EIGHT

Ethical dimensions of counselling supervision

> In summary, approximately 5 per cent of respondents indicated they had experienced sexual contact with their supervisors. (Bartell and Rubin, 1990, p. 444)

The above quotation is a rather pessimistic note on which to begin a chapter on the ethical aspects of supervision. We know, from recent literature on both counselling and counselling supervision, that unethical behaviour exists. Counsellors abuse clients, not just sexually, but in numerous other ways, and supervisors abuse supervisees (Feltham and Dryden, 1994; Kaberry, 1995). Why unethical behaviour takes place cannot be attributed to any one reason. It is too simple to claim that human nature is of itself inherently weak. Bernard and Goodyear (1992) make the point that much unethical behaviour is a result of omission, not so much what is done, as what is not done. Unethical behaviour could be the result of an inability to connect ethical principles with live situations, or because of the unmet needs of supervisors and/or supervisees, or because of lack of training or personal therapy. This chapter will look at the background to ethical decision-making within supervision. It will apply ethical principles to supervision and look in particular at five areas: supervisors' ethical responsibilities to clients, supervisees, the supervisory relationship, training/ placement agencies, and to themselves.

TRAINING IN ETHICAL BEHAVIOUR AND ETHICAL DECISION-MAKING

Most professional training in counselling and counselling supervision requires trainees adhere to ethical codes and demand that ethical issues arising in supervision be addressed. However, few courses spend substantial time on training in the ethical/professional aspects of counselling and

supervision, and fewer still on educating students in methods of ethical decision-making. The result is that students are left to discover ethical solutions by 'osmosis' (Handelsman, 1986). Gawthrop and Uhlemann (1992) discuss the drawbacks of this method of education by default: simply providing ethical information is not enough, students end up without sufficient skills to make ethical decisions. They suggest, quite rightly, that education in ethical decision-making should be a *formal* part of the counselling training curriculum, a section of the taught course in its own right and not contained within another course or left to supervision. They recommend, from their own study, the use of problem-solving approaches to teaching ethical decision-making. Their research is indicative of the value of training in ethical decision-making. One group of trainees were give a three-hour workshop on ethical decision-making, another group were given the workshop handouts but not the workshop, and the third group were given neither. All three groups were then given brief instructions and requested to respond to a case vignette containing ethical dilemmas. The treatment group scored significantly higher on decision-making quality than did either of the other groups. How can supervisors be helped to deal with ethical issues emerging from the client work of their supervisees, and furthermore how can they receive help in ethical decision-making for dealing with professional/ethical problems and dilemmas within the supervisory arrangement? How can they, in turn, work with supervisees to help them understand and make professional and ethical decisions regarding clients? Fine and Ulrich (1988) have used an integrated psychology and philosophy approach to decision-making within the ethical domain. Arguing that ethics historically belongs within the domain of philosophy, they outlined a four-stage model:

1. Ethical theories
2. Ethical principles
3. Ethical codes
4. Ethical decisions

1. Ethical theories. In Stage 1 Fine and Ulrich (1988) review ethical frameworks and theories (in particular utilitarianism and deontology). The existence of several ethical theories explains why such fierce debates often occur on the definition of 'ethical'. What ethical interpretation do we place upon an action? Do we evaluate it by its consequences, or by some inherent quality of right or wrong, or by its benefits to others? A knowledge of ethical theories, and particular the ethical theory underlying our own way of working, is helpful when it comes to making particular decisions. Sometimes when ethical dilemmas cannot be resolved it is necessary to return to ethical theories.

2. Ethical principles. In Stage 2 they review ethical principles that are derived from ethical frameworks and theories:

> beneficence (engaging in what is good for clients);
> non-malevolence (not doing harm to people);
> autonomy (the principle that people are free to act as they judge fit, provided this is not harmful to others);
> justice (being fair in the way I deal with people);
> fidelity (about keeping promises, being faithful, loyal).

Page and Wosket (1994) use these five principles as the basis for their chapter on ethical and professional issues. It must be remembered that they are 'principles' and as such open to interpretation. Two counsellors could well disagree about whether a certain action (e.g. sending a client for a psychiatric assessment) was for the good or could lead towards harm for this particular client. The principles are accepted as good, but defy clear and definitive application. A number of factors can influence an actual ethical decision, e.g. different counselling orientations can have radically opposing views of what is 'beneficient for clients'.

