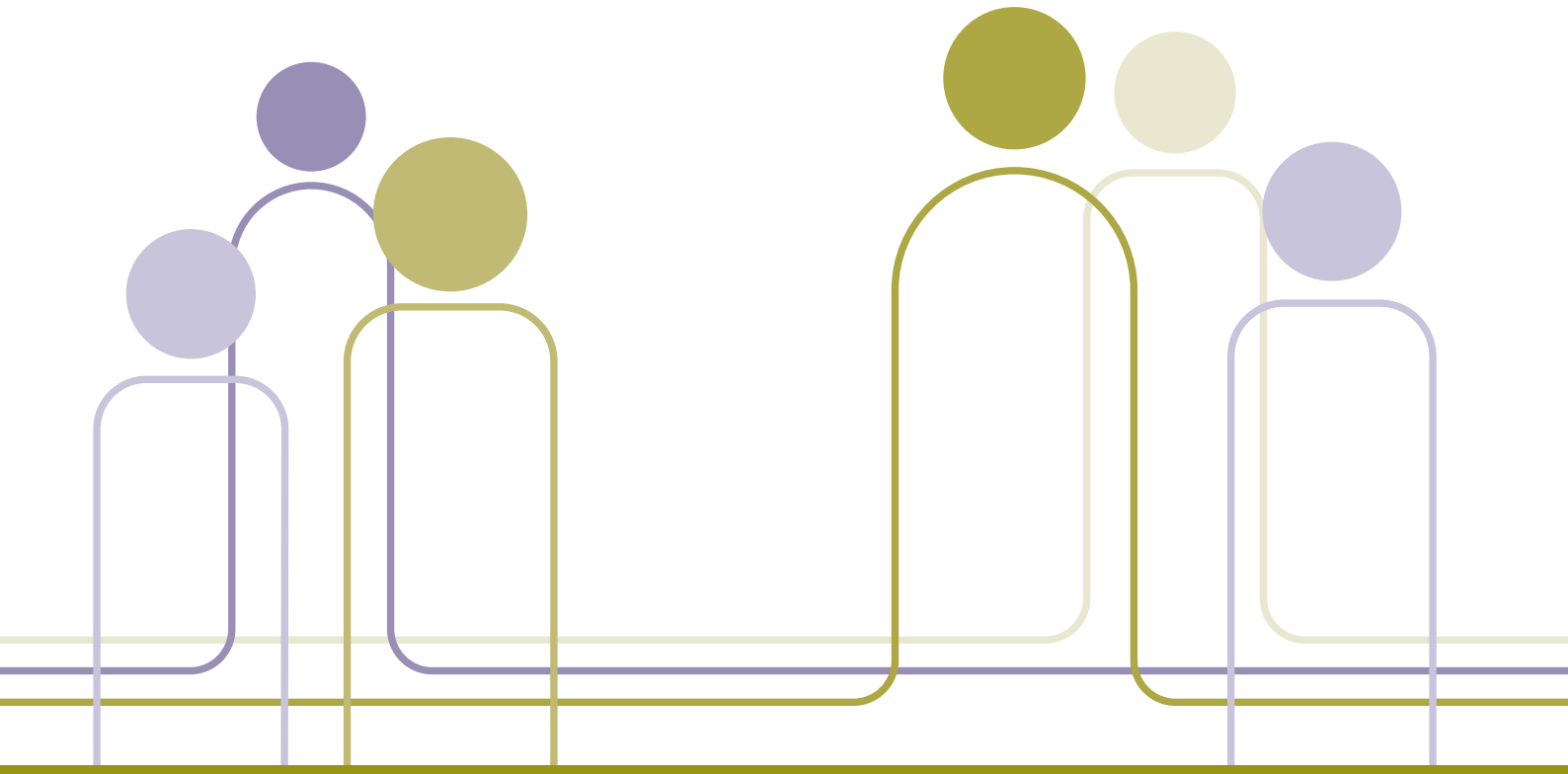
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Boundary issues within the counselling professions



