

PART 2-Ethical Self-Reflection

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COUN 533: Counseling Ethics and Professional Identity

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1. Gift Giving

My name is Frances Romero Thomas and, in the future, I am a counselor working in Scotts Bluff County Nebraska. One of my future clients, Tiffany, has been in counseling for approximately 3 weeks. She has set goals for improving her self-esteem in an effort, as she described, to strengthen her relationships. At today's (future date) counseling appointment, Tiffany offered me a very nice watch as a gift.

I started a non-threatening discussion with Tiffany asking her about her week. When I felt she was comfortable in the discussion I asked Tiffany what, if anything, might the gift she is offering me have to do with her goals in counseling. Tiffany stated she didn't feel it had anything to do with her counseling, except that she would like to thank me for seeing her with a gift. I reviewed some signs of low self-esteem with Tiffany and asked her if any of the noted signs could relate to her desire to give me such a nice gift. Tiffany stated that "maybe people-pleasing" could be what I was thinking was the reason she wanted to give me a gift, and again reiterated she just wanted to say, "Thank you" to me for being her counselor. Tiffany and I continued our discussion about people-pleasing, and I shared with her that although there is nothing wrong with being nice to people, it could also be something we might do to avoid conflict or from fear of causing disappointment. Our discussion lasted through our counseling session and Tiffany admitted that she gives gifts in an effort to please others when she is feeling unsure about a relationship. I explained to Tiffany that as her counselor I have only positive regard for her, and I would like to continue to support her efforts to improve her situation. I then explained to Tiffany that I will, with much appreciation, take the "Thank you" she is graciously offering, but will not take the gift as I feel it might compromise our relationship. Tiffany

appeared a little disappointed so I asked her to think about it and we could continue to discuss it at our next appointment. I smiled at her and again thanked her for her appreciation.

The subject of accepting gifts is difficult, especially in counseling practice, as it raises many ethical questions. As such, I believe each situation should be considered individually rather than making a blanket statement to refuse all gifts from all clients. I feel making such a statement would be more about my own comfort level than about staying aligned with ethics codes. Additionally, inappropriately addressing or not addressing the subject of gifts at all could create a quandary in the client/counselor relationship at some point.

When the subject of gifts comes up, we should evaluate the cost, clinical implications, the timing of the offer, our own thoughts on the gift, and “cultural implications.” (Corey et al., 2019, p. 7-6). I believe the most appropriate time for a client to offer a gift would be when counseling is ending. The level of the gift should be closely evaluated to not compromise the counselor’s integrity or give the client an unreal expectation of the client/counselor relationship. The cultural aspect of a gift being presented should also be considered. In “some cultures, small gifts are a token of respect and gratitude.” (ACA, 2014, A.10.f)

As a probation officer, I was offered several items as gifts from various clients. I accepted some, which were small tokens of appreciation, and I rejected some because they involved more, such as going to lunch or dinner together. I understood that these individuals were simply offering gratefulness and kindness for my work in the way they knew but I felt some situations would have compromised me as a professional. I kindly thanked them always, but when I could not accept their gift, I was especially courteous, and still expressed gratefulness. I feel counselors should be able to have a clarifying and respectful conversation about accepting or refusing a gift from a client with the client at any time.

2. Competence:

To become and remain a competent mental health practitioner, ongoing education is key. Competency is an ongoing effort, and counselors need to keep their education and familiarity with ethical and legal requirements up to date. It is also essential that counselors keep in mind that the therapeutic world continues to grow and change as practices and therapies are studied and enhanced. Ignoring the need for continued education in practice would be both ethically and legally negligent. We need to keep in mind that “competence is based on the principles of beneficence and nonmaleficence.” (Corey et al., p. 8-2). Ill-equipped counselors could both cause harm to a client, which would be detrimental, and be sued.

