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Ethical considerations

INTRODUCTION

In this last chapter we consider a range of ethical issues which are central to all the theoretical models discussed in previous chapters. These include the importance of adequate training for counsellors, the need for ongoing supervision and personal development and issues relating to the working relationship between counsellor and client.

The word 'ethics' refers to the study of right and wrong behaviour, and in the counselling context this has special relevance. This is because of the close nature of the therapeutic relationship

and the possibility of abuse which exists within it. Indeed, the actual counsellor/client relationship is perhaps the most important topic in this section, and many of the other issues, such as confidentiality, are impossible to separate from it. The subject of confidentiality will be discussed at some length in this chapter, its limitations identified, and some examples will be given to highlight the difficulties it might present. Client/counsellors, good practice, counsellor limitations and knowing when to refer will also be taken up and discussed.

Confidentiality

Confidentiality is one of the most important aspects of the counselling relationship. It is also a subject which generates a great deal of interest and discussion when it is raised in training groups. This is because it is a topic about which most people have very firm views. It is often seen as an absolute right for clients who, after all, trust counsellors with some of their most intimate thoughts, feelings and desires. The information clients disclose in counselling may never have been spoken to anyone before, and indeed it often takes clients a very long time to summon up the courage to approach helpers in the first place. For this reason clients need to have confidence in the professional integrity of helpers and in their ability to keep private anything they discuss.

Clients may take some time to arrive at a state of complete trust in counselling. One indication of this initial reticence and caution is the way in which clients often focus quite extensively on secondary issues before they feel secure enough to reveal themselves fully. This could be seen as a way of testing the counsellor in order to

ascertain just how unshockable, non-judgemental and discreet she is likely to be. Clients who do not get these assurances may retreat from counselling, but once trust has been established they should feel sufficiently confident to disclose more about themselves. The following are some general guidelines relating to confidentiality.

- Confidentiality is a subject which needs to be addressed as early as possible in counselling, although in crisis situations this may not be immediately feasible.
- Even in crisis situations the issue of confidentiality should be addressed at some stage.
- An atmosphere of trust is just as important as an explicit statement of confidentiality.

Some limitations

Some clients address the issue of confidentiality straight away, and when this happens the counsellor has an ideal opportunity to discuss the concept and clarify any limitations which may have to be stated. Those clients who do not address the subject of confidentiality may be reluctant to do so for fear of questioning the counsellor's professionalism. When this is the case, it is important not to assume that such clients are disinterested or unaware of the issue. They may simply be waiting for the counsellor to provide the necessary information, and if it is not provided they may lose faith fairly quickly. Sometimes absolute confidentiality cannot be guaranteed in counselling, and when this is the case clients should be aware of any limitations to it. The current (2009) BACP *Ethical Principles of Counselling and Psychotherapy* address the subject of confidentiality and stress that all aspects of the counselling contract should be explicit for clients and 'any disclosure of confidential information conditional on the consent of the person concerned.' This means, in effect, that clients should be told if confidential information relating to them is to be disclosed by a counsellor. There are certain situations where clients reveal information which, because of the guidelines laid down by a particular counselling agency or organisation cannot remain confidential. These usually include some of the following:

- a client threatens to injure another person
- a client discloses information about abuse of children
- a client expresses suicidal tendencies
- a client develops severe mental illness.

In describing the provision of good standards of care and practice, the BACP (2009) also highlights the importance of supervision when counsellors are faced with conflicting responsibilities. These conflicting responsibilities sometimes concern clients and other people or society in general, who may be affected by them. Consultation through supervision

is a mandatory part of good counselling practice, but it is especially important in situations where client confidentiality is questioned.

Perhaps the most important point to make about limitations to absolute confidentiality is that counsellors should be fully aware of guidelines pertaining to these within their own organisations. Counsellors who are thus informed are in a better position to deal with emergencies as they arise. Occasionally aspects of confidentiality are far from clear cut, even when guidelines have been stated, and in these instances supervision can help the counsellor to get a clearer picture of what needs to be done. Later in this chapter we shall look at supervision in more detail. It should be added here, though, that clients should be told about supervision too, and given an assurance that their identity will not be revealed through it. When absolute confidentiality cannot be guaranteed to clients, they should be told this as soon as possible in the counselling process. The following case study highlights this point.

CASE STUDY Confidentiality

Andrea, who was twenty-four, received counselling over a period of six weeks because she was depressed. The counsellor who helped her was a trained psychiatric nurse, who had also completed a counselling skills course. Andrea had been referred by her doctor who had prescribed antidepressants for her. However, he felt that she would benefit more from psychological support and Andrea herself agreed with this. During the first session the counsellor talked about confidentiality and added that she could not guarantee this absolutely if Andrea became severely depressed or suicidal. If either of these two situations arose, then she, the counsellor, would need to speak to Andrea's doctor about it. Andrea seemed to be reassured by this and, in fact, during a later session with the counsellor she admitted to having suicidal thoughts.

- ANDREA:** I think I began to feel worse after the recent rows with my boyfriend. There have been times when I wished it was just all over.
- COUNSELLOR:** These feelings of wishing it was all over ... tell me about them.
- ANDREA:** Well ... I have felt like killing myself at times ...
- COUNSELLOR:** Strongly enough to make a plan?
- ANDREA:** Yes I had a plan. I thought of driving my car along the motorway and crashing it.
- COUNSELLOR:** And that feeling ... is it still with you?
- ANDREA:** Not so much ... but yes, sometimes.
- COUNSELLOR:** You remember how we talked about confidentiality ... about how I would need to speak to your doctor ... it might be that your medication needs changing or adjusting.
- ANDREA:** Yes, I do remember. That's alright. I don't know if these tablets are the right ones for me anyway. I don't know if they have done me any good.

EXERCISE

Confidentiality

Working in groups of three to four, discuss your individual areas of work, highlighting any special rules regarding confidentiality. Ask one person in the group to write these down under individual headings, for example:

- social work
- nursing
- teaching
- Citizens Advice Bureau (CAB)
- Samaritans
- Childline
- Cruse
- Women's Aid
- Alcohol Concern
- care of the elderly
- HIV and AIDS counselling
- drugs counselling.

Some of you will probably be involved in other areas of work apart from those listed above. The aim of the exercise is to generate a discussion about the issue of confidentiality generally, and to consider the ways in which guidelines differ among professions and organisations.

You can see from this example that clients can experience great relief when they know that their problems are monitored and taken seriously in the way that the counsellor demonstrated. The issue of confidentiality had been openly discussed at the outset, which meant that further discussion flowed naturally from there. In situations where 'absolute' confidentiality is guaranteed to clients, counsellors must be prepared to respect such assurances. Whatever the arrangement between client and counsellor however, discussion is essential if misunderstanding and confusion are to be avoided.