Fact sheet

Ethics in Practice

Ethics in Practice 004
Fact Sheet

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Contents

Context 5

Using Fact Sheet resources 5

1 Introduction 6

2 Contracting and agreeing boundaries 7

3 Boundary issues to be considered 8

3.1 Confidentiality 8

3.2 Record and note keeping 8

3.3 Dual relationships 9

3.4 Respecting personal boundaries 10

3.5 Online working 11

3.6 The use of social media, digital accounts and communications 11

3.7 The use of artificial intelligence (AI) 12

3.8 Location, time, and number of sessions 12

3.9 Out of session contact 13

3.10 Fees and gifts 13

3.11 Self-disclosure 14

4 Diversity, equity, inclusion and belonging (DEIB) 14

5 When boundaries are broken 15

6 Application to practice 16

6.1 Case study 1: Marilyn, Lisa and Jane 16

6.1.1 What's my view? 17

6.1.2 How does this apply to my practice? 18

6.1.3 Further reflections 18

6.2 Case study 2: Pablo and Tim 18

6.2.1 What's my view? 20

6.2.2 How does this apply to my practice? 20

6.2.3 Further reflections 20

Summary 21

About the author 22

Acknowledgements 22

References and resources 22

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.

Using Fact Sheet 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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References in this resource were up to date at the time of writing but there may be changes to the law, government departments, government policies and guidance, websites and web addresses.

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.

1 Introduction

Boundaries in a therapeutic relationship provide a safe container for the relationship. They are an essential part of offering a safe space where we can build a trusting, respectful relationship with the client.

When we talk about boundaries within the counselling professions we are referring to agreed limits set and managed by us to provide a safe environment in which the therapeutic work can take place ethically and effectively. This provides a framework for practice which encourages the development of a trusting relationship so that we, as practitioners and those we work with, can collaborate within those boundaries. Working relationally (*Ethical Framework*, 2026) these boundaries should be agreed from the outset and be monitored and reviewed throughout the therapeutic relationship.

When considering boundary issues, much depends on the unique context and circumstances of those involved. Wherever possible, as practitioners, we should work collaboratively within the therapeutic relationship to promote fairness, equality, and justice remembering the principles and core responsibilities that we commit to in the *Ethical Framework* and that are embedded in our working relationships. We must be able to provide a rationale for the decisions we make and the principles agreed when establishing initial boundaries (EF).

For further information about ethical decision-making see later in this resource and other resources on the BACP website.

The Therapeutic Frame and working relationally

The concept of the 'therapeutic frame' was first used by psychoanalyst Marion Milner (1952) when she adopted the metaphor of a picture contained in its frame to describe the concept of a therapeutic meeting contained by explicit boundaries. This containment is a defining feature in the difference between therapeutic and other relationships.

Winnicott (1971) also held a firm belief in the importance of a safe and containing environment, both physical and psychological, in the development of the infant.

These ideas were taken up by Robert Langs who wrote extensively about the importance, both practically and psychologically, consciously and unconsciously, of the containment, trust, and safety that such a framework offers (Langs, 1976, 1982).

More recently, Ave Kotze (2023) reminds us that, as practitioners, we need to create a therapeutic space that respects the needs of both participants. BACP's *Ethical Framework*, (EF, 2026), stresses the importance of working *within* relationships in accordance with ethical principles and core responsibilities (EF, 2026) and commits us to working collaboratively with our clients and others using our services to decide on actions that promote fairness, equality and justice (EF, 2026). Setting and maintaining appropriate boundaries are an integral part of this.

2 Contracting and agreeing boundaries

For information about the content and process relating to contracts, please see further resources on the BACP website.

Working collaboratively and ethically within relationships means that, as practitioners, we should consider internal factors such as identity characteristics, the nature and context of the work, and the contract agreed together, as well as external factors such as organisational requirements and other people involved (EF). Working collaboratively also involves the ethical principles (Ethical Principles, p10).

