

**Teaching Counselling Ethics: A Resource Book**

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## ABSTRACT

The purpose of this project is to present active learning activities and instructional strategies that will allow counselling students to: (a) become familiar with ethical codes, (b) understand their application to their professional conduct, (c) strive to adhere to the codes' principles and values, (d) translate formal codes and standards into day-to-day professional practice, and (e) critique the codes for applicability in real-life scenarios. This project explores the following ethics topics: multicultural and diversity issues, client rights and counsellor responsibilities, confidentiality, boundary and multiple relationship issues, professional competence and training, supervision and consultation, research ethics, couples and family therapy, group work, and rural counselling. The elements used to explore the ethics topics include: discussion questions, case studies, activities, assignments, and annotated bibliographies.

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## DEDICATION

In appreciation for their lifetime of love and sacrifice, I wish to dedicate this project to my parents, my husband, and to my children, Avee Raye Boyle and Finn Lincoln James Boyle.

## Part One: Introduction to Teaching Counselling Ethics

Professional ethics is a complex domain for both counselling students and teachers. The term ethics itself holds so many different meanings that important opportunities for valuable inquiry may be missed by individuals who are attempting to clarify these meanings. When counsellors refer to ethics, it is often not clear whether they are referring to codes of ethics, moral values, legal limitations on behaviour, community standards, or to some general sense of the term that is meant to comprise any one or all of these concepts. In addition, ethics may be discussed in either ideal language, referring to the highest and ideal goals a counsellor may aspire to, or in practical language, reflecting mandatory minimal standards in professional life (Herlihy & Corey, 1996).

While Corey, Corey, and Callanan (2007) define ethics as ethical behaviour, namely rules for appropriate conduct adopted by an individual or group, others define ethics by incorporating conduct into psychological processes of the practitioner. Rest and Narvaez (1994) and Kitchener (1984) state that ethics can be defined as both behaviour and attitude. They illustrate four psychological criteria that if met result in moral behaviour. The four criteria are: (a) moral sensitivity (understanding the situation), (b) moral judgment (considering which action is morally right or wrong), (c) moral motivation (prioritizing moral values relative to other values), and, (d) moral character (having courage, perseverance, surmounting distractions, and implementing skills (Rest & Narvaez, 1994). Welfel (2002) states that a counsellor demonstrating ethical behaviour must meet four similar criteria: (a) respect for human dignity and freedom of the client, (b) sufficient knowledge, skill,

and judgment to use effective interventions, (c) responsible use of the power inherent in their role, and (d) actions that sanction public confidence in the counselling profession.

Whatever the definition, ethics form the backbone of the counselling profession and it is imperative to teach counselling students to understand, be knowledgeable about, and to consistently apply a code of ethics. Making ethical decisions is critical to producing professionals capable of addressing the complex demands they will face. One of the challenging aspects of training counsellors to understand ethics is assuring that students have developed an understanding of how and when to apply the code of ethics when faced with decision-making. This level of cognitive development and understanding is not universal in graduate students (Bebeau, 2002; Brendel, Kolbert, & Foster, 2002).

Becoming an ethical professional is more complex than following a set of rules or mirroring the behaviour of mentors (Handelsman, Gottlieb, & Knapp, 2005). Assisting students in becoming ethical counsellors is more complex than teaching clear rules. Handelsman and colleagues (2005) state there are at least three reasons why ethics training is not an easy endeavor. The first is the fact that rules embedded in ethics codes are sometimes vague and conflicting. Secondly, learning about ethics by watching models is incomplete at best. The third reason why ethics training is not a simple task is that ethics is the study of right and wrong but is often taught as the study of wrong (Handelsman et al., 2005).

### *Purpose*

It is important for counsellor educators to find a curriculum that will increase students' ability to analyze ethical and moral issues in a manner that will facilitate ethical actions. It is not enough to simply memorize a code of ethics. No code can anticipate all possible challenges and most issues confronting counsellors day to day are not specifically covered in ethical standards documents (Brendel, Kolbert, & Foster, 2002; Kitchener, 1984). This requires a level of processing ability to understand the underlying ethical principles. The purpose of my project is to present practices and instructional conditions that would result in a powerful and enduring graduate experience in a Masters level Ethics in Counselling course. The objective is to match practice to purpose by selecting active learning activities and instructional strategies that will be most effective in helping students master the subject matter of the course and allow them to make sound ethical decisions.

### *Rationale*

Instructors who integrate active learning strategies are more successful in meeting the needs of students with diverse learning styles and in developing several modes of information processing. While courses and some forms of teaching assignments may necessitate more of one strategy than another, active learning puts students at the centre of their own learning, guiding them in a process of inquiry that begins with their own knowledge, and showing them how to find answers to their own questions regarding ethical dilemmas. In this model, teachers become mentors and students learn to think for themselves, work collaboratively with others, and generate new knowledge by following their own curiosity. It is an

approach that goes outside traditional book learning and memorization, instead acknowledging the social as well as strictly academic characteristics of learning. Students need opportunities for well-planned, thought-provoking, supervised and reflective learning experiences in situations similar to those they will face once they leave an Ethics in Counselling course. Such learning experiences help students not only to develop critical intellectual skills and qualities, but also to gain self-confidence, evaluate their progress, and make personal and professional choices that will lead to ethical decision-making.

#### *Personal Relevance*

As a school counsellor, I want to know how to best assist my students in: (a) understanding the relationship among, and importance of respecting rules, laws, safety, and protecting individual rights, (b) understanding when and how to utilize family, peer, school, and/or community resources, (c) using appropriate communication and conflict resolution skills with peers and adults, (d) and applying problem solving and decision-making skills to make safe and healthy choices.

As a graduate student, I am an advocate of any approach that produces graduates who can respond to the demands of a fast-moving society. Textbooks quickly become outdated and information gathering, flexibility, and critical thinking skills become increasingly important to students' post-graduate success.

#### *Terminology*

1. **Experiential Learning:** Although experiential education has come to mean simply "learning by doing" for some, educators utilizing this approach recognize both its distinguished historical and philosophical roots and the complexity of applying

what appears to be so elementary (Kolb, 1984). Kolb (1984) states that “when education is said to be experiential, it means that it is structured in a way that allows the learner to explore the phenomenon under study—to form a direct relationship with the subject matter—rather than merely reading about the phenomenon or encountering it indirectly” (p. 282). Experiential learning, then, requires that the learner play an active role in the experience and that the experience is followed by reflection as a method for processing, understanding, and giving meaning to the experience.

2. Cooperative Learning: Several authors have either presented definitions or offered the basic thoughts of cooperative learning, and acknowledged a broad catalogue of cooperative learning strategies (Corey, Corey, & Callanan, 2007). According to Felder and Brent (2003), cooperative learning refers to work done by student teams producing a product of some sort under conditions that satisfy five criteria: (a) positive interdependence, (b) individual accountability, (c) degrees of face-to-face interaction, (d) appropriate use of interpersonal skills, and (e) regular self-assessment of team functioning. Widespread research has shown that compared to traditional individual and competitive modes of instruction, properly executed cooperative learning leads to greater learning and superior development of communication and teamwork skills.
3. Collaborative Learning: The concept of collaborative learning has been studied and practiced at length over the past several decades. Numerous forms of collaborative learning such as team-based learning, cooperative learning, active learning, and problem-based learning have been successfully implemented in the

field of counselling. In attempting to discuss collaborative learning, it would be useful to establish a reasonably broad definition of the term. For the purpose of this project, the definition presented by Schrage (1995) is used: "...collaboration is the process of shared creation: two or more individuals with complementary skills interacting to create a shared understanding that none had previously possessed or could have come to on their own ... collaboration creates a shared meaning about a process, a product, or an event" (p. 31). The use of collaborative learning in an ethics course promotes the establishment of teams of two or more individuals with complementary skills designed to create a shared understanding about a process or product. Collaborative learning is both an active and interactive process (Schrage, 1995).

Professional codes of ethics refer to the codes developed by professional associations to provide guidelines for practice by counselling and mental health professionals. These codes are designed to protect the counsellor, client, and public. Ethical standards documents used in this project require a description.

4. College of Psychologists of British Columbia: [CPBC] Code of Conduct 2007: The CPBC recognizes its responsibility to help assure ethical behaviours and attitudes on the part of BC psychologists. The Code of Conduct lists in detail the general standards of conduct to which registrants must adhere. In addition, it articulates definitions, ethical principles, and values to guide all members of the CPBC.
5. Canadian Counsellors' Association Code of Ethics [CCA] 2007: This code of ethics expresses the ethical principles and values of the Canadian Counselling Association and serves as a guide to the professional conduct of all its members.

It also informs the public of the standards of ethical conduct for which members are to be responsible and accountable. The code reflects such values as integrity, competence, responsibility, and an understanding of and respect for the cultural diversity of society. It is part of a social contract, based on attitudes of mutual respect and trust by which society supports the autonomy of the profession in return for the commitment of its members to act ethically in the provision of professional services.

6. British Columbia Association of Clinical Counsellors Code of Ethics [BCACC] 2004: The principles highlight basic ethical issues in counselling practice. They have no assigned weight or predominance, but are all to be considered equally with the particular circumstances of a given situation. The BC Association of Clinical Counsellors Code of Ethics recognises the following criteria: respecting diversity, informed consent, competence, confidentiality, and integrity.

When trying to make an ethical decision, a counsellor should follow a step-by-step process (Corey et al., 2007). While there are several decision-making models and a number of ways a counsellor can make an ethical decision, the following key terms in ethical decision-making can give counsellors a framework of how to rationally conduct an appropriate service to clients.

7. Aspirational Ethics: Refers to the highest professional standards of conduct to which counsellors can aspire.
8. Autonomy: As an ethical principle for counselling, autonomy can be defined as the support of self-determination, or the freedom of clients to decide their own

direction (Corey et al., 2007). The confusion with this ethical principle is that what one person may see as autonomy, another may not.

9. **Beneficence:** This concept reflects the counsellor's responsibility to contribute to the welfare of the client. Simply stated it means to do good, to be proactive, and also to prevent harm whenever possible (Corey et al, 2007).
10. **Community Standards:** Principles that vary on an interdisciplinary, theoretical, and geographical basis.
11. **Ethical Conduct:** Refers to the behaviours exhibited by the counsellor. Good ethical conduct is grounded in sound moral principles, an understanding of the ethical codes, and having the desire to do "what is right."
12. **Ethics:** Beliefs we hold about what constitutes right conduct. Ethics represents the ideal standards set and enforced by professional associations.
13. **Fidelity:** Corey, Corey, and Callanan (2007) define fidelity as the duty that professionals have to make sincere promises and honour their commitment to those they serve. The counsellor will let the client investigate the reasons for initiating counselling services and will relay information pertaining to the client's therapy process. This information could be in the form of techniques and procedures that the counsellor will use with the client. It is important that the counsellor does not withhold information from the client because it could jeopardize the client's goals and the therapeutic relationship with him/her.
14. **Informed Consent:** Corey, Corey, and Callanan (2007) define informed consent as a disclosure by the counsellor of the important information clients will need to make an educated and an open decision of whether or not to become part of the

therapeutic relationship. This term covers a wide variety of information that a counsellor should disclose to a client. Informed consent includes a client's right to confidentiality, the risks and benefits of counselling, how the client can pay, and how the counsellor will be involved in the client's treatment. Throughout the entire counselling process, it is important that the counsellor informs a client that he or she is a voluntary participant (Smith, 2004). This will make the client aware that at anytime he or she can terminate the session or relationship.

15. Justice: Justice does not mean treating all individuals the same. Kitchener (1984) points out that the formal meaning of justice is "treating equals equally and unequals unequally but in proportion to their relevant differences" (p.49). If an individual is to be treated differently, the counsellor needs to be able to offer a rationale that explains the necessity and appropriateness of treating this individual differently.
16. Morality: Concerned with perspectives of right and proper conduct and involves an evaluation of actions on the basis of some broader cultural context or religious standard.
17. Natural Law: According to Houser, Wilczenski and Ham (2006), believers in natural law hold (a) that there is a natural order to the human world, (b) that this natural order is good, and (c) that people ought not to violate that order.
18. Nonmaleficence: Corey and colleagues (2007) defines nonmaleficence as abstaining from actions that risk hurting clients. This hurting of a client can be done by the counsellor not taking action when a client may hurt him or herself. Nonmalificence is a framework that helps prevent harm in the client-counsellor

relationship. There are certain situations where the principle of nonmalificence may be challenged by the counsellor's judgment.

19. Principle Ethics: Focuses on moral issues with the goal of solving a particular dilemma.
20. Reasonableness: The care that is ordinarily exercised by others practicing within that specialty in the professional community. Courts have consistently found that mental health care providers have a duty to exercise a reasonable degree of skill, knowledge, and care.
21. Societal Interest: Respecting the need to be responsible to society.
22. Utilitarianism: A moral theory that says what is morally right is whatever produces the greatest overall amount of pleasure (i.e., hedonistic utilitarianism) or happiness (i.e., eudaimonistic utilitarianism). Some utilitarians claim that we should weigh the consequences of each individual action, while others maintain that we should look at the consequences of adopting particular rules of conduct (Houser, Wilczemski, & Ham, 2006).
23. Values: Beliefs and attitudes that provide direction to everyday living.
24. Virtue Ethics: Focuses on character traits of the counsellor and non-obligatory ideals.

### *Ethical Theories*

An ethical theory is a systematic explanation of a particular view regarding the nature and basis of good or right. The theory presents reasons or norms for judging acts to be right or wrong and attempts to give a justification for these norms. It presents ethical principles or guidelines that represent certain values. These can

be used to decide in particular cases what action should be selected and carried out. According to McKinnon (2007), there are three types of ethical theories – theories that judge actions in terms of (a) motive, (b) character or nature of the act itself, independent of motive or consequence, and (c) consequences.

The three theories introduced here are the Western views of ethics and include virtue, natural law and utilitarian ethics. Virtue ethics suggest that the act is right if it is consistent with the demands of reason and human dignity. This theory is considered to be non-consequentialist and looks only at the motive of the act. Natural law ethics states that an act is right if it promotes or furthers human nature. This theory has both deontological and teleological norms for making judgments. Lastly, utilitarian ethics affirms that an act is right if it produces more happiness than other possible alternatives. Utilitarian ethics is deemed as a consequentialist theory that looks only at the consequences of the act.

### *Virtue Ethics*

Virtue ethics offers one of the oldest Western outlooks (Shanahan & Wang, 2003). The focus of this theory is on an appreciation of the person's character and related virtues. It does not rely on religion, society or culture; it depends solely on the individuals themselves. The main philosopher of virtue ethics is Aristotle. His theory was originally introduced in ancient Greek times. Aristotle was a great believer in virtues and the meaning of virtue to him meant being able to fulfill one's functions. According to Kitchener (1996), virtue ethics are a set of ethical beliefs that predispose persons to understand what should be done in the presence of an ethical dilemma as well as increase the likelihood that they will act on moral ideals.

Meara, Schmidt, and Day (1996) state that virtue ethics serve as a complement to, rather than an alternative for, principle ethics. Principle ethics refers to the set of responsibilities, rules, and prescribed ethics that one reflects on when faced with an ethical dilemma. In addition, DuBose, Hamel, and Connell (1994) argue that while principle ethics address the question, "*What ought I to do?*" virtue ethics address the question of "*What ought I to be?*" Kitchener and Anderson (2000) elaborate further stating that the study of virtue ethics focuses on what characteristics a moral person ought to have rather than what actions they ought to take. Viewed as characteristic ways of thinking, feeling, and acting upon a moral character, virtues predispose individuals to know what should be done when they encounter an ethical dilemma and increase the possibility that they will act on moral ideals (Kitchener, 1996). Therefore, virtue ethics presumes persons with good character will be more likely to understand and respond to ethical problems and standards than persons without good character. Likewise, virtue ethics relies on the wisdom and mores of a particular group to define what constitutes virtuous behaviour, and have been conceptualized as a focus on character traits and non-obligatory ideals that assist in the development of ethical individuals (Meara et. al., 1996).

Meara and colleagues (1996) believe that virtuous behaviour is an important factor in the development of professionals who are sensitive to and concerned about ethical behaviour in both their personal and professional lives. Virtue ethics is an important perspective for professional conduct because of its emphasis on the central role of motives in moral questions (Houser, Wilczenski, & Ham, 2006). For this reason, the topic of virtue ethics should be considered for integration into the

core curricula of both graduate training and continuing education programs in counselling.

### *Natural Law Ethics*

Although natural law is the foundation of Roman Catholic ethics, ideas of natural law ethics dates back to the time of the Greeks and great thinkers like Plato and Aristotle. Natural law determines whether an act is morally right or wrong on the principle of promoting or furthering human nature, expressed as “human flourishing” (Finnis, 1999). Human beings can choose to do what they define as good or act against it. For human beings to function well or flourish, they should perfect their human capacities. If they do this, they will be function well as human beings.

McKinnon (2007) argues that natural law ethics is knowable by human reason, applies to all human beings, and is grounded in human nature—that is in our natural inclinations or capacities as human beings. The idea that morality is based on human nature is a central tenet of natural law theory. Porter (1999) supports this claim by suggesting that a principle of natural law is that there is a law more basic than civil law—namely moral law—and that moral law is accessible to human reason, is based on human nature, and is universally applicable and stable.

Aristotle believed natural law was a system that combined the commands of God and the use of common sense. This combination formed a rational, reasonable system that appealed to intelligent and faithful followers of God (Porter, 1999). In addition, Aristotle believed that what makes human beings unique is their “rational element.” The good for humans should consist of functioning in a way consistent with and guided by this rational element We must develop our ability to know the

world and the truth. We must also choose wisely. In doing this we will be able to function well as humans.

There is a particular principle that has been associated with natural law theory, which was originally developed by medieval natural law theorists. This principle is called the principle of double effect. While in some ways natural law theory is a teleological theory because of its belief that we ought to follow the inherent goals set by nature, it is also deontological. It is deontological because we have a moral duty not to violate nature at one level or in one way, even for the sake of promoting other goods. For example, individuals may do what is morally permissible as a means of achieving some good end, even if they know that they also risks causing some harm or evil. However, Houser and colleagues (2006) suggest that some conditions must be met in order for such an act to be permissible. First, the act itself must be morally acceptable. The evil cannot be the means used to produce a good end. Thus the end does not justify the means. One cannot do what is wrong to bring about a good end. Second, the good end must be the intended goal. The harm or evil results may be foreseen, but they cannot be intended. Third, the good end must outweigh any harm that is done.

According to Buckle (1993), natural law is that "unwritten law" that is more or less the same for everyone everywhere. To be more exact, natural law is the concept of a body of moral principles that is common to all humankind and, as generally posited, is recognizable by human reason alone. Natural law is therefore distinguished from, and provides a standard for, positive law, the formal legal enactments of a particular society.

The main criticism of natural law ethics is that it does not take into account special circumstances or culture groups with different religious perspectives and cannot prevent certain moral boundaries being crossed (Houser et al., 2006). In addition, natural law ethics assumes that there is something called human nature that is the same for everyone. What is deemed “natural” is a product of our social conditioning.

### *Utilitarian Ethics*

Utilitarianism is a Western theory that has a history dating back to the late 1700s (Harris, 2002; Shanahan & Wang, 2003). Utilitarianism is the ethical theory that argues that the production of happiness and reduction of unhappiness should be the standard by which actions are judged right or wrong and by which the rules of morality, laws, public policies, and social institutions are to be critically evaluated. According to utilitarianism, an action is not right or wrong simply because it is a case of telling the truth or lying. Lying is wrong because, in general, it has bad consequences. And the moral rule against lying can be subjected to empirical study to rationalize some cases of lying, such as to avoid an unfortunate consequence in saving someone’s life.

According to Harris (2002), utilitarianism is one of the major ethical philosophies of the last two hundred years, especially in the English-speaking world. Even if there are few philosophers who call themselves utilitarian, those who are not often regard utilitarianism as the most important alternative philosophy.

Utilitarianism asserts that human beings should always act so as to produce the greatest ratio of good to evil for everyone (Shanahan & Wang, 2003). It

emphasizes the best interest of everyone involved with the action. Rachels (1998) noted that utilitarian ethics was originally formulated by notable reformers Jeremy Bentham and John Stuart Mill and has been associated with reform or social improvement. Utilitarianism argues that if it were feasible to precisely calculate pleasure and pain, humans would subtract the total unhappiness from the total happiness our action would produce, and choose the action that produces the greatest net happiness (Quinton, 1973). While all utilitarians agree on the principle of greatest net utility, they disagree on how this principle should be applied. Colby, Gibbs, Kohlberg, Speicher-Dubin, and Candee (1979) state that some utilitarians would apply it to the act itself; others, to the rule the act falls under. Thus we have "act utilitarians" and "rule utilitarians."

Act utilitarianism maintains that the right act is the one that produces the greatest ratio of good to evil for all concerned, while rule utilitarians ask us to determine the worth of the rule under which an action falls (Colby et al., 1979). If keeping the rule produces more total good than breaking it, we should keep it. Act utilitarianism has provided the basis for an ethical position termed "situational ethics" proposed by Fletcher (1996). Fletcher (1966) advocates acting in a way that produces the most "Christian love," that is, the greatest amount of love fulfillment and benevolence. Fletcher argues that when making moral decisions it is critical to be fully aware of all the particulars surrounding the case, as well as the plausible consequences of each alternative. In addition, Fletcher states that after all calculations have been completed, one must choose the act that will best serve "love" as defined in the Christian tradition. Fletcher views situational ethics as one

of three primary avenues for making moral decisions. The other two are the legalistic, which contends that moral rules are absolute laws that must always be obeyed, and the antinomian, which contends that no guidelines exist and that each situation is unique and requires a new decision. According to Mill (1987) the main weakness of utilitarianism is that it seems to ignore actions that are wrong in themselves - with utilitarianism the ends justify the means which sometimes can be unethical.