Talking about clients

In student training groups there are frequent discussions about problems encountered in professional work. The usual practice is to refer to clients indirectly and never by name. It is difficult to see how ideas and issues can be shared without these discussions, but there is a case for saying that every casual reference to clients, however indirect, is bound to devalue the integrity of the counsellor/client relationship to some extent at least. There is the added possibility that a member of the group will identify some of the details under

discussion, and in doing so come to recognise the person discussed. This may be a remote possibility, but nevertheless it does exist. This is not to suggest that clients are damaged by indirect discussion about problems and issues which could, after all, belong to anyone. However, we all need to be circumspect when talking about work, because even though clients have no knowledge of these discussions, the effects of the way the counsellors treat them behind their backs do become manifest during counselling. Weinberg (1996) highlights this phenomenon and points to the possibility of the therapeutic 'alliance' being weakened as a result of this indirect loss of confidence. In other words, clients do pick up unconsciously transmitted messages during counselling, and when these attitudes convey casual attitudes about confidentiality real trust will never develop.

The client's responsibility

Another aspect of confidentiality concerns the client's obligation (if any) towards maintaining it. Some therapists, including Weinberg (1996) take the view that clients do have responsibilities in this regard. As far as Weinberg is concerned, the issues should be discussed early in the first session with the client. When clients find the request for confidentiality difficult in some respect, then the difficulties are explored and discussed too. It is my view that there are probably quite a few clients who would, in fact, experience anxiety if requested to make a pledge of confidentiality in counselling. These include people who have been traumatised in childhood as a result of keeping 'secrets' relating to sexual or other forms of abuse. Clients in this position would certainly need to be given the opportunity to voice their anxieties about any request for confidentiality, and if such a request is made, the reasons for it should be comprehensively explained. In spite of potential difficulties, however, confidentiality on the client's part could be considered important for the following reasons:

- When clients discuss their sessions freely with other people, the beneficial effects of counselling are often negated. This is because others tend to offer conflicting opinions and even advice which may prove confusing for the client.
- Facts are very often distorted when they are discussed outside counselling.
- Other people may feel the need to tell the client what to say in counselling. Clients who lack basic confidence might well lose sight of their thoughts, feelings and opinions as a result of such pressure. This goes against the whole ethos of counselling, since a basic aim of therapy is to help clients identify their own needs and to become more autonomous generally.
- Discussions which take place outside counselling tend to weaken the client/counsellor relationship. This is an important point to consider since the quality of the relationship is, as Rogers points out, central to effective counselling (Rogers, 1991).
- A client may choose a confidant, or confidantes, who will support their reluctance to change. When this happens counselling may prove to be a waste of time.
- If a client knows that he will talk to relatives or friends about counselling, he may become more inhibited about what he actually says in sessions. Moreover, once other people are included, however indirectly, in the client's therapy, they are given the right to monitor progress and comment accordingly (Weinberg, 1996).

All the above points do not, of course, mean that clients should be encouraged to be totally silent about receiving counselling. Clients need

to feel free to be open about this, just as they need to feel free to be honest about any other aspects of their lives. Counselling should not be something which clients have to hide, but detailed accounts of what is discussed in sessions are probably best avoided. Clients often know this instinctively anyway, but when outside discussions do become an issue in counselling, helpers need to address this as they would address other significant aspects of the client's behaviour. The following is an example:

- CLIENT:** I talked to my friend Angie about some of the things I said last week. She said I should never have mentioned the abortion ... that it's better to keep some things quiet ... now I don't know.
- COUNSELLOR:** You don't know what to think now that your friend has given her opinion ...?
- CLIENT:** I suppose it's made me worried about anyone else finding out ...
- COUNSELLOR:** Perhaps you are worried about confidentiality ...
- CLIENT:** I don't know ... yes maybe.
- COUNSELLOR:** What you say to me here is confidential ... what you told me last week is confidential.
- CLIENT:** Yes, I know. It's just that Angie made me feel I shouldn't have said it.
- COUNSELLOR:** This is something which obviously worries you. And Angie ... her views matter to you a lot?
- CLIENT:** Well sometimes ... though she does irritate me ... I just wish she would keep her opinions to herself at times.
- COUNSELLOR:** And your own view ... about what you said last week ... are you regretful that you mentioned it?
- CLIENT:** No [slowly] No I'm not. I've never told anyone before ... it was a great relief even though Angie doesn't approve [laughs].
- COUNSELLOR:** Maybe we could look at why you ask for her approval ... why you don't trust your own judgement more.

The example just given illustrated another point, which is that clients sometimes seek further assurances of confidentiality apart from the one which has been given early in counselling. In instances like this clients should be given the assurances they need, though the underlying reasons for repeated pledges of confidentiality need to be discussed. This is because clients who lack trust in this important area may well lack trust in any relationship. For these clients the development of trust is crucial, and over a period of time they need to learn to express trust in order to foster and promote it.

EXERCISE

Developing trust

Working individually, think of a time in your life when you confided in another person. What were your feelings beforehand about revealing personal information? What were your feelings afterwards when you realised you had given another person important

information about yourself? Write down the feelings you experienced and afterwards discuss these with other members of the training group. It is not necessary to discuss the nature of the problem you disclosed, but you should focus on your reactions to the disclosure itself.

The counselling relationship

People are usually affected by some degree of emotional stress when they first seek counselling. This fact alone makes it imperative that they receive the best possible help, with the lowest possible risk of exacerbating any of the problems they already have. The difficulties clients experience may have been with them for a very long time. These include problems of depression, faulty relationships, marital problems, anxiety, phobias, difficulties at school or university – to name just a few. One of the factors which prompts people to seek help through counselling is the realisation that it might be impossible to continue to cope alone. When people feel helpless like this, they frequently look for someone who is ‘expert’ in a particular field. Though trained counsellors do not regard themselves as experts in this way, they nevertheless need to be aware that vulnerable people may have such a perception of them.

The majority of clients have a basic trust in a counsellor’s ability to help them deal with the problems they experience. In fact, it is probably true that many clients over-estimate any helper’s prowess, and may actually ascribe to a counsellor exaggerated or magical powers which are, of course, unrealistic. It is important that clients do in fact trust the counsellors who help them, but excessive expectations can work against clients unless counsellors are aware that they do exist. When there is this awareness on the counsellor’s part, then it becomes possible to help clients become more autonomous and self-directed over a period of time. Such a position of autonomy cannot, of course, be achieved until clients are given the opportunity to explore their problems and to consider what it is they need to do in order to effect change. The following example illustrates some of these points.