In building appropriate relationships and treating people with respect, (Core Responsibilities, 1.1.f) we need to: '*avoid making assumptions about people, recognising diversity and individual choice*' which will underpin our collaboration when exploring and agreeing boundary issues that form part of our initial contract. We also need to be aware of differential power dynamics at all times (EF); how power and control are reflected and played out in the relationship.

Boundaries are specifically identified as a core responsibility (Core Responsibility 1.3) stating that we must: '*Establish and maintain appropriate professional and personal boundaries*' and identifying the following specific areas:

a. avoid any dual or multiple relationships that could cause harm.

b. respect people's personal boundaries.

c. not have sexual relationships with, or behave sexually towards clients, supervisees, trainees or research participants.

d. ensure there is a clear boundary between our personal and professional social media, digital accounts and... public communications....

e. not act in a way which has the potential to bring the profession into disrepute.

3 Boundary issues to be considered

3.1 Confidentiality

The ethical principle of *confidentiality* (EF) cannot be over-emphasised. Michael Khan (1997, p3) states: '*The slightest breach of confidentiality can be magnified by the client into a major betrayal*'.

As practitioners, it is important that we ensure that those we work with understand the limits of confidentiality and the circumstances when it may need to be broken, for example when there is danger to self or others, or to meet specified organisational or legal requirements (Core Responsibility 3.3).

We therefore need to: '*Maintain the privacy of all information … only disclosing it with the service user's consent, or when required or permitted by law, or as set out within the Core responsibilities.*' (Ethical principles, EF). When breaking confidentiality we should, whenever possible, involve those we work with in our decision-making or when taking action (EF).

3.2 Record and note keeping

Boundaries in connection with the limitations of confidentiality also relate to ensuring that those we work with understand that these include the notes and records that we keep about our work together, and will involve all the ethical principles stated above.

Bond and Mitchels (2015) explain that any paper-based or electronic document is considered part of our records. This also includes text messages, emails, letters, or recordings as well as any creative material which has formed part of the work, and our own process or supervision notes.

We should also be aware of the potential risks to confidentiality in relation to the use of AI, and to data handling and storage as stated in the core responsibilities and ensure that these are explained to those we work with (Core Responsibility 2.1; 2.2). You can find out more about data protection from the Information Commissioner's Office (ICO) www.ico.org.uk.

Information about requests for records from external bodies such as employers, the police or for legal purposes can be found in Reeves and Bond, *Standards and Ethics for Counselling in Action* (2021, 5th edition, Chapter 15).

For more information look at:

EiP 002 *Records and record keeping within the counselling professions* and 002.1 *Confidentiality and record keeping within the counselling professions*, as well as other resources on the BACP Ethics Hub including legal resources 014 *Managing confidentiality* and 069 *Sharing records with clients, legal professionals and the courts*.

3.3 Dual relationships

When a practitioner and someone they work with are involved in another relationship beyond their professional contract, this is referred to as a 'dual relationship'. Examples include:

- A family member/friend connection
- Same faith community, hobby, club, choir
- Neighbours
- Business colleagues
- Line management or other responsibilities
- Online interaction, for example social media.

Avoiding multiple relationships can be particularly difficult within small communities, in settings where practitioners may have multiple roles or have a specialist background or skills. If this situation arises, discussion in supervision and working within the relationship (EF) can help to ensure that ethical and responsible decisions are made that minimise risk for both those involved. In relation to dual relationships, the EF suggests that they should be avoided (Core Responsibility 1.3.a).

The reason for the dual relationship should be considered, for example does it meet an emotional need of the practitioner, is financial gain involved, is there an absence of services or familiarity with a specialist subject in the area? The ethical principles of *do no harm, best interest, respect*, and *trust* should be considered.

Sometimes the nature of a dual relationship may not be apparent at the beginning of the work which, when it emerges, raises difficulties in balancing different and potentially conflicting ethical principles. For example, raising awareness of the issue of the dual relationship may undermine the principles of *confidentiality* and *do no harm* but not disclosing information could be inconsistent with the principles of *transparency, trust, respect*, and *collaboration* (Ethical Principles).

