

AIPC's Counselling Dilemmas eBook



**A collection of counselling dilemmas,
commented by qualified counsellors,
psychologists and mental health
professionals**

AUSTRALIAN INSTITUTE OF PROFESSIONAL
COUNSELLORS

AIPC's Counselling Dilemmas eBook

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Introduction

“Somewhere in the world there is an epigram for every dilemma”

~ Hendrik Willem Van Loon

The word dilemma originated from the Greek “double proposition”. A dilemma occurs when there is more than one solution to a problem, but neither of these solutions is sufficient to reach a satisfactory outcome. In the common sense, it translates to being between a rock and a hard place.

In helping professions, including counselling, dilemmas often occur when there is a clash between the professional’s personal, ethical and/or legal obligations. Whilst some dilemmas can be simpler than others, they are always the product of a complex situation that requires a careful approach by the expert.

The purpose of this eBook is to sharpen that approach. In the following pages you will explore 18 professionally-written counselling dilemmas, along with comments from qualified counsellors, psychologists and mental health professionals. As you reach the end of this publication, we hope you will have developed a more comprehensive knowledge-base to assist you deal with situations that could, at anytime, show up at your door.

AIPC’s Counselling Dilemmas eBook has been divided into the following categories: Relationship and Family; Ethics, Values and Boundaries; and Situations of Risk.

We hope you enjoy this reading. We also encourage you to submit your own comments to the dilemmas published in this eBook, and provide any other feedback by writing to blog@aipc.net.au.

Kind Regards,

Sandra Poletto

Sandra Poletto
Chief Executive Officer
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SECTION 1 - Relationship and Family

“Family Therapy and Adolescent Counselling”

You have been counselling a family for 2 months and you have reached the end of your program with them. Both the mother and father are satisfied with the outcomes of the therapy; however their teenage son would like to continue to see you. He has specified that he would like to continue therapy about some of his own issues, but not in the presence of his mother and father. The son is aged 16. **Would you continue to work with the boy and if so, under what circumstances?**

There are many factors which I would need to consider in making a decision about whether to continue to see the adolescent, as requested. Whilst legally, an adolescent of 16 years of age is permitted to attend counselling independent of their parents, it is important to consider the therapeutic issues inherent in offering that.

Adolescence is a period of great struggle. It is a period of great desire to experiment, to make new friends, try out new ways of behaving and to test the limits of authority (other people's and their own). It is also a period of doubts and uncertainties, conflicting thoughts and behaviours. Primarily, it is a time in which the young person struggles for autonomy and independence, and thus the issue of attending therapy at this age is a particularly conflictual dilemma. In asking to attend further sessions, the adolescent client is struggling with the desire to oppose the offer of help and yet also seeks it.

If I was working with this adolescent, it would be important for me to consider how he initially came to attend counselling. If his involvement was directed by the parents, it would seem that his current request for further help is indicative of a positive step in the therapy process. It may be reflective of the adolescent's ownership of his problems and it would therefore be useful to offer him further sessions.

In order to maximise the usefulness of any ongoing sessions with the adolescent; it is essential to meet with the family on at least one more occasion to discuss the possibility of the adolescent continuing to be seen. At this session, I would attempt to discuss:

- The adolescent's goals for further sessions.
- The parents' ability and desire to support this process. This involves exploring the parents' ability to allow the adolescent to separate.
- My own perspective with regards to the usefulness of ongoing work with the adolescent. Issues raised in previous sessions may have identified the need for ongoing work with the adolescent. This issue is also important with regard to the counsellor identifying the direction of ongoing work.
- A plan for further sessions, i.e.: how many sessions, how often and whether the parents will continue to be seen as well. With regards to this latter issue, I would consider various options dependent on the parents' desire to be involved and my opinion of the need for them to be involved. I may offer a family review session on occasion, being clear that this would not involve detailed disclosure of the adolescent's sessions, but that it would be an opportunity to discuss his progress. I may offer for the parents to be seen, concurrently by another counsellor. This enables the sessions to be kept quite separate whilst offering each member of the family the opportunity to continue.
- The critical issue of maintaining and respecting the confidentiality of the therapeutic relationship with the adolescent. It is important to identify and explore how this may alter the previous relationship when I worked with all of the family members together.

If this discussion identified clear goals for ongoing sessions and indicated that the parents were able to support the adolescent's sessions and the confidentiality of those sessions, I would continue to work with the adolescent. If this was not the case, then it might raise further issues with regards to the family's relationships and I would offer to continue to meet with the family to further explore these.

Alana Dillon BA (Psych), BSW

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At the age of 16 this boy has a variety of rights. He can leave school, seek benefits from the government, enter into full-time employment and enter into sexual relationships. He also has the right to enter into a counselling relationship, independently.

This age is a very crucial time in the lives of young people, particularly towards developing an independent identity. I would suggest that he should inform his parents of his desires to seek counselling, independently of them. It is important to remember that he alone can make this choice and I would not deny him counselling if he chose this path.

Young people, particularly young men, often find it difficult to open up to someone. Because I have already established a relationship with this boy, he trusts me. I would feel comfortable in continuing this relationship with him.

Anda Davies BSSc.

“A Multicultural Issue in Relationship Counselling”

An Asian couple has been referred to a counsellor for marriage guidance. The impact of migrating to Australia has taken its toll on their relationship. In the session, the husband seems quite controlled and reserved, whereas the wife cries often but says little.

The counsellor is a novice in the area of multicultural difference, but has just completed some workshops in multicultural counselling. The counsellor has learned that in Asian cultures, restraint of strong feelings is considered to be a sign of maturity, too much talking is viewed as impolite, and the husband is usually the more dominant member of the couple.

Conscious of these cultural differences, the counsellor avoids talking too much and attempts to refer to the husband for most of the exchange. The counsellor is also conscious of their silence and wishes not to be disrespectful by challenging the couple to open up further. As a result however, the counsellor himself feels uncomfortable and stifled, and useless as a counsellor. **If you were confronted with this dilemma, how would you deal with this couple?**

The Code of Ethics of the ACA encourages practitioners who counsel clients from backgrounds different from their own to respect these differences, gain knowledge, personal awareness and sensitivity pertinent to these clients; and incorporate culturally relevant practices into their work.

In this dilemma, the counsellor has become so conscious of being culturally correct, that he has forgotten the real reason why the clients have come to counselling in the first place. In his efforts not to offend the clients and to portray an appropriate self-image, he has lost the ability to counsel effectively in his usual style.

This has led to his feelings of helplessness and inadequacy.

It is very important especially in multicultural counselling to treat each client as an individual person first. Then being aware of possible differing values and beliefs according to culture, the counsellor must ask questions to find out exactly what the cultural differences are and how they impact on the client's wellbeing.

The main objective of counselling should always be respect for the client. The counsellor needs to be even more aware of not putting their own values and beliefs onto the client. Be careful not to assume how life is for them. What the counsellor may perceive to be difficult for their own culture may not necessarily be a problem in other cultures. We must be careful not to stereotype clients into cultures but rather to learn from them by asking questions and trying to truly understand and empathise with them and the problems they may be having, whether the problems are relationship or cultural.

In this particular case, the counsellor was assuming the clients' behaviour was due to them being Asian. This could have been the case but it may also have been due to other reasons such as anxiety over coming to counselling, worry over whether the counsellor could help them or would understand their problem, feeling inadequate that they couldn't solve their own problem themselves. These are common concerns for clients attending counselling.

By incorrectly assuming how the clients wanted to be treated (in this case as Asian people), instead of treating them as individuals, the counsellor was acting unnaturally and therefore unsure of what to do and feeling helpless and uncomfortable. He was not gaining the correct information he needed to assess the clients' concerns, thereby doing himself and the clients a disservice.

In summary, in multicultural counselling, counsellors need to be aware of their own values and belief system and understand that there are differences in all cultures. To realise that they do not need to know the values and beliefs of other cultures but they must be aware that they exist and to ask appropriate questions in order to understand the client's cultural differences. If counsellors are honest and comfortable within themselves, clients will be more confident and willing to work in the counselling process, which leads to successful outcomes.

Counsellors should endeavour to continue to gain self-awareness and experience in all aspects of counselling and to have regular professional education and supervision.

Gayle Higgins, Dip. Prof. Couns.

Without the exact Asian country of origin this couple would be difficult to be exacting with. However dealing with the situation here from a client-counsellor perspective I would counsel as follows.

Asia is known for its respect of elders, public and private face culture, non-visual displays of affection and male dominated roles. Although affection is not demonstrated publicly, this is not an indication of a lack of caring or less loving emotions than our western civilisation. It is a learned behaviour that this culture is comfortable with, but often is confused when confronted with more public displays in western cultures.

This restrained relationship, for us in the west, is a difficult situation to comprehend however this does not indicate, nor should it be, a stumbling block for counselling in any area. People have come to you because they have a problem and are hoping that you will work with them to solve that problem. The mixing of two cultures is always difficult in any country, there is always a period of adjustment and learning new skills is stressful.

With this in mind, I would encourage a counsellor to be in charge of his/her room and not be intimidated by ethnic differences. A counsellor who loses authority over their room needs to rethink attitudes and comfort zones.

Counselling is about empowering people to make a change; you may be the only chance for this to happen, therefore risks need to be considered.

I would firstly negotiate the level of communication, explaining that we would need a benchmark to work from. I would ask the couple if they still want to feel like this in six months time or would they like me to work with them to encourage change.

With this established I would then explain the need for opening up of information, individually and collectively. Helping the couple to understand that this is the reason the benchmark was set. Making clear to all concerned the level of disclosure they as a couple are willing to share with me, the counsellor, and each other.

Having established this realistic benchmark I would then work with great respect and appreciation of how difficult it is to be open about personal things without losing face.

Kaye Laemmle, Dip. Prof. Couns. (Relationship and Grief & Loss)

“A Complex Family Situation”

You have been counselling a married couple for several weeks. The couple came to you because of problems they were having in their relationship. During the process you have seen the pair separately at which time you learnt that the husband is only staying with his wife because of their two children. The wife meanwhile has confided to you that her husband is not the biological father of one of the children. **If you were confronted with this dilemma how would you deal with this couple?**

There are several issues for consideration in this scenario. Firstly, the wife has confided that she is hiding the true paternity of one of the children from her husband and secondly, the husband has disclosed that he is only staying in the relationship for the sake of the children.

