



Ethics and Blended Learning in our Guidance and Counselling and Career Development Programs



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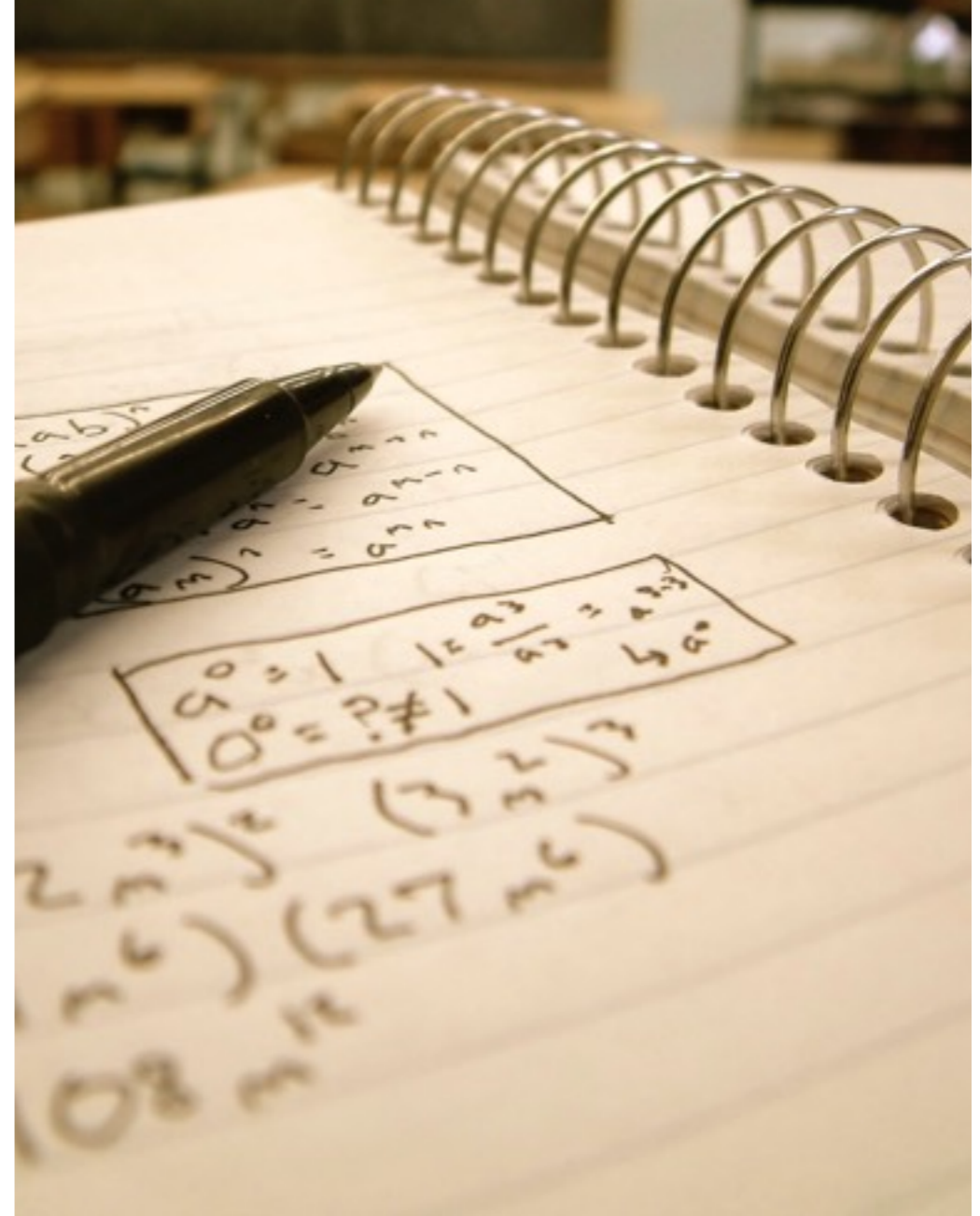
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Introduction

Hello, I'm Margaret Anne Carter and I am excited to be introducing our Ethics and Blended Learning in Guidance and Counselling and Career Development Programs ebook.



Navigation:

If you are reading the pdf version of this ebook you can click on this icon underneath the images to access the documents through LearnJCU or view the links in your browser. Please note - the interactive images will not work on pdf version, however they contain no new information, only an additional presentation of the content.



You will see this symbol when there is a hyperlink to click to take you to a website

Our ebook is the result of a James Cook University Quick Start Learning and Teaching grant awarded to our team Paul Pagliano, Cecily Knight, Donna Goldie and myself. In the development of this ebook we have collaborated with many colleagues, and we look forward to continuing these collaborations into the future as we add to and update our content.

Our goal with this project has been to prepare an interactive resource that contributes to your development as an ethical student studying guidance and counselling and career development, within blended spaces (face-to-face and online).

Ethics is a branch of philosophy, focusing on morals and morality in their relationship to making ethical decisions.

Our ebook is a vehicle for you our pre-service practitioners to collaboratively engage in your studies within an ethical environment. The content of our ebook focuses on being ethical, as a postgraduate student and as a developing and future practitioner in the guidance and counselling and career development profession.

Learning about the moral principles, practice standards / codes of ethics and ethical practices including ethical decision making, are important starting points for building capacity, proficiency and effectiveness as ethical students and future professionals in the field of guidance and counselling and career development.

A word of caution however ... It is important to understand that whilst ethical guidelines will be of considerable assistance

to your ethical decision making, there are limitations. For example, there may be conflicts between the codes of ethics of the counselling association and the law; sometimes it is difficult to enforce codes; and the codes do not always address all life issues.

The literature (Cottone & Tarvydas, 2007; Henderson & Thompson, 2011; Ivey, Ivey, & Zalaquett, 2014; Corey, Corey, Corey, & Callanan, 2015) repeatedly shows that the guidance and counselling, and career development practitioners who make the best ethical decisions are those who:

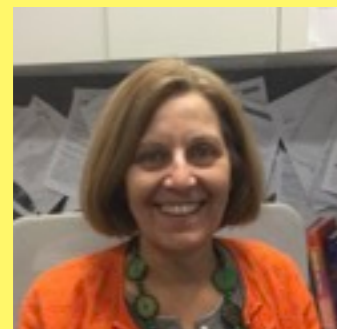
- Know and understand their ethical codes and standards of practice
- Understand and reflect on the moral questions involved in ethical decision making
- Deliberately contemplate the problem solving stages set out in ethical decision making models
- Are developed decision makers, attentive, reflective, thoughtful, informed, and up-to-date

It is essential you know the ethical protocol of conducting yourself personally and professionally. We hope that the knowledge and understanding you gain as you engage with this ebook will guide your studies and future practices in the guidance and counselling, and career development profession.

You have several opportunities to interact with the content of each chapter as well as contribute artifacts in the form of completed assessments.

As you commence your engagement with our ebook ... ponder the following quote from T.S. Eliot (1888-1965): We shall not cease from exploration and the end of all exploring will be to arrive, where we started and know the place for the first time.

Thank you



Margaret Anne Carter



Paul Pagliano



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Disclaimer

The information provided in this document is intended as a general guide to JCU students on ethics and blended learning in guidance and counselling and career development programs. The contents do not constitute legal advice and should not be relied upon as such. Formal legal advice should be sought in particular matters. While every attempt has been made to ensure the accuracy of the information, James Cook University excludes any and all liability for any errors in or omissions from the information in this eBook or any third party assessable from this eBook.

QUESTIONS FOR REFLECTION

- What motivated you to join the guidance and counselling or career development program?
- If you were looking for a counsellor or career development professional for yourself, what qualities would you be seeking?

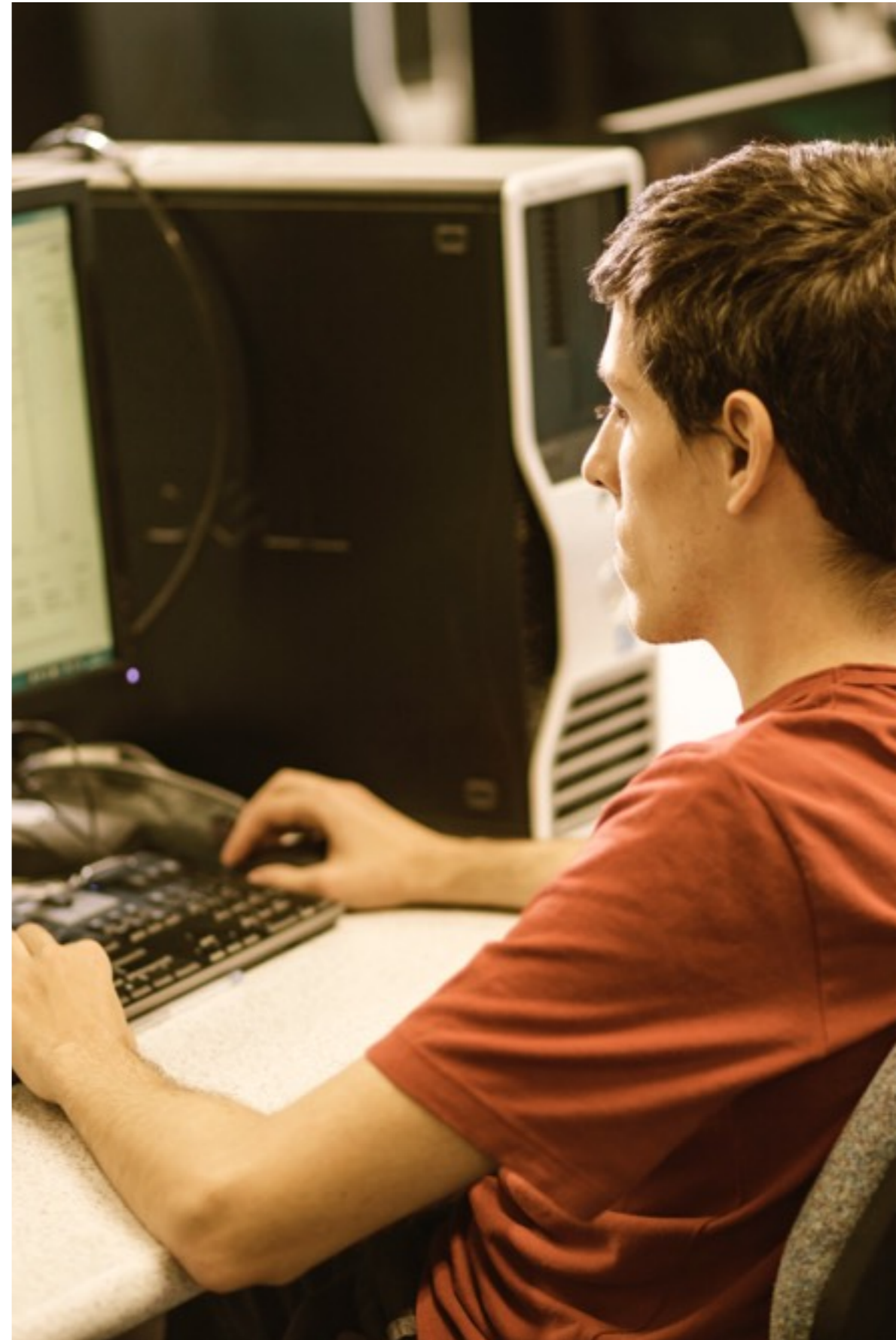


The Ethical Student

Welcome to The Ethical Student. This chapter supports you as a student of JCU and future guidance counselling and career development practitioners. You will find relevant links to policies that guide your rights and responsibilities as part of being a student at JCU in a blended course, and tips and resources to support you as you work through your course.

As you engage with this chapter you have the opportunity to view YouTube clips, listen and read news articles and complete self-check activities.

Maintaining your academic integrity through your writing as part of your course is imperative for your studies. Engaging with the relevant policies helps you to know your rights, expectations and responsibilities as a student and future guidance and counselling and career development practitioners. To conclude, taking care of yourself ensures your professional behaviours are aligned with ethical practices and principles throughout your career.

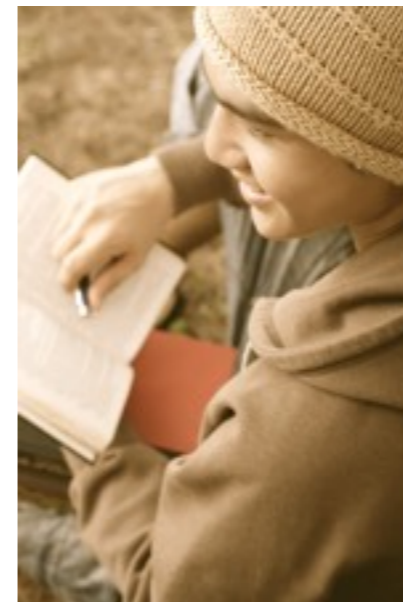


Blended Learning

WHY IS THIS IMPORTANT FOR ME?

Your guidance and counselling and career development course is delivered via blended learning.

Blended learning at JCU refers to the combination of face-to-face and online activities to support student learning in subjects and courses. The combination is purposeful and designed to optimise student engagement and the achievement of the learning outcomes. The design of the blend will vary according to student needs, context, discipline and JCU mode of delivery (JCU, 2015).



InfoHelp at JCU can support you with your access to materials online. You can contact them through the **Library and Computing Services**.

The **How To Guides** provided by this course can also assist you in this mode of study. You will find them **here**.

Student Engagement and Blended Learning

OVERVIEW

Student engagement, as defined in higher education literature is “active and collaborative learning, participation in academic activities, formative communication with academic staff, involvement in enriching education experiences, and feeling legitimised and supported by university learning communities” (Coates, 2007, p. 122). One of the most important factors for a student’s personal development and learning is their level of engagement with academically purposeful activities (Kuh, 2001).

As a student of JCU, studying within a blended course, you will engage with ways of learning that may be unfamiliar to you. This course is designed with many resources to support you grow and develop your competence as students studying in our blended guidance and counselling and career development programs. It is imperative that you adhere to the policies and guidelines that are designed by the university to support you with your studies in our programs.

IMAGE 1: STUDENT ENGAGEMENT AND BLENDED LEARNING

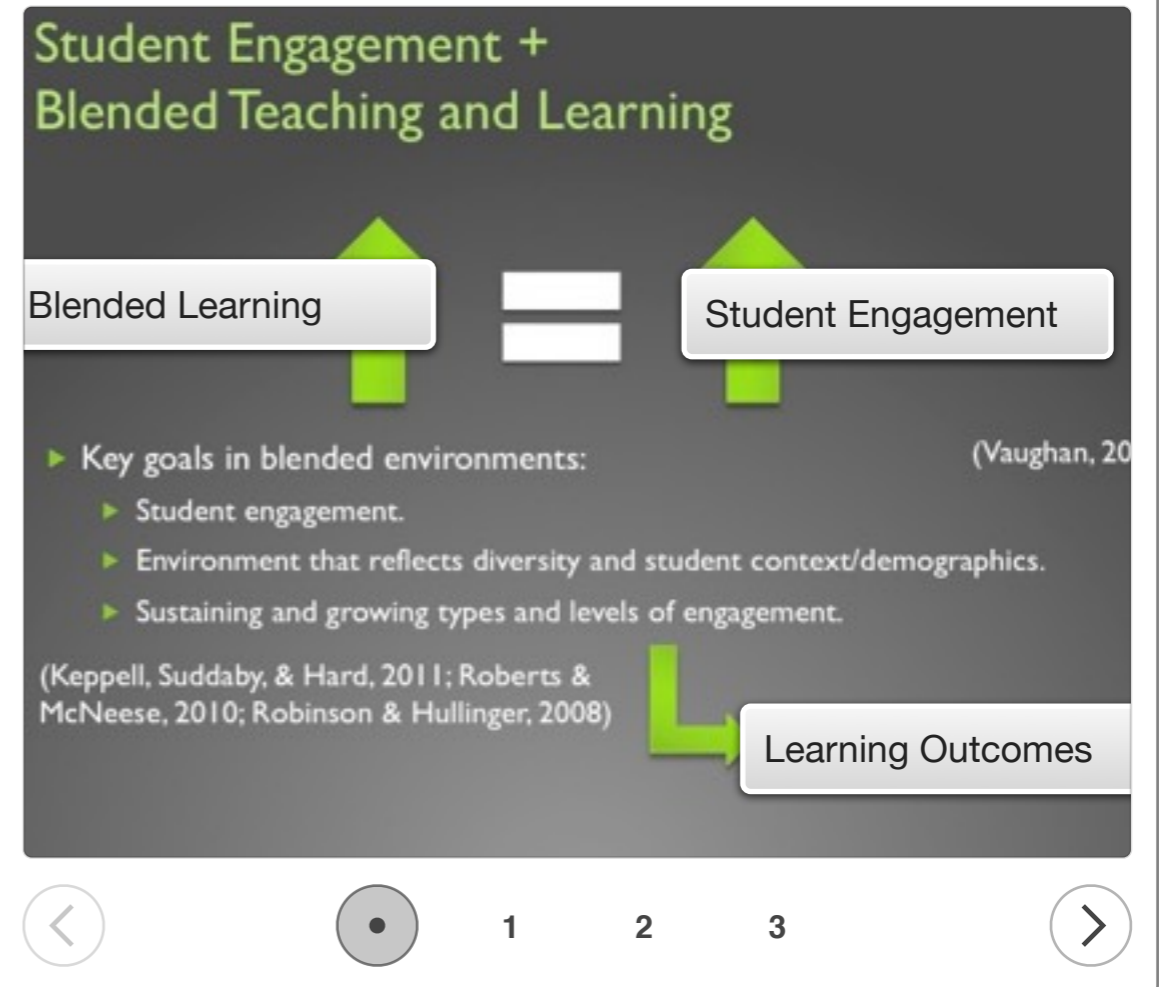


Image 1

Academic Integrity

WHAT DOES THIS MEAN TO ME?

Plagiarism is when someone takes work or ideas of others and presents them as their own.

THE PLAGIARISM CONTINUUM (WALKER, 2006, P. 103)

1. Sham Paraphrasing	Material copied verbatim from text and source acknowledged in-line but represented as paraphrased
2. Illicit Paraphrasing	Material paraphrased from text without in-line acknowledgement of source
3. Other Plagiarism	Material copied from another student's assignment with the knowledge of the other student
4. Verbatim Copying	Material copied verbatim from text without in-line acknowledgement of the source
5. Recycling	Same assignment submitted more than once for different courses.
6. Ghost Writing	Assignment written by third party and represented by student as own work
7. Purloining	Assignment copied from another student's assignment or another person's paper without the person's knowledge

Academic Integrity is all about being honest and up front about your work. It entails:

- Being honest about when, where and how you have used someone else's ideas or information (giving credit where credit is due).
- Being honest about what is and is not original work.

In practical terms it involves doing two simple things:

1. Putting original thought and work into every single assignment, while also researching appropriately.
2. Referencing appropriately whenever you use someone else's work to support yours.

When you submit an assignment at JCU, you are saying "Except where I have noted, this work is mine and it is original," as well as "Wherever I have been helped by someone else's work, I have acknowledged them." Furthermore, you sign the JCU cover sheets admitting that the work is your own.

If you hand in a piece of work where you have not been honest and up front about where your information has come from, you could be guilty of plagiarism, and that is against the Student Academic Misconduct Requirements.

(JCU, 2015e)

Review the following YouTube clips to learn more about plagiarism:

PDF

PLAGIARISM - ACADEMIC INTEGRITY



(University of Oklahoma, 2015),
Copyright © 2000-2014 The Board of Regents of the University of Oklahoma, All Rights Reserved.

PDF

ACADEMIC INTEGRITY: THE BRIDGE TO PROFESSIONAL ETHICS - 1995



Produced by the Centre for Applied Ethics at Duke University.
Script: Arne Vesilind



Paraphrasing to Avoid Plagiarism

WHAT IS PARAPHRASING?

Paraphrasing is when you take what someone has written in a text and write it in your own words. To do this effectively you need to understand what the meaning of the writer's original text is and also the relevance to your work. This can be challenging as you need to maintain the original meaning whilst writing it in your own words. There is one exception - you can maintain any technical terms or specialist language used. This means, if there is a specific term related to your topic in the original sentence, you can still use this particular term.

How to avoid plagiarism in three easy steps

Plagiarism is very simple to avoid. All you have to do is acknowledge where your information came from.

Step One:

Whenever you read something, take notes about:

- Who wrote it (also keep track of the other important data, like the title and journal title).
- Any piece of information that you think you might use later (just dot points or a few sentences will do).

Step Two:

When you are thinking about your essay:

- Brainstorm the ideas you want to use, and find the name of the person or people who talked about those concepts.
- Jot down the names next to the ideas.

Step Three:

When you are writing your essay:

- Whenever you use an idea that came from something you read or heard, put the name of the person responsible next to the information you used.
- Whenever you use someone's exact words, put it "in quotation marks".
- Later, use a guide to tidy up your references using the right style.

(JCU, 2015a)

Review the following YouTube clips to learn more about avoiding plagiarism.

PDF

JCU LIBRARY: PREZI - QUOTING SUMMARISING AND PARAPHRASING



(JCU, 2015e)



You may need to download the [Prezi app](#) on your tablet

PDF

PLAGIARISM: HOW TO AVOID IT



(Bainbridge State College, 2010)

PDF

UNDERSTANDING AND AVOIDING PLA- GIARISM: FROM PASSAGE TO PARA- PHRASE



(UoG Library, 2014)

Ghostwriting

WHAT IS GHOSTWRITING?

Ghost writing is a form of plagiarism that is written by a third party, usually for an agreed fee within a specific timeframe on a particular topic (Park, 2003; Walker, 2006)

Review the following articles to learn more about ghostwriting



THE CHRONICLE OF HIGHER EDUCATION: THE SHADOW SCHOLAR



Dante (2010)



INSIDE HIGHER ED: THE ETHICS OF AUTHORSHIP: IS GHOSTWRITING PLAGIARISM?



(Robbins, 2015)

TRIPLE J HACK: WOULD YOU PAY \$85 FOR A GHOST WRITTEN ESSAY?



(Triple J Hack, 2015)

PDF

THE AUSTRALIAN: ESSAY GHOSTWRITING SERVICE CLAIMS



(Loussikian, 2015)

PDF

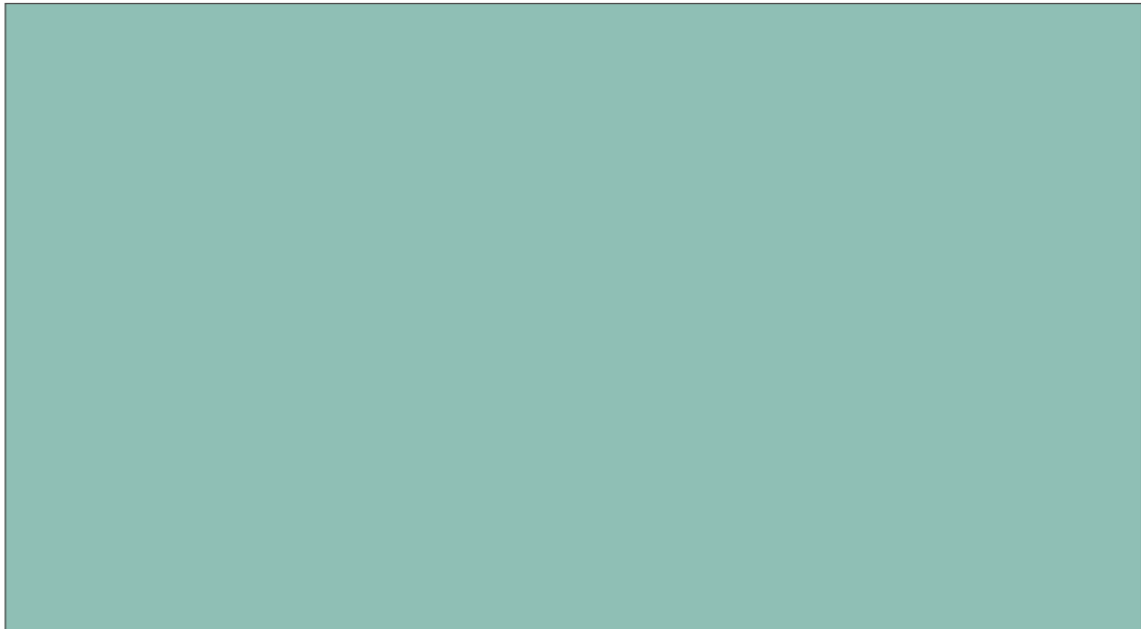
Review:

GHOST WRITING IS:

- A.** An assignment copied from another student's paper without the person's knowledge.
- B.** When the same assignment is submitted more than once for different subjects or courses.
- C.** An assignment written by a third party for an agreed fee and submitted by a student as their own work.
- D.** Paraphrased material from a text without in text referencing.

Check Answer

PDF



The JCU Student Charter and Student Conduct

WHAT IS THE STUDENT CHARTER?

The JCU Student Charter (JCU, 2014) is a consideration of rights and responsibilities for all students and staff, during their involvement with the JCU community.

Student Conduct:

The Student Conduct Policy (JCU, 2015b) establishes a standard by which you conduct yourself towards others and in your approach to your professional studies.

As part of your studies with JCU it is essential you familiarise yourself with current policies that detail your expectations and rights as a student.

PDF

STUDENT CHARTER CHECKLIST



Use this checklist as you engage with the JCU Student Charter

PDF

STUDENT CONDUCT POLICIES CHECKLIST



Use this checklist as you engage with the relevant JCU Student Conduct policies

(JCU, 2015b, 2015c, 2015d)

Self-care and Maintaining Wellness

WHAT DOES THIS MEAN TO ME?

Self-care involves taking adequate care of yourself so you can conduct your professional guidance counselling in order to provide the highest care to your clients, whilst maintaining moral principles and virtues which are fundamental ethical concepts (Corey, Schneider Corey, Corey, & Callanan, 2015).

Taking care of yourself is an ethical mandate, not a luxury. It is a prerequisite to functioning competently in a professional role. Professional burnout affects helpers being drained and exhausted as a result of their professional work. It is often characterised by empathy fatigue and feelings of helplessness. Self care can help to prevent professional burnout and is an essential element of a counsellor and career development practitioners' competence

Take the time to work on your self-care so you are well placed to care for your clients

1. DEVELOP A PERSONAL WELLNESS PLAN



PERSONAL WELLNESS PLAN



Ivey, A. E., Ivey, M. B., & Zalaquett, C. P. (2014). *Essentials of interviewing: Counseling in a multicultural world*, 3rd ed. Cengage Learning.