3. Ethical codes. Stage 3 consists of looking at ethical codes (i.e. rules to help the practitioner) and how they emerge from principles. While ethical codes involve translating ethical principles into rules, by and large these 'rules' are guidelines. A few are absolute and are intended to cover all instances, e.g. 'Supervisors should not participate in any form of sexual contact with supervisees' (ACES, *Ethical Guidelines for Counseling Supervisors*, Section 2.10). But these are unusual: most are relative, and guidelines rather than rules. When guidelines exist (BAC, *Code of Ethics and Practice for the Supervision of Counsellors*, 1988; ACES, *Ethical Guidelines for Counseling Supervisors*, 1993), rarely do they give answers to particular problem areas. This is no bad thing. Given the complexity of counselling situations, ethical guidelines need to be applied in each particular situation, with each particular client.

Few supervisors or counsellors would disagree with Section 2.1 (b) of the BAC *Code of Ethics and Practice for the Supervision of Counsellors* (1988) that, 'supervisors are responsible for helping counsellors reflect critically upon that work.' What does this mean in practice? Are supervisors obliged to set up training in 'critical reflection' for supervisees? Does it mean supervisors confront supervisees who never claim to make mistakes? Or does it mean that supervisors allow space for consideration and evaluation of supervisee client work? There is room here for stringent or lenient interpretation. Other sections of the *Code* require similar interpretations. Section 2.15 contains a statement that is very acceptable to most supervisors: 'Super visors should, whenever possible, seek further training experience that is relevant to their supervision work.' Again, what does it mean in practice

Should supervisors see this as a non-negotiable dictate and book in for ongoing training in supervision on a regular (a month, a year, every five years) basis? Is consultation with another supervisor sufficient to fulfil this? These are two examples (almost all the guidelines could be dealt with in the same way) indicating the relativity of ethical codes and how important it is to interpret them. Bishop and D'Rozario (1990) understand the need practitioners have for absolute standards but argue 'in most situations ethical decisions are relative . . . to operate as if there were absolutes is naive' (p. 215).

4. Ethical decision. Finally, Stage 4 involves looking at specific ethical decisions and using the knowledge of ethical theories, ethical principles, ethical codes and reflection on the issues to make decisions for action.

Keeping in mind these four stages of ethical decision-making, we can now look at the ethical responsibilities of supervisors in five areas.

SUPERVISORS' ETHICAL RESPONSIBILITIES TO AND FOR CLIENTS

There seems to be a difference between British and American views on what responsibilities supervisors need to shoulder in respect of clients seen by their supervisees. Several authors have reviewed the US situation comprehensively (Bernard, 1994a; Bernard and Goodyear, 1992; Disney and Stephens, 1994). The latters' monograph, entitled *Legal Issues in Clinical Supervision*, is an up-to-date review of both ethical and legal responsibilities of supervisors.

In the USA vicarious responsibility (*respondeat superior* is its legal terminology) maintains that one person who holds a position of authority over another can be held legally responsible for damage perpetrated by the latter. This damage could be negligence, malpractice or unprofessional behaviour. Obviously, a number of issues would need to be considered before supervisors would be held responsible (e.g. the motivation of the supervisee, the place and purpose of the behaviour, whether or not the supervisor could reasonably anticipate that a supervisee might engage in such an action). But, in principle, supervisors could be held responsible for actions of supervisees *vis-à-vis* clients.

In Britain, to date, unlike the USA, there has been no litigation in this area. At the moment supervisees are legally responsible for their own behaviour. However, supervisors have ethical responsibility for the clients of supervisees, especially where supervisees are in training. The BAC and ACES codes, as well as the AACD *Standards for Counseling Supervisors* (1989) stress that one of the main purposes of supervision is the welfare of clients. Section 1 of the ACES document is entirely devoted to 'Client Welfare and Rights'. What responsibilities do supervisors have towards the clients of their supervisees?