As a counsellor I am bound by confidentiality, however, I would find it somewhat compromising to counsel the husband and wife, either separately or together, for any length of time whilst this information was being withheld.

Regardless of the ethical obligations I have as a counsellor to maintain confidentiality, should the husband become aware of the true paternity of one of the children, he may feel betrayed by me as I have withheld this information from him. Although this would only be one of the consequences for the husband on being informed, it may directly affect the counselling relationship thus further complicating his own situation.

My approach would be to talk with the wife individually, emphasising her responsibility for the information she holds and how she wishes to deal with it. I would encourage her to explore the pros and cons of either:

- Informing her husband of the true paternity of one of the children.
- Withholding the true paternity of one of the children from her husband either temporarily or permanently.

I would also see the husband individually in order to work through the relational issues he has and examine the alternative courses of action available to him.

I would then assess how the sessions to date may have affected the current situation and make a decision whether I could continue to work with the couple objectively whilst withholding critical information.

The nature of this situation highlights the importance of providing clients with clear information regarding ethical boundaries and confidentiality early in the counselling relationship so as to minimise difficulties and misunderstandings.

Jenny Nichols BSSc. Dip. Prof. Couns.

Ethical decisions inherently involve issues concerning our definition of what is 'acceptable' human behaviour. However, the definition of what constitutes 'acceptable' is neither universal nor static, but is ever-changing and evolving in a melting pot of diversity, culture, gender and nationality.

Without doubt, our sense of what is right or wrong has been influenced by our environmental and social context and our inherited traits - the unique combination of our individual identity.

There are two major theoretical perspectives we might consider - Teleology and Deontology. The main teleological theory, Utilitarianism, judges actions as good or bad, right or wrong, on the basis of the consequences they produce. Deontology, on the other hand, is concerned with 'duty' and the fact that some acts are obligatory regardless of their consequences.

Ethics, unlike legislation that requires an act to have occurred, is concerned with the prevention of damage or prescribing a course of action. Fortunately, there are signposts in the 'minefield' of ethical dilemmas, one of these signposts 'Professional Codes of Ethics' serves to guide us through decisions in our professional lives involving issues of honesty, fairness and justice (www.theaca.net.au).

Background

In the scenario above, all three people, wife (W), husband (H), and the counsellor (C) are presented with an ethical dilemma.

In his decision to stay 'for the sake of the children' H has taken a utilitarian ethical stance on this issue, that is, H is making his decision to stay based on his desire for a particular outcome i.e. 'for the sake of the children'.

In aligning himself this way H is using the relationship with his wife as a means to get his desired end. His goals for the relationship have changed from being in a marriage with W to fulfilling his parental responsibilities until such time as his sons are able to look after themselves.

W's contribution to child raising is the utility upon which he can fulfil his parental obligations. H's ethical dilemma is whether it is fair and just to stay in the relationship with W without revealing to her what his new goals are and how he honestly feels about their relationship.

W too, has been setting future goals alongside H in joint counselling sessions to improve her relationship with her partner. Her reluctance to tell H that he is not the biological father of one of the children may also be based on a utilitarian ethical stance - perhaps fear of the emotional trauma that would most likely follow disclosure, and the possibility of H deciding to end their marriage, is holding W back from disclosure.

Like H, W is using her husband to maintain a secure family environment for herself and her children. Alternatively, if both H & W decided to adopt a deontological ethical stance in this dilemma, both would feel 'duty bound' to disclose their information to each other irrespective of the effects on their relationship.

The fact that H and W have decided to disclose their information to C indicates that as counselling sessions have progressed it has become increasingly difficult for them to withhold this information from each other. Thus, the ethical dilemma presented to W and H is about whether to be totally honest with each other and face the consequences, or to continue their deception irrespective of the potential negative effect this may have on the future of their relationship.

And what of C's ethical considerations in this case?

C's dilemma is primarily concerned with professional accountability to self and to W & H. In accordance with the ACA Code of Ethics counsellors must at all times:
Establish the helping relationship in order to maintain the integrity and empowerment of the client without offering advice.
Offer a promise of confidentiality and explain the limits of duty of care.

Thus, it is neither C's role to advise the clients to reveal this information to each other nor to breach confidentiality and disclose to either client. The primary role of a counsellor is to facilitate the exploration of issues by encouraging clients to determine their own outcomes.

To unduly influence or direct either H or W into prematurely making their revelations to each other would be a misuse of C's position, an imposition of C's values onto the clients and a breach of the Professional Code of Ethics.

On the other hand, C can use feedback and influencing skills to highlight some discrepancies in W & H thoughts, actions and feelings. For example, with regard to their stated desire to improve their relationship through counselling, C can explore individually with H & W, the potential impact of non-disclosure on the future stability of the relationship.

Certainly, C is now in the unenviable (and powerful) position of being the only one in this triangle (H, W & C) who is privy to information from both partners that could significantly affect the course of this couple's relationship. Having acknowledged this, C needs to evaluate the effectiveness of continuing to counsel this couple either on an individual or joint basis.

For example, how will C encourage this couple to explore issues and set joint goals for the future knowing that H is not committed to the relationship? And that W is withholding information from H that he may deem crucial to his ongoing commitment? Who came to counselling first? Was it H or W, or did they come together? If W came first, then should she be retained as a client if C decides against counselling the couple together?

In all aspects of working with people, it is imperative that C is aware of any legal implications that may result from a particular course of action, in this instance the rights of the child to know his biological parents. Apart from the more obvious emotional and psychological needs, the child's future medical requirements may require immediate knowledge of his blood and tissue types.

Does C's duty of care extend to protecting the rights of this child, who, while not in immediate danger, may become so in a medical emergency?

The very fact that W & H have requested to see C on an individual basis and that each has voluntarily made a significant disclosure directly relevant to their relationship, must surely indicate more commitment to, and potential for, the relationship that might at first have been apparent. Does this new information, handled in a sensitive, responsible and constructive manner, have the potential to resurrect this relationship rather than bury it? C would need to consider whether to continue counselling the couple under supervision, or refer either (or both) to a more experienced relationship counsellor.

Liz Jeffrey, BSSc.

"A Family Break-Up Dilemma"

The client, Helen, is 56 years old. She has been happily married for 32 years to Barry, who works for the local council. Helen and Barry's first child, a boy, was stillborn. Helen fell pregnant again very quickly to help get over the loss. They now have two adult daughters, Vicky and Sharon. Vicky, the eldest daughter, is married with two children and lives interstate. Unfortunately, Helen doesn't get to see them very often because of the distance.

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

A few months ago, Sharon found out that she was pregnant. She had been taking antibiotics for a chest infection and did not realise that they could affect the contraception pill.

Sharon terminated the pregnancy even though Graham had asked her to wait because he was having second thoughts about their decision not to have children. This situation led to the breakdown of their relationship and they have now separated. Graham has moved away and neither Sharon nor Helen have heard from him for over three weeks.

Helen has come to see you because she is feeling very angry with her daughter Sharon. She blames her for the break-up and thinks that Sharon was very selfish not to consider Graham's feelings. She envies her friends who can visit their grandchildren regularly and is missing Graham very much. He has been like a son to her. **As Helen's counsellor, how would you approach this case?**

Helen has come to see me on the basis that she is angry with her daughter Sharon and that this anger comes from her blaming Sharon. The first thing I would do is remove the concept of blame as that only causes negative emotions and is completely unhelpful in our relationship together. Helen has come for assistance, not Sharon, so we are unable to change her behaviour directly. After blame is removed, I would guess that the predominant emotion running through the story is 'grief' and that Helen would identify this.

She may see that she has lost a son herself and now her son-in-law, her aborted grandchild and Vicki and her children because they are interstate. I would give this 'Grief' a personality through talking about it as an entity separate to Helen, thus removing the problem from herself, making it easier to fight without fighting herself. "How has grief had a hold over her life?" Then ask Helen, what impact do you think 'Grief' may be having over her daughter, Sharon at present? This would involve much exploring but it is important that Helen get on top of 'Grief' and focus on improving her current relationships with her family.

I would then get Helen to look at what she would ideally like things to be like for herself and her family. "If you woke up tomorrow and a miracle had happened, what would you and your family be doing?" It may be that 'Grief' is no longer a main member of her family. The goal then needs to be broken down into realistic and reasonable steps and a list of skills that Helen has to achieve these steps. It is important that Helen go home with even just one step to achieve and a tool to measure this such as a scale tool.

When she returns, look for the times when she got the desired effect and ask how it was she managed to do this. Continue with the measuring and celebrating until Helen is confident enough to continue this by herself. Ask her who is supporting her and who is not surprised about her success. This person or people can assist her through the process.

Melanie Norton, B Social Work.

Issues of grief and loss, values, beliefs, and societal and role expectations are all possible areas for exploration, acknowledgement and validation within this counselling situation. Given the significant issues of loss, grief and death, the counsellor could draw on an existential framework to assist Helen in exploring and enhancing her life situation.

It is possible that Helen may not have addressed her loss and grief when she experienced the stillbirth of her son, and these unresolved issues are now playing out following the loss of her unborn grandchild, and the relationship break-down with her son-in-law, Graham. Acknowledging that anger is a secondary emotion, other feelings and emotions such as guilt, sadness, and confusion could be explored to assist Helen to understand her feelings of anger towards her daughter, Sharon.

Using an existential approach, the counsellor could ask questions such as, "What do you value?" and/or "Whom do you value?" This provides Helen with the opportunity to explore and acknowledge what is important and who is important to her. It acts as a prompter for the counsellor to assist Helen in identifying expectations she has of herself, and expectations she perceives others have of her.

This allows Helen to consider if her perceived expectations others have, are realistic, or if her own personal expectations are acting as the driving force. For example, Helen may feel guilty for not having regular contact with her grandchildren who reside inter-state, perceiving that society expects a grandmother to be physically present in her grandchildren's lives.

Existential questions also provide Helen the opportunity to consider her beliefs regarding life and death. For instance, Helen may believe in heaven – if this were the case, this acknowledgement allows Helen to consider where her unborn son and grandchild are, and how they are.