Counsellors can profit from a systematic training in ethics and ethical decision-making. A vital issue is shaping a foundation upon which to make ethical decisions. Such a foundation starts with an understanding of applicable ethical theories (Houser et al., 2006). This approach provides an understanding of the background issues surrounding ethical dilemmas in counselling. Cottone and Claus (2000) state that, "It is surprising to find the number of practice based models developed without attention to underlying philosophical and theoretical tenets" (p. 281). Preparation in ethical theories may provide a broader source of information for ethical decision-making (Danzinger & Welfel, 2001).

#### *Teaching Methods*

Bloom and Krathwohl (1984) define six levels of instructional objectives: (a) knowledge, (b) comprehension, (c) application, (d) analysis, (e) synthesis, and (f) evaluation. Such a model is often practiced in a multi-stakeholder learning platform where mutual problems require collaboration (Bloom & Krathohl, 1984). The concept of active learning places a significant emphasis on the collaborative approach. Applying such a model to the development of the active learning activities

and instructional strategies of my project will help provide classroom experiences that are effective and beneficial to students both in and outside of the classroom.

Students participating in an Ethics in Counselling course are adult learners, which means it is important to consider the principles to which adult learners adhere. According to Brookfield (1986) and Knowles (1980) there are four traditional principles that need to be considered when developing curriculum for adult learners. The first principle is that adults both desire and enact a tendency toward self-directedness. The second principle is that adults' experiences are a rich resource for learning. Adults learn more effectively through experiential techniques of education such as discussion or problem solving. The third principle is that adults are aware of specific learning needs generated by real life tasks or problems. Adult education programs, therefore, should be organized around 'life application' categories and sequenced according to learners' readiness to learn. The last principle to be considered is that adults are competency based learners wishing to apply newly acquired skills or knowledge to their immediate circumstances. Adults are, therefore, "performance-centered" in their orientation to learning.

For the purpose of this project, I have created active learning activities and instructional strategies by adopting the above model as well as the principles of adult learners, and by incorporating the CPBC, CCA, and the BCACC codes of ethical conduct. This was done to ensure that students: (a) become familiar with these codes, (b) understand their application to their professional conduct, (c) strive to adhere to the codes' principles and values, (d) translate formal codes and

standards into day-to-day professional practice, and (e) critique the codes for applicability in real-life scenarios.

### *Overview*

Part One has provided the purpose and rationale for the project, defined terms, described various ethical theories, and discussed relevant teaching methods. Part Two will describe a curriculum of activities and resources that can be implemented for teaching a counselling course in ethics.

## Part Two: Curriculum

This section of my project explores the following ethics topics: multicultural and diversity issues, client rights and counsellor responsibilities, confidentiality, boundary and multiple relationship issues, professional competence and training, supervision and consultation, research ethics, couples and family therapy, group work, and rural counselling. The student-centered elements used to explore each of the topics are discussion questions, case studies, activities, assignments, and annotated bibliographies.

Teaching and learning styles are changing and in recent years there has been a noticeable move from lecture-based activities towards more student-centered activities (Bonwell & Eison, 1991). The concept of student-centered learning is credited as early as 1905 to Hayward and in 1956 to Dewey's work (O'Sullivan, 2003). Carl Rogers, the father of client-centered counselling, is associated with expanding this approach into a general theory of education (Burnard, 1999). The interpretation of the term 'student-centered learning' appears to vary between authors as some equate it with 'active learning', while others take a more comprehensive definition including: active learning, choice in learning, and the shift of power from the teacher-student relationship (Taylor, 2000). In student-centered classrooms, students are encouraged to participate actively in learning the material as they are presented rather than being passive and perhaps taking notes quietly. The instructor no longer delivers a vast amount of information, but instead uses a range of hands-on activities that support student learning. In a student-centered classroom, students are involved in activities that build an understanding

of the material being presented. According to Bonwell and Eison (1991), learning different points of view, sharing experiences, brainstorming ideas, explaining things, reacting to other students, and expressing feelings is both enjoyable and stimulating. If instructors consider that learning is enhanced when students are engaged in the processing of information, then the challenge becomes finding creative ways to design dynamic learning environments that involve students in doing and thinking.

This project provides a student-centered approach to learning. A detailed look at this approach includes, but is not limited to, discussion questions, case studies and role plays. By using these student-centered approaches to learning, instructors can create a highly collaborative, hands-on, interactive learning environment for an 'Ethics in Counselling' course.

### *Discussion Questions*

Discussions are typical of any student-centered classroom. The best discussions involve students talking about personal experiences and giving opinions. The discussion questions provided for each ethics topic work best when explored in pairs or small groups. If students have more to say about some questions and less about others, instructors may allow them the opportunity to skip to the ones they find more intriguing. When students reach the end, they can return to an earlier question and discuss. When the allotted time is up, instructors can allow the discussion to be continued as a whole-class activity. The instructor may ask a spokesperson from each group to summarize the group's discussion or mention an interesting or amusing point. Or the instructor can simply open up the

discussion with the whole class at the end of group work allowing students to hear other people's ideas.

### *Case Studies*

Case studies are an increasingly popular form of student-centered activities and have an important role in developing skills and knowledge in students. In addition, the use of case studies is the most effective method of teaching responsible conduct and facilitating student involvement in the issues they are learning (Macrina & Munro, 1995). There are a number of definitions for the term case studies. Fry, Ketteridge, and Marshall (1999) describe case studies as complex examples which give an insight into the context of a problem as well as illustrating the main point. Bonwell and Eison (1991) define case studies as student-centered activities based on topics that demonstrate theoretical concepts in an applied setting. Grant (1997) outlines the benefits of using case studies as an interactive learning strategy, shifting the emphasis from teacher-centered to more student-centered activities. Raju and Sanker (1999) demonstrate the importance of using case studies to expose students to real-world issues with which they may be faced. Case studies have also been linked with increased student motivation and interest in a subject (Mustoe and Croft, 1999).

It is documented that students can learn more effectively when actively involved in the learning process (Bonwell & Eison, 1991; Sivan et al., 2001). The case studies approach is one way in which such active learning strategies can be implemented in an 'Ethics in Counselling' course.

### *Role Plays*

Experiential learning is especially important in the acquisition of skills. Kolb and Fry (1975) describe four learning environments in their theory of experiential learning. These learning environments are: (a) affectively-oriented (i.e. feeling), (b) symbolically-oriented (i.e. thinking), (c) perceptually-oriented (i.e. watching), and (d) behaviourally-oriented (i.e. doing). Within each environment there are two tasks. According to Kolb and Fry the first environment can be defined as grasping that consists of concrete experiences and abstract conceptualization and the second environment can be described as transforming consisting of reflection and action. Learning is enhanced when learners are encouraged to use all four environments. Structured role-play with feedback enables learners to complete both tasks in each of the four environments (Kolb & Fry, 1975). Students should approach role-plays with an open-mind and a willingness to share as these are essential classroom behaviours. Role-plays can be used as a starting point for discussion and exploration.

It is my hope that through these student-centered discussion questions, case studies, activities, and assignments, students in an 'Ethics in Counselling' course will:

1. Develop an understanding of how personal values, beliefs, needs, attributes, lifestyle, and cultural background exert influence on creating that individual's "ethical" perspective.
2. Demonstrate working understanding of the similarities and differences between legal and ethical issues.

3. Demonstrate competency in the application of professional responsibilities to ethical decision-making.
4. Demonstrate competency in the identification of ethical issues related to working with special populations of clients, marital and family counselling, group counselling and other issues related to specialty practice.
5. Identify the ethical issues involved when transference and counter-transference impact a therapeutic relationship.
6. Demonstrate competency in understanding how boundary and multiple relationship issues, multicultural and diversity issues, rural counselling, confidentiality, informed consent, group and family counselling, and supervision issues relate to ethical standards for counsellors.
7. Understand ethical and legal considerations in counselling research and evaluation.
8. Translate formal codes and standards into day-to-day professional conduct.

### *Multicultural and Diverse Issues*

Corey and colleagues (2007) state that clients from ethnic minority groups are the least likely to make use of counselling services. One explanation for this is counselling is an ethnocentric activity, based on the values of the white middle class, and is an approach that can alienate those from other cultures (Corey et al., 2007). A multicultural approach to counselling challenges the assumption that one style of interviewing is transferable to all clients.

The following section of curriculum is designed to (a) increase personal self-awareness of multicultural issues, (b) increase culture-specific knowledge about individuals from various cultural groups within Canada, (c) increase sensitivity to and respect for individual and cultural differences, (d) increase flexibility in responding to a variety of behavioural and verbal stimuli of culturally different clients, and (e) provide models, frameworks, and techniques to help increase skill level in working with clients from different cultural background.

#### *Discussion Questions*

According to Ibrahim (1985), a major assumption for culturally effective counselling is that counsellors acknowledge their own basic tendencies, the ways they comprehend other cultures, and the limits their culture places on their comprehension of the world. It is essential that students begin to understand their own cultural heritage and world view before they set about understanding and assisting their clients. This understanding will include an awareness of their own philosophies of life and capabilities, recognition of different structures of reasoning, and an understanding of the effects on their communication and helping style

(Ibrahim, 1985). Lack of such understanding may hamper effective intervention and result in ethical dilemmas. Following is a list of discussion questions students can use to facilitate this understanding:

1. What is my cultural heritage? What was the culture of my parents and my grandparents? With what cultural group(s) do I identify?
2. What values, beliefs, opinions, and attitudes do I hold that are consistent with the dominant culture? Which are inconsistent? How did these become part of who I am right now?
3. How did I decide to become a counsellor? What cultural standards were involved in the process? What is the relationship between culture and counselling?
4. What unique abilities, aspirations, expectations, and limitations do I have that might influence my relations with culturally diverse individuals?
5. What are my concerns/fears about counselling clients who are racially different from me?

### *Case Studies*

Several authors broadly outline ethical decision-making for counsellors. They provide ethical decision-making models that identify basic steps for ethical decision-making. These steps are as follows: (a) identify and name the ethical conflicts involved, (b) identify the relevant section of the professional code of ethics, (c) develop alternative courses of action, (d) conduct a risk-benefit analysis of the likely short and long-term consequences of each course of action on the individual(s) and/or group(s) involved or likely to be affected, (e) make an informed choice of

course of action applying the relevant ethical principles, (f) evaluate the results of the course of action, and (g) modify the course of action as required or, if necessary, re-engage in the decision-making process (Corey, Corey & Callahan, 2007; Haas & Malouf 1989; Herlihy & Corey 2006; Knapp & VandeCreek 2006; Koocher & Keith-Spiegel 1998; Welfel 2002). The models presented by these authors also emphasize the importance of documentation, informed consent, consultation and the involvement of the client in the decision-making process.

In small groups, have students read through the case studies provided and determine, using the above decision-making model, an appropriate action to the ethical dilemma presented.

*Case Study One:* You are an associate of a Mental Health agency that provides counselling services for a remote First Nations community. Through your work in the community you grow to learn the names of youth who have been physically and sexually abused. In accordance with the law, your agency's policies and your code of ethics, you report the abuse to the proper authorities. Consequently, social workers, the police, and the courts become involved. The grand chief of the community calls you into his office and asks that you not make any further reports to the authorities, but rather bring them to him. He states that the white system is racist, abusive, and disempowering to the aboriginal people living in his community and that the two of you could be more effective in helping work through these situations if others were not involved. He implies that your contract will be terminated if you continue to report to outside authorities.

*Case Study Two:* Marla is a colleague of yours who is in charge of organizing professional development opportunities for the employees working in your agency. Recently she has organized a workshop that addresses counsellor competency in multicultural counselling. While she invites most of the counsellors in the agency she does not even consider asking any of the people of colour to join. When you ask her why she did not invite everyone, Marla says, "Since they are people of colour, they naturally have the tools needed to work with those clients who are from different cultural backgrounds."

*Case Study Three:* Over the past six months you have been working with an immigrant family from Africa. While working with this family, you have been a respectful listener who did not make assumptions about the family's traditions, asked questions, the answers to which required new questions, and took the responsibility for the creation of a conversation context that allowed for mutual collaboration in the problem-defining and solving process (Anderson & Goolishian, 1987). Although conducting yourself in this way has been time consuming, it has proven to be effective. You have learned about the family's cultural values and norms, their family structure and their developmental history. You have gained insight into their set of rules for living together and ways for interacting with their environment. Through your work with this family you have also learned that trauma, loss, and upheaval were part of their migration experience as the migration to Canada created separation from extended family members and severed ties to their nuclear family.

While most of your work with the family has centered on these pre-migration and migration experiences, you think the family is now ready to move toward working on some of the post-migration issues they are experiencing. If this work does not occur, you fear the post migration experience may continue to impose trauma, upheaval and loss upon this immigrant family. You have worked with other immigrant families who are in the post-immigrant phase and are being faced with societal and cultural issues such as economic survival, racism, and cultural conflicts and you want this family to have continued support.

The agency you work for has recently implemented a policy allowing counsellors to work with families for 10 sessions only. You have already worked with this family for 12 sessions. Although your supervisor is not pleased with the extension you have given the family and your request for more time, she has allowed you 2 more sessions and has strongly advised you to work toward a 'fast' termination.

### *Activities*

1. **Weekly Reading Questions:** Prior to the start of each class, students must submit a question for group discussion that is based upon the assigned readings. The purpose of the question is to stimulate critical thinking, sharpen theoretical and methodological skills, and to gain insight into the role and relevance of multicultural issues to counselling ethics.
2. **Counselling Role Plays:** In groups, have students conduct the role-plays that follow.

*Role-play One:* Mary and Kishon are an interracial married couple. Mary is a 30 year old First Nations woman and Kishon is a 32 year old African-Canadian. They have known each other since high school and have been married for 4 years. They have a baby boy, Jacob, who is 2 years of age. Mary and Kishon feel that their baby could encounter some feelings of prejudice. Both Mary and Kishon encounter prejudice towards their relationship from random people whom they meet on the street and from certain friends.

Mary and Kishon are concerned about the way Jacob may encounter prejudice when interacting with other children and adults in the future and with the way they will rear their child. They want Jacob to have the input of both parents and be influenced by both their backgrounds, but they don't want him to be confused. They discussed this before Jacob was born and agreed on almost all areas of their morals, values, and folkways; however, now that Jacob is 2 years old they have discovered it is not so easy.

The couple has begun to argue about these issues and are getting their parents involved in picking sides, which is causing further problems. Mary and Kishon are a relatively stable, young couple who would like to get some direction into how they can work through these problems to help with Jacob's future and their own. Because you are African-Canadian, Mary feels that you have been siding with Kishon. She confronts you during a session.

*Role Play Two:* The Mental Health agency you work for believes that having a standard "no gift policy" is ethically and legally appropriate and

therefore has advised all of their employees to reframe from accepting gifts from clients.

You are an Aboriginal counsellor who believes rejecting or returning a gift, regardless of the reasons, can be easily seen as a personal insult and personal rejection and is likely to result in a serious rupture in the therapeutic relationship. Furthermore, you believe employing protocols or guidelines, such as a "no gifts rule" could easily interfere with the therapeutic alliance you have with your non-Western clients. You openly share with your colleagues that, in your work with clients, you use cultural sensitivity, respect and knowledge of the culture's gift-giving customs are considered carefully and acknowledged openly.

Cathy, a colleague of yours, has been working with a Jewish woman who upon termination gave her a cookbook. She accepted the gift, but is now feeling guilty for breaking agency rules. She has reviewed the CCA code of ethics and cannot find reference to gift giving anywhere in the codes. When the standards do not provide her with enough direction, she comes to you for advice.

3. DSM-IV: The DSM-IV is the most widely used diagnostic system for mental health disorders in the Canada. Have students discuss, in small groups, the influence of the reliance of the dominant culture on a diagnostic model, the derivation of that model, and its appropriateness for use with clients who possess different cultural values.

4. Code of Ethics: In a large group for students discuss the CPBC, CCA or the BCACC code of ethics and the cultural context in which it was developed. Ask students to list the strengths and limitations of the code for a specific minority group with which they work or plan to work?

### *Assignments*

1. A Personal Experience: Have students attend and actively participate in a cultural event, meeting, or gathering at which they are the minority. The experience should provide exposure to multicultural or diverse issues of which they have not experienced and that will provide potential for personal growth in this area. For example, students can attend a service in a church that is radically different from their own, spend part of a day in a wheel chair, attend a gay/lesbian pride event, volunteer at a homeless shelter, spend a night with a First Nations family on a reservation, or spend the day at a nursing home. Have students discuss in a reaction paper their experiences, insights, and change in cultural understanding that was facilitated by their attendance. Have the paper include: (a) a summary of the event, (b) what they learned about the culture, (c) how they would go about counselling someone from this culture, (d) what personal biases/ethical issues might be involved for them, and (e) any ethical dilemma(s) they experienced. Have students provide a short discussion of what they have learned in a later class.
2. Research Paper: Students can select a topic for investigation that focuses on a particular aspect of ethical issues in counselling and integrate an

understanding of a multicultural counselling issue for discussion. Possible ethical issues could include: assessment, competence, informed consent, confidentiality, group or family counselling, and/or dual relationships.

Examples of multicultural counselling issues may be: gay, lesbian, bisexual or transgender, clients of multicultural descent, culturally diverse clients, low socioeconomic status clients, clients with different abilities, or religiously diverse clients. Students should present in-depth information on the issue as well as discussing how this information is relevant to practice.

3. **Research Study:** Have students design a quantitative or qualitative research study that addresses an overlooked or understudied ethical issue in multicultural counselling. The study should not be a replication or obvious extension of a study that has already been published or presented. In other words, it must be an original and significant contribution to the field. The study must include specific aims/hypotheses and a comprehensive method section that includes descriptions of the sample, procedures, measures, and statistical analyses.
4. **Self-Identity Analysis Paper:** Give students an opportunity to explore their own cultural identity by investigating their unique history and personal values as influenced by their unique conglomeration of cultural variables. This paper will require students to describe who they are in cultural (broadly defined) terms. In this paper students should also address their worldview and identify those assumptions which seem particular to their cultural group and any

changes in their worldview that have occurred due to their process of identity development.

5. **Novel Analysis Paper:** This assignment will give students an opportunity to apply what they are learning in class to some person's lived experience as a member of an oppressed group. Students are to select and read one novel, biography or autobiography of their choice from the Multicultural Literature reading list provided by the instructor, or another selection with permission of the instructor. In a reaction paper, have students discuss their initial assumptions about the cultural group and any new insights or knowledge they gained about that particular population. In analyzing the novel, students should use the worldview and/or identity development frameworks discussed in class. Students may identify some of the key cultural values evident in the book. Finally, have students evaluate the book in terms of its relevance to the course and make recommendations on its appropriateness for other audiences.
6. **Counselling Theories:** Ask students to research and describe the possible cross-cultural limitations of a theoretical approach to counselling. Theoretical approaches can include: Psychoanalysis, Adlerian Counselling, Gestalt Therapy, Person-Centred Counselling, and Cognitive Behavior Therapy.
7. **Multicultural Ethical Dilemmas:** Multicultural ethical dilemmas provide counsellors with a more involved challenge. Have students discuss the use of Principle Ethics and Virtue Ethics in the resolution of these types of ethical dilemmas. Students should use an example to illustrate their answer.

### *Annotated Bibliography*

Evans, K. M., & Foster, V. A. (2000). Relationships among multicultural training, moral development and racial identity development of White counseling students. *Counseling and Values, 50*(1), 39-49.

The purpose of this article is to look at whether effective multicultural training requires counselling students to engage in a kind of self-exploration that involves an evaluation of their own core values, beliefs, and worldview. The research in this article indicates that multicultural training can generate an internal conflict with students' own attitudes, values, and beliefs regarding ethnicity, that have been internalized over a lifetime and are reflected in their racial identity formation. In addition, training can be helpful in changing modes of information-processing related to racial attitudes, however, it does not seem to promote the cognitive complexity needed for moral development.

Garcia, J. G., Cartwright, B., Winston, S. M., & Borzuchowska, B. (2003). A transcultural integrative model for ethical decision making in counseling. *Journal of Counseling and Development, 81*, 268-277.

The ethical decision-making model presented in this article uses a four-stage linear process to define the ethical dilemma, consider relevant codes, and alternatives, determine a course of action, and generate an action plan. The model incorporates concepts from several other models including Tarvydas's Integrative Model (1998), Cottone's Social Constructivist Model (2001), and Davis's Collaborative Model (1997). This model specifically addresses the culture of the client and the counsellor as a consideration at every step of the decision-making

process. The proposed model is presented in a step-by-step, linear format that can be used by counsellors facing ethical dilemmas in a variety of settings and with diverse cultural groups.

Hansen, N. D., Pepitone-Arreola-Rockwell, F., & Green, A. F. (2000). Multicultural competence: Criteria and case examples. *Professional Psychology: Research & Practice, 31*(6), 652-660.

The authors of this article ask counsellors and psychologists a critical question: Are you competent to treat clients who have a different worldview and values from your own? In addition to asking the question, the authors answer it by identifying 12 multicultural competencies for effective counselling practice. Three practical case examples are offered to help illustrate the application of these competencies.

Malone, J. (2000). Working with aboriginal women: Applying feminist therapy in a multicultural counselling context. *Canadian Journal of Counselling, 34*(1), 33-42.

In this article the author investigates the perspectives of multicultural counselling and feminist counselling, their application to Aboriginal women, traditional healing, and counsellor education considerations. In addition, the author provides an understanding of practical, theoretical and socio-political issues relating to counselling Aboriginal women. Counsellors can use this resource to examine counselling theory from a feminist and multicultural perspective to work with Aboriginal women, increasing awareness of racism, sexism, poverty, individual differences, Aboriginal cultures, and traditional healing. Having this knowledge has

the potential to decrease ethical dilemmas related to counsellor incompetencies in multicultural counselling.

Smith, D.B., & Morrissette, P.J. (2001). The experiences of White male counsellors who work with First Nations clients. *Canadian Journal of Counselling, 35*(1), 74-88.

The authors of this article describe a qualitative study that investigates the experiences of white male counsellors who work with First Nations clients. Five experienced counsellors participated in individual, tape-recorded interviews, during which they described their experiences. Results from this study revealed five predominant themes: (a) encountering difference, (b) establishing relationships, (c) a willingness to learn, (d) evolving professional identities, and (e) impact on self-awareness. Findings and implications for both White counsellors and White counsellor educators are included.

