traumaclinic
counselling

Ethical considerations for onsite trauma management

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Course outcomes:

When you have completed this course you will have an understanding of:

- The origin of ethics
- Sources of ethics
- Ethical responsibilities of the counsellor
- Five moral principles reflected in the ethics codes of major professional bodies
- The nature of the client in onsite trauma support
- The requirement of informed consent

CONTENTS

Ethical considerations for onsite trauma management

A note on the learning and teaching approach

This course is built on the principles of supported open learning pioneered by the UK Open University and developed by South African Institute for Distance Education (SAIDE) and The SACHED Trust. Course participants (Students) are asked to do all the tasks as they appear in the text in order to take full value from the course. There are three kinds of tasks:

Fact check – to memorise key knowledge items

Reflection and analysis – to take time to actively engage with the ideas in the course

Assignments – a chance for an extended written task to consolidate your knowledge and express your views.

INTRODUCTION

Onsite trauma management requires particular attention to ethical considerations, not least because the counsellor is out of his or her usual environment and often managing emotional reactions as well as requests from other managers. Onsite trauma management demands skills in trauma management, but also requires that the counsellor is able to provide managers with the answers they need to make effective decisions about staff wellbeing.

As this can happen under some pressure, trauma counsellors arriving onsite will perform confidently if they are able to demonstrate competence with regard to the ethical requirements of the situation. Ethics are not rules to learn and apply to all situations, but are guidelines designed to guide and direct the counsellor in the decisions he or she makes.

This course begins with an introduction to ethics and the importance of ethics for counsellors. Five moral principles common to most major ethical codes are introduced, and used to guide a discussion of the ethical considerations of onsite trauma management. Informed consent and confidentiality in the context of the onsite trauma support situation are discussed and recommendations are given for dealing with situations in which third parties have an interest.

1. WHAT ARE ETHICS?

In order to understand why ethics and morals should be complied with, it is necessary to go beyond basic definitions and consider the origin of ethics. Midgely (1993) presents two broadly accepted accounts for the origin of ethics. The first is that ethics are an evolution of morals and norms, necessary to allow cooperative social life and survival in a world of conflict. This is essentially the theory of the social contract, necessary to survive and

establish social order in society. Another understanding of the origin of ethics and morals can be described in the Christian context of man's attempt to bring his imperfect nature in line with the will of God (Midgley, 1993:4).

One definition of ethics is "a system of accepted beliefs which control behaviour, especially such a system based on morals" and "the study of what is morally right and what is not" (Cambridge Dictionaries Online). Professional ethics are therefore concerned with acceptable and unacceptable behaviour related to the practice of a profession.

Professional bodies are required to publish ethical codes, designed to regulate the professional activities of members of the profession (Allan, 2001). In line with international regulating bodies, the Health Professions Council of South Africa (HPCSA) publishes ethical codes governing the behaviour of all South African health professionals. The HPCSA describes ethics as 'value oriented principles', while the American Psychological Association refers to ethics as a common set of principles and standards, which informs the work of psychologists. The Psychological Society of South Africa (PsySSA), a professional body contributing to the development of the profession of psychology in South Africa, does not publish its own code of ethics, but subscribes to the code published by the HPCSA.

The South African Council for Social Service Profession (SACSSP) notes that ethics are standards of professional conduct within which professionals (in this case, social workers) should work. The SACSSP code includes a note of anticipation that these are standards to which professionals already aspire. This draws attention to the idea that there are sources, other than published ethical codes, through which professionals develop standards of professional conduct.

2. SOURCES OF ETHICS

Bond (2000) notes that the construction of counselling ethics is a social process. He suggests that counsellors draw on six different sources of 'ethical narrative' in order to respond to different situations with clients, and to establish "collectively agreed statements about ethical standards" (Bond, 2000: 38). The six sources contributing to counselling ethics are:

1. **Personal ethics:** personal integrity learned through openness to the possibility of learning and growth.
2. **Ethics implicit in therapeutic models:** ethical orientations and beliefs contained within therapeutic models.
3. **Agency policy:** the requirements of a particular organisation or agency through which the counsellor is working.
4. **Professional codes:** codes of ethics published by professional bodies (such as the APA and HPCSA) that are periodically updated to respond to changes in social circumstances and working practices.
5. **Moral philosophy:** the main focus is on using core values to logically determine 'good' or bad' behaviour. The two main approaches in Western society are the deontological approach (ethical obligations come from universal beliefs based on the nature of reality) and the utilitarian approach (ethical obligations derive from evaluating the consequences of any action and achieving the 'greatest good').