4

Managerial responsibility

In most instances supervision is non-managerial, i.e. the supervisor is not a staff member of the counselling agency in which supervisees see clients, and there are no line-management responsibilities. Where there are, then there may well be managerial responsibility. Managerial responsibility entails keeping an eye on the welfare of the agency, as well as the client, and on the career of the supervisee, as well as on the clinical work with clients. Where this pertains boundaries need to be clear. It has to be recognized that supervisees will monitor what they bring when their supervisor is in a position to affect their career, and/or their job: Chrzanowski (1984) records that some of his students confessed to falsifying what they brought to supervision because of their fear of negative appraisal.

Non-managerial responsibility

Where supervisors have no managerial responsibility, they are still ethically bound to ensure that clients are receiving a good service from supervisees. This will entail accountability in a number of domains.

a) How do supervisors monitor client work so that they are assured that clients are not being harmed? In most supervision, verbal reports from supervisees are the norm, and supervisors have to use these reports, and their relationship with their supervisees, as a way of monitoring what is happening within the counsellor/client relationship. There is still disagreement on the use of taping client sessions. Page and Wosket (1994) suggest that a good supervisory relationship will eliminate difficulties here. It is always valuable for supervisees to ask themselves how they would know if a client was being harmed in some way.

b) How can supervisors be assured that clients receive certain information?

c) How are clients and their problems evaluated, and what decisions are made in respect of counselling provision? Feltham and Dryden (1994) have complained about counsellors' temptation to put counselling theory ahead of client needs, ignoring informed consent and choice on the part of the clients. Supervisors are in good position to monitor that clients are not fitted to theory or problem, or indeed counselling approach, but that they get a suitable treatment for the issues they bring.

The theoretical orientation of supervisees and supervisors sometimes dictates ways of working with clients that make establishing common norms difficult, e.g. counsellors from some counselling orientations do not, as a matter of principle, let clients know they will be discussed within supervision, or how they work, or give certain personal information. At times this

is very sensible and at other times is less than helpful. Practitioners from particular counselling orientations can get caught in a 'time-warp' and engage with clients as their predecessors did, say 50 years ago. Modern requirements, and indeed contemporary legal requirements (consumer rights, data protection, citizen charters) and the use of modern technology, have been slow to find their way into counselling work. Today they need to be considered.

In brief, supervisors are ethically responsible to the clients of their supervisees for the service received. It is their task to monitor that service, to know what it is, and to intervene when the welfare of clients is not being maintained.

SUPERVISORS' ETHICAL RESPONSIBILITIES TO AND FOR SUPERVISEES

What are the responsibilities of supervisors vis-à-vis the ethical and professional dimensions of supervisees' work with clients? There seems little doubt that there is a 'gatekeeping' function of supervisors ensuring that clients receive the most effective counselling provision, and that supervisees are working within guidelines and boundaries that create a safe therapeutic environment for clients. Within this role there is some debate (see Chapter 4) on whether or not supervisors ought to teach ethical principles or whether they simply ascertain that the supervisee is aware of ethical codes and is working within them.

Supervisors see their role as monitoring ethical/professional dimensions of counselling practice. However, they are adamant that they do not see their job as teaching ethics and ethical practice to supervisees (Carroll, 1994c). They deal with professional/ethical issues as they arise from client work rather than being proactive with such issues. Several areas of interest emerge from research into supervisors' perceptions of their own role as monitors of the ethical dimension of the work of their supervisees. Almost all supervisors surveyed (Carroll, 1994c) agree that their task is to monitor ethical/professional aspects of the supervisees' work. But how that takes place is debated. Some challenge when practice is seen as unethical, others alert the supervisee to ethical issues and help them take responsibility for them, others encourage the supervisee to talk about all aspects of their work with clients. The majority wait until such issues arise within supervision. They consider it the task of the training course to provide ethical education and acquaintance with ethical codes. Some insist on ensuring that trainees understand and work with a certain ethical framework, to the extent occasionally of providing them with counselling codes of ethics.

A further area of concern to professional practice is the ongoing need for training within the context of ethical issues. It is not enough to include training in ethical issues within counselling courses. There is a demand to

keep up-to-date with what is happening. Changes within the profession and within society are asking new ethical questions from counsellors. The Data Protection Act is one such new dimension, involving new legislation and new ethical issues. New legislation makes further and novel ethical demands on counsellors. Jenkins (1992, p. 165) has looked at 'the apparent lack of interest in developing a knowledge base or practice competency in relating to legal matters affecting counselling' and made a strong and substantiated plea for the ability 'to deal competently with situations ... which pose real ethical dilemmas with a legal dimension'. It is not sufficient to know the content of ethical codes. What is needed is a method of making ethical decisions in counselling contexts.