The other perspective that comes to mind in remaining competent is the importance of “counselors practicing only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience.” (ACA, 2014, C.2.a). Additionally, being open to working with a diverse demographic will allow a counselor to build cultural competence as “multicultural counseling competency is required across all counseling specialties.” (ACA, 2014, C.2.a). The subject of cultural competence is of particular importance to me. “Research shows that if clients ... are greeted by a culturally competent counselor, they are more likely to respond positively to treatment.” (Center for Substance Abuse Treatment, 2014). I feel that in general, service providers do not give cultural competence the attention that is merited.

For my own practice, I believe that it will be essential that I understand that accepting guidance from a more seasoned counselor and being open to the perspective of other counselors, even when I have been practicing for a number of years, will improve my competency. I believe we all need critique and guidance from others to sharpen our skills.

3. Supervision

The value of clinical supervision is something that is quickly becoming clear to me as I make plans to enter practicum and internship. I have chosen to complete these steps through Cirrus House, a local agency that provides both mental health and substance abuse counseling and many other services that help clients stabilize their world. The supervising counselor, Marcia Estrada, has over 40 years of experience and her abilities and humility as a supervising agent were very apparent when she interviewed me. She noted that she would be closely supervising me from the start of my practicum through the time I achieve licensure if I choose to stay with Cirrus House. Supervision will be conducted both by meeting with me and by sitting in on sessions with clients. I learned in my interview that her job, overall, involves more than teaching me the “trade” but also monitoring my performance to make sure that I represent the counseling profession and Cirrus House appropriately, and to protect the welfare of the people served at Cirrus House. I was excited to learn that I would be given the opportunity for growth and development on an ongoing basis through in-house and outsourced training immediately after starting the practicum. She added that as I grow comfortable in my counseling abilities, I will be given more freedom to work independently. Ms. Estrada has extensive experience but noted that she will require my help to make sure I get the training I need and deserve. She invited me to ask questions and ask for support when I felt I needed it. She was clear that my comfort level will dictate when to take the next step in the learning process.

I understood that the agency has a standard informed consent form for clients and will have one for me to sign as well when I start. I plan to request that I be allowed to add to the consent form if I deem it appropriate and necessary to ensure that my own requirements for informed consent are relayed to the client.

4. Diagnosis:

I have learned that some agencies and therefore some practitioners require a diagnosis for every client they serve, and some do not. I think that it would depend on the theoretical approach one is applying in practice. Regardless, it is highly likely that in every counselor's career, they will have to explain a diagnosis to a client at some point.

Diagnosing is especially important “when working with culturally diverse clients [as] it is clinically and ethically imperative that [a counselor] use interventions that are consistent with the values of [the] client.” (Corey et al., p. 10-6). With these things in mind, I would share my perspective with a client in this way:

Hello, my name is Frances, I am a student counselor, and I will be working with you to help you figure out what is at the center of the problems you are experiencing and what can be done to improve your situation. That will require that I ask you many questions and, in a way, categorize your responses which will help me figure out the best way to help you. This is called diagnosis. Counselors have different approaches to treatment; I favor what is called a cognitive-behavioral approach which means that I will help you gain an understanding of your thinking patterns and how they drive the behavior you would like to change. My way of working with clients starts out this way because I feel that a counselor should always be focused on the best interests of the client, which is why I want to know as much about you as possible before starting treatment. I want you to know that I consider you my partner in this process. If you have questions, please ask, if you feel a different perspective needs to be considered please bring it up. I feel that if we both put our best effort into the counseling process then you will get the best possible treatment that I can provide and you will get the most out of therapy.

5. Ethics in Group Work:

Group counseling is considerably different from individual counseling. When a counselor is providing individual counseling, the counselor's promise of confidentiality is, largely, as strong as the counselor's commitment to it. In group counseling the responsibility for keeping confidentiality is shared among counselors and clients alike and the ability to keep it is as strong or as permeable as each individual involved.

When I consider concerns in general, I have always had them in cases where I feel I have little to no control. Now, as I enter the counseling field and consider the skills required in facilitating groups in counseling, I can't help but feel intimidated by what I can't control, the individual members. This reminds me of previous groups I facilitated as a probation officer where the level of confidentiality was similar to, but not as defined as it is in counseling. I believe that there is no way I can ever guarantee anyone else's ability to keep confidentiality. I couldn't when I was a probation officer, and I won't be able to do it as a counselor.

