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Exploring the Edges: Boundaries and Breaks

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In this article, we examine conceptual and practical issues pertaining to relationship boundaries within the helping profession. Although our focus is primarily on relationships between mental health professionals and clients, there are considerable implications for a new approach to ethically structuring and understanding the construct of "required distance" in many human-interactive professions, such as teaching, religious leadership, public administration, and others.

We define the concept of boundary as applied to human relationships, provide examples of boundary breaks, and raise questions regarding how to evaluate the significance and morality issues raised by specific boundary breaks. Questions and dilemmas are presented regarding boundary setting and accidental or deliberate boundary breaking. Representative dangers present in boundary breaks are identified, and examples are provided. Possible beneficial outcomes are also discussed. Finally, a suggested protocol for assessing a proposed boundary break is provided, much of which is drawn from the work and thinking of Laura Brown, applied more generally in this article, with additions from our perspectives.

Key words: ethical violations, boundaries, dual-role relationships

The term *boundary* has become common within the lexicon of mental health and other professional helpers (Brown, 1994a; Kagle & Giebelhausen, 1994). To begin discussing boundaries and boundary breaks, an operational definition is essential—but difficult to produce. In common usage, the boundary refers to the dividing point between two separate spaces or anything indicating a limit or confine. It is where one stops and the other begins, or simply the edge, the point at which a defined entity stops.

When the word *boundary* is applied to relationships rather than physical objects, the meaning becomes more complex. Contained within a definition of relationship boundary is the distinction between the expectations and interactions that would be considered appropriate within the relationship and those that would be considered inappropriate within the relationship. The boundary becomes woven into the relationship definition.

For example, suppose I have a relationship with a plumber. She is skilled in fixing leaks and makes that skill available for a price. I have a leak and some money. I call the plumber, she comes and fixes the leak, she sends me a bill, and I pay. These interactions fall within the boundaries of a plumber–homeowner relationship. Boundary breaks might include (a) the plumber taking a bath in my bathtub, (b) the plumber offering to help my daughter with her math assignment, or (c) my offering to bake the plumber a pie instead of paying her cash.

It seems likely that all human relationships have both stated and unstated definitional boundaries, many of which change and evolve over time. What makes the professional helper or mental health profession's situation unique is that the relationship itself is a central component of the work being provided (Luborsky, 1984; Rogers, 1942). In fact, in some theoretical orientations, the correctly enacted relationship is considered to be not only necessary but sufficient for bringing about therapeutic change (Rogers, 1942). Although most theoretical orientations do not go that far in their claims regarding the relationship itself, all acknowledge the fact that without a therapeutic relationship, other aspects of counseling and psychotherapy are far less likely to be helpful (Frank & Frank, 1991; Sommers-Flanagan & Sommers-Flanagan, 1997). Therefore, when the concept of boundary in professional helping relationships is considered in the light of applied ethics, it is clear that the two are very much intertwined.

Professional ethics codes formally articulate professional relationship boundaries. As such, boundaries guide a host of potential interactions, some of which are more central to defining professional relationships, whereas other interactions are less specific, less impermeable, or less damaging to change. In professional relationships in which there is a clear power differential, there are boundaries of such clarity and precision that to violate them essentially redefines the relationship. For example, many codes of ethics have absolute rules regarding sexual intimacies between persons helping and persons being helped. There are well-documented reasons for this rule (Gabbard, 1994; Pope, Tabachnick, & Keith-Spiegel, 1987;

Schoener, 1995), which generally speak to the potential exploitive nature of the intimacy and the emotional harm suffered by the helpee.

Beyond potential damage of exploitive sexual intimacy, it must also be observed that most of us regard sexual intimacy as a primary, defining feature of a relationship. If sexual contact occurs in a helping relationship, the relationship that was previously defined as professional becomes intimate; this sexual contact supersedes or alters (most would argue, permanently) the professional relationship. The intimacy breaks the original contract. It breaks a central boundary—one that holds the power of relational definition. It seems possible that boundaries of such definitional power are those most likely to be damaging if broken in the context of a professional helping relationship. At least, they are the boundaries that, if broken, will be the most difficult to restore and will require the most care and caution in repairing.