CASE STUDY Mr Black

Mr Black was sixty-eight when his wife died. Apart from the grief which he suffered, he was also distressed by the many new and unfamiliar tasks he now had to perform. Mr Black's wife had been his best friend as well as a loving partner, and their relationship was a traditional one in the sense that both had clearly defined roles throughout their marriage. Mrs Black had taken care of the home and children, while Mr Black had gone out to work, earned the money and generally looked after all the financial aspects of their lives together. When Mr Black retired this pattern continued, and after his wife's death he found himself unable to cope with the basic tasks of shopping for food and cooking. The tasks which his wife once fulfilled now seemed incredibly daunting to him, and in a fairly short space of time he became depressed and neglected to care for himself generally.

Through his GP Mr Black was persuaded to attend a day centre one day a week, and here he received counselling help from a carer who was trained to give this kind of support. Mr Black's initial response was to abdicate personal responsibility for his diet and other practical aspects of his care. Over a period of time, however, he was encouraged to discuss the problem which he now experienced, and to consider ways in which he might become more independent and self-reliant generally. Mr Black confided that he always liked the idea of cooking, but his wife had opposed this ambition and always seemed to be threatened by it. With the help and encouragement of the carer who worked with him, Mr Black attended basic cookery classes, and after a while became proficient in many of the skills he had previously lacked. This gave him the confidence to tackle other practical problems, and his depression lessened as he acquired new skills and became more independent.

COMMENTARY Mr Black's case study highlights the point made earlier concerning the vulnerability of clients and the tendency they often have to place all their expectations and trust in the person who is designated to help them. The carer who helped Mr Black did not encourage him to become dependent on her, although she accepted some measure of dependence in the initial stage of their relationship since this is what he needed at the time. Having reviewed his life, however, and the current problems which affect him, Mr Black was then encouraged to identify his personal resources and to develop these in ways which would enable him to become more independent and confident about his own ability to cope. If the carer had encouraged his dependence (in many ways an easier option for her) she would have acted unfairly towards the client, even though this is probably what he would have liked her to do initially.

■ Transference and the counselling relationship

The subject of transference is one we considered in some detail in Chapters 3 and 4, in the context of psychodynamic counselling. However, transference and its twin concept countertransference are not unique to psychodynamic theory and the concepts have been discussed in connection with other theoretical approaches described in this book too. Because of their significance within the counselling relationship, transference and countertransference also deserve extended consideration in this section dealing specifically with the subject of the counselling relationship. We know that transference refers to the client's emotional response to the counsellor (or to any other helper) and we know that it is based on much earlier relationships, especially those formed in childhood with parents and other important people in the client's life. Transference, therefore, is by definition unrealistic since it stems from outdated information which people carry with them and apply to others who help them (as parents might have done) in times of emotional upheaval or distress. When people are distressed they are, of course, vulnerable and it is this vulnerability which makes them open to abuse, however unintended.

Unconscious feelings

Unconscious transference feelings may be either positive or negative, idealising, loving, erotic, envious or antagonistic. Though these (and many other possible responses) may not be obvious at the beginning of counselling, they tend to emerge once the client/counsellor relationship is established. In other words, clients may respond to helpers in totally realistic ways to start with, but later on they may respond in ways which are inappropriate or out of date. When Freud first wrote about psychoanalysis he fully expected his patients to cooperate with him in saying what was on their minds. After a while, however, he discovered that despite their conscious wishes to participate in therapy, various transference feelings tended to interfere with the ability of these patients to produce material which would be beneficial to their recovery. Freud referred to this phenomenon as 'transference resistance' (Freud, 1909).

The counsellor's response

One reason for highlighting these unconscious transference feelings is to show how important it is to be aware of their emergence in counselling. It is also important to realise that transference feelings are, as we have already indicated, unrealistic and inappropriate. This may be easier said than done, however, and it often takes another person to help us see this more clearly. Regular supervision is essential as an aid to monitoring

both transference and countertransference feelings, and without this facility counsellors are quite likely to make serious mistakes in respect of their own feelings and those of their clients. The word countertransference describes the counsellor's emotional response to the client's transference. A counsellor who is, for example, cast in the role of critical parent, may well be drawn into responding in the way that a critical parent would respond. This kind of unconscious role play situation might continue unproductively and indefinitely, unless and until it is identified and changed either through spontaneous insight or with the aid of supervision.

Lack of objectivity

The point to make here is that clients do not benefit when a counsellor's judgement is clouded because of countertransference feelings and residual complexes stemming from unresolved problems of his own past. Any distorted view of the client/counsellor relationship will inevitably get in the way of objectivity when working with clients and their problems. When counsellors experience countertransference feelings towards clients, they need to be able to 'contain' these, rather than acting on them in a way that clients act on their transference feelings.

Apart from regular supervision, counsellors also need to develop habits of self-scrutiny if they are to identify the roles which are often unconsciously forced on them by clients. In addition, counsellor awareness of both transference and countertransference feelings can prove to be an invaluable asset to therapy, especially when it provides information about the client's emotional problems. However, it is important to remember that not all responses to clients come under the heading of countertransference. Counsellors frequently perceive their clients as they really are, and often the responses elicited by clients in counselling are similar to those elicited in any other situation or relationship. On the other hand, it is often difficult to differentiate between what is real in our responses to clients, and what is countertransference. The following are some indications of countertransference reactions which may be experienced by counsellors:

- strong sexual or loving feelings towards the client
- inexplicable feelings of anxiety or depression
- feelings of over-protectiveness towards the client
- feelings of guilt in relation to the client
- extreme tiredness or drowsiness
- feelings of anger towards the client
- loss of interest in the client
- inability to make proper interventions when necessary
- dreaming about clients, or thinking about them outside sessions.

Several other countertransference reactions have been highlighted in Chapter 4, and the point was made there that every imaginable feeling,

prejudice or bias may present itself in this form. One way in which counsellors can monitor their own countertransference feelings is to ask the following questions in relation to work with clients:

- Do I experience any strong feelings at this moment which seem inappropriate or out of place?
- Are my interventions geared to the client's needs, or do they stem from my own needs?

It is not, of course, always possible to answer these questions, which is why regular supervision is needed for all counselling practitioners. Later in this chapter we shall look at the current BACP guidelines for counselling supervision.