6. **Law:** legal norms that regulate the behaviour of both the counsellor and the client, and the relationship between them.

Allan (2001) notes that legal rules are sanctioned and enforced by the State, making the law the dominant norm system, followed by professional ethics and other sources of ethical consideration. Determining the correct action to take in any situation therefore carries a responsibility for the counsellor.

Fact check 1

Question 1.

Professional ethics govern acceptable and unacceptable behaviour related to the practice of a profession. True/False

Question 2.

The Health Professions Council of South Africa (HPCSA) publishes ethical codes governing the behaviour of all South African health professionals. True/False

Question 3.

The construction of counselling ethics is a social process True/False

Question 4.

Personal ethics and moral philosophy contribute to the construction of counselling ethics

True/False

Question 5.

The law is the dominant norm system True/False

Reflection and analysis

What are the personal implications of the six sources of ethics suggested by Bond (2000)? Give two examples for each source of “ethical narrative” that guides your response to clients and situations.

Personal ethics:

Ethics implicit in therapeutic models:

Agency policy:

Professional codes:

3. RESPONSIBILITY OF THE COUNSELLOR

In the process of making decisions about professional behaviour or resolving dilemmas they may face, counsellors need to consider the ethical codes published by their professional body, as well as legal requirements, and other sources of ethical information.

Both the HPCSA and the APA note that failure to follow the published ethics codes can result in sanctions being taken against professionals, including termination of membership of that professional body. However, failure to follow ethical guidelines does not mean that the professional can, or will, be prosecuted under law.

The APA code of conduct notes that lack of awareness or misunderstanding of an Ethical Standard is not itself a defence to a charge of unethical conduct. This suggests that counsellors have a responsibility to be fully aware of the ethical standards published by their professional body, as well as the requirements of law.

In many cases psychologists and counsellors will have to work out for themselves which course of action is best in any particular situation. This focuses attention on their ability to apply ethical reasoning or ethical judgement to a situation, and to make ethically defendable decisions.

While the law, supervisors, professional codes, and other sources of ethical knowledge are important resources in determining ethical action, our own ethical judgement is as important. A number of authors (Pope and Vasquez, 2007; Knapp, et al, 2004) emphasise the importance of skills of ethical reasoning and advocate for professionals taking responsibility for making ethical decisions appropriate to the circumstances. Pope and Vasquez (2007:18) argue that "…formal standards are not a substitute for an active, deliberative, and creative approach to fulfilling our ethical responsibilities. They prompt, guide and inform our ethical consideration; they do not preclude or serve as a substitute for it".

4. MORAL PRINCIPLES

Kitchener (1984) identified five moral principles that she suggests should be used as the evaluative level of ethical reasoning in psychology. The five principles; autonomy, justice,

beneficence, non-maleficence, and fidelity are currently reflected in the ethics codes published by the major professional bodies regulating psychologists and counsellors, including the APA, the HPCSA, and the SACSSP.

1. **Autonomy:** the principle that people have freedom of choice and action, and that counsellors have a responsibility to encourage clients to make their own decisions and act on their values, when appropriate. Counsellors should help clients explore the full impact of their decisions and values in the context of the society in which they live, and on the rights of others. In addition, counsellors should take care not to allow clients who cannot make competent choices to act on decisions that could cause harm to themselves or others.
2. **Non-maleficence:** the principle of not causing harm to others.
3. **Beneficence:** the principle that the counsellor should work to ensure the welfare of the client.
4. **Justice:** treating people equally (not necessarily the same) and being able to motivate the need to treat someone differently.
5. **Fidelity:** the principle that the counsellor creates a relationship of trust with the client by demonstrating loyalty, faithfulness, honouring commitments and fulfilling obligations.

Counsellors can apply these moral principles to ethical dilemmas they face and use them as the basis for ethical reasoning (Forester-Miller and Davis, 1996, Kitchener, 1984).