Asking questions such as "Why are you here?" or "What is your life purpose?" allows Helen the space to explore what gives her meaning, and how she contributes to herself as an individual, to family, friends, community and greater society. These questions can also be used to address areas within Helen's life that she would like to enhance. Such as: family relationships and meaningful connections outside of her role as 'mother' or 'grandmother'.

As with any counselling situation, the various layers of the presenting issue will become richer as the counselling progresses.

Amanda Vos, B Social Work.

SECTION 2 - Ethics, Values and Boundaries

“An Issue of Client Referral”

In this scenario, the counsellor has been experiencing deteriorating health problems and is required to go into hospital in 2 weeks time for major surgery. It is likely that the counsellor will be spending a few weeks in hospital and some further months at home recovering from surgery.

The counsellor runs an independent practice and has notified clients of his absence. He has been concerned about leaving his clients, although most of them seem content to either wait or take a referral to another counsellor. There is however one client whom he is most concerned with at present and is reluctant to break this news to.

The client is a recently reformed drug addict whom the counsellor has been volunteering his services to. She is quite young (17) and has spent the last few years of her life on the street. The counsellor has been seeing her for about a month (in her own environment) and a relationship of trust and respect has developed between them. The client is naturally distrustful of most people, which is a survival mechanism she developed to survive the poverty and abuse associated with her environment. The counsellor is very sensitive to the significance of the trust the client has developed with him.

The counsellor is concerned that she will not accept the fact that he will be absent for several months and fears she will treat it as “being deserted once again”. He is concerned that she may slip back into her drug habits and sink further back into the street life again. He is afraid that if her progress doesn’t continue, she may find it harder to leave her surroundings next time, due to failure the first time around.

The counsellor doesn’t know of anyone personally whom he might refer her to and who would continue to work with her in a voluntary capacity. **How might you handle this scenario if you were the counsellor?**

When presented with this dilemma, I found I was looking at issues that were very close to home. The counselling profession is an emotionally draining one and to be physically ill can compound issues. We often place unrealistic expectations on ourselves and when we can't live up to these, we feel we have failed.

As counsellors we often get caught up in the health and well being of others often to our detriment. Health problems are often unforeseeable hurdles that we must all deal with. It is important to remember that if we, the counsellor, are not well then we are not giving our full attention to our clients. There is a point when we need to step back and reflect on our practice. We need to take stock of our motives and actions.

From the on-set my aim would be to link this young lady into services appropriate for her. She has indeed taken a big step and I feel she needs acknowledgment of this not only from me but from people of her own age. A trusting relationship is very important however we must know where to draw the line and not become over-involved with the client. The likelihood of this client slipping back into old patterns is a very real one however this would be her choice and not the counsellor's. I would link her into the services I thought most appropriate – the next step in her recovery is hers.

Counselling is about empowering our clients to make their own choices and decisions in life. If my ill health is a catalyst to push her back into her old life then it is possible that she may have reverted anyway. It is not unusual for recently reformed drug addicts to relapse several times before making the decision to change. Having said this she is also very young and she has a better chance of permanent change now than she would if she continued down the old path. I can help this young lady to a point and assure her that there are others who will also help however she has also got to want to help herself.

As a trained counsellor, I have a duty to my clients. Working voluntarily with this client does not alter this. I anticipate that the client would not take my news well however, I would offer her the right to referral. Together we could source other avenues. In this way I am empowering the client to take charge of her recovery. If she chooses not to take up the referral option than I must accept that this is her choice. Some clients we can help and others we can't – this is a fact of counselling. I did not choose to become ill and if the circumstances were different I would continue to be this girl's counsellor.

If you have followed correct procedure and the client leaves – accept this, learn from the experience and move on.

Anda Davies, BSSc.

Some of the issues that I would be looking at in this situation are:

- The initial contact with the counsellor/client.
- How did it come about?
- Who introduced them?
- What was the original arrangement? - I.e. was there a time frame for how long they would meet? - A plan of how they would work (it's useful to have a plan/goals).

It would appear that it has taken time for trust to develop. In the present situation I believe it is best for the counsellor to discuss with the client the impending surgery (in brief) and planned recovery period. Also the counsellor would need to discuss with the client their concerns i.e. her fear that client will think that she is deserting her. Discuss this issue in detail. Until this is addressed we do not know if the "being deserted" issue is primarily the counsellors or the clients.

Continue to engage in honest discussion with the client and ask the client what she thinks would work best for her (get the client involved – value her input and opinions). At this stage the counsellor may need to pose options if the client is not able to come up with any. Most importantly the client needs to feel heard and valued in this process.

An option to explore could be the initial introduction to the client. Who made it? It may have been someone that the client trusted/liked. It could be useful to talk with the client about this. The counsellor may need permission to go back to that person, alternatively, to do so with the client there as well, to collaborate and work out what would work best for the client in the interim period.

If the client is not willing to explore the first option, the counsellor may need to offer other options i.e. refer her on. The counsellor could explore avenues i.e. youth services who work with clients with drug issues such as Teen Challenge/Drug Arm. The counsellor could advise the client of their concern regarding "slipping back into the street life again" and once again organise to meet with organisations, with or without the client, give the client the option to set up links and support for themselves. The client may not be willing to work with this. The counsellor may then choose to talk with the stated organisation to explore other option of support for the client.

Another option could be for the counsellor to engage in discussions with a mentor/supervisor. Further to draw on professional counsellors within their own profession i.e. Australian Counselling Association for supports and referrals. I believe one of the most important aspects is that there is trust between the counsellor and the client. Be open with the client when telling them your situation, your feelings. Keep them involved and informed – a collaborative process.

Aileen Schlyder, BSSc.

“The Accidental Death of a Client”

You had been counselling your client Renee for approximately two years and in that time had developed a very strong counselling relationship. Renee was a highly motivated client who worked very hard to overcome the challenges in her life. Renee had missed a session during the week and you were quite concerned because this was out of character for her as she had always notified you in the past if she was unable to keep her appointment.

As you read today’s newspaper headlines you see that there had been a terrible car accident that had claimed Renee’s life. You are deeply shocked and saddened by the news and would dearly love to attend her funeral service. **Do you think that you should attend? What issues will you need to consider?**

My initial response is to attend the funeral out of respect for Renee and the relationship we have built up over the past two years. However, I am forced to reconsider this decision in giving the matter much more thought.

I have not met Renee’s family
Will I be asked how I knew Renee?

Here lays my dilemma, I do not know if her family is aware that Renee has been coming to counselling for the past two years. Perhaps this knowledge may not cause them any concern, but I do not know this, and given the circumstances of her death, and the trauma which her family will be experiencing, I do not wish to add any further burden to this.

So I decide, on this basis, that I will not attend the funeral, but rather say my goodbyes to Renee privately. This way the confidentiality of the counselling relationship remains in tact.

Lola Beames, BA. Grad Dip. Soc. Sc. (Counselling)

Since I’ve treated Renee for two years and gotten to know her well, I would attend her funeral out of respect for her and for purposes of closure. Closure is an important element in human relationships and in our conscience and allows us to put the memory of a person to rest in a proper place in our hearts and minds.

We need to say goodbye in an appropriate way so that we can move on with our lives and not leave 'unfinished businesses' behind, as per Fritz Perls, Gestalt therapist.

Having decided to go, I would be mindful of the issue of confidentiality even after her death. I would have to assume that she did not confide in family members and that no one was, or is, aware of my role in her life. In that sense, I would need to remain anonymous and in the background. I would attend any church or chapel service unobtrusively and then leave. I would not attend her burial nor go to the wake for obvious reasons.

I would also refrain from sending flowers. Even an anonymous gesture would raise question in the minds of the family. However, if I were known to her immediate family, I would send flowers as a form of respect. I would also attend the funeral service but still in the background.

Distant acquaintances and even strangers often attend funerals and no one asks questions. My own attendance would pass without notice and make me feel better. Just in case Renee happened to be watching from some place, I'm sure she would appreciate what I had done.

Ultimately, I guess attendance depends on how we perceive funerals per se. Irrespective of the ethics of this case, if I couldn't personally handle funerals, I wouldn't go.

Eugene Ross Ph.D.

"A Sensitive Client Request"

You have a long-term client who is suffering from liver failure. Trevor is 45 years of age and was diagnosed with this condition approximately 3 years ago. His state of health is rapidly deteriorating and he has recently been hospitalised, awaiting a transplant.

Trevor has a rare blood type and all attempts to acquire a compatible organ for him have been unsuccessful. The medical team is urging Trevor to move on to a more intensive life support system while he awaits a transplant.

You have worked with Trevor regarding his deteriorating health and related issues for over 18 months. Trevor has accepted his declining health and has worked through his feelings about death. The possibility of a transplant was Trevor's last hope, however. He is now faced with the prospect of spending his final days in intensive care and has been weighing his options about refusing treatment or waiting for the transplant.

During your last counselling session with Trevor and his wife, Trevor decided that he wants to refuse intensive treatment and to return to the comfort of home. He asked if you would talk with the medical team and inform them of his decision. **Would you agree to Trevor's request? What would your values be in this situation? How might they affect your actions in this case?**

I do not have any issues with regards to my client's choices in this scenario as my own values indicate respect for the client's wishes. I would agree to support him in his decision to discontinue active treatment in order to increase his quality of life.

There are some issues to consider in supporting the client. These are:

- The client's acceptance of death
- Anticipatory grief
- The impact of his decision on his wife and children and other family and friends and how they are coping
- Assist him in discussing his decision with his doctor
- Referral to support services

Firstly I would work with my client in relation to his decision and his acceptance of death. Are there any issues that have remained unresolved for him? Often clients will grieve about unfulfilled goals and dreams (i.e. seeing children grow up, graduate and marry, being a grandparent, etc).

Does he have any fears? Some clients may fear being in pain or may want to know what happens when they die. Often expressing these feelings and fears is helpful for the client. I would answer any questions honestly from my experience. In addition, I would assist the client to talk to his doctor (usually his GP) about any medical issues pertaining to his decision. The client may wish to discuss his spiritual concerns with me. I am comfortable working with him, respecting his own beliefs and, if he requested, referring him to someone of his own faith for spiritual support.