2. ENGAGE WITH THESE VIDEO CLIPS TO LEARN MORE

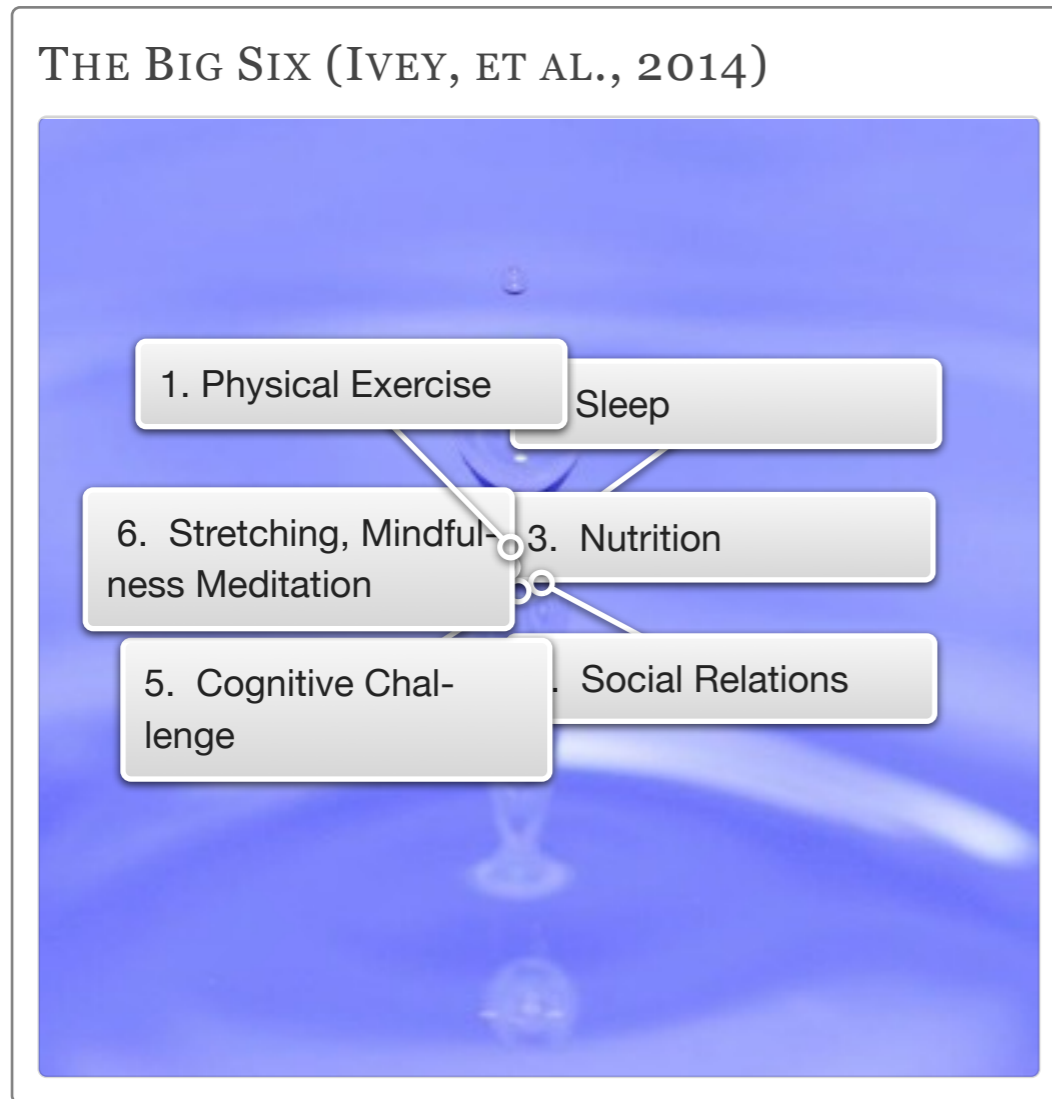


FOR EXAMPLE:

[Compassion Fatigue: Recapture Your Sense of Purpose, Hope, and Joy](#) (Teater, 2011)

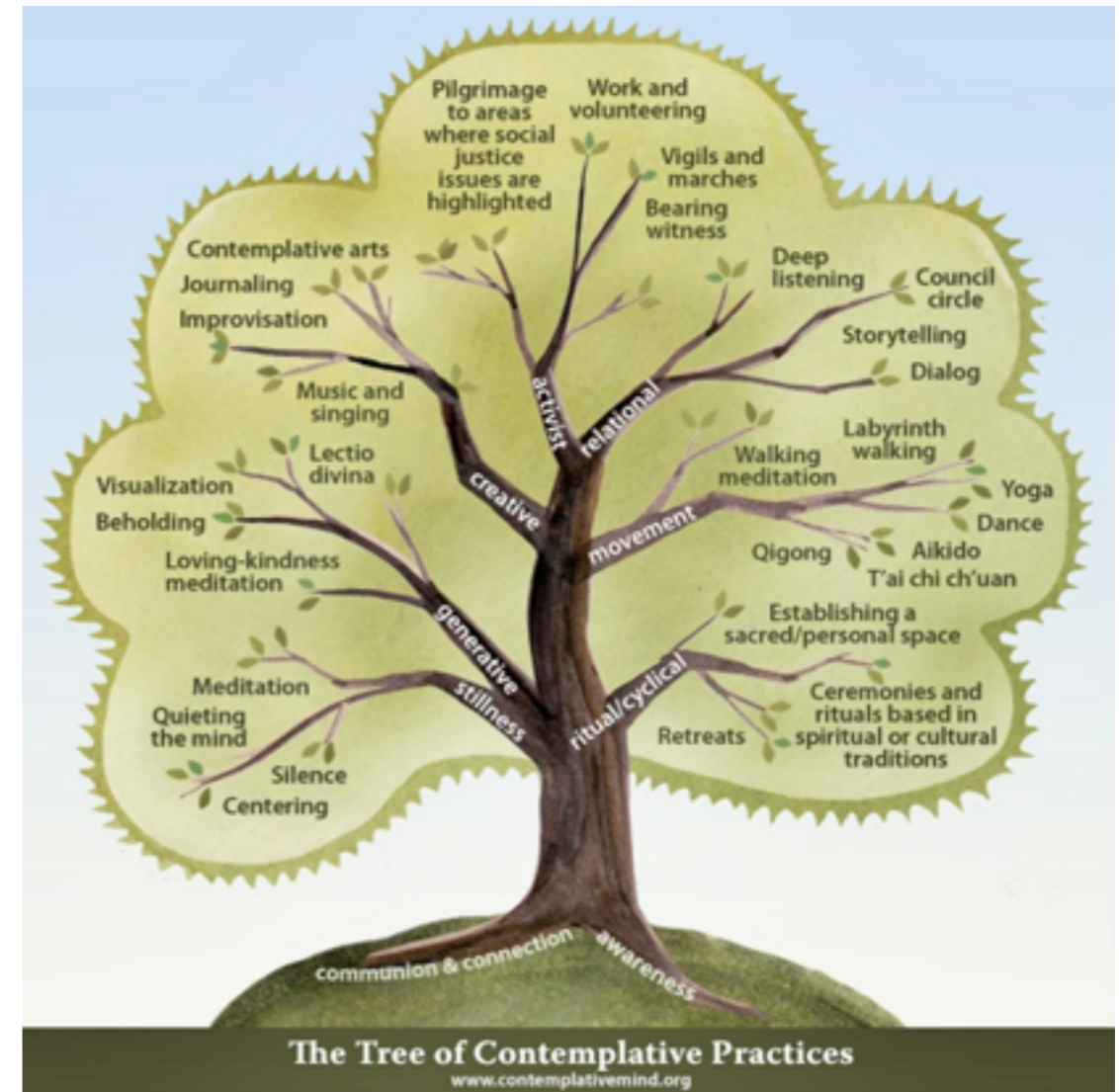
[Beating Burnout: Emotional Intelligence for Professional Resilience](#) (Fox, 2012)

3. THE BIG SIX (IVEY, ET AL., 2014)



Six therapeutic lifestyle changes have been identified in the literature as effective when “included as part of treatment sessions coupled with supportive counseling to ensure action and generalization to daily life” (Ivey, et al., 2014)

4. THE TREE OF CONTEMPLATIVE PRACTICES



(The Centre for Contemplative Mind in Society, n.d)

There are many other practices to this approach to wellness, with the tree of life providing a succinct overview of many contemplative practices.



You can contact Carrie Bergman at carrie@contemplativemind.org if you are wanting to learn more about the Tree or Contemplative Practices or view [The Centre for Contemplative Mind in Society website here](#).

Questions for reflection:

- What are the specific ways you take care of yourself?
- How do you best cope with stress?
- How do you identify and respond to the early signs of burnout?

WELLNESS ACTIVITY

Choose one of the wellness strategies named in this chapter and work through the specific steps.



Application

1. **Journal your learning:** As you make the journey through the ebook it is recommended that you complete your own learning journey. These are your personal musings and records of your learnings and ponderings. They will support you as you develop your professional capacity in this exciting and challenging area.

MY GUIDANCE AND COUNSELLING AND CAREER DEVELOPMENT LEARNING JOURNAL



Use this document to journal your learnings.

PDF

CHAPTER 2: NOTES - SIGNIFICANT INSIGHTS FOR ME FROM THIS CHAPTER



Use this section to record any chapter notes

ACTIVITY: Create an opportunity to teach another person one of the topics in this chapter. Allow 3-5 minutes for the teaching of each topic.

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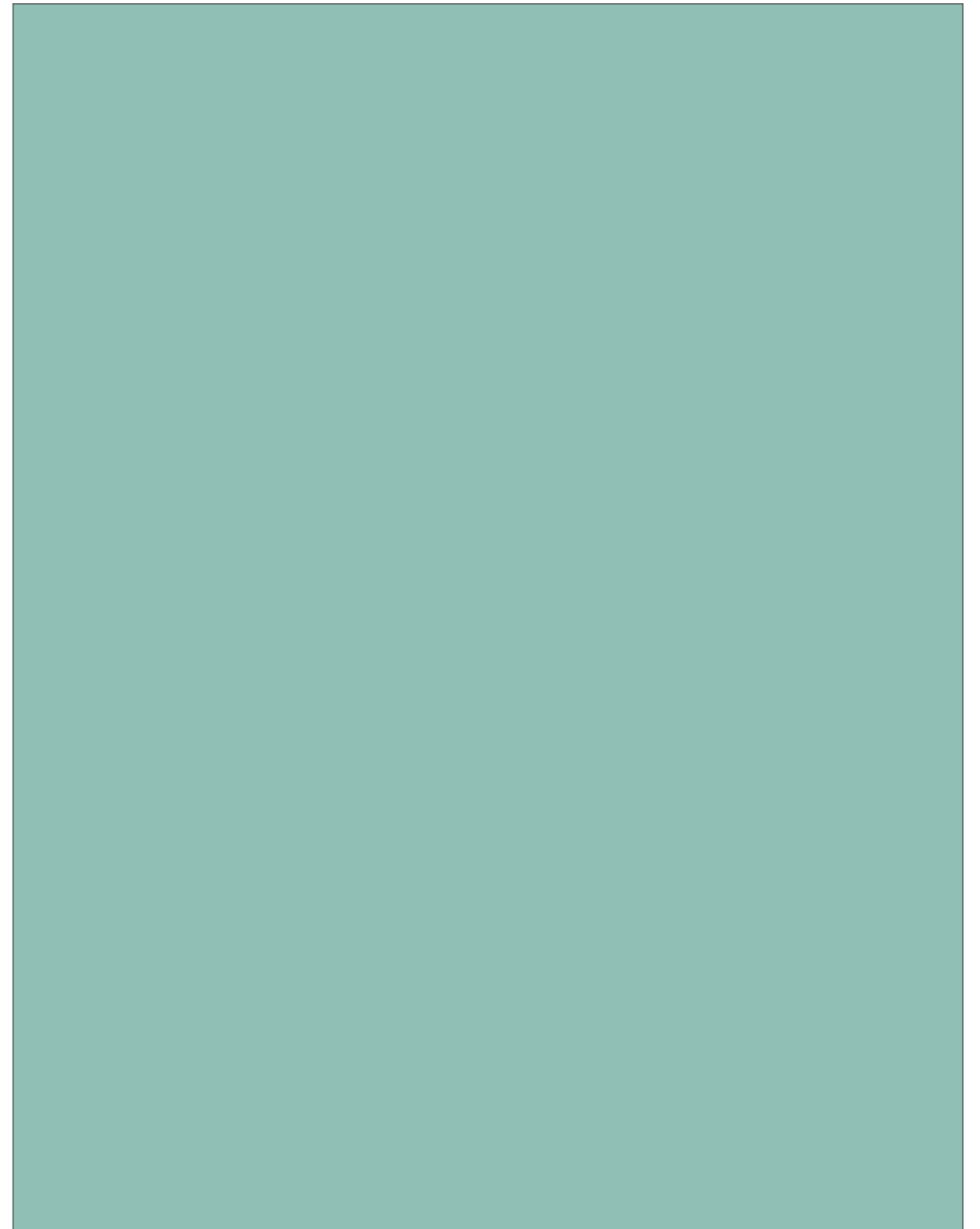
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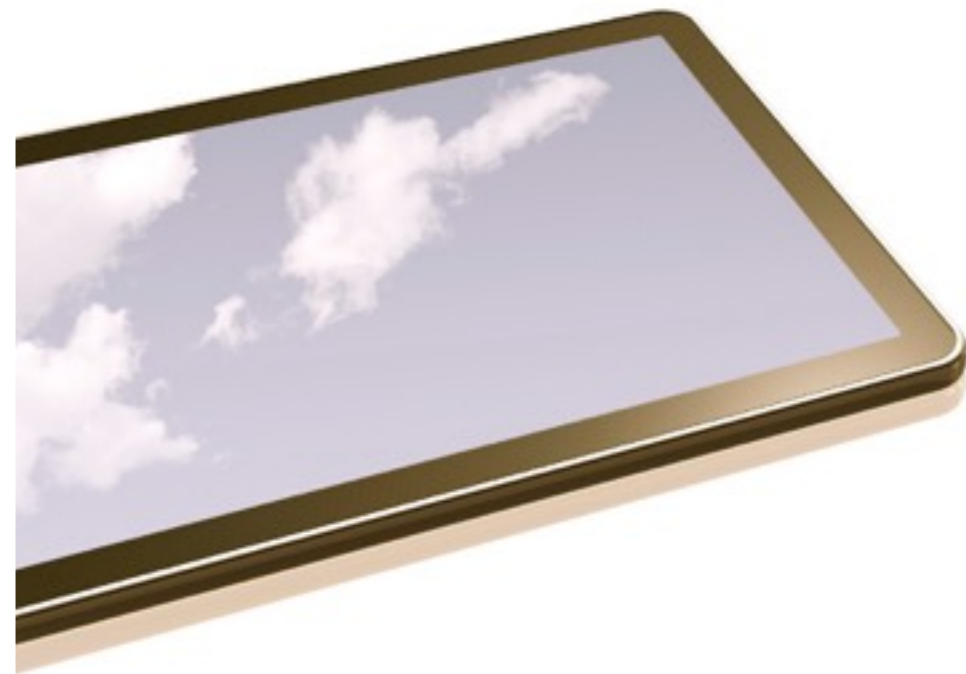
Ethics and Technology in Blended Learning

Do you use technology or the internet to learn, share information about yourself online, access services or purchase goods?

If you answered Yes to any of these questions, you are considered a digital citizen.

So why is digital citizenship important? How do you get the most out of the internet and technology and keep yourself safe?

This chapter will answer these questions and guide you through what it takes to be a good digital citizen as you engage in your guidance and counselling, and career development studies.



Technology and Blended Learning

WHY IS THIS IMPORTANT?

Blended learning offers the opportunity to engage in new and different ways, often using technology. Learning the positive and negative consequences of the use of technology is important. Teaching academics have remarked that they are more willing to allow technology into a learning environment, once they have educated the students about the advantages and disadvantages offered by such engagement. The opportunity afforded by new technologies brings with it a responsibility for users to learn how to use them safely (iKeepSafe & American School Counselor Association, 2012).

Rapid growth and innovation in technology is a part of the twenty-first century. Platforms that allow for and embrace connections and social interactions are having a profound impact on people's lives – from the way they share to how they learn.

Nowhere is this shift clearer than in an educational context.

Teaching and learning institutions are on the front lines in their response to the cyber-changes. It is imperative that students are supported in making safe, smart and responsible choices online which supports the creation of a generation of “digital citizens”.

When confrontations arise, blended learning platforms empower participants to raise issues and address them together as a collective. When integrated with learning platforms, such as *Blackboard* and social media, blended learning enables transparency and also create positive social norms that impact students online and off.

The focus of this chapter is to explain principles that can be used to enhance interpersonal relationships and to introduce students to a new collective responsibility: the digital citizen.

Digital Citizenship

WHY IS THIS IMPORTANT?

A **responsible digital citizen** is a person with the skills and knowledge to ethically and effectively use digital technologies to participate in society, communicate with others and create and consume digital content.

Globally, those working within the forefront of the cyber teaching and learning environments are finding it useful to define the key components of digital citizenship to assist people to navigate the online spaces within their working and learning lives.

The online world constantly calls upon us to make ethical decisions in our everyday working, learning and social interactions. This may happen when you consider sharing an unflattering photo on Facebook or downloading a song or movie without the rights or when you are pondering if an item is news or gossip.

Choosing consciously about what action to take will help you behave ethically as you embrace the digital world. Furthermore, engaging respectfully contributes towards a digital community where all rights and responsibilities are upheld.

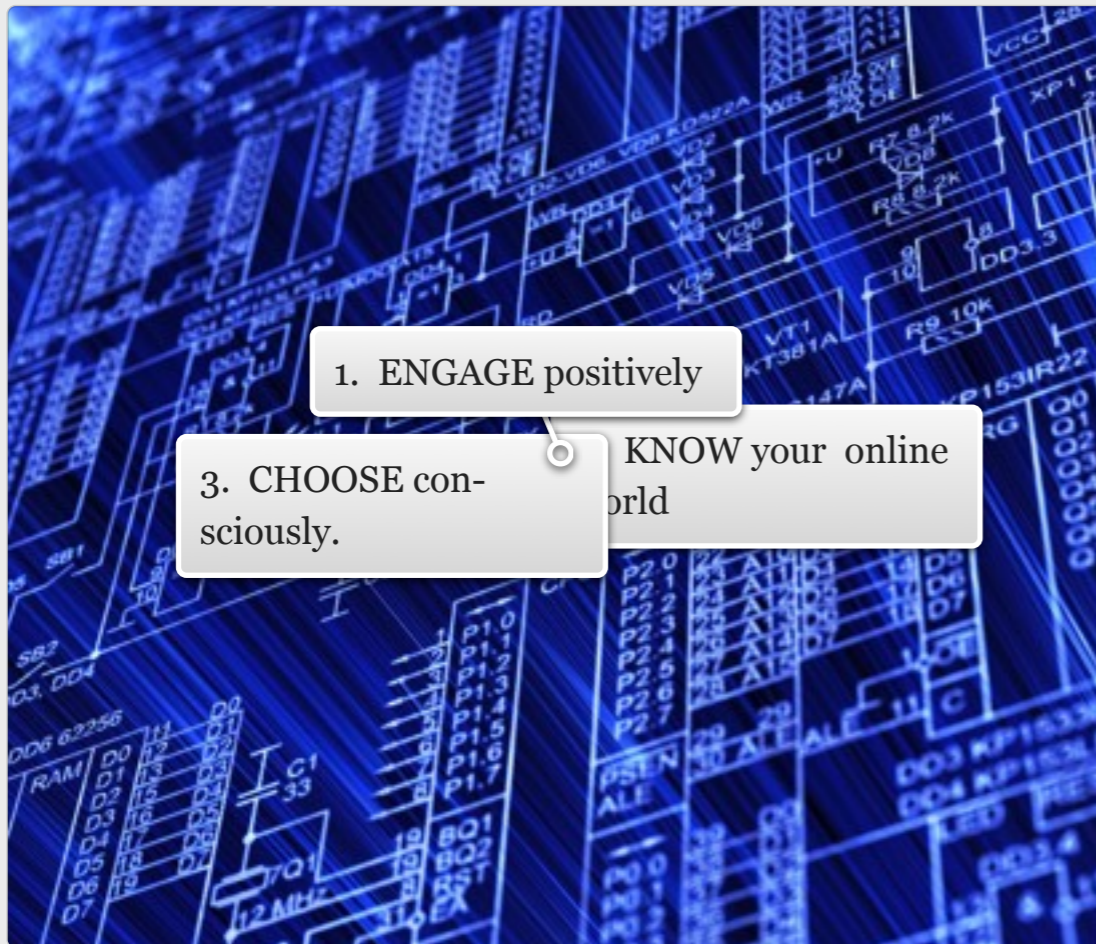
The first step to becoming a responsible digital citizen is knowing your digital world.

By taking ownership in on-line communities in your guidance and counselling, and career development studies, you are expected to behave in an ethically responsible manner.

The three core principles that responsible digital citizens practice are:

1. **engage** positively,
2. **know** your online world
3. **choose** consciously.

CORE PRINCIPLES



Digital Conduct

WHAT IS DIGITAL CONDUCT?

Digital conduct is one's rights and responsibilities within their interactions in the online world (Commonwealth of Australia, 2011). It considers the key areas of ethical, responsible and respectful online use.

Online rights and responsibilities

Rights are guaranteed conditions. They are what you should always expect.

Responsibilities are something you are always expected to do. They are a way you are always expected to behave.



JCU: [Prevent Cyber Bullying Website Rights and Responsibilities Charter](#)

Enjoying a right requires everyone to accept certain responsibilities. For example, 'To protect our right to be safe, we will communicate appropriately online. This means no rumouring, disrespectful nicknames, offensive comments, humiliating expressions, mocking or offensive symbols with the purpose to insult and hurt'

Your Rights and Responsibilities charter is the springboard for your online behaviour. When people commit to the rights and responsibilities charter, they are much more likely to abide by the behaviours aligned by said rights.



JCU: [Information Communication Technology Acceptable Use Policy](#)

Web 2.0 tools, such as, Facebook, Twitter, Google, Instagram and even JCU, set out expected behaviours for digital citizens using their technology platforms.

These expected behaviours are generally communicated in terms of service or acceptable use agreements. It is important to be aware that, even if a service is provided at no cost, people using the service cannot do anything they want on it.



The **Student Conduct Policy** is JCU's own policy that outlines the principles that are expected of JCU students, in both the physical classroom as well as the digital classroom.

At the heart of the Policy is the principle that students must not engage in any conduct that impairs the reasonable freedom of other persons to pursue their studies, research, duties or lawful activities in the University or to participate in the life of the University (JCU, 2015).

Knowing when and how to engage, in the blended environment is important in ensuring ethical, responsible and respectful behaviour.



Navigating Conflict

Similar to the physical working space, conflicts can arise that affect the learning and safety of both students and teaching academics when engaging in online platforms including discussion forums, blogs and Facebook.

Conflict needs to be handled carefully – for both your own sake and that of others. Your first step is to try and ascertain what it is that is making the person feel agitated, annoyed, etc. (ReachOut.com). You can do this by:

- Remaining open to viewpoints different to your own.
- Keeping your voice calm (this includes avoiding capitals when typing as this can give the impression of shouting)
- Make an effort to work things through.

That doesn't mean you have to agree with the content of what they are saying. If you have issues with it, make sure you acknowledge their emotions. As with any professional working space, critical conversations can lead to deep engagement and facilitation of learning, however, all interactions need to remain professional.

Remember, a key to navigating conflict is to avoid judgement and allowing others to have their viewpoints which may be different from your own.

Cyberbullying

The concept of **Cyberbullying** has yet to be clearly defined, with many assuming it functions in a similar manner to traditional bullying, distinguished by the medium of online communication. Given the collection of definitions in the literature, we are defining cyber bullying as a “distinct phenomenon” (Grigg, 2012, p. 209), encompassing intended, offensive, unwanted aggressive behaviours, carried out through electronic communication devices, inflicted by an individual or group (Calvete, Orue, Estévez, Villardón & Padilla, 2010; Patchin & Hinduja, 2006; Smith, Mahdavi, Carvalho & Tippett, 2006). It is bullying aggression carried out through a network of devices all connected through the internet. Regardless of the electronic media, Cetlin, Yaman and Peker (2011) classify cyber forgery, verbal bullying and hiding identity as the three domains of cyber bullying.

MODALITIES OF CYBERBULLYING (WILLARD, 2007;
CHISHOLM, 2014)

Flaming	Electronic messages with fuming and discourteous language (Willard, 2007, pp. 1-2).
Harassment	Continually sending offensive and rude messages online (Willard, 2007, pp. 1-2).
Denigration	Spreading rumors online to harm reputations or relationships (Willard, 2007, pp. 1-2).
Impersonation	Masquerading as someone else and breaking into someone's account; impersonating a person and posting inflammatory material as that person to damage their status or relationships (Willard, 2007, pp. 1-2).
Outing/ Trickery	Convincing someone into declaring confidences, and circulating online (Willard, 2007, pp. 1-2).
Exclusion	Maliciously excluding someone online (Willard (2007, pp. 1-2).
Cyberstalking	Habitual online harassment and defamation (Willard, 2007, pp. 1-2).
Ratting	Remote controlling computer/webcam without person's knowledge or consent and controlling the operations of their computer (Chisholm, 2014, p. 79).
Catfishing	Deceiving people into emotional relationships by devising fictitious online identities (Chisholm, 2014, p. 79).
Sexting	Distributing humiliating and/or sexually suggestive pictures online (Chisholm, 2014, p. 79).
Shock trolling	Spiteful and aggressive messages intended to aggravate or degrade someone in order to incite a reaction (Chisholm, 2014, p. 79).

Review the following YouTube clip to learn more about cyber-bullying



Cyberbullying:
If you *click, like* or *share*, you are part of the problem.

WHAT CAN YOU DO?

Reporting Cyberbullying: Reporting cyberbullying material to the service it is posted on first is recommended. Most social media services have 'report' buttons or a safety centre where you can report cyberbullying material.

Get Help:



- JCU Counselling Service
Townsville: 4781 4711 Cairns: 4232 1150
jcu.edu.au/counselling
- eHeadspace: 1800 650 890
eheadspace.org.au
- Kids Helpline: 1800 55 1800
Online Chat: kidshelp.com.au
- Lifeline: 13 11 14
Online Chat: lifeline.org.au

If you are in need of immediate support contact one of the help lines below:

Kids Helpline 1800 55 1800

Lifeline 13 11 14

PoliceLink 131 444 or report to your local police station.

If in immediate danger, dial 000.



Digital Conduct Tips

- Navigating conflict is not easy in a digital world. The conversation must be to both talk and listen – in effect, establishing a dialogue with the digital community.
- If you are being cyberbullied, you can avoid retaliating or responding by blocking the person or changing your privacy settings.

Digital Conduct Activity 1

- Read the JCU **Student Conduct Policy**. Take time to reflect on your own digital conduct and how it relates to the Code.

DIGITAL CONDUCT ACTIVITY 2: KEY QUESTIONS



Text:

Text:

Text:

Option 1 Option 2

Use these questions to guide your response to this scenario

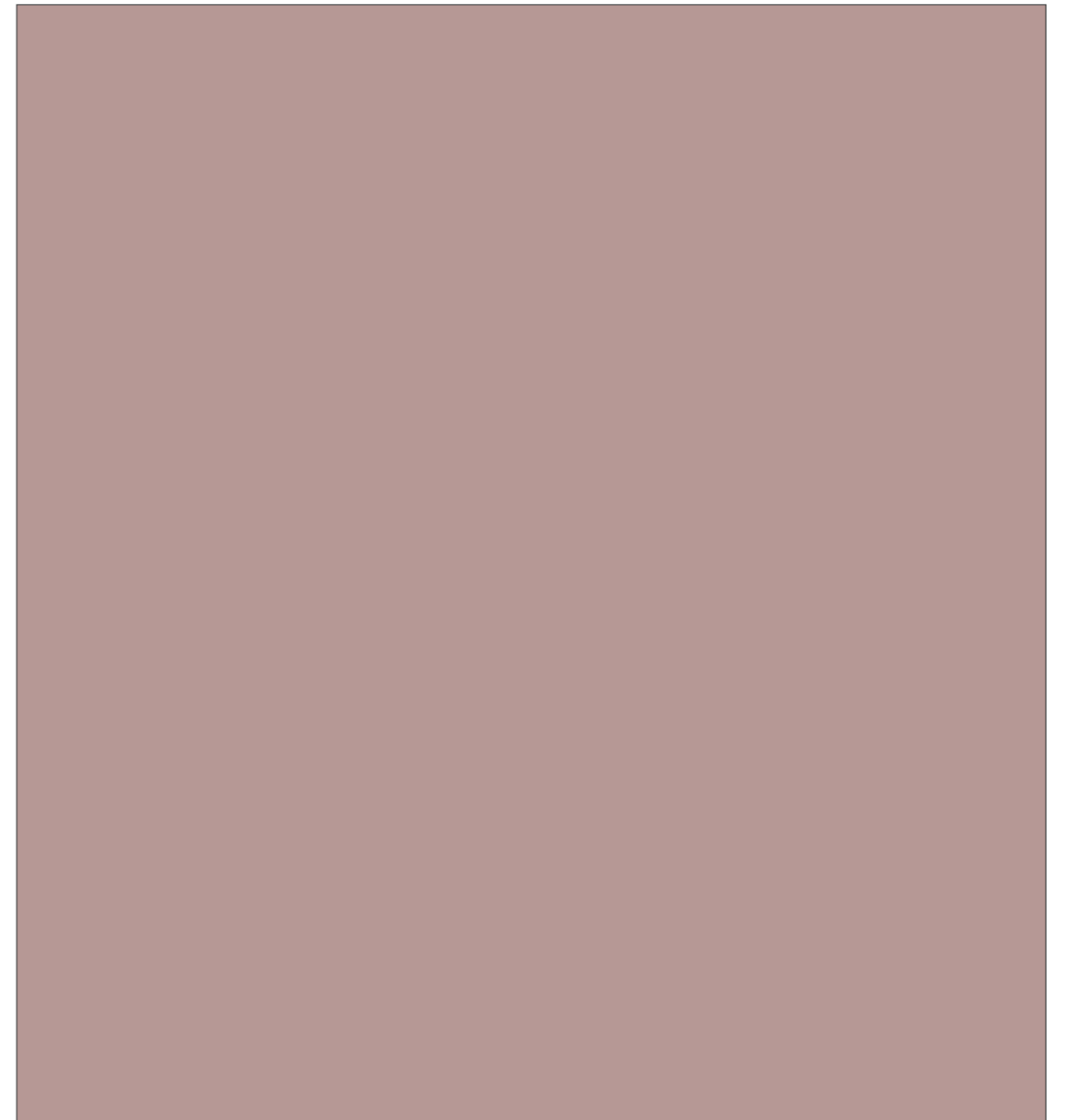
PDF

Digital Conduct Activity 2

Using the **Student Conduct Policy** as a guide, consider the following scenario and answer the following questions.

Scenario:

You have an unflattering photo of a friend. How ethical is it for you to share this photo on Facebook?



SECTION 4

Digital Footprint and Reputation

HOW DOES THIS AFFECT ME?

In today's world, part of students' reputations are comprised of what they write and do online. Sometimes difficult to keep your long-term reputation in mind, especially when you get caught up in the moment.

Understanding how to manage your online reputation or "digital footprint" is challenging even for those of who have been using the internet for a long time.



Digital footprint

A **digital footprint** is a trail of data you create while using the Internet. It includes the websites you visit, emails you send, and information you submit to online services.

A footprint can be different from your digital reputation, in so far as your footprint may be anonymous or unintentional. A "passive digital footprint" is a data trail you unintentionally leave online. For example, when you visit a website, the web server may log your internet address, which identifies your Internet service provider and your approximate location. While your internet address may change and does not include any personal information, it is still considered part of your digital footprint. A more personal aspect of your passive digital footprint is your search history, which is saved by some search engines while you are logged in (Tech Terms, 2014).

No matter what you do online it is important that you know what kind of trail you are leaving, and what the possible effects can be.

Your digital footprint is an online version of you! It may be the only description someone has of you.

Make it ethical.

While it's not possible to have ZERO footprints, the first steps toward reducing your digital footprint and managing your digital reputation are not that hard.

Digital reputation

Your digital reputation is defined by your behaviours in the digital communities and by the content you post about yourself and others.

Tagged photos, blog posts and social networking interactions will all

shape how you are perceived by others online and offline, both now and in the future.

Trash talking, cyberbullying, boasting misdeeds, questionable photos and locations can become part of a fairly permanent and damaging records.

Further, posting photos of the weekend on a social media site is a fun thing to do. But beware... nothing in the online world is confidential and your postings can last for years.

It may surprise you to learn that many companies use social media activity as part of a background check when screening potential employees. They may routinely look at their applicants' public online activity.

This means we must be stewards of our own online identity and take swift action if untrue or negative information is posted about them online.

However, for all the damage a negative online reputation can do, it is equally true that honest, positive, respectful posts, pictures, and participation can also enhance your reputation.



DIGITAL REPUTATION



(Prevent Cyberbullying, JCU, 2015)

Where do I start to assess my digital reputation?

If you've never searched for yourself online, now may be the time to do so.



If you conduct a **Google** search on your name, you may find more than you bargained for. Consider the information you share about yourself on the social networking sites you have joined.

Taking positive steps to build your digital reputation is important.

Build a positive online reputation:

- Join a professional network such as **LinkedIn** and put together a robust profile.
- Comment on professionally-oriented blogs and participate in online forums where you have expertise.



- Start a blog or register a Web site in your own name. Write regularly on a subject about which you are knowledgeable and invite visitors to make comments.