Weaver, H. (1999). Indigenous people and the social work profession: Defining culturally competent services. *Social Work, 44*(2), 217-225.

This article provides empirical information on culturally competent social work with Native Americans. The author of this article reports the results of a study of culturally competent helping practices with Native Americans. Sixty-two Native American social workers and social work students completed a survey on knowledge, skills, and values necessary for culturally competent service provision to Native American clients. As both Native Americans and helping professionals, the survey respondents are in an ideal position to articulate how best to serve the Native American population.

### *Client Rights and Counsellor Responsibilities*

Counselling is a relationship that works in part because of clearly defined rights and responsibilities held by both the counsellor and the client alike. This framework helps to create the safety to take risks and the support to become empowered to change. A client in counselling has certain rights and responsibilities that are important to know. There are also certain limitations to those rights and responsibilities. Client rights may include, but are not limited to, access, choice, confidentiality, and dignity. Clients who fully participate in the counselling process benefit when they take responsibility for making decisions, actively communicate with counsellors, and insist on good care.

To respect clients' rights, counsellors have certain responsibilities to maintain competency and provide adequate education to allow clients to make informed choices. To be effective, counsellors must understand and respect clients' perspectives and expectations, while communicating in a manner easily understood by the client.

This section of the curriculum is designed to help students develop a personal framework for ethical action and to become more effective in addressing ethical issues related to client rights and counsellor responsibilities. Students will use the ethical standards of the CPBC, CCA, and BCACC to build a theoretical framework for approaching ethical dilemmas in a systematic way. It is expected that students will gain a greater awareness of new and emerging ethical issues in the area of rights and responsibilities and provide the tools necessary for the entry level counsellor.

*Discussion Questions*

1. To what extent do clients have access to their records? What constitutes appropriate record-keeping? For example, what should be included in the record, and how long must it be kept?
2. Clients have the right to discuss any problem or grievance they have with their counsellor. If after discussing an issue with you, your client expressed dissatisfaction with the resolution, what further right do they have?
3. What do you think about clients raising questions about the counsellor's religious background or sexual orientation? How would you handle questions of this nature?
4. Is it appropriate for clients to raise questions about the counsellor's training, diagnoses, fee policies, and course of treatment? How would you handle questions of this nature?
5. Clients have the right to refuse to participate or engage in any technique, strategy, or intervention suggested by their counsellor. If a client of yours continually declined your suggestions for treatment, what responsibility do you have as the counsellor?
6. A site supervisor serves in a highly significant role and has many responsibilities. Which of these responsibilities do you consider the most imperative?
7. Explain how counsellor responsibilities are related to managing boundaries and dual relationships.

8. How are counsellor responsibilities related to professional competence and training?
9. How can providing your client with a copy of the code of ethics benefit the counselling relationship?
10. Identify ethical codes from the CPBC, CCA and BCACC that are relevant to client rights and counsellor responsibilities.

### *Case Studies*

*Case Study One:* You are a counsellor whose approach to counselling is Feminist Therapy. You explained to your client, Maxine, that this is a philosophy of psychotherapy that looks at the influence of gender, power, and cultural forces in determining a person's developmental experiences and the problems they bring to therapy. In addition you told Maxine that if she wished to learn more about this approach, you had books about it that you could lend her. During your sessions with Maxine you used a variety of techniques, trying to find what worked best for her. These techniques included dialogue, interpretation, cognitive reframing, and awareness exercises, self-monitoring experiments, visualization, journal-keeping, drawing, and reading books. When you proposed specific techniques that you believed had special risks attached, you always informed Maxine and discussed with her the risks and benefits of what you were suggesting. As part of the informed consent process you let Maxine know that she had the right to refuse anything you suggested.

You often wondered whether your approach to counselling was a good fit for Maxine, but because she rarely asked questions regarding your approach and was

always a very cooperative client, you kept experimenting with different approaches with her. After several weeks of counselling Maxine stopped attending her counselling sessions. You remembered Maxine talking about how she found the changes in her beliefs and behaviours scary and disruptive to the relationships she had outside of counselling and you wondered if that is why she stopped attending.

- In this situation did Maxine have the right to decide that therapy should end so abruptly? What expectations would you as the counsellor have for Maxine in terms of termination? What are your responsibilities in terms of sharing these expectations?
- What could you include in your informed consent process that would help to avoid such an abrupt ending?
- If you believed you were unable to help Maxine because of the type of problem she had or because your training and skills were not appropriate, what would be your responsibilities?
- In your opinion what did you do right and what would you do different?
- If Maxine was unhappy with what was happening in therapy, what could she have done differently? What if Maxine believed that you would have been unwilling to listen and respond, or that you had behaved unethically?
- Is Maxine free to discuss her complaints about you with anyone she wishes? Does she have any responsibility to maintain confidentiality about what you do that she did not like?

*Case Study Two:* Laura has been counselling Sean for several months now.

Sean is currently living with his mother Robin who considers herself a single parent.

Although Sean has spent most of his time with Robin, both Robin and Sean have decided that Sean should spend the upcoming Spring Break with Bryan, his noncustodial parent. Laura believes Bryan needs some information about counselling, since Sean has been very anxious and has reported frequent nightmares.

- What action should Laura take in order to inform the noncustodial parent?
- Assume Robin opposes informing Bryan, what are Laura's options? What if Laura believes the information is vital? Suppose Sean's nightmares are related to Bryan's dating partner.
- Identify ethical guidelines from the CPBC, CCA or BCACC that are relevant in deciding whether Laura should share this information with the noncustodial parent.

*Case Study Three:* Jake keeps very brief records, noting only that a client has been here, what interventions occurred during the session, and the topics that were discussed. One of his clients, Robert, preferred that he keep no records at all. Upon Jake's demand, Robert gave Jake a written request to this effect for his file and as a result Jake only noted that Robert attended counselling. Three years post termination, Robert contacted Jake and requested a copy of his file. When Robert received the file he contacted Jake once again requesting that Jake make changes to what Robert felt were errors in his file. Jake was unsure how to proceed as he strongly believed that there were no errors in his records. Jake wanted to discuss the issue with his supervisor; however, fearing that his lack of efficient record

keeping would become an additional ethical issue, Jake decided to make the requested changes.

- What are the benefits to keeping detailed records? What are the risks of keeping detailed records?
- What are the legal requirements for records?
- How would you handle a request from a client to abstain from record keeping?
- Does Robert have the right to request his file? Does he have the right to ask for changes to what he believes are errors?
- If you were Jake's supervisor, what suggestions would you have for him regarding his responsibility to record keeping?
- Identify ethical guidelines from the CPBC, CCA or BCACC that are relevant to maintenance of and access to records?

### *Activities*

1. Alcohol and Drug Counselling: Have students form small groups and discuss client rights and counsellor responsibilities in the field of alcohol and drug counselling. In the discussion students should: (a) list client rights related to client welfare, (b) identify client rights related to informed consent, (c) explain how client rights relate to confidentiality and its limits, (d) recognize counsellor responsibilities related to record keeping, (e) explain how counsellor responsibilities are related to managing boundaries and dual relationships, and (f) analyze the ways that counsellor responsibilities are related to professional competence and training of addiction counsellors.

2. Client Rights and Responsibilities: To facilitate the counselling process the client should understand both their rights and responsibilities. Have students pair up and debrief the following list of client rights and responsibilities. Debriefing should include a verbal discussion and a written explanation of each point. In addition, have students consider the potential dilemmas that could occur when a client does not know or understand each listed point.

*Client Rights:*

- Be treated with respect.
- Have written information before consenting to evaluation and treatment about the counselling services, policies and procedures.
- Be informed of potential risks and benefits of counselling.
- Ask any questions about the counselling process and therapeutic techniques that the counsellor uses or plans to use.
- Ask about the counsellor's qualifications.
- Refuse to answer any question.
- Refuse audio or video recording of sessions.
- Refuse the administration of any evaluation procedure or intervention.
- Discuss their counselling with anyone they choose, including another counsellor.
- Request another counsellor if uncomfortable or dissatisfied.

- File a complaint with the counsellor's supervisor, the counsellor's licensing board, or other appropriate government agency about problematic, unethical or illegal behaviour by the counsellor.
- End counselling at any time.

*Client Responsibilities:*

- Set and keep appointments with the counsellor.
- Pay the fees in accordance with the schedule pre-established with the counsellor or agency.
- Help plan counselling goals.
- Follow through with agreed upon goals.
- Keep the counsellor informed of the progress toward meeting counselling goals.
- Terminate the counselling relationship before entering into arrangements with another counsellor.

3. Confidentiality: Confidentiality is a basic client right. Counsellors are ethically bound to maintain confidentiality. Information about a client's contact with a counsellor may not be disclosed to anyone without the client's written permission, except in situations in which the counsellor has described in the informed consent process. Have students create both a "Consent to Release of Confidential Information" form and an "Authorization to Obtain Confidential

Information” form that they might use in a counselling situation where the exchange of confidential information is required.

### *Assignments*

1. **Web Page Design:** Have students design and construct a web site for a hypothetical counselling agency such as a school setting, private practice, alcohol and drug counselling, or women's shelter. The web page should include an introduction to the type of counselling provided by the agency, the benefits and risks of counselling and information regarding the rights and responsibilities of the clients who wish to access the counselling services and the rights and responsibilities of the counsellors who work for the agency. Students may use as many graphics or other media they wish. For safety reasons, this site will not be published to the Internet.
2. **Interview Local Professionals:** Student should interview professionals who provide counselling services in the local community. These might include mental health professionals, alcohol and drug counsellors, licensed psychologists, licensed professional counsellors, social workers and/or school counsellors. Have students write a three page paper reporting on their findings, including the roles of the professionals they interviewed, the issues they typically encounter, their counselling style and philosophy, their view of the helping process and what they consider to be the rights and responsibilities of their clients and themselves as helping professionals.
3. **In-Service Workshop:** Have students develop an in-service training program and make a one hour class presentation on a topic related to client's rights

and counsellor responsibilities. Student should be expected to make a professional presentation, utilizing audio visual material, preparing handouts and providing an outline of their presentation.

4. Policy and Procedures: Ask students to create a series of policies and procedures that support ethical practice for a hypothetical counselling agency. The task is for students to create agency policies and procedures, including forms and handouts, designed to reduce the likelihood of counsellors committing ethical violations and to ensure clients are well informed of their rights.
5. Counsellor-Client Contract: In addition to being a clinical process, counselling involves a professional arrangement, regulated by laws, ethics, the client's rights, and the counsellor's responsibilities. Before counselling can begin however, a client's informed consent is required. Informed consent is a basic client right. One of the best methods of protecting the rights of clients is to develop procedures to help each client make informed choices. From a legal perspective, there are three elements involved in adequate informed consent: capacity, comprehension of information, and voluntariness.

Informed consent is a basic right that all clients have because it is the client who needs assistance in becoming involved, educated, as well as a willing participant in the course of his/her own therapy. Corey and colleagues (2007) suggest that the goal of the informed consent process is to provide clients continuous, adequate, and accurate information so they may or may not consent to treatment.

For this assignment have students draft a model counsellor-client contract. The contract should comply with the requirement that informed consent must be obtained from their clients. In addition, it should allow the counsellor to establish a legally enforceable relationship with the client and avoid risks of such issues that may become the basis for malpractice suits or licensing board complaints. Once the model counsellor-client contract is complete have students discuss the legal, ethical and practical aspects of informed consent. The contract may include, but is not limited to, the following:

- Counselling Services
- Meetings
- Professional Fees
- Billing and Payments
- Insurance Reimbursements
- Contacting the Counsellor
- Professional Records
- Minors
- Confidentiality

6. Consumer Brochures: The purpose of this assignment is to assist the student in applying ethical issues to practice. Have students develop a consumer brochure related to particular ethical issues or concerns regarding client rights and/or counsellor responsibilities. The brochure should be aimed at

individuals, groups, families, and/or parents/guardians within a specific counselling setting. Student may work in teams of two if they prefer.

### *Annotated Bibliography*

Burwell-Pender, L., & Halinski, K. H. (2008). Enhanced awareness of countertransference. *Journal of Professional Counseling: Practice, Theory, and Research*, 36(2), 38-51.

Counsellor educators and supervisors must aid counsellors in their drive to become professionally responsible. Professional responsibility includes being self-aware of one's internal processes and incentives. By defining counter-transference and discussing issues thereof, the authors help to generate some impetus within the counsellor education and supervision community to de-stigmatize the construct and re-evaluate the practices of teaching counter-transference. Issues presented include: managed versus unmanaged counter-transference, counter-transference feelings versus behaviours, implications for counsellor educators and supervisors, and instruction and supervision of counter-transference. The authors review up to date research to help expose the implications for counsellor educators and supervisors.

Fisher, C. B., & Oransky, M. (2008). Informed consent to psychotherapy: Protecting the dignity and respecting the autonomy of patients. *Journal of Clinical Psychology*, 64(5), 576-588.

Informed consent to counselling satisfies the ethics of professional conduct and is vital to the development of a healthy therapeutic relationship. When implemented properly, informed consent procedures can demonstrate a

counsellor's respect for the client's right to self-determination and a sense of ownership. This article highlights the key components of informed consent to counselling by placing them within real-world case studies. This article provides the reader with the general requirements of informed consent, details on competency to give consent, and general timing of informed consent. In addition, the authors discuss information on fees and payment policies, the involvement of third parties, a description of the limits of confidentiality, and new and untested treatments. Lastly, this article investigates informed consent procedures for individuals with impaired cognitive capacities.

Lawrence, G., & Robinson Kurpius, S. E. (2000). Legal and ethical issues involved when counseling minors in nonschool settings. *Journal of Counseling & Development, 78*, 130-136.

There are particular areas of knowledge and skills that are unique to working with minors. These include being familiar with both the legal and ethical issues relevant to working with children. Drawing from court cases and legislation, the authors present what they believe to be the four most critical ethical issues related to working with minors. These issues are: (a) counsellor competence, (b) the client's right to confidentiality and informed consent, and (c) counsellor's duties related to child abuse. In order to minimize legal liability, the authors provide suggestions for working ethically with minors.

### *Confidentiality*

The right to privacy and confidentiality is a human and therapeutic, as well as a legal, consideration. All professions identify the need for a certain degree of confidentiality in therapeutic relationships in order to establish a trusting environment within which help can be sought and offered. In addition, most individuals seeking counselling services assume that what they divulge in counselling will be kept in confidence by their counsellor, with limited exceptions (Glosoff, Herlihy, & Spence, 2000). Under normal circumstances, a counsellor can reveal or disclose information about a client only with the client's written or recorded permission, after discussion if possible, only to agreed-upon recipients for a limited period of time (Daniels & Ferguson, 1999). Counsellors are required early in the counselling process to inform clients about exceptions to confidentiality as laid out by law and their code of ethics. Informing clients of these conditions helps clients to decide what information they will reveal in counselling (Daniels & Ferguson, 1999). While this information is pertinent to the client-counsellor relationship it does not, however, illuminate ethical dilemmas related to the topic of confidentiality.

The discussion questions, case studies, activities, and assignments provided seek to direct counsellors in balancing the principle of confidentiality with current ethical and legal issues related to confidentiality.

#### *Discussion Questions*

1. What constitutes "informed consent"? Are counsellors required to have a written informed consent form? What must be included in an informed

consent form? What should clients be told with respect to their right of access to files?

2. What is the difference between confidentiality and privilege?
3. When is it permissible to breach confidentiality?
4. What are the limits of confidentiality?
5. Consider the Tarasoff case. What might a counsellor want to include in informed consent form, in order to provide clarity with respect to the limits of confidentiality in cases where there is a “duty to warn” an identified third party?
6. Identify ethical codes from the CPBC, CCA and the BCACC that are relevant to confidentiality.
7. What ethics and laws are related to record keeping?

### *Case Studies*

*Case Study One:* Jillian had been counselling client Paul for approximately 3 years. In this time Jillian had developed a very solid counselling relationship with Paul. Paul was an extremely motivated client who worked incredibly hard to conquer the challenges in his life.

Paul had missed a session during the week and Jillian was quite concerned because this was out of character for him as he had always notified Jillian in the past if he was unable to keep his appointment.

As Jillian read today’s newspaper headlines she sees that there had been a terrible car accident that claimed Paul’s life. She is deeply shocked and saddened by the news and would like to attend his funeral service.

- Do you think that she should attend?
- What ethical issues will she need to consider?

*Case Study Two:* Simone is a new counsellor in private practice. In discussing the issue which brought him to counselling, Harry discloses to Simone that there is considerable violence in his home. He further mentions that his mother generally takes out her anger on his younger sister who is fourteen years old. He describes that his sister is often physically bruised as a consequence, but that his mother plans to move out of the family home in a few days. He expects that this will bring an end to the conflict between his mother and other family members, and he does not want to potentially escalate the violence by having any outside agencies involved. Simone has only met with this client once before, and has not yet had an opportunity to discuss any of the limits of confidentiality with him.

- If you were Simone what would you do at this point?
- If you were Simone's supervisor and she came to discuss this situation with you, what areas of concern would you discuss?
- What steps could have been taken to prevent this dilemma with Harry?
- Making reference to the relevant ethical standards and principles found in the CPBC, CCA, or the BCACC codes of ethical conduct describe how you would manage this disclosure.

*Case Study Three:* You have a client who is chronically suicidal, obsesses about suicide and self-harms on a regular basis. Her desire, and your fear, is that she will eventually cut deep enough, or take enough pills to actually complete suicide. When concerns of imminent risk have been reported in the past, she told

the doctors what she learned they need to hear to determine she is not in imminent risk, she was released and she made another attempt on her life, fueled with feelings of betrayal and self-loathing. After these incidents, the attempts had been more serious and life threatening. Many mental health agencies in your area refuse to treat her due to liability concerns. You and your agency feel you have a moral obligation to serve her even though she makes you uncomfortable.

- What are the ethical concerns?
- How will you serve this client and protect yourself professionally?
- How would include the need to breach confidentiality in this client's treatment plan?

*Case Study Four:* During a peer supervision session a colleague of Angie's relays that he is having unprotected sex with his partner without informing her of his HIV status.

- Do you have an obligation to maintain confidentiality when a disclosure of this nature is made by someone other than a client? If so, how should one's "duty to protect" be weighed against one's obligation to maintain confidentiality?
- If you were Angie what would you do next? What are the relevant ethical codes/standards/principles that merit consideration?

### *Activities*

1. E-Therapy: One of the most pressing concerns in online counselling is the protection of client information. The use of electronic communications presents a threat to patient confidentiality if proper precautions are not taken.

Before a client considers trying e-therapy they should first consider the privacy of their personal information. The client should be encouraged to discuss the issue of privacy with any potential counsellor and inquire about what precautions they take to ensure the confidentiality of personal information. For this activity have students generate a list of steps they would, as e-counsellors, take to help protect their clients. In addition, have students create a second list stating the precautions they would encourage their clients to take to protect themselves.

2. **Research Commentaries:** Practicing counsellors need to be able to develop familiarity with relevant journal literature as an ongoing means of self-education about developments pertinent to their specific interests and expertise. Have students submit a very brief comment on one of each week's journal readings or a journal of their choice.
3. **Group Role-Play:** Group therapy presents special confidentiality problems. Although group members are not legally obligated to maintain confidentiality, group therapists must stress the importance of maintaining confidentiality. Ask students to role-play a group therapy session with one student modelling how this issue should be talked about by the counsellor with group participants and how breaches of confidentiality should be managed. Once the role-play is complete, group members can provide feedback and offer alternate courses of action.
4. **Brainstorm Subtle Intrusions:** In addition to maintaining absolute confidentiality, the counsellor is responsible for establishing an environment

that ensures a client's privacy in every way possible. It is important to be aware of the impact even the subtlest intrusions can have on a client's sense of privacy. Invite students to brainstorm subtle intrusions and compare their ideas with other classmates.

5. **Questions and Answers on Confidentiality:** In small groups have students read and answer the following questions:

*Question One:* You need to tape-record and videotape treatment sessions for purposes of supervision. You are concerned that tape-recording sessions may affect the dynamics of interactions, and may have a negative impact on clients' readiness to disclose information. Do you need to let clients know that they are being tape-recorded, or can you record sessions secretly?

*Question Two:* A former client has failed to pay for professional services. Can you turn the account over to a collection agency or sue in order to collect the debt?

*Question Three:* You are providing treatment to a minor, and a parent asks for information concerning your client's problems or requests treatment records. What information—and how much information—should you disclose?

*Question Four:* A step-mother has brought her step-children in to see you so you can make a recommendation to the court. After a messy divorce, the step-mother was awarded full custody of her three step-children. She is opposing the Dad's recent motion to modify parenting time, so he can have more time with his children. You have met with the children several times,

and each time they have stated that do not want to spend more time with their Dad. The step-mother's attorney has asked you to prepare a letter to the judge, summarizing the children's opposition to their father's motion and his request for additional parenting time. Can you prepare such a report?

In addition to the answer, students should provide a "best practice" statement. Answers and best practice statements should be formulated using the ethical standards and principles found in the CPBC, CCA, and the BCACC codes of ethical conduct.

6. Classroom Ethics Review Committees: Divide the class into committees of four people. Each committee will be given a case to analyze on the spot. Call upon students to think out loud as members of such a committee would do in real life. Because the essential elements of a situation are not always apparent at first glance, discussion with others will often allow others to see aspects of a case that went unnoticed before. Have the committee discuss the various elements of the case, evaluate what was done or not done and make recommendations for how it should be handled.

### *Assignments*

1. Limits of Confidentiality (A): Have students assume they intend to practice in a private practice setting in Canada. Ask them to provide a clear and comprehensive list of the limits of confidentiality. The list should be in simple language that could easily be understood by a client irrespective of level of education.