Supervisors need to be sure that supervisees:

a) Know ethical codes (Feltham and Dryden, 1994, recommend discussing the BAC code of ethics with supervisees).
b) Have a method of making ethical decisions.
c) Belong to relevant professional bodies, and subscribe to appropriate codes of ethics and practice for counsellors.
d) Are not overworking, have reasonable case-loads and are looking after themselves. Inskipp and Proctor (1993, p. 34) state this very well:

> It is your ethical responsibility to your clients, and your human right for yourself, to nurture and maintain your physical, emotional, intellectual and spiritual well-being.
> Counselling can be demanding and can be stressful in different ways at different stages of your development.
> Supervision is one major resource: it cannot fulfil all your needs for support and development.
> You may surprise yourself by realizing how many opportunities you already use for replenishment – and how many more there are to use.

e) Have adequate insurance (Mearns, 1993).
f) Are able to reflect critically on their interventions with clients.
g) Are free to bring their 'bad' work to supervision.
h) Are aware of ways in which they can abuse clients (Feltham and Dryden, 1994).
i) Are aware of the stresses of their life and work at different stages of their development as counsellors.

Even though supervisors have ethical responsibilities *for* supervisees they also have ethical responsibilities *to* them. The ethical principles mentioned on p. 150 apply here.

Beneficence. Supervisors do what is good (beneficial) for supervisees.

Non-malevolence. They do not do harm to supervisees.
Autonomy. They help supervisees move towards autonomy.
Justice. They are fair in how they work with supervisees.
Fidelity. They keep promises and are loyal to contracts.

These, of course, are open to some interpretation and what one supervisor might consider beneficial to supervisees could be considered by another as malevolent. However, keeping the principles at the forefront of their work enables supervisors to monitor their ethical responsibilities to supervisees.

It is worth mentioning, again, the issue of abuse in supervision. Awareness of abuse, how it occurs, its effects on supervisees, and why it occurs can be of help in avoiding it. Kaberry (1995) has completed one of the few research projects (and the only one I know of in Britain) specifically dealing with this theme. The conclusions of her work are very apt here. She interviewed fourteen individuals (thirteen women and one man) who felt they had had the experience of being abused by a supervisor (there were seven male and seven female supervisors). Two main areas of abuse emerged: the sexualization of the supervisory relationship or some form of persecution within supervision (derogation, intrusion, invasion, scapegoating). The following were among the features that emerged from the interviews:

- nine out of the fourteen supervisees were allocated supervisors;
- five experienced abuse within group supervision;
- breaching of boundaries between roles (counselling, supervising, socializing, teaching) was not uncommon;
- supervisors used supervisory material for their own gratification;
- rigid and authoritarian stances were taken by supervisors;
- there was a tendency to 'pathologize' the supervisee;
- feedback was always negative, never positive;
- the supervisory contract was unclear and never clarified.

Kaberry suggests that abuse can be avoided within supervision if:

- supervisors have the ability to deal with transference, countertransference and parallel process in supervision;
- supervisors know about and can deal with their own 'unresolved' issues;
- supervisors manage their own anxiety;
- supervisors know how to manage group process so that scapegoating does not take place;
- supervisors are trained;
- supervisees are allowed to choose their supervisor, or at least can trust them when the supervisory relationship is not working out or is conflictual;

- supervisees are prepared so that they know what to expect from supervision and can be assertive about poor supervision;
- it is accepted that abuse does occur, the forms of abuse are known and their effects on supervisees recognized.

In brief, supervisors today need to be aware of their ethical responsibilities for supervisees and also their responsibilities to them. As counsellors are accountable for their work with clients so supervisors are accountable for their work with supervisees.

SUPERVISORS' ETHICAL RESPONSIBILITIES FOR THE SUPERVISORY RELATIONSHIP

The relationship between supervisors and supervisees as a professional and ethically sound relationship also raises issues. A number of ethical codes have formally addressed these areas (BAC, 1988; ACES, 1993) and several key articles dwell on specific ethical areas within this domain (Bernard 1994b; Bernard and Goodyear, 1992).