Clean up a digital reputation:

Cleaning up your digital reputation can be a difficult task but it is not impossible.

Approaching the service provider that is hosting the content, with your concern, is often a first step. Depending on the type of service provider and location, the results can be mixed.

An alternative may be to build a better image of yourself online over time. This is sometimes referred to as burying the bad with the good – creating new, positive content (e.g. blogging) that outweighs the negative.

There are also many professional services that you can approach that will attempt to do this on your behalf.

Multiple digital identities:

Using different e-mail addresses or screen names for each digital community is a powerful way to control your online reputation.

By not linking personal information you are able to protect some aspects of our identity and this may provide a level of comfort and trust. But remember to not cross reference or the two reputations may be associated.

Always remember that, regardless of the account, you should always be mindful about what you are posting and who you are sharing it with.

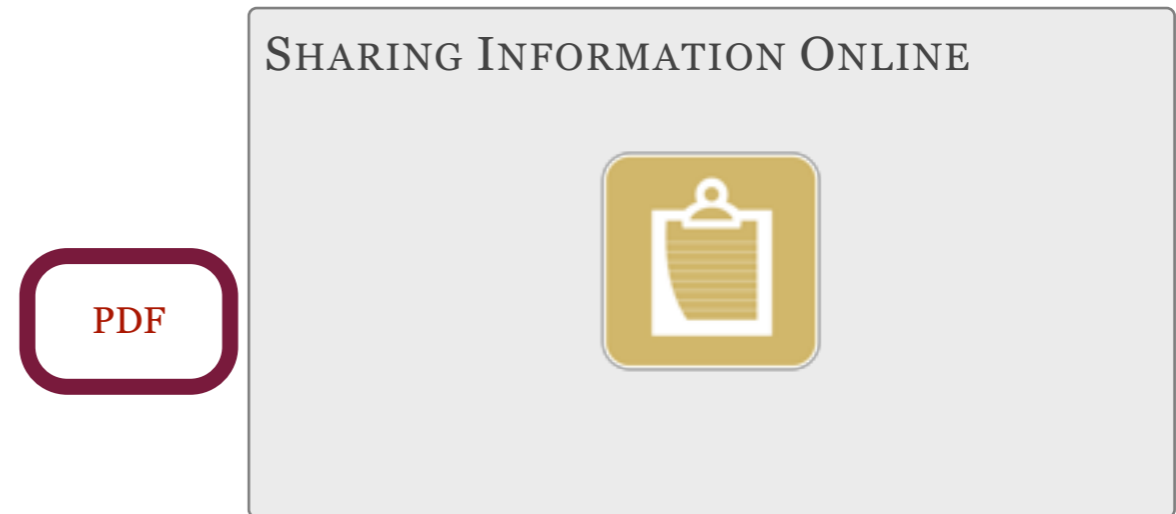
From an ethical standpoint, anonymity is not a license to misbehave and disregard key ethical principles.

Digital Footprint and Reputation Tips

- **Check** your privacy settings - there might be a whole lot of people who know more about you than you think. Look for “settings” or “options” on the websites sites you use.
- **Delete** abandoned social media accounts.
- **Prevent** - think before you post content online.
- **Search - Google** yourself or set a Google Alert. This will let you know when someone has posted something using your name.
- **Separate** your personal and professional online profiles. Consider using a different name (e.g. a nickname).
- **Remove** anything from your public profile that is personal or private, or that might cause potential problems with colleagues, your current or prospective employer, and avoid inappropriate language and ill-advised comments.
- **Remember** that we live in a digital world and digital content can be easily accessed.

Digital Footprint and Reputation Activity 1

1. Rank the following information from highest risk to least risk when sharing information online:



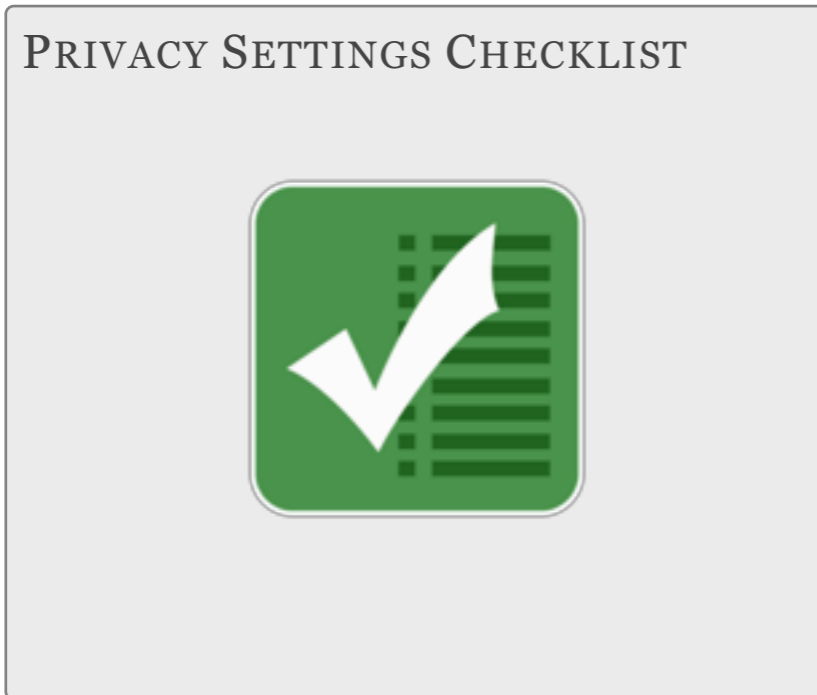
2. For the item you ranked as the highest risk, explain why you placed this item at the top of the list.
3. Identify why it is important to get permission from friends or family before you post information, photos or videos of them online
4. Consider the ways you share information (such as conversations, photos and videos) through social networking sites. Outline three positive and three negative ways this information can be used by other people.

(Note: You can answer all these questions in the Sharing Information online notes)

Digital Footprint and Reputation Activity 2

Make it a priority to monitor and protect your online reputation. Take a few minutes now and review your privacy settings in a social media platform.

PDF



SECTION 5

Digital Wellbeing

WHY IS THIS IMPORTANT?

Digital wellbeing is about recognising that we live in a world full of ‘screen time’ and having the awareness and skills to balance our online and offline worlds.

Learning how to balance time spent online is one of the great challenges of the digital age. It is essential that your time online does not consume all your time that you have minimal time for leisure and self care. Balancing time online with work-life balance sets you up for success as you engage with your guidance and counselling, and career development studies.



Newsflash! Currently, there are over 13.4 billion things connected in the world and that figure is predicted to reach 38.5 billion by 2010 (Charles, 2015). Telstra (cited in Chester, 2015) forecasts that the number of devices connected in the average Australian home will be 24 with internet enabled smart televisions, robotic vacuums and whitegoods becoming the norm.

The Tree of Contemplative Practices mentioned in Chapter 2 is a beginning point to exploring a range of wellbeing practices. Try to commit to at least one practice on a regular basis.

Ask yourself these questions:

1. How do you balance your online and offline time?
2. How do you spend your leisure time?
3. Do you engage in regular physical activity or find it impossible to get away from your computer?

Posture, repetition and overuse are some common risk factors that we need to keep in mind when using technology. There are negative effects of too much 'screen time' and these may include deteriorating eyesight, poor posture, strains of joints or sleep problems.

Evaluating technology tools for work, rest and play is important.

Lillak (2015) provides simple tips to minimise pain and discomfort caused by device usage:

- **Prop it up** – Force from gripping and awkward wrist postures can be greatly reduced by letting go of your tablet or phone. Prop it up on a stand, a pillow on your lap, or your backpack/briefcase.
- **Elbows free** – Nerves run through your elbows and can be aggravated with the pressure of leaning. Pain and tingling (pins and needles) can start here and travel down to your hands. Keep your elbows free and try not to lean them on anything, no matter how soft.
- **Use all your fingers to type** – Try to avoid typing with your thumbs only on a tablet. Many tablets are too big for comfortable typing with your thumbs – pressure is placed into your palm and your thumbs really have to reach to type some keys. Place the tablet down flat to type or set it up with an external keyboard.
- **Keep it straight** – Make sure all your joints are in neutral. Don't have your thumbs extended down, keep your wrists straight, keep your elbows in-between (not completely straight, and not completely bent).
- **Switch it up** – Avoid using one set of muscles for too long. If you usually text with your thumbs, switch to typing with one finger to take pressure off your thumbs. If you usually hold your phone or tablet in your left hand and swipe/point with your left, switch it up and hold with your right and

swipe/point with your left. If you point with your index finger, use another finger instead. If you use certain keys constantly when typing, try other keyboard shortcuts to take pressure off those fingers. If you use your mouse too much, try replacing some movements with keyboard short cuts.

- **Move constantly** – Don't stay in one position for too long. Move around in your chair or on the couch or stand up. Keep moving your phone and tablet around in your hands. Reach your hands to the sky and stretch up, rotate your shoulders and wrists. Perform any movement you can – just keep moving!
- **Mini breaks** – Incorporate mini breaks into your posture constantly. For example, don't hover your hand over your mouse when your reading your screen – rest it instead; put your phone or tablet down while it's loading – look up and give your neck a break from looking down; during breaks in keyboarding – put your hands in your lap.
- **Shorter, more frequent is better** – If you are using your device for a long period of time, it's better to use it in short stints with breaks in-between. A good rule of thumb is 15 minutes on, 1-2 minutes off.
- **Less is more** – Of course the best thing your can do is use your devices less. Spending the day at work on the computer and then spending the rest of your day on your phone or tablet is just too much device time. Ditch the device as often as you can!

Digital Wellbeing Tips

- Keep set events 'media free', for example dinner time.
- Balance your screen time with alternatives (sports, reading, cooking etc.).
- Avoid technology in the bedroom where it can interrupt sleep.
- Dr. Rolando Diaz (2012), recommends no screens through the last hour before bed for improved rest and health, and reduced anxiety.
- A good rule of thumb is 15 minutes on, 1-2 minutes off.

Digital Wellbeing Activity 2

Conduct a digital assessment of your own habits.

DIGITAL WELLBEING ASSESSMENT



Text :

Text :

Text :

Option 1 Option 2

PDF



SECTION 6

Digital Safety

WHY IS THIS IMPORTANT?

Learning how to stay safe online is about establishing a set of behaviors that provide you with protection from common threats.

Most importantly, you don't have to be a computer expert to keep safe online.



Keep a clean machine

As internet users, we are continually bombarded with request to install *free* applications, web browsers or things that will speed up our computer. All promising to deliver an enhanced user experience.

Some of these applications are legitimate and do enhance our computing experience. However, a majority are malicious and while offering some functionality, also have a malicious intent and install second and third party components.

The second and third party components are what we call back-doors and are often then used to download malware that results in a range of un-intended consequences for you and other users of JCU's computer systems.

Most application installations put users on auto-pilot and direct you to click 'Next', 'Next' 'Next'.

Impatience is our undoing and we are often not alert to the installation of the other components.

So here is some advice to assist you keeping a clean machine:

- Unless you looked for the application, don't install it.
- If you installed an application, make sure you update it.
- If you no longer need an application, uninstall it.

Protect your passwords

Password are the primary mechanism used by most systems and online services to validate the digital identity.

Unfortunately, there are individuals and organisations who go to considerable lengths in attempting to steal our identities and passwords.

We are able to stay ahead by taking simple steps to protect our identity, and securing our passwords is an excellent practice.

Three simple steps to good password hygiene:

1. Invest in some password management software. These are available online. This software can help you manage your online passwords in one place. It also means that you don't have to remember every password and can therefore make them more complex. There are commercial and free solutions in the marketplace.
2. Use a different complex password for each service.
3. Change your passwords to important services at least every year.

Phishing

Phishing is a relatively new phenomenon that commonly uses websites and email to steal confidential information such as credit card numbers, passwords and other information that can be used for financial gain.

Typical phishing attempts involves receiving an email on a particular topic of importance or interest such as winning a prize, taxation department refund, topical news story on a disaster or threat or to confirm financial information.

The email will often ask for some action to be performed, such as clicking on a link or providing some information.

Here are some tips for identifying phishing emails

- Spammers may impersonate the sender making the recipient think that the original email was from a legitimate source. This could even be a JCU logo.
- The subject usually requests some action.
- There is usually an attachment or a link.
- The purpose of the email is to entice the reader to click on the web link and login or provide other personal information.

If you are in doubt, report the email to your services provider.

The internet is a big place and consists of millions of people you don't know.

Be alert. Remain ethical. Take responsibility

Geotagging

Geotagging helps add a location to your digital photographs, video, websites or even news feeds.

In devices like iPhones and other smartphones, additional information is automatically captured, such as longitude and latitude of where the image was taken. Using particular tools and programs, a person determined to find out this type of information can decipher any geotagged image and retrieve the information for their own purposes.

For example, sharing a photo taken at your house, may advertise the address of your house.

Most smartphones have the geotagging feature automatically enabled, so you need to put in the effort to prevent it from doing this.

It is recommended that you disable the geotagging ability and enable it again when you make a conscious decision to use it; it is far better to opt in than to try to remember to opt out.

Digital Safety Tips

- Back up your data and protect your information from un-expected events.
- Keep all of your software current with automatic updating. These updates can help keep viruses and malware out of your computer.
- Your password is your passport to your digital identities, keep them safe!
- You wouldn't share your toothbrush, so don't share your password
- Scammers will often try to trick you into revealing your password with a spoof email urgently suggesting there is a problem with your account. Don't fall for it.
- Set the privacy and security settings on websites to your comfort level for information sharing. It's ok to limit who you share information with.
- If something sounds too good to be true, it probably is.



Self-check: check if **geotagging** is enabled on your smartphone or tablet.

SECTION 8

Computers, Counselling & Ethics

WHAT DOES THIS MEAN TO ME?

“Mental health professionals must make decisions about how they wish to incorporate delivery of services via the Internet into their practices, and these decisions should be informed by the standards set forth by the professional associations to which they belong” (Corey et al., 2015, p. 175).

The increased usage of ICT within guidance counselling and career development practices has resulted in ethical challenges, such as:

- Hacking into client information
- Breach of client information when client information transmitted electronically
- Does the counsellor have the required qualification to practice with clients residing in different geographic location such as state or country? What are the associated legal and ethical issues associated with living in one location and practicing online in a different jurisdictions?
- Synchronous (real time) and asynchronous (gap in time between client and counsellor response)
- True identity of client in the case of assessment / emergency
- Location of the client in the case of an emergency
- Integrity of the informed consent process
- Privacy, confidentiality and privileged communication
- The duty to warn and protect
- Self-disclosure
- Recording keeping and storing data
- Online Supervision

- Who is responsible for emergency intervention / referral when counsellor and client are residing in different geographic jurisdictions?
- Ethical issues
- Credibility of data uploaded online
- The technology knowhow of the counsellor and client
- Educate clients about the tyranny of the internet – losing connectivity
- Counsellor liability insurance and client-counsellor electronic communication
- Software



SECTION 8

Application

WHERE TO FROM HERE?

Journal your learning: Continue to engage with your learning journal that you started in the previous chapter.

CHAPTER 3: NOTES significant insights for me from this chapter



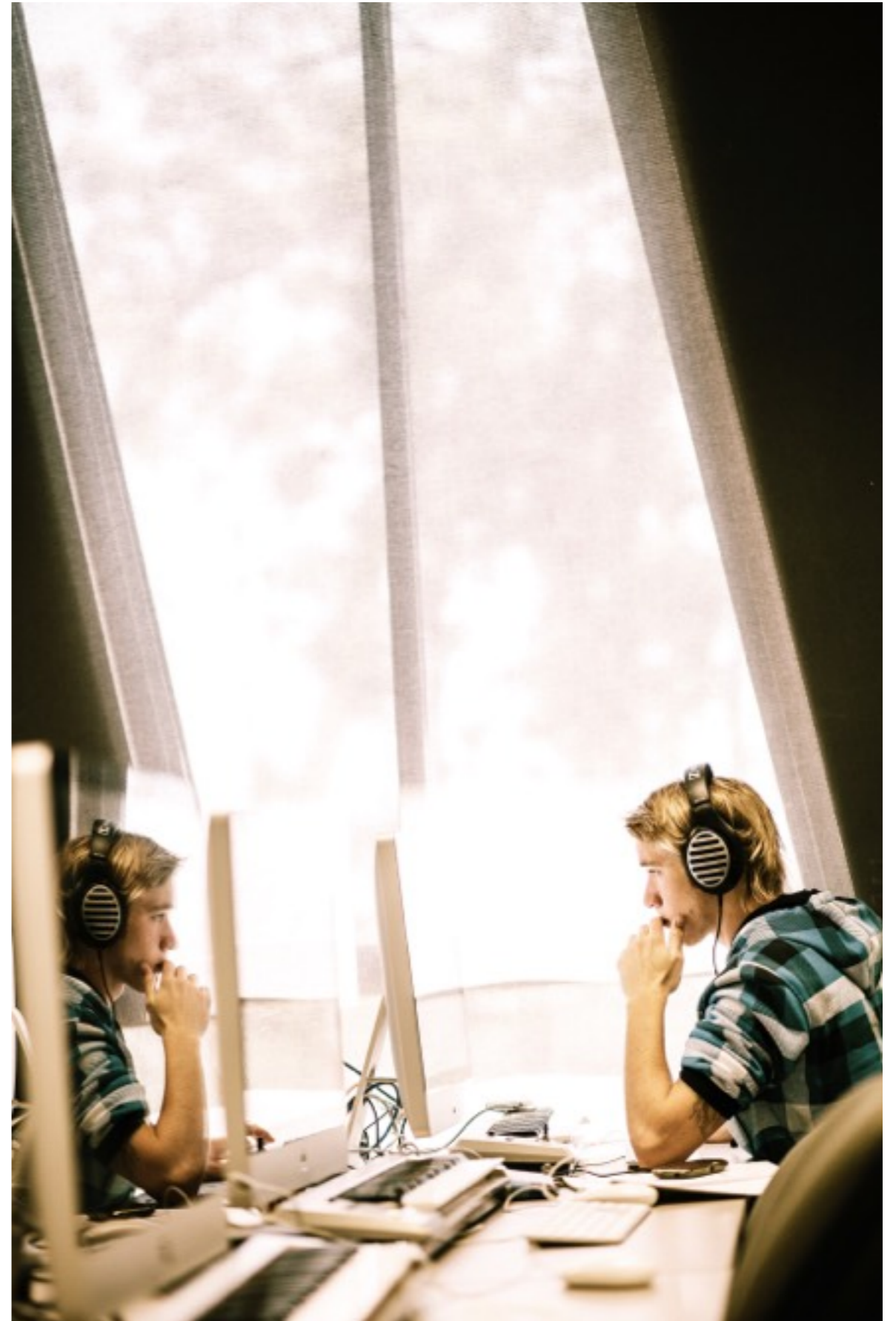
Use this section to record any chapter notes

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Ethics in Guidance and Counselling and Career Development

Learning about the moral principles, practice standards / codes of ethics and ethical practices including ethical decision making, are important starting points for building capacity, proficiency and effectiveness as ethical students and future professionals in the field of guidance and counselling and career development.



SECTION 1

Professional Codes and Standards of Practice - Ethics

WHAT ARE THEY?

Ethics are an attempt by the profession to guide responsible professional behaviour and to standardize the practice of the profession. They are the general standards and accepted practice guiding the conduct of the profession (Cottone & Tarvydas, 2007; Corey, Corey, Corey, & Callanan, 2015). Laws, on the other hand, are the minimum standards tolerated by society (Fisher and Sorenson, 1996)

Ethics embrace perceptions of right and wrong and moral judgments (Murphy & Dillon, 2011). Representing the collective wisdom of the guidance and counselling and career development profession at this point in time, the codes of ethics of professional organizations provide general

While ethical codes do not address cross cultural issues, Sperry (2007) notes that codes of ethics are “a way of being in relationship to clients, supervisees, students, and colleagues that both promotes development and prevents harm” (p. x1). Moreover Corey, Corey, Corey, and Callanan (2015) explain that while codes are “conceptually bound in nature” they are “generally subject to interpretation by practitioners” (p. 12).

Guidance and counselling and career development practitioners have a responsibility to know the content of the codes and what constitutes ethical counsellor practice.

When ethical issues do arise, the first point of contact are the professional code of ethics to ascertain if the situation is addressed.



Take the time now to review the practice standards/codes of ethics that are aligned with guidance and counselling and career development. You will find links to these in the **Guidance Counselling and Career Development community site on LearnJCU**

Ethical codes are useful in many ways, but they do **NOT** address every situation nor can all issues be determined by ethical codes. Limitations include:

- Some issues cannot be handled solely by relying on ethics codes.
- Some codes lack clarity and precision, which makes assessment of an ethical dilemma unclear.
- Simply learning the ethics codes and practice guidelines will not necessarily make for ethical practice.
- Conflicts sometimes emerge within ethics codes as well as among various organizations' codes.
- Practitioners who belong to multiple professional associations, are licensed by their state, and hold national certifications may be responsible to practice within the framework of numerous codes of ethics, yet these codes may not be uniform.
- Ethics codes tend to be reactive rather than proactive.
- A practitioner's personal values may conflict with a specific standard within an ethics code.
- Codes may conflict with institutional policies and practices.
- Ethics codes need to be understood within a cultural framework; therefore, they must be adapted to specific cultures.
- Codes may not align with state laws or regulations regarding reporting requirements.
- Because of the diverse viewpoints within any professional organization, not all members will agree with all elements of an organization's ethics code.

(Corey, Corey, Corey, & Callanan, 2015, pp. 6-7)

In the rare event that the codes and the law are confusing, the law will override the codes.

Although the codes do not provide exact answers to ethical dilemmas they do provide guidelines for ethical decision making. If you are unclear about handling a particular situation, a wise action is to consult with colleagues and supervisors, and the counselling or career development association where you are a member.



ACTIVITY 1: Review two ethical codes (ACA, SAC, CICA) in detail. Identify similarities, differences and points of distinctiveness. **Use the graphic organiser on LearnJCU to assist you with this.**

ACTIVITY 1.2: Reflection -

- How are the codes sufficiently specific to guide your working with diverse clients?
- Is it possible to act unprofessionally but still act ethically?



Community standards

Community standards (or mores) define what is considered reasonable behavior when a case involving malpractice is litigated.

They vary on interdisciplinary, theoretical, and geographical bases.

Reasonableness

The care that is ordinarily exercised by others practicing within the professional community.

Professionalism

Has some relationship to ethical behaviour, yet it is possible to act unprofessionally and still not act unethically.

ACTIVITY 1.3: Reflection -

- What are examples of acting unprofessionally and still acting ethically?



Levels of Ethical Practice

WHAT DOES THIS MEAN TO ME?

As professional counsellors and career development practitioners, you have a duty of practice guided by ethical principles. **Mandatory ethics** are regarded as baseline ethical practice and **aspirational ethics** are your highest standards of thinking and conduct.

Mandatory ethics are aligned with counsellors complying with minimal standards, acknowledging the basic ethical “musts” and “must nots” of the profession. For example, providing informed consent to client.

Aspirational ethics are the highest standards of professional conduct to which counsellors and career development practitioners may aspire. These behaviours moves beyond the ethical principles, and encompasses the essence of the codes, doing what is in the best interests of clients. Providing services pro bono for community members’ who cannot afford such services is one example of aspirational ethics.

Principle ethics and virtue ethics are important in ethical reasoning.

Principle ethics

Focuses on a set of obligations focusing on moral issues with goals of solving a particular dilemma and establishing a framework to guide future ethical thinking and behaviour

Asks “What do I do?”; “Is this situation unethical?”

Virtue Ethics

Focuses on character of the counsellor rather than obligatory ideals

Asks “Am I doing what is best for my client?”; “Is this situation unethical?”

ACTIVITY: Reflection -

- What are the common themes of codes of ethics?



Ethical Decision Making

WHAT DOES THIS MEAN TO ME?

When practicing in the guidance and counselling and career development field you will be required to make ethical decisions.

This is a challenging element within your role, however there are guiding principles you can work with to guide your decision making.

When ethical guidelines appear contradictory or are unclear, return to these guiding principles to assess benefits and risks.

Moral principles guiding ethical decision making

Being an ethical practitioner goes beyond knowing the codes; it involves engaging in ethical reasoning and ethical decision making. The first step in this process is understanding the foundational principles guiding counselling practice.

Six ethical principles form the foundation of the ethical standards in the counselling field: autonomy (concept of independence and making own decisions and acting independently), justice (concept of treating people fairly, not necessarily identically), beneficence (concept of doing good for others and what is in their best interests), nonmaleficence (concept of refraining from taking action that might harm others), veracity (concept of truthfulness and honesty) and fidelity (concept of making and honoring realistic commitments and keeping promises) (Kitchner, 1984; Meara, Schmidt, & Day 1996; Corey, Corey, Corey, & Callanan, 2015).

COUNSELING PRACTICES AND ETHICAL PRINCIPLES THAT UNDERLIE THEM

Everyday counseling practice involves actions that are based on ethical principles. Inspect the following list of principles and practices (associated with each principle).

Autonomy:

- Obtaining informed consent.
- Obtaining an evaluation of a client's competency (to make decisions).
- Obtaining client consent/assent to treatment plans.
- Respecting a client's freedom of choice related to participation in counseling, in general, or in certain procedures.

Nonmaleficence:

- Avoiding counseling in areas where one is not competent.
- Avoiding harmful roles or relationships with clients.
- Informing clients of risks associated with procedures and freedom of choice to undertake procedures.

Beneficence:

- Doing the best one can for one's clients within counseling parameters.
- Working within one's limits of competence and training.
- Heeding the duty to warn or protect endangered parties.
- Terminating counseling or referring clients who are not benefitting from service.

Justice:

- Advocating against discrimination or against practices or rules that discriminate.
- Respecting cultural differences.
- Doing some work for the needy for no charge (pro bono publico).
- Assuring that services are accessible to those with limitations.

Fidelity:

- Being loyal to clients and employees and keeping promises.
- Being truthful and honest with clients.
- Advocating for clients.
- Respecting a client's privacy and confidentiality.
- Being loyal to one's colleagues and the profession of counseling.

(Cottone & Tarvydas, 2007, p. 30)

Ethical Decision Making Models

There are ethical decision making models that counsellors and career development practitioners need to know about to guide their decision making. You can access these



models from the [Guidance and Counselling and Career Development Community site on LearnJCU](#)



Corey, Corey, Corey, and Callanan (2015) propose a systematic model of ethical decision making based on these six basic moral principles: autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity. The counsellors has an ethical obligation to consider the client's needs before their own when making ethical decisions (Corey, Corey, Corey, & Callanan, 2005, pp. 21-24)

1. Identify the problem or dilemma	<ul style="list-style-type: none"> - Gather all information on the problem. - Clarify: ethical, legal, clinical, professional or moral. - Recognise the problem and identify its nature.
2. Identify the potential issues involved	<ul style="list-style-type: none"> - List critical issues, discard irrelevant. - Note any cultural considerations and other relevant variables. - Consider the six basic moral principles and apply them to the situation.
3. Review the relevant ethics codes	<ul style="list-style-type: none"> - Consult relevant guidelines. - Do standards/principles offer a solution? - Reflect on your own values in relation to the codes.
4. Know the applicable laws and regulations	<ul style="list-style-type: none"> - Keep up to date with laws , rules and regulations
5. Obtain consultation	<ul style="list-style-type: none"> - Consult trusted colleagues to gain different perspectives.
6. Consider possible and probable courses of action	<ul style="list-style-type: none"> - Reflect to identify multiple options for dealing with the situation.
7. Enumerate the consequences of various decisions	<ul style="list-style-type: none"> - Consider the information received from a variety of sources. - Take action and then evaluate course of action.
8. Choose what appears to be the best course of action	

QUESTIONS FOR REFLECTION:

1. When have you acted in a way that treated each person fairly, not necessarily in an identical way (Justice)?
2. How can counsellors know what is in the best interest of their clients' (Beneficence)?

SELF-STUDY - *The following self-study is sourced from Gerald Corey (2015), An approach to teaching ethics in counseling. Instructor notes, p. 16.*

View the movie *Good Will Hunting* (with Robin Williams and Matt Damon). In this film, the therapist (Williams) meets with the client (Damon) on one occasion in the park; engages in very personal self-disclosure on several occasions; and in one session physically shoves the client against a wall and threatens him.

Question: Use the ethical decision-making model to discuss and critically evaluate each ethical, moral or legal breach including the information below:

- Describe each potential moral, ethical, clinical, and legal issue;
- Discuss which ethics code or legal standard that may have been broken;
- React to the therapist's decisions/behaviors with regard to these legal/ethical issues;
- Discuss why you think he did what he did as a therapist;
- Include consequences of his decisions/behaviors on the therapy;
- Discuss what you would have done the same and differently and why (be honest and thorough); and
- Project what you think might have changed as a result of your behavior being different.
- If you were the therapist's colleague (or supervisor) what points would you most want to address with him.