2. Limits of Confidentiality (B): Ask students to consider the limits of confidentiality they described in the previous assignment. Had those limits been discussed and an informed consent signed at the onset of treatment, ask students to discuss how they would respond to their client disclosing an intention to have unprotected sex, despite positive Hepatitis C status, with an identified other. Complete answers should make reference to cases in the past that have set precedence with respect to a counsellor's duty to warn. A complete response should also indicate what conflicting ethical considerations were weighted in coming to a conclusion.
3. Article Presentations: Have every student be responsible for presenting two pre-assigned journal articles to their peers. The purpose of this assignment is for students to obtain exposure to a number of issues concerning confidentiality and its impact on the counselling process while becoming familiar with the type of literature and resources that are available when problem-solving during their professional practice. Presentation expectations should include a twenty minute oral presentation of the major points and a discussion led by the student concerning their reactions to the readings. Issues can include: duty to warn, abuse of children and vulnerable adults, prenatal exposure to controlled substances, minors/guardianship, insurance providers, rural counselling, school counselling, etcetera.
4. Client Confidentiality versus the Duty-to-Warn: In a 3-5 page paper have students discuss how these two opposing requirements should be weighed and what codes, standards, and laws need to be considered.

5. Case Reports: Have students write a case report of an ethical issue related to confidentiality in which they have had some first hand knowledge. In their report, have students include:

- A description of the relevant information about the case,
- Additional facts that were needed or assumptions made,
- Relevant rights and responsibility issues of the concerned parties,
- The ethical and legal issues at stake.

Based on their ethical assessment, ask students to evaluate the action taken and/or recommend a course of action. Identifying information should be obscured.

### *Annotated Bibliography*

Huprich, S. K., Fuller, K. M., & Schneider, R. B. (2003). Divergent ethical perspectives on the duty-to-warn principle with HIV patients. *Ethics & Behavior, 13*(3), 263-278.

Mental health professionals often feel caught in a legal dilemma with respect to a client's HIV status. On one hand, there is the basic duty to keep client information confidential. This is especially true of information about HIV-infection, which can be harmful to the client if revealed to others. On the other hand, there may be a duty to warn others if the client poses some threat to them. This article presents a valuable analysis of two differing opinions on whether to inform an unknowing partner of an HIV positive client. The authors conclude that no

comprehensible professional standard for the management of this dilemma is evident.

McCurdy, K., & Murray, K. C. (2003). Confidentiality issues when minor children disclose family secrets in family counseling. *The Family Journal, 11*(4), 393-398.

Mental health counsellors working with children and families must attend to the disclosure of family secrets made by minors. Using a case example of a disclosure in an individual session, this article provides information on family secrets, confidentiality and breaching confidentiality. A critical review of the literature on the disclosure of family secrets is used to provide recommendations for practice with minors and ethical considerations are addressed.

Meer, D., & Vandecreek, L. (2002). Cultural considerations in release of information. *Ethics and Behavior, 12*, 143-156.

Drawing from the literature, clinical practice, and personal experience the authors explore the area of confidentiality as it is perceived by the South Asian population. They explore the meaning of autonomy for clients for whom individuality is considered a blatant infringement of social norms. In addition, the authors look at the ethics of fostering individuality in such a client. Lastly, the authors discuss how confidentiality can negatively impact the client.

### *Boundary and Multiple Relationship Issues*

Herlihy and Corey (2006) define boundary violations and boundary crossings as any deviation from traditional, strict, 'only in the office,' emotionally distant forms of counselling. They state that boundary violations and boundary crossings refer to issues of self-disclosure, length and place of sessions, physical touch, activities outside the office, gift exchange, social, and other non-therapeutic contact and various forms of multiple relationships. However, while boundary violations are harmful to clients, boundary crossings are *not* and can prove to be helpful. Harmful boundary violations occur typically when counsellors and clients are engaged in exploitative dual relationships, such as sexual contacts with current clients. Boundary crossings can be an integral part of well formulated treatment plans. Examples of boundary crossing include having lunch with an anorexic client, making a home visit to a bed ridden elderly client, going for a walk with a depressed client, or accompanying a client to a dreaded but medically essential doctor's appointment to which they would not otherwise go on their own. Potentially helpful boundary crossings also include giving a non-sexual hug, sending cards, exchanging appropriate gifts, lending a book, or attending a funeral.

As with multiple relationships, what constitutes harmful boundary violations according to one theoretical orientation may be considered helpful boundary crossings according to another orientation (Herlihy & Corey, 2006). Like dual relationships, boundary crossings are normal, unavoidable and expected in small communities such as rural, military, universities and interdependent communities such as the deaf, ethnic, and gays. In addition, different cultures have different

expectations, customs and values and therefore judge the appropriateness of boundary crossings differently. Not all boundary crossings constitute dual relationships. Making a home visit, going on a hike, or attending a wedding with a client and many other 'out-of-office' experiences are boundary crossings which do not necessary constitute multiple relationships. Similarly, exchanging gifts, hugging, or sharing a meal are also boundary crossings but not multiple relationships. However, all dual relationships, including attending the same church, bartering, playing in the same recreational league, constitute boundary crossings.

Ethical issues concerning boundaries and multiple relationships are among the most complex and difficult for the counselling professional (Reamer, 1998). Other than explicit prohibitions concerning sexual contact with clients, many of the boundary situations that arise are not easy to assess ethically. What makes up a boundary violation in one circumstance may be ethically acceptable in a similar circumstance. The discussion questions, case studies, and activities provided seek to direct counsellors in sorting through boundary crossings, boundary violations, and multiple relationships in order to discern what constitutes not only the highest standards for ethical behaviour, but the highest standards for practice.

### *Discussion Questions*

1. What are the ethical issues which arise in potential multiple relationships?
2. How can a counsellor develop risk management strategies for evaluating potential problems in such relationships and respond accordingly?
3. Some multiple relationships are unavoidable and, in themselves, are not unethical. Indeed, in some circumstances avoiding a multiple relationship

may harm the professional relationship. What factors should a counsellor consider to determine whether a relationship has ethical concerns?

4. What are the special issues related to multiple relationships when working with special populations such as lesbian, gay, bisexual, and transgender clients?
5. Many counsellors make a distinction between boundary crossings and boundary violations. What is the difference between them and why should a counsellor carefully consider any boundary crossings?
6. Identify ethical codes from the CPBC, CCA and the BCACC that are relevant to boundary issues and multiple relationships.

### *Case Studies*

The purpose of the following case studies is to stimulate discussion about expectations for the professional behaviour of counsellors in therapeutic relationships. The focus of discussion is on recognizing and respecting professional boundaries in counsellor-client relationships, and on what may be done when professional boundaries are crossed or when multiple relationships are developed.

*Case Study One:* Margret and Charlene are mental health therapists who practice in a health centre in Northern British Columbia. Because of the small size of the community, 900 people, nearly everyone knows one another. Margret and Charlene's formal working hours rotate between Monday to Friday 8:00 am to 4:00 pm or 12:00 pm to 8:00 pm. After hours, Margret and Charlene take turns at being on-call for emergencies. In the case of multiple emergency situations the RCMP back up the on-call therapist.

It was Margret's week on call. Charlene was at home making supper when she got a phone call from Stella, her neighbour. Stella's fourteen year old son, Joshua, had just come home intoxicated and was in distress. Stella said, "He says no one listens to him and he just wants someone to listen." Joshua was crying, and Stella wanted to know what she should do. Rather than telling Stella to call Margret, Charlene decided to deal with the request for help herself. She asked Stella for more details and when she was unable to get a clear picture of Joshua's status she agreed to run over to Stella's house and speak with Joshua herself.

- Has a professional boundary been crossed or violated in this scenario? If so, by whom?
- Are the community's expectations of the therapists reasonable? Are the therapists' expectations of themselves reasonable?
- Do the therapists and the community have a common understanding of what an emergency is?

*Case Study Two:* Carla was pleased with her new job. Full-time jobs were limited for new counselling graduates and this was a good one. Carla enjoyed the friendliness and sense of community found at the inpatient rehabilitation treatment centre in which she was hired. The only drawback was being alone - Carla was new to the community and missed her friends and family back home.

A few weeks after Carla began her job at the rehabilitation treatment centre, she admitted a new patient, Adam, who had a gambling addiction. Like Carla, Adam was new to the community. Adam's treatment at the centre continued until he mastered the basic skills needed for self-care and ongoing recovery. While the

length of his inpatient treatment only lasted 4 weeks, during his hospitalization he enjoyed talking with Carla.

The aftercare phase of Adam's treatment was conducted on an outpatient basis. This involved weekly meetings for three months after hospitalization. At this time he did not work with Carla, nor did he see her.

Five months after Adam's hospitalization, he and Carla met accidentally at the local single's dance. They were pleased to see each other and spent the evening together dancing and talking. At the end of the evening, Adam asked Carla if he could see her again and invited her out the next week.

- Would Carla be violating professional boundaries if she accepted the date with Adam? Why or why not?
- How long, if at all, should Carla wait before accepting a date with Adam?
- What factors should Carla consider in making her decision?

*Case Study Three:* Lisa worked in a centre for troubled youth. One of the policies in the centre was that all staff worked with a consistent approach with the youth. This was because the youth were quick to pick up on inconsistencies and try to manipulate the system to fulfill their own desires. The staff felt that getting their needs met through manipulation prevented the youth from learning to trust that they could get what they needed by healthy interactions with staff.

Tyson was a 13 year old patient at the centre. Because his parents were separated and unable to care for him, he normally lived with his aunt. They survived on the little she earned every month in her part-time work at a laundromat.

One day Lisa arrived at the centre and noticed Tyson was walking around in bare feet and his jeans were torn and ragged. She spoke with Tyson's aunt who said she had no money to buy necessities for Tyson. Lisa, who had a soft spot for Tyson, went to the mall that evening and bought a pair of slippers and a pair of jeans. The next morning she gave these items to Tyson who threw his arms around her and gave her a kiss on the cheek.

Much to Lisa's surprise, her colleague Frank marched up to her that afternoon and asked if they could talk. Frank informed Lisa that he had been unable to work with Tyson that day because Tyson refused to do anything unless Lisa told him to do it. Tyson told Frank that the only counsellor who cared for him was Lisa, because she bought him nice things. Frank asked Lisa why she had bought the items when there was a social worker at the centre who had a budget that covered such things. Lisa thought about what Frank had said and realized he was right. She decided she should not have purchased the items for Tyson, but should have referred Tyson's aunt to the social worker for help.

- Is the counsellor's behaviour therapeutic for that client? Why or why not?
- Does the counsellor's behaviour make it more or less likely that the needs of all of the clients will be met? Why or why not?
- Are there boundary signs that might alert the counsellor to a possible boundary issue?
- What would help the counsellor differentiate between a therapeutic relationship and a potentially harmful one in each of these instances?

*Case Study Four.* Betty was a new counsellor on the psychiatric unit at the regional hospital. She graduated two years previously with a Masters of Education in Counselling, and had worked on a casual basis in several women's shelters. She was elated when she got a position on the psychiatric unit because she felt her strongest skills were in the psycho-social area and she would really be helping people who most needed her help.

Betty was the primary counsellor for Hunter, a patient with a long history of severe depression and maladaptive behaviour. Over Hunter's six month stay in the hospital, Betty learned about Hunter's childhood and abusive marriage. Betty was not used to hearing the kind of vivid details that Hunter felt she needed to share with Betty, but she knew that Hunter needed to work through these things by talking about them. Betty noted the improvement in Hunter and, finally, the day arrived for her to be discharged from hospital. The plan was for Hunter to continue with her counselling at an outpatient psychiatry day program.

Two weeks later, Betty bumped into Hunter in the hospital cafeteria. Hunter was looking unwell and said that, although her treatment was going well, she was struggling to find employment and was very lonely. Betty offered to assist Hunter with her job hunt and invited her home that evening for dinner and to discuss the plans. Hunter accepted and within three weeks, Hunter was a regular visitor to Betty's and had become a member of Betty's circle of friends.

One of Betty's good friends, Tyler, was a self-starter, always involved in a "get rich quick" scheme of some kind. Tyler introduced Hunter to a network marketing program and its products. Hunter, who still wasn't thinking clearly,

accessed her minimal life-savings, purchased the distributor package of products, and began to work toward getting rich quick. Because Hunter knew almost no one in the community, her efforts failed and she was left penniless and extremely disheartened. She spoke with her outpatient therapist about her quandary and the therapist was very concerned that another therapist had indirectly caused Hunter to get into this situation. The therapist suggested that this was inappropriate behaviour on behalf of the therapist, and that Hunter should share her concerns with the professional association that establishes the code of ethics and standards of practice and deals with disciplinary matters and formal complaints to which Betty belonged.

- Has a professional boundary been crossed or violated in this scenario? If so, by whom?
- Are there boundary signs that might alert the counsellor to a possible boundary issue?
- What are the differences between advocating for clients and interfering with clients' lives?
- What would help the counsellor differentiate between a therapeutic relationship and a potentially harmful one in each of these instances?

### *Activities*

1. Case Vignettes: The case vignettes that follow are provided as examples for discussion between student counsellors, and counsellor educators and their students. They do not have only "one right answer" - several interpretations are possible depending on the questions which are asked. Students can use

the provided questions and others of their own to provoke discussion on the factors to be considered.

*Case Vignette One:* You decide to teach an undergraduate course in client rights and counsellor responsibilities at the local university. You show up on the first day of class and see there are fifteen students who have signed up. Three of them are current clients in your private practice.

- How do you feel?
- Does their presence change how you teach your first class session?
- What options do you have for addressing this issue?
- What do you think you would do?
- How, if at all, would you address this issue in the chart notes for these three clients?

*Case Vignette Two:* Your neighbours, who are also close friends, are aware that you will be spending Christmas alone. They invite you to share Christmas day with them, preparing the meal during afternoon, feasting at dinner, going for a leisurely trail hike in the evening, then returning for a light dessert and some board games. You show up to discover that they have, without letting you know, invited another "unattached" person who is presumably your blind date for the day. That person is currently a client for whom you have been providing counselling for six months.

- How do you feel?

- What are your options?
- What do you think you would do?
- How, if at all, would your feelings, options, or probable-course change if the person was a former client?
- What if, rather than your client, the person was your therapy supervisor?
- What if the person was your own therapist?

*Case Vignette Three:* During a session a client mentions that, because of her job, she receives free tickets to concerts, plays, and other events. To show she appreciates those people in her life, she gives them away. She tells you she has mailed you a pair of tickets to an upcoming musical because you had happened to mention you wanted to see it. You remember telling her that you tried to find tickets to take your daughter, who very much wants to attend, but tickets were immediately sold out and no source seems to have them available at any price.

- What do you feel?
- What issues do you consider?
- Is there any more information that you would want before deciding what to do? If so, what information would you seek?
- Under what conditions, if any, would you accept the tickets?
- After the session is over, how, if at all, would you describe this situation in your chart notes?

*Case Vignette Four.* You are a therapist who becomes attracted to a client and soon realizes that the feelings are mutual. You discuss the situation and mutually agree to terminate therapy and to begin dating. You eventually get married.

- In applying the CPBC, CCA or the BCACC professional code of ethics to this case, is your decision unethical? Please discuss.
  - What is the rationale behind prohibiting or severely limiting dual relationships?
2. **Journal:** Students should write at least one entry per week in response to the class lectures/discussions, experiential exercises, videotapes, and/or readings. This is an opportunity for students to reflect on their attitudes, thoughts and feelings as they increase their awareness of boundary and multiple relationship issues and for them to begin integrating the readings and class discussion. Occasionally, the instructor may ask students to respond to a particular question, issue, or theme in their journal. The journal is also a way for students to give feedback and to ask questions that may not have been addressed in class. The final journal entry should provide a summary of the students learning process over the course of the topic, including future plans for further growth in boundary and multiple relationship issues.
3. **Social Relationships:** In small groups have students discuss when, if ever, do social relationships with clients become acceptable. Have groups make, and share with the class, a list of criteria they believe should be used to make

such decisions. In addition to the list, students should provide rationale for their selected criteria. Once the criteria and rationale have been shared, have the whole class discuss the arguments that have been set forth against social relationships with former clients and whether such limitations should be different depending upon the nature of the service provided (i.e., psychological testing versus ongoing psychotherapy).

4. Ethical Standards: Counsellors are warned against improper and potentially harmful dual relationships in the ethical principles and standards set forth. However, the prohibition against multiple relationships is not absolute. In some situations, multiple relationships are unavoidable. As long as a counsellor is sensitive to the potential harmful effects of multiple relationships, some of these relationships are not likely to be viewed as a breach of the Ethics Code. In pairs, have students consider one or both of the following:

*The Bartering of Services:* Ask pairs to explore whether or not the CPBC, CCA and BCACC standards specifically address whether the practice of bartering of services is unethical. In addition, have student share with each other what would guide their decision to barter counselling services.

*Sexual Intimacies:* Ask pairs to explore the CPBC, CCA and BCACC standards with respect to sexual intimacies with former clients. In addition, have students share with each other what they believe the rationale behind these ethical standards to be.

## *Assignments*

1. **Annotated Bibliography:** Possessing an awareness of popular ethical debates taking place in the field promotes a student's development into a competent and effective professional. Have each student complete an annotated bibliography with at least 15 references on one ethical issue related to boundary and multiple relationships that is currently being discussed and debated in the literature. The annotated bibliography should offer the reader a full citation and a brief summary of the article's major points. Have students also give a presentation to the class summarizing the contents of their annotated bibliography, indicating points of convergence and divergence in the arguments presented through the articles.
2. **Class Discussion:** In small groups have students facilitate a short class discussion on one of the following topics: self-disclosure, physical contact, counsellor clothing, location, time, role, gifts, bartering, and post-termination relationships. Each group should be expected to include material from three to four professional journal articles that primarily addresses the chosen topic as well as review the pertinent material in the text. Articles should be published within the past 7 years. Groups should be asked to submit a copy of the articles to the instructor at the time of the class discussion. Articles submitted must come from the professional literature. Have each student submit a one page summary of the major facets of the ethical issue in their own words.

3. Decision-Making Responses: A few authors focus on ethical decision-making and guidelines specifically for boundary and multiple relationships. These include Herlihy and Corey (2006), Gutheil and Gabbard (1993), Lazarus and Zur (2002), and Schank and Skovholt (2006), among others. To help stimulate personal investigation and further a student's knowledge about how to approach boundary and multiple relationships in counselling, have students work through a case that involves a boundary or multiple relationship using a decision-making model of their choice. The presentation should include a one-page visual of their chosen model plus a narrative explanation. In addition, have students include a supplementary page with references.

#### *Annotated Bibliography*

Clipson, C. R. (2005) Misuse of psychologist influence: Multiple relationships. *Journal of Aggression, Maltreatment & Trauma*, 11(1), 169-203.

In order to heighten the reader's awareness of the concepts of boundaries, boundary crossings, and boundary violations and improve client care and contribute to effective risk management, Clipson (2005) examines the concept of multiple relationships and boundary violations in clinical practice. In addition, Clipson provides a decision-making model to help therapists and counsellors consider potential dual or multiple relationships and to avoid those that are exploitive.

Erickson, S. H. (2001). Multiple relationships in rural counseling. *The Family Journal*, 9(3), 302-304.

Engaging clients in multiple relationships is a complex issue that confronts every counsellor and is a common occurrence in isolated rural communities. In this article Erickson discusses: the inherent problems of having another relationship with a client, ways in which to apply ethics to decide whether to engage in counselling when another relationship exists, and the care that must be taken to prevent the harmful effects that may occur if a multiple relationship is determined to be in the client's best interest.

Gabriel, L. (2005). Speaking the unspeakable: The ethics of dual relationships in counselling and psychotherapy. *Counselling and Psychotherapy Research*, 7(2), 128-134.

This article provides an in-depth examination of client-counsellor dual relationships. By drawing on the experiences of both counsellors and clients, the author is able to provide a clear summary of the complex and multidimensional nature of dual relationships. The positive as well as negative potential of such relationships are discussed and illustrated with personal accounts. Topics covered include: roles and boundaries in dual and multiple role relationships, client experiences and perceptions of being in dual and multiple role relationships, and developing a relational ethic for complex relationships.

Younggren, J.N., & Gottlieb, N.C. (2004) Managing risk when handling multiple relationships. *Professional Psychology: Research & Practice*, 35, 255-260.

Younggren and Gottlieb (2004) state that while professional relationships should be warm, boundary crossings should be few and carefully considered and multiple relationships avoided whenever possible. In this article they developed questions to ask to help make decisions about whether to engage in a multiple relationship. The questions are as follows: Is the additional relationship necessary or should I avoid it? Can it potentially cause harm to the client/supervisee? If harm seems unlikely or avoidable, would the additional relationship prove beneficial? Is there a risk the dual relationship could disrupt the therapeutic/supervisory relationship? Can I evaluate the matter objectively? These questions are useful as a framework in supervision as well.

### *Professional Competency and Training*

Every day, countless lives are enriched or saved because of the work carried out by counsellors (Storm & Todd, 1997). In a myriad of settings, competent, well-trained counsellors form the relationships and carry out the strategies that help their clients move from life-threatening issues to life-affirming improvement. We can state with certainty that thousands of counsellors accomplish their missions with distinction. We also know, however, that even specialists in any given field of counselling are often unable to define with clarity the professional standards that should guide their work, while a lack of competence results in inappropriate and even harmful case conceptualization and interventions in counselling.

Lack of counsellor competence and training is a major area of potential ethical dilemmas. The accrediting professional associations for the counselling programs should require that students receive training in order to develop key competencies and that students should be made aware of how their training is related to those competencies. The purpose of this section of curriculum is to explore these competencies and the ethical issues related to them.

#### *Discussion Questions*

1. Analyze the ways that counsellor responsibilities are related to professional competence and training of counsellors.
2. Discuss the ethical issues school counsellors face when deciding whether to engage in multicultural counselling without having had multicultural training.
3. What knowledge and competencies are required for effective counsellor supervision?

4. Can the knowledge and competencies of counsellor supervision be measured in a valid and reliable manner?
5. Consider the ethical principles that speak directly to the issue of competence. Under what circumstances would one require consultation with an expert and/or clinical supervision to proceed with a case? When is more specialized training required? When is a referral to an expert warranted?
6. Pines and Aronson (1988) define burnout as physical, emotional, and mental exhaustion brought on by involvement over prolonged periods with emotionally demanding situations and people. Using this definition consider how burnout might relate to a counsellor's competency.
7. Discuss one or two values you adopted growing up that might hinder your competence as a counsellor with a particular client population.
8. Identify ethical codes from the CPBC, CCA and BCACC that are relevant to Professional Competency and Training.