However, the pivotal nature of the sexual taboo boundary does not imply that all boundary breaks—or boundary extensions, to coin a more neutral descriptor—are equally problematic. The challenge to the professional and, we argue, the moral obligation of the more powerful person in any relationship is to be conscious of all boundaries and willing to extend or hold firm, depending on circumstances to be discussed later in this article.

In part, the identification of a boundary extension as helpful or harmful is worked out interactively—by the professional knowing herself or himself well and knowing which boundaries matter most to her or him (Brown, 1994b), and by the helping professional working actively to assist the client to know the same and articulate the same. Boundary work is often an important component of development, self-awareness, empowerment, and self-definition, which are central to most therapy processes.

Some mental health professionals set their boundaries more firmly and extensively than existing mental health professional ethical codes. Langa (1978) wrote extensively about therapy relationships and absolute boundaries that he believes must be in place if such a relationship is to be pure and therefore achieve its full healing potential. For example, Langa excluded the possibility of third-party payments from insurance carriers because such payments require compromising or breaking confidentiality. Further, he argued that certain seating arrangements and office arrangements are the only “true” configuration allowable for authentically containing therapy relationships.

On the other hand, proponents of “the fourth force” in counseling (Sue, Arrendo, & McDavis, 1992) argue that there are no human relationships that take the same universal form or operate with the same boundaries across cultures. All relationships are unique products of the qualities, backgrounds, beliefs, and understandings the participants bring. Mother–child relationships take many forms. Teacher–learner relationships take many forms. Healing relationships take many forms. Intimate and reproductive relationships take many forms. So, it could be

argued, each counseling relationship will be unique, establishing its own boundaries as part of the relationship-building process (Brown, 1994a).

Between these extremes there exist the ethical codes and standards of practice of mental health professionals. The codes, by their existence, take a stand that agree to some extent with Langs (1978): There are rules to be followed in the provision of counseling or psychotherapy that universally apply (Bennett, Bricklin, & VandeCreek, 1994). However, most would acknowledge that ethical codes are general guidelines that cannot possibly address every real-world situation and dilemma faced by practitioners (Ballou, 1990; Beskind, Bartels, & Brooks, 1995; Blevins-Knabe, 1992; Pope & Bajt, 1988). Further, it must also be acknowledged that there are some ethics or boundaries more commonly broken than others and some that are deliberately broken, or dismantled, with the professional who does so convinced she or he did it for the higher good of furthering client or student growth, development, or healing (Lazarus, 1994).

Certainly, the fact that a therapist believes a boundary extension is therapeutically justified or nonharmful to the client does not make it so. We present an argument for testing the advisability of a potential boundary extension that rests on the essence of the professional relationship. As a therapeutic relationship is essentially one in which the client becomes empowered to better deal with life experiences, the fundamental questions for a boundary extension are, Can this boundary extension be anticipated to further empower the client? If the boundary extension turns out to be less helpful than anticipated, can that failure be used therapeutically to further empower the client (e.g., Kottler & Blau, 1989)? Boundary extensions are justified only if these questions could be answered in the affirmative by an impartial professional observer.

GENERAL CONSIDERATIONS IN BOUNDARY BREAKS

Any alteration, extension, or relationship boundary break may temporarily or permanently change relational interactions. This is true even if the break is inadvertent. The customary flow of response and responsibility might change, depending on the type of break. The accepted and predefined power differentials might change, and amounts of information (always a source of power) possessed by participants often change as well. This does not mean the change cannot be accommodated, and it does not mean the break is automatically damaging to the professional relationship. However, the wise therapist should evaluate, rather than underestimate or ignore, the impact of a break.

Example 1. Both therapist and client are invited to a large dinner party. Neither is aware the other has been invited. The host unwittingly seats them in the same vicinity. The therapist is there with a date who behaves rather brashly. The client now knows something of the therapist's private life and relationship choices. Both are aware of each other in another sphere of life.

Example 2. A client who has been looking for work for months finally lands a job with a cleaning service that her therapist employs. The client is assigned, purely by chance, to clean her therapist's home. She now knows about the sick, old, faithful dog. She now knows what the inside of the therapist's refrigerator looks like. She even has a few tips for her therapist regarding laundry practices, and she wants to know all about the family members in the pictures on the mantle.