(Corey, 2015)



SECTION 4

Diversity and Multiculturalism

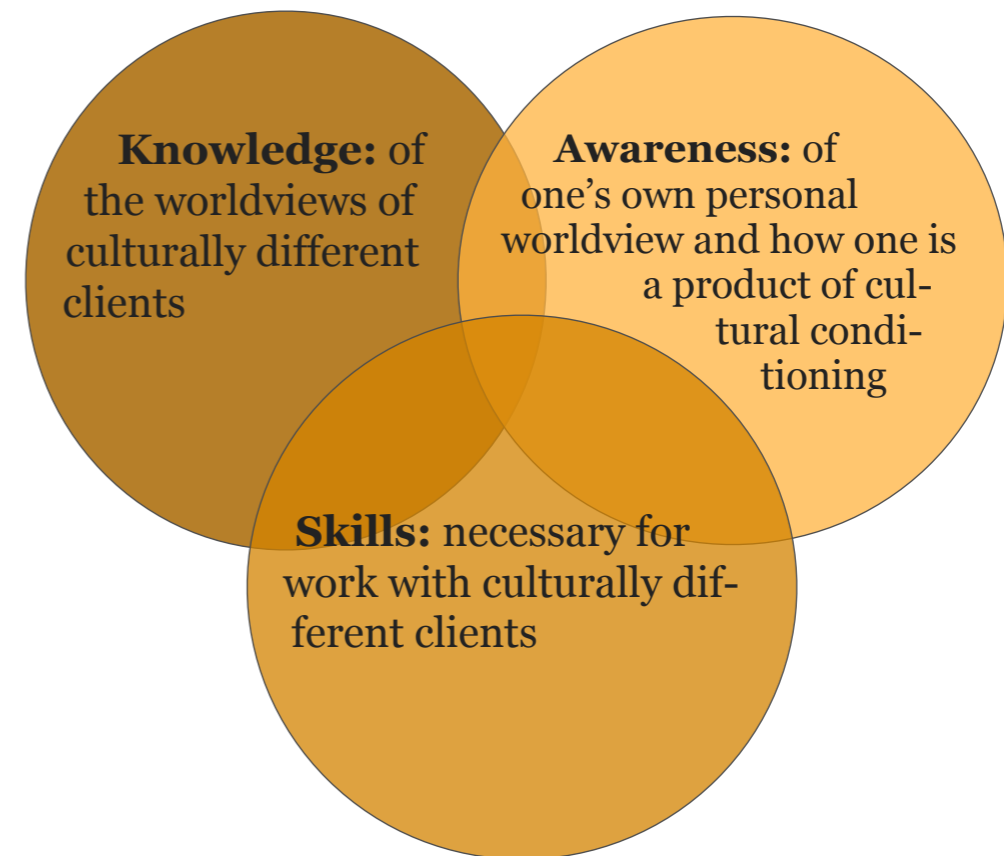
WHAT DOES THIS MEAN TO ME?

In guidance and counselling and career development you will work with persons who differ from you in numerous ways including abilities, developmental stage, occupation, health, ethnicity, life challenges and sexual orientation. Every person you work with will be different from you and different from the last person.

Working ethically with diversity is one of the requirements of a culturally effective guidance counsellor and career development practitioner in the 21st century.

This presents the challenge of multicultural competence for counsellors and career practitioners involving developing self-awareness and developing an awareness of others.

According to writers (Sue, 1992; Ivey et. al., 2014), developing multicultural competence takes a lifetime of learning. It includes sensitivity to cultures in three distinct spheres, knowledge, awareness and skills:



(Gladding, 2013, p. 85)

The following guidelines identify ethical practice in multicultural counselling:

1. We need to be aware of our own cultural heritage. We need to be aware of our negative and positive reactions to the values and traditions of other groups and of how our own cultural values affect our worldview.
2. We need to acquire knowledge about the cultures and customs of the client with whom we work.
3. We need to use this self-assessment and knowledge to devise flexible strategies for intervention that are effective and congruent with our clients' values (Murphy & Dillon, 2011, p. 40).



The RESPECTFUL model of dimensions of culture (Ivey & D'Andrea and Ivey, 2012; Ivey, Ivey, & Zalaquett, 2014) pinpoints multiple dimensions of diversity. As you respond to each element, you are compiling your multicultural being profile. Through this self-assessment process ponder the implications of your cultural identity when working with persons whose cultures are different from your own.

- R** Respectful/spiritual. What is your religious and spiritual orientation? How does this affect your thoughts, feelings, and behaviors as a counselor?
- E** Economic/class background. How will you work with those whose financial and social background differs from yours?
- S** Sexual orientation and/or gender identity. How effective will you be with those whose gender and/or sexual orientation differs from yours?
- P** Personal style and education. How will your personal style and educational level affect your practice?
- E** Ethic/racial identity. The color of a person's skin is one of the first things we notice. What is your reaction to different races and ethnicities?
- C** Chronological/lifespan challenges. Children, adolescents, young adults, mature adults, and older persons all face different issues and challenges. Where are you in the developmental lifespan?
- T** Trauma. What is your experience with life trauma? We now recognize it as a "normal" part of being alive for most of us.
- F** Family background. How has your life experience been influenced by your family history (both your immediate family and your intergenerational history)?
- U** Unique physical characteristics. How well do you understand the importance of the body in counseling and psychotherapy and how will you work with others different from you in their physical characteristics and interests?
- L** Location of residence and language differences. What languages do you know, and what is your attitude toward those who speak a different language from you?

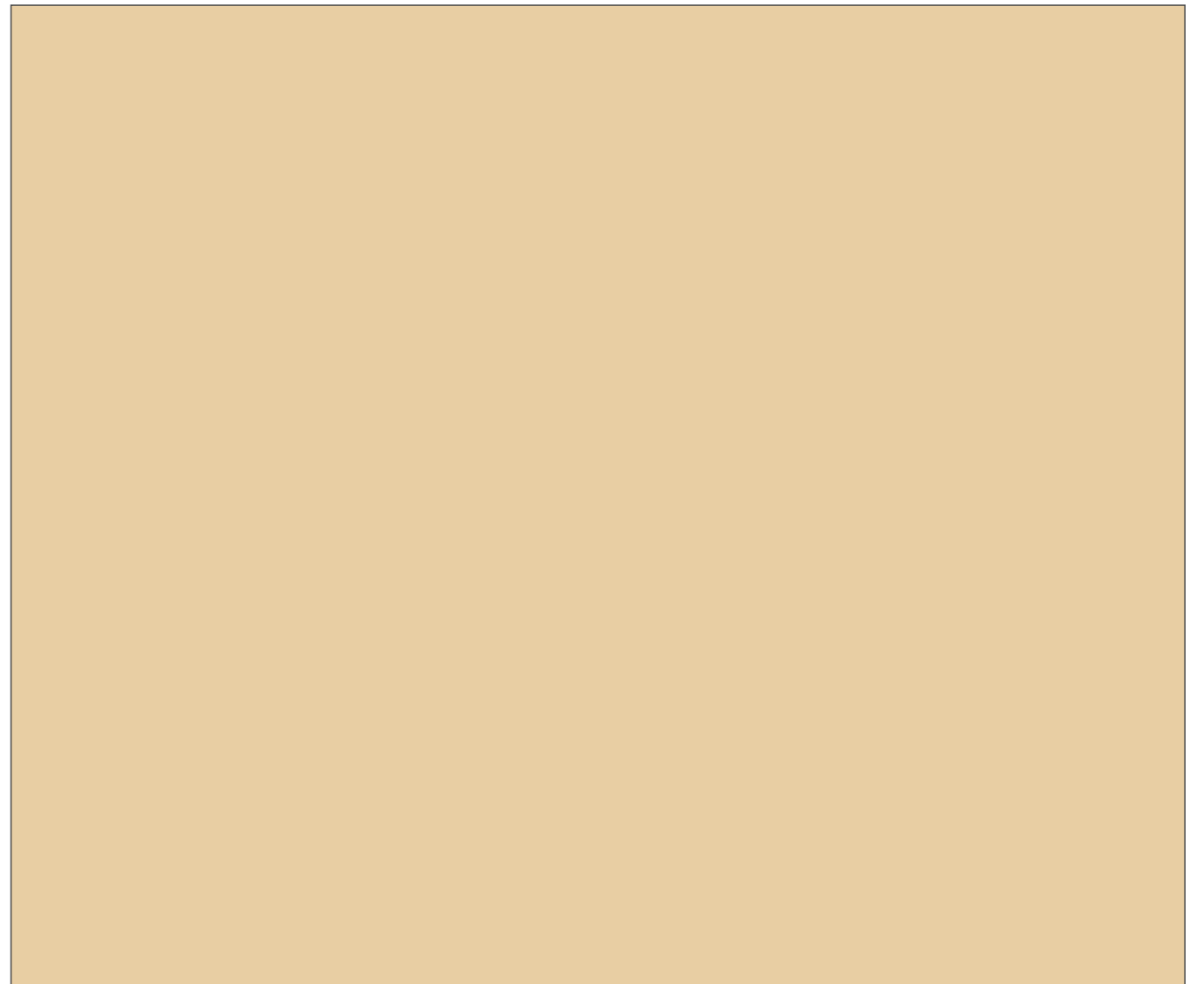
(Ivey, Ivey, & Zalaquett, 2014, p. 18)

QUESTIONS FOR REFLECTION

Once you have considered the RESPECTFUL dimensions, think through the following questions:

- Can you work with clients who are culturally different from you? What evidence do you have to support your viewpoint?
- How open are you to working with clients who are culturally different from you?
- How can you embrace cultural diversity?
- How does your RESPECTFUL profile add value to the client-counsellor relationship?
- How may your RESPECTFUL profile bias this relationship?
- What are you currently doing to understand persons whose cultures are different from your own?
- What else can you be doing to increase your understanding and appreciation of difference and diversity?
- What are the professional requisites for becoming a multicultural skilled guidance and counselling and career development practitioner?

(Corey, 2015)



Informed Consent

WHY IS THIS IMPORTANT?

Informed consent ensures the client is fully informed about their rights and responsibilities to self-determination in the counselling relationship and process. It is both an ethical and legal obligation of the counsellor to provide accurate and adequate information to clients before they participate in counselling, assessment processes or other services including alternatives to proposed counselling.

Informed consent is given voluntarily.

Informed consent can be withdrawn at any time.

Informed consent is an ongoing process, providing truthful and satisfactory information on the counselling approaches adopted by the practitioner, the counselling relationship, associated risks and benefits counselling, and optional interventions, before they are enacted.

Information about informed consent is usually provided to clients in writing and clients read and sign the informed consent form. Informed consent can however be provided orally or in a combination of writing and orally. If provided orally, the counsellor needs to report that informed consent was given verbally in the client's case notes or clinical record.

To give informed consent, the recipient needs to have the capacity, intellectually and emotionally, to understand what it means.

The counsellor explains informed consent in a clear and developmentally manner, continually checking in with the client that they understands it and agrees to it.

Minor children involved in counselling give assent and their parents or guardians have the right to give their consent.

SAMPLE PRACTICE CONTRACT (IVEY, IVEY, & ZALAQUETT, 2014, P. 36)
The following is a sample contract for you to adapt for practice sessions with volunteer clients. If you are working with a minor, add that the form must be signed by a parent/guardian).

Dear Friend,

I am a student in counselling skills at James Cook University. I am required to practice counselling skills with volunteers. I appreciate your willingness to work with me on my class assignments.

You may choose to talk about topics of real concern to you, or you may prefer to role-play an issue that does not necessarily relate to you. Please let me know before we start whether you are talking about yourself or role-playing.

Here are some important dimensions of our work together:

Confidentiality: As a student, I cannot offer any form of legal confidentiality. However, anything you say to me in the practice session will remain confidential, except for certain exceptions that state law requires me to report. Even as a student, I must report (1) a serious issue of harm to yourself; (2) indications of child abuse or neglect; (3) other special conditions as required by our state [insert as appropriate].

Audio and/or Video Recording: I will be recording our sessions for my personal listening and learning. If you become uncomfortable at any time, we can turn off the recorder. The recording may be shared with my supervisor [insert name and phone number of professor or supervisor] and/or students in my class. You'll find that recording does not affect our practice session so long as you and I are comfortable. Without additional permission, recordings and any written transcripts are destroyed at the end of the course.

Boundaries of Competence: I am an inexperienced counsellor; I cannot do formal counselling. This practice session helps me learn helping skills. I need feedback from you about my performance and what you find helpful. I may give you a form that asks you to evaluate how helpful I was.

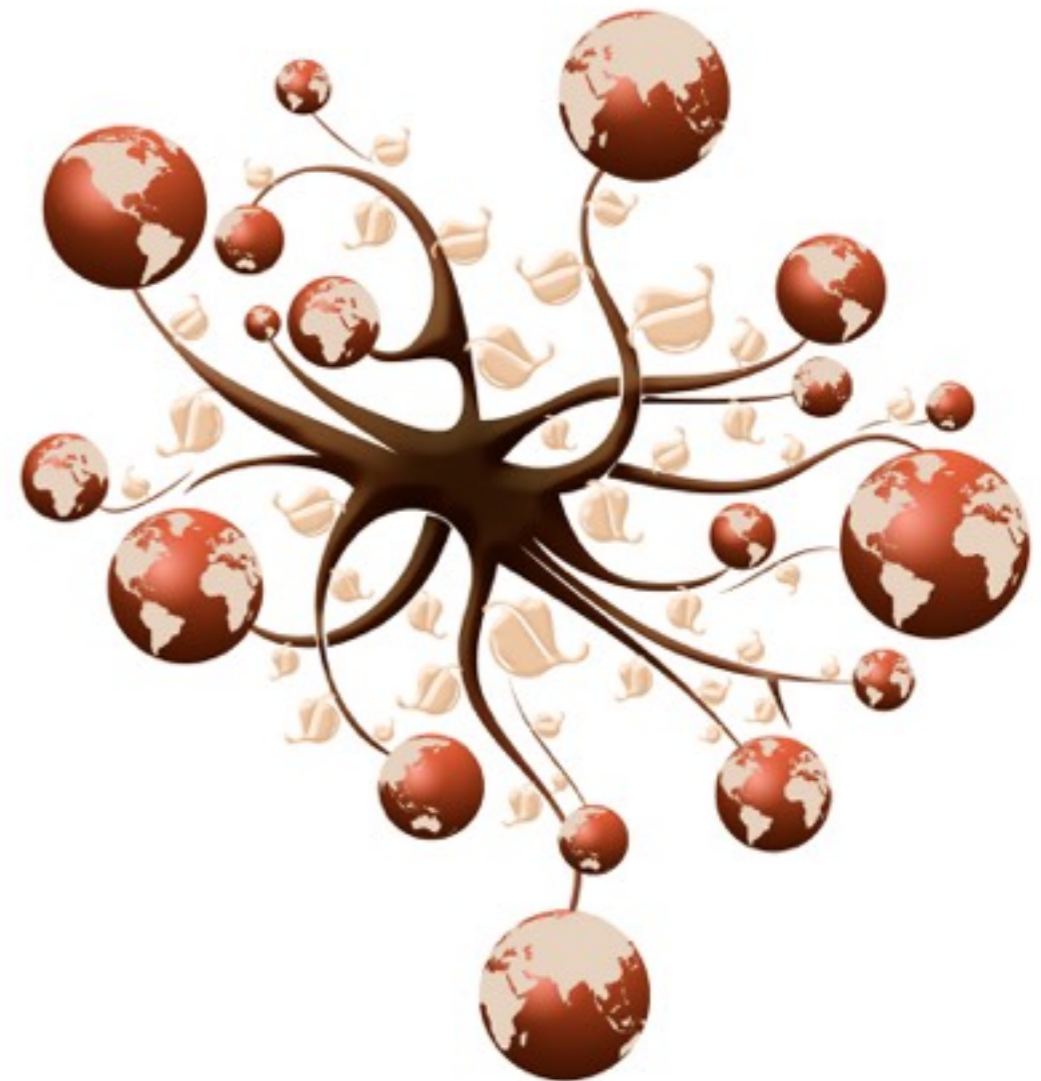
Volunteer Client

Counsellor

Date: _____

QUESTIONS FOR REFLECTION

- What does the informed consent process involve?
- What information is described to clients? Why is this important in counselling?
- How often is informed consent presented to clients during the counselling process?



SECTION 6

Mutual Relationships and Boundary Issues

WHAT DOES THIS MEAN?

Mutual relationships refers to having more than one relationship with the client.

Counsellors need to be cautious about entering into more than one relationship with their clients unless “there is sound clinical justification for doing so, and it is good practice to document precautions practitioners take to protect clients when such relationships are unavoidable” (Corey, et al., 2015, p. 258). For example, living in a rural or remote township may mean the counsellor comes into contact with clients in the community at school events and in the shops. While these social interactions are not unethical, they do warrant scrutiny. The counsellor must always avoid exploitation of the client: “an action by a counselor that benefits the counselor while it compromises the best interests of a client” (Cottone & Tarvydas, 2007, p. 36).

Sexual intimacy between counselors and clients is considered unethical, unprofessional, immoral, and illegal (Corey, et al., 2015, p. 12)



QUESTIONS FOR REFLECTION: *The following self-study is sourced from Gerald Corey (2015), An approach to teaching ethics in counseling. Instructor notes, p. 61.*

- **Location:** Assume your client asks you to move his or her counseling sessions to a café in a shopping mall as it is a more convenient location for them. What is your thinking? What ethical issues would you explore in this client? Explain how you would proceed considering the ethical issues involved.
- **Bartering:** Your client works in a health massage business. Finding the financial strain of paying for counseling sessions overwhelming, your client proposes a solution: free massages in return for counselling sessions. What is your thinking? What ethical issues would you explore in this client? Explain how you would proceed considering the ethical issues involved.
- **Sexual Attraction:** Assume one of your clients informs you that he or she finds you sexually attractive. What is your thinking? What ethical issues would you explore in this client? Explain how you would proceed considering the ethical issues involved.
- **Gift Giving:** Your client brings in gifts from his or her garden every session. What is your thinking on gift giving? What is your thinking? What ethical issues would you explore in this client? Explain how you would proceed considering the ethical issues involved.



SECTION 7

Application

WHERE TO FROM HERE?

Journal your learning: Continue to engage with your learning journal that you started in chapter two.

CHAPTER 4: NOTES significant insights for me from this chapter



Use this section to record any chapter notes

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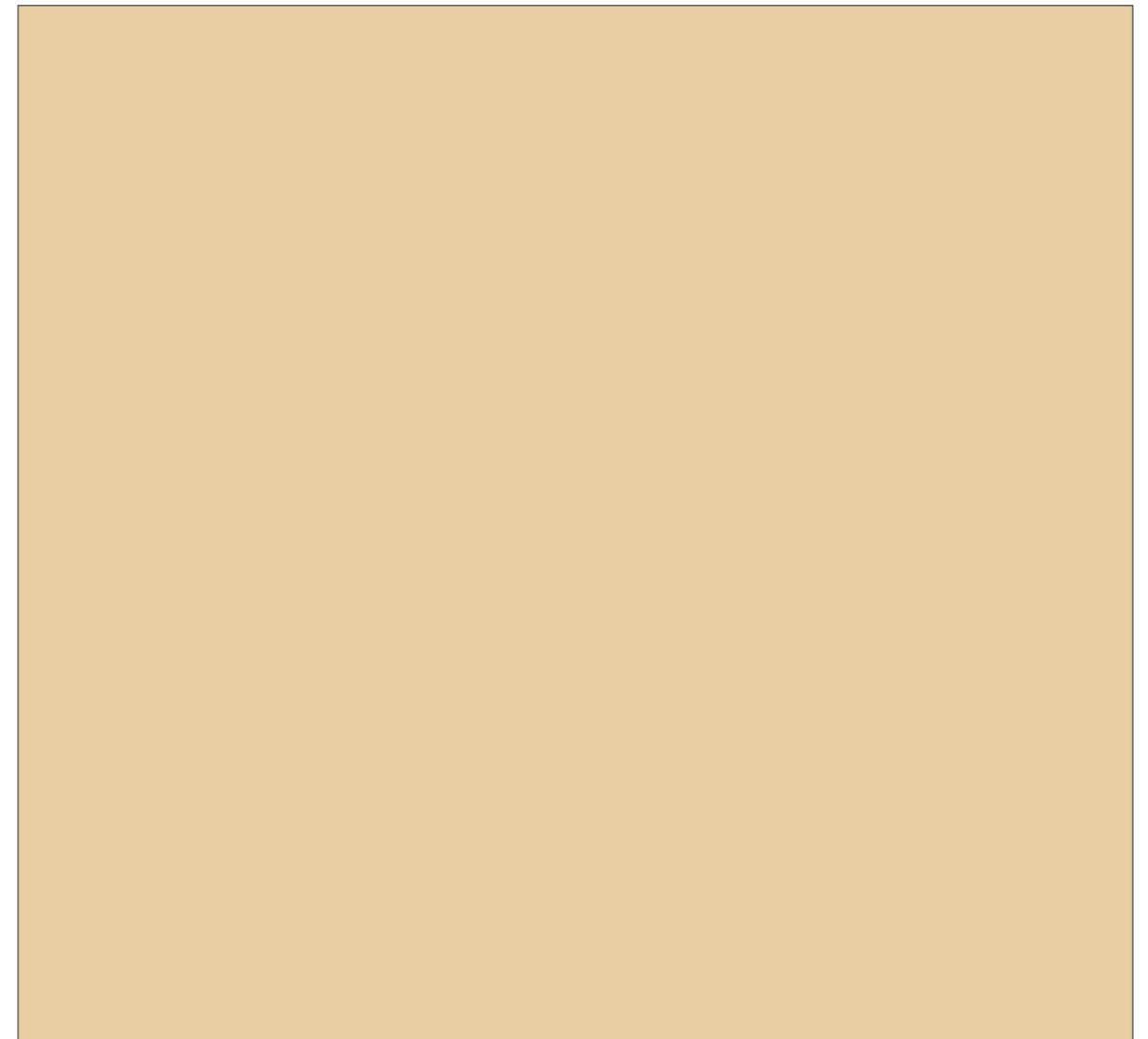
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Ethics in Practice

The transition from ethical student to ethical practitioner.

This chapter explores ethics in the workplace; ethics with children and young people; ethics and the legal system; how to make ethical decisions; and ethics as a form of personal and professional development. The tools offered here are designed to support you in transitioning from your higher education studies to ethical counselling in the field. Your knowledge, understandings and skills as an ethical student will provide you with a solid foundation for transitioning, and this chapter offers you practical next steps.



Introduction

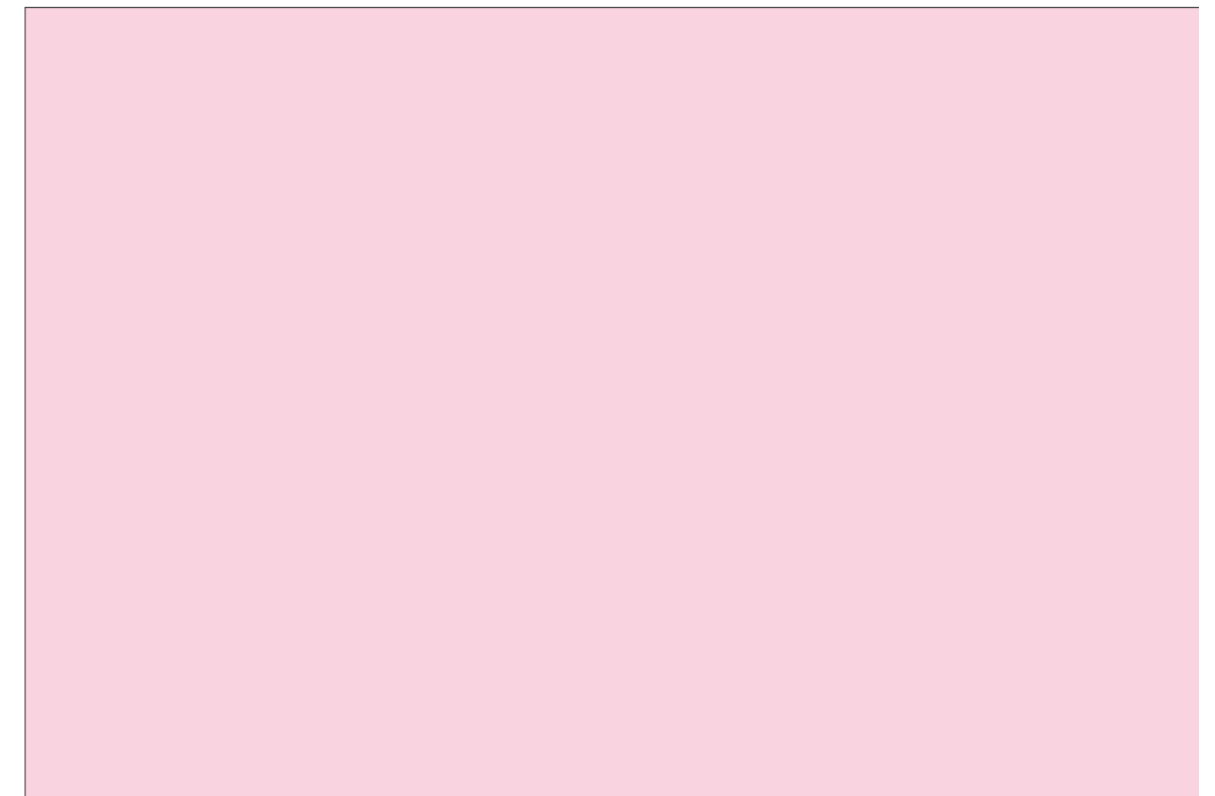
You now have a solid overview of how to be an ethical student, however, you probably don't plan on being nothing but a student for the rest of your life. This chapter is about helping you prepare to be an ethical practitioner in the Guidance Counseling and Career Development world.

For an overview on ethics and how they apply to you, please visit:

- Australian Counselling Association (2016):
<https://www.theaca.net.au/documents/ACA%20Scope%20of%20Practice%20for%20Registered%20Counsellors%202016.pdf>
- Singapore Association of Counselling:
<http://sacsingapore.org/about/ethics-manual-of-procedures>
- Ethical Framework for Good Practice in Counselling and Psychotherapy (2010):
<http://ethics.iit.edu/ecodes/node/5132> (Illinois Institute of Technology, 2011).

There's an old joke that goes something like this: if professionals spend so much time and money learning how to do their jobs, why do they call it practice?! While the irony is certainly

humorous, there may be hidden wisdom here. One of the keys to being an ethical practitioner is knowing your strengths and limitations. It is not possible for any one person to know all there is to know about counselling and career development, yet it is more than possible to commit to lifelong learning. This is the idea behind Continuing Professional Education (CPE), which is a requirement for membership to many professional organisations. As an ethical practitioner, you could well think of what you do as “practise”, that is, an opportunity to refine your skills and learn how to better support your clients. If you consider the inspirational figures in your life, most of them will be living by this idea: to continue learning, developing and practising every single day. You, too, can take this approach – to your professional role as a whole, and to your practise of ethics.



SECTION TWO

Ethics in the Workplace

So far you have learned a lot about ethical practices as a higher education student. Many of you will go on to practice counselling and guidance counselling in the education sector, and much of what we have already covered will be valuable to you in helping your clients engage ethically in their lifeworlds. Having said this, as an employee, contractor, or even private practitioner, there are new ethical considerations to understand and be familiar with as you move out of your official 'student' role.

One of the key differences is that your ethical decisions are highly likely to impact your clients in the workplace. As both the Australian Counselling Association Code of Ethics and Practice and the Singapore Association of Counselling Code of Ethics remind us, it is important that we do not negatively impact our client via our professional decisions (Australian Counselling Association, 2015; Singapore Association for Counselling, 2018). This means that we must be even more mindful of what effects our decisions may have.

Questions to ponder:

- If I choose not to offer access to an interpreting service, how might this affect my clients?

- If I choose to upload client files to an electronic server, how might this impact client security?
- If I have a waiting room with windows which can be easily seen into, how might this impact the level of comfort, safety and anonymity my clients may feel? If this is the set-up in my workplace, what could I do to change this? (You may consider adding some potted plants with broad leaves, or you may attach posters and artwork to the windows.)



SECTION THREE

Policies and Guidelines

As you move into the profession, you will find that most employers or organisations have Policy and Guideline documents to guide the way you act and operate in the workplace. To learn more about policies and procedures (including the difference between the two), view this link:

<https://etraining.communitydoor.org.au/mod/page/view.php?id=62>.

As an employee or contractor, it is important that you read the Policy and Procedure manual (or equivalent) for your workplace, and understand what it says. If you have questions, you need to follow up with your supervisor, manager, mentor or buddy. By agreeing to support clients in your place of work, you are informally agreeing to abide by the Policy and Procedure manual. You may even formally agree to this in your employment contract.

SECTION FOUR

Workplace Culture

What is culture? Culture is the behaviour, customs, and ideas a group of people adopt in their specific interactions or environment. This collective agreement is usually informal, though it may be formalised with Codes of Conduct, Member Policies or other documents.

Each workplace has its own culture, such as where people eat; what they talk about together; how they acknowledge celebrations, special events and holidays; what is suitable attire for the workplace; and other agreements about how to act and interact. If the workplace culture is similar to your own culture, you may hardly notice the transition. If, however, the workplace culture is different to your own, you may be very aware of some aspects of it. For example, if you live in a tropical climate and are used to wearing shorts and a t-shirt, a workplace culture that includes wearing a suit and tie may feel very foreign to you. Regardless of whether the workplace culture is familiar to you or not, it will have an impact upon both you and your clients.

Questions to ponder:

If people in my workplace talk about the footy at lunch, and I don't follow footy, how might this culture affect me?

If people wore suits and ties in my workplace, how might this affect a client who lives in a remote/island community?

If my workplace decorates its counselling spaces for Christmas, how might these decorations resonate with my clients?

Remember, it is your ethical responsibility as a counsellor to ensure you support the empowerment, autonomy and wellbeing of your clients to the best of your ability (Australian Counselling Association, 2015; Singapore Association for Counselling, 2018).

SECTION FIVE

Ethics with Youth and Children

The United Nations Universal Declaration of Human Rights states clearly that adults and carers have special ethical obligations to protect and support the safe development of children (United Nations, 1948). As a Guidance Counsellor or Counsellor, it is highly likely that you will work with children at some point during your career, perhaps even daily! Special consideration is required to ensure the ethical treatment of youth and children in the Guidance Counselling and Career Development arena.

It is unethical for a counsellor to work with a client without receiving 'consent'. Children who are not legally responsible for themselves cannot give consent, therefore consent must be obtained from a legal guardian (often the child's parent/s or guardians). However, it is also unethical for a counsellor to work with a client without the client's permission. This is where assent comes in. 'Assent' is the child's agreement to participate in counselling. This is not legal permission; it is designed to empower the child and fosters their autonomy. A conversation requesting assent may sound like the following:

Counsellor: Hi there, thanks for coming to see me today. Your dad signed this form to say it's alright for us to meet together, and he's comfortable with it. It's important to me that you are comfortable with this too. We've talked about what we might do in counselling together, how do you feel about that?

Child: Okay.

Counsellor: Are you happy to sit and talk with me today?

Child: Yes.

Counsellor: If you change your mind, or if you feel uncomfortable at any point, please just let me know, okay?

Child: Okay.

Questions to ponder:

How might consent support a client?