### *Case Studies*

*Case Study One:* Kim has come to Gloria because of an uncontrollable preoccupation and urge to gamble. She reports that her excessive gambling has not only resulted in the loss of time and money, but also her husband and more recently her job. Gloria is able to identify that Kim's gambling has reached the point where it has disrupted and destroyed her personal life, family relationships and vocational pursuits. Although Gloria feels competent in her ability to establish a genuine therapeutic relationship with Kim, she doubts her ability to use an effective counselling approach with Kim. She explains to her supervisor that her lack of

knowledge about gambling, the effects of problem gambling on the gambler themselves, as well as management of the disorder make her a bad fit for Kim. Gloria's supervisor agrees and asks her to refer Kim to Darryl. Her supervisor explains that in addition to a small caseload, Darryl has shown evidence of genuine interest in helping persons with gambling problems. She states that his resume demonstrates knowledge of gambling, including treatment and rehabilitation/recovery, understanding the history, prevalence, and social impact of gambling in Canada, as well as the significant literature in the field.

During Gloria's next session with Kim she starts the referral process; however, when she discloses the name of the counsellor she is recommending, she is surprised to learn from Kim that Darryl gambles once a week at the same venue.

- What would you do at this point?
- If you were Gloria's supervisor and she came to discuss this situation with you, what areas of concern would you discuss?
- Could gambling of this manner reflect adversely on the credibility and integrity of the profession and the agency you work? Are credibility and integrity related to counsellor competency? If so, how?
- Was Gloria's self-assessment of her personal and vocational strengths, limitations, and biases correct?
- Knowing Gloria's strengths, do you think she could be considered competent enough to counsel Kim?
- Is it in Kim's best interest to refer or release her to Darryl?

*Case Study Two:* Hannah has come for counselling to deal with the death of her son. Frank has been counselling her for five weeks and in that time Hannah has reported that she feels “depressed.” In addition, she complains that she cannot sleep or concentrate and finds that easy tasks are now difficult. She states that she feels worthless and hopeless and cannot control negative thoughts, no matter how much she tries. When questioned about her appetite, Hannah shares with Frank that she cannot stop eating and is constantly irritated with herself for having no self-control.

As Frank has no formal qualifications or training to diagnose or treat psychological disorders such as depression, he encourages Hannah to visit her family doctor to have her symptoms assessed.

In the next session, Hannah reports that her family doctor had not given her a diagnosis; however, he had prescribed an eight-week course of antidepressant medication. He told her that she should continue counselling, but should consider seeing someone who has more experience than Frank.

- Given this outcome, should Frank continue to counsel?
- Considering Hannah was not diagnosed with a psychological disorder, do you feel that Frank is competent enough to continue counselling Hannah?
- What further training could Frank explore to make the situation a better one?
- In a situation like this one, what competencies does a counsellor need to possess?

### *Activities*

1. **Working with Children:** A counsellor's effectiveness in working with adults does not mean that effectiveness will transfer to minors. There are special areas of knowledge and skills that are unique to working with children. For example, some mental health disorders are seen primarily among children (i.e., separation anxiety disorder, reactive attachment disorder, etc.). One cannot simply borrow knowledge from adult psychopathology and apply it to children. Similarly, one cannot transfer understanding of adult problems to understanding children's concerns. In small groups have students list special areas of knowledge and skills that are unique to working with children.
2. **Factors of Multicultural Counselling Competence:** Sodowsky, Taffe, Gutkin, and Wise (1994) present a general multicultural model of counselling competence formed by four factors. The four factors include: (a) multicultural awareness, (b) multicultural counselling knowledge, (c) multicultural counselling skills, and (d) multicultural counselling relationship. In groups of three have students brainstorm the definition of each of the factors.
3. **Benefits to Diversity and Cultural Competency Training:** There are numerous benefits to cross cultural competency training. Ten of the most critical ones include: (a) increases self-awareness, (b) builds confidence, (c) breaks down barriers, (d) builds trust, (e) motivates, (f) opens horizons, (g) develops people skills, (h) develops listening skills, and (i) using common ground (Lynch & Hanson, 1998). In groups of three have students describe these benefits in greater detail.

4. Common Foundations: Counsellors do life-changing work on a daily basis, amid complex situations that include staff shortages, high turnover, low salaries, and grant program funding. Counsellors come to this work by various paths and with very different skills and experience (Storm & Todd, 1997). The diversity of backgrounds and types of preparation can be advantageous, provided there are common foundations from which counsellors can work. Have students choose from the following list of suggested topics and address the following questions: What professional standards should guide counsellors? What is an appropriate scope of practice for the field? Which competencies are associated with positive outcomes? What knowledge, skills, and attitudes should all counsellors have in common?

- Career education
- Substance abuse
- Survivors of sexual or physical abuse
- Death and grief
- Depression
- Peer counselling
- Disordered eating
- Spiritual counselling
- Youth custody
- Sexual Orientation

- Family therapy
- Couples counselling
- Geriatric counselling

### *Assignments*

1. Competencies: Have students evaluate themselves in the following competency areas:

- Therapeutic relationship competencies
- Conceptual competencies
- Theory integration competencies
- Supervisee competencies
- General case management competencies
- Professional and ethical competencies

Students should provide specific abilities comprising each competency and comment on areas of future development.

2. Multicultural Competence: There is some controversy in the field as to how “multicultural competence” is best defined. In other words, there is disagreement as to the degree to which mental health professionals need to attempt to familiarize themselves with the culture of their clients. It has been argued that it may be more important for counsellors to be aware of their own cultural background and biases than for them to learn about all of the various cultural backgrounds with which clients present. Inherent to this latter perspective is the notion that such self-awareness would promote not only

recognition of differences, but also a respectful, non-pathologizing approach to such differences. Ask students to consider this issue and the arguments set forth and determine how universities might best prepare students for multicultural competence in the field of counselling.

3. Competency Debate: Divide the class into two teams. The team that is pro-training will argue the following statement: Diversity and cultural competency training is critical for anyone working in a multicultural environment. The team that is anti-training will argue the following statement: Diversity and cultural competency training is *not* critical for anyone working in a multicultural environment. The debate format should be as follows:

*Step One:* One team will present an opening statement. This statement should be between three to five minutes in length and should state the team's position and the arguments/solutions they will be proposing.

*Step Two:* The rebuttal will be three questions proposed by the opposing team. Each team should be prepared to fully answer these questions. These questions should be prepared prior to the debate. Each team will be allotted 15 minutes for this section.

*Step Three:* Once the first team has completed the rebuttal section the second team will follow steps one and two.

*Step Four:* Each team should have a final conclusive argument/statement prepared and ready to present at the end of the rebuttal phase. This should be no longer than three to five minutes each.

- Students should take notes during the entire debate so they can add these in their final presentation.
- During the opening statements and the rebuttal section, students should present appropriate, credible evidence to support their claims.
- During the preparation phase, students should consider what types of questions the opposing team will ask and prepare appropriately.
- Successful debating means that student have a solid background regarding all material, have plenty of evidence to back up claims, use teamwork in the preparation of their position and be articulate, polite and creative in their arguments.
- Three weeks prior to the debate have each student write a one-page statement regarding his or her current position on diversity and cultural training. This statement should be based on their personal knowledge and should not require research. The statement will then be submitted to the instructor.

As the final section of this assignment have each student write a three to five page paper answering the following questions:

- Rate yourself on a scale of 1 to 10 with 10 being very pro-training and 1 being very anti-training.

- Has your position changed as a result of the debate?
  - Was there anything in particular that made you think that the other position had valid points?
  - Do you believe that training is beneficial?
  - If a client were to ask you a question regarding diversity and cultural training, how prepared do you feel in responding now that you have participated in the debate?
4. Working with Minors: Ask students to discuss, in a short paper, the particular training required to work with this special population. What sorts of ethical and legal questions arise in working with children and adolescents? What are the laws in the province within which they plan to practice (i.e., Can minors consent to treatment without parental knowledge or parental consent? What are the limits of confidentiality in counselling minors? What does informed consent consist of in working with minors?). Inform students that the latter can easily be done by contacting the licensing board or college responsible for registration within their chosen province.
5. Table Workshop (A): Have students prepare a table workshop on a competency and training topic of their choice. A table workshop is an informal tabletop presentation that uses oral communication and visual media to inform, clarify and/or review material on a specific topic. In addition, a tabletop workshop should present useful and timely information in an original, interesting manner. This information may be technique, theory, service, trend, or expanded opportunity in the practice of counselling and/or

the realm of counselling. Student table workshops should be simple and direct with an element of action to stimulate attention and interest. As counsellors and presenters, students will have an opportunity to expand their knowledge of competency and training and provoke curiosity and awareness of others in their profession through their energy and creativity.

Students should use the following tips when preparing table workshops:

- Determine a theme for workshop and work toward developing it.
- Do thorough research of the topic and have documentation available.
- Be prepared for questions and controversy.
- Limit presentation to 7 to 10 minutes.
- Practice good communication skills.
- Use visual aids effectively to reinforce what is being presented.
- Prepare handouts to outline, summarize or supplement the workshop.
- Practice workshop with others and ask for constructive criticism.
- Consider that a table workshop is not merely an exhibit of materials.

Students should address the following guidelines:

*Subject:*

- Title and introduction stimulated interest – was the title well chosen? Did the introduction attract attention? Did it make people want to stay and listen?
- Importance and relevance – was the subject related to competency and/or training and was it of current interest in the field of counselling?

*Content:*

- Central topic clearly defined – did a central idea run through the whole presentation?
- Organized and logical sequence – was the presentation unified and easy to follow?
- Scientifically sound – was the presentation well researched and based on current scientific data?
- Information and audience appropriate – was sufficient information on the topic presented at the appropriate level of language?

*Presentation:*

- Voice quality and level of enthusiasm – were the voices of students clear, well modulated, relaxed, and of proper volume? Was there appropriate enthusiasm?
- Correct grammar – was language, diction, and pronunciation cultured and appropriate?

- Balanced teamwork – did students share equally in speech and work, exchanging at appropriate times?
- Competency and subject knowledge displayed – did students display a full grasp of the subject? Was the information valid and accurate?

*Summary:*

- Impact of the conclusion – did the conclusion tie the presentation together? Were the students able to “sell” ideas? Did it relate back to the central idea?
  - Ability to answer questions – did students repeat questions so all could hear? Were students able to answer questions and provide additional information?
4. Table Workshop (B): Have students view at least 2 of the table workshops presented in the previous assignment and give a brief report about those workshops. Their report should consist of a one-page summary of each table workshop, including their reaction to it. Their reactions should include answers to the following questions: What did you learn? Did you find it informative, interesting, or useful? What interested you the most/least? How can you utilize this information in your practice?
  5. Personal Ethical Policies and Procedures: Have students complete the following outline in a 7-10 page paper in which they detail how they will address their ethical and legal behaviours in their future practice of

professional counselling. Their personal ethical policies and procedures manual should include the following key points:

- What is their personal assessment of the nature of ethics in the field of professional counselling?
- What have they learned in their research and readings about ethics and legal issues that has either confirmed or challenged their ethical intuition, and what are they now going to do in the future to ensure that they make well considered decisions concerning the role of law and ethics in their practice of professional counselling.
- What further additional knowledge, skills and training will they need to acquire in their graduate education to ensure that they have sound abilities, attitudes, and understanding of ethical guidelines and processes to make sound ethical judgments in their future counselling practice?
- What policies and procedures will they adopt in their counselling practice to address the following issues: (a) their personal behaviours and professionalism, (b) their values in the counselling relationship, (c) ensuring ethical counselling practices and approaches with clients, (d) dealing with clients with multicultural or diversity perspectives, (e) guaranteeing clients' rights, (f) ensuring client confidentiality, (f) maintaining

healthy boundaries with clients, and (g) maintaining professional counselling competence.

- What additional steps or procedures would they implement in their counselling practice to insure that their work is both ethical and legal?

### *Annotated Bibliography*

Burrow-Sanchez, J. J., Lopez, A. L., & Slagle, C. P. (2008). Perceived competence in addressing student substance abuse: A national survey of middle school counselors. *Journal of School Health, 78*(5), 280-286.

The authors present findings related to the perceived competence and training needs of middle school counsellors for dealing with student substance abuse. The areas of competence addressed were as follows: (a) ability to identify students with substance abuse problems, (b) ability to consult with teachers and parents about a student with substance problems, (c) ability to screen and assess a student with substance abuses problems, and (d) work with students from families with a parent who abuses. Additional areas of competence include: (a) ability to supply individual and group counselling interventions to students with substance abuse problems, (b) develop and teach curriculum on substance abuse prevention to students in the classroom, and (c) effectively work with students with substance abuse problems at school. As a result of the study, the authors were able to identify training areas counsellors designated as being necessary to address student substance abuse.

Constantine, M.G., Juby, H.I., & Liang J.C. (2001). Examining multicultural counseling competence and race-related attitudes among white marital and family therapists. *Journal of Marital and Family Therapy*, 27(3), 353-362.

The authors of the study examined self-reported multicultural counselling competence in relation to racism and White racial identity attitudes, the relative contributions of social desirability attitudes, and previous number of multicultural counselling courses taken. The study revealed that, when controlling for racism and White racial identity attitudes, social desirability attitudes and the number of multicultural courses taken, in consort accounted for a considerable amount of the discrepancy in self-perceived multicultural counselling competence. The authors offer a list of implications for marital and family therapy training, practice, and research.

Falender, C. A., Erickson-Cornish, J. A., Goodyear, R., Hatcher, R., Kaslow, N. J., Leventhal, G., et al. (2004). Defining competencies in psychology supervision: A consensus statement. *Journal of Clinical Psychology*, 60(7), 771-785.

The authors suggest that supervision is a core competency area in psychology for which a number of elements reflecting specific knowledge, skills, and values must be addressed to make sure sufficient training and professional development of the trainee. They propose that professional development is a lifelong, cumulative practice involving consideration of diversity in all its forms, as well as legal and ethical issues, personal and professional factors, and self- and

peer-assessment. Social contextual factors and issues of education and training, assessment, and future directions also are addressed.

Mallen, M. J. (2003). The practical aspects of online counselling. *The Counseling Psychologist*, 33(6), 776-818.

Mallen speaks to the favourable aspects of online counselling. These aspects include: ethics, training, supervision, technology, and competency issues. Mallen outlines both the online counsellor's strengths and limitations and presents guidelines for what sort of clients and counselling psychologists may be suitable for online counselling. Lastly, Mallen presents and discusses an example of a synchronous-chat online session to aid in the illustration of components and skills associated with online counselling.

### *Supervision and Consultation*

Supervision and consultation can be an effective way of supporting counsellors to sustain and improve their competence. Supervision can supply opportunities for continuing clinical-skill development, continuing consultation regarding legal and ethical issues, and a professional support system that can alleviate against stress and burnout. According to Remley and Herlihy (2001), two types of supervision are identified in the literature: clinical supervision and administrative supervision. Supervision that centers on the development of counselling skills is identified as clinical supervision. Within the counselling profession in general, clinical supervision has come to be established as vital to the continuing professional development of practitioners. The key purpose of clinical supervision is to improve the competence and increase the counselling skills of the counsellor who is being supervised. Regrettably, however, in many cases this is the type of supervision of which counsellors receive the least amount.

A second and more obtainable type of supervision is administrative supervision, which is typically provided by an administrator and is focused on compliance with agency requirements and accountability (Crutchfield & Hipps, 1998). Administrative supervision takes place when an administrator provides direction to a counsellor who is an employee. Administrative supervisors usually have direct control and authority over the counsellors they supervise (Remley & Herlihy, 2001). Administrative supervisors tackle somewhat different legal issues than do clinical supervisors, because the purposes of administrative supervision are

different and the law treats the two types of supervision differently (Remley & Herlihy, 2001).

Kadushin (1992) has a different view of the key functions of supervision. He states that supervision can be seen as having three aspects: administration, education, and support. Kadushin defines administrative supervision as the promotion and maintenance of good standards of work, co-ordination of practice with policies of administration, and the assurance of an efficient and smooth-running office. In this aspect the supervisor inducts the counsellor into the norms, values and best practices of counselling. In educational supervision the primary issue is worker ignorance regarding the knowledge, attitude and skills required to work with clients. The goal of supervision is to dispel ignorance and upgrade skill by encouraging reflection on, and exploration of the counsellor's work. Lastly, in supportive supervision the primary issue is counsellor morale and job satisfaction. According to Kadushin, the stresses and pressures of counselling can affect work performance and take its toll on the counsellor both psychologically and physically. In extreme and prolonged situations these may ultimately lead to burnout. The supervisor's role in administrative supervision is to help the counsellor manage that stress more effectively and provide re-assurance and emotional support.

The CCA code incorporates consultation as a constituent step in the decision-making process. However, the lack of opportunity for professional supervision and consultation for counsellors is alarming. While this is a commonly neglected area in the helping profession as a whole, and counselling professions in particular, its value for relieving stress, developing effective case management

plans and promoting continuing growth of knowledge and skills cannot be underestimated.

This section of the curriculum is designed to provide students with a knowledge foundation of clinical supervision and consultation theories and models, modes/formats of supervision, the supervisory and consulting relationship, legal and ethics considerations in the provision of supervision and consultation, and supervision research issues.

### *Discussion Questions*

1. Why is counselling supervision needed?
2. What would you consider the roles and functions of clinical supervision? How do these roles differ from other professional roles?
3. What are some interpersonal and intrapersonal variables that affect supervision?
4. How can gender, cultural background, professional background and collegial orientation affect a supervisory relationship?
5. Are there advantages in exposure to different philosophies, perspectives, and work practices when it comes to a supervisory relationship? Explain.
6. What does supervision mean for confidentiality?
7. List three ethical concerns you think are central to supervision and why.
8. Identify the ethical codes from the CPBC, CCA, and the BCACC that are relevant to supervision and consultation.

### *Case Studies*

What follows are case studies that deal with supervision and consultation issues. Given the fact the ethical dilemmas presented in these case studies may not be readily resolved through the use of codes of ethics, have students utilize the following eight step decision-making model as a framework in which to analyze and make ethical decisions: (a) identify the problem, (b) identify the potential issues involved, (c) review relevant ethical guidelines, (d) know relevant laws and regulations, (e) obtain consultation, (f) consider possible and probable courses of action, (g) list the consequences of the probable courses of action, and (h) decide on what appears to be the best course of action (Corey et al., 2007).

Using the ethical decision-making model provided, have students analyze the cases from the perspectives of a trainee and a supervisor. Additional questions are presented at the end of each case to help guide further discussion.

*Case Study One:* Shay, a voluntary counselling and testing counsellor in a rural setting, conducts home visits on an individual basis as required. She does this on her own initiative because many of her clients have trouble finding transportation to the voluntary counselling and testing site and some do not return for their test results or post-test counselling. Because her workplace has no policy in place for home visits, Shay also conducts home visits for follow-up support. Management has told Shay she can do as she pleases, as long as it does not interfere with her being at the site during working hours. Shay brings this issue to supervision because she is not sure she is doing the right thing, although she has the best interests of her clients at heart.

- What are the main issues in the case?
- What ethical issues are of concern in the case?
- Are there particular breaches of ethical principles? What are they?
- What can the supervisor do, if anything, to resolve the ethical problem(s) presented in the case?
- What can Shay do, if anything, to resolve the ethical problem(s) presented in the case?
- Is there other information that might have been helpful in the resolution of this case?
- What could have been done to prevent the ethical problem from occurring in the first place?

*Case Study Two:* A client tells Jim, his counsellor, that he overheard another counsellor in the waiting area telling the receptionist that she was about to see a “terminally ill client.” Jim brings this issue to his supervisor. He tells her that he is not sure what to do and would like feedback about how he has acted so far. He tells his supervisor he feels torn between his commitment to serving his clients and upholding the reputation of the counselling profession, plus his loyalty to his fellow counsellor, who is both a friend and senior to him.

- What are the main issues in the case?
- What ethical issues are of concern in the case?
- Are there particular breaches of ethical principles? What are they?
- What can the supervisor do, if anything, to resolve the ethical problem(s) presented in the case?

- What can the trainee do, if anything, to resolve the ethical problem(s) presented in the case?
- Is there other information that might have been helpful in the resolution of this case?
- What could have been done to prevent the ethical problem from occurring in the first place?

*Case Study Three:* You have recently been promoted to a supervisor position. You have seven counsellors to supervise, one of whom is a good friend of yours. Since your promotion you have noticed that he is not performing as well as he should. In addition, his colleagues have been complaining about him because he is not following standard operating procedures.

- As his supervisor, what steps would you take to ensure that you objectively “solve” the problem?
- What are the main issues in the case?
- What ethical issues are of concern in the case?
- Are there particular breaches of ethical principles? What are they?
- What can you as supervisor do, if anything, to resolve the ethical problem(s) presented in the case?
- What can the trainee do, if anything, to resolve the ethical problem(s) presented in the case?
- Is there other information that might have been helpful in the resolution of this case?

- What could have been done to prevent the ethical problem from occurring in the first place?

*Case Study Four.* Anita has been a counsellor at an eating disorders clinic for a year. Shane, one of the other five counsellors in the clinic and the only other single counsellor, is her clinical supervisor. One afternoon Shane calls Anita to ask whether she would like to go to a workshop with him. The keynote speaker at the workshop specializes in a kind of therapy that Anita has expressed interest in. Anita agrees to go and is pleased when the workshop turns out to be an excellent professional experience. On the way home from the workshop, Anita and Shane stop for dinner. Anita offers to pick up the tab to thank Shane for including her. The following day Anita is sharing some of the experiences of the workshop with Vanessa, another counsellor at the clinic. When Vanessa asks, "Isn't Shane your supervisor?" Anita becomes defensive and feels misunderstood. Later that week, Anita decides to go to her clinic director and ask her opinion of the situation. The director tells Anita not to be concerned about it and mentions that Vanessa worries about everything. During her next supervision session, Anita chooses not to mention either conversation to Shane.