Supervisors are responsible for:

a) Contracting for a supervisory relationship where roles/ responsibilities are clear.

b) Dealing with difficulties in the supervisory relationship.

c) Evaluating supervisees, supervision and self. Issues of 'due process' may enter the field here. Bernard and Goodyear (1992, p. 134) describe 'due process' by showing how it can be violated:

> The most blatant violation of a trainee's due process rights occurs when the trainee is given a negative final evaluation or dismissed from a training program or job without having had prior warning that performance was inadequate and without a reasonable amount of time to improve.

d) Not engaging in ongoing counselling with supervisees. The ACES ethical code sees this as 'dual relationships', and the BAC code suggests that if supervision and counselling are mixed then clear boundaries be defined and that counselling does not take place to the determinant of supervision.

e) Working in an 'equal opportunities' manner where the supervisory relationship does not suffer because of gender, race, disability, sexual orientation.

f) Clarifying the meaning of confidentiality with supervisees, and when it will be broken, with or without the consent of the supervisee

g) Raising issues of informed consent. Informed consent is a procedure whereby patients have a right to know what is happening to them that could be potentially harmful. Disney and Stephens (1994) state four elements that are necessary for informed consent:

competency: that a person is able to make sensible and rational decisions about what affects them;
understanding: that a person understands what is being said;
disclosure of material information (there is no agreement on how much information should be given);
voluntary consent means that agreement was given freely and without coercion.

It makes eminent sense to apply informed consent to supervisees within the context of the supervisory relationship. It is too easily taken for granted that supervisees know what is involved in supervision, and that they agree to it. Many do not (Carroll, 1994c), and care needs to be taken that there is a basis of understanding. After a substantial time talking about supervision and about the need to 'bring clients to supervision', I was surprised when one new trainee, who kept shaking her head, eventually blurted out, 'I don't know how I can get all my clients together to bring across here from North London.' 'Bringing clients to supervision' can naturally be understood in different ways.

SUPERVISORS' ETHICAL RESPONSIBILITIES TOWARDS TRAINING COURSES/PLACEMENT AGENCIES

Many training courses in counselling are demanding that supervisors be part of the ongoing and sometimes final assessment of their trainees, and supervisor reports are taken seriously in that assessment. This brings an added dynamic into supervision with a further system that needs to be seen in relationship to the participants. A number of situations can further complicate the issues:

1. Where the supervisor is employed by the agency in which trainees see clients.
2. Where the supervisor is employed by the training course, and where the supervisee sees clients in an agency which has little formal contact with the training course.
3. Where the supervisor is employed by the supervisee alone on a one-to-one basis and where the supervisor has no formal connections with the training course or the placement agency.

What is vital in these circumstances is that contracts are clear and the parties – supervisor, supervisee, training course, placement agency – know their role/s and responsibilities. Before a supervisory contract is set up the supervisor ought to know what is required from the other three participants in this arrangement, and have agreed to it. I know of some instances in which supervisors billed training courses for time spent on supervisory report writing, while billing supervisees for their actual supervision. Such

an arrangement had not been agreed in advance and gave rise to a lot of unnecessary resentment on all parts, with the unfortunate supervisee caught somewhere in the middle.

Page and Wosket (1994) make the point that training courses ought to monitor the choice of supervisors to ensure competency. This is certainly an ideal, and where possible ought to pertain. Often it is not possible because of the few requirements within this area for supervisors (the only forum which has any kind of supervisor accreditation is the BAC recognition scheme, which to date has something like forty-seven accredited supervisors). It is too easy to create collusive relationships where we think certain supervisors are 'good' without any criteria for suggesting they might or might not be.

What are the responsibilities of supervisors in respect of the training course and the placement agency? The following are a few:

a) *Honesty in reports.* It seems to me, and this is an impression rather than an evidenced fact, that supervisors are extremely reluctant to give reports on supervisees that indicate they have reservations about their work. It seems that supervisory reports have reached the status of references, which may require to be read between the lines. In any case, let the buyer beware. Supervisors have an ethical requirement to be honest in supervisory reports and to state clearly what they want to say.

b) *Clear relationships and boundaries with all four parties in the supervisory arrangement:* supervisor, supervisee, training course, placement agency. Clear procedures for reporting back, contacting the course where there are problems, what to do in emergencies, etc. need to be considered beforehand and clarified.

c) *Having supervision reports as part of the assessment procedure.* The role of supervisors in assessment, and in particular the role of reports, needs to be clarified. Also needing clarification is the response of the course managers should problems arise with the client work of the trainee. The course managers need to consult the supervisor if for any reason there are doubts about the trainee's progression.