In facilitating probation groups, I always reminded the participants to consider closely what they chose to share in the group because there was no guarantee that others would not share it further or bring it up to them on some future date. However, for the sake of the success of the group, I also encouraged them to share if they could. I believe that as a counselor, I would ask the group members to take the same consideration when sharing in a counseling group because their confidentiality cannot be guaranteed, but I would also add that it takes openness and, at times, risk, to make a genuine connection with others. The other responsibility before every group participant is respect for each other. It's okay to be curious about each other, but we also need to respect and keep the trust imparted. Furthermore, the responsibility to both share information and keep confidence is everyone's responsibility, not just that of a select few.

6. Advocacy:

Social justice seems to be a relatively new concept even though the term has been around for decades. People do not appear to consider the need for “justice for all” even though the words are something we are taught since childhood in the Pledge of Allegiance. (Independence Hall Association, n.d.). It is my opinion that rural communities are more prone to bias and are more blatant about the choice to be biased. Having lived in a small community for most of my life I believe that the most common concern I will face as a counseling professional will be the bias experienced because attitudes in small communities run together and are difficult to change. To address this, I feel that my focus should be client empowerment. I can teach my clients to be their own advocates for social justice by educating them about the value of positive thinking and how to promote that within themselves with positive self-talk. I can help them to identify their strengths and use them regardless of how others perceive them and ask them to keep in mind that if a change is to happen it will have to come, in my opinion, from the oppressed, because the oppressor will be very slow or reluctant to see the need for change.

Some issues that arise in small communities that would require active advocacy from practicing mental health professionals go beyond informing the public of the community needs, but, more importantly, how to address them. For example, my community is already aware that high numbers of persons affected by either mental health or substance abuse or both spend a great deal of time in detention settings instead of getting the treatment they need. Everyone says we need to do better, but practices and processes are extremely slow to change. There are many who would be better served elsewhere sitting in jail for lengthy periods of time before an alternative is even considered by the court. Situations such as this require mental health professionals to take the lead in finding alternatives to both placement and processes.

7. Critique of the movie, GOOD WILL HUNTING:

The ethical decision-making model from Chapter 1 in the text, *Issues and Ethics in the Helping Professions*, (Corey et al., 2019) was utilized and the steps are numbered 1-8 below:

1. The problem as it relates to counseling was that the counselor not only crossed boundaries but also committed boundary violations. The movie *Goodwill Hunting* [Film] (Van Sant, 1997) is a very emotional and dramatic film about a gifted young man, Will Hunting, who grew up in foster care and having suffered a great deal of mistreatment is now extremely skeptical of adults and has a pattern of negative behavior and decision-making that has him before the Boston court on parole violations. Will's behavior can be categorized as borderline personality disorder due to "a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity." (DSM-TR-5, p. 752).

Will is close to going to prison, but then he solves a math problem posted at MIT, where he works as a janitor, and subsequently gains the attention of a professor and past winner of the Field's Medal, Professor Gerald (Gerry) Landeau. Gerry sees Will as someone that could share his own talents in mathematics and so he reaches out to the court and gets Will his freedom conditional on seeing a therapist and allowing Gerry to tutor and mentor Will. Will is difficult to manage and goes through five therapists before Gerry reaches out to his old college roommate, Sean McGuire, and asks him to counsel Will. Sean takes Will on as a favor to Gerry and the client/therapist relationship that develops between Sean and Will is questionable but also moving, effective, and enviable. Will connects with Sean, a widower, who is no longer practicing therapy and is instead teaching at Bunker Hill Community College. Sean had a similar upbringing to what Will had and the recent loss of his wife made him vulnerable to

boundary crossing, which occurs at various times throughout the therapeutic relationship between him and Will, but more so in the beginning.