It will sometimes be apparent that the dual relationship identified means that we should not take on the work and a referral to someone else should be made. In such cases it may be wise for the potential service user to make their own enquiries. Any action other than suggesting appropriate *Find a Therapist* resources on our part might influence a future therapeutic relationship.

When a dual relationship happens, we should discuss it with the person we are working with, consult our supervisor or trusted colleagues, be honest with ourselves and review the situation regularly in the therapy.

3.4 Respecting personal boundaries

The EF addresses the subject of working 'within' the relationship rather than just working 'with' it. This approach recognises the difference between practitioners being considered as 'normative' and those they work with as 'different', whereas working 'within' the relationship involves acknowledging the presence of two individuals whose identities are made up of many intersecting aspects of self (Myira Khan, 2023). We also need to consider all the ethical principles.

The relationship between us as practitioners and those we work with may be one of great significance and sometimes even deep attraction, but the EF is clear that sexual relationships or sexual behaviour towards those we work with are always unethical (Core Responsibility 1.3.c).

Physical boundaries also include touch. For many practitioners, any form of touch would be crossing an unacceptable boundary.

If, however, touch is part of the therapeutic model used by the practitioner, it is important that permission is obtained and that the therapeutic purpose and meaning of the practice are explained, discussed with, and consented to by the client.

It is our professional and personal responsibility to maintain a clear boundary that ensures there is no suggestion of any sexual or sexualised activity or behaviour between us and our service users.

3.5 Online working

When working online, we may be limited in what extra services we are able to access in the event of an emergency, and therefore need to establish clear boundaries at the outset about what we can offer. This may become particularly relevant if the work involves drawing up an individual safety plan. (Core Responsibility 2.1).

We also need to establish and maintain boundaries about who will be responsible for initiating the call/session, and agree a contingency plan in case of technology failure. We also need to ensure that we are using secure digital tools and platforms, and that we work in partnership with others to establish private and safe physical boundaries for us both (Core Responsibilities 1.3 and 2.1).

The potential for recording online sessions should be discussed to ensure that this only occurs with the explicit agreement of both client and practitioner.

We need to think about the impact that our professional and personal online presence might have on the therapeutic relationship, and act in a way that maintains boundaries, protecting integrity and promoting trust (EF).

3.6 The use of social media, digital accounts and communications

Another boundary issue in respect of digital working, which we need to establish from the outset, is limiting communication between us to the agreed therapeutic frame and not via social media.

(BACP *Online and Phone Therapy Competence Framework*, 2021, p11). If those we work with have our mobile numbers, the possibility of using text or WhatsApp may also need to be discussed and agreement reached.

It is not good practice to follow or search for details of those we work with online, to accept 'friend' requests from them on personal social media accounts, and to post anything about them online without their informed consent. They will need to be given information about exactly what will be shared, and the possible consequences for them.

However, service users will often search for information about their therapists online; it is important therefore to think carefully before posting information into public forums. We need to ensure there is a clear boundary between our personal and professional social media, digital accounts, and communications so that personal details about us are not widely available (Core Responsibility 1.3.d).

The EF (Core Responsibility 2.1) identifies competences and ethical principles regarding the use of social media and digital accounts that practitioners must be able to demonstrate to maintain safety for both them and their clients.

3.7 The use of artificial intelligence (AI)

The use of AI is becoming more common, and we may wish to establish a boundary by being transparent about our use of it, for example, when writing notes or process records.

Equally we can ask those we work with to tell us if they are accessing AI for support during therapy. Understanding the purpose of their AI enquiry may help us to help them, and we can also ensure that they are aware of the possible limitations involved (Core Responsibility 2.1).

As AI continues to develop, as practitioners we need to ensure that we are sufficiently competent in its practice and uses (*Deliver services to high professional standards*, Core Responsibility 4.1). Further resources on AI can be found on the BACP website.