How does assent support a client?

What, if any, impact might culture have on attaining consent and assent with culturally diverse clients?

How important do you think each is, and why?

SECTION SIX

Ethics and the Legal System

Ideally, what happens in a counselling session stays between the counsellor and the client/s, however this is not always the case.

During your counsellor education training, you will have explained to role-play and practicum clients that you are still a student and your supervisor/assessor may review the sessions you conduct with your clients. In the workplace, there are also situations in which you may be required to discuss what happens in counselling sessions with your clients. Some of these situations include:

- If your client asks you to provide background to another practitioner
- If your client is a legal minor or has an Enduring Power of Attorney (legal carer/guardian) who you need to be informed regarding the client's progress
- If you are concerned that your client, or another person, is at risk of harm
- If you, or your clinical records are subpoenaed for a court case

In all cases, it is highly recommended that you discuss any disclosure with your client first, including the reason for it, and

obtain their written permission to proceed. Laws regarding disclosure for potential risk of harm, and for court cases, are different depending on where you work. Do ensure you have a clear understanding of the law where you operate. If in doubt, speak to your supervisor or a representative of the Australian Counselling Association or Singapore Association for Counselling.



SECTION SEVEN

Ethics for Client, Ethics for Self

Kohlberg (1976) presents three levels of ethical practice: pre-conventional, conventional and principled. These are explained in the table below (Kohlberg, 1976).

1. Preconventional	Adhering to rules to avoid punishment, or only because it is in your best interest.
2. Conventional	Adhering to expectations of people/ organisations close to you; fulfilling obligations to which you have agreed.
3. Principled	Valuing the rights of individuals and groups based on basic human rights (e.g., United Nations' Universal Declaration of Human Rights) rather than culture or convention, or even in spite of legal rules.

Counsellors, Guidance Counsellors and career practitioners are only required to operate at the second level – conventional - to meet industry standards. However, it is hoped that, as conscientious practitioners, we will aspire to move beyond this standard and willingly approach ethics as something

more than a way of keeping ourselves out of professional strife.

In the busyness of passing your current course, it may not yet be obvious to you that ethics does not just impact our work, ethics impacts us as practitioners. The ethical decisions we make shape our practice, and our person – ideally our ways of thinking and being change for the better with our ethical explorations. The philosopher-theorist Foucault suggests that this evolution of self could be seen as a form of art, and a way of creating beauty in and with our lives (Foucault, 2000).

Ethics and aesthetics converge...in order to minimise the possibility of therapeutic knowledge assuming the status of truth, and of therapeutic power and privilege becoming a form of domination (Linnell, 2004).

Professional Codes for guidance and counselling state that counsellors need to empower their clients through the ethical decision-making process (Australian Counselling Association, 2015; Singapore Association for Counselling, 2018). Applying ethics as a tool for empowering clients can certainly generate positive impact on the quality of our practice. Approaching ethics as a tool for empowering both clients and counsellor can generate positive impacts in all areas of our life.

By accepting Foucault's challenge to create our whole life as a work of beauty, we as counselling practitioners graduate from the science of ethics, to the art of ethics (Ivey, Ivey, & Zalaquett, 2018). We are now operating at, or at least much

closer to, the third level of ethics – principled ethics. Our decisions help to fulfil the potential of, not only our clients, but us too – in both our professional and private lives.

The following questions for pondering are based on Foucault's four pillars of ethical self development (Foucault, 2000, pp. 263-269).

- What areas in my life could I develop in order to live as a more congruent role model for my clients? What steps could I take towards this development?
- On a scale of 0-10, how strongly am I inspired to practice the Code of Ethics for my professional organisation? What factors contribute to this score? What might cause me to become less inspired? What might cause me to become more inspired? How do my peers contribute to my level of inspiration?
- What practices are required for me to reach and maintain an appropriate level of ethical practice? Are these practices currently a part of my daily life? Why/why not? Would the practices I have described lead me to operate at level 1, 2 or 3 in Kohlberg's scale of ethics?
- Who are the practitioners I admire or aspire to be like? Who has inspired me in my professional life? What ethical practices do they use? How has this shaped their practice?

Additional questions for pondering include:

If I were aiming to practice at a Principled ethical level, in what situations might I be challenged to not follow the law for the empowerment of my client? (For example - If called upon to testify in court; if legally required to report a minor for an empowering decision which may not be legal)

How might I respond in such a situation?

From whom could I seek guidance?

SECTION EIGHT

Decision-Making Frameworks

While Codes of Practice, Policies and Guidelines may guide you in how to practice ethically, they will not cover every eventuality. As a counsellor or Guidance Officer, there will be times when you have to make decisions on the most appropriate ethical course of action. By now, you may have realised that engaging in ethical decision-making can be complex, and certainly requires careful consideration and intentional deliberation.

Thankfully, decision-making frameworks have been developed to help with the process. As a practitioner in the field, it is likely the most useful frameworks for you will combine elements of theoretical and practical focus, supporting you to consider both the decision itself, as well as its impact. It is very important to explore expected outcomes of any ethical decision you engage with. For example, the decision to disclose a report of potential harm may mean a client is no longer willing to see you professionally – will this put your client at risk? Quality decision making frameworks will inform you to explore the most appropriate course of action based on current and future considerations and contexts.

One of the earliest decision-making framework presented to the counselling world was that published by Kitchener in 1984, based on earlier moral and ethical writings (Cottone &

Tarvydas, 2007). Since that time, many different models have been proposed, investigating ethical decision-making from various points of view, and to differing depths. While it is not possible for us to review every ethical decision-making framework available to the practitioner, we will explore one fairly recent, evidence-informed, integrative model.



The Tarvydas Integrative Decision-Making Model of Ethical Behaviour is based on four stages, each comprising several components for the practitioner to follow.

Stage II	Interpreting the situation through awareness and fact finding
Component 1	Enhance sensitivity and awareness
Component 2	Determine the major stakeholders and their ethical claims in the situation
Component 3	Engage in the fact-finding process
Stage II	Formulating an ethical decision
Component 1	Review the problem or dilemma
Component 2	Determine what ethical codes, laws, ethical principles, and institutional policies and procedures exist that apply to the dilemma
Component 3	Generate possible and probable courses of action
Component 4	Consider potential positive and negative consequences for each course of action
Component 5	Consult with supervisors and other knowledgeable professionals
Component 6	Select the best ethical source of action

Stage III	Selecting an action by weighing competing normal values, personal blind spots, or prejudices
Component 1	Engage in reflective recognition and analysis of competing normal values, personal blind spots, or prejudices
Component 2	Consider contextual influences on values selection at the collegial, team, institutional, and societal levels
Component 3	Select the preferred course of action
Stage IV	Planning and executing the preferred course of action
Component 1	Figure out a reasonable sequence of specific actions to be taken
Component 2	Anticipate and work out personal and contextual barriers to effective execution of the plan of action and effective countermeasures for them
Component 3	Carry out, document and evaluate the course of action as planned

While the model presents a comprehensive guide to the decision-making process, it may well be enhanced by clarifying Stage II Component 4 as follows, “Consider potential positive and negative consequences for each course of action, including likely long-term outcomes for each” (Italics added) (Cottone & Tarvydas, 2007, p. 92).

One of the key aspects of this model is that it encourages consideration of diverse cultural factors and impacts beyond the individual client and practitioner. This adds validity to the multicultural dimension of ethical analysis; building and consolidating multicultural competence, an essential skill for all practitioners (Corey, 2017; Ivey, Ivey, & Zalaquett, 2018). These considerations can generate improved commitment to exploring possible actions, as well as greater buy in for those involved with the process.

While the presence of a decision-making framework is helpful, it is the act of putting it into practice that truly benefits the counsellor and their clients. In fact, the more familiar a framework is to a counsellor, the more successfully and easefully they can utilise it. Try using the Tarvydas Integrative Decision-Making Model of Ethical Behaviour to explore the following multicultural case studies.

Application - Case Studies

Case Study One

You are working as a Guidance Officer in a public school. A student comes to see you, saying they feel like their family is forcing them to follow a particular faith tradition. They ask for your help.

- i. How would you respond to the student?
- ii. What ethical considerations may need to be taken into account?
- iii. What information would you like from the student?
- iv. Are there other professionals or support people you could involve in this situation?

Case Study Two

You are working as a Guidance Office in a secondary school. An eighteen year old student comes to see you for the first time, just prior to graduating. The student tells you they are deeply attracted to you and asks to meet you for coffee in a local café next year once they are no longer a student at the school.

- i. How do you respond to the student?
- ii. What considerations would you have to take into account?

- iii. Does it make any difference to your approach if the student is the same gender as you; the opposite gender to you; or is in a gender-questioning situation?

Case Study Three

You are working as a Guidance Officer in a primary school. The parents of a student have given signed consent for a young student to meet with you. When you explain consent and assent to the student and ask whether they are happy to give their assent to your sessions together, the student says “no”.

- i. How do you respond to the student?
- ii. What might be required in this situation?
- iii. How can you support this student’s empowerment and right to choice?

Case Study Four

You are working as an independent career counsellor. A client comes to see you, saying she wants to leave her current position and start a new company in the same industry. She is currently in partnership with her sister in a bakery. The client feels her sister is controlling, overly demanding, and is bullying her. She loves running the bakery and doesn’t want to leave this type of work, but can’t stand another day with her sister in the shop.

- i. How would you respond to this client?

- ii. What are your main considerations?
- iii. What additional considerations are present in this situation?
- iv. Can you advise her on the legal side of dissolving a business partnership? Would you need help with this? What other specialist/expert advice might be important to consult with/pursue in this situation?

Case Study Five

You are working as a career and community counsellor. A young couple comes to see you. The husband has just been accepted into his first job as a Chartered Accountant. The wife is six weeks pregnant with their first child and has resigned from her role as an outdoor education leader. He has suddenly realised that he doesn't want to be an accountant, he wants to return to university and study music production. The wife is worried that they will not be able to afford to raise their child if he quits his job. The husband wants to abort the baby and pursue music production. The wife wants to keep the child and help the husband find a way to pursue music in addition to his new accountancy position.

- i. How would you respond to this couple?
- ii. What are your personal views on abortion? How much impact would these views have on your approach to these clients? How might you approach this possible impact?

- iii. How would you approach the husband's career goals?
- iv. What advice or exploration would you encourage for the wife?
- v. What are your views on marriage and how spouses relate to each other? Do you have ethical blind spots that you are aware of? How much impact would these views (including blind spots) have on your approach to these clients? How might you proceed?
- vi. Working with this couple, what might your main goal be for these clients? What might your plan be for identifying and prioritising this goal?

Case Study Six

You are working as a counsellor. A friend sees you at a social gathering and asks whether you would take him/her on as a client. Your friend is experiencing high levels of stress and asks for advice. They explain that they want you, as a professional counsellor, to resolve a problem for them.

- i. How would you respond to the friend? Consider the habitual practice of giving advice.
- ii. How might you set personal and professional boundaries with this friend?
- iii. Consider boundary crossing and boundary violation. A boundary crossing is a departure from a com-

monly accepted practice that might benefit the client. A boundary violation is a serious breach of ethics that can harm the client.

iv. How might your response differ if your friend was a newly resettled political refugee? What other resources might be available (keep in mind that minority support groups are frequently populated by people who already know each other well, such as family members and close friends)?

Case Study Seven

An Asian student approaches a career counsellor at their higher education institution regarding some academic challenges. The student, raised in a collectivist culture, is expected to work with individualist values, such as independence, interdependence, self-reliance and assertiveness. Your client is keen to work in this way, however they are struggling to contribute meaningfully in group activities and thinks they may be letting their peers down. The student requests help in developing individualist skills in a way that is meaningful to them with their cultural background.

- i. How might you tailor your response in a diversity-sensitive way, and why would you respond in this manner?
- ii. What skills would you focus on teaching this student, and how would you go about supporting this stu-

dent to transfer the skills beyond the counselling sessions?

iii. How might you take up the opportunity for counsellor self-disclosure, sharing constructively some of your experiences with clients, in this case study?

Case Study Eight

You are working as a private counsellor. A client comes to see you regarding his work situation. He thinks he is being overlooked for promotion due to his ethnic background.

- i. How would you respond to this client?
- ii. What key information would you be looking for prior to deciding how to work with this client?
- iii. What role might advocacy – both self-advocacy and client-advocacy – have in this case?
- iv. How might your response differ if the client is of the majority ethnicity and his workplace is predominately minority ethnicity?
- v. How might the RESPECTFUL model (Ivey, Ivey, & Zalaquett, 2018) be a useful strategy to enact with the client in this case study?
- vi. As a counsellor, classify the diverse strategies you employ to be open and self-reflective through each of these case studies. How have these strategies sup-

ported you to put your clients' needs before your own?
 Were mandatory ethics, aspirational ethics and/or
 positive ethics at play through your ethical delibera-
 tions?

Ethics Word Search One

R	L	A	D	C	E	B	M	O	R	A	L	S
I	N	E	V	O	T	I	A	D	V	I	C	E
N	O	M	O	U	H	M	N	P	I	N	S	A
E	N	P	C	R	I	E	D	T	S	B	U	K
F	M	O	A	N	C	E	A	P	U	S	P	C
R	A	C	C	O	U	N	T	A	B	L	E	A
A	L	H	Y	T	L	E	O	H	U	E	R	N
M	E	E	B	L	P	G	R	L	I	S	V	V
E	F	I	A	V	R	T	Y	K	L	C	I	O
W	I	C	E	R	I	H	P	N	N	O	S	C
O	C	L	I	E	N	T	R	I	E	U	O	D
R	E	S	P	E	C	T	F	U	L	N	R	I
K	N	U	I	D	I	O	U	B	N	S	L	D
T	C	P	E	M	P	O	W	E	R	E	D	R
E	E	O	R	D	A	R	I	S	L	L	I	T
L	K	W	C	U	L	T	U	R	E	L	H	A
C	H	O	I	C	E	R	E	S	P	O	T	I
H	G	G	U	I	D	A	N	C	E	R	E	P

- | | | |
|------------|----------------|------------|
| Client | Risk | Respectful |
| Counsellor | Acted | Supervisor |
| Guidance | Nonmaleficence | Principled |
| Morals | Accountable | Choice |
| Learn | Ethics | Empowered |
| Culture | Advocacy | Advice |
| Framework | Mandatory | |

Ethics Word Search Two



Preconventional	Prejudices	Assent	Work
Conventional	Training	Guardian	Codes
Principled	Policy	Children	Law
Decision	Developing	Youth	Student
Knowledge	Procedure	Culture	Right
Practice	Support	Confidential	
Dilemma	Consent	Legal	

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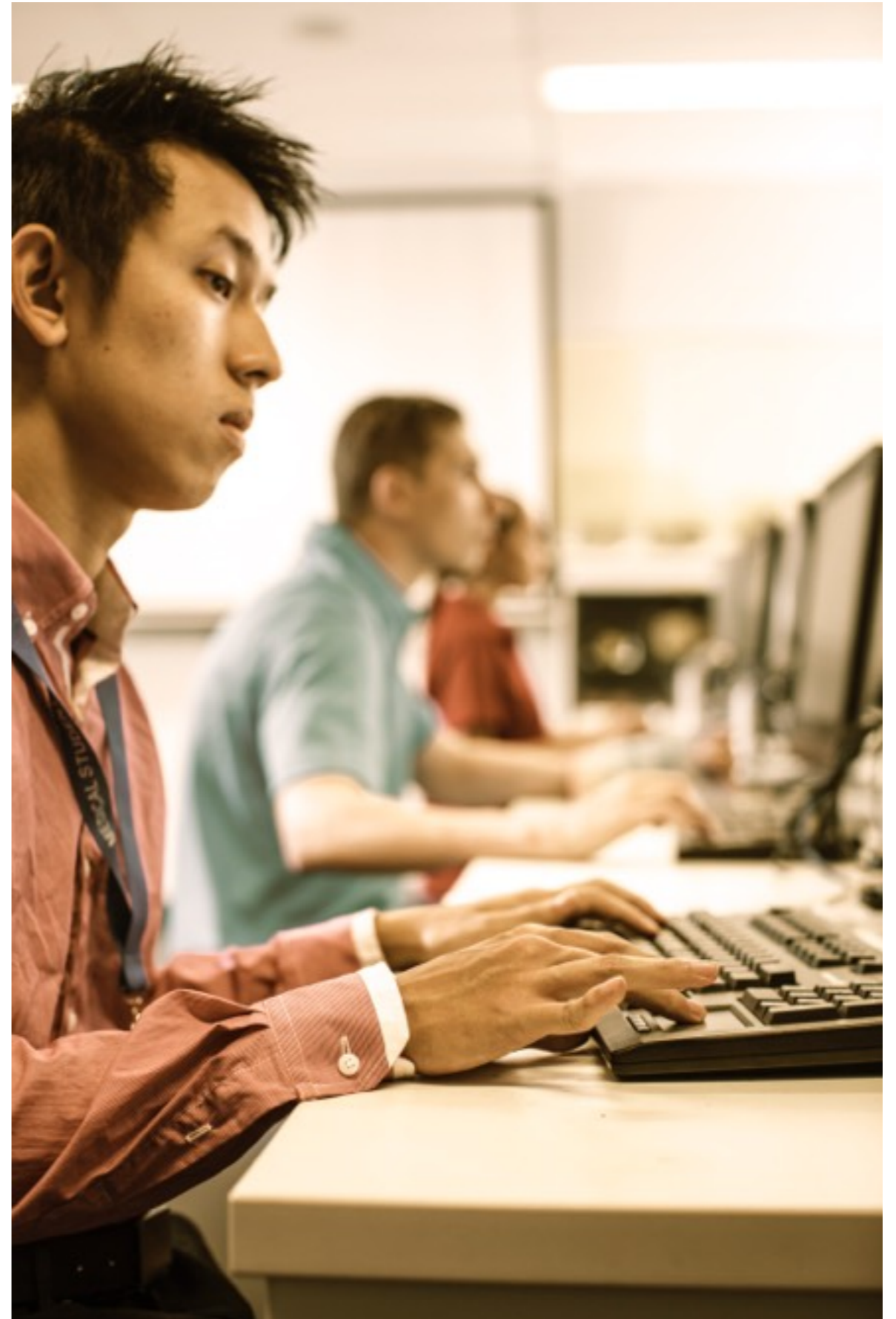
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Guidance and Counselling and Career Development Student Work

This section is especially designed, for you the student within the guidance and counselling and career development course to assist you through your assessment tasks and provide a space for you to publish your work.

We look forward to developing this space with you. This section is designed to showcase student work. Resources and materials provided in this e-book also link to subjects and assessment tasks. As students, there is space in this e-book to publish your work as part of your assessment tasks.



SECTION 1

ED5862 Foundations of Counselling Theory

LEARNING OUTCOMES

- Students must evaluate major theories of counselling, including Psychodynamic, Existential, Cognitive Behavioural, Career Development, Post-Modern approaches to counselling and the influence of neuroscience with counselling. From critical analysis of the major theories of counselling, students are expected to begin to formulate an integrated personal theory of counselling;
- Students will demonstrate deep and critical understanding of the theoretical origins and concepts underpinning current approaches of counselling and their application to the guidance and counselling field, including career development. This includes demonstrating understanding and reflection of the learning issues and intercultural applications relating to the tropics, sustainability, and Indigenous, rural and regional wellbeing;
- Students will critically review, analyse and synthesize ethical reasoning principles as outlined in the Professional Standards for Career Development Practitioners of the Australian Career Development Practitioners of the Career Industry Council of Australia and the Professional Standards of the Australian Counselling Association and their Code of Ethics and Practice, and the Singapore Association for Counselling and their Code of Ethics;
- Students must demonstrate advanced oral, written, listening, literacy and advocacy skills to interpret, evaluate and justify complex ideas and professional and professional judgements to both specialist and non-specialist stakeholders;
- students will demonstrate sophisticated problem- solving skills in order to develop solutions to a range of career development and guidance and counselling contexts.

ENGAGING AND ANALYSING ETHICAL DECISION MAKING IN COUNSELLING

Keep watching this space - students' work may be published here.

SECTION 2

ED5863 Foundations of Counselling Practice

LEARNING OUTCOMES

- Students must demonstrate proficiency using different counselling and communication styles in order to begin to develop their personal counselling and interviewing techniques;
- students will be proficient in interpretation, evaluation and justification of different counselling perspectives and demonstrate advanced oral, listening, writing and advocacy skills, required of a professional working in the guidance and counselling and career development fields;
- Students must demonstrate advance problem solving, objectivity, and judgement skills in working with clients with complex life issues and demonstrate communication proficiency with both specialist and non-specialist stakeholders;
- Students will demonstrate advanced and integrated understanding and proficiency using basic counselling microskills as presented by Ivey and Iveys Five Stage Interview Structure and Microskills Hierarchy: A Pyramid for Building Cultural Intentionality. Students will apply this framework to a variety of counselling scenarios and interviewing;
- students will demonstrate self-reflection and critical self-evaluation of their assumptions, attitudes, beliefs, values, prejudices and biases in order to demonstrate cultural intentionality in well-constructed counselling sessions that enhance their ability to work effectively with clients from a multicultural perspective;
- Students must demonstrate knowledge of the current legislation (eg.informed consent, Privacy Act) and ethical requirements outlined in the Code of Ethics in the Australian Counselling Association and the Singapore Association for Counselling.

E-Journal Article: Ethical considerations in counselling
practice

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ED5863 – Foundations of Counselling Practice

31st March, 2016

Abstract

Professional codes and standards provide a framework for counsellors as they seek to act ethically in a multicultural society. This article examines how codes from three peak counselling bodies in Australia and Singapore; the Australian Counselling Association (ACA), the Career Industry Council of Australia (CICA) and the Singapore Association for Counselling (SAC), address the areas of client counsellor relationship, counsellor obligations and professional identity. As these codes often lack specificity in relation to ethical dilemmas, further clarification is sought by reviewing the five ethical principles in which the codes are grounded; autonomy, nonmaleficence, beneficence, justice and fidelity. Tensions existing within principles are explored, as is the role of supervisor and peer collaboration in ethical decision making. It is argued that a rational approach which combines examination of codes, principles and literature, and collaboration with supervisors and peers, in combination with intuitive moral reasoning, is required to determine the most ethical course of action.

Keywords: ethics, codes, counselling, principles, dilemmas

Counselling is a helping profession and, as such, counsellors have a responsibility to behave ethically in dealings with their clients, their colleagues and the community at large. In order to provide a framework for ethical practice, counselling bodies have created ethical codes, practices and professional standards. This article examines how codes from three peak counselling bodies in Australia and Singapore; the Australian Counselling Association (ACA), the Career Industry Council of Australia (CICA) and the Singapore Association for Counselling (SAC), address the areas of client counsellor relationship, counsellor obligations and professional identity. While providing a guide, these codes often lack specificity in dealing with counselling issues, so the ethical principles in which they are grounded will also be examined. They are: autonomy, non-maleficence, beneficence, justice and fidelity. It will be demonstrated that tension between these principles is inevitable, therefore counsellors must also rely on their own judgements about what constitutes the most ethical course of action. To do this, the culturally intentional counsellor will seek to be aware of their own culture and how this effects their moral reasoning. Collaboration with supervisors and peers is critical in this process as it helps the counsellor to identify any potential blind spots, to provide support and accountability, and to ensure that the decision the counsellor reaches really is in the best interest of their clients.

Client Counsellor Relationship

Kitchener (1984) argues that, in order to act ethically, counsellors needed to combine intuitive moral reasoning with rational deliberation (critical-evaluative level) (p. 45). This is because a counsellor's moral judgment is based on their experience and beliefs and thus, can vary greatly. Also because, in some cases, the counsellor's moral judgment does not lead to any clear course of action (Kitchener, 1984, p. 45). Kitchener's critical-evaluative level of reasoning involves consulting ethical codes and standards, ethical principles and ethical theories (1984, p. 45).

Robson, Cook, Hunt, Alred and Robson (2010) argue that, even after this rational reflection, counsellors are often confronted with competing ethical principles. The counsellor must decide which one should have 'primacy' and this is based on the counsellor's philosophical assumptions about which principle is most important at the time (p. 545). In order to be accountable for these decisions, and to ensure that the counsellor is acting in the best interest of the client, their intuitive reasoning must be held up for examination by supervisors and peers (Robson et al., 2010, p. 545). It is important to recognise that, in any ethical decision making process, there is a constant and complex interplay between rational reflection and intuitive moral reasoning.

The client counsellor relationship is fundamental to the counselling process. The ACA code (2013) describes it as "...the foremost ethical concern" (p. 4). Clients are more likely to honestly share their stories if they feel safe and respected.

The ACA code (2013) instructs counsellors to develop an empowering relationship without offering advice (p. 3). The CICA code (2011) states that counsellors must accept the rights of the individual to make independent choices (3.3.2.a) and that the counsellor "...refrain from consciously dictating to, judging or coercing client choices, values, lifestyles, plans or beliefs" (3.3.1).

Underlying these is the ethical principle of autonomy. It is described by Corey, Corey and Callanan (2015) as "...the freedom of clients to be self-governing within their social and cultural framework" (p. 18). According to Geldard and Geldard (2012), giving advice can be counterproductive to autonomy because humans resist advice and because the client comes to see the counsellor as an expert, thus diminishing their own self-reliance (p. 9).

But are there any situations where giving advice would be appropriate?

Consider the case of road trauma where an intoxicated pedestrian has run out into traffic and been hit by an oncoming vehicle. The driver of the vehicle may be severely traumatised, in shock and unable to construct an accurate picture of what has happened. They may be fixating on a certain feeling or facet of the event which is not conducive to their long term emotional or mental health. In this situation, a counsellor may deem it necessary, in order to promote future autonomy and avoid doing further harm, to take a directive approach and re-construct the story on behalf of the client so that they can process the situation with a greater degree of accuracy.

Here the ethical principle of beneficence may be seen as outweighing the principle of autonomy in order to uphold the principle of nonmaleficence. The ethical principle of beneficence involves seeking to do what is in the best interest of the client; putting their welfare and needs at the fore. Simply described, beneficence is the obligation to benefit others (Jenkins & Gillon, 1993, p. 49). Nonmaleficence means, literally translated, “First, do no harm” (Welfel, 2010, p. 44). In the above example, the counsellor reconstructs the story on behalf of the client because they are not rationally able to do so, and because it will benefit the client in the long term and avoid any further harm that may come from fixating on negative aspects of the accident.

Kitchener (1984) confirms this restriction on autonomy by explaining that the autonomous person must have “...

the ability to make competent and rational decisions” (p. 46). She also goes on to state that a person does not have the right to infringe on the autonomy of others or cause them harm (p. 46). Welfel (2010) argues that a person should be free to act in any way they choose, even if it involves self-harm, as long as “...that person is capable of understanding the implications of the choice and if others are not hurt by those actions” (p. 43). Counsellors need to be aware of their values and beliefs when assessing a person’s ability to make rational decisions. This is a judgment on the part of the counsellor. By engaging in collaboration with a supervisor or peer the counsellor has the opportunity to clarify their thinking, gain added insight and become aware of their own blind spots.

The SAC code (2013) explains in detail the ethical and professional obligation of counsellors to “...recognise that their personal problems and conflicts may interfere with their effectiveness” (section A, 11). The code also states that members should not engage in any activity where their personal problems are likely to lead to harm and that they have an obligation to obtain assistance for problems at an early stage (section A, 11).

Corey, et al. (2015) explain that countertransference occurs when “...the therapist’s reaction to the client is intensified by the therapist’s own experience” (p. 49). While this can be positive as it gives the counsellor greater insight into a client’s situation, it becomes a concern when it interferes with the counselling process

(Corey et al., 2015). For example, a counsellor who has experienced abuse as a child may find it difficult to explore an abusive situation with a client. In fact, the counsellor may re-direct the conversation or session, avoiding the topic of abuse altogether, even if that is not in the best interest of the client. Once again, regular collaboration with supervisors and peers can help the counsellor to become aware of any countertransference issues. Corey (2013) also states that “By participating in personal therapy, counsellors can prevent their potential future countertransference from harming clients” (p. 21).

Ivey, Ivey and Zalaquett (2014) suggest using the ‘RE-SPECTFUL’ model to increase the counsellor’s cultural awareness of themselves and their clients (p. 19). This enables the counsellor to think about the many facets of culture and how these might impact upon their ability to effectively work with clients. It can also be used by counsellors to gain a better understanding of the unique, multifaceted cultural background of their clients (Ivey et al., 2014).

Informed consent is another issue fundamental to the client counsellor relationship. All three ethical codes address informed consent, including explicitly discussing client confidentiality and related limits (see table 1).

Table 1: Informed consent in the ACA, SAC and CICA codes and professional standards

ACA	SAC	CICA
Ensure client understanding of the purpose, process and boundaries of the counselling relationship (Code of ethics, a, iv)	Members discuss with clients as early as feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of counselling fees and confidentiality (section B, 3) When members are interns, clients are informed of that fact (section B, 4) Members make reasonable efforts to answer clients’ questions and to avoid apparent misunderstanding about the counselling. Whenever possible, members provide oral and/or written information, using language that is reasonably understandable to the client (section B, 5)	Counsellors inform individuals, orally or in writing, of the purpose, goals, techniques, policies and ethical standards as appropriate to the service being provided (3.3.2.a) Counsellors inform individuals of the limits of confidentiality (3.3.2.b)

Viewing informed consent through the lens of principle ethics, providing an initial document and having the client sign off on it might be sufficient. However, virtue ethics encourages the counsellor to understand the reason for informed consent and to consider if this, by itself, is enough. Corey (2013) describes informed consent as “...a positive approach that helps clients become active partners and true collaborators in their therapy” (p. 40). Seen in this light, informed consent would need to be an ongoing process, with the counsellor keeping the client informed about all facets of the counselling relationship in order to promote autonomy.

Professional obligations

Confidentiality is an issue of trust between the client and the counsellor. Without trust, the counselling relationship cannot be effective.

