.

Has any subsequent boundary 'flexing' been approached in a reflective, intentional way and agreed with the client, or has it simply 'happened', possibly as a result of practitioner fear, misjudgment or lack of experience? How might the impact be different for both client and practitioner when the amendment is intentional rather than unacknowledged? What is the role of supervision for our practitioners? Our commitment to the *Ethical Framework for the Counselling Professions* means we agree to take responsibility for our decisions, and to be open and honest about the challenges we face (see *Ethical Framework: Good Practice*, points 14, 72, 94).

We have a responsibility to bring to supervision anything which may conflict with a client's interests (*Good Practice*, point 8) and to use appropriate resources such as the *Ethical Framework* when resolving dilemmas or unexpected issues (*Ethics*, point 13). In addition, the role of supervision in terms of self-care can't be underestimated (see GPiA 088 *Self-care for the counselling professions*).

What of the value of fairness? Did our four practitioners take time to consider whether this boundary breach would have seemed reasonable with another client? And if it would not have, what was the difference? This self-reflection (*Ethical Framework*, Principles) allows us to monitor our fitness to practise, ensuring we act with honesty and integrity (*Good Practice in Action 078 Fitness to practise in the counselling professions*). When a boundary is broken or compromised, the consequences can be many, and reparation work is an important part of the process.

It is also important to reflect on what may be the reason for the boundary breach in the first place. Intention, reflection and collaboration may be key in ensuring boundaries (and amendments to them) are therapeutically effective.

There can undoubtedly be a case made at times for boundaries to be compromised – for example, during the Covid-19 pandemic the counselling profession found itself having to approach countless boundary issues such as shorter sessions, abrupt endings or long gaps between pieces of work, as well as background noise (and the backgrounds themselves!) for both counsellors and clients in video sessions, and clients who undertook phone sessions in spaces outside of their home such as a park or in their car, or who needed to remain 'on call' for small children during the session.



While these adjustments were unprecedented in their volume and speed, what we have learned from the pandemic is our work and relationships can survive these dramatic changes if we remain reflective, intentional and committed to the values and good practice laid out in the *Ethical Framework for the Counselling Professions*.

Supervision, reflection on practice and ongoing professional development will ensure that practitioners are able to practise to the highest standard providing their clients with the best possible care.

Boundaries form part of the complex collection of legal, ethical, theoretical, organisational and personal decisions which make up our therapeutic work.

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## About the author

Eleanor Warman (BA, MA) is a BACP Registered counsellor and supervisor, working in private practice. She also works in a hospice bereavement service as counsellor, supervisor and trainer.

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## Acknowledgements

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