In addition to working with my client's issues, I would discuss with him how his family (particularly his wife) are coping with his decision. This is important as his close family will form the backbone of his support out of hospital. In some cases the client's family have difficulty accepting a decision to pull back from intensive medical treatment.

Are they okay with the fact that he may die? Are they angry about his decision? Are they in denial? The family is likely to be experiencing anticipatory grief towards his possible death and their reactions to his decisions may be quite different to his own. Each member of a family can react differently being in different stages of the grief process.

I would offer to work with his family to aid them in their individual experiences of grief at this time. I would also assist my client to prepare for the type of reactions that he may experience from close family or friends.

My actions for this client would include a discussion with his doctor or medical team regarding his choice. Of course I would obtain the client's written consent to do this. I would request that the medical staff liaise further with my client about his options and I would support my client during this process.

My client may also decide to negotiate an Advanced Health Directive, in consultation with his family and GP. An Advanced Health Directive would outline my client's wishes for future health care, should he lose the capacity to make his own decisions.

It would be helpful to link my client and his family into a Palliative Care Service in their area. Palliative Care Services provide support to patients who chose to have medical treatment at home. They offer a range of services including nursing care, medical aides, counselling, and visiting support volunteers.

My service to this client and his family may also include follow-up counselling and support after the death of the client. At this point in time, family members have often shared much of themselves with the counsellor and find continuing comfort in this relationship as they cope with their loved one's death.

Ronda Bacchi, B.Sc. (Psych), M. Counselling

I would agree to talk with the medical team on behalf of Trevor, or with Trevor and his wife present, depending upon their wishes in this case.

I am clear about my own values, as I believe that each person has a right to choose to die when confronted with a terminal illness. I would be likely to make a similar choice to Trevor if I was faced with the same situation. Trevor's choice is therefore in line with my own values.

I have supported individuals in this type of situation in the past and have worked to meet their needs and support their requests. I would respect Trevor's decision to discontinue treatment at hospital and assist him in whatever way I could.

Aileen Schlyder, B.Sc. (Human Services)

“Dealing with a Racist Client”

A middle aged client has been referred to you by his GP for work-related stress problems. He works in a retirement village/nursing home facility as a general nursing aide. He tells you that he has difficulties working with his supervisor and feels that he can do nothing right.

During the conversation he tells you that his supervisor is an Asian Australian, as is the owner/manager of the facility. He states that he has ‘no problem’ with this but as the conversation progresses he increasingly uses racial stereotyping language when discussing his supervisor. **How would you deal with this client?**

Stress in the workplace is very common and poor work relationships with supervisors is often an indicator for job related stress. Helping the client to recognise and clarify what it is that is causing the stress in his workplace can be achieved through undertaking a Stress Inventory. From the information gained from this inventory, the client can pinpoint the difficulties he is having with his supervisor and a discussion on this can follow. This should highlight if he is making any racial discriminations against his supervisor.

A cognitive behavioural approach would be useful in addressing any possible racism. This would involve identifying where the client learnt these assumptions about Asian Australians and the validity of these assumptions. The client can examine the helpfulness of holding onto these assumptions in his current situation.

The next stage is to help the client to come up with potential options for change, recognizing what can and cannot be changed. The race of his supervisor is an unchangeable factor. By creating options, such as remaining at his workplace or seeking a new position, the stress is often lessened as the client can see a way out of their difficulties. In assisting the client to decide if they wish to act to change the stress or to change the job, it is important to explore the resulting issues of staying or leaving so that an informed decision can be made.

From this decision, career and personal goals can be established as well as the steps that are needed to be undertaken to accomplish the goals. This may involve a goal of the client maintaining his current job and exploring his learnings around race with a counsellor. Ongoing stress management techniques can also be shared with the client to ensure that stress does not take over his life in the future.

Melanie Norton, B. Social Work

It would be important for the counsellor to get the client to be very specific about his concerns regarding his supervisor. The counsellor would need to ask questions to help the client be very factual and concrete, rather than discussing opinions and/or values. The counsellor could ask questions such as "What has your supervisor told you to do differently?" and "What has your supervisor told you, you are not doing right?" The counsellor could help the client to evaluate what the work performance issues are, and their severity.

The counsellor would then ask questions that would help to focus the client on what they could do in the situation to address the concerns, irrespective of the nationality of the supervisor. This is respectful of the client's frame of reference as he states he has 'no problem' with his Asian Australian supervisor. This approach would also help both client and counsellor to identify if there were issues other than work performance affecting the client, and make it much easier to explore what those issues might be.

Karen Booth, B. Soc Work

"A Conflict of Interest Between Two Clients"

You have been retained by a company to counsel a member of staff who is currently on stress leave from her job.

During the first session with this person you discover that her immediate supervisor is a private client who has been coming to you for counselling for some time.

The staff member tells you that this supervisor is the main cause of the problems which have led to her being on stress leave. **What would you do to resolve this ethical dilemma?**

Recognising this situation as one which has implications for the well-being of each client involves a process known as moral sensitivity (Welfel, 1998).

In weighing up the need for moral action in this case, a counsellor will need to consider the possible consequences arising from the situation and is also likely to seek guidance on the matter from a supervisor or formal ethical guidelines.

One such avenue is the Code of Ethics provided by the Australian Psychological Society, a guide to applying the principles of professional conduct.

Although having no guidelines which relate directly to this situation, general principles indicate that we must be cognisant of the reasonably foreseeable consequences of our actions (1a) and that the welfare of clients shall take precedence over the interests of the organisation employing us (III).

There is a potential for harm to one or both clients in this situation. This may take the form of a breach of confidentiality, for example if the counsellor inadvertently mentions information to one client that has been revealed to him/her by the other. There is also the possibility for loss of trust should one or both clients discover they are seeing the same counsellor.

A counsellor accepting this moral responsibility will need to consider and evaluate all the possible responses to the dilemma posed, a practice referred to as moral reasoning (Welfel, 1998).

There are two primary courses of action a counsellor in this situation could consider:

- Continue seeing both clients
- Inform the new client she will need to be referred elsewhere.

How do we choose which course of action to take? There is no legal mandate in this situation hence this becomes a question of ethics. In deciding on a suitable course of action, several points need to be taken into consideration.

If continuing to see both clients:

- Can I guarantee the confidentiality of each party?
- How will I deal with any adverse reactions should they inadvertently discover they share the same counsellor?

If deciding not to see the new client:

- How do I maintain the original client's confidentiality when explaining the situation to the new client?
- How do I explain the situation to the company that contracted me without breaching the original client's confidentiality?

In answering these points, both practical and ethical issues arise. One area which will influence the course of action taken is the counsellor's level of experience. A beginning counsellor may decide, after assessing the client and conferring with a supervisor, to refer the client to a colleague on the basis of not being the most suitable or qualified person to meet the client's needs.

This would allow the counsellor an alternative to breaching the original client's right to privacy when explaining the situation to the new client.

A more experienced counsellor may decide they are able to maintain professional boundaries while seeing both clients, believing he/she can refrain from revealing information to one client given to the counsellor by the other.

This would necessitate regular support via supervision to keep a clear view of the situation, along with the need for tactful scheduling of appointments.

This however does not address the potential negative consequences should one or both clients discover they are confiding in the same person. This brings us to another area influencing the eventual course of action, the potential reaction from the client(s).

The counsellor and supervisor may make a prima facie assessment of the potential for harm based on each client's temperament as noted by the counsellor to date. A client showing a tendency towards suspicion or anger, or one with trust issues, will be more vulnerable in this situation than a more laid-back client.

One last point for the counsellor to consider is the actual issue mentioned by the new client. Is her assertion that her supervisor is the main cause of her stress a clue to a more general interpersonal problem (i.e. blaming others) than a specific difficulty between the two?

This may or may not be the case, but it would mean the focus of counselling would be more on addressing irrational thoughts and skill deficits than dealing specifically with the situation at work. In this case, the potential conflict facing a counsellor seeing both clients is minimised.

Leanne Chapman, Registered Psychologist

This case would create problems with confidentiality. The Counsellor would be aware of information about the client's situation due to previous discussions with the client's supervisor. If either client became aware of the counsellor seeing both of them, then the clients would correctly assume that the counsellor had been discussing their case with the person they are in conflict with.

This could result in a loss of trust and a breakdown in rapport. The aggrieved client may seek legal redress for the suspected breach in confidentiality. The Counsellor would need to advise the client that they are unable to provide counselling and refer the client.

The client would need an explanation that did not uncover the name of their co-worker who is already attending counselling.

Dan Philips, B. Sc. Grad. Dip. Psych.

“A Client Who Tells Offensive Jokes”

You have a client of the opposite sex who is coming to see you weekly about problems with family and social relationships. He/she has been attending sessions with you for two months and seems likely to be a long-term client. Although initially very quiet and reluctant to discuss issues, you have succeeded in gaining his/her confidence.

The sessions are proceeding well, but as the client is leaving each week he/she always tells you a couple of jokes of a kind which you find offensive. While not wanting to upset the client you are finding this situation increasingly uncomfortable. **How would you deal with this dilemma?**

I would tell the client that his/her jokes are offensive to me and that these sorts of things can often become barriers to having successful social relationships, whether they are professional or otherwise. Considering that this client is having problems with social and family relationships, it would be beneficial for him to hear this, as it would make him think about his behaviour when in the company of others.

“X, you know how we have been talking about what kinds of things can be barriers to you having successful social relationships with others and family members? Well, these jokes that you tell are actually quite offensive to me, and I would prefer it if you didn’t tell them to me. This is an example of the kind of behaviour that can become a barrier to having meaningful relationships with others. Our sessions have been making some great progress, however I do feel uncomfortable when you share these inappropriate jokes with me afterwards.”

I would imagine that the client would respond positively to this, as I am not just confronting him about his behaviour without showing him the benefits of changing the offensive behaviour.

Kristina Bradley

Action: At the conclusion of the next session I would pre-empt the client getting ready to tell another joke and politely inform her that I would prefer that she refrain from sharing jokes that are in anyway discriminatory, have sexual insinuations, and/or are degrading to gender, race or culture whilst she is a client of mine.