The ACA code (2013) addresses confidentiality in sections 3.4, 3.5, 3.6 and 3.7. It describes the obligation of the counsellor to explain any limitations to confidentiality and warns that these limitations are ‘...likely to diminish the effectiveness of counselling’ (p. 8). It describes exceptional circumstances as ones in which the counsellor has “...good grounds for believing that serious harm may occur to the client or other people” (p. 9) but goes on to state that any breaches of confidentiality resulting from such suspicions should be discussed with the client (where appropriate)

and a supervisor or another experienced counsellor. This is echoed in the SAC code (2014) which agrees that when there is imminent danger to a client or others, the counsellor has a responsibility to take action or inform authorities (section B, 8).

The ethical principle of fidelity means that the counsellor makes realistic promises to the client and seeks to fulfil these. This includes ensuring that trust is maintained within the counselling relationship (Corey et al., 2015). Breaking confidentiality can be seen as a major breach of trust and can have serious implications on the counselling relationship.

Take the example of a guidance officer counselling a teenager with a history of self-harm. The counsellor is concerned about a recent escalation in behaviour, so she decides to present these concerns to the client. The client confides that they are planning a suicide attempt. The counsellor probes further to ascertain the extent of the intent and reasonably determines that the teenager is a threat to themselves.

Although the counsellor may feel obliged to breach confidentiality by informing a parent, guardian or the relevant authorities, there are other ethical considerations which must also be considered. These include the ability of the client to act autonomously, the impact any breach would have on the counselling relationship (particularly trust),

potential harm to the client and other stakeholders (such as the teenager's parents) and the effect of informing the client of any intended breach. Collaboration with a supervisor would help the counsellor to be aware of any biases which might be influencing their decision. In addition, collaboration could highlight other ethical considerations, potential courses of action and support the counsellor to reach a decision which best meets the needs of the client.

Counsellors are also obliged to act within the limits of their own competence. The ACA code of practice (2013) states that counsellors must not mislead, misguide or misdirect clients as to their level of competence, experience or qualifications (p. 5). The CICA code (2011) says counsellors must "...function within the boundaries of their training and experience" (3.3.1).

However, counsellors will inevitably come across clients who provide challenges, especially in our multicultural society. Is it ethical for the counsellor to always refer clients who are culturally different or challenging?

The SAC code (2014) states that where cultural factors affect member's work they should obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or make appropriate referrals (section A). Corey, et al. (2015) state that the ethical principle of justice "...means to be fair by giving equally to others and to treat others justly" (p. 18). Is the

counsellor treating the client justly if they do not even attempt to understand the client's culture?

Gladding (2013) discusses the case of *Bruff v. North Mississippi Health Services, Inc.*, 2001 where a counsellor refused to work with a lesbian client on religious grounds. He states that the court found Bruff's position inflexible and insufficient grounds for not entering into the counselling relationship (p. 76). Bruff seemed unwilling to make any attempt to understand or work with the client because of her own values and beliefs. This seems to indicate that it was Bruff's intention, combined with her behaviour, which was unethical and unlawful.

Cottone and Tarvydas (2007) make the argument that not all multicultural views and practices can be condoned by counsellors, especially when they impinge on the safety of others, or if the behaviour is "...antiethical to ethical principles at the foundation of counselling" (p. 110). An example of this may be an arranged marriage where a child, below the age of consent under Australian law, is intended to be wed to an adult. This is clearly a legal issue but it also raises ethical concerns for the counsellor. These include breaching the child's confidentiality, autonomy of a minor, respect for the individual versus respect for familial and cultural practices and the potential risk of harm to the client in following and not following this practice. Collaboration with a supervisor or experienced counsellor

may help to provide further insight, highlight any underlying cultural biases on the part of the counsellor and provide support for the counsellor in determining the best course of action.

Professional Identity

In order to uphold the principle of nonmaleficence, counsellors must be aware of possible conflicts of interest when engaging in multiple relationships. These include relationships of a sexual and non-sexual nature. The SAC code (2014) requires that "...members avoid establishing dual relationships with clients that could impair professional judgment or potentially lead to exploitation of the clients" (section A). The ACA code (2013) deals specifically with boundary issues in section 3.9 and explicitly states that counsellors not initiate or pursue a relationship with past or current clients within two years of the last counselling session (p. 4).

However, in certain circumstances, it may cause the client more harm than good not to enter into a dual relationship. Syme (2003) points to situations in small, tight-knit communities where there may be few resources or where the person seeking counselling may feel uncomfortable or unable to talk to anyone else. She notes that each relationship must be judged on its individual merits and that it is important "...not to get into a situation where one feels exploited or resentful" (Syme, 2003, p. 75).

Conclusion

The central consideration for the counsellor working within the five ethical principles and their professional codes is this: "Am I doing what is in the best interest of my client? Determining the 'best interest' of the client is a collaborative process involving the client, counsellor and supervisor. The culturally intentional counsellor seeks to understand their client's unique worldview in a respectful and nonjudgmental manner. To do this, she needs to develop an awareness of her own values, beliefs and stereotypes so as to minimise the negative effects of counter-transference. Collaboration with supervisors, experienced counsellors and peers is necessary to identify counsellor blind spots, highlight further ethical considerations, enumerate possible courses of action and provide professional accountability and transparency. To broaden cultural competence and enhance professional identity, counsellors are encouraged to engage in self-reflection, continuing education and, where necessary, their own personal counselling. Even after this rational process of deliberation, the final decision rests with the counsellor who must exercise their own moral judgement. What is clear is that every situation is different and must be assessed accordingly. Also, the intention of the counsellor is of critical importance. Seeking to promote the best interests of the client is at the heart of the ethical decision making process.

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ED5863

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Ethical Principles E-Journal Article

Assessment 1

Abstract

Ethical decision-making in the helping profession requires counsellors to refer to the Australian Counselling Association (ACA), Singapore Association for Counselling (SAC) and the Career Industry Council of Australia (CICA) to guide and support them when faced with an ethical dilemma. The ACA and SAC have developed the Code of Ethics and Practice along with the CICA's Professional Standards for Career Development Practitioners, to provide explicit guidelines on ethical functioning and conduct in the helping profession. There are varying levels of ethical functioning that helping professionals will adopt when practicing. Mandatory ethics describes counsellors who are functioning at a level consistent with minimal standards and compliance (Corey, Corey, & Callanan, 2011). Aspirational ethics on the other hand is where the counsellor is functioning at a level that all counsellors should aspire to and requires the counsellor to do more than what is expected of them in the code. Helping professionals also need to adopt a moral model framework such as Kitchener's (1984) to support whilst integrating principle and virtue ethics into the decision making process. Kitchener (1984) identified six key moral principle that support counsellors in functioning at the highest ethical level (Corey et al., 2011). These six principles are autonomy, maleficence, beneficence, justice, fidelity, and veracity. These six principles will not solve every ethical issue that a counsellor may encounter but aid in supporting con-

sellors to think critically and competently apply these ethical principles to particular situations.

Keywords: ethics, dilemma, principles, helping profession, functioning, decision making

Ethical Decision Making in the Helping Profession

When faced with an ethical dilemma, counsellors need to refer to their governing bodies ethical codes and standards to support them in the decision-making process. Making ethical decisions can be challenging for counsellors and there will be situations when simply referring to the codes will not be enough and they will be required to adopt a moral model framework such as Kitchener's (1984) to support them in making sound ethical decisions. The Australian Counselling association (ACA) along with the Singapore Association for Counselling (SAC) and the Career Industry Council of Australia (CICA) are three governing bodies that have developed codes of ethics and professional standards, which provide explicit guidelines on ethical functioning and professional conduct for helping professionals. The ACA have developed the Code of Ethics and Practice (2013) with the objective to provide clarity on the stance of the organisation, protect consumers and provide explicit standards of ethical conduct for

counsellors (Corey, Corey & Callanan, 2011). Counsellors need to understand that simply by knowing these codes and standards does not ensure ethical practice and should be used as a point of reference when faced with an ethical dilemma.

Varying levels of ethical practice describe the ethical functioning that helping professionals adopt. Mandatory and aspirational ethics are two levels of ethical functioning that define the level of ethical behaviour that the counsellor has practiced. Mandatory ethics highlight that counsellors have acted in compliance with the minimal level of practice compared to aspirational ethics, which represents the highest level of ethical functioning that counsellors should aspire to while being centred around what is in the best interests for the client (Corey, 2015). The ACA, CICA and SAC's codes and standards all include elements of mandatory and aspirational ethics. Counsellors are expected to uphold the minimum standards of these codes/standards but in order to function at the aspirational level they need to understand a deep understanding of the underlying principles and essence of the code (Corey et al., 2011).

Counsellors need to understand their organisation's code of ethics and apply them when responding to an ethical dilemma. An ethical dilemma is a situation where a counsellor needs to adopt a framework of moral principles alongside the code of ethics to support them in identifying and resolving ethical problems (Stockall & Dennis, 2015).

If faced with an ethical dilemma, counsellors need to employ a moral model framework such as Kitchener's (1984) to assist them in the decision-making process. Kitchener's six moral principles include autonomy, nonmaleficence, beneficence, justice, fidelity and veracity (Neukrug & Fawcett, 2015). These principles cannot address all situations a counsellor may encounter, however it be used to form an understanding of any conflicting issues (Forester-Miller, Davis, & Alexandria, 1995).

Autonomy

Autonomy is one of Kitchener's (1984) six moral principles used to assist counsellors function in an ethical manner. This principle focuses on the individual being self-governing within their social and cultural context (Corey et al., 2011). The individual's priority of values and beliefs can then be self-determined and integrated into their belief system. In order for clients to be autonomous in the counselling relationship informed consent needs to be obtained. Informed consent is a shared-decision making process whereby the counsellor provides the client with information regarding the nature of the therapy and alternative treatment options for the client to make an informed decision about proceeding with the counselling (McLeod, 2013). Counsellors have an ethical responsibility to understand the belief systems of culturally diverse populations and be competent in providing appropriate support/guidance for these diverse groups. An ethical issue that could arise in the counselling relationship is the

imposition of the counsellor's worldview onto the client. Value imposition refers to the counsellor influencing imposing their values, beliefs and attitudes onto their client (Corey et al., 2011) which if occurs is a serious violation of ethical codes. The multicultural counsellor has an ethical responsibility to their client and all three governing bodies to be competent in meeting the needs of diverse populations (Corey et al., 2011).

Female identity is one area where a client's right to exercise autonomy could be conflicting with societal viewpoints, cultural beliefs and counsellor values. Thomas and Chickering (1984) identified autonomy as being composed of both emotional and instrumental independence. Achieving instrumental autonomy for women can be difficult due to centuries of stereotypes/ customs, where woman were encouraged to depend on others financially and in social standing and livelihood (McBride, 1990). In a society where woman are perceived to have no personal autonomy and gender stereotypes portray autonomy and independence as male traits not female traits can be challenging for the counsellor to empower their female client (Friedman, 2003). The ethical practitioner needs to be competent in empowering diverse populations such as the one discussed to be self-governing and autonomous in the decision making process. Counsellor's ethical responsibilities to their clients in terms of autonomy are evident in the CICA section of the standards 3.3.2 (Appendix A).

Codes and standards need to be considered within the context of various cultures.

Nonmaleficence

Nonmaleficence is the second moral principle in Kitchen's (1984) moral model framework. Exercising the principle of nonmaleficence means to avoid causing any physical, emotional and psychological harm to your client (Corey et al., 2011) For example if you are working with a client who is displaying behaviours of social withdrawal and flat affects the counsellor must consider all possible causes including organic causes. Labelling the client with a mental health disorder can carry significant stigma for the individual, his family and the community and as the counsellor you would not be exercising the principle of nonmaleficence. The principle of nonmaleficence is reflected in the SAC code section A: General (Appendix A). Situations will arise for counsellors when causing harm is inevitable, however the benefits of treatment/intervention should outweigh the associated risks. Counsellors need to continually reflect on ethical principles such as nonmaleficence for guidance and ask themselves; Am I doing what is best for my client?

Beneficence

The next equally important ethical principle in Kitchen's (1984) moral model is beneficence. The ethical principle of beneficence allows the counsellor to recognise what is right for the client and society. The principle of be-

neficence often considered to be in partnership with non-maleficence and together represent a symbiotic relationship (Jungers & Gregoire, 2012). The SAC (2014) highlights beneficence in Section B: Counselling Relationship; where the primary goal of the counselling is to respect the client's rights to life and advocate for what is best for the client. This involves integrating the client's cultural background, values and beliefs into the counselling process. All individuals have rights to life and liberty and the counsellor's role is to respect these rights and advocate on behalf of their client (Kinsinger, 2009). Respecting the individual's rights is included in the three governing bodies codes of ethics and practice. Doing what is right for the client is not as easy as looking at what is right and wrong; the interests of the client and society need to be considered. The role of culture in the counselling relationships needs to be considered, therefore counsellors need to be aware of a client's cultural expectations and how providing a client with strategies to take control of their life could have severe negative consequences for the client (Corey et al., 2011) The CICA professional standard: Ethical principle for career development practitioners (Appendix A) provides counsellors with guidelines on how to exercise the principle of beneficence (CICA, 2011).

Justice

Another ethical principle that respects the rights of the individual is justice. Counsellors need to provide equal access to mental health services for all individuals, regard-

less of their cultural background, belief system, sex and socioeconomic status (Corey et al., 2011). Justice can be viewed from three different viewpoints: fairness, desert and entitlement (Freeman, 2011). These three areas within justice help counsellors to determine the appropriate form of justice that is required for the client. Justice is referenced in the CICA standard 6.3.5.a (Appendix A) where counsellors have an ethical obligation to provide services to all individuals from diverse backgrounds and also individuals with disabilities. In addition to this the SAC and ACA also embeds the principle of justice into their ethics. In the ACA justice is acknowledged in their section about anti-discriminatory practice compared to in the SAC where justice is discussed in the general section of their ethical principles document.

Fidelity

Fidelity is the fifth moral principle in Kitchener's (1984) moral framework. Fidelity, justice and veracity all operate in partnership to address equality, sincerity and trustworthiness (Jungers & Gregoire, 2012). Fidelity is centred around building a therapeutic relationship, where the client feels respected, and trust is established between the counsellor and client (Corey et al., 2011). The relationship is built around expectations and responsibilities that are mutually agreed on early in the process in order to prevent unrealistic expectations. Following the initial intake interview, the counsellor needs to advise the client of the objectives of the counselling session, techniques, limita-

tions, potential risks and confidentiality (Ivey, Ivey, & Zalaquett, 2014). It is the role of the counsellor to build trust and confidence with their client in order for the client to share their story. The counsellor needs to respect, understand and work within the framework of the client's context (Corey, 2015). When working with a client it is important to understand their worldviews and during the initial intake interview inform them about the nature and purpose of the counselling relationship. All three governing bodies mentioned within all provide guidelines (Appendix B) around confidentiality, disclosure and informed consent .

Veracity

The final moral principle in Kitchen's (1984) moral framework is veracity. Veracity in the helping profession is the moral obligation to be honest when communicating with your client, supervisor and wider community (Zeigler, 2003). The ACA and SAC both highlight the principle of veracity through communicating in an objective manner with the client, the client's family and the wider community (Appendix C). In order for clients to feel comfortable to tell their narrative stories, counsellors need to establish a therapeutic relationship with their client that is built upon trust and respect.

There will be times when some ethical issues will be challenging and will require supervision. Requiring supervision is helping in gaining another college's perspective

on the issues and also in supporting a less experienced counsellor with the issue to avoid the client being referred. Seeking consultation is vital in the decision-making process to verify that the counsellor who has viewed the ethical dilemma objectively and withheld their personal values and worldviews when making a decision (Corey et al., 2011). Most ethical decision-making models integrate consultation into their decision-making process to ensure analysis of the ethical issues from multiple viewpoints.

Conclusion

In order for counsellors to practice in an ethical manner they need to be aware of the three governing bodies mentioned within and the ethical principles that underpin the counselling profession. Kitchener's (1984) six moral principles help to support counsellors in the ethical decision-making process. Situations will arise where counsellors may need to juggle multiple ethical principles when faced with an ethical issue. Understanding the varying levels of ethical functioning such as mandatory and aspirational ethics in conjunction with principle and virtue ethics is vital in making sound ethical decisions. The ACA and SCA's code of ethics along with the CICA's standards are evolving documents that have been developed to provide guidelines on ethical functioning in the counselling field (Corey et al., 2011). The role of supervision is critical when working with a client on a challenging case and re-

quires supervision to ensure that all facts and information have been exhausted.

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Appendix A

Professional Standards for Australian Career Development Practitioners

Standard	Ethical Behaviour
3.3.2a Ethical principles for career development practitioner – client relationships	Deal with each person fairly, equitably and without prejudice, respecting their values, beliefs and life experiences and those of their families and communities to which they belong
6.3.5a Recognise Diversity	Promote access to services by diverse individuals

Singapore Association - Code of Ethics

Principle	Ethical Behaviour
Section A: General	Members take reasonable steps to avoid harming their clients, research participants, students, and others with whom they work, and minimise harm where it is foreseeable and unavoidable.

Appendix B

Confidentiality, Disclose and Informed Consent ACA, SAC and CICA

Governing Body	Principle/Standard	Ethical Behaviour
Australian Counselling Association (ACA)	3.4 (b)	Confidentiality is a means of providing the client with safety and privacy and thus protects client autonomy. For this reason any limitation on the degree of confidentiality is likely to diminish the effectiveness of counselling.
Career Industry Council of Australia (CICA)	3.3.2.b	Inform individuals of the limits of confidentiality Seek clients' expressed consent before disclosure of client information Preserve confidentiality
Singapore Association for Counselling (SAC)	Section B: Counselling relationship (7)	The counselling relationship and information resulting therefrom must be kept confidential, consistent with the obligations of members as professional persons.

Appendix C

Veracity in the Code of Ethics

Governing Body	Principle	Ethical Behaviour
Australian Counselling Association (ACA)	3.1 (a)	Counsellors have both a duty of care and a responsibility not to mislead, misguide or misdirect [either overtly by publication or covertly by omission] clients as to the counsellors' level of competence, experience or qualifications.
Singapore Association for Counselling (SAC)	Part A: General	When members provide information to the public or to subordinates, peers or supervisors, they have a responsibility to ensure that the content is general and consists of objective, factual data.

Ethical Principles Revisited for a Digital Age

- How does pervasive social media use affect the consideration of ethical standards?

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James Cook University

Subject Lecturer: Dr Geoff McNulty

Due date: 21 August 2016

ED5863 Assignment 1

Abstract

In a digital age the speed of communication has accelerated widespread use of social media channels. The avenues through which thoughts, ideas and information are conveyed have multiplied. The pervasive use of social media to influence and communicate has affected the way individuals, groups and corporations interact and behave and counsellors need to learn and adapt in order to be able to adapt ethical principles to new situations and contexts.

Keywords: ethics, social media, ethical principles, cultural intentionality

Both young and old today increasingly rely on digital technologies for social interaction, information and entertainment. This use inevitably affects counselling practice. The ubiquity of digital media use in urban society - from mobile phones, to tablets, laptops and personal computers - fundamentally affect how individuals, groups and institutions interact with each other (Aragon, 2014; Chretien, 2013).

This in turn has a profound effect on the counsellor's duty to care for a client's well-being and empowerment, these standards being embedded in the codes of ethics for the Australian Counselling Association (ACA, 2012) and the Singapore Association for Counselling (SAC, 2014). How the counsellor invokes the five moral principles of autonomy, beneficence, non-maleficence, justice and fidelity (Kitchener, 1984; Freeman, 2011) and how he applies them professionally has to be reconsidered, and his own engagement with this world will require self-reflection to ensure that ethical standards are still upheld and maintained (Zur, 2009).

The classic view of the counsellor-client relationship has tended to be defined within a specific locus - seated in a room, discussions confidentially conducted, save in circumstances where life and safety is threatened (SAC, 2014; ACA, 2012; Corey, 2013).

This relationship needs to be reexamined when counsellor and client are put into a new context as actors in social media saturated world. Actions previously defined by locus

can seamlessly integrate into the larger net of an endless virtual web with words, sound and video recordings uploaded on sharing sites. Social interaction is conducted virtually, through social applications on devices. The pervasive popularity of interacting virtually has led to changes in social behaviour so that assumptions about privacy, ownership and confidentiality need to be reassessed. Clients themselves may feel less uninhibited about revealing the contents of their sessions with the counsellor with others. It has been documented that inhibitions are lowered in online counselling sessions - the "online disinhibition effect" (Suler, 2004). How might lowered inhibitions about privacy impact current ideas about autonomy and informed consent?

There is no easy answer to these issues. In addition, boundaries may be blurred if lines of communication are allowed to go beyond the classic time and space delineated sessions (Mishna 2012; Gabbard, 2011). And the issues of fairness and justice can arise if some clients are connected through social media with their counsellor and not others. Beyond that, there is the threat of harm to the client arising from confusion and misunderstanding when communication can be stripped of the contexts of time, place and the senses (Zur, 2007).

The dominance of these social media networks will inexorably impact the way helping professionals interact with their clients (Reamer, 2013; Giota, 2014). Counsellors may understandably choose to avoid the use of social media com-

pletely. But it may be argued that to act with cultural intentionality, counsellors need some engagement with this brave new digital world to understand their clients better. The imperative to act for the good of others, extending beneficence to a client, requires understanding and empathy (Ivey, 2013). Helping those afflicted to manage porn or online game addiction, or cyber-bullying might be difficult without some insight into the sub-cultures and mechanisms that enable these behaviours.

A reluctant digital immigrant, defined as someone who is slow to adapt to social media networks (Prensky, 2001), may find difficulty understanding and being empathetic to situations that arise out of being part of a rich online life. Digital natives grow up using social networking sites like Club Penguin, stream videos through Youtube, play games like Minecraft in virtual landscapes with friends. Their social life is conducted through mobile applications like Instagram and Snapchat. They do not pick up the phone and call their friends to meet or chat. Instead a continuous exchange of views, videos and pictures is conducted in a virtual world (O’Keeffe, 2011).

It is not just the clients that may have a deep engagement with the digital world. Counsellors will also be part of this same digital world, and may have rich lives through these media with many points of contact and exposure of personal information (Zur, 2008). The implications for dual relationships are many but not all dual relationships are necessarily harmful. Counsellors will need to be flexible in

their management of these relationships to avoid ethical violations (Moleski, 2005; Lazarus, 2002). For example, a connection through a networking site like LinkedIn may not be harmful if used with discretion. If the counsellor shares his case or field observations, he needs to exercise care in removing enough details to keep his client anonymous (Reamer, 2013).

The American Counseling Association acknowledged these issues when it redrafted its code of ethics in 2014 (ACA Code of Ethics, 2014). The new Section H specifically addresses some of these issues. Counsellors need to inform clients of the benefits and limits of using social media as part of the informed consent procedure. From there, the principle of autonomy can still apply, once it is established that the client is sufficiently informed to choose how he uses social media in relation to his relationship with his counsellor. In Singapore and Australia, without explicit provisions in the SAC, ACA and CICA codes of ethics in this regard, counsellors might need to have a discussion with their clients and agree on a safe social media policy before commencing their session. This act would not just be in keeping with the principle of non-maleficence, but also fidelity, as the honest discussion of the implications of social media use within the counselling context would allow the counsellor to be realistic with his client (Zur, 2009). For example, he can set boundaries to his time with the client, and not have the sessions extend indefinitely into discussions on messaging apps. He can also explain why he

makes it as a policy to be fair to all his clients not to befriend them on Facebook or any other platforms.

Ethical practice is one that requires the counsellor to be continually open to change, and to be able to evolve with self-reflection. (Corey, 2011; Corey, 2013). It also requires an acceptance of fallibility, as that too is a constant of learning and change (Welfel, 2005). In addition, a counsellor has to be competent with cultural awareness and intentionality. All this entails a lifetime of learning and an acceptance of change (Ivey, 2013).

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SECTION 3

ED5864 Advanced Counselling

LEARNING OUTCOMES

- Students must demonstrate proficiency using different counselling and communication styles in order to solidify their personal counselling and interviewing techniques;
- Students will be proficient in interpretation, evaluation and justification of different counselling perspectives and theories, and demonstrate advanced oral, writing, listening and advocacy skills required of a professional working in the guidance and counselling and career development fields;
- Students must demonstrate advance problem solving, objectivity, and judgement skills in working with difficult clients with complex life issues and demonstrate communication proficiency with both specialist and non-specialist stakeholders;
- Students will demonstrate self-reflection and critical self evaluation of students assumptions, attitudes, beliefs, values, prejudices and biases should be well advanced, thereby enhancing the students ability to work effectively with clients from different cultures, religious backgrounds or socio-economic status;
- Students must demonstrate advanced counselling skills, by building on the skills that were the focus of ED5863 Foundations of Counselling Practice and must demonstrate proficiency using Ivey and Iveys Five Stage Interview Structure and Microskills Hierarchy: A Pyramid for Building Cultural Intentionality;
- Students must demonstrate knowledge of the current legislation (e.g informed consent, Privacy Act) and ethical requirements outlined in the Code of Ethics in the Australian Counselling Association and the Singapore Association for Counselling.

PECHA KUCHA LIFE ISSUE & INTEGRATED COUNSELLING

Keep watching this space - students' Pecha Kuchas may be published here

SECTION 4

ED5859 Atypical Development

LEARNING OUTCOMES

- Students will define and recognize a range of major psychopathologies and disabilities relating to the tropics, indigenous, multicultural, rural and regional wellbeing and their application in the guidance and counselling field, including career development;
- Students will be able to critically review, analyse and reflect on areas of skill strength and deficit with respect to professional practice and research principles in guidance and counselling and career development applications;
- Students must be proficient in interpretation, evaluation and conclusion justification to specialist and non-specialist stakeholders using advanced reading, writing, listening and advocacy skills;
- Students will demonstrate the ability to identify, theorize and design solutions to a range of range of psychopathology issues exercising expert judgement and professional collaboration;
- Students will demonstrate advanced and integrated understanding of normal patterns of human development including, ethical practice, as stipulated in the Australian Counselling Associations Code of Ethics and the Singapore Association for Counselling Code of Ethics.

Case Study Reflections of Development in Adulthood: Integrating Clinical Implications of Developmental Theories with Ethical Counselling Rebecca A. Albert

James Cook University

Abstract

Counsellors frequently engage with clients from a range of cultural backgrounds who have diverse developmental needs and concerns. Case studies provide practical and thought-provoking opportunities to develop understanding of atypical behaviours leading to competent ethical practice. These case study reflections critically examine five scenarios across the lifespan developmental stages of young, middle and late adulthood. Each scenario considers individuals from various cultural backgrounds who are faced with complex psychological, physical, spiritual, emotional or relational dilemmas. Various developmental theories provide the lens for analysis of the typical and atypical development evident in these case studies. Particular emphasis is on the potential counselling theories and practices that may provide a focus context for each hypothetical client. Adherence to key ethical principles in the Australian Counselling Association's (ACA) Code of Ethics and Practice is also considered. Following the case study reflections, discussion forum content that informed these analyses is provided including responses to peers' posts that advise on further areas for reflection and synthesis of content.

Keywords: developmental theories, case studies, ethical principles, counselling theories, adulthood, atypical development.

Beginning counsellors must be proficient in interpreting and analysing atypical human development across the lifespan. The following case studies provide opportunities to combine various developmental theories to consider the complex psychological, physical, spiritual, emotional or relational issues evident in each situation. As I enter the counselling field, this unit has provided valuable learnings for integrating the clinical implications of developmental theories within an ethical framework. This reflection commences with notes to summarise the reasons for referral, presenting concerns, and relevant background information for each client. Following this, each case study will be reflected on with reference to key developmental challenges and potential counselling approaches to support the client to move forward. These considerations will be aligned to ethical obligations in accordance to the Australian Counselling Association's Code of Ethics and Practice (Australian Counselling Association [ACA], 2015), herein referred to as the Code of Ethics. For relevant sections of the Code of Ethics discussed in these case studies, refer to Appendix A.

Summary of Cases

Case Study 1 Focus Life Stage - Young Adulthood

Name

Angela

Case Study 1 Focus Life Stage - Young Adulthood	
Name	Angela
Age	Late teens/early 20s
Gender	Female
Ethnicity	African American
Referral source	Self-referred to counsellor at University Counselling Centre.
Reason for referral and presenting concerns	Angela has experienced difficulties getting along with other students, particularly roommate Jen who has differing religious beliefs. Jen and her boyfriend were very compassionate and generous when Angela was incapacitated. Angela is uncertain how people she perceived as 'immoral' can show such kindness. She needs to decide whether to continue living with Jen.
History and background information	Close-knit, very religious family. Solid student and leader in church youth ministry. Finishing first year of education at university. Enjoys freedom at college and is adjusting to life in a dormitory.

Case Study 2 Focus Life Stage - Young Adulthood	
Name	Tayib
Age	29
Gender	Male
Ethnicity	Indian
Referral source	Not disclosed in case study notes.
Reason for referral and presenting concerns	Tayib has been dating Rachael (29), a White woman with a son (Luke, 4) for 6 months. Both want a serious relationship. They are currently experiencing tension in their relationship as Tayib declined an invitation to attend a birthday dinner for Luke with Rachael's family. Rachael is very disappointed and feels rejected whereas Tayib feels misunderstood as he declined due to an important work project.
History and background information	Born in the United States to Indian parents. In current job as paralegal, Tayib feels taken advantage of by co-workers as he is given most difficult cases with shortest deadlines. Has been passed over for a promotion and feels unsatisfied in his position. His parents encourage him to find work with prestige and high income.

Case Study 3 Focus Life Stage - Middle Adulthood	
Name	Lupe
Age	45
Gender	Female
Ethnicity	Mexican-American
Referral source	Physician referred to counsellor at the local mental health clinic.
Reason for referral and presenting concerns	Lupe's daughter (Lucia) and granddaughter (Eva, 2) have recently moved in with her following Lucia's separation. Lupe has also injured her back at work and requires several months off work for physical therapy. She presents as depressed and stressed.
History and background information	Lupe has two adult children and a granddaughter. Lives in a small apartment and visits her mother (late-60s) several times a week. Attends to her mother's needs without complaint and has regularly been very responsible and concerned about her family's wellbeing. Single for 16 years, Lupe raised her children alone after their father left, unable to cope with family responsibilities. Recently, Lupe has desired to find companionship with a new partner. She feels she only has a limited time left to pursue her personal wishes and needs. She has started attending social functions at her church.