It is clear that Sean is an experienced and gifted counselor. He practiced with clinical expertise, using the transference that Will was exhibiting to every adult he encountered, including Sean, and through the therapeutic process exemplified the caregiver Will should have had growing up and relieved him from the guilt of the experiences Will had as a child. The relationship that developed between them was therapeutic to both. Will challenged Sean as much as Sean challenged Will. They bonded enviously and the relationship ended in an emotional and supportive embrace between client and therapist as Sean repeated the words, "It's not your fault." (Van Sant, 1997).

2. The issues that jumped out at me were the boundary crossings. In truth, some of the boundary crossings were actually boundary violations. Two, in particular, could have created a great deal of trouble for the counselor and a huge setback for the client.

The first was when Sean, the counselor, grabbed Will by the neck and threatened him with physical harm. "Disrespect my wife again and I will end you!" (Van Sant, 1997). Out text outlined several ethical considerations in regard to touch in the therapeutic process noting that "practitioners need to formulate clear guidelines and consider appropriate - boundaries when it comes to touching."(Corey et al, 2019, p. 7-11a) I don't believe that touch was formally considered by the therapist at all and it could have resulted in, minimally a lawsuit, but most concerning it could have led Will to a course of self-harm because of this experience with his therapist. The other potential issue I noticed was the extent of self-disclosure the therapist presented when his own feelings were hurt by his new client. The therapeutic process then became as much a course of healing for him as it was for Will.

3. There were several relevant ethics codes that were clearly noticeable as I watched the movie. The therapist in this case did step into a quagmire when he threatened Will and by disclosing so much about himself, but the skills he exhibited were such that the therapeutic process still kept his client's well-being at the forefront. Every comment, every challenge, and every threat Sean made helped Will reach a therapeutic catharsis. Sean was masterful, but I would not recommend the extent of risk he took to reach Will.

The ACA Code of Ethics that I found most applicable to this situation were:

- A.1.a. Primary Responsibility. Sean kept Will's well-being at the forefront throughout the therapeutic process and both defended him and advocated for him to Gerry who was looking at Will as someone that would add to his own list of accomplishments.
- A.2.c. Developmental and Cultural Sensitivity. Sean acknowledged the fact that he and Will are different people from the beginning and reminded him he would not presume to know everything about him just because he knows some things about him.
- A.4.b. Personal Values. Not only did Sean work to keep his personal values from dictating what he would ask of Will, but he also advocated for Gerry to do the same.
- A.6. Managing and Maintaining Boundaries and Professional Relationships. There were several occasions on which boundaries were crossed and violated, but I feel that the client's well-being remained central. Sean, although he extended boundaries all over the place, provided treatment skillfully and effectively for the betterment of his client.
- B.7.a. Respect for Privacy. /B.1.c. Respect for Confidentiality. The counselors that Will saw prior to Sean allowed Gerry and his assistant to sit in on sessions, a complete violation of Will's privacy. There is no question in my mind why counseling didn't work

with the previous providers. Sean asked them to leave right from the start, respecting Will's privacy.

- C.2.g. Impairment. I feel that Sean, had he taken a closer look at his personal situation, would likely have referred counseling Will to another counselor.
- Sean demonstrated the following for his client:
 - “Autonomy” – by challenging Gerry’s plans for Will and advocating for Will to pave his own path to his future.
 - “Veracity” – Sean was brutally honest with Will, both about himself and Will’s situation, and supported him through the process.
 - “Nonmaleficence” – Even when Sean acted questionably, he did so for the benefit of his client. To challenge his thought processes and behavior to help him make connections that were critical to his ability to change his behavior and to express to Will that he cannot presume to get what he wants by treating others as he does.
 - “Beneficence” – by promoting Will’s mental health and well-being even when he used questionable tactics.
 - “Justice” – by treating Will as his equal. Sean, from my perspective, may have overshared about his personal situation, but the situation of counseling Will would likely not have been as successful if he had not.
 - “Fidelity” - Sean kept his appointments with Will when five other therapists had turned him away. Sean sounded as though he really didn’t want to deal with Will at this point in his life, but he was there for Will to the end, even giving him his phone number so that he could reach him should he need him when the therapy was done. (ACA, 2014).

