

Good Practice in Action 033  
Research Overview

# Ethical decision making within the counselling professions

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**bacp**

British Association for  
**Counselling & Psychotherapy**

## Ethical decision making within the counselling professions

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## Context

This document is one of a suite of resources prepared by BACP to enable members to engage with BACP *Ethical Framework for the Counselling Professions* (2015) [www.bacp.co.uk/ethics/EFfCP.php](http://www.bacp.co.uk/ethics/EFfCP.php) in respect of ethical decision making.

## Using the research overviews

Research overviews support good practice by offering an overview of research within a specific field. They should be used in conjunction with the *Ethical Framework for the Counselling Professions*. They are not intended to be sufficient for resolving specific issues or dilemmas arising from work with clients, which are often complex. In such situations, we recommend consulting a suitably qualified lawyer or practitioner.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. Please be alert for changes that may affect your practice, as organisations and agencies may change their practice and policies. All references in this document were up to date at the time of writing but there may be changes to the law, government departments, websites and web addresses that affect you, so it is important for you to keep informed of these.

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## Introduction

Ethical decision making is integral to all good clinical or psychotherapeutic practice. According to the BACP *Ethical Framework for the Counselling Professions* (2015), being ethically mindful and willing to be accountable for the ethical basis of practice are essential requirements of membership of BACP.

*We recognise that professional and ethical issues, problems and dilemmas will arise from time to time and are an unavoidable part of our practice.*

*We will use our supervision and any other available professional resources to support and challenge how we respond to such situations. We will give careful consideration to the best approaches to ethical problem-solving.*

*We will take responsibility for considering how best to act in such situations and will be ready to explain why we decided to respond in the way we did. (Good Practice Points 76–78, page 13)*

This document refers to the area of ethics and ethical decision making as it applies to the broad context of good practice as defined by BACP. It supplements and informs sound ethical decision making in all modalities of practice.

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## 1 What is ethical decision making?

Ethical decision making is the practical process through which clinicians or counsellors base their actions, behaviour and choices on informed, sound judgement. It draws on values, principles and standards of behaviour that inform professional practice.

Ethical decision making involves gathering facts, determining whether a problem or dilemma truly exists, and whether or not there is an ethical, legal, moral, professional or clinical issue involved. It uses a framework of client rights and professional obligations to make decisions. It is also the process of considering divergent courses of action and their implications and consequences for the client, as well as for the clinician or counsellor. It is making choices in the light of conflicting values, principles and responsibilities, and determining how best to safeguard the interests and welfare of clients.

Ethical decision making also involves consultation with peers and colleagues or with supervisors. It involves gathering evidence from research to decide how best to apply professional ethical codes, values and principles in practice.

Members of BACP are required to be accountable in accordance with the *Ethical Framework for the Counselling Professions* (BACP, 2015) and are required to communicate the basis of their ethical accountability and expressions. BACP acknowledges, and this research overview finds and confirms, that there are varying approaches to ethics. These different approaches reflect the diversity of the membership of BACP and the settings of practice of its members, as well as the differences inherent in the abilities, needs and cultures of individual clients.

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## 2 Context of ethical decision making in counselling and psychotherapy practice

A therapeutic relationship exists between the counsellor or psychotherapist and clients. This relationship must be characterised by openness, genuineness and acceptance. However, since clients come to counsellors or psychotherapists precisely because they have existing mental health or emotional needs, they are vulnerable. BACP's *Ethical Framework for the Counselling Professions*, and the codes of professional ethics published by other professional bodies, give frameworks that help practitioners to measure their behaviour, actions and choices to protect clients and maintain the integrity of the therapeutic relationship.

Counsellors and psychotherapists may have personal moral, cultural, religious or spiritual values that may conflict with professional codes of ethics. Ethical decision making presumes self-awareness and continual self-examination. Evidence Based research is critical to this, informing practitioners who, in the course of their professional practice, are confronted with novel questions, situations or even novel contexts where ethical decision making is required.