- What are the main issues in the case?
- What ethical issues are of concern in the case?
- Are there particular breaches of ethical principles? What are they?
- What can the supervisor do, if anything, to resolve the ethical problem(s) presented in the case?

- What can the trainee do, if anything, to resolve the ethical problem(s) presented in the case?
- Is there other information that might have been helpful in the resolution of this case?
- What could have been done to prevent the ethical problem from occurring in the first place?

### *Activities*

1. **Brainstorm:** In small groups have students brainstorm and discuss the following supervision related topics: methods and techniques in clinical supervision, cultural issues in supervision, group supervision, legal and ethical issues and, evaluation.
2. **Peer Supervision and Consultation:** The importance of extensive, high-quality counselling supervision has become increasingly recognized as critical to learning, maintaining, and improving professional counselling skills (Bernard & Goodyear, 1992). Yet, for many professional counsellors, the availability of regular counselling supervision and consultation by a qualified supervisor is very limited or frequently non-existent. Even counsellors who receive ongoing supervision of their counselling practice may not have the type, frequency, or quality of supervision they desire. Benshoff (1993) has proposed peer supervision and consultation as a potentially effective approach to increasing the frequency and/or quality of supervision available to a counsellor. With a partner have students discuss the benefits peer supervision and consultation experiences can offer to counsellors.

3. Ethical Dilemma: Have students choose a current ethical dilemma regarding counselling supervision and consultation and imagine themselves in that dilemma. Have them outline the steps they would take to come to an ethical decision. Students should utilize the ethical decision-making models and processes as outlined in the course text(s) and class lectures to create their answer.
4. Preventing Burnout: Lack of quality supervision and consultation is one of many occupational hazards that make counsellors more susceptible to burnout. This hazard can challenge counsellors' personal wellness and highlight the need for supportive environments, and ongoing assessment of their own wellness and strategies for resilience. Research by Pearlman and Maclan (1995) regarding strategies that work to promote wellness in the counselling community include peer as well as formal supervision and consultation. From the following list of potential stressors on counsellors, have students work in groups of three to identify the possible strategies they would, as supervisors, use to assist a counsellor to cope with each stressor:
  - Heavy case load
  - Multiple duties
  - Working in isolation or alone
  - Limited management/workplace support
  - No senior counsellors or peers for support and development
  - Financial pressure (low salary or volunteer work)

- Lack of time, poor physical environment (no privacy, few resources)
  - No training/development opportunities
  - Not feeling competent
  - Several suicide cases
  - Personal triggers when working with individuals who have been abused
5. Values and Beliefs: Ask students to brainstorm two values and/or beliefs they possess regarding counselling supervision. Students should consider the underlying assumptions and speculate about how these values/beliefs might hinder or improve their future practice as counselling supervisees or counselling supervisors. Are these values/beliefs supported or not by the codes and guidelines? Support findings through research.

### *Assignments*

1. Models of Clinical Supervision: Have students research a psychotherapy theory-based model of supervision, developmental model, or a social model of clinical supervision. Research should include the major approaches for conceptualizing supervision.
2. Review of Current Research: Students can critically review current research and theory relevant to the practice of clinical supervision and consultation in marriage and family therapy, mental health counselling, or school counselling and reflect their insights in writing.

3. Information Pamphlet: Have students create a pamphlet outlining one of the following topics:
- I. Methods and techniques in clinical supervision—includes supervision methods for assessing and intervening with supervisees (i.e., audiotape review, live supervision, self-report), as well as the appropriate use of, and benefits and limitations of, each supervision method.
  - II. Cultural issues in supervision—includes the implications of cultural differences and/or similarities between supervisee and supervisor such as race, gender, sexual orientation, and belief systems, and how these impact the process and outcome of supervision.
  - III. Group supervision—includes topics such as the structure and processes of group supervision, the unique tasks of the supervisor in the group context, ground rules and stages of group supervision, and the advantages and limitations of the group modality.
  - IV. Legal and ethical issues—includes major ethical and legal tenets that affect supervision such as due process, confidentiality, informed consent, dual relationships, competence, duty to warn, and direct and vicarious liability, and the implications of these tenets for supervisees, clients, and the supervisor.

- V. Evaluation—includes studies that address the role of evaluation as central to supervision, criteria for evaluation, sources of feedback, the process and outcomes of evaluation, and the role of documentation in evaluation, as well a procedures for the evaluation of the supervision experience.
4. Literature Review: Have students conduct a review of the literature on some topic concerning supervision and consultation. The literature review should conclude with a set of research questions that extend logically from the review, which in turn should be followed by discussion in some detail about the research methods the student would use to examine those research questions. Although not a formal research proposal, this assignment should reflect the sort of thinking that would go into a formal research proposal. The focus and emphasis of this assignment should be on the review of literature and the clear and well reasoned formulation of the research questions.
  5. Interviews: Have students interview two counselling supervisors regarding their philosophy and thoughts about supervision. During the interviews students should explore the following topics: the functions of a supervisor, issues of power and authority, diversity (i.e., race, ethnicity, gender, class, sexual orientation, disabilities, etc.), evaluation, ethics and boundaries, administrative role, their place within the organization, and stress. To aid students in this assignment, ensure that the assigned readings and class lectures will help students to conceptualize questions and explore the issues

with the interviewees. Once the interviews are complete, have students write a 10 to 14 page paper that includes:

- A description of the settings/agencies and supervisors' responsibilities,
- List of questions asked,
- A comparison of the supervisory styles, philosophies, etc.,
- A critical analysis of what the student learned from the interviews and how it compared to class readings and discussions ,
- Citations of readings and class discussions as relevant, and
- At least four references, one of which should be outside class reading.

### *Annotated Bibliography*

Milne, D.L., Pilkington, J., Gracie, J., & James, I. (2003). Transferring skills from supervision to therapy: A qualitative and quantitative N=1 analysis. *Behavioural & Cognitive Psychotherapy, 31*(2), 193-202.

The authors of this article devised an inventory for use with supervisees to assess the supervisory session. The following are some of the categories they used in the analysis of effectiveness: (a) agenda-setting and managing the session, (b) behavioural tasks, (c) reevaluation of tasks and looking for evidence, (c) collaboration, (d) conceptualization, (e) feedback, (f) gathering information, (g) goal-setting, (h) informing/educating, (i) modeling, (j) reflection, (k) socialization to the

model, (l) summarizing and clarifying, and (m) supporting and understanding.

Although these authors were looking for transfers from supervisory interventions to the therapy setting, this type of analysis or frame would also be useful for application to the actual supervisor-supervisee interaction.

Scott, K. J., Ingram, K. M., Vitanza, S. A., & Smith, N. G. (2000). Training in supervision: A survey of current practices. *The Counseling Psychologist, 28*, 403-422.

No studies currently existed that examined who was doing supervision training or that assessed the extent, type or effectiveness of training in supervision, therefore, the authors of this article conducted a survey that addressed these issues. The results indicate that training in supervision is necessary, but the opinions of the participants differ as to when such training should occur and at what level training is appropriate.

Stevanovic, P., & Rupert, P.A. (2004). Career-sustaining behaviors, satisfactions, and stresses of professional psychologists. *Psychotherapy: Theory, Research, Practice, Training, 41*(3), 301-309.

Respondents who had higher job satisfaction reported various strategies for maintaining this level of satisfaction. Strategies included varying work responsibility, using positive self-talk, maintaining a balance between their personal and professional lives, spending time with their partner/family, taking regular vacations, maintaining their professional identity, turning to spiritual beliefs, participating in continuing education, reading literature to keep up to date, and generally maintaining a sense of control over work activities. This study is important for

supervisors as it gives possible strategies for the supervisor to adopt, to model, and to communicate to supervisees.

### *Research Ethics*

Knowing what constitutes ethical research is important for all people who conduct research projects or use and apply the results from research findings (Williams-Jones & Holm, 2005). All researchers should be familiar with the basic ethical principles and have current knowledge about policies and procedures designed to ensure the safety of research subjects and to prevent poor or negligent research. Research is a public trust that must be ethically conducted, trustworthy, and socially responsible if the results are to be valuable. All parts of a research project have to be upstanding in order to be considered ethical. When even one part of a research project is questionable or conducted unethically, the integrity of the entire project comes into question. The duty lies with the researcher to search out and fully comprehend the policies and theories designed to guarantee honourable research practices. Ignorance of policies designed to protect research is not considered a viable excuse for ethically questionable projects.

Currently, the focus of research ethics lies in the education of researchers regarding the ethical principles behind regulations as well as the oversight and review of current and potential research projects. The field has expanded from providing protections for human subjects to including ethical guidelines that encompass all parts of research from research design to the truthful reporting of results. There are several avenues for people who wish to seek education on basic ethical principles, and avenues for education on how to comply with policies at all levels. This section of the curriculum offers education for researchers on ethical research issues. It aims at providing the students with ethical concepts relevant to

research ethics. The discussion questions, case studies, activities, and assignments are designed to develop skills for assessing research protocols and to identify key ethical problems in research.

### *Discussion Questions*

1. How can universities promote ethical standards in research?
2. How prevalent is research misconduct? What forms of research misconduct occur most frequently?
3. Who is responsible for reviewing instances of research misconduct?
4. Suppose you know that research is being conducted unethically, but you are not involved in the research. Should you raise your concerns to the appropriate authorities?
5. What should people do if they are suspected of having committed research misconduct?
6. Should research have a direct positive impact on society's well-being?
7. What are the main differences between the consequential approach to research ethics and the deontologists approach to research ethics?
8. When does the scientific contribution warrant a publication and how open should researchers be in sharing their results or methods?
9. How do you define the responsibility of researchers for the social application of their results?
10. What are the rights of the different stakeholders in research?
11. How far does the research participant's right to privacy go in research ethics?

## *Case Studies*

One of the most valuable tools for teaching research ethics is the case study. Case studies are valuable because they encourage students and instructors to wrestle with the fact that there's no one right answer to an ethical dilemma and that they have to think through the issue, an often challenging task for researchers used to crunching numbers and seeking quantifiable answers. The case studies that follow are short, realistic scenarios describing an ethical dilemma relating to research. Working through these case studies will give learners the chance to reflect on and debate a given ethical situation and, it is hoped, assimilate its lessons and apply them wisely in real life.

*Case Study One:* Jaime is a graduate student in the Masters of Education in Counselling program. She is currently working on a research project that looks at how school counselling interventions can positively affect school behaviours. More specifically, Jaime is looking at students' on-task and productive use of time as well as students' in-class discipline. Jaime has discovered that counsellors can assist fellow educators to help students improve academic performance. In her study, students were selected based on their need and ability to improve their academic abilities in math, language arts, or both. Intervention methods of the counsellors were varied, but included individual and group counselling sessions, classroom guidance lessons, and parent/teacher consultations. Results showed statistically significant decreases in disruptive behaviours for both third and fourth grade students tested. Jaime's project is directed by a senior researcher and she has two other graduate students helping her with the research.

Jaime has just received an email from a research team that is working on a similar project at another university. The other team would like Jaime to share some preliminary data and designs related to the project. Jaime has not applied for a patent on this research, although she has discussed possible patents with her supervisor.

Jaime faces a difficult decision. On the one hand, the ethical norm of openness obliges her to share data and designs with the other team. If both teams work together, they may both benefit and help each other as well as the profession and society. On the other hand, if she shares data and designs with the other team, then they may not give her, or her team, proper credit and they may be the first team to be credited with the discovery. By sharing information, Jaime could jeopardize potential patents and other intellectual property interests. It seems that there are good arguments on both sides of this issue and Jaime needs to take some time to think about what she should do.

- What are some steps that researchers, such as Jaime, can take to solve ethical dilemmas in research?
- What is the problem or issue?
- What is the relevant information?
- What are the different options?
- How do ethical codes or policies as well as legal rules apply to these different options?
- Are there any people who can offer ethical advice?

*Case Study Two:* Olivia and Makena are best friends and do most everything together. They moved across the country together to attend the same graduate program. Although they have made a few friends in their new community they are still somewhat reliant on each other. When they were talking about how much they are both looking forward to graduating next spring and returning home, Olivia told Makena that she had no idea how she would ever get her thesis done, but luckily she had enough money to hire a consultant to design the study and analyze the data. In addition, she stated that she was relieved to find a good professional author who could write it up for her.

- Are there ethical issues involved in this example and if so, what are they?
- If you're considering these scenarios as part of a group, to what extent do you agree or disagree with others about what the issues are and what Makena should do?
- What options are available for Makena to attempt to understand, address, accept, or turn away from the situation?
- To what degree do you believe that the CPBC, CCA, and the BCACC code of ethics clearly and adequately address the issues you have identified in this scenario?
- To what extent does your graduate school set forth and implement clear and adequate standards that address this example?
- If the scenario seems to you to involve conflicting values, responsibilities, or loyalties, how do you sort through the conflicts and arrive at a decision about what to do?

- What are the costs, risks, and possible outcomes of the different approaches Makena could take?

*Case Study Three:* Aimee's thesis is on how drawings can assist children in artistically externalizing emotions stemming from a chronic illness. Aimee obtains written informed consent from the custodial parents of children who are suffering from a chronic illness and assures them that contact with the children will be limited to a 45 minute session. She informs the custodial parents that the session will be completely confidential, and when writing up her thesis and at all other times, she will never provide any information to anyone that would allow identification of any child or family. In each session, the children engage in a spontaneous drawing exercise that is semi-directive and lasts the first half-hour. Once the children finish drawing, Aimee asks questions about how they thought up the theme, characters and details of the drawing. One girl, whose father is a renowned attorney in the local community, draws a picture and explains to Aimee that it is about how a little girl is frightened of her father, an attorney, because he comes into her room nearly every night and has sex with her. He has told her that if she ever tells anyone their secret, he will burn all of her belongings and that no one would believe her anyway. When Aimee asks her how she thought up the drawing and story about the little girl, the research participant says, "Well, she's more or less exactly like me in a lot of ways." When Aimee asks her what she means, she says she is afraid to talk any more and remains silent until the 45 minutes are up.

- Are there ethical issues involved and if so, what are they?

- If you're considering these scenarios as part of a group, to what extent do you agree or disagree with others about what the issues are and what Aimee should do?
- What options are available for Aimee to attempt to understand, address, accept, or turn away from the situation?
- To what degree do you believe that the CPBC, CCA, and BCACC code of ethics clearly and adequately address the issues you have identified in the scenario?
- If you were Aimee's supervisor, what costs, risks, and possible outcomes would you discuss with her?

### *Activities*

1. **Plagiarism:** Plagiarism is the act of passing off someone else's ideas, thoughts, pictures, theories, words, or stories as your own. If a researcher plagiarizes the work of others, they are bringing into question the integrity, ethics, and trustworthiness of the sum total of their research. In addition, plagiarism is both an illegal and punishable act. Have students create a list of tips to help researchers avoid unintentional or accidental plagiarizing of another person's work.
2. **Exploitation:** Particular interest has been paid to preventing the overburdening of some populations in order to apply research findings to other groups. Have students list and describe the populations that they think could be considered to have particular potential for exploitation.

3. Standards of Ethical Research: In pairs, have students comment on the following standards of ethical research:

- Honesty
- Credit
- Carefulness
- Freedom
- Openness
- Social responsibility
- Respect
- Social utility/efficiency

4. Ethical Questions in Research Publication: In pairs have students comment on the following ethical questions in research publication:

- Plagiarism
- Unethical authorship
- Citation bias
- Divided and Repetitive publication
- Falsification/fabrication
- Undeclared conflict of interest

5. Research Incidents: The research incidents that follow are provided as examples for discussion between student counsellors, and counsellor educators and their students. They do not have only “one right answer” - several interpretations are possible depending on the questions which are asked. Students can use the question provided at the end and/or their own to

provoke discussion on the ethical issues to be considered. Issues include: (a) authorship, (b) plagiarism, (c) peer review, (d) conflict of interest, (e) data management, (f) research misconduct, and (f) research with human subjects.

*Research Incident One:* Todd is a graduate student working under the supervision of professor Dr. Smith. Dr. Smith is conducting research on psychoactive drugs commonly used to treat schizophrenia and has gathered data from hundreds of mental health patients. Todd uses Dr. Smith's data to analyze a research question that he came up with on his own about the relative efficacy of different antipsychotics. His question is his own idea, but is still based on what he learned about psychoactive drugs under Dr. Smith. Todd's friend, Trent, helped Todd design a statistical computer program for data analysis, but did not contribute in any other way to the research. When writing up his results, Dr. Smith helped Todd write the methods section of his manuscript and reviewed his final results and conclusions, as well as the final draft of the entire manuscript. How should authorship be decided in this case?

*Research Incident Two:* Mya is publishing her thesis. The article builds on the research of a similar project she did six years prior with her classmate, Manpreet. In Mya's thesis she has placed a table from the project she and Manpreet co-authored about their previous research. Manpreet created the original table. Does Mya have to cite the previous article?

*Research Incident Three:* Dr. Boyle is a faculty member at a local university. He has been invited to review a publication for a counselling

journal. After getting the article, he realizes the authors are students working under the guidance of a colleague in the Social Work department. The faculty member happened to bring up the merits of the students at a recent social gala. Does Dr. Boyle have a reportable conflict of interest?

*Research Incident Four:* A neighbouring First Nations reserve would like to sponsor a project that investigates the impact of cultural continuity and change on mental health. Meli, a graduate student, is interested in conducting research using a conceptual model of how social integration impacts upon health and well-being and examines modes of identity that fit with the many different contexts in which Aboriginal people live and how these modes of identity influence mental health. Her plan is to use research that focuses on the role of individual and collective identity and cultural practices as potential sources of resilience and conflict. Meli does not want to duplicate conventional mental health research, which clearly shows the negative effects of privation and loss, but to look more specifically at what may be distinctive or unique about the Aboriginal situation. She has approached the community to determine whether her ideas for a research project fit with what they are looking for. Although it is not what they originally intended to research, they agree to sponsor her. Meli did not grow up on the reserve; however, both her parents did and her parental grandfather is the current Chief. What kind of conflict does this situation present?

*Research Incident Five:* In partial completion of her thesis, Tyra collected data on rural mental health patients and just published an article on

her research in a scholarly journal. Tyra plans to independently write a book about her research and develop educational tools that she can sell to professionals. Tyra is partly funded through her university, but most of her research was paid for with a private salary from a charitable foundation. Tyra is reluctant to publicly disclose her data before her book is finished. Can she hold off on sharing her data until she completes her book?

*Research Incident Six:* Daniel and Devin have been working on a research project studying the prevalence of depression in survivors of sexual abuse. Daniel learns that while Devin is interviewing research participants, if he does not obtain an answer, he formulates one and passes it off as truthful data collection. Daniel questions Devin and he denies the accusation. What should Daniel do?

*Research Incident Seven:* A graduate student has asked Dayle to participate in a research project. What should Dayle know before he consents?

6. Important Things: Pimple (2002) states the that ten most important things to know about research ethics are as follows: (a) be honest, (b) be fair, (c) do no harm, (d) do good research, (e) know and follow rules, (f) bad rules should be changed, not broken, (g) be a good citizen, (h) when in doubt, ask questions, (i) listen to the still, small voice of your conscience, especially when it is threatened to be overwhelmed by the loud, insistent voice of stress, and (j) if you suspect unethical behaviour, proceed cautiously. Although these concise and powerful statements are useful for moral

instruction, explanation is essential. Have students verbally describe or provide a written, point form description that elaborates on these statements.

### *Assignments*

1. Videotaped Group Discussion – Ask students to form groups of three or four people. Ask each student to read the assigned readings and schedule a time to meet as a group to discuss what they have read. Ask students to videotape the meeting and turn in the video. Students should use the following guidelines for the discussion:
  - Discuss each article separately or pair a very short piece with a relevant longer article. Identify which article(s) they are discussing each time they move on to the next one.
  - Stay focused on the content of the article(s) and what they got out of it. Try to avoid going into long descriptions of examples or their own experiences. Their job is to show that they have read the articles by discussing the content and clearly demonstrating that they understand the concepts and ideas presented by the authors. They must include a discussion of how the readings inform and link with ethics in research.
  - Make sure that each person contributes substantially to the discussion, rather than only making statements like “I agree”, or “I disagree.” Each member of the group should discuss new or related ideas in relation to what others have already said.
  - Do not exceed the time limits.

- Be sure to do a test to make sure the equipment is working and taping.
2. Empirical Articles: Ask students to find two empirical articles related to ethics in research. The articles should be recent and ones that the students find particularly valuable and would like to discuss with the class. Have students pick one of the articles to be the focus of a seminar-like discussion, which they will lead. The discussion should review the articles' theoretical foundation, methodology, and importance of its findings. Lastly, have students include an evaluation of the strengths as well as shortcomings of the chosen article.
  3. Blog Assignment (A): A "Blog" is a web site that keeps a constant chronicle of information. A blog is a regularly updated, personal website featuring diary-type commentary and links to articles on other web sites. Blogs range from the personal to the political, and can centre on one narrow subject or a whole variety of subjects. Blogs tend to have a few things in common. These commonalities are as follows: (a) main content area with articles listed chronologically, newest on top, (b) articles are often organized into categories, (c) there is an archive of older articles, (d) they provide a means for people to leave comments, and (e) they contain a list of links to other related sites. Some blogs may have additional features beyond the aforementioned.

For this assignment have students create a blog that investigates the topic of research ethics. Ask students to post a blog entry, at least 3 times

per week that blends course material with the student's own reflections, connections, and ideas. This could be interdisciplinary connections, expansions on issues from class discussions or activities, readings, or another blogger, or commenting on outside information related to the research.

All blogs must be either informative or critical. The purpose should be to either provide readers with useful information on a research issue or to provide a critique or analysis of one. Inform students that the purpose of a blog is not to keep a personal journal. Students can relate personal experiences; however, students should only use personal experiences to reflect on the topic and to make a broader point.

If students are creating their first blog or do not have a great deal of technical expertise, than a hosted blog service could be helpful. Some of the most popular hosted blogging platforms include: WordPress; Blogger; Typepad; and Vox.