4. Regarding applicable laws and agency regulations, there were several considerations to be made. The most obvious was that the movie seemed to infer that Sean McGuire was self-employed as a counselor and employed by Bunker Hill Community College as a professor. His work with Will would have fallen under the umbrella of his own agency, his own liability insurance, and not the college. Therefore, any liability Sean would have incurred if Will had chosen to pursue legal recourse for how he was treated would have been solely on Sean and not the college. He probably would have lost his job though since he was a professor of psychology.

5. Sean McGuire did not obtain a consultation in his work with Will. If he had done so, a counselor looking at the situation from the outside would have probably talked to Sean about his own feelings of loss and how those feelings could be tested by someone who has experienced the trauma that Will has. It is also likely that outside consultation would have addressed the threats made and the ethical and legal implications of his behavior while providing treatment to Will.

6. I believe that Sean did consider alternate courses of action and acted on this consideration by offering Will a choice. He explained to Will that he was not going to allow him to beat him up, so to speak, because of his own traumatic experiences and acknowledged that he did not fully understand Will's experiences either. Will always had the option to leave.

I believe that counselors have the responsibility to help a client understand the therapeutic process. Counselors are not punching bags and it would serve no therapeutic purpose to allow a client to behave as though they are. I believe that clients and counselors would be better helped to view counselors as the guardrails on the road to recovery. There may be some bumps here and there, but the guardrails should stand strong and support the individual in staying on the road. The guardrails don't hit back when they are bumped, they simply stand firm and keep the car on the road.

7. In consideration of the possible consequences of various decisions possible in this case, the course of action the counselor took in Goodwill Hunting could have gone differently if the counselor had chosen to do what his friend, Gerry, wanted, but it would not have helped Will. There were various options that Sean could have considered but didn't because he primarily wanted to help Will regardless of the behavior Will exhibited toward him. I recall one applicable statement Sean made about the therapeutic process. Gerry asked Sean about Will not talking in therapy yet. Sean simply told him, "I can't go first." (Van Sant, 1997). He allowed Will to choose the direction they would go. Had Sean chosen the path, Will would have likely not responded as positively.

8. I believe that Sean chose the best course of action in the therapeutic process. However, in regard to the challenges Will put before him, he could have chosen to simply remain quiet; that would have been the best course of action there and that would have alleviated the concerns I would have had about a lawsuit or Will self-harming over the situation. In the end, however, the risks Sean took throughout the process appeared to be the critical stages of therapy that enabled Will in being able to move on from his past and look to the future in a more positive way. Even though questionable boundary crossings occurred, I believe that Sean showed a great deal of knowledge and expertise in practice. He reached through to Will and helped him see how he was limiting himself. If I were practicing with a client similar to Will, I would hope that I could take the challenge the client posed and not personalize it and thus respond in a more neutral manner. I also hope that I can exercise the expertise that Sean did in addressing the therapeutic process overall. I know that this film showed a limited form of therapy that was likely highly unrealistic. Still, I feel it showed how incomparable the value a connection formed between counselor and client is to the effectiveness of therapy.

8. Shifts in Your Thinking about Ethics:

As instructed, I retook the self-inventory in Chapter 1 of the text, *Issues and Ethics in the Helping Professions*. (Corey et al., 2019). I found that most of my answers stayed the same, but for those questions that I was previously undecided on I was able to define my perspective without hesitation. I believe this was due to the new knowledge acquired through this class. I had seven undecided responses to the 40-item questionnaire and only one question in which my perspective was polarized opposite to my original response. The rest of my responses stayed the same, which I feel is reflective of my core values overall, I'm proud of that. I feel this has taught me that ethically, I'm ok, but I will have to remain focused and attentive so that I don't forget.