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# 3 How the literature was identified

A search of PsychInfo and Google Scholar was undertaken using the search terms 'counselling' OR 'psychotherapy' OR 'coaching' AND 'ethics'. A total of 194 studies in English, from the UK or elsewhere, dating from 2009 until 2015, were identified. In addition, the British Library ETHoS e-thesis online service was searched using the same terms.

An initial browsing of the abstracts of the studies was made in order to identify articles which were relevant to the topic of ethical decision making within the context of counselling and psychotherapy practice. Articles that were reprints of chapters in reference books, textbooks or guidebooks were not included. Also excluded were book reviews and articles dealing with ethical considerations in pharmacological prescriptions, use of technology, forensic investigations, counselling by social workers, genetic counselling, counselling by nurses, fertility counselling etc.

A total of 76 studies, articles and opinions were identified as relevant to the topic of ethical decision making within this context and are included in this overview. These studies were classified using keywords identified in the studies themselves. Some studies can fall within two classifications. Where they were available, the abstracts provided in the studies themselves are incorporated into this overview.

This research overview highlights relevant articles in peer-reviewed journals. For a full list of all databases and journal titles searched see Appendix 1.

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# 4 Synopsis of research related to ethical decision making in psychological therapies

As was expected, around 13 studies involved ethics and ethical decision making within the context of traditional individual clinical practice, including topics on self-care and confidentiality (Jain and Roberts, 2009). Four studies explained and discussed definitions, concepts and constructs in ethics (Barland, 2010; Barnett, 2014; Brennan, 2013; Hendricks et al., 2009; Rogers, 2013). Studies such as Babb (2013), du Preez and Goedke (2013), Glosoff and Cottone (2010), Kress et al. (2010), Mullen et al. (2014), Ponton and Duba (2009) and Saunders and Leahy (2010) reflected upon newly published or revised professional codes of ethics. The majority of these confirm the core values and principles of the *Ethical Framework for the Counselling Professions*.

Paradoxically, of the 194 studies, there was only one relevant study which touched on the necessity of teaching ethics among counselling and psychotherapy students at university. There were eight studies that explored the views, perceptions and values of university students on the undergraduate, master and doctoral levels (Barland Edmondson, 2010; Brown et al., 2014; Graham, 2013; Lambie et al., 2010; Lehavot et al., 2010; Luke et al., 2013a; Schoepke, 2013; Zakaria, 2014). These studies showed a lack of understanding in respect of ethical principals, which may be the reason why the one study on teaching ethics among counselling and psychotherapy students (Henderson and Malone, 2012) advocated a more active stance in teaching and forming ethical principles in students. Two studies reflected upon ethical issues related to research (Allegranti, 2011; Allen, 2013).

Mirroring the pervasiveness of the internet, there were eight studies that touched on the ethical issues and dilemmas involved in online work, including counselling over the internet, social networking and information and communication platforms (Fitzgerald et al., 2010, Haberstroh, 2014; Rummel and Joyce, 2010; Sampson and Makela, 2014). Studies such as Garrison and Eckstein (2013) and Hartshorne et al. (2010) touched on the ethical principles involved in open forum counselling. Fridhandler and Lehmer (2014) addressed group counselling in families where parents are divorced. Gilbert (2009) explored the ethical dilemmas experienced by counsellors working among Iranian refugees at the Jordanian border.

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Not surprisingly, given the trend toward globalisation and migration, three studies touched on the impact of cultural beliefs and culturally sanctioned relationships on ethical issues between clinical practitioners and their clients. One study focused on the experience of clinicians of Chinese ethnicity, and the impact of the duality of relationships within their cultural community, on the clinical relationships between the practitioner and the clients (Zhao et al., 2011). One study focused on the experience of clinicians in rural areas and the impact of the duality of relationships within the community on the clinical relationships between practitioners and clients (Brennan, 2013). In both these studies, the implications of duality of relationships on ethics, such as whether or not business relationships or social relationships that are culturally defined put the integrity of the therapeutic relationship in jeopardy, were explored. This question is especially controversial as counselling relationships must necessarily be culture sensitive.