Case Study 4 Focus Life Stage - Middle Adulthood	
Name	David
Age	52
Gender	Male
Ethnicity	Caucasian
Referral source	Not disclosed in case study notes.
Reason for referral and presenting concerns	Suffering from significant chronic pain in lower back that keeps him from sleeping well and contributes to him feeling 'on edge.' On medication to improve sleep and reduce anxiety. Has started to drink alcohol to "calm himself down." Feels stressed by multiple responsibilities at work and within his blended family.
History and background information	Work: David has worked for 24 years in human resources. Always had high professional aspirations. Attained Master's degree while working. Holds position of supervisor in the billing department of a hospital. Job has recently become more complicated and technological. After job cut, redistributed tasks given to remaining employees like David. Finding a dramatic increase in paperwork and decrease in time for meeting deadlines. Possibility for promotion soon but David knows this would increase his responsibilities. Feels his job is not meaningful anymore and causes him to spend less time with his children.

History and background information	Family: David lives with second wife (Sandy) and her twin sons (14). One has serious learning disability and requires parental support and extra tutoring. Financially supports two older children (22 and 22) with college tuition fees. Concerned about son (16) who is not attending classes and failing tests.
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Case Study 5 Focus Life Stage - Late Adulthood	
Name	Isabelle
Age	70s/early 80s
Gender	Female
Ethnicity	Italian-American
Referral source	Not disclosed in case notes.
Reason for referral and presenting concerns	Isabelle is grieving the loss of Victor, her husband of 53 years. She feels alone and is contemplating asking her eldest son to let her move in with his family. Isabelle is unable to sleep properly and has disturbing flashbacks to memories of Victor during his illness. Her children now avoid calling her as they are uncomfortable listening to her sadness and reminiscences. Isabelle is lonely and feels her life has also come to an end.

History and background information	<p>Isabelle has four children – Paul (51), Sophia (49), Lenore and Joseph (both 45) and 7 grandchildren. Enjoyed full-time mothering for nearly 20 years. She has since worked as a sales clerk for over 30 years. Isabelle lives in a small, close-knit Italian neighbourhood. Victor died four months ago following a battle with pancreatic cancer. During his last four months, Victor required constant care from Isabelle and was frequently in hospital due to illness from the side effects of treatment. Isabelle was sure Victor did not want extraordinary measures to keep him alive. Yet Joseph, Victor’s brother and the physician insisted on inserting ventilator after Victor lapsed into a coma. Isabelle and her other children believe this caused unnecessary suffering and were very upset. The family have not talked to Joseph since, due to their disagreement about Victor’s care. Isabelle has resigned from her job as she was unable to concentrate.</p>
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Conflicting Beliefs in Emerging Adulthood: Case Study of Angela

Angela is an African American woman in the life stage of emerging adulthood (Arnett & Brody, 2008). Young adults typically use this period away from direct family influence to explore identity (Lee, Dik, & Barbara, 2016), question inherited religious and philosophical beliefs (Schwart, Zamboanga, Luyckx, Meca, & Ritchie, 2013), and independently make decisions based on new values (Guterriez & Park, 2015). Angela is uncertain and distressed by her inability to reconcile discrepancies with how she perceives her roommate. Originally, she perceived Jen as immoral with outspoken agnostic beliefs and behaviours that conflicted with Angela's religious beliefs. Conversely, Jen and her boyfriend showed Angela significant support and generosity when she was incapacitated. The fact that Angela has conflicting thoughts may indicate that she is progressing in her ethical development. According to Perry's (1999) theory of adult intellectual development, Angela is has moved beyond 'Strict Dualism' involving set beliefs of right versus wrong to 'Multiplicity (Prelegitimate)' with awareness that multiple perspectives exist.

Angela's beliefs are being tested by her perceived incoherence between immoral behaviour and compassion. Coming from a close-knit family with strong religious faith, Angela would not want to be considered immoral for associating with someone like Jen. Angela's counsellor would need adhere to Sections 2(a)i and 3.3(b)i of the Code of Ethics to remain non-judgmental and emphasise that Angela needs to be autono-

mous in her decision-making (ACA, 2015). Angela's age suggests that her frontal lobe, controlling logical thinking, is still developing (Tanaka, Matsui, Uematsu, Noguchi, & Miyawaki, 2013), Angela may need to engage in psychoeducation about how decision-making takes place. Humanistic counselling may assist Angela's personal growth through self-awareness and value exploration (Corey, 2017). This could be accompanied by Bronfenbrenner's Bioecological Model to consider the interactive processes and external influences in Angela's life alongside an ethical problem-solving framework that considers different worldviews and perspectives (Broderick & Blewitt, 2015).

Work Versus Relationships in Young Adulthood: Case Study of Tayib

Tayib (29) is an Indian male who presents as a work-orientated paralegal. Tayib appears to prioritise work commitments over his relationships with his girlfriend, Rachael, and her young son. Rachael appears to want more security in their relationship while Tayib feels misunderstood. This has led to tension between the couple. Adults with different attachment styles have dissimilar cognitive schemas about priorities, thus exhibiting diverse beliefs and expectations (Monteoliva, Garcia-Martinex, & Calvo-Salguero, 2016). According to Bartholomew and Horowitz's (1991) typology of adult attachment styles, Tayib is 'dismissing avoidant' since he does not display dependency or prioritise his relationship. Conversely, Rachel engages in affectionate, caregiving behaviours that she feels will help solidify their commitment. It appears she has 'preoc-

cupied (insecure) attachment' marked by "anxiety about gaining acceptance from others, fear of and hypervigilance to cues of rejection, and excessive preoccupation with relationships" (Broderick & Blewitt, 2015, p. 447). Attachment classifications should be used cautiously to avoid them distorting clinical judgment through bias or stereotyping.

A culturally sensitive counsellor will need to ensure their practice is anti-discriminatory in accordance to Section 3.3 of the Code of Ethics (ACA, 2015). This means they will need to acknowledge and respect how Tayib's culture influences his values and view of the male as 'provider' (Kellner, 2009). Despite his conscientiousness, Tayib appears to lack job satisfaction and feels taken advantage of. A counselling goal for him may be to evaluate his competing priorities through Reality or Existential therapies as these theories offer opportunities for Tayib to consider what he perceives as important (Robey, Wubbolding, & Carlson, 2012; Corey, 2017). Resolving issues associated with cultural differences is vital for inter-racial relationships (Seshadri & Knudson-Martin, 2013). If Rachael also sought counselling, it is vital a counsellor upholds ethical obligations to protect Tayib's confidentiality in accordance to Section 3.4 of the Code of Ethics (ACA, 2015). Preferably, Rachael would be referred to another counsellor to avoid conflicting interests.

Middle Adulthood as the 'Sandwich Generation': Case Study of Lupe

Lupe, a 45-year-old Mexican-American woman, presents with depressive symptoms due to increased stressors and role responsibilities. Juggling caregiving roles in the 'sandwich generation' (Miller, 1981) appears to be Lupe's main developmental, age-related stress (Gonyea, 2013). The competing, simultaneous demands of these intergenerational roles are affecting Lupe's wellbeing, causing psychological, social and financial limitations (Fingerman et al., 2012). Co-residence with children during middle adulthood is considered to have a negative effect on the well-being of middle-aged parents (Wiemers & Bianchi, 2015), causing remorse that extra responsibilities take them further away from their anticipated life trajectories (Igarashi, Hooker, Coehlo, & Manoogian, 2013). Lupe is conflicted by her cultural beliefs that interdependent family values are greater than an individual's desires or priorities (Campos, Perez, & Guardino, 2016). After many years of single parenting and sacrifices to raise her children, Lupe now feels her time is limited to pursue her personal interests.

In accordance with Section 2(a)ii of the Code of Ethics, counsellors need to maintain a client's integrity and empowerment by promoting strengths without offering advice (ACA, 2015). Perhaps Choice Theory and positive psychology would assist Lupe to consider her 'quality world' to create action plans that capitalise on her protective factors (Corey, 2017). Lupe has social support through her church community, and is adaptive, responsible, caring and family-orientated. She has demonstrated resilience and perseverance despite her past adversities. Problem-solving and financial decision-making abilities

also peak in midlife (Lachman, Teshale, & Agrigoroaei, 2015). Furthermore, her daughter's co-residence could be a positive support for Lupe's current health and financial concerns. A counsellor may assist Lupe to consider strategies for balancing her family responsibilities with self-care and enhanced agency (Darling, Coccia, & Sentore, 2012). This would ensure Lupe actively participates in decisions about her life opportunities.

Juggling Work and Family Obligations in Midlife: Case Study of David

David, a 52-year-old White male, presents with significant stress resulting from competing demands in his work and family life. According to Broderick and Blewitt (2015), David's stressors are due to chronic problematic situations that heighten vulnerability to anxiety and poor psychological well-being. In divorced and blended families, obligations for emotional and financial support are increased (Maclean, Drake, & Mckillop, 2016). David is shouldering the financial burdens of two families. Furthermore, his ability to provide quality family support is compromised by work-related challenges. Even though he is considering a job promotion, David already feels inundated by responsibilities. Work-related psychological stress, unrealistic workloads and time pressures are associated with poor health and exhaustion (Nilsen et al., 2014). Although some stress is typical and expected in middle adulthood, prolonged psychological stress often results in poor lifestyle habits like substance abuse (Seib et al., 2014), and increased sleep disturbance (Polo-Kantola, 2011).

Currently, David is attempting to alleviate his chronic pain, anxiety and sleep deprivation through prescription medication and alcohol. In accordance to Section 3.3(c)ii of the Code of Ethics, a counsellor must remain non-judgmental to ensure they are aware of their own prejudices and stereotyping attitudes towards alcohol or drug use (ACA, 2015). To promote healthy cognitive and emotional coping, David may benefit from anxiety management and increased optimism through mindfulness-based cognitive therapy (MBCT). MBCT provides psycho-education designed to reduce anxious states of mind by connecting with present experiences (Schramm, 2015). Medical research indicates participating in MBCT and stress reduction techniques, such as mediation and cognitive reframing, has potential for significantly improving lower back pain (Schwenk, 2016). This nonpharmacological approach to managing pain and sleep disturbances also involves cultivating attention and positive emotions as an antidote to stress (Hölzel et al., 2011). A counsellor may also assist David to design goals with therapeutic lifestyle changes for improving physical health, psychological wellbeing, and overall life quality (Ivey, Ivey, & Zalaquett, 2018).

Bereavement in Late Adulthood: Case Study of Isabelle

Isabelle is an elderly Italian-American woman who is currently struggling with grief following her husband's recent death. Prior to this, Isabelle was challenged by the strain of constant, challenging caregiving and anticipatory mourning following Victor's diagnosis of pancreatic cancer (Hyun Kim, 2009). Isabelle appears to be in the 'despair' period after expe-

riencing the loss of an attachment figure. Bowlby (1980, cited in Broderick & Blewitt, 2015) characterises this stage as having “great sadness; social withdrawal; sleeping, eating, or somatic disturbances; and other symptoms of depression or emotional upset” including “flashbacks or intrusive memories of the deceased” (p. 585). The division in Isabelle’s family unit is contributing to inconsistent emotional support which has negative implications on Isabelle’s bereavement process (Naef, Ward, Mahrer-Imhof, & Grande, 2017). According to Section 3.3(a)i, an ethical counsellor must sensitively consider Isabelle’s cultural context and worldview (ACA, 2015). In Italian culture, family represents an important coping resource vital to a widow’s physical and mental health (Panagiotopoulos, Walker, & Luszca, 2013). While Isabelle’s grief is normal and expected, she is at risk of further psychological distress.

Isabelle has experienced many losses in a short period of time including the loss of her husband of 53 years, the loss of her caregiving role, the loss of her job, and the loss of other family relationships. Therapy goals for Isabelle may include support seeking from those who are compassionate and willing to listen, and finding new purposes for her life (Erber, 2013). Creating community and family genograms may assist Isabelle to identify a supportive social network (Butler, 2008). Studies in grief counselling have found that Stroebe and Schut’s (2010) Dual Process Model of coping with bereavement is highly effective through therapeutic intervention that progresses from emotion-focused/loss-orientated to problem-focused/restoration-focussed (Lund, Casert, Utz, & de Vries, 2010).

Cognitive therapy may also be worthwhile for teaching Isabelle resilient, adaptive coping through replacing self-destructive thoughts while considering what is in Isabelle’s control (Smith & Hayslip, 2012).

Future Implications for Counselling Practice

These case study reflections have provided invaluable, authentic opportunities for collaborating with peers to analyse developmental challenges, potential counselling theories, and ethical considerations. As I prepare to enter the counselling profession, I look forward to integrating this knowledge and applying collaborative, reflective practice in real situations. My hope for the future is that I can continue to apply research on developmental theories to professionally and ethically assist clients to develop coping strategies for life’s stressors and challenging stages.

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Appendix A

Relevant Sections of Australian Counselling Association's Code of Ethics and Practice (ACA, 2015)

Section 2: Code of Ethics

a) The helping relationship constitutes the effective and appropriate use of helper's skills that are for the benefit and safety of the client in his or her circumstances. Therefore as members (regardless of level) of the Australian Counselling Association we will:

- i. Offer a non-judgmental professional service, free from discrimination, honouring the individuality of the client.
- ii. Establish the helping relationship in order to maintain the integrity and empowerment of the client without offering advice.

Section 3: Code of Practice

3.3 Anti-Discrimination Practice

a) Client Respect

i. Counsellors work with clients in ways that affirm both the common humanity and the uniqueness of each individual. They must be sensitive to the cultural context and worldview of the client, for instance whether the individual, family or community is taken as central.

b) Client Autonomy

i. Counsellors are responsible for working in ways that respect and promote the client's ability to make decisions in the light of his/her own beliefs, values and context.

c) Counsellor Awareness

ii. Counsellors have a responsibility to consider and address their own prejudices, stereotyping attitudes and behaviour. They are to give particular consideration to ways in which these may be affecting the counselling relationship and influencing their responses.

3.4 Confidentiality

a) Confidentiality is a means of providing the client with safety and privacy and thus protects client autonomy. For this reason any limitation on the degree of confidentiality is likely to diminish the effectiveness of counselling.

SECTION 5

ED5857 Assessment in Counselling

LEARNING OUTCOMES

- Students will demonstrate advanced and integrated understanding of research methods and administrative regulations within a legal and ethical framework as outlined by the Australian Counselling Association and Singapore Association for Counselling Code of Ethics;
- Students must demonstrate cognitive, technical and creative skills when dealing with culturerelated issues and provide recommendations of assessments that are sensitive to multicultural differences and are appropriate to ensure rural and regional wellbeing applicable to the guidance and counselling and career development fields;
- Students will be proficient in interpretation, evaluation, recommendation, and conclusion justification in a range of complex issues and demonstrate proficiency in communication with both specialist and non- specialist stakeholders using advanced numeracy, reading, writing, and advocacy skill;
- Students must demonstrate proficiency with basic statistics and research methods. This subject provides basic research principles to be applied to a research-based project;
- Students must demonstrate competence in professional numeracy in guidance and counselling and advanced knowledge of behavioural and cognitive assessments including developing skills in conducting, interpreting and reporting on assessment protocols, practices, and procedures. This requires proficiency in basic statistics, psychometrics, the rationale behind test construction, test reliability and validity, understanding the implications of neuroscience for assessment in counselling, and interpretation of quantitative and qualitative data.

Case Study Conceptualisation

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ED5857: Assessment

22 October 2016

Abstract

Case conceptualisation is defined as a “method and clinical strategy for obtaining and organizing information about a client, understanding and explaining the client’s situation and maladaptive patterns, guiding and focusing treatment, anticipating challenges and road-blocks, and preparing for successful termination” (Sperry, 2010, p. 4). This paper explores case conceptualisation for a hypothetical client, Annie (see Appendix A), and examines the ethical responsibilities of the counsellor to consider the client as an autonomous, multicultural being. An integrated approach has been taken with the case conceptualisation – viewing the case through a lens of person-centred theory, solution-based theory, and Super’s theory. Each theory is examined and explores its influence in the case conceptualisation. Next, the case conceptualisation for the case of Annie is presented, following a format adapted from Stoltenberg and McNeill (2010). Finally, posts made onto a discussion board by the author regarding a working definition of case conceptualisation and application of theory has been included as an attachment in Appendix B. The feedback provided from colleagues on the discussion board has been integrated into the theory and application of the case conceptualisation.

Keywords: case conceptualisation, ethics, person-centred theory, solution-based theory, Super’s theory

Case Study Conceptualisation

Case conceptualisation description

Case conceptualisation is defined as a “method and clinical strategy for obtaining and organizing information about a client, understanding and explaining the client’s situation and maladaptive patterns, guiding and focusing treatment, anticipating challenges and road-blocks, and preparing for successful termination” (Sperry, 2010, p. 4). To put it simply, case conceptualisation is thorough case documentation of a client (Prieto & Scheel, 2002). It involves the integration and analysis of assessment data to reflect the therapist’s interpretation of the client’s past and current functioning, and contains recommendations for the treatment plan and interventions (Murphy & Dillon, 2011).

As the process of case conceptualisation is open to interpretation by the counsellor, it is important for counsellors to be aware of their own bias. The Australian Counsellors Association (ACA) Code of Ethics and Practice (2015) writes that “Counsellors work with clients in ways that affirm both the common humanity and the uniqueness of each individual. They must be sensitive to the cultural context and worldview of the client, for instance whether the individual, family or the community is taken as central” (p. 7). The cost of a counsellor not being aware of their own bias has major implications for the client. Wynn and West-Olatunji (2008) writes that culturally diverse clients

can be poorly assessed and therefore their interventions are ineffective due to counsellors being ineffective with cultural-centered case conceptualisation. Furthermore, clients may be subject to further stress or “unintentional acts of micro aggression such as subtle insults based on stereotypical assumptions or cultural insensitivity” (Wynn & West-Olatunji, 2008, p. 309). As an example, a counsellor who is morally opposed to same-sex marriage or in broader terms, homosexuality, may be insensitive or stereotype their homosexual clients and their significant relationships.

Sperry and Sperry (2012) state that case conceptualisation is the most important competency for counsellors to master as it helps the practitioner’s understanding of the client’s concerns and guiding the treatment process, it helps increase the likelihood of achieving treatment goals, and helps instil confidence in the counsellor which can be communicated to the client. Case conceptualisation is not mandated within the Australian counselling profession, however Sperry (2016) notes that case conceptualisation is an expected part of modern counselling, whereas in previous years, it may have been included but not required. Case conceptualisation may have been viewed as “bureaucratic paperwork” in the past; however it is clear that the benefits of case conceptualisation are numerous not only for clients but counsellors also.

The process of case conceptualisation begins the moment that the client walks through the door and does not stop

until termination (Gehart, 2014). As the client reveals new information, the counsellor will be forming and re-forming their interpretations from the counsellor-client dialogue. Therefore the process is ongoing, and as the counsellor gains trust with the client, the client may reveal new or deeper information which will further influence the case conceptualisation process. Collaborating with the client when forming and re-forming the case conceptualisation will help the counsellor ensure that the information is accurate and reflects the client as a whole. The use of microskills will help counsellors develop an empathic relationship with the client and help the counsellor to listen to the client’s story (Ivey, Ivey & Zalaquett, 2014).

For a beginning counsellor, case conceptualisation is an effective measure to ensure all the shades of the client have come to light. Case conceptualisation has been likened to a beginning dancer, where dance steps must be broken down, and similarly beginning counsellors use basic structures to ensure that all necessary aspects of the client is considered (Gehart, 2014). There are many ‘formats’ that a practitioner can follow, which vary in degrees of cross-cultural inclusion. For example Prieto and Scheel (2002) suggest the STIPS acronym (signs, topics, interventions, progress, special issues) will help counsellors organise their notes for each counselling session. Examining this structure identifies a gap – it does not allow scope for the counsellor to focus on the cross-cultural aspects of the client, nor their strengths.

The format used in this essay for the case of Annie (see Appendix A) is the one adapted from Stoltenberg and McNeill (2010). This format has been chosen as it has a balanced approach in covering the cross-cultural aspects of a client. The headings include clinical data, presenting problem, relevant history, interpersonal factors, environmental factors, personality dynamics, testing, life transition skills, formal diagnosis, counsellor's case conceptualisation, and treatment plan). One aspect however that is missing in the format is client's strengths. Murphy and Dillon (2011) writes that good assessment requires assessment on client's strengths, not just weaknesses. Positive psychology is a strengths-based approach where a counsellor's role is to help their clients live more effective and meaningful lives (Ivey, Ivey, & Zalaquett, 2014). A counsellor's key role working with this theory is helping client's understand their own strengths (Ivey, Ivey, & Zalaquett, 2014). As a result, an additional heading of 'Strengths' has been added to the case conceptualisation format.

Description of case conceptualisation through theoretical lens

Murphy and Dillon (2011) posits that good formulations require clinical judgement to select appropriately from many theoretical explanatory models to try to explain the phenomena observed in clients, their stories, and their interactions with the clinician and others (p. 203). Ethical practitioners assume that every client is unique and multifaceted and so the interventions are tailored to meet the

client's needs (Sperry & Sperry, 2012). In this light, counsellors can tailor the theoretical approaches to meet the unique needs of each client. For the case of Annie (see Appendix A) an eclectic approach will be taken – person-centred therapy, solution-based theory and Super's theory. These theories are strength-based, and view the client as the “master” of their own lives.

The underlying assumptions of person-centred therapy (PCT) as set out by its founder Carl Rogers (1951) is that people are trustworthy, and have the potential to understand themselves and resolve their problems, and are capable of self-directed growth (Spangenberg, 2003). Rogers maintains that there are three prerequisites to create a growth-fostering climate between client and counsellor: congruence, unconditional positive regard and accurate empathetic understanding (Corey, 2013). As such, the focus is on the relationship itself between counsellor and client, and not on the assessment or techniques that the counsellor uses. The function of the therapist following PCT is to use themselves as an instrument of change, allowing the client to set their own goals, while still helping them reach those set goals (Corey, 2013).

Solution-based theory (SBT) views clients to be the experts of their lives (Sperry & Sperry, 2012, p. 167). The Australian Counsellors Association code of practice (2015) affirms this view of autonomy, as it states, “Counsellors are responsible for working in ways that respect and promote the clients ability to make decisions in the light of

his/her own beliefs, values and context” (ACA, 2015, p. 7). Effective treatment is based on the client clarifying their goals, and enhancing solutions already made available to them (de Shazer, 1985). Factors to be considered in solution-based theory include: client’s view of his/her situation, client’s best hope, client’s strengths and readiness for change, systematic variables influencing the client, client’s view of preferred future, pieces of the solution that are already happening, solution elaboration (Sperry & Sperry, 2012, p.169). While SBT promotes autonomy like PCT, there is less emphasis on the quality of the relationship between client and counsellor.

One of the key issues for Annie is her career, and Super’s theory posits that one’s career is influenced by a one’s self concept which begins at birth and develops throughout one’s life span (Amudson, Harris-Bowlsbey, & Niles, 2009). One of the goals working with Super’s frame of reference is to help the client develop a strong, realistic self-concept, which includes an understanding of their interests, abilities and values (Amudson, Harris-Bowlsbey, & Niles, 2009, p. 20). Therefore proceeding with a mix of these theories, there will be an emphasis on the quality of the relationship, while focusing on the client’s view of their solution, and developing the client’s strengths and self-concept.

Case Conceptualisation for the case of Annie

1. Strengths: Annie is a strong, independent, professional working woman who has already taken pro-active steps towards making a change with a situation that she is unhappy about. She has also independently sought counselling and is quite motivated to making a positive change.

2. Clinical Data: Annie is a 55 year old woman (born 1 March 1961) in a long-term committed same-sex relationship with her partner, Gwenneth. The couple have no children and share a home. Annie is currently a manager at a marketing and promotions office. She has worked there on a full-time permanent basis for the last five years. Annie has had her first session, which she attended alone. During the first session, the RESPECTFUL model (Ivey, Ivey, & Zalaquett, 2014) was used in a semi-structured interview to gain a broad perspective on Annie’s multiculturalism. The results are as follows:

Religion/Spirituality – Annie identifies herself as an atheist – she does believe in a “higher power” but she is strongly against any organised religion. Annie was raised in a strict catholic family, and resents their view on homosexuality.

Economic/class background – Annie stated that she is “middle class” and grew up in a family that often struggled financially. As a child, her father’s business went into bankruptcy, which had a “major effect” on the family and her view of money.

Sexual Orientation and or gender identity – Annie identifies as a lesbian, and has been “out” since her 20’s. At first, Annie’s family were not supportive, and “stonewalled” her, but over the years they have become more accepting.

Personal style and education – Annie is relaxed and calm. She attended the local university after completing high school and graduated with a post-graduate degree in Marketing.

Ethnic and Racial identity – Annie identifies as being a “white Australian”. She knows limited information about her family background, other than her immediate family.

Chronological/lifespan challenges – Annie is in her mid-fifties, and is approaching retirement age.

Trauma – Issues around bankruptcy, subsequent divorce and heterosexism were identified by Annie as traumatic. Annie stated that she would “love to get married” and has always wanted to, but feels a great deal of unjust that her heterosexual counterparts are legally allowed to get married, despite the fact that she and her partner have been together for years.

Family background - Annie comes from a traditional family – a mother and father who are in their late seventies, and now divorced. Annie has regular contact with each parent and is close with both her mother and father. An-

nie has two older brothers, who do not live in the same state as Annie, so she has limited contact.

Unique physical characteristics – Annie has no obvious unique physical characteristics.

Location of residence and language differences – Annie and her partner live in Townsville, Australia.

3. Presenting Problem: Recently at Annie’s place of work there was a change of ownership, including a new Chief Executive Officer (precipitating factor). The demands on Annie and her staff have increased, with no rise in pay. Annie’s staff members have become disgruntled with Annie, and Annie is feeling ‘undervalued’ by her staff and her new CEO. The issue of Annie feeling overworked and underpaid has persisted and increased in the last few years. Previously, with the old management, Annie felt her work was valued and her work was appropriately compensated with her salary and bonuses for reaching targets set by her CEO. Last month Annie was told by her doctor that her blood pressure was too high due to stress, and that she needs to take blood pressure medication and change her lifestyle, including work pressures.

4. Relevant history: Annie and her partner Gwenneth have a close circle of friends, some of whom are also in the LGBTI community. Both Annie and Gwenneth are third generation Australian, and there are no issues of race or ethnicity. Throughout her life Annie has been a high-achiever, completing a post-graduate degree in marketing.

Since completing her graduate degree almost 20 years ago, she has worked in a range of small to large marketing companies in Sydney and Townsville, at varying levels of responsibility. During her career, she has worked hard to “work her way up the ladder”. Annie has always enjoyed her work, as it provided her the opportunity to work with like-minded, artistic people and a stable income.

In her 30’s and 40’s Annie took good care of her health – eating well, exercising, and participating in the local mountain bike riding competitions. However due to the recent increase in demands at work, Annie has less time to exercise and to prepare and cook healthy meals. As a result, she has gained 15 kilograms in weight in the last six months. Annie has been diagnosed with high blood pressure, and there is a history of high blood pressure on Annie’s father’s side of the family.

This is Annie’s second time to visit a therapist – the first being after a break-up of a previous relationship in Sydney. Annie sought counselling independently, and found the therapy to be helpful, and helped her to make the decision to return to her home-town of Townsville. Annie reported that the therapy lasted for just over a month, and found her counsellor to be “warm and genuine”.

5. **Interpersonal factors:** Annie was dressed professionally, and was neat and well-presented. Her voice and demeanour was relaxed and calm.

6. **Environmental factors:** Annie has a close group of friends, maintains contact in the LGBTI community, and belongs to a local mountain bike riding club.

7. **Personality dynamics:** Annie is highly intelligent and demonstrates a high degree of self-awareness, insight and is proactive. The fact that Annie has decided to apply for a new position as an administration assistant at the local university demonstrates Annie’s motivation for change and self-awareness. During the session, Annie demonstrated a range of emotions, from apparent joy when discussing her home life to anxiety and stress when discussing her work life. When discussing her new potential position, Annie seemed hopeful.

8. **Testing:** At this time, no tests are required. Moving forward, a Self-Directed Search may help Annie to identify her interests and skills perhaps in a different career path. Annie may also benefit from a wellness assessment. A wellness assessment incorporates five dimensions of the self (essential, social, coping, creative and physical) and can facilitate a client’s growth and development. Administering these tests would depend on Annie and her goals.

9. **Life transition/adaption skills:** Annie has already taken the step to apply for a new position at a local community college. After a discussion with her partner, who appears to be very supportive, Annie applied for a new position, despite a reduction in pay. Annie demonstrates a high level of self-esteem and resilience. Annie’s protective

factors include partner support, strong friendship base, her intelligence, and her strength as living and working professionally as a lesbian in a heterosexist society. Her risk factors include her blood pressure, her sudden increase in weight, her change in developmental life stage and her slight distance with her family members.

10. Formal (Tentative) diagnosis: Not applicable.
11. Counsellor's conceptualisation of the case: Due to a number of external factors in Annie's work, Annie has reported to be feeling increasingly stressed and not valued in her place of work.
12. Treatment Plan: Working with an eclectic mix of theories, the goals of the therapy would be dependent upon Annie, and with a focus on fostering an empathic relationship through the use of the microskills hierarchy, developing a strong self-concept and aiming towards a solution.

Annie would benefit by developing her adaptive flexibility. A general sense of self-efficacy, self-esteem, personal control over important goals and social support are characteristics which are linked with greater physical and emotional health and well-being (Broderick & Blewitt, 2015). Lesbians face unique struggles developing a positive self-concept due to their devalued gender and sexual orientation (Fassinger, 1996).

Cass (1979) has developed a model of development for both gay men and women which consist of six stages: identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. The development is not necessarily linear, and individuals can recycle through stages. Perhaps Annie would benefit from developing her self-acceptance of her sexuality and education around the effects of heterosexism in the workplace.