Allan (2001) notes that these fundamental principles contained in ethical codes can be expressed in four universal fundamental principles. Following the principles expressed in the Code of Ethics published by the Canadian Psychological Association (2000) he suggests these be expressed as:

- Respect for people's dignity and rights;
- Responsible caring;
- Integrity in relationships; and
- Responsibility.

Every onsite trauma call-out is unique, but competency from the counselling professional requires a good knowledge of the ethical considerations contained in these four fundamental principles. The client benefits from a confident counsellor who is able to give the client and the situation full attention, and the counsellor benefits from the security of knowing the rationale informing his or her decisions and actions. Some of the ethical considerations pertinent to onsite trauma support are discussed in the following section.

5. ONSITE TRAUMA SUPPORT

The four principles referred to above focus on the duty that counsellors have to treat clients and professionals with respect. Counsellors appreciate the intrinsic worth of every person irrespective of their colour, culture, race, religion, gender, sexual orientation, or any other characteristic. Counsellors have a responsibility to protect clients' rights to self-determination and privacy, and therefore have a responsibility to be aware of, and advocate informed consent and confidentiality.

This raises some immediate questions with regard to the nature of the client in onsite trauma support, and to whom there is responsibility.

Case Study:

Ms. Vusani, a psychologist, accepts a request from TraumaClinic to be available for onsite trauma counselling at a national retailer. She makes the necessary arrangements and is met onsite by the Area Manager, Chris. Chris informs her about the robbery that took place and directs her to the store manager and a group of employees who he identifies need counselling.

In this case Ms. Vusani's immediate client appears to be TraumaClinic, who she will invoice for her services. The national retailer is equally a client with expectations of Ms. Vusani, as are the store manager and the individual employees who Ms. Vusani counsels.

While Ms. Vusani has responsibilities towards all parties as her clients, her greater responsibility is towards the store manager and employees with whom she is directly involved. The code of ethics published by the Canadian Psychological Association (CPA) notes that the counsellor's greatest responsibility is towards persons in the most vulnerable position. Those that are directly receiving or involved in the counsellor's activities are in this position. The CPA notes that the counsellor's responsibility to those directly involved is almost always greater than their responsibility to indirectly involved parties, such as employers, third party payers and the general public (Canadian Psychological Association, 2000: 8).

Inherent with the principle of respect for people's dignity and rights is the right to confidentiality and self-determination. When facilitating onsite trauma support it can be easy to make assumptions about the people who present for counselling, or for the counsellor to assume equal responsibility to all parties present. Understanding that the counsellor's greater responsibility is towards those receiving counselling requires a knowledge of the rights of those individuals to informed consent and confidentiality.

Fact check 2

Question 1.

Lack of awareness of an ethical standard may be used as a defence to a charge of unethical conduct. True/False

Question 2.

What is 'ethical reasoning'?

Question 3.

The five moral principles reflected in the ethics codes of major professional bodies are:

a)
b)
c)
d)

e)

Question 4.

Nonmaleficence is the principle of _____

Question 5.

Inherent with the principle of respect for people's dignity and rights is the right to _____ and _____.

Reflection and analysis

What do you understand by respect for people's dignity and rights, responsible caring, integrity in relationships, and responsibility? In what ways do you demonstrate these in your practice?

6. INFORMED CONSENT

Informed consent upholds a client's right to consent to an intervention, based on receiving adequate information about the intervention from the counsellor. Informed consent includes providing clients with information, explaining treatment, responding to questions, not withholding information, and ensuring the client is able to make a voluntary decision about the intervention.

Health care practitioners have historically been dismissive of the patient's ability to make decisions about their needs. While the concept of informed consent existed in the nineteenth century, the Nuremberg Code on Medical Intervention and Experimentation, published in 1947, is the first document to set out ethical regulations in human experimentation based on informed consent (Vollman & Winau, 1996) and emphasizes an individual's right to informed consent or informed refusal (Pope and Vasquez, 2007). The Nuremberg Code states:

> The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.
>
> (Vollman & Winau, 1996)

Informed consent is essentially a contract between the counsellor and client, and consists of a number of essential elements:

- The decision maker must have adequate information to make an informed decision;
- The decision maker must understand the information at a cognitive level;
- The decision maker must appreciate the situation and the consequences of the decision at an emotional level;
- The decision maker must have the ability to make a rational decision;
- The decision must be free and voluntarily given;
- The decision maker must be able to communicate the decision.