SUPERVISORS' ETHICAL RESPONSIBILITIES FOR THEMSELVES

Supervisors need to be concerned about themselves, their own welfare, and development as supervisors. There is some evidence that 'modelling' plays a large part in supervision and that supervisors become models of good (or bad) practice for supervisees (Holloway, 1995). Modelling concern for one's own health and safety, and ongoing involvement in professional development, can be a stronger lesson to supervisees than many words.

Carroll (1995a) has outlined three areas of potential stress for supervisors: stresses within supervisors themselves, those that emerge from the supervisory relationship and those that are extraneous to the participants. Supervisors need to look after themselves and manage creatively the stresses that come as part of the job.

The various codes of ethics for supervisors emphasize the need for supervisors to be alert to their own competency and involved in their ongoing training. This training is fast becoming a requirement for supervisors, rather than an optional extra. The days of inheriting the supervisory mantle, and requiring no initial and ongoing training in supervision, are disappearing.

Isolation can become a danger area for supervisors and they need to protect themselves from becoming too alone in their work. Creating a forum for their own consultation is one way of dealing with isolation, as is ongoing training, peer group supervision, and going to conferences.

Standards for Counseling Supervisors (ACES, 1989) sees one of the personal traits and characteristics of a counselling supervisor as having a sense of humour (Section 2.5). And indeed this seems to be an essential ingredient not just for the sanity of the supervisor but also for the learning of supervisees. Not taking ourselves too seriously, realizing as humans we make mistakes, being able to accept our own limitations, can allow us to laugh more readily at the foibles of human nature that find their way into supervision. Humour is not about trivializing clients or their problems, nor about not taking them and supervisees seriously. Quite the reverse. It is the realization that as we struggle with the pain and anguish of life and life's problems we know there are moments for lightening the loads, for letting go and laughing.

Ethical decision-making for supervisors

How can supervisors make ethical decisions within their own areas of responsibilities, and help supervisees, not to depend on them for judgement, but to be able to make their own decisions in conjunction with the supervisor? Below is a four-stage model of ethical decision-making for supervisors.

A first step in the ethical decision process is a realization that there are no 'simple' interpersonal solutions to problems; there only appear to be. Agony aunts are notorious for offering simple solutions, the problem being taken out of their personal and situational contexts. What do you do if someone is depressed? Answer: Tell them to be happy. Problem: If they were happy they would not be depressed. Same question. Ethical dilemmas are highly complex situations that demand a lot of thought, a lot of feeling, and a lot of courage to make and stay with decisions (Dryden, 1986).

Facing ethical issues is a daily event for most supervisors and counsellors. Questions such as: Should I reach out and touch this client? Ought I to

continue working with this supervisee when I do not think he/she ought to see clients just now? Am I competent to deal with this issue as a counsellor/supervisor? Having to reach a decision is the key to moving forward ethically. How that decision is reached, within counselling, within supervision in respect of counselling work, or within supervision in respect of supervision itself, cannot be haphazard or simply intuitive, right though the final action may be. Providing frameworks to guide decision-making is fundamental for building confidence but most particularly for helping individual supervisors and supervisees live with the consequences of decisions that sometimes only time will see as the most helpful.

Using the work of Austin, Moline and Williams (1990), Beauchamp and Walters (1989), Corey, Corey and Callahan (1993), Eberlein (1987), and Kitchener (1984, 1986), Carroll (1994b) has outlined a four-stage model of ethical decision-making, which applies to supervision, as well as counselling:

1. Creating ethical sensitivity
2. Formulating a moral course of action
3. Implementing an ethical decision
4. Living with the ambiguities of an ethical decision