The questions that I was undecided on previously are as follows:

- Practitioners who work with culturally diverse groups without having multicultural knowledge and skills may be behaving unethically. I agree with this statement. I believe that the cultural perspective in treatment or in any other forms of human services has been and continues to be largely ignored. I believe that every counselor regardless of their own race, nationality, gender, sexual orientation, religion, etc. would benefit from ongoing education on diversity, equity, and inclusion. Otherwise, the counselor will very likely revert to his/her own bias when working with clients.
- I won't be ready to counsel others until I have developed the ability to examine my own life and relationships. I agree with this statement. I believe that I won't be able to recognize every issue in my life that could be affected by a particular client, but I should be willing to examine my life constantly when counseling any client.
- With respect to a client's right to make his or her own end-of-life decisions, I would use the principle of a client's self-determination as the key in any dilemma like this. I agree

with this statement. I agree that clients have the right to make their own choices regarding end-of-life decisions, regardless of what my personal feelings would be.

- The practice of limiting the number of therapy sessions a client is entitled to under a managed care plan is unethical as it can work against a client's best interests. I disagree with this statement. I have come to believe that we do not know how long we have with a client, not really, and therefore our focus should be on key elements of treatment and preparing the client for discharge from the start.
- Concerning the role of diagnosis in counseling, I believe diagnosis is essential for planning a treatment program. I agree with this statement. Although psychotherapy can take place without a diagnosis, I believe that in outlining a treatment plan you have to know what you are treating, whether a diagnosis is formally documented or not.
- Concerning the place of testing in counseling, I think tests can be either used or abused in counseling. I agree with this statement. As with anything, testing can be misused, and a counselor could use it to pursue their own agenda with a client. What I learned in the class was that testing is best when it is part of the diagnostic evaluation as a whole.
- If I were working as a practitioner in the community, the major role I would expect to play would be that of change agent. I agree with this statement. I have come to learn that people get to know you when you are in a position of authority and a counselor does have a position of authority. Therefore, I feel that a counselor should acknowledge their responsibility from the start. Advocacy is an expected part of counseling. I believe that a counselor will be required to advocate for their clients both privately by teaching the client and publicly to address issues of oppression and disparity.

The only question I gave an opposite response to was:

“I believe that to be an effective helper, a therapist must have experienced feelings or situations similar to those being experienced by the client, but not necessarily the same problem.” I believe that my original response was based on a cultural perspective. I feel that the cultural perspective in treatment or in any other form of human service has been and continues to be largely ignored. However, in rereading this question now I feel that even though I still feel that society as a whole ignores the value of understanding the culture when dealing with people of a different culture, it doesn't mean that a person has to have a similar experience to someone else to respect or be sensitive to their situation. I believe that it would be impossible for a counselor to have similar experiences to everyone they would treat. However, they can be empathetic and respectful of each person as an individual. I believe the same is applicable to those of a different culture. A counselor has to give themselves time to learn about the values and goals the client has and work with them with those in mind. If the counselor does not agree then they should seek out guidance to help them in the situation because helping the client move forward is the focus of therapy.

Assess your PARTICIPATION:

I will address myself in the third person as I assess my participation grade in this class.

Frances' participation in class has been exemplary, she completes her assignments timely and gives individualized responses to forums and she includes her own impression and opinion of the lesson. Her responses are insightful and constructive, and, many times, her responses include extra research on applicable information. Frances takes extra care in her responses for the purpose of taking into consideration how her comments may be perceived by others reading them. Honesty is important to Frances, but so are respect, humility, and kindness.

Frances takes extra notes for her own future use of various ethical topics covered. She also started on her midterm and final papers several weeks early to ensure she would have enough time to review and revise her papers before submitting them for grading. More importantly, Frances considered the lessons in the course through the window of her own life and has been focused on taking note of what she could do to improve her communication style and ability to connect with others. She is careful to consider what could become an issue when providing ethical treatment in counseling others as well as being attentive to legal concerns that might arise. I feel Frances has been and continues to be a dedicated student, purposefully minded as she works through the material in this course. Frances appears to have a goal of putting into practice the lessons she learns. Based on the effort I feel Frances has put forth through the lessons in this course I would give her a 98%. This is an increase of 2.7% from the recommended mid-semester grade.

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