(Allan, 2001: 31)

From a legal perspective the rights of South African citizens are protected by the Constitution of the Republic of South Africa (Act 108 of 1996). Chapter 2 of the Constitution contains the Bill of Rights that enshrines the rights of people to equality, dignity, informed consent, and access to information, among others.

In addition, The Health Professions Act 56 of 1974 legislates the activities of South African psychologists. With particular reference to the counselling activities of psychologists the Act prescribes the following in regard to informed consent:

> When a psychologist conducts research or provides assessment, psychotherapy, counselling or consulting services in person or via electronic transmission or other forms of communication, he or she shall obtain the written informed consent of the client concerned, using a language that is reasonably understandable to such client.
>
> (Health Professions Act, 1974, Annexure 12 (11)(1))

In onsite trauma support situations it is useful for the counsellor to be aware of the requirement to obtain informed consent from clients before providing any intervention. The Health Professions Act (1974) requirement that this consent should be in writing may seem stringent and impractical in some onsite situations.

The Code of Ethics published by the HPCSA notes that clients can indicate their informed consent either orally or in writing and that the key elements of the discussion must be recorded. This includes the nature of information provided, specific requests by the patient, and details of the scope of the consent given.

The APA Code of Ethics requires psychologists to “appropriately” document written or oral consent, while Allan (2001: 47) notes that information conveyed to the client should be recorded in general terms, not necessarily in detail.

When providing onsite trauma support to individuals or groups the counsellor should be aware of the requirement to obtain informed consent before proceeding. Ideally, the counsellor will inform the client(s) who they are (including professional qualifications), why they are there, and what the intervention will involve. Confidentiality should also be addressed. Any questions the client has should be answered before asking the client if they are happy to proceed. If consent is given orally the counsellor should ensure that they record the key elements of this in notes they make.

Counsellors might also be aware of assumptions that are easy to make when providing onsite trauma support. Using the case study provided earlier it might be easy for the counsellor to assume that the staff group are there for trauma counselling, when in fact the manager might have told staff to report at that time. Staff may not know the reason they are meeting. It is therefore essential that the counsellor begins by providing information and ensures that a process of voluntary informed consent to any intervention is followed.

In onsite trauma support situations counsellors should also be aware of their own motivations and assumptions that can influence the situation. These might include the assumption that people need counselling after a trauma, that they in their capacity as a counsellor can provide assistance, and that they must do something in the situation (appear valuable). There is a risk that these motivations and assumptions might lead to a counsellor acting and neglecting to provide informed consent.

Pope and Vasquez (2007) note that the obtaining informed consent is not a once-off activity for the counsellor and should be considered to be a recurrent process. It is therefore necessary for the counsellor to ensure that they provide clients with information, explain processes, answer questions and ensure the client is able to make a voluntary decision about the intervention whenever they meet. In addition counsellors need to be sensitive to the client’s ability to understand the information and ideally provide the information in the client’s language of choice. This is a key area in which the counsellor’s professional judgement and sensitivity to the situation is required.

Fact check 3

Question 1.

Informed consent includes providing clients with _____, explaining_____, responding to questions, not _____ information, and ensuring the client is able to make a _____ decision about the intervention.

Question 2.

The Health Professions Act requires a psychologist to obtain written informed consent from a client. True/False

Question 3.

Informed consent is not relevant for foreign language speakers. True/False

Question 4.

Name two essential elements of informed consent:

Reflection and analysis

What is the significance of the Nuremberg Code on Medical Intervention and Experimentation?

7. CONFIDENTIALITY

Addressing issues of confidentiality in a therapeutic relationship is integral to developing trust and rapport. Allan (2001) emphasises that privacy serves a practical function in developing trust in the relationship. Effective treatment is enhanced by the client's knowledge that private information can be controlled.