Stage 1: Creating ethical sensitivity

Ethical sensitivity involves becoming aware of the implications of behaviour for others and insight into the possibility of ethical demands within interpersonal situations. Very early in counselling development, trainees are often unaware of ethical implications. I remember one counsellor, when a client did not appear for a session, going to visit her in her home. Another counsellor was telephoned by a client's wife and listened to what she had to say about an affair her husband had had some time earlier; a third passed on information from a manager to the client. None of these three counsellors, who were at the start of their training, were aware of the ethical dilemmas involved. Developing as a counsellor involves become more acute to the complexity of interpersonal issues involved in counselling, and the above examples are not unusual as trainees struggle to learn about the boundary issues in counselling. As learning progresses, understanding when ethical issues/dilemmas are present becomes more focused. However, as Kitchener (1991, p. 237) points out, 'many counsellors do not have a mind-set when they leave graduate school that includes looking for ethical problems'. Pryor (1989, p. 303) uses the term 'ethical watchfulness' to portray the sensitivity needed by the counsellor. He sees this watchfulness based on five components:

a) Familiarity with ethical codes
b) Ability to anticipate and foresee possible ethical problem-areas
c) Ethical evaluation of new techniques before they are adopted

d) Outlining conflicting responsibilities
e) Creating thoughtful delays to consider all aspects when ethical issues emerge

How to create this mind-set, this 'ethical watchfulness'? How sensitize to underlying ethical issues? A number of suggestions have been made:

Legitimize ethical questions as a part of case reviews (Kitchener, 1991)
Ask students to identify ethical issues arising from their client work (Kitchener, 1991)
Use reading and discussion of ethical codes (Gawthrop and Uhlemann, 1992)
Case vignettes (Gawthrop and Uhlemann, 1992)
Self-generation of ethical dilemmas from experience (Gawthrop and Uhlemann, 1992)
Explore how values underlie ethical codes (Gawthrop and Uhlemann, 1992)
Offer training in values clarification and promote understanding of the counsellor's own value system and how it influences work with clients. Tennyson and Strom (1986, p. 300) put this well: 'The responsible counselor must engage in reflective activity. This is an individual matter involving self-confrontation. Self-confrontation entails systematic questioning to discover possible contradictions, distortions, discrepancies, and hidden meanings in beliefs and values underlying practice.'
Review issues of power within counselling and how the social influence involved works with clients (Karasu, 1981)

All of these areas can be part of supervision.

Stage 2: Formulating a moral course of action

Stage 2 involves making a decision on what is the moral course of action to take in this particular situation. Kitchener (1991, p. 240) considers this stage as an interplay between 'the facts of the situation, ethical rules that govern our professional behaviour, and ethical principles from which our professional codes are derived'.

In line with the ethical principles above (autonomy, beneficence, non-maleficence, justice and fidelity) a number of areas may be tapped to help decide what course of action is most appropriate. These include common-sense. (Hayman and Covert, 1986, p. 319) indicate that counsellors in their study of College Counselling Centres 'most often resolved ethical dilemmas by relying on common sense'. Other sources used in decision-making include clinical and administrative supervisors, peers, codes of ethics and practice, literature. Of considerable importance in this context is the self-awareness of the counsellor and an understanding of his/her motivation in

intervening. Formulating a course of action will be somewhat dependent on the motivation of the counsellor. For example, there is some evidence that counsellors will not allow clients to deal with issues that they themselves (the counsellors) have dealt with.

Stage 3: Implementing an ethical decision

Even when counsellors are sensitive to the moral implications of the situation, and even when they make ethical decisions, they do not always follow them through with action. In an article entitled 'The failure of clinical psychology graduate students to apply understood ethical principles', Bernard and Jara (1986) point out that 'at least half the students stated that they would not live up to their own interpretation of what the ethical principles required of them as professionals. Most simply put, this amounts to saying, "I know what I should do as an ethical psychologist, but I wouldn't do it" ' (p. 315). The problem here, as pointed out by Bernard and Jara, is how to motivate counsellors to implement ethical principles they already understand.

There may be a number of reasons why ethical decisions are not implemented: the politics of the situation, the rationalizations of the counsellor, protection of a colleague, or self-interest on the part of the counsellor. Rest (1984) sees 'ego strength' as a necessary component to implement the decision made. This can be built up through supportive colleagues, supervision, peer group work and support outside the work situation.