However, I would still be open to any jokes that could be repeated in mixed company or at the dinner table with young children.

Support: Consult with my supervisor and/or colleague and ensure it is on record in both client notes and the meeting with supervisor/colleague that I requested support and that I had advised the client to refrain before hearing another offensive joke.

Code of Conduct and Ethics: According to one code of conduct – Australian Counselling Association: code 2.5.1 “Counsellors are responsible for setting and monitoring boundaries throughout the counselling sessions and will make explicit to clients that counselling is a formal and contracted relationship and nothing else” (dated from 15/4/2005)

Paul Hodge, BSSc.

“A Dilemma Involving Homosexuality”

Frank is the managing director of a high profile corporation. He is in charge of several hundred employees and is often allocated space in the media. Frank has a loving wife, a daughter and two adult sons. All Frank’s children are shareholders of the corporation and hold successful positions within the organisation he directs. Recently Frank’s eldest son, Jonathan surprised him with news that he has been living in a homosexual relationship for the last five years and now would like to make his relationship secure by celebrating a legal ceremony with his partner.

Frank is struggling to accept his son’s homosexuality, wishes and decisions with respect to this and is refusing to attend the commitment ceremony Jonathan has planned. Frank has admitted to you that he behaved badly when his son initially ‘came out of the closet’ but is still adamant that he will not be supporting the ceremony. He has also revealed that Jonathan has threatened to commit suicide if he doesn’t accept his partner and embrace them as part of the family.

Frank’s wife is eager for the situation to be resolved and would love the entire family to join in Jonathan’s celebrations. After some encouragement from his wife, Frank has agreed to attend counselling. **As Frank’s counsellor – what would you do in this situation?**

Frank is still grieving for a future that will not happen. There is likely to be some anger towards Jonathan for keeping his relationship with his partner a secret. Perhaps Frank also feels foolish – was he the only person who was not aware of his son’s homosexuality.

If he felt that he and Jonathan were close he may now be questioning the validity of that closeness. As his counselor, I would be striving for an open and non-judgemental atmosphere to allow Frank to vent his feelings.

I would encourage him to think about the reasons why he is not attending the ceremony and the message that is sending to his son. We would then 'fast forward' Frank's life and I would ask him to imagine that he is an old man, looking back at his life. What is the final message that he would like his son Jonathan to have of his father? Frank has already said that he regrets his behaviour when Jonathan originally 'came out of the closet'. I would encourage Frank to think about how he would behave now, if he had his time over. This again, is to bring to Frank's attention that we often make decisions that we later regret.

Frank appears to want a continued relationship with Jonathan and so I would ask him to compare the likely scenarios of not attending versus attending the ceremony. Which of these possible outcomes is he more likely to bring Frank what he wants?

As I am concerned about Jonathan's suicidal threat, I would be urging Frank to ensure that Jonathan talks to a counsellor straight away. From Jonathan's severe reaction it would seem that his father's opinion is very important to him and I would point this out to Frank.

Using a Gestalt technique, I would ask Frank to imagine that Jonathan is sitting in the empty chair in the counselling room. What would Jonathan be saying to him? What would Frank like to say to his son? This activity is to encourage Frank to place himself in Jonathan's place and get an understanding of how Jonathan feels. It also gives Frank the opportunity to vent some of his hidden feelings (anger, hurt, embarrassment, shame...) that he is holding.

If the session has run well, Frank should have a clearer understanding of his own feelings, what he wants in the future and what behaviour is likely to bring him his chosen future.

Karen Rendall, B.Couns, Dip. Prof. Couns, PMACA.

In this scenario, Frank has acknowledged that "he behaved badly when his son initially came out of the closet". I believe this acknowledgement is a great place to begin exploring Frank's values. Through this acknowledgement, Frank has revealed that he has some regrets about his behaviour.

I would expect that through engaging Frank in a discussion around this issue, he would reveal that those regrets are due, in part; to the hurt he has caused his son and wife.

As Frank's counsellor, I would not attempt to change Frank's value system, I would simply look at the values Frank holds that are in incongruent with his current behaviour.

I suspect that Frank has strong family values and a desire to be a supportive father and husband. This is not reflected in his decision to boycott Jonathon's commitment ceremony.

It is likely Frank had expectations of his son from an early age and he may need to spend some time exploring those expectations and redefining his vision of the future. It is of course Frank's decision whether or not he attends Jonathon's commitment ceremony.

Through counselling, Frank may be alerted to some of the possible inconsistencies between his family-orientated values and his behaviours. He may spend some time discussing the consequences of his action but ultimately it is up to Frank to decide what is most important to him.

Karyn Blanch, B. Psych (Hons).

"A Difficult Relationship Counselling Situation"

You have been providing relationship counselling to a married couple for 4 months. The couple (Jeremy and Lucinda) have identified a number of issues, including a lack of trust, intimacy and communication. Jeremy had been involved in a brief affair, which he had confessed to his wife. It is largely this issue on which Jeremy and Lucinda have been focussing for the last 4 months.

You have been pleased with the development of the couple's communication over this period. They have made some small, yet significant steps towards redeveloping trust and renewing their friendship.

Recently, Jeremy has requested a session with you alone to discuss a private concern. In this session, he discloses to you that he has been in contact with his previous lover. Since their affair, she has informed him that she has tested positive for Hepatitis C.

Jeremy intends to have himself tested for the virus, but is reluctant to tell Lucinda about the virus and the meeting with his previous lover. He reasons that he may not have the virus, and doesn't wish to worry Lucinda unnecessarily. You are concerned about the possibility of Jeremy passing this virus onto his wife. When you raise your concerns with Jeremy, he states that he will be avoiding sexual contact with his wife until he finds out the results.

You are also concerned about Jeremy's commitment to developing trust with his wife and explore this with him. You would prefer that he discloses this information to Lucinda and so you inform him of your views.

Jeremy's reaction is of dismay as he thought that his information would be treated confidentially in this private session. You think that Jeremy's personal intentions are at conflict with his goals for his relationship. **How might you proceed with this dilemma?**

This dilemma raises issues of client confidentiality. However it will only exist, if, after examining the situation, Jeremy refuses to tell Lucinda.

Assuming this is the case, the client/counsellor relationship has the added complication of the counsellor now being in possession of information that may have a direct bearing upon the physical well being of the clients.

The situation can be examined from two aspects:

- With regard to the general counselling process – considering the work already done and the momentum towards and focus upon a desirable outcome.
- With regard to the counsellors ethical responsibility towards the "unknowing" client.

If we look at the situation purely as a counsellor/client issue, that is one in which you as the counsellor believe that the progress made so far in the counselling program would be jeopardized if Jeremy did not disclose information to Lucinda, then we have some flexibility in our actions.

Jeremy has had a private session with you in which he disclosed certain facts believing the information would go no further. You indicate to him your concern that the withholding of this information could impede the progress he and Lucinda have been making in developing trust and re-establishing communication in the relationship.

In an attempt to encourage Jeremy to tell Lucinda of his contact with his ex-lover, you take a positive stance and reiterate your support and commitment to the ongoing progress in this relationship. To this end, you inform Jeremy that you could assist him in tactfully handling this problem, with the aim of avoiding confrontation and a breakdown in communication.

In this case all you can do is point out your concerns, as part of your role as the counsellor. You ask Jeremy to consider the points you have drawn attention to, discuss the consequences of his actions or lack of, and inform him that the onus is on him as to whether or not he shares the information with Lucinda.

If you decide to break confidentiality and tell Lucinda of Jeremy's contact with his ex-lover then you will be responsible for the consequences. Jeremy may lodge a complaint against you; he may sue you; he may refuse to continue counselling; Lucinda as well may refuse to continue; or both Jeremy and Lucinda may decide to continue the counselling process and the pressure would be on you to re-establish trust.

However, as stated this dilemma enters into the area of physical wellbeing and the responsibilities associated with the health and safety of your clients. That is both Jeremy and Lucinda. Jeremy has indicated that he may be infected with the Hepatitis C virus and is about to undergo testing to discover if this is the case. He doesn't want to tell Lucinda as yet, since he may not have the virus and doesn't want to worry her. He doesn't want you to tell her either.

As a member of the ACA I am bound by the rules of conduct outlined by the ACA. This code of ethics emphasize the importance of maintaining client confidentiality to ensure a professional and safe environment for the counselling experience. However the code allows for exceptions.

"Exceptional circumstances may arise which give the counsellor good grounds for believing that serious harm may occur to the client or to other people." (ACA, 2000, 7)

What you need to discern and then discuss with Jeremy is whether this case falls into the "exception" clause. If you have data on Hepatitis C, or are already knowledgeable as to the severity of the disease then you can review the situation from an informed base. A question you could ask Jeremy is why he has given you this information, if it is to be kept secret. Jeremy may want some guidance and be confused as to what to do.

If you have no readily available information on the Hepatitis C virus you could tell Jeremy that you will get some more facts from the appropriate authorities and then you can further discuss this issue. Time is of the essence and so another appointment should be made as soon as possible. If you have the appropriate medical information then you can discuss the ramifications of withholding this information from Lucinda.

What you need to know is the incubation period for the virus and whether one test is all that is required to ascertain the presence of the virus. Presently the medical stance is that if you test negative for the virus you haven't got it and life goes on as normal.

Once these facts are known and you have discussed the matter further with Jeremy then it is decision time again. Jeremy may be fortified in his resolve not to tell Lucinda anything until he is tested, and the results are positive. He may want you to respect this decision. What you need to consider is whether this situation, based on the data you have, can cause potential harm to Lucinda.

In other words is it safe to wait until the testing is done (bearing in mind that Jeremy will avoid sexual contact with Lucinda in the meantime) or do you feel that there is a threat to her physical well being?

This decision could be made easier if you have a consultation with a medical expert and a professional associate. If there is no danger then you have no ethical responsibility to disclose this information. As in the first situation (counsellor/client) you need to discuss with Jeremy the consequences of withholding the facts, and you have to look at the consequences to you if you breach this confidentiality based on the information on hand.

Confidentiality is always a concern of the client and the counsellor. The Code of Ethics outlines the rules and responsibilities of the counselling profession, but nothing is ever black or white. Questions concerning confidentiality can be addressed on the first client encounter.