The possibility of exploitation

Any discussion about exploitation in counselling tends to focus on the more obvious forms, including those relating to the sexual and financial abuse of clients. It is true (and unfortunate) that these forms do indeed occur, but there are other, less obvious forms which counsellors can, either knowingly or unknowingly, inflict on clients. It is fairly easy to see how sexual involvement with clients can arise, especially when we consider the heightened emotions which clients often experience in relation to counsellors, as well as the imbalance of power which exists within the relationship. Such responses can be seductive and irresistible to those helpers who currently experience some problems in their own lives, especially if these are relationship problems or problems of loneliness. Once again this emphasises the point that counsellors need to know how to take care of their own needs without involving vulnerable clients. In Chapter 1 we looked at the issue of personal therapy, and discussed its inclusion or non-inclusion within counsellor training programmes. Whether or not it is a part of training, however, it should certainly be undertaken later on, when and if personal problems arise. Some of the other possible areas of abuse within counselling and therapy include the following:

- failure on the counsellor's part to undertake adequate supervision
- arriving late for sessions or leaving too early
- encouraging clients to become dependent
- being unclear or inconsistent about financial arrangements

EXERCISE

Countertransference responses

This is an extension of an exercise on countertransference (entitled 'Student self-assessment') given in Chapter 3. In this current exercise, however, you are asked to be more specific about personal responses. The list of possible responses given in this section should encourage you to approach the exercise at a deeper level of honesty and self-awareness.

Spend about fifteen minutes thinking about your experience of working with clients in counselling. Are there any personal responses that you can identify from the list outlined here? If you do identify personal responses, are you aware of what prompted them? Discuss common countertransference with other members of your group.

- premature termination of counselling, and lack of consultation with clients
- failure to maintain confidentiality or failure to inform clients if there is a conflict of interest in relation to confidentiality.

What clients should know

There are, of course, other ways in which clients may be exploited by the people who claim to help them. Perhaps the best safeguard of all for counsellors, apart from supervision, is accountability within a team of professional workers. With back up, support (and scrutiny) helpers are less likely to engage in inappropriate or damaging behaviours towards clients. Counsellors who work in private practice, or those who charge direct fees for their work, need to be especially careful about the quality and standard of their service. However, all counsellors, regardless of their work setting, should ensure that their clients are aware of certain important aspects of counselling. These include clear details about the following:

- financial terms, if these apply
- how payments should be made
- confidentiality
- arrangements concerning missed appointments
- any special concessions for people on low incomes or those unemployed
- length of sessions and the number likely to be needed
- counsellor qualifications and training
- counsellor's theoretical orientation and details about any specific procedures to be used
- counsellor supervision
- any records or notes the counsellor may keep.

Clients should also be given information about any research the counsellor may be engaged in. It is obviously unethical to use any explicit or recognisable information gleaned from clients without asking for their permission to do so.

Contracts

One way of providing explicit and clear guidelines for clients is to establish contracts with them. Establishment of a contract ensures that both client and counsellor understand the nature of the commitment between them, and that they work together in harmony. In Chapter 3 we considered the subject of contracts, with special reference to their significance in a psychodynamic framework. However, contracts are an important component of all approaches to counselling and should be made at an early stage. In the first instance it is useful to clarify certain points with clients, especially those relating to the nature of counselling itself. Many clients believe that counselling includes advice, for example, while others

may expect to receive friendship or a more intimate relationship. Culley (2004) highlights the importance of letting clients know the exact nature of the counselling relationship. When contracts are made in this way confusion is less likely to arise, especially when objectives and desired outcomes are also clarified and priorities discussed. Many of the factors already mentioned in this chapter, including those listed under the heading 'what clients should know', would form part of the client/counsellor contract. Among these are issues relating to number, frequency and length of sessions.

EXERCISE

Making contracts

Working in groups of three to four, draw up a list of factors which, in the opinion of group members, should be included in counselling contracts. Members of the group may have differing views about this depending on individual areas of work or experience. What are the factors which emerge as the most important in relation to client/counsellor contracts?

Ending counselling

We have noted several times throughout this book that the main objective in counselling is to help clients become more independent, self-reliant and capable of dealing with any present or future problems. This means, in effect, that the counselling relationship, unlike many other relationships, is meant to end. Termination of therapy is, therefore, always implicitly present. Endings can be difficult for all of us however, and clients in counselling are no exception in this respect. Many people experience a variety of conflicts about endings in general, and this is especially true of those people who have been traumatised by separations in the past. The ending of any relationship is obviously much more difficult for someone who has lost a parent in early life, for example, or indeed for anyone who has been bereaved in later life too. Each new ending in an individual's life tends to reactivate memories of previous separations, endings or loss. Clients need to be able to talk about these experiences and what they mean to them, and counsellors can help by encouraging expression of all these feelings.

Looking ahead

When contracts are established at the beginning of counselling clients should ideally, be aware of the number of sessions they will attend. When the number of sessions is limited to a very few, and in many organisations and agencies this is currently the case, clients may also be more motivated to make whatever changes are necessary to help them deal more effectively with the problems they have experienced. A good beginning is often the key to a satisfactory ending in counselling, and for

this reason clear, explicit goals discussed at the outset will tend to lessen some of the more negative aspects of the latter stage.

Often a client's newly acquired confidence becomes obvious towards the last stage of counselling, and this may show itself in different ways. One way in which this new confidence is visible is in the client's attitude to counselling itself. What was once the most important focus of the client's life is now placed in perspective and becomes secondary to other relationships and interests. Clients may also be less shy than they were originally, and they may find it more difficult to think of subject matter during sessions. For those clients who have had very specific problems, like phobias or addictions for example, there may be clear identifiable gains which indicate a readiness to cope independently of counselling. Feelings about ending counselling may also surface in dreams. The following case study describes one client's experience of this.

CASE STUDY Endings

A client called Terry received counselling over a period of eight sessions. Terry, who was twenty-five, had been accused of assault by a colleague at work. Although he was acquitted of the charge he suffered panic attacks and agoraphobia as a result of his ordeal. During counselling he was able to explore all the angry feelings he felt about the accusation and he was later able to discuss the development of his other symptoms. The exploration of his feelings was a great relief to Terry, because the nature of the accusation made against him meant that he was extremely reluctant initially to acknowledge his anger to anyone. He felt that if he admitted to feelings of anger this would be taken as proof of his guilt in relation to the incident with his colleague. Over a period of time Terry came to see that his feelings were a part of the ordeal he had been through, and once he had acknowledged and expressed them his panic attacks diminished in frequency and his reluctance to go out decreased too. Terry had formed a good relationship with the counsellor (a man) who worked as a volunteer helper at his local health centre. He had specifically asked to see a man, because he felt inhibited about relating the incident to a woman. A contract had been agreed between client and counsellor when they first met, so Terry was aware of the number of sessions there would be. Towards the end of his counselling Terry had a dream in which he was leaving school, but was unable to tell the teacher that he wanted to go. He related this dream to the counsellor and together they discussed it. Terry felt that the teacher in the dream would be hurt if he stated his intention to go. As a result of discussing the dream and the issue of endings and what they meant, Terry was able to place the dream in context and to identify the counsellor as the teacher in it.