Another development is the growing number of studies exploring the incorporation of religious and spiritual dimensions in counselling and psychotherapy. Studies were found which shared two common presumptions: first, that incorporating religion or spirituality in clinical practice is highly controversial; second, that clients' religious and spiritual beliefs affect their psychological responses to life and colour their behaviour and the choices they make (Gonsiorek et al., 2009; Herlihy et al., 2014; Barnett and Johnson, 2011; Hansen and Richards, 2012; Rosenfeld, 2011). They all advocated further research on incorporating religion and spirituality into clinical practice. Four of these studies are summarised below.

Whereas the work of school guidance counsellors used to be focused on giving information, observing school children and recommending medical or psychiatric specialist services for developmental or learning disabilities (Riechel, 2014; Lambie et al., 2011), the incidence of bullying now means school guidance counsellors are faced with the task of identifying abnormal or aggressive behaviour in students (Moyer et al., 2012), meeting with students, parents and teachers (Stone and Zirkel, 2010), and conducting interviews and fact-finding (Crespi, 2009). The question of whether or not school guidance counsellors are already engaging in the practice of counselling is important in determining the rights of students who use guidance counselling services, and in determining the ethical obligations of guidance counsellors.

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Counselling work among border camp refugees is an inevitable development of armed conflicts and the recognition that becoming a refugee predicts emotional and psychological distress (Gilbert, 2009). In the past, counselling of refugees occurred when refugees were already in transit to a host country or a country of asylum, their psychological and mental health being one of the considerations for the grant of asylum. The humanitarian crisis presented by the burgeoning population of displaced persons and refugees now requires that their mental health needs be met through counselling in refugee camps along borders.

Today, the word 'coach' has expanded from its original sporting meaning and may refer to a person who gives inspirational or motivational advice to clients (International Society for Coaching Psychology, 2015). The legal as well as ethical obligations of such coaches, whose services fall under the definition of counselling services, must therefore be explored; they are increasingly working with people on topics such as motivation, self-esteem, agency, self-efficacy and others which fall within the broad definition of counselling. Clearly, the line between coaching and counselling is slowly blurring, raising the issue of client rights and coach obligations. Three studies explored the ethical issues arising from coaching relationships (Gilbert, 2009; Duffy and Passmore, 2010; Passmore, 2009).

Studies were also found that referred to ethical dilemmas experienced by rehabilitation counsellors (Lane et al., 2012; Markve, 2014; Tarvydas and Barros-Bailey, 2010), as well as the ethical dilemmas faced by substance abuse counsellors (Schmidt et al., 2013; and Thomas, 2014).

Appendix 2 comprises a list of ethical models identified within this review of the literature.

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## 5 Why is research important for our professional group?

Regardless of the modality in which you practice, the effect of ethical decision making upon your work cannot be ignored and in order for us to understand the ways in which it affects us all (clients and practitioners), we must have knowledge of it and a theoretical understanding. BACP encourages members to engage in research that is pertinent to your practice as one of the best ways to understand where you are placed in the broader field of psychotherapeutic work.

The *Ethical Framework for the Counselling Professions* states:

*We value research and systematic inquiry by practitioners as enhancing our professional knowledge and providing an evidence base for practice in ways that benefit our clients' (Good Practice Point 68, page 13).*

According to the NHS England Five Year Forward View ([www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf)), mental illness is the single largest cause of disability in the UK. The cost to the economy is estimated to be around £100 billion annually (roughly the cost of the entire NHS). However, only 13 per cent of the NHS budget goes on such treatments, when mental illness accounts for almost a quarter of the total burden of disease. Over the next five years the NHS intends to move towards parity for mental and physical health. With government devolution of NHS resources (as seen in Manchester in 2015 when NHS England and Greater Manchester announced a shared plan for £6 billion health and social care funding), it is increasingly likely that psychological therapies (including Improving Access to Psychological Therapies (IAPT)) services will be independently commissioned by GP's and other nominated budget holders of clinical commissioning groups (CCG's). This is also partly driven by the government promise of parity of esteem between mental and physical health as outlined in the document *Achieving Better Access to Mental Health Services by 2020* (Department of Health, NHS England, 2014). Whatever the outcomes of these far-reaching and ambitious projects, there is likely to be an increase in referrals of patients who need treatment for some form of psychological/distress or mental illness.