At this time the client can be told of the ethical responsibility to respect confidentiality and of the exceptions that apply. In this way the counselling program can begin from a base of honesty and mutual regard. From then on the counsellor is guided by the Code, by his/her expertise, by input from colleagues and professional associations and by instinct.

Zahava Starak, BSSc.

A number of issues present themselves here:

- Does Lucinda know that Jeremy has had an individual session with the counsellor?
- How will Jeremy manage to avoid sexual contact with Lucinda until he gets the test results?
- How will this avoidance of sexual contact affect what is already a fairly fragile relationship at this stage?
- How does Jeremy's secrecy on this issue fit with his stated desire to improve trust and communication in the relationship?
- Will keeping this serious issue a secret do further damage to their relationship?
- Are the reasons for non-disclosure as stated by Jeremy (that he does not want to worry Lucinda unnecessarily) the real ones?
- Are they valid reasons?

These are all issues that can be raised by the counsellor in discussion with Jeremy. Where the issue becomes a dilemma for the counsellor is in the potential for harm to be caused to Lucinda. This becomes even more relevant because Lucinda is also a client.

In my practice I tell clients early on in the introductory session exactly what my limitations on client confidentiality are, and apart from legal issues, these relate mainly to the areas of self-harm or harm to others. I explain that if I have reason to believe that the client may harm him/herself or someone else, I would discuss this with him/her and if I were still concerned about likely harm I would be looking to disclose this concern to other relevant parties. I would explain to the client exactly what I felt I should do and why.

I would have informed Jeremy again of these issues when he came to see me on his own, so he would then be able to make his decision on whether or not to disclose to me based on that knowledge, and would not in fact be 'dismayed'. A situation such as this underlines the need for the counsellor to make his/her confidentiality rules clear at the outset of the counselling process, and to re-state them if necessary.

In this case I would prefer Jeremy to make the disclosure to Lucinda himself – possibly, if he wishes, in a session when they are both with me. I would certainly work with Jeremy to encourage him to talk to Lucinda about it and I would assist him in any way I could.

If he was determined not to tell Lucinda, I would not, at this point, be informing her myself. I would, however, continue to stress to Jeremy the need for self-evaluation of his reasons and also the need for immediate disclosure to Lucinda if the test results prove positive.

Wendy Mead, Dip.Tech, B.Ed., Dip.Prof.Couns.

SECTION 3 - Situations of Risk

“A Dilemma of Child Protection”

You have been counselling a client in relation to her recent separation and divorce. The client and her husband are currently pursuing custody of their two small children through the courts. Your client is living with her children in their family home, whilst her ex-husband is staying with family friends. The house is going on the market in a few weeks and your client is packing up the family belongings.

In the process of packing, your client has stumbled across some pornographic magazines, left behind by her ex-husband. She is stunned to find a number of magazines containing explicit child pornography and mentions this to you in the course of a session. In addition, your client explains that her ex-husband is currently living with a family that has an 8-year-old daughter.

You have suggested that the client talk with her solicitor about this issue. The solicitor has recommended that she should wait and present the issue when the custody case is heard in court, as it will increase her chances of gaining full custody of the children.

Your client is still uncertain of the action she should take in this situation and has appealed to you for some advice. **What would you advise your client to do in this dilemma? What would be your ethical obligation?**

The following key issues are relevant in this case:

1. Concerning the client

As a counsellor, you must constantly keep in mind the client's experience. In this case, the client is likely to be experiencing a very high level of stress/anxiety, as she is:

- Undergoing a custody case.
- Caring for her two children alone.
- Preparing to move from her family home.
- Has recently found some pornographic-type magazines that she had no idea that her ex-husband had been purchasing.

2. Concerning Pornography/Sexual Fantasy

Pornography is a controversial and an emotive issue, affected greatly by each person's own beliefs and values. The following concerns in this case should be considered:

People differ greatly in their views about what is acceptable sexually, and what is not. The "pornographic magazines" may or may not be pornographic, as we only have one person's perspective, the client's, of what is pornographic, and her view might also be affected by the context of this situation.

The explicit child pornography may or may not be hard-core pornography, depending again on each person's perspective

The child pornography may or may not be an inclusion in a magazine that has no other child pornography in it. The ex-husband may have bought them for the child pornography, or he may have bought them for something else in the magazine, such as the adult to adult sexual content

People have sexual fantasies about all kinds of things, but don't necessarily ever want to act them out (e.g. many women fantasise about aggressive sex, even rape situations, but would never want it to happen in real life)

It has been found that some paedophiles do keep child pornography magazines, but they are not necessarily the only ones who purchase them. That is, everyone who purchases child pornography is not necessarily a paedophile, and is not necessarily going to act on any sexual fantasies they have had.

3. Concerning client's ex-husband

He has apparently been purchasing pornographic magazines without his wife's (now ex-wife's) knowledge

There is no evidence that the ex-husband has completed any sexual acts towards children

There is no evidence that the 8-year-old girl where he is staying is in any situation of risk

4. Legal and Ethical Considerations

The Psychologists Registration Board of Queensland recommends using the Australian Psychological Society's Code of Ethics. The APS Code of Ethics for its members, states:

In those unusual circumstances where failure to disclose may result in clear risk to the client or to others, the member may disclose minimal information to avert risk".

“Members must not disclose information about criminal acts of a client unless there is an overriding legal obligation to do so or when failure to disclose may result in clear risk to themselves or others”.

In this case, there is no evidence of any risk or any criminal act. As a result, my legal and ethical obligation is not to act against the father at all.

To keep my client informed of my legal and ethical obligations concerning confidentiality, I would advise my client that if her children disclose child sexual abuse by their father (or anyone else), I would then be required to inform the appropriate Govt Dept of the accusation, and the possible risk to the 8-year-old girl. That Dept would then follow it up and determine the reality of the claim and the protection required.

Suggested Actions for Counsellor

Counsellor guidelines:

- Don't allow yourself to jump to any conclusions. Can you confidently say that there is a genuine risk to either the client's children or the 8-year-old girl on the basis that this pornography was found? No, you can't.
- Don't let your own beliefs and values about sex and pornography interfere with the facts of this situation

Remember that child sexual abuse is a very serious accusation, particularly when there are currently no legal grounds. You cannot allow yourself to make a subjective judgement, or to make a false allegation, even if it is eventually found to be correct.

You must not incite your client to act inappropriately - you can only encourage your client to put into place some protective measures for her children.

Actions with the client:

Listen to the client's (probable) shock, disappointment, and anger at the pornography material that she has found. She might also be feeling betrayed by her ex-husband or as if she doesn't know him at all. Explain that these emotions are a normal reaction to this new information about her relationship with her ex-husband.

It is not necessary to question her to find out whether it is serious pornography or about the full content of the magazines, unless she wants to talk about it. Give her plenty of opportunities to talk about her fear for the safety of her children and the 8-year-old girl.

Reassure her that, at this point, there is no evidence of serious wrongdoing, and that looking at these types of pornographic materials does not necessarily mean that her ex-husband ever had sexual fantasies about children, or ever acted on these fantasies, and she should try not to give herself more stress about something that she has no evidence of. It is reasonable to be angry and shocked about the pornography, but she should try to stop herself thinking that it means any more than that.

Encourage her to develop a communication pattern with her children where they would feel comfortable telling her if they were ever sexually assaulted (as that is the only way to try to protect them). Get her to talk with her children about telling her if anyone ever touches them where they don't like it.

Recommend some good children's books that are designed to help in this situation. However, advise her not to mention her ex-husband, and not to ask her children if their father has ever touched them, as this might "lead" the children into making something up to satisfy her questions.

Finally, reassure her that if there was any evidence of sexual assault on her children by anyone, or if the 8 year old girl was at risk of being sexually assaulted, that you would respond immediately to organise their protection and to get the perpetrator brought to justice.

Leanne Tamplin, BA (Psych) PG Dip Psych MAPS.

If I were the counsellor the first thing I would do is contact my professional supervisor and discuss this issue with them. For the purpose of this exercise I will discuss what I would consider prior to approaching my supervisor.

This is a very emotional dilemma and we are all aware of situations when the system has let people down. There have been reported suicides of men who have been unjustly accused of child abuse and children committing suicide due to being abused. There are generally no winners in this sort of situation. A counsellor needs to remain objective in this type of case, and being there for your client does not mean judging the accused.

There are a few things I need to think of first. Do I need to consider referring this case? If I had a personal history that involved abuse I would strongly consider referring the case. As I do not have any such personal history and I believe I have the expertise to deal with this case, I would take it on. Are there any legal obligations that I have?

With this question in mind, has any law been broken or are there any legal issues in question? To answer these questions I sought legal advice to find out if I am obliged to do anything in the eyes of the law.

My legal adviser has clarified that there are legal issues. My client has an obligation by law to report the discovery of the magazines due to their content. Giving them to the solicitor is not a part of the reporting procedure. In this instance, is the client neglecting her responsibility to report this to simply get the upper hand in the custody battle? How do I feel about this as the counsellor? Whose interest is taking priority the children's or the mothers? Do I need to help the mother work through this? By reporting the incident isn't it still going to impact on the custody case in the ex-wife's favour?

Apparently it is not unusual for solicitors to not recommend this avenue to clients in this situation due to client confidentiality. The law in regards to confidentiality covers the solicitor but not me. As a counsellor I am now facing an ethical dilemma as to whether I have a responsibility to report the matter myself. I will only need to consider this if my client does not report it. I need to discuss this issue with my client. My client's decision will dictate whether I need to confront this issue or not.

The use of the magazines by the solicitor will result in my client's partner having full knowledge of their existence well before the court case. Both solicitors have to disclose all evidence and materials to each other before the case is heard. If the magazines were used without disclosure they would most likely be declared as in surmisable evidence. With this in mind the partner is going to know in advance and will be advised that the court could possibly follow up the issue with further legal action anyway. He will also have time to prepare a defence. Another alternative is to confront the ex-partner with the evidence.

This would be my preferred first option. I would discuss with my client the possibility of both parties having a meeting to discuss this issue. I would suggest a facilitator be present. The ex-partner has a right to be given an opportunity to explain about what the magazines were doing there. Why did he have them? Were they his? There could be a legitimate reason.