Other indications

The end of counselling, like the end of any close relationship, involves some degree of mourning. However, it should also involve internalisation of the process itself by the client, so that the experience of counselling becomes a useful guide for more productive ways of dealing with any difficulties which may arise later on. Following a successful experience of counselling clients may continue their own internal dialogue, similar to that conducted with the counsellor. In addition to the factors mentioned earlier, readiness to end counselling may also be indicated in other significant ways. The client is likely to feel more independent, for example, and as a result of this independence will see the counsellor as a 'real' person rather than an object or a transference figure. Increased understanding of 'self' is another aspect of client development and often clients will demonstrate more assertive attitudes as a result of this.

From the counsellor's point of view this change is often 'felt' in the sense that the client's transference is no longer experienced and the counsellor becomes more relaxed. When client and counsellor actually do separate, they do so as two 'equal' adults who have worked together toward a goal (Soloman, 1992). Additionally, they may both have a sense of sadness that the relationship has ended, although clients are sometimes offered the opportunity to attend another session in the future in order to discuss progress.

Referral

Clients receive counselling in a wide variety of contexts, some of which have been discussed in this book. In addition, clients may be helped by people who work in a variety of helping occupations and many of these people would not describe themselves as counsellors. On the other hand, there is an increasing tendency for helpers and carers to undertake counselling skills training, and this trend (though welcome) can cause some confusion for those people seeking assistance with personal or psychological problems. One of the difficulties which helpers themselves

EXERCISE

Looking at endings

Working individually, make a list of all significant endings you have experienced in your life. These might include some of the following:

- end of school holidays
- end of summer
- end of childhood
- end of college or university
- end of friendship
- end of working life
- end of single life
- end of childbearing years
- end of an intimate relationship.

Can you identify the range of feelings you had on any of these occasions? Discuss these, and any other thoughts you have about endings, with other members of the group.

can have as a result of these trends, is to determine the limits of their own capabilities in providing the right support for clients. An important aspect of training, therefore, is identification of specific problem areas which might require other forms of help or support. Obviously helpers differ in terms of professional training and background and it is these very differences which necessitate discussion of the subject so that proper guidelines for referring clients can be defined. Some helpers may not, for example, have the specific skills needed to deal with clients in crisis, or those with severe depression or other forms of psychological illness. We all need to know what our own limitations are, and the first step is to look for these and then acknowledge them. The next step is to know 'how' to refer clients so that they receive the appropriate help when they need it.

In their *Ethical framework*, the BACP stresses that routine referrals to other services or agencies 'should be discussed with the client in advance' (BACP, 2009). They go on to add that the client's consent should be obtained before making the referral; in addition, client consent should be obtained in relation to any information which will be disclosed in the process of referral. It is also important to ensure, as far as possible, that the referral is appropriate for the particular client and that it is likely to be of benefit to that client.

Referral may be difficult for clients for a number of reasons: some may have experienced rejection in the past, while others may come to believe that they (or their problems) are just too formidable for anyone to cope with. On the other hand, if referral is left too late, clients will not receive the kind of support or specialised help they need. This last point emphasises the importance of good communication with clients from the outset, so that the possibility of referral is identified early on. Clients should be given the opportunity to discuss their feelings about the prospect of referral too. If they are not given this chance to express feelings, they may experience resentment or anger in relation to the whole process.

Reasons for referral

At every stage of the counselling process, however, helpers need to ask themselves what is the best course of action for specific clients. The reasons for referral are obviously very varied. A counsellor or client may, for example, be in the process of moving away from the area, in which case referral might be necessary if the client is to receive ongoing help. Certain clients may require psychiatric support or other specialised health services. There are clients whose problems are specific to certain areas, for example adoption, recovery after surgery, disability or language difficulties, who might well benefit from contact with a helper specially trained in one of those areas. Whatever the circumstances, and regardless of the problem, it is essential that clients are given the opportunity to

participate in any decisions which are made about them. The counsellor's task is to inform clients about any specialised services which are available to them and it is then up to the client to accept or decline.

Occasionally clients may ask to see either a male or female counsellor. This request is usually made for very good reasons and counsellors should respect them. A woman who has been physically abused, for example, might feel more comfortable with a female counsellor, while a man who has sexual problems may well feel more at ease with a male counsellor. Occasionally clients who receive individual counselling are given the chance to participate in group work too. This necessitates referral of a different kind, since the client is not being asked to forfeit one kind of support for another. Another reason for referral is indicated when the particular theoretical approach which another counsellor uses is considered more appropriate for an individual client's needs. Financial constraints may also have a bearing on the kind of help available to a client; a client who cannot afford the services of a particular helper might benefit from referral to a voluntary agency for example.

The following is a list of factors which may impinge on your ability to help certain clients:

- your level of expertise or lack of it
- time: you do not have sufficient time to offer the client
- your theoretical orientation and training: this may not be right for the client
- information: you lack the kind of information the client needs
- confidentiality: you may not be able to offer this to certain clients
- relationship: your relationship with the client is difficult or compromised
- distance: the client may receive appropriate help nearer home.

EXERCISE

Referral

Working in groups of two to three, make a list of the reasons for referring clients to other people or agencies. Do these reasons vary for different members of the group? Discuss the counselling skills necessary for successful referral and indicate how early or late in the counselling process you would do it.

Resources for referral

Preparation is probably one of the most important aspects of referral. All helpers, including those whose work is part of other occupational responsibilities, need to be well informed about all the resources available to them within the community, and indeed beyond. The names, addresses and telephone numbers of other professional workers who might be in a position to help clients with specific needs should be kept on record. Good liaison and consultation with other professionals is essential too. However, ongoing personal development and training is also needed for counsellors who wish to remain in touch with new developments in all the helping and allied professions. Continuing education has the added

advantage of keeping counsellors in contact with as many people as possible, either locally or nationally, who might be able to help clients. Subscribing to professional journals and periodicals is also helpful and informative, since these can provide vital information about changes and trends in the helping professions generally.