4. **Blog Assignment (B):** In addition to writing their own entries, ask students to comment on their peers' blog posts. Comments may include feedback, questions, or the adding of new ideas. Encourage students to leave both brief comments like "great link" and significant comments on at least four blog entries posted by another student per week. Reading and responding to their peers' blogs will allow students to help each other analyze and think about the research issues described in the entry or discussed in the class.

After students have posted comments on classmates' blogs, their next task should be to go back and read the comments people posted on their blog. The best comments can lead to a dialogue. Students should be encouraged to answer any questions that are asked, and respond to the ideas that others have shared.

5. Information Letter: Every project that involves collecting information from people needs an information letter where the researcher informs participants about their project, tells them what they will do as participants, and sets out their rights and responsibilities. For this assignment have students write an information letter for a hypothetical research study where the student will be collecting information from people with the use of surveys, questionnaires, interviews, focus groups, participant or naturalistic observation, or experimental methods. The information letter should be treated as one that would need to be reviewed and approved by the university's Research Ethics Board before the student collected any information from participants. Invite students to search out suggestions from various Research Ethics Boards for dealing with the types of information that is generally included in the information letter.

### *Annotated Bibliography*

Fisher, C. B. (2003). Goodness-of-fit ethic for informed consent to research involving adults with mental retardation and developmental disabilities. *Mental Retardation and Developmental Disabilities Research Reviews*, 9(1), 27-31.

This article looks at the current theory and research on informed consent policies for adults with developmental disabilities. The author reviews the decisional capacities of adults with mental retardation and the detailed context of informed consent. The authors shift assessment of the decisional capacity away from an exclusive focus on a participant's cognitive deficiencies to (a) an examination of those aspects of the consent setting that are creating consent vulnerability and (b) consideration of how the setting can be adapted to produce a consent process that best imitates and protects the hopes, values, concerns, and interests of adults with mental retardation.

Gorin, S., Hooper, C., Dyson, C., & Cabral, C. (2008). Ethical challenges in conducting research with hard to reach families. *Child Abuse Review*, 17(4), 275-287.

This article explores some of the ethical challenges faced by the authors while conducting sensitive qualitative research with parents and children who are usually hard to reach. The authors discuss their approach to ethics and some of the ethical challenges encountered while working with families. In addition, the article talks about the complexity of decision-making around risk of harm to children. The authors conclude that a clear framework to avoid harm should be developed at the

beginning and a clear approach to child protection issues should be used. Lastly, the authors state that extra time and resources must be integrated at the planning stage of related projects in order to develop suitable methods, guarantee effective decision-making, and support researchers.

Kralik, D., Warren, J., Price, K., Koch, T., & Pignone, G. (2005). The ethics of research using electronic mail discussion groups. *Journal of Advanced Nursing, 52*(5), 537-545.

This article discusses the ethical considerations that confront and challenge research teams when researchers facilitate conversations by means of private electronic mail discussion lists. The authors assert that cyberspace changes sequential, spatial, and sensory components of human dealings, thus challenging conventional ethical definitions, while also calling to question a number of fundamental assumptions about identity and rights to keep parts of it confidential. The authors state that a range of complex issues arise during cyberspace research that makes the application of conventional ethical standards difficult. While researchers are bound by human research ethics protocols, the nature of research by electronic mail creates moral issues in addition to ethical concerns. The authors conclude that extreme caution by researchers is necessary to make certain that data are viewed within the scope of the ethics approval they received.

### *Couples and Family Therapy*

Many couples and families need minor adjustments to get back on their feet and some need a major overhaul to save their relationships within the marriage or family. Some couples and family come to counselling to prevent problems from occurring in the future and some come to solve current problems or heal from past relationship wounds.

Expanding the treatment system from the individual to the couple or family carries with it some unique challenges and fundamental clinical dilemmas for the family therapist. This section of the curriculum explores the ethical dilemmas encountered by couples and family therapists. The ethical issues of misrepresentation, trust, and confidentiality are presented within a couples and family systems counselling paradigm.

#### *Discussion Questions*

1. Couples and family therapy resources are often difficult services to obtain. In addition, many therapists do not have training that focuses on these modalities in particular. What services/agencies are there in your community for couples and family therapy?
2. What specialized training does the therapist providing these services have?
3. What confidentiality issues emerge when the identified client is no longer an individual, but a couple or family?
4. What is considered "best practice" for handling issues of confidentiality in family therapy?

5. What sorts of unique ethical issues emerge when employing a systems perspective to therapeutic work?
6. What sorts of unique ethical issues present themselves surrounding termination?

### *Case Studies*

The case studies in this section of the curriculum present dilemmas for couples and family counsellors that require a choice between options appearing uniformly favourable, unfavourable, or mutually exclusive. Naturally, these ethical dilemmas place the counsellor in a precarious position, thereby compromising the effectiveness of the therapy, the trust in the client-counsellor relationship, and the counsellor's professional standing. Determine the "most" right choice for each problem is of the utmost importance.

As individuals, or in small groups, have students read through the case studies provided and determine, using the following case analysis outline, an appropriate action in the ethical dilemma presented.

- a. Summarize the case presented and identify the ethical problem in the case.
- b. Describe the nature and dimensions of the ethical dilemma.
- c. Identify specific current CPBC, CCA, or the BCACC ethical codes that may have bearing.
- d. Identify what potential courses of action can be taken and potential consequences for each option.
- e. Identify the best course of action to be taken in this case.

*Case Study One:* You have been providing relationship counselling to a married couple for a year. Ivy and Mark have identified a number of issues including a lack of trust, intimacy, and communication. Ivy had an affair, which she had professed to Mark. It is this issue on which Ivy and Mark have been focusing on in their counselling sessions with you. You have been satisfied with the progress the couple has made with their communication over the last year. They have made some small, yet important steps to re-establishing trust and renewing their companionship.

Recently, Ivy has asked for a session with you alone to talk about a private matter. In this session, she discloses to you that she has been in contact with her previous lover. Since their affair, she says that he has tested positive for HIV. Ivy plans to get tested for the virus, but is unwilling to tell Mark about the virus and the meeting with her previous lover. She states that she does not wish to worry Mark without need.

You are concerned about the prospect of Ivy passing this virus onto her husband. When you share your concerns with Ivy, she says she will be avoiding sexual contact with her husband until she finds out the results. You are also concerned about Ivy's commitment to developing trust with her husband and explore this with her. You would rather she discloses this information to Mark and so you inform her of your views.

Ivy is disappointed as she does not want to share this information with Mark at this time. You think Ivy's personal objective is at conflict with her goals for her relationship. How might you work with this dilemma?

*Case Study Two:* A 14 year old girl is referred to you for family therapy and for "Attention-Deficit Hyperactivity Disorder (ADHD) assessment" at her school counsellor's suggestion. She has been acting out and having behavioural problems in her classes. In addition, she has been performing poorly in her homework assignments, often not completing them or only finishing half of the assignment. In your first session with the family, you learn that her father, a 46 year old Caucasian man, works as a school principal and her mother, a 33 year old Chinese Canadian first-generation immigrant, works as a psychiatric nurse. The parents admit to some marital tension, partly because both parents say they are too busy to spend quality time together. In addition, the mother thinks the father is "too easy-going," and he believes that she is "too cruel" with their daughter. They also have a son, aged 12 who performs well in school. She remains quiet and somewhat reserved throughout the first session, and simply shrugs when you ask her about her friends at school. Finally, the family informs you that their insurance will only cover six therapy sessions, and at this time they are reluctant to pay out of their pockets for additional sessions beyond those six.

*Case Study Three:* You have been counselling a married couple for 6 weeks. The couple came to you because of problems they were having in their relationship. Before the couple came together you saw them separately. In individual counselling you learnt that the husband is only staying with his wife because of their three children. The wife in the meantime has confided to you that her husband is not the biological father of one of the children. If you were confronted with this dilemma how would you deal with this couple?

*Case Study Four:* The client, Abby, is 56 years old. She has been happily married for 32 years to Ken, who works at the local University. Abby and Ken's first child, a boy, was stillborn. Abby got pregnant again very quickly to help get over the loss. They now have two adult daughters: Maddie and Courtney. Maddie, the eldest, is married with two children and lives in another province. Unfortunately, Abby doesn't get to see them very often because of the distance.

Courtney, the youngest, has been living with her partner, Henry, for over five years. Courtney and Henry decided early on in the relationship that they would not have children and would not marry. Henry's parents died in a plane accident some years ago and consequently Henry and Abby have become very close.

A few months ago, Courtney found out that she was pregnant. She had been taking antibiotics for an ear infection and did not realise that they could have an effect on her birth control. Courtney terminated the pregnancy even though Henry had asked her to wait because he was having second thoughts about their decision not to have children. This situation led to the breakdown of their relationship and they have now separated. Henry has moved away and neither Courtney nor Abby have heard from him for over two weeks.

Abby has come to see you because she is feeling extremely annoyed with her daughter Courtney. She blames her for the break-up and thinks that Courtney was incredibly self-centred not to consider Henry's feelings. She envies her friends who can visit their grandchildren on a regular basis and is missing Henry a great deal. He has been like a son to her. As Abby's counsellor, how would you approach this case?

## Activities

1. Questions and Answers on Ethics for Couples and Family Counsellors: In small groups have students read and answer the following questions:

*Question One:* You have a client, who is being seen in couples counselling. Her refusal to make a serious attempt to cooperate with counselling has made the process of counselling difficult. Additionally, her flirtatious remarks to you make you very uneasy. You feel you should refer this couple to another counsellor, but you do not want to be seen as deserting these clients. Can you terminate your services and refer the couple out?

*Question Two:* You have been subpoenaed to testify in a domestic relations case involving former clients whom you saw for family counselling. The subpoena also requires that a copy of your records concerning the family counselling be brought to court. The husband has consented to your testimony and to the release of records to his attorney, but the wife and children have refused to consent to you disclosing any information concerning the family counselling. What should you do?

*Question Three:* You have been seeing a mother and her children in counselling to deal with issues concerning parent-adolescent problems and divorce issues. The mother and father of the children are separated. The mother's attorney wants you to testify in court that she should have all parenting rights and responsibilities. You have never met the father, and know very little about him, except for information provided by the mother

concerning his drug problems and his acts of domestic violence. Can you testify as an expert witness for the mother in the divorce case?

*Question Four.* You are running a psycho-educational group on parenting and members of the group want to see you for family counselling. Can you provide counselling to these group members?

In addition to the answer, students should provide a "best practice" statement. Answers and best practice statements should be formulated using the ethical standards and principles found in the CPBC, CCA, and the BCACC codes of ethical conduct. Best practice can be defined as a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in the field of counselling is a commitment to using all the knowledge and technology at one's disposal to ensure success.

2. **Role-Playing:** Role-playing is concurrently interesting and useful to students because it calls attention to the "real-world" side of working through ethical dilemmas. In addition, it challenges students to deal with complex problems with no single "right" answer and to use a variety of skills outside those employed in a typical research project. In particular, role-playing presents students a valuable opportunity to learn not just the course content, but other perspectives on it. For this activity organize the class into groups of four students, attempt to include at least one uninhibited, creative student in each group. Each group is to select one of the scenarios from the previous activity and develop a skit to perform in class on the designated day. Creativity,

factual, and conceptual correctness are to be encouraged. To make informed decisions from their characters' perspectives, students will need to draw from their course readings and the ethical standards and principles found in the CPBC, CCA, and the BCACC codes of ethical conduct. It is important to approach this topic in a way that the students do not think of it as drudgery. Tell them that it is their day to perform and have fun.

3. **Ethics Comparison:** Assign every student a case dilemma in couples and family therapy. Have them investigate the application of specific codes taken from the CPBC, CCA, or the BCACC code of ethical conduct. Inform students that a presentation will be made to the class followed by a large group discussion.
4. **Internet Search:** Have students explore a minimum of four web sites that provide information on ethics related to couples and family therapy. Write a 3-page paper on what they learned about couples and family therapy, including brief descriptions of the sites they visited as well as their reactions to, and their opinions about, the usefulness of the information provided at each site.

### *Assignments*

1. **Interview of a Family Therapist:** Have students interview a practicing family therapist who has been working at least 1 year in an established institution or agency. This assignment should have two parts. For the first part have each student submit to the instructor a set of questions that they will ask the family therapist. Basic questions should include:

- Work setting—the “structure” of the setting, the effects of the setting on clients and on the therapy.
- Personal experiences in their practice of family therapy (i.e., what has it been like for her/him to be a family therapist?).
- Satisfying experiences and contributions to the field of family therapy.
- Challenges and dilemmas regarding therapy with families.
- Strategies for dealing with the challenges and dilemmas of therapy with families.
- Strategies for sustaining interest in her/his work as family therapist.
- Thoughts about what would be helpful for family therapy students to consider as they prepare to enter the profession and face potential dilemmas.

For the second part have each student submit a paper that discusses and critiques the interview. Students should be encouraged to use references that are relevant to the discussion.

2. Genogram Project: Goldenberg and Goldenberg (2004) state that the genogram is one of the classic ways family therapists gather information from clients, and is a common way to conceptualize the relationship patterns happening within the family. Using a word processing program or poster paper ask students to complete a genogram of their own family. The goals of this project are for students to learn to complete a genogram as a tool for

assessment and intervention with families and to explore who they are as a counsellor in relation to family issues which may impact their future work with couples and families. Completion of this assignment will allow students the opportunity to explore their own ideas about families, and the experience of seeing personally how powerful a tool the genogram can be in assessment/treatment. Encourage students to have interviews/conversations with family members around these areas to help provide new insight. Students should also be encouraged to contact siblings, parents, uncles/aunts, grandparents for corroborating information. The genogram should include:

- Names, dates of marriages, births, adoptions, deaths, separations, divorces, ethnic, religious affiliations for all significant family members.
- Other information such as immigration, occupation, education, city of residence, illnesses, substance abuse, mental health. Add descriptive information that clarifies relationships as needed.
- The nature of key relationships (i.e. closeness, distance, conflicts).

Once the genogram is complete, ask students to write a paper that briefly describes the family in narrative form. This discussion should include the socio-political, cultural, and economic issues for their family, major events or turning points that affected their family, and any other variables that might

be useful in understanding the present-day situation. Ask students to address what they understand about themselves in the context of this multigenerational family. Do they notice any family issues in terms of family developmental stages? What intergenerational patterns, dynamics, and/or themes have they identified that influence themselves or others in the family? Lastly, have students discuss their reflections on the process of completing this assignment. What did it mean to them? What did they learn? How will this process help in identifying and addressing ethical dilemmas that may occur in couple and family therapy?

3. **Secrets:** In couple or family therapy, the problem of “secrets” often arises. Some counsellors will meet individually with members at the onset prior to beginning couples’ or family work. It is important that counsellors are clear from the onset how they will manage “secrets.” Have students consider ways in which these sorts of dilemmas should be handled when working with couples or families. For example, students can explore what guidelines they believe should be established with the client about such disclosures from the onset of treatment. Have students keep in mind that counsellors from different orientations may have different approaches. For example, a systems-oriented family counsellor is likely to view the entire family system as the client and may not be willing to see family members individually or to keep information revealed by one member secret.
4. **Book Review:** Students will select a recent book in the field of couples and family therapy (published within the last 5 years, or so) and write a book

review that is both informative and critical. Students must consult with the instructor in order to make sure that the publication they would like to review is in fact linked to counselling ethics and its application to couples and family therapy, and thus pertinent to the course. Students can familiarize themselves with the writing style typical of book reviews by browsing through academic journals in the field of counselling and psychotherapy, and by reading as many book reviews as possible.

5. Annotated Bibliography: Have students select a topic of interest within the realm of couples and therapy and compile an annotated bibliography of resources that would be useful to counsellors. The topic selection and the resources identified should have specific relevance to the field and should provide information that will assist counsellors in their professional work with the target population or issue. Student can choose a particular problem situation such as: work with the families of adolescents, families with disabled children, families experiencing illness, extramarital affairs, substance abuse, or difficult divorces. The annotated bibliography should consist of:

- Four journal articles or chapters from the professional literature published within the last five years.
- Two websites that provide reliable information.
- Two local community resources that can be used for referral (include complete contact information).

- At least three of the above sources must include a multicultural component or coverage of the topic from a perspective other than that of the dominant culture.
- A copy of the bibliography should be distributed to the class.

### *Annotated Bibliography*

Serovich, J. M., & Mosack, K. E. (2000). Training issues for supervisors of marriage and family therapists working with persons living with HIV. *Journal of Marital and Family Therapy*, 26(1), 103-111.

The need for improved competency is vital as the field of couples and family therapy is faced with more difficult social issues. The purpose of this article is to address the special issues and considerations couples and family supervisors might face with the increasing HIV/AIDS epidemic. In this article the authors address the following issues: the importance of educating therapists concerning aspects of the disease process and its transmissions, educational strategies programs might adopt; the ethical and legal considerations that may need monitoring by supervisors and trainees and lastly; the special therapeutic considerations for working with stigmatized populations. The more couples and family therapists know about HIV, potential ethical dilemmas, and special concerns that might accompany such cases, the better prepared they will be to treat such families.

Wetchler, J. L. (2004) A heterosexual therapist's journey toward working with same-sex couples. *Journal of Couple & Relationship Therapy*, 3(3), 137-145.

Sex therapy with gay couples is complicated for many family and relationship therapists. Family therapists lack knowledge of the nature of sex therapy, gay

culture and sexuality, the dynamics of gay couples, and the sexual issues gay couples are likely to bring to sex therapy. This article presents the thoughts and ethical issues faced by a heterosexual therapist who works with same sex couples. It discusses the mistakes made and advice for others based on these experiences

Whittinghill, D. (2002). Ethical considerations for the use of family therapy in substance abuse treatment. *The Family Journal*, 10(1), 75-78.

The family has a central role to play in the treatment of any health problem, including substance abuse. Family work has become a strong and continuing theme of many treatment approaches, but family therapy is not used to its greatest capacity in substance abuse treatment. This article examines the unique ethical considerations for the provision of family therapy as substance abuse treatment. Guiding ethical principles and ethical pitfalls specific to family counselling within alcohol and drug treatment programs are presented.

### *Group Work*

Counsellors are being increasingly expected to deliver group counselling in mental health and social service agencies of all kinds. This increasing demand is due to the recognition that group counselling is an effective means for resolving psychological problems and dysfunction (Spitz, 1996). Due to their omnipresence, groups serve as significant influences on personal growth and development (Conyne, 1999). However, designing, organizing, conducting, and evaluating a multisession counselling experience is a difficult task for a beginning counsellor or even for a veteran counsellor with little group experience. Being a group counsellor demands sensitivity to the needs of the members of a group and to the impact that a counsellor's values and techniques can have on the members (Corey, 1995). It also demands an awareness of community standards of practice, the policies of the agency where the counsellor works, and the laws that govern group counselling. The following section will promote students' sense of professional identity as group counsellors and awareness of professional and ethical issues relevant to group counselling.

#### *Discussion Questions*

1. How might a faith based setting both limit and enhance a group's potential?
2. In what ways could a group leader pressure members or deprive them of their dignity?
3. Is using techniques that are unfamiliar to the group leaders unethical? Why or why not?

4. Leaders should be conscious of the potential for misusing power, control and status in the group. How can risky behaviour (including unduly pressuring members to disclose information or not providing intervention when a potentially damaging experience occurs between members) become problematic?
5. One of the most pressing ethical issues surrounding group work is the leader's ability and need to develop a multicultural perspective (Watson, Herlihy, & Pierce, 2003). As the face of society changes toward a more diverse population, how can group counsellors adapt their interventions to meet the needs of these changes?
6. What are some important ethical issues to consider in starting a multicultural group?
7. At times, despite screening procedures, members of a group may turn out to be disruptive and incompatible with the group. How can a counsellor identify and handle such clients in an ethical manner?
8. You are setting up a group of adolescent males in the community who have been court-mandated to undergo counselling for anger management and aggression. In the planning stages you became aware that one potential group member has been assessed with an IQ of 78. What do you think are the most important ethical considerations you will face as the group leader?

### *Case Studies*

*Case Study One:* One of Ryan's clients, Jose, is leaving his psychotherapy group after two years. Jose came to the group shortly after migrating from Puerto

Rico. Jose was feeling debilitated following many losses in his life and has since been able to work through the issues he found to be most troubling. Jose now has a job and has earned his high school diploma. Jose says he is very pleased with his progress and in particular with the fact he has formed a strong and healthy relationship with a woman to whom he is now engaged. Jose plans to get married two months after his planned treatment termination. In today's session Jose invites Ryan and the psychotherapy group members to the wedding and reception, expressing gratitude to the group and Ryan the therapist. He says he would like his fiancé to finally meet Ryan. The group is thrilled about the invitation. Ryan is unsure how to respond, clearly not wanting to humiliate Jose by interpreting his gift as symbolic of some unfinished business that needs to be put into words. Thoughts and feelings about endings, ethics, boundaries, confidentiality and privacy run through Ryan's mind.

- What are the implications in accepting or declining the invitation and how would the decision affect the therapeutic progress Jose has made?
- Do endings always have to be complete?
- What will cause more harm, more good?
- What would you as the therapist in this situation want to do?
- What are your counter-transference reactions? How would the group view this?
- Is there a problem with the group going to the wedding without Ryan?
- What are the privacy issues around the group's attendance at the wedding?

*Case Study Two:* Chris is a counsellor at a high school where in the evening he runs a group for parents whose children are part of the special learning resources program. While doing an initial assessment with a couple, the wife, Janet, realizes she and Chris attended the same church group 20 years ago. Since they did not socialize together or live in the same neighbourhood, Chris does not see this as a problem, but asks Janet how she feels about being a member of his group. Janet indicates she is glad he will be leading the group since there will be a "familiar face." Janet and her husband begin attending the group, but after a few weeks, Chris notices Janet is coming without her husband.

After tonight's group, Janet asks if she can speak to Chris alone. Although it is late and it means he and Janet will be the only ones left in the school library, Chris feels compelled to meet with her. He is also interested about the husband's absences. Janet begins by telling Chris that her husband has stated he will no longer go to the groups because Janet told him she is attracted to Chris. She goes on to tell Chris that she had a crush on him when they were in the same church group, but was always too shy to speak to him. She does not know what to do as she believes it is imperative for her husband to attend this group, but she can't help how she feels about Chris. Janet reaches over and takes Chris' hand.