The fact that my client was stunned when she found them may suggest she has not had any previous concerns in this area. In my experience women can be very intuitive in this area. The possibility that such a meeting could possibly clear up the issue should not be ignored. My client would have to then consider whether any explanations given were plausible and then possibly discuss this further with me and/or the solicitor.

If my client had what she considered legitimate concerns, I would recommend that she consider the children be taken to a doctor for a complete check up. This will confirm or otherwise resolve any concerns about whether the children have been interfered with. If a doctor believed the children had been interfered with, then he/she would be required to report their findings. This would then be out of the mother's hands.

It is not my job to presume innocence or guilt. As the counsellor my job is to support my client and help her realise as many options as possible with a view to discussing possible outcomes. Hopefully this will lead to a decision on what course of action she would likely take.

I would not advise my client but discuss the possible options and let her decide what action she may take. I would also discuss with my client my ethics in regards to confidentiality. In this case I do not have the law protecting me as the solicitor does. If her partner subpoenaed me I would have to disclose the contents of our meetings. However, is there an issue of duty of care towards the children?

The outcome of this question really lies with the option taken by my client and the results of the medical. If she was to just ignore the issue, which would be unlikely with a solicitor involved, I may have a need to report the incident. Where does duty of care start and where does confidentiality stop? Ethically do I have a responsibility to the children if the mother ignores the magazines and does not report them or table them at the divorce proceedings? I believe I do.

Children are not able to defend themselves and rely on adults for this. Sometimes it is not necessarily the parents who need to fend for the children. Confidentiality according to the ACA Code of Conduct can be breached in exceptional circumstances when a belief that harm to others may be done. I would fully discuss the repercussions of this decision with my supervisor before taking this option.

The issue of informing the family where the ex-husband is staying is a contentious one. I would suggest this issue be discussed in the meeting if one is to occur. Should the meeting not happen, again what is my duty of care to that family, particularly the daughter? If my client did not inform her friends and the ex-partner was to molest the daughter, then the client would have to accept partial responsibility, as would I.

There may also be possible recriminations and legal action as to why they weren't told. However, the client could find herself on charges of defamation if the parents were told. I would discuss with my client the possibility that she informs her ex-partner that if he does not tell them, then she will. If she is scared to do this, her solicitor may be able to inform him. The parents would be informed of the known facts only. That is, that some magazines containing child pornography were found. If these people are good family friends there is a good possibility this information will come out during or after the court case anyway.

Obviously while all this is going on, your client's mental and emotional needs would have to be considered. This type of case will challenge a counsellor and bring many ethical and moral issues to bear. It is imperative at these times that we consult with our supervisors for support and clarity.

Philip Armstrong, B. Couns., Dip. Psych.

“A Client with Depressive Behaviour”

Melody has come for counselling to deal with the death of her husband. You have been counselling her for four weeks and in that time Melody has reported that she feels “depressed”. In addition, she complains of being constantly tired and lacking motivation to do simple tasks such as showering and cooking for herself.

As you have no formal qualifications or training to diagnose or treat psychological disorders such as depression, you encourage Melody to visit a GP to have her symptoms assessed.

In the next session, Melody reported that her GP had not given her a diagnosis; however he had prescribed an eight week course of anti-depressant medication. **Given this outcome, would you continue to counsel Melody?**

Given that Melody’s GP did not give her any diagnosis, but prescribed an anti-depressant, I would ring the GP with Melody’s consent to discover his thoughts on her symptoms and also to check the expected/possible effects of the particular medication prescribed.

I would also ask Melody to describe what she had told the GP as he may not have been made aware of the complete scenario.

If Melody wished to continue with counselling we would need to consider whether her feelings of “depression” were in fact related to the early stage of the grief process. The shock stage, which can last for weeks or even months, can lead to feelings of tiredness and lack of motivation.

I would explain that grief is a process which would help Melody to understand the various stages through which a bereaved person needs to pass in order to deal with their grief.

People experiencing grief often get a lot of well-meaning, if sometimes inappropriate, advice from friends and relations. Therefore the chance to work with an empathic grief counsellor could be extremely beneficial for Melody. An explanation of what the counselling process might entail would help her decide whether or not to continue.

It would also be important for Melody to understand any emotional or physical effects that the anti-depressant medication may have. I would refer her back to her GP for this type of information, if she had not been informed on her previous visit.

Wendy Mead, Dip.Tech, B.Ed., Dip.Prof.Couns.

I would have an initial session with Melody after her visit to the G.P. to ascertain what she wanted to do.

If she decided to go through with an eight week course of medication only, then I would accept her decision. However, if she wanted to continue Counselling, I would explain to her about the stages of grief and loss and their effects, and see if she was interested in exploring these various stages, because I feel grief and loss is a major factor for Melody.

However, my concern is that because she is on anti-depressants these may prevent her from fully experiencing her feelings as she moves through the various stages of grief & loss in order to heal.

Nevertheless, the decision must rest with Melody, and if she wishes to explore her grief and loss issues, then it could be appropriate to start the process while still on medication and see how she copes. If progress is being made, then we could continue for as long as Melody feels she is being helped.

Lola Beames, BA. Grad Dip. Soc. Sc. (Counselling)

"A Dilemma Involving Mental Illness"

The client is Jane, a woman in her mid-sixties with a son Bill (aged 32) who has suffered from a severe mental illness (undiagnosed) since he was in his late teens. He is incapable of working or looking after himself and has never moved out of home.

Jane's husband left when Bill was ten years old (they were subsequently divorced) and Jane's only income has been Centrelink payments. They rent a public housing home.

Bill receives a disability payment, but spends it all on marijuana and Jane pays all the household bills. Jane is worried because she has been feeling very unwell and is extremely worried about what will happen to Bill if she should be hospitalised or die.

They have no family willing to assist them and Jane has been socially isolated because of her full-time role as carer to Bill. Jane cries a lot and finds it difficult to focus on any one topic. She says that she really has come to the end of the line and feels that she can't go on. **As her counsellor, what would you do in this situation?**

In this scenario it seems that there are a few issues which may be unclear to Jane and therefore by bringing awareness to them, it may help Bill which in turn will allow Jane to attend to her own needs.

For example, Jane says that her son is incapable of looking after himself but if this is the case I can't understand how he is able to organise the supply of marijuana on a regular basis. It seems that Bill has been dependant on his mother for a long time now and seeing that he smokes all the time I can imagine how hard it must be for Bill to break this pattern, as it seems there is no motivation in his environment to try to learn to help himself.

Since Jane is scared of what will happen to her son if she were to get sick, it is important that Jane explains this situation as best she can to Bill. If Bill can understand his mother's position, it may provide him with a sense of responsibility, which could help him stop smoking marijuana. I would recommend Jane look into government based organizations to see what benefits they can provide her son, such as free housing or free rehabilitation.

Organizations such as Lifeline, Salvation Army, Red Cross, Meals on Wheels etc, may be able to offer some assistance. The money Bill will save on not buying marijuana could help go towards essential living expenses. Jane seems to have lost hope and therefore it is important that she speaks to someone who understands her situation as her life may be in danger. For example, Jane states that she feels she can't go on which may indicate that she is contemplating suicide.

Initially Bill may find it hard to quit smoking, as it may be his way to kill the boredom in his life. It may therefore be vital to get Bill involved with a new hobby where he can interact with other people. If it is allowed, Bill may agree to buy a dog or a cat, which he can look after to help him maintain a sense of responsibility. Even if it is a small responsibility such as feeding a gold fish once a day, it may help improve other areas of his life. If he is unable to do this due to his disability, he could try seeing a behavioural counsellor where he could learn some practical skills for living.

It is important that Bill's environment isn't a depressing place, so therefore if Jane is not too sick; she could participate with her son in making changes to the house such as painting the walls different colours or bringing in plants or even planting a tree. They should both engage in regular walks where they can get a lot of fresh air and sun.

Even going out for dinner once in a while and sharing a glass of wine can help both Jane and Bill see the world in a different light. Some of their favourite music can also be played to help lift their spirits. Jane should work out what Bill is capable of learning and not learning and organise some sort of programme with a therapist.

Sam Antonas, Volunteer Counsellor

Sam has made some valid and helpful suggestions with regard to Jane's situation. Other factors that need to be taken into consideration are as follows:

Jane is exhibiting signs of depression and a referral to a medical practitioner for assessment is warranted. Her other health problems also need to be checked out. It is important that the counsellor remembers that, although helping Jane to find solutions may assist Bill, it is Jane who is the client.

It would also be beneficial for the counsellor to acquire some general knowledge about mental illness, so they have an understanding of the issues faced by both the people with the illness and their carers.

While Jane and Bill may benefit if they were to socialise or improve their surroundings, a person in Jane's situation would likely have just enough money to cover living expenses. The suggestion of finding organizations that can provide practical assistance is a very good one. Jane would benefit by contacting an organization that provides support and advocacy for carers of people with a mental illness. One such organization is the Association of Relatives and Friends of the Mentally Ill (ARAFMI).

It is important for Jane to realise that she is not alone; that many other people in similar situations share her problems. Hearing how those people have coped may give Jane insight into ways of dealing with her specific issues. Given that Jane may have to consider making changes that will be very challenging for Bill, she will need support to deal with probable feelings of guilt and anxiety if she implements those changes.

Jan McIntyre, B.Psych.

"A Client Involved with Crime"

Your client, Jack, is a single man of 54 who has been coming to you for counselling for the past 6 months having been referred by his GP. He has been receiving treatment for depression after suddenly being made redundant from his position as an executive officer in a building company, where he had been for 35 years.

Jack has tried unsuccessfully to secure another position and exists entirely on government assistance. He has no immediate family in the area and socialises only at the local tavern each week. During a discussion of his financial situation in the last counselling session, Jack revealed that he has been selling stolen electrical goods received from someone he met in the tavern in order to supplement his income. **How would you deal with this dilemma?**

There are a number of issues directly affecting Jack. These include his financial position, unemployment, illegal dealings, managing his depression, possible increased drinking and limited support network.

As important as these issues are to Jack's current situation, I believe that many of these are directly related to the development of irrational beliefs and changes of self-image, which Jack has developed since his retrenchment 6 months ago.