Examples such as these are easy for most therapists to offer because such things happen on occasion to almost everyone. Therapists vary in their beliefs as to how far they should go to protect their clients and themselves from these types of breaks. Changing churches, social groups, or cleaning companies or turning down social invitations might seem extreme to one therapist and a matter of course to another. However, most would agree that it is a matter worthy of attention and that if all things are equal, a therapist is well advised to make choices that limit such boundary breaks.

A second serious consideration in a boundary break is the precedent that it sets regarding future behavior. Similar to the slippery slope concept, once a boundary has been broken, both parties are left to wonder if others might break as well or whether the previous boundary might be restored at some future date (e.g., the next session). The break can be exhilarating. It might lead to longing by the professional or the client for more breaks, or it might cause fear or dread of more breaks. It might facilitate rationalizing other breaks different in kind. As an aside, we should note that research by Pope and others indicates that severe, damaging boundary breaks usually are preceded by smaller breaks (Pope & Bajt, 1988). In a few cases, small breaks might be an active case of "grooming," wherein the counselor grants small favors, holds longer sessions, discloses more, and so on with the deliberate intention of becoming involved sexually or financially with a client. However, more often, smaller breaks are probably innocent, common, and not of adverse impact. In the latter case, strict ethical codes may seem increasingly silly. Nothing bad happens. In fact, it feels good to be less restricted—and so, breaks may continue.

Example 3. After a session, the client has mentioned he is going by the therapist's favorite coffee spot, so the therapist decides to ask the client for a ride to pick up a cup of coffee before the next session. The therapist gets the coffee and has just enough time for a brisk walk back to the office. This works out fine. It happens a couple of times. On the third occasion, the client uses the short driving time to revisit a topic they just discussed in therapy. The therapist tries to redirect the conversation, but the client obviously still feels quite involved in the therapy topic. The client asks the therapist if it would be all right to join her in her walk back to her office so they could chat. The therapist declines, explaining that she needs that time to reflect on her next client. Inside, she feels irritated with the client for asking for extra time

without compensation. The client feels embarrassed, neglected, deprived, or jealous. Although reactions to this scenario can be worked out within the context of the therapy relationship, such work may not have been the client's original intention; the client may not feel inclined to pay for sessions necessary to discuss boundary issues generated by therapist-initiated boundary extensions.

Example 4. A therapist works closely with a young terminally ill client. After the client's death, he agrees to see the client's mother for a few sessions of grief work. The client's father invites the therapist to golf in a benefit tournament honoring his daughter to raise money for research into the daughter's disease. The therapist chooses to golf in the tournament. The father then asks the therapist to golf with him. At this point, the therapist becomes uncomfortable and politely declines. The father feels hurt and states, "Sure, you'll work with my wife on her loss as long as she pays you, but you won't golf with a sad old man."

Boundaries are curious things. They protect and constrain. They provide limits, but therein they provide freedom. Clients cannot be expected to understand or uphold professional boundaries. It is up to the therapist to do so with wisdom and compassion. Attending to boundaries is an important part of a competent professional's work; this portion of therapeutic work requires discipline, foresight, and compassion.

POSSIBLE BENEFICIAL OUTCOMES FROM BOUNDARY BREAKS

Just as therapist or counselor errors or shortcomings can be overcome or used for the client's benefit (Kottler & Blau, 1989), some boundary breaks or extensions can have beneficial effects on the therapy relationship. Ethically speaking, it is the counselor's responsibility to work diligently to make all boundary breaks, whether intended or not, become therapeutic opportunities. However, some seem more likely to be directly beneficial than others. The following are offered as examples, but obviously our list is not exhaustive.

Because boundary breaks are, by definition, not part of the status quo or part of the initially defined relationship, breaks contain the power of the unexpected.