- If you were Chris, what would you do at this point?
- If you were Chris's supervisor and he came to discuss this situation with you, what areas of concern would you discuss?
- What steps could Chris have taken to prevent this interaction with Janet?

- What would be the treatment plan you would recommend to Chris at this point?

*Case Study Three:* Sandra is running a post trauma group for women who have been sexually abused. Alyson, a 23 year old female, was referred to the group by her family doctor after making a disclosure regarding historical abuse. Although Alyson's attendance is voluntary, she appears disinterested in what is happening in the group. She has missed over half of the sessions and often comes to group late and leaves early, and rarely shares her own experiences or feelings. A few weeks ago, Alyson was confronted by Jenny, another member of the group, after arriving over 20 minutes late. Alyson became defensive and stated that her arrival time is none of Jenny's business. Alyson and Jenny argued for a few minutes then Alyson got up and left. The group was annoyed and wanted to discuss the idea of asking Alyson to leave the group permanently. Some members find Alyson's behaviour disruptive and others say she is not committed and a poor fit for the group. Despite a unanimous decision to allow Alyson the opportunity to explain herself, Alyson does not return. The group members are now feeling guilty having had discussed her possible termination from the group. One group member suggests writing a letter asking Alyson to come back. Another member suggests going to her place of work. Sandra listens to the group suggestions and can not help feeling angry at Alyson for leaving the way she did and causing such an upheaval.

- How can Sandra help the group process this abrupt leaving?
- What are Sandra's ethical obligations toward Alyson? What are Sandra's ethical obligations toward the group?

- How can Sandra safely contain the group while at the same time respect Andrea's privacy and right to make her own decisions?
- What steps could Sandra have taken to prevent this abrupt termination?

*Case Study Four.* You are co-leading a group for men who are addressing their sexuality. Some men in the group are openly gay and others are struggling with their identity. Steve, one of the group members, brings up "reparative therapy" as a solution for those who have openly admitted being gay. He explains to the group that the cause of homosexuality is childhood loneliness. He goes on to say that when a child is neglected, abused or isolated, loneliness is often experienced as genital tension. He states that when kids are under-stimulated they play with themselves and the source of greatest stimulation is their genitals or their mouth. Another member of the group, Rick, says that although he is gay, he did not think he was a lonely kid. A heated discussion ensues.

Jayne, the other group leader interrupts the discussion and informs the group that homosexuality is a mental disorder and a certifiable neurosis. She says that the psychoanalytic perspective has always considered homosexuality to be a neurosis that can be treated. You think it is wrong for Jayme to identify homosexuality as a neurosis and believe there is no scientific evidence for that perspective. In addition, you can think of no mainstream mental health organization or profession that supports this ancient, discredited theory. You are angry at Steve for taking the discussion in this direction and at Jayme for sharing information you feel is both inaccurate and inappropriate.

- What are the problems or dilemmas in this situation?

- Making reference to the relevant ethical standards and principles found in the CPBC, CCA, or the BCACC codes of ethical conduct describe how you would manage this situation.
- What steps could you have taken to prevent this dilemma with Jayme and the group?
- If you were the supervisor in this situation, what areas of concern would you discuss with the group leaders?

### *Activities*

1. **Stages in the Development of the Group:** Have students brainstorm the ethical issues that may present themselves during the stages in the group's development. Stages are as follows: (a) formation of the group, (b) initial stage (orientation and exploration), (c) transition stage (dealing with conflict), (d) working stage (cohesion and productivity), and (e) consolidation and termination.
2. **Lead and Participate in Discussions:** Have students choose a topic and one article related to ethics in group counselling. Students should raise discussion questions for the article and design a role play related to the article. Have the students raise two additional questions worthy of further exploration after the discussion is completed. These questions should be emailed to all class participants and the instructor for further discussion.
3. **Small Group Role Play:** In small groups have students conduct one of the role plays from the Lead and Participate Discussions assignment. The demonstration should be led by one of the group members and involve other

group members as role play clients. At the end of the role play have the group members conduct a 15 minute interaction and discussion. This assignment should include: (a) a very brief and informal introduction to their topic and their group role play “clients” and situation; (b) a role play with at least one ethical dilemma and one intervention are demonstrated; and (c) a 15 minute feedback and processing time facilitated with the entire class by group members.

4. Reading and Personal Journal: Each week have students complete the assigned reading and send an email to the instructor, prior to the class meeting, identifying three issues in the reading they would like to have discussed further in class. In addition, have students include in the email a personal reflection that addresses the following experiences:
  - What I am learning about myself.
  - What I am learning about others.
  - What I am learning about groups.
5. Group Membership: In small groups have students brainstorm how the following topics can become ethical issues in group membership:
  - Informed consent
  - Screening and selection
  - Preparing group participants
  - Involuntary participation
  - Freedom to leave group
  - Psychological risks

- Confidentiality in groups
- Exceptions to confidentiality
- Confidentiality with minors

### *Assignments*

1. Ethical Issues in Group: Have students complete an essay on ethical issues in the practice of group counselling, by addressing the following question:  
What are the two ethical issues which are likely to be the most concerning for you personally in your work as group counsellors? Ask students to include a discussion of: (a) why each is important in their counselling work, or likely to be so; (b) what contribution recent journal articles make to the discussion of these issues; and (c) having read and considered the relevant literature on these issues, discuss how they are likely to deal with each of the two issues.
2. Responding to an Ethical Dilemma: Give each student an ethical dilemma to work through. Ask each student to write a brief, well-organized response to the dilemma based on their understanding of the possible ethical violations and using some model of ethical decision-making. Student responses should include a summary of the possible ethical dilemma(s) involved, reference to the specific CPBC, CCA and/or BCACC ethical codes that may be affected, and a detailed plan that utilizes a specific model of ethical decision-making. While ethical dilemmas rarely involve one correct answer, student grades on this assignment should be based on their ability to utilize sound problem solving and apply appropriate ethical standards to their proposed plan. Have students discuss results.

3. **Group Psychotherapy Contract:** In order for group members to derive maximum benefit from group therapy, rules are important and necessary. Have students create a contract for a psychotherapy group of their choice. The contract should include a section on attendance, procedures in the group, termination from the group, and payment of fees.
4. **Trust Building Activity:** Trust is a core psychological and interpersonal issue. Trust building activities can help members of a group develop mutual respect, openness, understanding, and empathy, as well as help to develop communication and teamwork skills. In addition, trust building activities can remove barriers and build deep feelings of trust and reliance. However, the power of these activities is a double-edged sword, and caution needs to be used in selecting and conducting trust-based activities. For this assignment have students choose a psychotherapy group and develop a trust building activity for that specific group. Ask students to share the special considerations that were made when developing the activity and what the student would do if they observed or sensed that care was not being taken by the group.
5. **Design a Group:** Direct students to design a unique group proposal for children, adolescents, adults, the elderly, or any other group in which they are interested. In this proposal students are to identify how they will: (a) organize the group, (b) identify group goals, (c) outline and describe the group format, and (d) specify the group outcomes. As a part of their work students should show evidence of the precautions they will take to avoid and

handle ethical dilemmas in each section of their work. Research findings that support these actions should be used.

6. Leadership Style: Have students write a self-exploration paper that addresses their personal characteristics and preferences that might affect their group leadership style. In this paper students should reflect on the theoretical orientation(s) that fit best for them, the aspects of group leadership that might be most challenging for them, the type of co-leader with whom they might work best, and values they hold that might affect their work as a group leader.

#### *Annotated Bibliography*

Fallon, A. (2006). Informed consent in the practice of group psychotherapy.

*International Journal of Group Psychotherapy*, 56(4), 431-453.

Informed consent is a process of communicating necessary information about group treatment to clients so they can make coherent decisions about treatment. Fallon discusses both the precautions and benefits of informed consent in regards to group counselling. In addition, the author discusses who should obtain informed consent, when informed consent should occur, how it should be communicated, and what information could be considered for inclusion. Specific suggestions are presented as well as a dialogue of possible ethical dilemmas.

Lasky, G., & Riva, M. (2006). Confidentiality and privileged communication in group

psychotherapy. *International Journal of Group Psychotherapy*, 56(4), 455-476.

The notion of confidentiality is essential to all types of counselling. However, confidentiality in group counselling is more complicated than in individual therapy because self-disclosure is at the heart of group therapy and because all members of a group are hearing the disclosures. This article discusses the main considerations and dilemmas of confidentiality in group psychotherapy. Lasky and Riva broadly review confidentiality and discuss related ethical principles. In addition, they argue the complexities of confidentiality in group psychotherapy and review the research on confidentiality in groups. Lastly, they illustrate common ethical quandaries.

Mangione, L., Forti, R., & Lacuzzi, C. (2007). Ethics and endings in group psychotherapy: Saying good-bye and saying it well. *International Journal of Group Psychotherapy*, 57(1), 25-40.

Because endings in group counselling have the potential for several ethical dilemmas, counsellors need to develop and maintain ethical fitness and awareness, including attunement to personal responses, to endings and loss. Through a discussion of informed consent, time and role boundaries, privacy and confidentiality, unplanned endings, therapist-initiated termination, and competence, the authors investigate ethical issues related to endings in group counselling. To emphasize these issues, findings from an exploratory survey of members of the American Group Psychotherapy Association and clinical-ethical vignettes are offered.

### *Rural Counselling*

According to Morrissette (2000) and Sutton and Pearson (2002), professional counsellors who work and live in rural settings face a dichotomy of rewards and challenges. They have an opportunity to enjoy close personal and professional relationships, are known by the community and know many members of the community, and their work is visible and often highly respected. Once known, they are rewarded by a sense of belonging and acceptance. In addition, the rural lifestyle offers tranquility, privacy, beauty, and several prospects for healthy outdoor recreation. However, the same aspects of rural life and rural practice also present both personal and professional challenges. Close relationships may challenge ethical practice and present difficulties in creating and upholding professional boundaries (Erickson, 2001). It may be difficult to separate friend and relative from client, visibility compromises confidentiality for the client and privacy for the counsellor, and isolation creates challenges as well. The rural setting often lacks many resources, calling upon the professional counsellor to play multiple roles, serve a wide variety of needs, be readily available when the need arises, and be creative, highly skilled, and flexible (Hovestadt, Fennell, & Canfield, 2002).

Despite recognition that a rural setting is unique, affecting the lives and the work of rural professional counsellors, the effect of a rural setting is not a subject commonly addressed by the counselling profession. According to Morrissette (2000) and Weigel (2002) little recognition has been paid to the needs of the professional counsellors who practice in rural settings.

The following section of the curriculum is provided to aid students with the ability to acquire the needed knowledge essential for an understanding of the challenges of the delivery of counselling services in rural settings. By participating in the provided activities students will (a) develop an understanding of the broad scope of rural counselling issues, (b) develop a self-awareness of personal biases, attitudes, and values as they pertain to facilitating rural counselling work, (c) become familiar with the need for an integration of resources in the rural setting, (d) develop an understanding of how diversity can impact rural counselling, (e) recognize the general dynamics of managed counselling within the rural setting, and (f) become familiar with the needs of a specific population.

#### *Discussion Questions*

1. In what ways can a rural setting help a counsellor's practice?
2. In what ways does rural work challenge the practice of a counsellor?
3. How does a rural setting change a counsellors work?
4. How does the rural professional role challenge the personal life of a counsellor?
5. What can you draw upon from your training and education that focuses on rural counselling?
6. What kind of training do counsellors need to look for that focuses on rural counselling?
8. What kind of support do you have that focuses on rural counselling?
9. What kind of support do counsellors need to look for that focuses on rural counselling?

10. Identify ethical codes from the CPBC, CCA and the BCACC that are relevant to rural counselling.

### *Case Studies*

The following case studies have been developed in an effort to help students become more aware of the impact of the rural setting on the lives and practice of counsellors working in a rural setting and the training and support needed for those same counsellors. Questions are raised about each situation for discussion.

*Case Study One:* A client of yours sometimes visits a neighbour on your street. When she comes by she often sees you outside doing yard work or gardening. When in your yard, you dress in ratty shorts and a t-shirt and your hands and face are dirty. Your appearance is not at all what you would consider professional.

- Do you always need to look professional?
- What are your thoughts about how they are thinking you?
- Can you relax and enjoy your own yard?
- How does it feel to be so visible?

*Case Study Two:* Jane, a counsellor in a remote rural town, accessible only by boat or plane, had to buy her fuel supply from Gerry, a man who happens to be current client of hers. Typically, the fuel purchase in this community is a major negotiating event, and the final trade price is highly dependent on the nature of the relationship between the buyer and seller. For Jane, no other options existed for buying fuel in this community. Jane struggled with how to obtain a “fair market price” with Gerry, in light of the dual nature of their relationship.

- Rural counsellors function in a context of overlapping relationships, potentially conflicting roles, and altered therapeutic boundaries, which may be riddled with ethical problems. Is the overlapping relationship in this case study ethically problematic and potentially exploitive of the client? Explain.
- Could this situation have an impact on the treatment boundaries? If so, how?
- If you were Jane how would you handle/resolve this issue? If you were Jane's supervisor how would you support her in any decision she made?

*Case Study Three:* Your friend Cyndi is a teacher at the school on the reserve on which you both. Some of the students at the school where she works come to you for counselling. Because of confidentiality, you never talk with Cyndi about who you are seeing for counselling. However, Cyndi, at times, may talk about the students in her class. One morning, while making the commute to the community, Cyndi mentions that she is concerned about one of her students because she left the school unexpectedly to go home. You have been working with this same student in counselling, and it is news to you that she left the school suddenly. However, you cannot acknowledge that you know the student, nor can you ask Cyndi questions.

- Are you worried about the student? If so, do you put your concerns for this student aside and continue with the social interaction?
- How do you do this?
- Do you feel like you have to be an actor, quickly covering up your natural reaction?

*Case Study Four:* You are counsellor in a remote area in the Yukon where there are no other counsellors available. For the last three months you have been working with a woman who takes great caution to keep her visits confidential. Counselling sessions have involved many discussions about the problems in her marriage and her desire to become a better wife. Unbeknownst to the woman, her husband entered counselling with you under an assumed name. He is seeking ways to improve his independence and leave his wife. Once you realize who he is, you struggled to maintain an impartial, balanced stance in your work with each.

- Rural communities have been likened to “fishbowls.” How does this analogy pertain to this case study?
- Does the counsellor’s behaviour make it more or less likely that the needs of both of the clients will be met? Why/Why not?
- What would you do as the counsellor in this situation?

*Case Study Five:* As a new counsellor in a small community you are finding it awkward to be yourself in social settings and yet maintain professional boundaries. One morning you are out for dinner with your family and a mother tells you of her daughter’s progress in counselling, giving specific examples. She looks toward your family as though they know about her daughter in terms of what she is working on in counselling. You cannot respond to her except with general statements like: “Oh that is great.” Your family is not able to respond to her at all because, while they know her daughter, they did not know she was in counselling let alone what she is working on in counselling. You feel like you are being rude by not talking with her on

the level she is presenting and your family is feeling awkward because she is assuming they know what she is talking about.

- How do you put your awkward feelings aside and continue with the social interaction?
- What do you say to your family when they have questions?
- Can you expect your family to follow your professional standards?

### *Activities*

1. **Pearls of Wisdom:** Students will develop 5 'pearls of wisdom' based upon class discussions or assignments with respect to rural counselling, and submit them to the professor in writing. In addition students should be prepared to present these 'pearls' orally at the beginning of each class session. A thorough written explanation as to why these 'pearls' were selected is expected. A 'pearl of wisdom' can be defined as the most evocative statement the student has heard or read or what the student feels to be the most important point that has been made.
2. **Poster Presentation:** Students should choose a topic on an issue related to rural counselling (e.g., pride, trust, confidentiality, lack of information, distance and cost) and present it to the class in poster form. Part of the assignment is making appropriate and creative use of technology in presenting the material. This assignment can be done in a computer lab during class time.
3. **Small Group Debate:** In small groups have students discuss the ethical issues associated with bartering of counselling services. Groups should be

prepared to provide rationale for and against bartering in small communities and should make reference to relevant ethical codes and standards.

4. **Large Group Discussion:** As a class, discuss how pride, trust, confidentiality, lack of information, distance and cost are barriers to youth living in small farming communities. Brainstorm strategies that could be used to overcome these barriers.

### *Assignments*

1. **Research Paper:** This paper should reflect a specific rural mental health issue and describe its possible implications upon a counselling practice. This paper is expected to be within an 8-10 page range and follow APA guidelines. A minimum of five references will be required. Have students approve the topic selected with the professor before beginning the research.
2. **Expert Consultant:** Based on the topics students chose for their research paper, have them serve as an expert consultant to the class for part of one class. Ask students to provide a written description of an ethical dilemma related to their topic area to distribute to class members. The student's role will be to help guide the class in ethical decision-making based on relevant sections of the ethical codes from the CPBC, CCA, or the BCACC and by providing additional information about that topic based on their knowledge of relevant scholarly writings on that topic area. Students can work in pairs if they wrote papers on a similar topic.
3. **Treatment Team Project:** Divide the class into teams with the purpose of creating a scenario requiring a mental health response in a rural setting, and

devising an interdisciplinary approach to develop a treatment response, and an outcome assessment protocol. The team will then present its scenario, treatment, and outcome assessment protocol to the class. A power point presentation is suggested with the power point notes being considered equivalent to a paper summarizing the project. Resources to be accessed could include interviews with treatment providers, a review of literature, interviews with professionals such as health and human services professionals, nursing staff, education staff, counselling staff, and other relevant support staff. This team project should include:

- Clarity of relevance of the treatment interventions to the scenario
  - Depth of specific treatment goals and objectives
  - Connecting the treatment interventions with existing rural mental health interventions
  - The quality of evidence-based references integrated in the presentation
  - The depth and applicability of the projected treatment outcomes, which will require professor approval
4. Needs Assessment: Working in groups, have students conduct a needs assessment for a well defined target population in a rural community. In addition, have each group also perform an environmental assessment of the community identifying existing services for the target population. Data from both assessments should be interpreted and needs prioritized by the group

and programming identified and developed to meet the needs. The major purpose of this project is to determine the mental health needs and resources of the chosen community and to design programming that meets these needs. A paper summarizing the group's findings, groups recommendations, and outline of the program development will be expected. Additionally, each group will be responsible for a class presentation describing their findings. Presentations are to be no more than 30 minutes. Students will need to consult with instructor to determine whether or not approval from the research ethics board is required.

5. **Special Populations:** In small groups have students select a special client population in a rural setting. Direct groups to research the special ethical problems that might arise in their selected population. Ask groups to present to the class the ethical challenges of that population that are unique to the rural setting and how one might respond to those situations. Additionally, have groups formulate a complex case example that highlights the problems that may occur in a rural setting with the special population. Students should be prepared to facilitate class discussion of the ethical and legal issues raised by their case. Special client populations might include: court referred clients, offenders, trauma survivors, substance abuse, youth, and farmers.
6. **Program Development Paper:** Based on the text, existing literature, and class discussions, have students develop a programmatic counselling intervention aimed at a particular population and issue in a rural community setting. Topics may include: family violence, pastoral counselling, multicultural

counselling, teenage parents, drug and alcohol abuse, child sexual abuse, the elderly and teenage gangs. Each student should conduct a literature review on the nature and scope of the issue and existing counselling approaches. In their paper, students should include the following major sections:

- Description of the issue
- Current effective treatment interventions for working with the selected population
- Description of their proposed intervention procedures and population being served
- Counsellor role and function in the intervention
- Procedures used to gauge success of the program (outcomes; plan for evaluation of outcomes)
- Discussion of special issues (i.e., ethical, contextual) that could or will impact the program
- Implications for counsellors.

Ask each student to prepare a power point presentation related to their paper.

### *Annotated Bibliography*

Hines, P. L. (2002). Transforming the rural school counselor. *Theory Into Practice*, 41(3), 192-201.

Hines describes the prominent issues facing rural educators and communities and provides examples of how transformed school counsellors might positively impact these issues. Issues include: student achievement, the recruitment and retention of faculty, and how economic development influences access and affordability to services. Hines suggests that through their understanding of the specific rural context, strengths, and issues, counsellors in rural schools can build the social capital needed to address the barriers to academic success for every student living in a rural community.

Myers, J. E., & Gill, C. S. (2004). Poor, rural and female: Under-studied, under-counseled, more at-risk. *Journal of Mental Health Counseling*, 26(3), 225-242.

Myers and Gill explore the dynamics of poverty for women living in rural areas that comprise a population both at risk and underserved by mental health professionals. A model for assessment and mental health interventions are presented and implications for mental health counselling are investigated.

Weigel, D. J., & Baker, B. G. (2002). Unique issues in rural couple and family counseling. *The Family Journal*, 10(1), 61-69.

While a number of authors have stated that rural mental health practice differs considerably from that of urban practice and several studies have examined

rural mental health service delivery issues, couple and family counselling issues have not been taken up in these studies. In an attempt to identify unique practice issues facing rural couple and family counsellors, the authors of this article review the available literature regarding rural couple and family counselling, in combination with the findings of research in closely related fields.

## Conclusion

Communicating, reasoning, working cooperatively with others, setting goals, and integrating theory and practice can be enhanced by expanding learning opportunities beyond traditional lectures, discussions, and laboratory exercises in an ethics class. Working with others often increases involvement in learning. Sharing one's own ideas and responding to others' reactions improves thinking and deepens understanding particularly in the case of ethical decision-making. The purpose of this project is to enhance student learning with activities that are collaborative and social, not competitive and isolated. Doing so will: (a) equip students with an understanding of the variety of ethical dilemmas faced in counselling; (b) inform the student of legal precedents which have been established in the counselling field; (c) stimulate students' self-awareness of personal agendas concerning ethical decision-making; (d) familiarize students with the specific ethics code of the CPBC, CCA, and the BCACC; and lastly, (e) facilitate students' awareness of the impact of personal issues and values on the counselling and decision-making process.

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