■ Clients in crisis

In Chapter 1 we noted that clients often seek help when they experience a crisis. We also noted that each person's interpretation of crisis is quite subjective, which makes it difficult to list the experiences which might fall into that category. However, it is not just the client's response to a perceived crisis that we are concerned with here. The counsellor's response to the person in crisis is important in this context, and there are certainly a number of grave situations which are familiar to most experienced practitioners. These include those circumstances in which clients threaten suicide or violence towards other people. We have already considered the issue of confidentiality in relation to such expressed intentions, and the point has been made that many agencies have very specific guidelines about them. Apart from the practical steps which counsellors can initiate, however, the emotional impact on them needs to be considered too. In this respect, discussion and preparation are vitally important, since issues discussed openly in this way tend to be less threatening when they are actually encountered. Suicide and violence are not subjects which people readily talk about, but we need to address them in order to identify our own feelings in relation to them. We could start by looking at the following points:

- some people take the view that as far as suicide is concerned there is no ultimate preventative
- other people take the view that clients who say they feel suicidal are, in fact, asking for positive intervention from helpers.

Helping clients in crisis

These two points are likely to generate a great deal of discussion in any training group, and you need to be clear about your own responses in relation to them. The view taken here is that clients should be offered whatever support and help we can possibly give. It seems to me that clients who reveal themselves in this way are, in fact, seeking the reassurance that someone else cares sufficiently to intervene. It should be added that intervention does not necessarily mean dramatic action; what is usually needed is identification of all the client's feelings and plans so that a realistic assessment of risk can be made. When this is done, clients are frequently relieved to be taken seriously. Afterwards,

practical steps can be implemented to lessen the suicide risk. These steps may include consultation with the client's doctor so that medication can be prescribed or adjusted, though none of this can be done without the client's permission. Helpers are sometimes reluctant to address the subject of suicide openly, on the grounds that to do so would encourage the client's action. This is an entirely mistaken belief, and one with immense potential for causing harm to clients. More often than not people are very relieved to articulate their worst fears and impulses in the presence (or hearing, as in telephone counselling) of someone who is supportive and calm. In order to determine the extent to which a person is serious about suicide it is useful to establish the following:

- Has the person made a plan?
- Is the plan specific?
- Does the person have the means to follow through a plan?
- Is there a past history of deliberate self-harm?

Without looking closely at these factors it is impossible to establish the level of risk to those clients who may refer to suicide in oblique terms only. Counsellors and helpers should also be aware of some other factors which may accentuate the risk of suicide:

- history of depression
- history of being in trouble with the law
- alcohol or substance abuse
- family history of alcohol or substance abuse
- mental illness (e.g. Schizophrenia) or family history of mental illness
- family history of suicide
- family violence or sexual abuse
- experience of conflict, either socially or within the family, because of sexual orientation
- experience of being bullied
- loneliness, isolation or loss of an intimate relationship
- exposure to the suicidal behaviour of others, including friends or media figures.

When helping clients in crisis counsellors need to be prepared to look at the underlying causes. Suicidal feelings are usually precipitated by a number of accumulating factors, and it is these factors which need to be identified and discussed with clients. Once this is done clients tend to experience relief of pressure, and with ongoing support and therapy they may be able to deal with their problems. Counselling can be continued with those clients who are referred for medical help, and often it is this combined approach which proves most beneficial for them.

Threats of violence

Sometimes clients express violent feelings or impulses towards other people. In these circumstances helpers need to assess the degree of actual danger involved and act accordingly. This is much easier said than done, since all of us have probably experienced antagonistic and negative emotions occasionally, as a result of conflict with others. Most people hide these feelings, for fear they will cause unnecessary alarm or upset. However, clients in counselling may express their negative feelings more readily, especially when they know they will not be judged for doing so. On rare occasions, though, clients may be serious in the threats they make, and in these instances helpers need to adhere to the guidelines set down by the agencies in which they work. Clients who threaten violence to others, like those who threaten violence to self, may in fact wish to be stopped. It is unlikely that they would verbalise their impulses if they did not expect some intervention. However, counsellors, in common with other responsible citizens, have a duty to safeguard vulnerable people who might be at risk of violence. Support through supervision is probably the most effective way for helpers to deal with problematic issues of this kind.

Other crisis situations

Suicide and threats of violence are not the only forms of crisis which counsellors and other helpers may hear about from clients. Others include:

- sudden death
- rape and assault
- accident and injury
- discovery of child abuse
- acute illness
- diagnosis of terminal illness
- unexpected break-up of a relationship
- burglary or loss of belongings
- sudden financial problems
- loss of a job.

EXERCISE

Responses to crisis

Working in groups of three or four, discuss how people in crisis might respond to their new and unfamiliar situation. Make a list of the feelings that the crisis may generate, and then suggest ways in which clients can best be supported in counselling. Afterwards, consider how counsellors who work with clients in crisis can themselves be supported in their work.

Diversity

In Chapter 1 we noted that clients are seen in a wide variety of settings and contexts. We have also seen that the BACP guidance on good practice in counselling and psychotherapy highlights the increasing and diverse settings in which counselling takes place. Some practitioners work with colleagues, for example, while others may

work by telephone or through online services. In addition, some counsellors work in agencies or large organisations, and some participate in multidisciplinary teams. Because these counselling contexts are so diverse, any set of ethical guidelines is challenged indeed to address them all adequately. However, the BACP document does acknowledge this difficulty, and adds that 'all practitioners encounter the challenge of responding to the diversity of their clients, and finding ways of working effectively with them' (BACP, 2009). In view of this complexity and diversity, it directs attention to essential issues that all counsellors need to consider in relation to their work. The ethical issues which are described in this chapter are also discussed in some detail in the BACP guidelines, so students of counselling should read the professional document itself. Under several headings, it details a number of examples of good practice which are intended to help practitioners make correct professional judgements where possible.

Counselling is becoming more diverse too, not just in relation to the specialist areas it addresses but also in relation to the diversity of clients who now wish to (or have a right to) access it. Until recently, therapy generally has been, almost exclusively, a profession peopled by white, middle-class and fairly affluent practitioners whose client group could be similarly described. This situation has obtained, not because black and ethnic minority groups do not have the same rights or need for therapy. On the contrary, the situation is as it is because, until recently, most training courses failed to address cross-cultural issues in their programmes for students. Often, as Marshall (2004) suggests, intercultural and cross-cultural therapy is still regarded as a 'specialist' or 'marginal area of interest outside the psychotherapeutic mainstream'. In addition, the theories underlying counselling and psychotherapy fail to take account of the experiences of black people or those from diverse ethnic groups. Psychodynamic or Freudian theory, for example, is formulated on the experience of a particularly narrow group of people living in Europe in the nineteenth century. This is a criticism which counsellors working from a feminist perspective would also level against traditional psychodynamic theory, though as Marshall (2004) notes, the situation has been redressed to some extent by the feminist movement itself, and by later theorists.