The professional relationship between a counsellor and a client is based on an expectation that both parties will perform particular responsibilities. Hillman (2002) notes that these expectations should be discussed openly and fully at the beginning of treatment, and that the therapist should specifically address the ethical considerations regarding confidentiality.

Counsellors do not identify with a consistent understanding of the term "confidential", with some emphasising complete confidentiality and others applying different standards. Bond (2000) emphasises that confidentiality is the professional management of personally sensitive information that has been disclosed in confidence, not simply the keeping of secrets. Understanding confidentiality within the broader context of the professional management of information draws attention to legal and ethical responsibilities regarding the

disclosure of information. Counsellors should be aware of, and discuss, clients' rights to privacy within the context of the professional management of information, including the disclosure of information. This demands that counsellors develop competency regarding the responsible disclosure of information.

Two approaches to managing confidentiality are discussed by Bond (2000), based on the principles of Autonomy and Beneficence reflected in the major ethics codes. The first approach, based on respect for the client's autonomy, emphasises the importance of client consent in determining matters regarding confidentiality. Decisions regarding the disclosure of information are therefore resolved in ways that emphasize client consent.

The second approach, based on the principle that the counsellor should work to ensure the welfare of the client (beneficence), shifts the responsibility for decisions regarding confidentiality from the client to the counsellor. Bond (2000) suggests that counsellor's should ensure that decisions regarding confidentiality and disclosures are in the client's best interests, that they are made on a "need to know" basis (i.e. that whoever receives the information will use it in the clients' best interests), and that disclosures are consistent with the purpose for which the client originally shared the information.

Legally, The Constitution of the Republic of South Africa (Act 108 of 1996) protects the right to privacy of South African citizens, including the right not to have the privacy of their communications infringed. Further, The Health Professions Act 56 of 1974 addresses professional confidentiality and regulates that practitioners must disclose information under certain conditions, namely:

1. in terms of a statutory provision;
2. on the instruction of a court of law; or
3. where justified in the public interest.

Any disclosures made outside of these parameters should be made with the express consent of the patient; the written consent of the parent or guardian of a minor under the age of 14 years; or with the written consent of the next-of-kin or the executor of a deceased patient's estate. The Code of Ethics published by the HPCSA refers to minors under the age of 12 years requiring written consent from a parent or guardian.

Statutory provisions include the Mental Health Act, which requires medical practitioners to report a mentally ill person who is dangerous, and social workers to report injured children, and children who suffer from nutritional deficiency disease. The Prevention of Domestic Violence Act is also relevant as it includes the obligation to report the ill treatment of children (Allan, 2001).

With particular reference to the activities of psychologists the Health Professions Act indicates that confidential information may be disclosed in order to protect a client or other persons from harm.

The APA Code of Ethics requires psychologists to take reasonable precautions to protect confidential information and to discuss the limits of confidentiality and the foreseeable uses of information generated from their activities with people, and organizations. This is reflected in more detail in the Code of Ethics published by the HPCSA, including the requirement to

obtain clients' consent when disclosing personal information to a client's employer or to a medical scheme for ICD-10 coding.

This is particularly relevant to onsite trauma support where counselors may find themselves working with groups of employees and dealing with requests from management for feedback or written reports. Discussions concerning confidentiality should occur at the outset of the relationship and thereafter as new circumstances may warrant (APA code of Ethics).

Fact check 4

Question 1.

Bond (2000) emphasises that confidentiality is the _____

_____ that has been disclosed in confidence, not simply the keeping of secrets.

Question 2.

Confidentiality is implied in every therapy situation and need not be discussed. True/False

Question 3.

Briefly identify two approaches to managing confidentiality, based on the principles of autonomy and beneficence.

Question 4.

How are the rights to privacy of South African citizens protected?

Question 5.

A counsellor needs to get a client's consent to disclose a diagnostic code on an invoice to a medical aid. True/False

Reflection and analysis

How do you discuss confidentiality with a client? Which topics are important to talk about and what do you promise them?

8. CONFIDENTIALITY IN GROUPS

Working with a group of people carries the same duties and responsibilities for the counsellor or therapist regarding confidentiality. The counsellor is required to protect confidential information concerning the group and the individuals in it.