3.8 Location, time, and number of sessions

To avoid confusion later, we need to be clear about expectations relating to location, time and number of sessions, giving those we work with the opportunity to ask questions and raise queries depending on their individual circumstances.

We may be working to quite firm protocols with little flexibility regarding time and number of sessions, or we may be able to take a more collaborative approach and, in accordance with our core responsibility to '*make reasonable adjustments and ensure fair and impartial provision of services*' (Core Responsibility 1.1) we may be able to meet specific requirements that arise.

We should explain how the service user will be able to access the location, what facilities may be available in terms of waiting rooms and toilets, how long and how frequent the sessions will be and what will happen if they are late. Expectations for either of us about giving notice of taking leave should also be clarified. Even at the beginning people we work with may be anxious about the ending and will find it helpful if this is addressed at the outset by giving some idea about what the process of working towards an ending will be like (Core Responsibility 4.5).

Location in the widest sense includes the question of whether to work with people who are living overseas. The first thing to consider is whether the work would be covered by your insurance, but there are other factors that are relevant to all online working (see 3.4). All the ethical principles listed in the EF are relevant in these cases as well as taking the question to supervision.

3.9 Out of session contact

Out-of-session contact can range from an email giving notice that someone is unwell to a stream of texts occurring at regular intervals over several days, or it may refer to a chance meeting in the local supermarket. It is therefore important that expectations are clarified and agreed at the outset. If later such an issue arises, it is easier for practitioners to refer to the initial agreement without evoking relational power imbalances (Ethical Principles).

3.10 Fees and gifts

It is likely that people may already have asked about the cost of the service before making an appointment, but nevertheless practitioners need to state or confirm the charge quite clearly. Some practitioners or agencies may offer a sliding scale or reduced rates and, if this is the case, it needs to be both *transparent* and *fair* (Ethical Principles) so that those we work with are in no doubt about their financial commitment.

We also need to be clear about what methods of payment are acceptable, when and how payments should be made, and agreement should be reached about any invoices or receipts that may be needed. In the interests of clarity and to avoid confusion later, we should be transparent about what we expect in the case of missed appointments or when the person is not able to pay (Core Responsibility 3.4).

The subject of receiving gifts may seem unlikely to arise during an initial meeting, but practitioners may wish to make it clear that it is their policy not to accept them from people with whom they work. This decision may be influenced by the model of therapy being offered. However, some may hold the view that, as a recognition of a significant relationship, it seems churlish to refuse an occasional small gift or at the end of the therapy.

Raising this can be tricky, as making such a statement could indicate an expectation of being offered gifts, but with transparency, and reference to professional expectations or protocols, it can be introduced as part of a general discussion of boundary issues and can also be included in the contract.

3.11 Self-disclosure

Self-disclosure has been described as '*therapist statements that reveal something personal about the therapist*' (Hill & Knox, 2002, p255) and may be verbal or non-verbal, deliberate or unintentional, conscious or unconscious. Danzer's research (2018) indicates that self-disclosure can help to establish openness, sensitivity, and a more equal, humanised relationship, but opinions vary and there are clear arguments against the practice.

As practitioners, we should assume that anything we have posted online may be read by potential, current or ex-clients. We need to be mindful of the potential for power imbalance within our relationships particularly in relation to issues of intersectionality, and the possible consequences of self-disclosure, particularly for vulnerable people.

We need to recognise the potential impact self-disclosure may have on the therapeutic relationship and particularly to ensure '*relational power imbalances do not create or lead to marginalisation or minoritisation*' (Ethical Principles).

4 Diversity, equity, inclusion and belonging (DEIB)

People with any of the protected characteristics are protected not only as employees, but also as service users. These characteristics are:

- Sex and gender
- Gender reassignment
- Sexual orientation
- Disability
- Race
- Religion and belief
- Age
- Marriage and civil partnership
- Pregnancy and maternity.

With reference to the Equality Act, the EF states that we must deliver services to high professional standards and treat people fairly (Core Responsibility 4.4).