As for behaviour changes for Annie, I would help her brainstorm ways for her to build her social relations and engage in physical exercise (sign up for a sporting competition, exercise with her partner, volunteer walking dogs etc). Annie may also benefit from a pedometer, making sure she takes 10 000 steps daily. Annie could track her progress weekly with a check-in either with myself or her partner.

Annie may also benefit from meditation, and may require some educational support and homework activities. It may be worth discussing meditation apps if Annie has access to the appropriate technology. Apps such as 'Headspace' are easy to use, engaging and an effective way to meditate.

13. Questions/issues: Using a person-centred frame of reference, the goals of the treatment would be set by the client. Therefore discovering the goals through use of

questioning and check-ins are essential. Below are a list of some questions I would consider using with Annie:

- If you had a magic wand, what would you want?
- Can you tell me about your strengths?
- Can you tell me how you would like to look back at this period in time?
- Can you tell me about your family/partner?
- How do you see yourself?
- How do you like to spend your free time?
- What do you want to change? What is the smallest thing you can change?
- What changes are you willing to make?
- How will I know that we have been successful in our therapy?

Summary

As stated previously case conception is the integration and analysis of assessment data to reflect the therapist's interpretation of the client's past and current functioning, and contains recommendations for the treatment plan and interventions (Murphy & Dillon, 2011). At present, it is envisaged that Annie will benefit from a minimum of four

counselling sessions – a session each to discover Annie's strengths/goals, her interests (through the use of the SDS), potential issues that may be holding her back (heterosexism or sexual identity), and creating an action plan/checking in. The case conceptualisation is fluid and responsive to Annie, and her goals. The focus of the treatment will be on creating a supportive environment for Annie to flourish and heal herself.

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A Cognitive-Behavioural Approach in

Case Conceptualization:

A Client Ruled by WorryYen Li Valerie Quan

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Abstract

The present paper discusses the case conceptualization of a referral client after the first intake session. Case conceptualization serves to organize, navigate and comprehend the client's universe of problems. The five "Ps" of the Cognitive Behaviour Therapy (CBT) framework was utilised to form the case conceptualization for the referral client, Irene. The main hypotheses of Irene's presenting issues were her intolerance for uncertainty, a need for academic perfectionism, lack of confidence and low self-esteem. Of note are her catastrophic thinking and avoidance behaviours that may be reinforcing her problems. Of note are her maladaptive beliefs as influenced by her parents in academic achievement. Following this, a planned schedule of recommended assessments was discussed with the client to further build the case assessment, the formation of collaborative treatment goals and ethical boundaries to the client-counsellor relationship. Barriers to therapy were also discussed.

Keywords: cognitive behaviour therapy, case conceptualization, assessments

The present paper discusses the case conceptualization of a referral client after the first intake session. The discussion will explore the theoretical rationale for assessment using a CBT formulation framework to structure the case conceptualization, assessment recommendations and therapeutic goals. Additionally, ethical issues pertaining to the client-counsellor therapeutic relationship are acknowledged within the discussion.

Theoretical Rationale for Case Conceptualisation

Case conceptualization is an essential step when embarking on the counselling journey with a client, as it provides a counsellor with the ability to organize, navigate and comprehend the client's universe of problems (Persons, 1989). The awareness of one's competencies within the counselling profession are clearly bounded by an ethical code of standards, to which case conceptualization can inform a counsellor whether they have the appropriate competencies in dealing with a client's issues, or to make appropriate referrals (The Australian Counselling Association, ACA, 2015, p. 12).

The main tenet of CBT purports that our emotional and behavioural states are shaped by our self-perception, and how we perceive the world and future events (Beck, 2011). Thus, the conceptualization is based on the client's frame of reference, and the influence of the biopsychosocial context in the development and maintenance of maladaptive states (Dudley & Kuyken, 2006). This client-centricity al-

lows for a collaborative empiricism (Beck, 1995) in building a shared description of the client's issues, and establishing a therapeutic alliance that works towards formulation of goals and effect positive change during the intervention process (Dudley & Kuyken, 2006). The five "Ps" of the CBT framework, as described in the following sections, will form the case conceptualization for the referral client, Irene. Each P represents a different type of description and implication, and relate to different interventions and goals (Dudley & Kuyken, 2006).

Case Presentation

For the purpose of maintaining client confidentiality (ACA, 2015, p. 8), we will henceforth refer to our client as "Irene". Irene is a 20-year-old Caucasian female, and a full-time second year student at a local community college. She lives in the dormitory with one roommate. In her latest visit to the college clinic, Irene complained of excessive worry and anxiety in multiple areas of her life, and expressed intentions to withdraw from her subject modules for fear of failure.

Historical records indicate that within the past year, Irene had repeatedly presented with the same issues (in the middle of each semester), to which a school counsellor had worked with her, with some assistance from her parents. Irene had managed to pull through each semester's "crisis" without subject withdrawal and maintained a 3.7 grade point average (GPA). However, the school counsel-

lor suspects that the persistence of her chronic worry and intolerance of uncertainty may be attributable to a general anxiety disorder (GAD). Irene was thus referred to the community counselling centre for further diagnostic assessment and suitability for CBT.

The following section is an initial case conceptualization, and documents the conceptualization using the five Ps of the CBT framework.

Case Conceptualization

Presenting Issues

Intolerance of uncertainty and academic perfectionism. Irene seemed to display an excessive fear of failure in her academic work and relationships, and this intolerance of uncertainty in future events has caused her to threaten dropping out of courses several times in the past year. Irene reported that she had suffered from academic anxiety for most of high school, and experienced significant anxiety when she began college four years ago. Having dropped out of college after only a month, Irene was then treated for depressive symptoms in her home town. She then completed a two-year junior college with high academic achievement. Her anxiety peaked again when she began college last year, as she ruminated extensively over every test and assignment, and feared a nervous breakdown. Extreme agitation was observed during her recent visit to the college clinic. However, her concerns seem highly improbable in light of an almost perfect GPA.

Lack of confidence and low self-esteem. Irene perceives herself to be naïve and stupid in relationships, and worries that this may cause her new boyfriend to lose interest in her. This is contrary to her self-report that dates with her boyfriend tended to be successful and enjoyable, and that both of them had enjoyed sexual contact. Her fear in completing courses also indicates that she lacked confidence in her own abilities, which may translate to poor stress coping skills. Despite strong academic achievement, Irene could not handle the workload when progressing to higher education. Her inability to cope with college life and maladaptive worrying patterns further impaired her functioning, to the point of losing focus in understanding course materials.

Precipitating Factors

Irene's catastrophic thinking about her health concerns and relationship with friends may be indicative of the proximal triggers of the presenting issues. Firstly, Irene displays a propensity for magnifying perceived threats that result in misjudging the significance of potential consequences (Ellis, 1962) in her life. Irene suffers from minor hypertension, and requires regular blood pressure monitoring and partaking of a healthy low sodium diet. However, her catastrophic interpretation of ingesting the wrong foods precipitates her fear of exacerbating her hypertension, causing her to take extreme measures by excessive restrictive eating, which result in anxiety during meal times. The stress of restrictive eating has occasionally

caused Irene to binge eat. Although not a major issue, Counsellor J made a note of this. Catastrophic interpretation of events that are extremely distressing and persistent have been proposed to be a key factor in obsessive–compulsive disorder (OCD; Gellatly & Beck, 2016), as they can turn into abnormal obsessions (Rachman, 1997). However, diagnosis of OCD may be premature at stage, seeing that her reports of intrusive thoughts are results of real life events.

Perpetuating Factors

Catastrophic thinking. Irene's experience of panic attacks and physiological symptoms (tension headaches, abdominal gas and pain, diarrhoea) can be interpreted as perpetuating factors that maintain her existing problems. The physiological symptoms can affect her behaviour, such as causing her to lay in bed and being unable to attend classes. Whilst in bed, she may engage in catastrophic thinking (such as how big a failure she was for missing school), which then translates into feelings of anxiousness and agitation of not having enough time to complete her assignments. The relationship between all elements interact bi-directionally and sustain the catastrophic cycle, thus perpetuating and reinforcing maladaptive patterns in worry and anxiety (Gellatly & Beck, 2016).

Avoidance. Irene's extreme concerns for her hypertensive condition has resulted in her avoidance of blood pressure monitoring. This avoidance perpetuates her anxieties

about her health because it prevents her from finding out whether the feared consequence (increase in blood pressure) will actually occur (Dudley & Kuyken, 2006). The same can be inferred from her threats to drop coursework throughout her college life due to an intolerance of uncertainty in outcomes. Such safety-seeking and avoidance behaviours thus reinforces her catastrophic beliefs that these feared catastrophes would have otherwise occurred if not for her avoidance (Gellatly & Beck, 2016).

These perpetuating factors aid in our understanding of the relationship between her maladaptive thinking patterns and behaviours (e.g. all-or-nothing thinking such as dropping out of courses without attempting to complete assignments), and has significant benefits to CBT interventions in future sessions with Irene, such as cognitive restructuring, where we can teach her to identify and challenge dysfunctional cognitions to effect positive behavioural change and emotional states.

Predisposing Factors

Formative developmental experiences in Irene's early years may have shaped some of her deep-seated views of self (core beliefs and schemas; Persons, 1989; Beck, 1995). Irene reflected on her early years living with her parents and sister, Bertha. Her father was a rigid and strict man who believed that academic excellence was the key measure of a person's worth. In middle school, Irene's father had given her the worst beating of her life, simply because

she received a B grade in mathematics for a careless mistake. From then on, Irene always believed that any grade besides an A was a mark of failure, and that her parent's love and affection were dependent on her academic performance. This was further reinforced by the successes of her sister, Bertha, who was a straight As student, and now an established lawyer at a renowned law firm. Irene's mother, a subservient housewife of 28 years, had always strived to be a good mother for Irene. However, she also reinforced her husband's beliefs, and pushed Irene to achieve academic excellence by getting her tutoring support and tracking her performance.

This historical account provides us with deep insight into Irene's low sense of self-esteem and the pursuit of academic perfection. Her sense of acceptance by others is merit-based, which also predisposed her to feel incompetent in her social relationships. The overprotective nature of her mother in monitoring her academic progress and ensuring success has caused Irene to become highly dependent, lacking in resiliency and coping skills. Perhaps her leaving the family nest for college was a major life transition that Irene never overcame.

Protective Factors

Despite the overwhelming theme of chronic worry, Irene has reported that her current roommate had been supportive in her academic strivings. Irene had also helped to tutor her roommate in a few courses and received positive

feedback of her engaging personality. Also, her roommate had introduced Irene to her new boyfriend. At this stage, Irene's countenance brightened up. She shared that her boyfriend had appeared to be happy during their six-week relationship, and was always the one who initiated and planned for each date. Irene recalled having momentarily forgotten about her anxieties and had fun during a couple of dormitory parties. Irene was also grateful that no matter what problem she faced, her mother always answered her cry for help. She acknowledged that it was taxing to place such pressure on her mother. By deciding to seek formal help, it was observed as a display of strength in wanting independence.

Counsellor J noted that Irene was bright and articulate, displaying insights into how her worrying nature may be the cause of her emotional state. She was not favourable towards the unstructured psychotherapy in her past therapeutic experiences, and felt that outcomes were not to her expectations. She was open to CBT, and the exploration of the relationship between her thoughts, emotions and behaviour. Irene's repertoire of strengths and resources can be drawn upon to build strength and resilience and complement CBT interventions.

Assessment

To better assist in Irene's case conceptualization and the formulation of therapeutic goals and treatment, Counsellor J has proposed a mix of subjective and objective meas-

ures to be administered over a planned schedule. This was done to allow satisfactory assessment of Irene's symptomology, without overwhelming her one go.

Self-Monitoring

The Subjective Units of Distress Scale (SUDS; Wolpe, 1990) will be administered and used continuously as a monitoring tool. The SUDS would serve as a daily self-monitoring log for Irene to rate her worries and moods on a Likert scale of 0 to 10, with 0 being the worst, and 10 being the best. Irene would be taught to estimate how much she worried throughout each day. A 100% rating meant that she had spent the entire day worrying.

Generalized Anxiety Disorder Questionnaire IV (GAD-Q-IV)

Irene should be assessed for General Anxiety Disorder (GAD), as she meets the four (of six) diagnostic criterion in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association [APA], 2013), namely (a) excessive worrying for more than six months, (b) difficulty in controlling worry, (c) distress and impairment in important areas of functioning and (d) not attributable to physiological effects of a substance. The GAD-Q-IV (Newman et al., 2002) measure was chosen as it assesses the full diagnostic criterion of GAD in the DSM (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000), and demonstrates sound psychometric properties in young adult samples.

Depression Anxiety Stress Scale (DASS)

The DASS (Anthony, Bieling, Cox, Enns & Swinson, 1998) comprises of three scales that measure depressive, anxiety and stressful symptoms. The 21-item questionnaire score ranges between 0 and 42, with higher scores indicating higher severity.

Intolerance of Uncertainty Scale (IUS)

The IUS (Freeston, Rhéaume, Letarte, Dugas, & Ladouceur, 1994) will be administered to assess aspects of intolerance of uncertainty, such as Irene's attempts to control future events, her expected predictability of events and consequences of uncertain situations (Freeston et al., 1994). Scores range between 27 and 135, with high degree of intolerance indicated by higher scores.

Cognitive-Behavioural Avoidance Scale (CBAS)

The CBAS (Ottenbreit & Dobson, 2004) measures the degree to which Irene engages in avoidance within the cognitive and behavioural domains under social and non-social aspects.

Health Indicators

Irene has a history of mild hypertension and is observed to be slightly overweight. Hyperthyroidism, or abnormal thyroid hormone levels can display symptoms of anxiety, irritability and emotional mood states (Demet et al.,

2002). It is thus important to rule out Hyperthyroidism in the diagnosis of GAD.

Intended Therapeutic Goals

Socialization of therapeutic treatment. CBT interventions in chronic worry tended to focus on the reduction of physiological arousal, the client's concern for worry, and reducing worry to manageable levels. By socializing the CBT treatment with Irene, Counsellor J sought to begin building rapport and the therapeutic alliance, and a common understand of CBT treatment suitability for her. An in-session guidance on the SUDS was conducted to help Irene begin her journey. In subsequent sessions, the five-part cognitive model (See Appendix A; Padesky & Mooney, 1990) would be used as a collaborative in-session activity to help Irene understand the bi-directional interaction between internal (core beliefs) and external (environment, situational triggers) factors. This helps to steer the therapy to the here and now of her presenting problems, and in building collaborative empiricism (Beck, 1995) in the treatment goals as therapy progresses.

Client respect and autonomy. Irene had indicated her interest in structured CBT interventions, to which she felt would be beneficial to her presenting issues. She had prioritised chronic worry and anxiety as the most important area to work on, and to reduce her sense of impending failure. The goal to reduce time spent worrying each day was collaboratively discussed and agreed upon. This is in line

with ethical standards of client respect and autonomy in decision making (ACA, 2015, p. 7). Irene would return at the next session with her daily ratings of the SUDS for further goal setting.

Interventions best suited for Irene. ACA (2015) code of ethics requires the counsellor to be competent in the interventions that are conducted and best suited to the client (p. 12). Counsellor J is currently supervised by a professional counsellor trained in CBT techniques, and reports regularly on client case conceptualizations. Irene has been forthcoming in self-reflection, and wanted to delve deeper into her thought processes. Therefore, cognitive interventions in the identification of situational triggers of worry and underlying maladaptive beliefs, and teaching her to evaluate and challenge them can be beneficial. Behavioural interventions in relaxation training, problem solving, education through imaginal exposure of maladaptive maintenance factors, and in vivo exposure would serve to bring anxiety levels to manageable levels as Irene progresses along the course of treatment.

Barriers and Access to Care

An important element of CBT involves homework completion (Leahy & Holland, 2000). The effects of homework completion and compliance have been observed to result in better treatment outcomes in psychotherapy (Kazantzis, Deane & Ronan, 2000). A large part of Irene's anxiety stems from her fear of not completing coursework.

Thus, the introduction of homework completion would have to be facilitated with care. One way to reduce anxiety would be to spend time during the counselling session in doing part of the homework (e.g. thought record) and having Irene realise that she had the competencies to complete without experiencing anxiety. This may be incorporated as a form of in vivo exposure.

The involvement of Irene's family in the therapeutic process is also an important one. The rigidity of her father's beliefs may serve to counter therapy progress. Skills to improving communication channels with her parents may be helpful.

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Useful Resources and Links

WHAT WILL I FIND HERE?

This chapter contains useful links and resources to guide your ethical engagement when working with blended learning in the guidance and counselling and career development programs.



SECTION 1

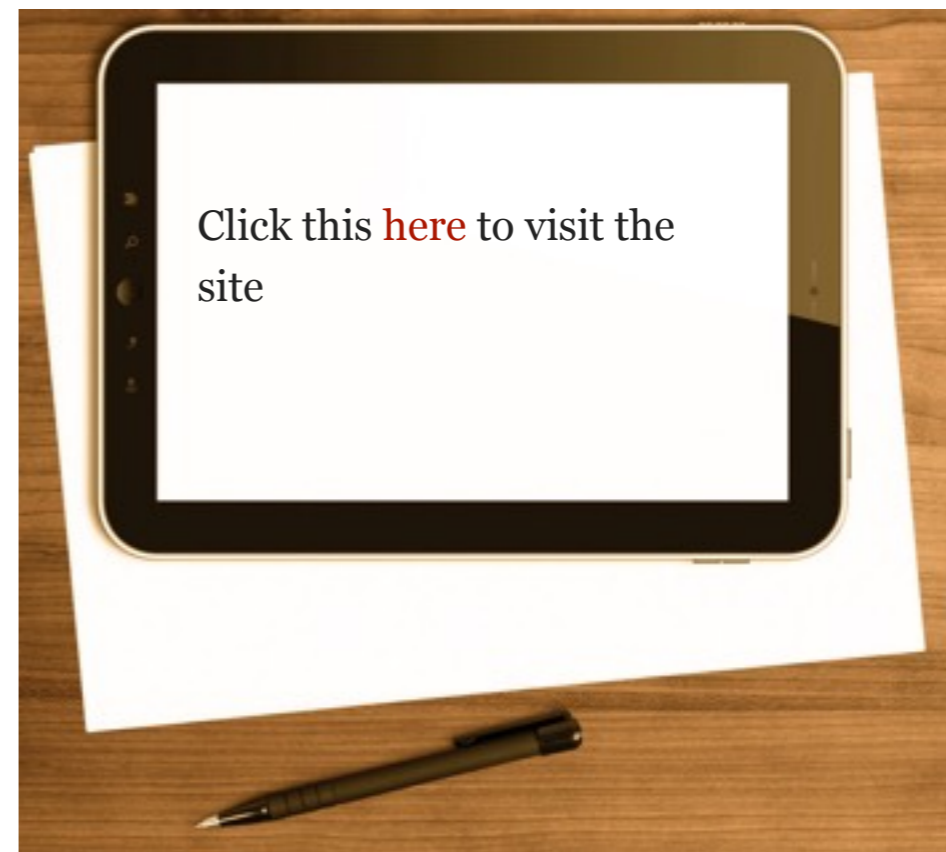
Guidance Counselling and Career Development Community Site

WHAT WILL I FIND HERE?

In line with the guidance and counselling subject sites, a guidance, counselling and career development community site has been developed.







This site compliments rather than duplicates your subject sites and is aimed at building the international mindedness and community of engagement of our students.

The navigation of the site is self-directed, with the content directed toward adding value to your leanings of guidance and counselling and career development beyond your learnings in individual subjects.



Weblinks






Build Content ▾ Assessments ▾ Tools ▾ Partner Content ▾

-  **ED5857**
Enabled: Statistics Tracking
-  **ED 5859**
Enabled: Statistics Tracking
-  **ED 5862**
Enabled: Statistics Tracking
-  **ED 5863** 
-  **ED 5864**

Click this [here](#) to visit the site

Career Hub

Build Content ▾ Assessments ▾ Tools ▾ Partner Content ▾

-  **Career hub and e-portfolios instructions**
Enabled: Statistics Tracking
-  **Graduate Employability Framework**
Enabled: Statistics Tracking
Attached Files:  Graduate Employability Framework (1.847 MB)
This framework is designed for students, graduates, employers, higher education academics and career development professionals based on the data from over 700 surveys and 85 interviews/focus groups. Support for the production of this framework has been provided by the Australian Government Office for Learning and Teaching. The views expressed in this framework do not necessarily reflect their views.
-  **Queensland Government Smart Jobs Website**
Enabled: Statistics Tracking
-  **An Insight into a Career in Counselling in Singapore**
Enabled: Statistics Tracking



SECTION 2

Guidance Counselling and Career Development Libguide

WHAT WILL I FIND HERE?

The Guidance, Counselling and Career development libguide points you in the right direction for finding information that will help you with your studies.

Library / Libguides / Discipline Guides / Guidance, Counselling and Career Development / Getting Started

Guidance, Counselling and Career Development: Getting Started

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Guidance, Counselling & Career Development Libguide

Use these databases to search for scholarly journal articles

There are some really good databases available for finding information for Guidance, Counselling and Career Development. We would recommend getting started with the following:

- **Ergonomics Academic**
From arts and the humanities to social sciences, science and technology, this database meets research needs across all academic disciplines.



Guidance, Counselling & Career Development Community Site

Welcome to our guidance, counselling and career development community site. This interactive site is directed towards building the international mindedness of our postgraduate programs and the counselling profession at large. Through this community site, students across our tri-city campuses have the opportunity to engage with the content in a variety of ways. This further developing their appreciation of the guidance, counselling and career development profession. We have structured the site to ensure it encompasses relevant information that complements rather than duplicates your learning in your subjects.

- **LearnUCU**

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Referencing

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- [APA FAQs](#)
- [APA Tutorials](#)

APA 6th handout

[It's a good idea to keep a print copy of this guide handy! Click on the pdf link below to download.](#)

- [JCU APA 6th 1st Sept 2015](#) New

Referencing and academic integrity

Basic APA examples

Book

Author, A. A. (year). *Title: Capital letter also for subtitle*. Location: Publisher.
Frogmouth, T. (2013). *Think like a cat: Mouse dreams*. Birdsville, FL: Crazy Chook Press.
Frogmouth, T. (2013). *Think like a cat: Mouse dreams*. Birdsville, Australia: Crazy Chook Press.

Journal article

Author, A. A., & Author, B. B. (Year). Title of article: Sabotth. *Title of Journal, volume number(issue number), pp-pp*. doi or URL. If available

Frogmouth, T., & Drongs, S. (2013). Think like a cat: Mouse dreams. *Journal of Crazy Chooks*, 17(4), 25-32. doi:10.1037/1051

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Frogmouth, T., & Drongs, S. (2013). Think like a cat: Mouse dreams. *Journal of Crazy Chooks*, 17, 6-32.

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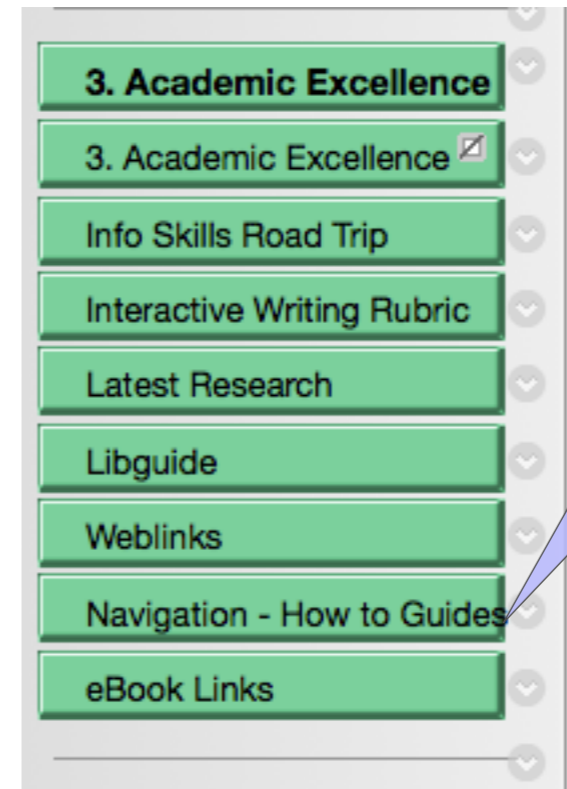
Search

How To Guides

WHAT WILL I FIND HERE?

This chapter contains useful links and resources to guide your working and learning through your course.

The How to Guides have been designed to support your navigation through the subject materials of your course. You are encouraged to suggest and develop how to guides that will add value to student engagement in your studies.



Located on the Guidance and Counselling and Community Development Community Site.

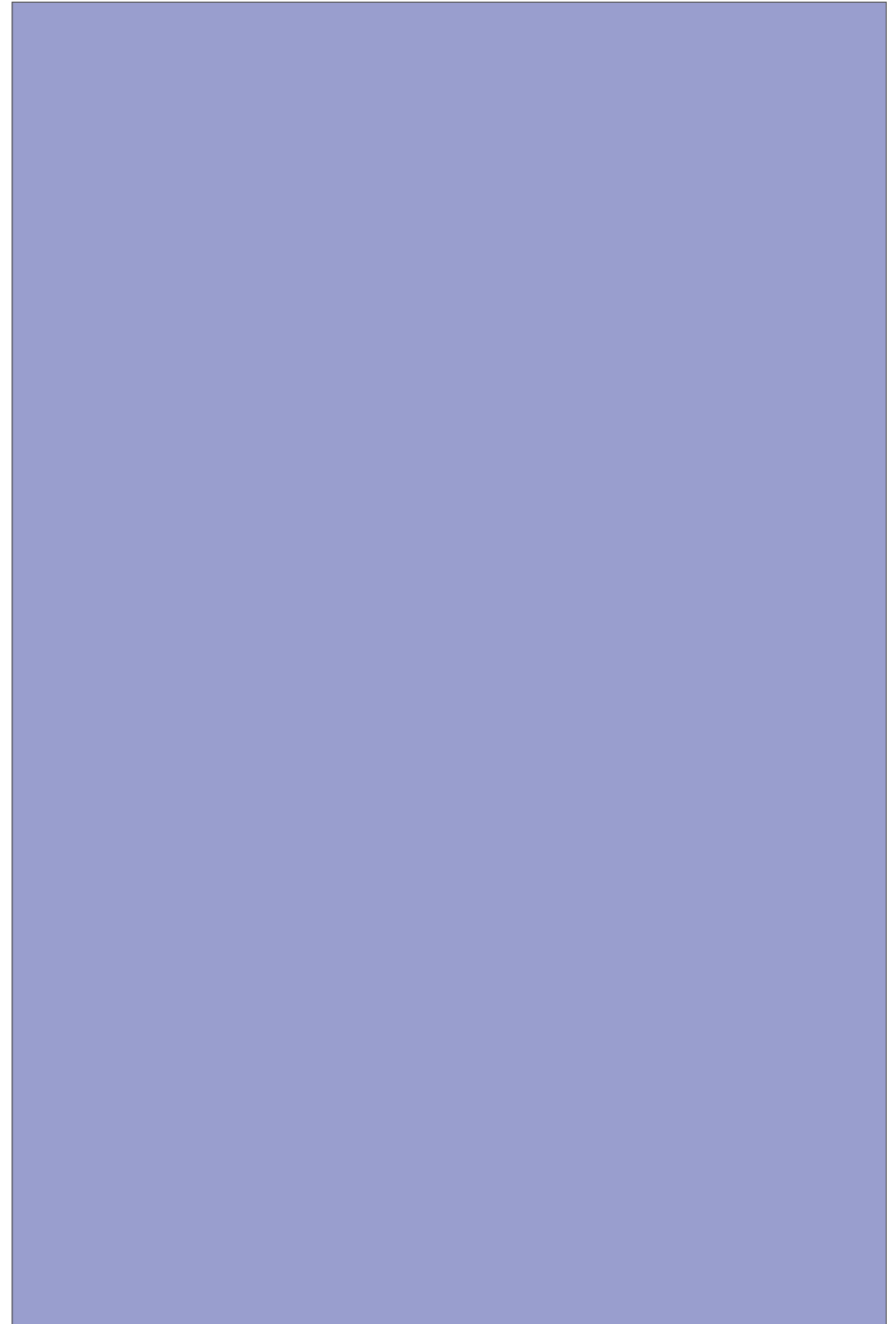


This **link** will take you to the **Guidance Counselling and Career Development Community Site** where you can access a range of How to Guides, including:

- How to filter and collect your forum posts for assignment submission
- How to insert a scanned cover sheet into your word document assignment
- Install FreeVideoConverter help
- Instructions for downloading e-books
- Instructions for using Blackboard Collaborate

- Playing back recorded collaborate sessions
- Pebble+ Sharing help
- PebblePad popups
- Powerpoint sound problems
- Supplementary reading files Mozilla Firefox
- How to insert sound into PowerPoints
- Video vignette basics
- How to convert a video into a smaller size
- What is PechaKucha

Keep viewing this section - it will be modified as new resources are made available.



SECTION 4

Additional Useful Resources and Links

WHAT WILL I FIND HERE?

This chapter contains useful links and resources to guide your working and learning through your course.

This chapter will continue to be modified and expanded on as new information, resources and links become available.

You are encouraged to suggest resources and links that would be a valuable inclusion and support student engagement in your course.

Find relevant information, including:



• **Mobile Apps for Study and Research: Productivity**



Cyberbullying

The use of technology to bully an individual or a group with the intent to cause harm. The intended harm may be social, psychological and, in extreme cases, physical (Australian Government, n.d.).

Related Glossary Terms

Drag related terms here

Index

Find Term

Chapter 3 - Digital Conduct

Digital footprint

A trail of data you create while using the Internet. It includes the websites you visit, emails you send, and information you submit to online services.

Related Glossary Terms

Drag related terms here

Index

Find Term

Chapter 3 - Digital Footprint and Reputation

Digital wellbeing

is about recognising that we live in a world full of ‘screen time’ and having the awareness and skills to balance our on and offline worlds.

Related Glossary Terms

Drag related terms here

Index

Find Term

Chapter 3 - Digital Wellbeing

Good digital citizen

A good digital citizen is a person with the skills and knowledge to effectively use digital technologies to participate in society, communicate with others and create and consume digital content.

Related Glossary Terms

Drag related terms here

Index

Find Term

Chapter 3 - Digital Citizenship