Within recent years there has been a decided focus on race as a factor in counselling and psychotherapy, and the BACP is committed to research and the implementation of good practice in the context of intercultural and cross-cultural counselling. Race and culture in counselling and psychotherapy is a hugely important subject, and likely to become more so on training programmes. It is therefore important that all of us, including practitioners and students, address and research this developing area of the profession.

■ Supervision

Throughout this book we have emphasised the central place of supervision for counsellors. In Chapter 1 we discussed the role of supervised counselling practice in training, and quoted the BACP *Ethical framework* in relation to this. Some of the issues just discussed, especially those relating to crisis and its management, should highlight even further the need for regular support of this kind. Many professional agencies make their own arrangements for supervision and helpers who work in these settings are aware of the benefits of professional assistance and backing. Here are some further considerations in relation to supervision.

What supervision means

The word supervision refers to the practice of giving support, guidance and feedback to counsellors who work with clients. It is, in fact, mandatory for anyone who works with clients in a therapy or counselling context, including trainees. The British Association for Counselling and Psychotherapy makes its views quite clear on the subject of supervision, and it is important that you read its Ethical Framework for Good Practice in Counselling and Psychotherapy. In one section of this document (Maintaining competent practice) the association states:

‘All counsellors, psychotherapists, trainers and supervisors are required to have regular and ongoing formal supervision/consultative support for their work in accordance with professional requirements. Managers, researchers and providers of counselling skills are strongly encouraged to review their need for professional and personal support and to obtain appropriate services for themselves’ (BACP, 2009).

Supervision is not, of course, a new idea, for it has been in existence for a very long time. Freud and his followers supported one another in a similar way; supervision has been used ever since, though not just by therapists and counsellors. Helpers in a variety of other roles, including nursing, now recognise the place of supervision in maintaining good practice with patients and clients. Supervision is essential for counsellors and helpers because it affords an opportunity to discuss all aspects of work with someone who has received specialist training in this area.

Support for counsellors

Supervision is of benefit to counsellors for a number of reasons. These are:

- it provides a more objective view of the counsellor’s work
- loss of confidence and ‘burnout’ are less likely when supervision is regular
- it gives the counsellor a clearer picture of transference/countertransference issues

- it allows the counsellor to appraise the skills and approaches used with individual clients
- it provides support, guidance, encouragement and differing perspectives
- it affords time for reflection and thought
- aspects of the relationship between client and counsellor are often mirrored in the supervisory relationship; this can provide important information about the counsellor's work
- it is rewarding for counsellors, both intellectually and emotionally
- it can help counsellors to clarify and modify any negative emotions they may experience in relation to certain clients
- personal problems which counsellors have may be identified through supervision, although these are not directly dealt with by supervisors
- it serves to identify the counsellor's own need for personal therapy
- it enables counsellors to increase and develop their range of therapeutic techniques.

What supervision is not

Supervision is not the same as counselling, and the supervisor/counsellor relationship is quite different also. In the first place supervision is not therapy, although it can have therapeutic benefits. The supervisor's principal task is to improve the counsellor's relationship with her clients. This means that a supervisor is never directly involved in helping a counsellor to deal with personal problems, although evidence of these sometimes appears in the course of supervisory sessions. It may even be difficult to distinguish between the counsellor's personal problems and those of the client. One of the supervisor's duties is to help the counsellor differentiate between the two and to recommend therapeutic support for the counsellor when necessary. Although supervisors do not give counselling, therefore, they nonetheless encourage counsellors to consider personal issues and to look at the way these impinge on their relationships with clients.

CASE STUDY Jenny

Jenny worked as a student counsellor in a university. One of her clients, an eighteen-year-old student called Tamsin, had been dieting over a long period of time and had requested counselling when she realised that she had developed problems in relation to this. Jenny had also been overweight as a teenager and this had caused her a great deal of anxiety and stress at the time. Because of her experience, Jenny felt deep empathy with her client, but sometimes this identification threatened to cloud the true nature of the counselling relationship. On several occasions Jenny was tempted to offer advice and to steer Tamsin towards certain courses of action. She also found herself worrying a great deal about her client outside counselling sessions. In supervision Jenny was able to identify her countertransference feelings and to separate her own memories and experience from the client's experience. Afterwards her relationship with Tamsin was much improved and certainly less controlling than it had previously been.

Confidentiality and supervision

One point of similarity between the supervisory and counselling relationships is that both are confidential in nature. This means that supervision should be independent of other relationships which might be in conflict with it. One example of such a conflicting relationship is that which exists between manager and employer. Employees are obviously accountable to managers for a variety of work related reasons, and the nature of the manager/employee relationship may mean that true confidentiality cannot be guaranteed when supervision is also taking place. Another example of a relationship which might compromise the supervisory function is that of trainer and trainee. Teachers and trainers are required to assess their student and this might inhibit those trainees who are concerned with receiving satisfactory grades. Some elements of teaching are certainly contained in supervision, but as Wosket points out, supervisor and supervisee are (or should be) 'fellow participants' within the relationship (Page and Wosket, 2001). Regardless of the relationship between supervisor and supervisee, however, absolute confidentiality may not always be guaranteed. Contexts in which it is not assured are similar to those which obtain in counselling, and include situations in which threats of violence or examples of bad practice are revealed.

Finding a supervisor

In Chapter 1 we noted that students in placement need supervision as part of their overall training programme. Supervision in this context is known as training supervision, and is now an essential requirement of every training programme. Training establishments have, therefore, a duty to ensure that students have access to supervision. We know that supervision is not the same as counselling, and that it requires a separate and specialist form of training. For students of counselling the answer to finding a trained and competent supervisor lies in cooperating with trainers. Any suggestions you make for supervisory arrangements should be discussed and agreed with you.

How much and how often?

Any details regarding frequency and number of supervisory sessions should be worked out between the training establishment, the supervisor and the student or supervisee. When formalising a contract like this, it is also necessary to clarify any other relevant details, including details about students assessment and the degree of responsibility and accountability which the supervisor has to the student's training establishment.

Forms of supervision

There are different forms of supervision, and these include the following:

- Individual supervision where there is one supervisee and one

supervisor. This approach allows more time for the counsellor to present and discuss their work in a safe environment.