Allan (2001) notes that, unlike therapists, group members are not subject to the same ethical and professional principles. It is therefore very difficult to prevent the disclosure of confidential information by group members, as they are not subject to the same penalties as a therapist would be for breaking confidentiality. Allan (2001) suggests that therapists should explain this to group members and draw attention to the limits of confidentiality in the group situation.

In a study conducted in the aftermath of Hurricane Katrina, Dennis, et al (2006) note concerns that group debriefing programs may impede emotional recovery due to the exposure of participants to the disturbing memories of others and experts' anticipation of the mental and emotional problems they would encounter (Herbert, et al, 2001; Smith, 2005). In order to minimize distress and to ensure confidentiality, Dennis et al (2006) avoided group debriefing and structured their intervention to ensure participants would disclose individually.

As an alternative to debriefing, retelling the trauma story and handing out lists of symptoms, Smith (2005) notes the development of "group resiliency briefings" after the September 11 terrorist attacks in the USA. Group resiliency briefings teach participants to stay resilient and find support systems. While this approach requires further evidence based support it does not expose participants to distressing recollections or the potential disclosure of confidential

information inherent in group debriefing. Instead the counsellor may work with participants individually based on invitation or need after group resiliency briefings are completed.

9. THIRD PARTY REQUESTS FOR REPORTS OR FEEDBACK

It is not unusual for employers or colleagues to request feedback or information regarding the counselling that has taken place or the status of an individual involved. Family members may act altruistically and ask for information about a client's well being, or expect the information if they are paying for the counselling. The Health Professions Act (Annexure 12) places the onus on the psychologist to anticipate this and clarify the nature of his or her responsibilities and keep all parties properly informed.

Allan (2001) notes that respect for the client's right to privacy is the point of departure for therapist's dealing with requests for information from other interested parties. It is the therapist's responsibility to anticipate such requests, raise the issue, establish what the expectations are, and correct them if necessary at the contracting stage. When therapists do communicate information to third parties they must ensure that they do it in such a way as to ensure it does not lead to preventable emotional trauma (Allan, 2001).

The issue of 3rd party requests for information, and the therapist's responsibility to anticipate this, emphasises the importance of establishing an initial contract with all parties and not just with the client. Taking the time to establish 3rd party expectations before any counselling takes place will help to avoid ethical complications that may arise after counselling is completed.

Establishing 3rd party expectations is an ideal that is not always possible in onsite trauma support. In many cases Occupational Health representatives or other management who were not present at the trauma counselling request reports after counselling is completed. Generally these requests comply with organisational or Human Resource Department policies that require a basic record of the intervention in the employees 'file'. In other cases more detailed information, or assessments, may be requested after counselling has been concluded.

Four broad principles based on those suggested by Leupker (2003) may provide a useful reference for therapists dealing with third party requests for information. In such situations therapists might consider the following:

1. **The need to verify the legitimacy of the request for disclosure of information.** Who is requesting the information and for what purpose? Is it reasonable and justifiable? Does the request fall within the parameters of any initial contracts established?
2. **The importance of ensuring that a client (or a parent or a legal guardian) fully understands the request, its purpose, and has given consent for disclosure.** Ideally the possibility of such a request for information will have been explained to the client(s) prior to counselling and consent given. The principle suggests that it is always a good idea to contact the client, explain that the request for information has been made, and to get their consent, in writing if possible, for this process.

3. **The importance of disclosing only the minimum necessary to accomplish the intended purpose.** It is the therapist's responsibility to establish the intended purpose of the information requested, or the type of report requested. If the organisation requires a record that an employee attended a counselling session then this should be what the therapist provides. The principle indicates that the therapist should take care to guard client information and not provide information that is not directly related to the purpose of the report or which might cause harm to the client.
4. **The need to be informed of legal and statutory requirements and to consult a legal professional where needed.** Therapists and counsellors have a responsibility to know, or find out, how the law governs their actions. If the therapist believes that the request for disclosure of information is unreasonable, or receives a court order for disclosure of information, or is called on to give evidence, it would make sense to consult a lawyer or another legal professional.

Fact check 5

Question 1.

It is impossible to promise complete confidentiality in a group situation. True/False

Question 2.

Psychologists should be able to anticipate requests for reports from employers.True/False

Question 3.