The EF also emphasises the centrality of working collaboratively *within* rather than with the relationship, a concept that is embodied in the work on intersectionality by Myira Khan (2023) which is relevant in the counselling professions. It also resonates with the concept of *intersubjectivity* central to Michael Khan's *Between Therapist and Client* (1997).

Intersectionality offers a paradigm that addresses the multiple dimensions of identity and social systems as they intersect with one another, and emphasises the principle of an anti-oppressive rather than inclusive approach.

Khan explains: '*Being inclusive means to include those who are oppressed but still maintain your power by positioning yourself as normative...*' (Khan, 2023, p29), thus maintaining an 'othering' position in the relationship.

5 When boundaries are broken

In accordance with the EF, we need to *work collaboratively to resolve ethical dilemmas or challenges* (Core Responsibilities 1.4, 2.2). Immediate actions might include:

- Consulting your supervisor
- Informing the person of anything that places them at risk or causes them harm (whether or not they are aware of what has occurred)
- Taking immediate action to prevent or limit any harm.

Section A of the *Ethical Framework* provides us with a rationale for our ethical decision-making (EF Section A) with six steps to consider:

- Identifying the issue
- What steps if any can or should be taken to engage anyone impacted?
- What are the internal factors within the relationship to consider?
- What are the external factors outside the relationship to consider?
- Recording the decisions and actions taken
- Reviewing the process.

6 Application to practice

The following section is aimed at translating the theory covered in this resource into practice with short case studies. It also gives you the opportunity to think about your own therapeutic practice by offering questions for you to reflect on.

6.1 Case study 1: Marilyn, Lisa and Jane

This case study looks at issues of:

- Dual relationships
- Confidentiality
- Data protection
- Impact of work on practitioners/self-care
- The role of supervision
- Justifying decisions taken.

Marilyn is a counsellor who works for an agency and in private practice. The agency has clear protocols around boundary issues which Marilyn sometimes thinks are a bit rigid, for example clients and counsellors only know each other by their first names, and all communication must go through the agency. She recognises that, in her private work, she is sometimes tempted to take a slightly more flexible approach.

Five years ago Marilyn worked with an agency client, Lisa, married and a mother of two teenage daughters, who presented with depression and anxiety exacerbated by complex family relationships, resulting in her intentional estrangement from her parents, which she felt was the only way she could find her own voice and maintain an independent life.

This deliberate action caused even more unpleasantness and disputes between family members, which she was finding extremely painful. During the initial stages of the counselling her distress and anxiety increased rather than decreased, and she was concerned about the impact it was all having on her daughters. As a result of this deterioration Marilyn had felt very de-skilled and had regularly taken the work to supervision, questioning her competence to work with Lisa.

However, over time Lisa had been able to understand the family dynamics and her own responses and had re-established limited contact with her parents whilst maintaining clear boundaries. After 18 months the counselling came to an end, Lisa expressing her appreciation for the work that she and Marilyn had done together.

Six years later Marilyn is approached in her private practice by a new client, Jane, a young woman in her early 20s, experiencing periods of depression and anxiety. When asked about her support networks, Jane mentions that her mother is very anxious and would worry if she knew Jane was having counselling.

Some of the details of her family have a familiar ring to Marilyn and, when writing up her notes, she begins to recognise that the dynamics sound similar to the circumstances of her previous client, Lisa.

Marilyn is aware that she is becoming anxious about what she should do in these circumstances, and uncertain whether to continue to work with Jane in the light of this possible dual relationship.

6.1.1 What's my view?

Marilyn finds herself facing several dilemmas:

- Should she check with Jane to clarify whether her mother was once Marilyn's client and if so, how would she do this? This would break her confidentiality contract with Lisa. Would this be consistent with EF Ethical principles, particularly Confidentiality, Transparency and Best interest?

- Could continuing the counselling with Jane without saying anything be justified in these circumstances (Core Responsibility 1.3)?

- If Marilyn decides to continue, how confident is she that she can bracket off information about the family that she has gleaned in the past and from another source (Core Responsibility 2.1)?