- Group supervision where a number of counsellors meet with one designated supervisor. This approach is more cost effective than individual supervision, but a possible drawback is that less time is available for feedback to individual members of the group.
- Peer group supervision where a number of counsellors provide supervision for each other. This form of supervision is often used by trained and experienced counsellors, and is not recommended for trainee counsellors.
- Co-supervision or peer supervision where two counsellors provide supervision for each other, taking turns to do so and alternating the roles of supervisor/supervisee. This form of supervision is not suitable on its own for inexperienced or trainee counsellors who may not feel confident enough to benefit from it.

The relationship between supervisor and supervisee

It is obvious that the relationship between counsellor and supervisor needs to be based on trust and mutual respect if it is to work effectively. This means that supervisors should be prepared to discuss their qualifications, training and theoretical approach with their supervisees before work begins. As we have already indicated, all administrative and practical details of the supervisory contract should be openly discussed and agreed upon by both counsellor and supervisor.

EXERCISE

Experiences of supervision

Working in groups of three to four, discuss the benefits and disadvantages of the different methods of supervision described in this section. What experience of supervision do individual members of your group have?

Education and training/research

In Chapter 1 we discussed a range of issues relating to counsellor training, and most of these are common to many programmes, though individual programmes do still vary to some degree nationwide. The British Association for Counselling and Psychotherapy and other professional organisations are committed to continuing research and development in relation to both training and standards within the profession. This means that key elements in counsellor training programmes are quite likely to be deemed essential or even mandatory in the near future. These key elements, including supervision (which is already a requirement) and personal therapy, have been highlighted throughout this text. In addition, there is now greater emphasis on continuing professional development for trained and accredited counsellors.

Continuing professional development (CPD)

In their online learning section (2009) the BACP points out that, following statutory regulation, all counsellors and psychotherapists will have to comply with the CPD requirements laid down by the Health Professions Council (HPC). These requirements are detailed on the HPC website in a questions and answers format. Although CPD does not apply directly to student counsellors, it is worth mentioning here because it highlights the importance of education as a continuing process for all practitioners. There is widespread recognition that counsellors must offer the best quality service to clients, and to do this they need to improve and update their knowledge and skills at regular intervals. Counsellors benefit personally from a commitment to training and development because such a commitment keeps them in touch with the rapidly expanding discipline of psychotherapy, and with other practitioners whose support and knowledge are invaluable. The following are examples of activities which support or enhance continuing professional development:

- seminars and conferences
- courses on professional or related issues
- academic study and research
- counselling-related committee work
- facilitating courses and workshops for others
- personal therapy
- research and publication.

Research

Student counsellors are often, in my experience, less than enthusiastic when the subject of research is mentioned in group discussion. This response is understandable when we consider the many elements already included in counsellor training. As we have seen in Chapter 1, these elements encompass theory, written work and assignments, skills training, supervised practice, supervision, personal therapy and ongoing self-development. This is a demanding (and increasingly expensive) commitment, and for this reason students tend to regard research as a daunting extra, which can be deferred until later on when training is complete. It is easy to see why the introduction of another area of study into an already crowded syllabus is seen by many students counsellors as a demand too far.

And yet, the extensive list of training requirements is not the only reason for lack of student enthusiasm when the subject of research comes up in discussion. Another, and perhaps the core reason, is that students often fail to see the relevance of research to counselling. Research is viewed as an 'intellectual' activity, whereas counselling is categorised in the 'affective' or feeling domain. Students, as well as many qualified

counsellors, sometimes say that they do not believe it is possible to measure the complex individual experiences of clients with the research tools currently used in other areas of science.

Consequently, one of the challenges for teachers and trainers is to convince students of the value of research, and to place it at the very heart of training so that it becomes normalised, less intimidating and better understood. As we have seen, evidence-based therapies, in particular CBT, are currently favoured in the Improving Access to Psychological Therapies (IAPT) initiative, and it is likely that this demand for evidence in counselling and psychotherapy will continue.

Research, therefore, should be an integral part of education and training, so that when students graduate they are predisposed to engage with it. In my view, the most effective way of inculcating an interest in research from the outset is through extensive and varied reading. When students see that research findings (many of them health and psychology related) dominate newspaper and magazine headlines, they can start to make the connection with their own discipline and develop an interest in finding out more about it. At a very basic level, we need to know what works and what doesn't work, and this is as true in counselling and psychotherapy as it is in any other field. It is not just newspapers and magazines that stimulate an interest in gaining new knowledge about therapy, however. Books are essential too. There are numerous books available on the subject of research, and a selection of these are included for further reading at the end of this chapter. But students should also be encouraged to read eclectically, across a range of subject areas, including literature and philosophy, so that habits of reflection and enquiry are inculcated. This may seem like a tall order, and students are often reluctant to invest in extra books because of the expense involved. Libraries, however, are free, and the internet is an endless, though not always infallible, source of information. Journals and newspapers can be accessed in this way as well, and professional bodies like the BACP regularly publish articles and research findings on a range of diverse subjects. When research is viewed as something that we can read about and is accessible, then it loses some of its off-putting esoteric status and becomes interesting and relevant to all of us. Once interest is in place, a desire to find out more is nurtured and this forms the basis for future research projects in areas of specific interest to individual counsellors and psychotherapists.

Finally, it is important to add here that the British Association for Counselling and Psychotherapy is committed to the development of research and actively encourages all counselling and psychotherapy practitioners to support research and 'to participate actively' in it (BACP, 2009).

Summary

In this chapter we considered a range of ethical issues in counselling. These include the subject of confidentiality and its central place in the therapeutic relationship. The limitations to absolute confidentiality were discussed, and examples were given of situations in which it might not be guaranteed. The counselling relationship was an important focus of this chapter, and we examined the twin concepts of transference and counter-transference in this context. Contracts in counselling were discussed and the subject of 'endings' and its attendant difficulties was considered too. The subject of referral and reasons for it were also detailed. Crisis, and its effects on both client and counsellor, was addressed in this section. The necessity for regular supervision and ongoing training was stressed, and the different models of supervisory support were described. In this chapter we also touched on the broad issue of diversity in counselling and indicated that trainee counsellors should become familiar with professional guidelines in relation to this.

Finally, although the section on research does not attempt to describe how it is done, it does emphasise the increasing importance of developing an interest in it. We looked at ways in which students can be encouraged, mainly through reading, to view research as a fascinating and relevant component of training, as well as a prerequisite for future exploration.

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Areas for further study:

- feminist approaches in counselling
- multiculturalism in counselling
- gender and gender identity in counselling
- sexual identity in counselling
- counselling with gay and lesbian clients
- mental illness and counselling
- counselling with refugees
- counselling with adolescents
- counselling with families
- counselling in different settings
- counselling and research