Example 5. Some clients know the counseling relationship rules better than the counselor. In such cases, occasional boundary breaks produce an unsettled feeling in the client. Recently, a client began completely taking over responsibility for session time-keeping, perfectly orchestrating her dialogue with me (Rita Sommers-Flanagan) to end and sometimes even cheerfully an-

nouncing “Our time’s up” before I had a chance to do so. I began working with this by simply observing her behavior. We then moved to some tentative interpretations. But the most dramatic breakthrough I had with her occurred when I told her I felt what she was exploring was so important that I wanted her to keep working it through for a few extra minutes, if she had the time, thus giving her time beyond her hour. As she struggled with what the offered break meant, we were able to explore her fears regarding losing control in any life area.

A boundary break can demonstrate the counselor or therapist’s humanity and serve to enhance the therapeutic relationship. Some breaks or extensions in boundaries can be planned and enacted deliberately toward this end.

Example 6. One therapist we know keeps a pair of high-top basketball shoes under her desk and, when working with a certain population of young men, will offer to go shoot a few hoops with them. Their astonishment and later delight is often an important component of her work with them.

A boundary break can be used, very sparingly, to give a client an extra boost of support in a crucial time. We believe this should be enacted with utmost caution and consciousness because the dangers of abuse or overuse are obvious, and client expectations for further similar breaks can become quite high.

Example 7. A person in our consultation group was working with a 13-year-old rape victim who was going to have to testify about the assault in a most damaging and invasive way. The counselor arranged for extra social support, bought the client a few small craft-item gifts to help her keep busy, and took the client and her mother out for a meal as “fortification” before the trial. These gifts were received with gratitude and served to strengthen the therapy bond as well as the child herself as she faced the secondary trauma of the trial.

NECESSARY OR INEVITABLE BREAKS

Besides potentially enhancing the therapy relationship, boundary breaks that demonstrate counselor humanity can also dethrone the counselor from an unrealistically idealized position. These breaks may not be in the professional’s control. It may be that life simply brings along a change in venue or an inevitable dual role that has this effect.

Example 8. Some clients struggle with the idea that the therapist has a perfect life, has all the answers, and might even be withholding the secrets to success.

Because of a scheduling problem, I (Rita Sommers-Flanagan) saw such a client in my academic office space after 1 year of seeing her in a more professional, less self-disclosing space. My academic space was much less organized (to put it mildly). She commented on getting to see “another side of Rita.” It proved to be a very fruitful time for her as she began to examine her fantasies about my perfect life.

A necessary break and ensuing dialogue can be quite therapeutic. We all have many multidimensioned relationships. In any environment other than a large city, it is highly likely that our clients’ lives and our personal lives may intersect. When it is necessary to reduce unhealthy transference, providing clients with more complete perceptions of a therapist’s life may be a justifiable boundary break.

Example 9. I (Rita Sommers-Flanagan) teach in a relatively small community in a graduate program. Occasionally, a client or former client will want to pursue further training in my area. Our graduate program in counseling is the only show in town. In fact, it is the only such program for 200 miles in any direction. To deny someone access to this training because he or she had been or was my client would not be justified. However, the fact of the potential dual role raises difficult issues that must be discussed openly rather than assumed to be unimportant. Respect and caring are communicated through discussions deliberately initiated by the professional in the event of a proposed dual role.

My own personal experience and beliefs lead me to take a stand in the event that a current client wants to begin graduate studies in our program. Although our graduate program is the only one available, I am certainly not the only competent therapist in town. Except in most unusual circumstances, I simply would not teach small, intimate graduate classes that included current clients. Most therapy relationships should not be subjected to pressures associated with teaching and evaluating students who are simultaneously clients of the instructor/therapist. Further, what one learns about one’s clients in therapy is not appropriate information to use in assessing someone’s adequacy to be a mental health professional. However, teaching graduates who wish to become counselors and therapists requires exactly that type of evaluative interaction. Although the transition to a new therapist would be difficult, it is a preferable set of difficulties.

In some therapy cases, this might not be true. Perhaps a cognitive-behavioral therapist working through a specific phobia or a career counselor finishing up a set of sessions devoted to career fine-tuning might not require a transfer. Perhaps. It would need to be a carefully reasoned and thoroughly discussed decision that took advantage of the points we make in the next section.