Therefore I would begin to assist Jack to challenge his beliefs and perceptions about the following:

- His perceptions of himself both before he was retrenched and at the present
- Identifying any differences between these perceptions and possible causes
- Feelings and thoughts about the retrenchment, with particular attention to the difference between Jack as a person and Jack in his former position
- Challenging any irrational beliefs that 'the position made the person'
- Reflect on past achievements within the workforce, and increasing his awareness of the skills and knowledge which he still has to offer
- An overall awareness and acceptance of his intrinsic value
- Exploring these issues aims to provide an opportunity for Jack to:
- Challenge any negative and conflicting perceptions about his self worth
- Affirm his values, goals, experiences and positive attributes
- Reassess his current beliefs and behaviours and address situations in a non-confronting and self assessing manner

At this point, I would find it unhelpful to Jack, to directly discuss his illegal activities. I would prefer a more reinforcing, positive approach during the following sessions, using the key concepts raised from discussions of his beliefs and perceptions to assist Jack to identify possible new directions for his life.

Janine Chambers, BSc. (Psychology).

“A Dilemma Involving Child Welfare and Safety”

John has been attending counselling sessions for several months seeking help with the difficulties he is finding in dealing with his relationship break-up. He and his partner were together for ten years and have two children, a boy aged 9 and a girl aged 7. John has access to them every other weekend and for part of each school holiday. This arrangement has been operating reasonably well for the past two years.

In John’s sessions with you, you become increasingly aware of building frustrations and stress regarding visitation and access to his children. His heightened display of frustration has raised a number of concerns for you about the stability of his mood and thought processes.

Aware of recent reports about parents taking the lives of their children and themselves in similar circumstances, you begin to become apprehensive about the children’s welfare and safety. **What would you do in this situation?**

John’s situation:

John has been seeing his children every other weekend and for parts of the school holidays over the last two years. This arrangement has “been operating reasonably well” over that time frame. John has been attending counselling for several months.

For the purposes of this example, I have made the following assumptions about John’s situation:

- I (as John’s counsellor) have established a reasonably good rapport with John.
- There has been no indication (over the last two years) that the children have been at risk of any harm in John’s care.

Considering the above information the steps I would consider are as follows:

Talk with John about my observations and ask for his feedback. (I.e. Ask John if my observations about his “frustration and stress” are accurate). Depending on John’s response to my enquiry, I would either a) implement a stress management program with John OR b) gently confront John about the changes I have noted in his behaviour that have made me suspect that he is stressed or frustrated.

(During this discussion I would talk with John about his usual way of releasing stress or frustration. Is it constructive or does he take it out on other people? (His children, for example).

If, after much discussion with John, I decide that the children are in some way at risk of harm (although this is not indicated in the scenario), I would tell John of my concerns and offer him the option of a support person for access visits.

If John refused this support and I maintained concern for the safety of the children, I would explain to John that I think it is best we involve a worker from the Department of Child Safety (or equivalent in my State).

I would then proceed to discuss my concerns with a Departmental Officer via my supervisor/manager. Ongoing case work with John would be a collaborative effort between myself, the Departmental Officer & John.

Karyn Blanch, B. Psych (Hons).

John has been attending counselling sessions for several months seeking help with the difficulties he is finding in dealing with his relationship breakup. In this time the counsellor would have built up quite a strong rapport with John and would have become aware of his building frustration and stress with the situation of weekend access visits every other weekend. Hopefully some relaxation techniques would have been applied in a situation such as this from the start.

Transference of stress energy can also be encouraged in the form of sport or power walks for John when he is feeling particularly aggressive. Because relationship break-ups are a growing trend, there are several support groups around - particularly for supporting parents like John - to access other members of families in similar circumstances.

Being honest with John about how scary life is at the moment with all the advertising regarding abuse in our lives, self disclosure is not harmful if it will encourage communication around this area to be opened up.

Even though there have been a number of media reports about people taking the lives of their children and themselves in similar circumstances, and taking into consideration your apprehension regarding John's children's welfare, attending to John's state of well-being is first and foremost.

Encouraging John in the safety of the counselling room to be able to disclose to you his innermost thoughts and feelings regarding potential safety issues is paramount. Sometimes just saying the words out loud comes as a relief if suppressed feelings have held John captive for some time.

Stating and reinforcing to John that at any time he does feel pressured or in a frantic state, he should phone a friend, relative or member of a support group at that moment to talk things through can make a significant difference to the way in which John reacts to such emotional states.

Perhaps role playing with the counsellor, modelling circumstances that could place John in a situation where he may need to contact somebody outside for help, guidance and support could be of assistance. The counsellor also needs to remind and reinforce John that he is an adult with needs and that his health and well-being need to be taken care of in order for him to meet the needs of his children.

Applying person-centred therapy from the start and encouraging John to feel safe and able to say anything on his mind, so that he can work effectively through his issues with the counsellor. A focus on the future particularly on what John will be doing as soon as he leaves the counselling room can be of tremendous help to getting John on the right track. As John's counsellor I would assist him set goals just for the day and then extend his goals gradually into the future to assist him regain focus and motivation to achieve what is important to him.

Being totally honest with John and disclosing your concern regarding the safety of children, in general terms, will be helpful with the bond you have with your client. It will show how these issues of potential trauma can be suffocated through the process of counselling.

Kathleen Casagrande, Dip. Prof. Couns., Cert. IV Workp. T&A.

"A Startling Confession in a Counselling Support Group"

A Support Group for people who are related or close to somebody who is affected by or using an illicit substance meets on a weekly basis. At the start of each session, confidentiality and the counsellor's ethical responsibilities are outlined to the Group and presented adequately for each member to have the opportunity to dispute.

Each participant has agreed that what is said in the room stays in the room as they all want support on how to confront the issues they face, having loved ones with substance misuse challenges. During the third week a young man named Claude revealed personal information about his situation. Claude is 18 years of age and is having difficulties coping with his 17 year old partner's drug use.

His partner has been smoking cannabis in the same room where their 12 month old baby sleeps. He's noticed their baby sleeps a lot and their relatives have commented that she is so well behaved. However, they don't know about the 'pot smoking', as described by Claude.

Claude's confession was revealed with twelve other participants of the support group listening. All were sitting in a circle where each one has an opportunity to share a particular challenge with the rest of the group.

During the process, Claude comes to the realisation that his daughter may be inhaling the substance while in the same room as her mother and he has stated that he is terrified of losing his partner if he 'dobs her in'. He loves them both and wants to keep them all together as a family.

The other members of the group are horrified and one member threatens to call the police immediately if Claude does not report the incident right now.

What could you, as the facilitator and counsellor, do in this situation? Is this an emergency?

Because this group has been meeting each week, hopefully rapport has been established and all members of the group have trust in each other that confidentiality is assured. Safety is imperative and because Claude has disclosed his dilemma in circumstances where he felt he would not be threatened, maintaining the care and well-being of all members is of the utmost importance.

Claude has expressed his concern about the welfare of his child. If what Claude has presented is a reality, then this is a safety issue. Discussing Claude's presenting concerns with the group about the next step would quiet the panic of 'calling the police immediately'. If that occurred, the police would contact the Department of Child Safety anyway and those necessary steps would take place.

However, maintaining the confidentiality of the group and giving them an environment where they can say anything could be threatened as it would allow the other members to go ahead and phone the police because they felt the urge to act in an immediate way.

Encouraging Claude, as a joint group, to have the confidence to go home to his partner and explain the dangers of substance misuse to his partner and their child, and ultimately help her to stop her threatening behaviour, is another option. His partner can then have the opportunity of making this decision for herself and chances are the circumstances around the situation will not continue.

Communication between the two of them could further enhance the possibility of their relationship being maintained without the ongoing use of the substance she was ingesting near their baby.

The structure of the group is based on the care and concern for the safety and well-being of each member first and foremost, and then to those who cannot take care of themselves second.

Educating Claude in the dangers of substance misuse with literature he can take home to his partner will give them the opportunity to work together against this problem they have and to remind him that if the situation does not change then the members of the group will act in the best interest of the child.

It is for the care and well-being of those who are not yet capable of making their own appropriate decisions is what being in this particular support group is all about.

Kathleen Casagrande, Dip. Prof. Couns., Cert. IV Workp. T&A.

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All dilemmas and comments provided throughout this publication were extracted from previous publications of the Australian Institute of Professional Counsellors' quarterly journal, "Professional Counsellor", since 1998. Each dilemma was developed by AIPC's highly qualified education team and reviewed and approved by the Journal's editorial team.

Please note that all opinions and insights expressed in the comments correspond to each professional's point of view and knowledge at moment they were first submitted. We encourage all readers to take this into perspective after reading the information in this eBook. Nonetheless, the comments have been reviewed prior to the release of this publication and deemed appropriate for the present context.

The Australian Institute of Professional Counsellors' team would like to dedicate this publication to **Gayle Higgins**, a long-serving and dedicated team member, and a beloved friend, who passed away in January 2008. Her love for teaching and helping others will forever remain an inspiration to us all.

Resources

Below are some highly recommended educational resources to assist your learning and development in counselling and mental health:

Course Information

- Diploma of Professional Counselling – [Prospectus](#)
- Vocational Graduate Qualifications – [Prospectus](#)
- Bachelor of Counselling – [Prospectus](#)

For more information about counselling qualifications, visit the following websites:

Australian Institute of Professional Counsellors: www.aipc.net.au/lz

New Zealand Institute of Professional Counselling: www.nzipc.co.nz

Publications

- AIPC's Case Study Collection – [eBook](#)
- AIPC's Five Therapies – [eBook](#)
- Institute Inbrief Special Edition – [eBook](#)
- Institute Inbrief eZine – www.aipc.net.au/eZine

For more counselling-related free content, visit the following websites:

Counselling Connection Blog: www.counsellingconnection.com

Live to Coach Blog: www.livetocoach.com

PsychSplash Blog: www.psychsplash.com

Training & Development

- Counselling Academy, Online Training: www.counsellingacademy.com.au
- Life Coaching Institute, Life Coach Training: www.lcia.com.au
- Counselling Therapy Videos: www.aipc.net.au/video
- Life Effectiveness Guides: www.aipc.net.au/eguides