Contemplating Boundary Crossings: The Need for Ethical Maturity

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Ethics Dilemma: *A client has invited his therapist to attend a graduation ceremony and reception afterwards. The therapist wants to go but is unsure how to proceed.*

If we were to survey clinicians and supervisors working in the behavioral health professions regarding the definition and differences between "ethical maturity" and "ethical adherence" the answers would invariably lead back to "doing the right thing." While ethical adherence relates to attitudes and actions in alignment with standards of practice, ethical codes, and laws specific to our profession, ethical maturity puts the spotlight on the development of the clinician through conscious, intentional learning that is fluid and ongoing.

Ethical maturity is defined as the reflective, rational, emotional, and intuitive capacity to decide which actions are right and wrong, or good and better; the resilience and courage to implement those decisions; the willingness to be accountable for ethical decisions made (publicly or privately); and the ability to learn from and live with the experience (Carroll & Shaw, 2013, p. 30). Carroll and Shaw (2013, p. 30) posit that there are six components that move ethical maturity beyond ethical decision making:

1. *Ethical sensitivity and watchfulness:* the creation of ethical antenna that keep us alert to when ethical issues/dilemmas are present. This results in a moral compass/moral character.
2. *Alignment:* the ability to make an ethical decision aligned to our ethical principles and values.
3. *Implementation:* implementing ethical decision(s) made.
4. *Articulation:* the ability to articulate and justify to stakeholders the reasons why ethical decisions were made and implemented.
5. *Closure:* to achieve closure on the event, even when other possible decisions or "better" decisions could have been made. The ability to live peacefully with the consequences of ethical decision making is crucial to ongoing well-being.
6. *Reflective learning:* to learn from what has happened and "test" the decision through reflection. The integration of what we have learned into our lives develops our moral character and extends our ethical wisdom and capacity. Part of the process of developing ethical maturity is learning from experience.

Ethical sensitivity relates to our intuitive and reflective capabilities. Hopefully, our radar is constantly surveying the landscape for signs requiring attention and reflection. Oftentimes we get so busy with the details that we miss blips on the screen notifying us of potential areas of concern. Our antennas help us to develop an active moral compass — a compass that has boundary markers and boundary crossing markers. Contemplating and negotiating boundary crossings requires ethical maturity. Boundaries define a relationship — personal and professional. Boundary violations are departures from the standards of practice; real or perceived boundary violations tend to be harmful, exploitive and risky. Ethical maturity and sensitivity is lacking or is being ignored when a clinician is contemplating and/or engaging in a boundary violation. Ethical intuitiveness and watchfulness, rational alignment, and reflective learning may not be active or are being ignored when considering or engaging in a boundary violation. Examples of boundary violations might include sexual contact with a client, release of information to third parties without a release, exploitive business relationships, and supervising friends. Most codes of ethics offer compass markers for boundary violations and assert that clinicians should avoid relationships with clients that could impair the therapist's effectiveness or cause harm. Boundary crossings are different than boundary violations.

Boundary crossings are deviations from "traditional" therapy; boundary crossings can be an integral part of well-formulated treatment plans or evidence-based treatment plans (Zur, 2015). A boundary crossing does not automatically equate with being a sexual boundary violation; not all boundary crossings are dual relationships. Examples of typical boundary crossings include giving a supportive hug to a grieving client, accepting a small gift from a client, bartering with a cash-poor farmer, lending a CD or book to a client, making a home visit to a home-bound client, attending a wedding, or accompanying a client to a dreaded but important doctor's appointment (Zur, 2015). In rural and frontier communities boundary crossings tend to be unavoidable. In addition, every cultural group (i.e., ethnic, military, religious, collegial, LGBTQ) has its own definitions and markers specific to boundaries, boundary violations, and boundary crossings.

To operate with ethical maturity is to be reflective, rational, emotional, and intuitive. This is an intentional journey — we never arrive at a final destination point. Ethical deliberation should be ongoing rather than after-the-fact when attention has been drawn to an issue. If we look at ethical maturity as an ever-unfolding process that involves conscious attention to ethical reflection and the accumulation of ethical wisdom — we are willingly engaging in authentic, flexible, and lifelong learning (Carroll & Shaw, 2013). If we go back to the original dilemma, the therapist needs to reflect on the following questions: (1) why do you want to engage in this activity, (2) what are the potential benefits and potential concerns if you go, (3) how does this engagement line up in relation to your personal and professional values, (4) will engagement in this activity change the therapeutic relationship developed between you and your client, (5) have you sought supervision and accountability regarding this activity, and (6) from a state of mindfulness, what are the emotional and intuitive factors that are influencing this decision?

The proactive course of action that protects both the clinician and client(s) — when we are not sure about the changing landscape — is to seek guidance and direction from a trustworthy supervisor, consultant, mentor, and/or colleague. A clinician who is developing ethical maturity is a clinician who is connected to others who have navigated the clinical landscape with the goal of excellence in practice. Decisions made from a place of wisdom and reflection, with the goal being ethical excellence in practice, protect the client while cultivating clinical and ethical maturity.
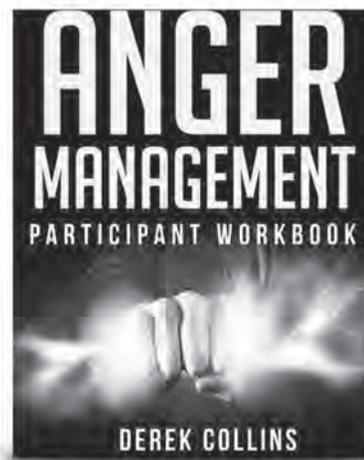
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