EVALUATING THE POTENTIAL BREAK

In her article entitled "Boundaries in Feminist Therapy: A Conceptual Formulation," Brown (1994a) noted three important characteristics of boundary violations. Her use of the term *violation* suggests the same meaning we might assign to *bad boundary break* in this article. The first characteristic is that the violation involves objectifying the client. Some aspect of the client becomes more salient than either the client as a whole person or the therapy relationship as a process dedicated to the well-being of that whole person. Brown (1994a) gave examples such as the client's sense of humor being uplifting to the counselor so that the counselor begins to allow or even encourage the use of the humor, even when it is obviously serving as a destructive defense for the client. A case-in-point of which we are aware involves a mental health professional who treats professional athletes for very large sums. He reduces the fee if the athlete allows him to use their name in his subsequent advertising of his services. In other examples, the client might become a source of information about a given minority, or about financial matters, or about a number of other areas of interest to the counselor. This category of boundary break is problematic because it ranks the professional's interests as equal to or more important than the client's.

This is not to say that it is always wrong for the professional to be gratified. Effective professionals enjoy their work and their clients. A client's flash of insight may bring a smile to the face of a counselor for hours afterward. A client's ability to recognize her own power and adapt that to her daily life should make a therapist feel good about his or her work just as a client's struggle with therapeutic impasse should make a therapist feel concerned or challenged. The difference between objectification of clients and appropriate professional gratification is not a clean line. The counselor must keep the client's interest and well-being as the top priority. Self-gratification is appropriate only in the face of client growth within the professional setting.

A second characteristic of an interaction that may signal a boundary violation or may be at high risk for being a bad boundary break is that of a therapist acting strictly on impulse. If a boundary break is to stand a chance of being a "good" break, it must be based on sound reasoning. It must be able to stand up to the scrutiny of peers. It must be based on the client and his or her needs and the treatment modality and goals. It cannot simply be based on counselor impulse gratification or counselor curiosity.

The therapist actively and openly considering the wisdom of a possible break or extension can itself be a therapeutic process. The client is reminded of her or his therapist's professional concern and of the therapist's willingness for the client to participate in therapeutic decisions. In a nonpaternalistic manner, the client is offered an opportunity for informed consent about a boundary break or extension.

The third characteristic identified by Brown (1994a) is very much related to the first. A bad boundary break places "the need of the therapist paramount in a

consistent and persistent manner” (p. 35). As Brown pointed out, of course professional helpers get needs met by doing what they do and by being paid for doing what they do. If this were not the case, the helping professions would be peopled solely by masochists. Needless to say, this would not be a good idea. On the other hand, the client attends therapy for professional assistance. He or she needs to feel safe within the boundaries and called to a certain accountability with regard to payment, regular attendance, time boundaries, and so on. The client is not there to chauffeur his or her counselor for coffee. The client is not there to fulfill the counselor’s need to fix the world.

If one is considering a boundary break and has considered all three aspects of a violation as described by Brown, then the next step might be to begin to explore the idea with the client. Because clients by code and by law have the right to informed consent regarding their treatment, a logical implication is that, if possible, they would have the right to be informed and even consulted on a boundary break the counselor is considering. However, a word of caution: As Fortune (1995) pointed out in her book *Love Does No Harm: Sexual Ethics for the Rest of Us*, “Authentic consent is only possible in a peer relationship where both partners have relatively equal power and resources” (p. 46). Although Fortune was addressing a specific type of consent, this statement is probably more or less true in most situations wherein a person with more power is requesting or obtaining the consent of a person with less power. It is incumbent on the counselor to address the proposed boundary break, the reasons, and the potential liabilities in a manner that respects the client’s level of psychological sophistication. Further, it is essential that the client have full permission to choose either to agree to the boundary break or not to agree.

When considering boundary extensions, helping professionals should make efforts to anticipate where the extension will lead and whether the boundary, once extended, can be drawn back to its original position. For example, John Sommers-Flanagan has used trips for an ice cream treat, short walks, and shooting baskets at a local park as specific reinforcers for adaptive behavior or homework completion by young clients (Sommers-Flanagan & Sommers-Flanagan, 1995). What becomes clear when working with young clients who like to push boundaries is that, once a boundary extension away from the therapeutic task occurs, they will seek to consistently engage in reinforcing recreational tasks instead of therapy. In such cases, it is crucial for therapists to frame the boundary extension as a “special” or “one time” experience that is directly and exclusively linked to specific therapeutic goals or tasks that have been achieved.