Stage 4: Living with the ambiguities of an ethical decision

Even when decisions are made and implemented there is always the 'left-over ambiguity' of wondering if one has done the right thing. Having made a decision to implement the process of hospitalizing a suicidal client against her will, the supervisor and the counsellor will not rest easily at night. Did they act too impulsively? Would it have been better to wait and not risk endangering the working alliance? The opposite decision, not to hospitalize, results in a equally sleepless night: will the client be alive tomorrow? Have adequate precautions been taken to protect the client? Perhaps more time should be spent in supervision on this client? Ethical dilemmas do not result in decisions that sit easily within the counsellor's life. Karasu (1981) ends his chapter with a quotation from Bernal and Del Rio V (1967, p. 2546): 'By definition, ethical problems remain unresolved. By their unresolved quality, they provoke a continuous anxiety in the practising psychiatrist, and concomitantly a desire to search, to oppose, to think and to research.'

The chart belows gives a summarized model of ethical decision-making in supervision, with suggestions for methods within each section.

A four-stage model for ethical decision-making in supervision

STAGE 1: *CREATING ETHICAL SENSITIVITY (WATCHFULNESS)*

Case reviews
Identifying ethical issues arising from counselling work
Reading ethical codes and related literature
Case vignettes (what would you do?)
Exploring value-issues arising from counselling work
Clarifying and confronting one's own values
Creating awareness around the 'power' issues involved in counselling
Reviewing critical incidents within counselling
Evaluating ethical frameworks and theories
Ascertaining levels of moral development and how this affects ethical decision-making

STAGE 2: *FORMULATING A MORAL COURSE OF ACTION*

1. **Identify the ethical problem, or dilemma**

   What are the parameters of the situation?
   What is the source of conflict for the client, or for the counsellor?
   Is the conflict with another person, group of people, or family member, or with the organization?
   Is the conflict between the client and the counsellor?
   Does the conflict involve legal, moral, ethical, religious, cultural, gender or value issues?
   What are the counsellor's feelings about what is happening?
   How may the problem be clearly defined, especially where terms are emotionally charged?

2. **Identify the potential issues involved**

   What is the worst possible outcome?
   What could happen if nothing is done?
   What are the implications involved in this problem or dilemma?
   What are the rights, responsibilities and welfare of all affected parties?

3. **Review the relevant ethical guidelines**

   Do guidelines, principles, or laws exist that are relevant to the dilemmas and may provide a possible solution?

Are the counsellor's values, ethics, or morals in conflict with the relevant principles or guidelines?

Is the counsellor aware of the effect of values and does he or she have a rationale for the behaviour?

Are there relevant codes, sections, chapters of books, etc. pertinent to this issue?

What further information is needed to help resolve the issues?

4. **Obtain consultation**

    Bring the situation to supervision

    Talk with colleagues, where appropriate

    Consult line-managers, if appropriate

    Talk to a lawyer (or an expert from another profession), again if appropriate

5. **Consider possible and probable courses of action**

    What are the alternatives? (Brainstorming without evaluating is helpful.)

6. **Enumerate the consequences of various decisions**

    What are the implications for the client?

    What are the implications for others?

    What are the implications for the counsellor?

7. **Decide on what appears to be the best course of action**

    Could I recommend this action to other counsellors in similar circumstances?

    Would I condone this behaviour in another counsellor?

    Can I defend this behaviour if it were made public?

    Would I treat other clients in the same situation differently?

STAGE 3: *IMPLEMENTING AN ETHICAL DECISION*

What steps need to be taken to implement the decision?

What people are involved and who needs to be told what?

What restraints are there not to implement the ethical decision (e.g. politics of the situation, protection of a client, rationalization, etc.)?

What support is needed (by the counsellor, by the client, by others) to implement and to live with the results?

STAGE 4: *LIVING WITH THE AMBIGUITIES OF AN ETHICAL DECISION*

Dealing with anxiety attending the final decision
Letting go of the situation and the dilemma
Accepting the limitations involved
Formulating learnings from the experience
Using personal and professional support to live with the consequences of the decision

Conclusion

Every human encounter raises professional issues that require ethical decisions. It is not always possible to have the luxury of time, and consultation, and discussion as ways of helping make effective ethical decisions. Being prepared, and having worked through some of the principles underlying ethical issues, can be a headstart when decisions are imminent.