Briefly describe four principles counsellors can follow when dealing with third party requests for information.

Question 4.

When therapists do communicate information to third parties they must ensure that they do it in such a way as to ensure it does not lead to

_____

Reflection and analysis

How will you deal with a third party request for information after two counselling sessions with a client?

10. CONCLUSION

The actions and conduct of counselling professionals are governed by law and by codes of conduct published by professional bodies. While the law is considered the dominant norm system, professional ethics and other sources of ethical consideration outline the way psychologists, social workers and other counselling professionals should conduct themselves.

Onsite trauma support requires counsellors and therapists to be mindful of a number of ethical considerations that can easily be overlooked in the moment. These areas include obtaining voluntary informed consent to the intervention, addressing the limits of confidentiality in group and individual counselling, and the professional management of disclosures with regard to third party requests for information.

Applying such ethical principles not only meets an ethical requirement of counselling, but also acts to reduce barriers that exist for employees seeking mental health treatment. Loss of status at work and concerns about confidentiality are identified as being among the top deterrents to employees seeking treatment for mental health issues (APA, 2010). Ensuring managers, families and clients are aware of the management of private information enhances treatment and increases trust in the process.

Finally, in a diverse society it is important to hold an awareness of ethical diversity and apply “ethical mindfulness” (Bond, 2000). Onsite trauma support introduces the counsellor to clients and colleagues with diverse backgrounds and values. Different ethical priorities may be supported which do not represent Western moral values, such as autonomy, inherent in the ethical codes of the dominant professional bodies. An awareness of ethical diversity is significant in that it draws attention to implications for acceptance of different ethical priorities, and the argument for “ethical mindfulness rather than blind adherence to a code” (Bond, 2000).

REVIEW

In this course, you have read about the following topics listed below. Check whether you feel you understand each section by ticking the relevant box. If you feel you need to do more work in the area, re-read the section and do the tasks again.

ORIGIN OF ETHICS ( )

SOURCES OF ETHICS ( )

THE RESPONSIBILITY OF THE COUNSELLOR ( )

FIVE MORAL PRINCIPLES REFLECTED IN ETHICS CODES ( )

THE NATURE OF THE CLIENT IN ONSITE TRAUMA SUPPORT ( )

INFORMED CONSENT ( )

CONFIDENTIALITY ( )

CONFIDENTIALITY IN GROUPS ( )

THIRD PARTY REQUESTS FOR REPORTS ( )

Though you may feel now that you have mastered all the sections, it is worth trying an objective practice test before you undertake the multi-choice assessment. Write your responses to the following questions and check the answers in the key on the next page.

End of course self-assessment questions

1. Which of the following are included in Bond's six sources contributing to counselling ethics? personal ethics, Christian morals, moral philosophy, social contracts, agency policy, professional codes, court and judicial ethics, law, ethics from therapeutic models
2. Allan notes that the five moral principles included in ethics, can be summed up into four fundamental universal principles: Respect for _____; Responsible _____; _____ in relationships; and _____.
3. Mention the six client-related elements Allan states as essential in gaining informed consent.
4. Under certain conditions, practitioners must break confidentiality and disclose information. Any disclosures made outside of these parameters, however, should be made with the consent of whom?

Key:

1. personal ethics, moral philosophy, agency policy, professional codes, law, ethics from therapeutic models
2. people's dignity and rights; caring; integrity; responsibility
3. The decision maker must have adequate information; must understand the information at a cognitive level; must appreciate the situation and the consequences of the decision at an emotional level; must have the ability to make a rational decision; must be able to communicate the decision; and the decision must be free and voluntarily given
4. Any disclosures made outside of these parameters should be made with the express consent of the patient; the written consent of the parent or guardian (of a minor under

the age of 12-14 years); or with the written consent of the next-of-kin or the executor of a deceased patient's estate.

SUMMARY

The learning outcomes for the course are:

- To understand the implications of ethical codes for counsellors.
- To understand the responsibilities of the counsellor.
- To know the importance of informed consent in the counselling relationship.
- To know the importance of confidentiality in the counselling relationship.
- To understand how to apply principles of informed consent and confidentiality in onsite trauma support situations.

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