- Jane is presenting with depression and, if it were to emerge that she was contemplating self-harm, might other members of her family, for example her mother, be drawn in as part of her support group (Core Responsibility 2.4)?

- Should she ask the agency for Lisa's surname, which might confirm whether Lisa and Jane are related? Under GDPR requirements, will the agency still have the records (Core Responsibility 3.2)?

- Whatever she decides, would she be able to justify her actions? (EF).

6.1.2 How does this apply to my practice?

- Have I experienced dual relationships either at the contracting stage of the work or later? If so, what did I do, how did it work out, and what did I learn from it (Core Responsibility 1.2)?
- Is there anything I can do to minimise the risk of this happening (EF)?
- Do I recognise when I become anxious as a result of my client work and what steps do I take to support myself (Core Responsibility 2.1)?

6.1.3 Further reflections

- The EF states '... the nature of counselling ... is often uncertain, unpredictable, and challenging ... there is often not a "right" or "wrong" answer'. How might the rationale for ethical decision-making (EF) help in this situation?
- How long should notes and records be kept in order to be GDPR compliant (Core Responsibility 3.2)?

6.2 Case study 2: Pablo and Tim

This case study looks at issues of:

- Clear contracting
- Accepting gifts
- Addressing misunderstandings and their impact on the counselling
- Relationships outside the counselling room
- The use of supervision.

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 probably a 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.

6.2.1 What's my view?

- Did Pablo make a mistake in accepting the first offer of free coffee? If so, how might he have responded when Tim offered it to him?
- Having accepted the coffee the first time, how might Pablo have responded to subsequent offers?
- Might Pablo have acted differently if Tim had paid for the coffee?
- What impact might Pablo's discomfort at the situation that developed have had for them both on the process of the counselling?
- Might the ending that occurred have undermined the benefit of the counselling for Tim?
- What points might have been explored if Pablo had taken this situation to supervision?
- How could Tim reframe the ending of the sessions for Pablo so that he can understand the purpose of therapy?
- Is friendship with a previous client ever ethical?

6.2.2 How does this apply to my practice?

- Have I experienced anything similar in my practice and, if so, how did I deal with it and what was the outcome?
- What is my policy in relation to accepting gifts? Do I consider a cup of coffee to be 'a gift'? Does cost affect my attitude to gifts?

6.2.3 Further reflections

- When Tim first offers coffee, Pablo feels uncomfortable, perhaps due to his commitment to respecting the boundaries of the work (Core Responsibility 1.3).
- The EF (p6) states ... *there is often not a 'right' or 'wrong' answer.* Pablo could have addressed the situation *within the relationship* by being transparent about the difficulty he found himself facing, demonstrating Ethical Principles of transparency, respect, collaboration and integrity.
- The core responsibilities emphasise that the fundamental principles of good practice include the requirement to build appropriate relationships through working in partnership about how we work together and ensure that all communications are respectful and accurate (Core Responsibilities).

Summary

In working within the relationship in connection with boundary issues, practitioners need to maintain psychological and physical health and wellbeing, their own and that of those they work with (Core Responsibility 2.3).

Depending on the context, as practitioners we should discuss and agree many or all the above topics at the initial meeting to meet the requirements embodied in the *Ethical Framework*. In making decisions, there is often not a 'right' or 'wrong' solution, but our intention must be to ensure fairness, equality and justice and take account of the ethical principles (EF, p10). In all our decisions and actions, we must also be able to explain our ethical rationale (EF).

Boundaries need to be firm enough to provide safety but flexible enough to ensure collaboration and inclusion. As practitioners, we must ensure that we contract carefully, setting clear boundaries so that there is no confusion at any point.

At all times we must consider issues of anti-oppression and intersectionality.

If a boundary is crossed or difficulties arise, we should discuss this in supervision, and address it as soon as possible to avoid causing difficulties in the therapeutic relationship, always working collaboratively within the relationship (EF).

About the author

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Acknowledgements

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