Finally, peer supervision and consultation is vital to the well-being and professional balance necessary to stay healthy as a mental health professional. No boundary break should be enacted if such action cannot withstand the scrutiny of peers. The mere act of consolidating the reasoning behind the considered break begins an important evaluative process that will help ensure the safety of the client and the relationship.

SUMMARY

Many professional relationships have explicit or implicit requirements for distance or singularity of role. This is especially important to consider in counseling and psychotherapy because the relationship itself is part of the therapeutic process and, therefore, this relationship requires careful definition and well-kept boundaries. Ethical codes in the mental health helping professions generally forbid or discourage dual roles and other kinds of boundary breaks in the professional relationship. However, some boundary breaks are inevitable, and some professionals argue that there might be room for the notion of positive boundary breaks. In this article, we noted difficulties present when boundaries are broken, noted potential positive outcomes associated with boundary breaks, and suggested guidelines for evaluating a proposed or necessary boundary break.

REFERENCES

- Ballou, M. (1990). Clients' rights, values, and context. In H. Lerman & N. Porter (Eds.), *Feminist ethics in psychotherapy* (pp. 239–247). New York: Springer.
- Bennett, B. E., Bricklin, P. M., & VandeCreek, L. (1994). Response to Lazarus's "How certain boundaries and ethics diminish therapeutic effectiveness." *Ethics & Behavior*, 4, 263–266.
- Beskind, H., Bartels, S. J., & Brooks, M. (1995). *The practice of dynamic psychotherapy in a small community: Is it possible? Practical and theoretical dilemmas*. Unpublished manuscript. (Available from Harry Beskind, MD, Box 1040, Norwich, VT 05055)
- Blevins-Knabe, B. (1992). The ethics of dual relationships in higher education. *Ethics & Behavior*, 2, 151–163.
- Brown, L. S. (1994a). Boundaries in feminist therapy: A conceptual formulation. In N. Gartrell (Ed.), *Bringing ethics alive: Feminist ethics in psychotherapy* (pp. 29–38). Seattle, WA: Haworth.
- Brown, L. S. (1994b). Concrete boundaries and the problem of literal-mindedness: A response to Lazarus. *Ethics & Behavior*, 4, 275–281.
- Fortune, M. M. (1995). *Love does no harm: Sexual ethics for the rest of us*. New York: Continuum.
- Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing*. Baltimore: Johns Hopkins University Press.
- Gabbard, G. O. (1994). Teetering on precipice: A commentary on Lazarus's "How certain boundaries and ethics diminish therapeutic effectiveness." *Ethics & Behavior*, 4, 283–286.
- Kagle, J. D., & Giebelhausen, P. N. (1994, March). Dual relationships and professional boundaries. *Social Work*, 39, 213–220.
- Kottler, J. A., & Blau, D. S. (1989). *The imperfect therapist*. San Francisco: Jossey-Bass.
- Langs, R. (1978). *The listening process*. New York: Aronson.
- Lazarus, A. A. (1994). The illusion of the therapist's power and the patient's fragility: My rejoinder. *Ethics & Behavior*, 4, 299–306.
- Luborsky, L. (1984). *Principles of psychoanalytic psychotherapy*. New York: Basic Books.
- Pope, K. S., & Bajt, T. S. (1988). When conflicts and values conflict: A dilemma for psychologists. *American Psychologist*, 43, 828–829.
- Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist*, 42, 993–1006.
- Rogers, C. (1942). *Counseling and psychotherapy*. Boston: Houghton Mifflin.
- Schoener, R. (1995). Assessment of professionals who have engaged in boundary violations. *Psychiatric Annals*, 25, 85–89.

- Sommers-Flanagan, J., & Sommers-Flanagan, R. (1995). Psychotherapeutic techniques with treatment-resistant adolescents. *Psychotherapy, 32*, 131–140.
- Sommers-Flanagan, J., & Sommers-Flanagan, R. (1997). *Tough kids, cool counseling: User-friendly approaches with challenging youth*. Alexandria, VA: American Counseling Association.
- Sue, D. W., Arrendondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70*, 477–487.