Further guidance and information on research and ethical decision making can be found at: [http://bacp.co.uk/research/ethical\\_guidelines.php](http://bacp.co.uk/research/ethical_guidelines.php)

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## 6 Why it is important for us to engage with research

As the rate of referrals for psychological treatment rises, counsellors and psychotherapists can no longer set themselves apart from the broader determinants of health and wellbeing. Therefore, long-held views about ‘uneasy relationships with the medical/scientist practitioner-clinician’ (Wheeler and Elliott, 2008) must be banished. We need to move towards brokering a therapeutic/scientific relationship that builds upon the expertise of each specialty for the benefits and improved outcomes of the client.

The need for integration of practice, theory and research has never been more important. If counsellors and psychotherapists do not move towards using and integrating evidence-based research in their practice, they risk exclusion from some of the driving forces in health today, and as Wheeler and Elliott predicted in 2008 ‘may find themselves permanently outside the healthcare system’ (Wheeler and Elliott, 2008, p133). Government initiatives such as IAPT increase the need for awareness and use of research resources, and, at the very least therapists should have some basic understanding of the best ways in which using research will benefit the therapeutic relationship. As Green and Youngson argue, ‘the reasonable goal of ‘science-informed practice’ should not be beyond our reach.’ (2005, p2)

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# 7 The ethical imperative for engaging in research related to ethical decision making

According to the *Ethical Framework for the Counselling Professions* (BACP, 2015), our commitment to clients includes a commitment to ‘work to professional standards by keeping our skills and knowledge up to date’ (Commitment 2b, page 1) and within the good practice section, we ‘value research and systematic inquiry by practitioners as enhancing our professional knowledge and providing an evidence-base for practice in ways that benefit our clients’ (Good Practice Point 68, page 13). Professional competence will only be achieved and maintained by engagement at some level with clinical research.

Furthermore, there is a definite trend towards the development of ‘embedded’ clinical/psychotherapeutic practice into the domain of social work, charity or aid and rescue work, educational services and even religious practice. Indeed, online therapeutic practice through the internet is a fairly new trend where ethical issues presented may be novel. Persons who offer and provide counselling, psychotherapy, or coaching, in these areas are included in the definition of ‘practitioners’ who are required to be accountable under the *Ethical Framework for the Counselling Professions* and thus, need to be informed and made aware of the developments in ethical decision making.

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# 8 Research about ethical decision making in counselling and psychotherapy

## 8.1 *Studies on professional practice*

Barnett (2011) explored the ethical considerations of the use of self-disclosure by a psychotherapist. A practitioner must exercise self-awareness and self-evaluation, particularly of their personal values and motivations for self-disclosure. Also, before deciding to proceed with self-disclosure, the practitioner must thoroughly evaluate the client's needs and history to determine the appropriate use of self-disclosure.

Barnett and Molzon (2014) later explored the thoughtful and deliberative processes for responding to feelings of attraction that may arise towards clients. They discuss the ethical principles and decision making considerations of psychotherapists when evaluating their own feelings and motivations, so that they can identify their vulnerabilities and respond ethically when these feelings of attraction to the client arise.

Barnett and Molzon (2014) also examined ethical considerations in clinical supervision. They focus on the role of supervisors who may act as a mentor, professional role model and gatekeeper for the profession. Elements of the ethical practice of supervision are discussed with special attention to informed consent, the supervision contract, competence, diversity and multicultural competence, boundaries and multiple relationships in the supervision relationship, documentation and record keeping, self-care, and the ending of the supervisory relationship.

Davis and Younggren (2009) discuss how and when to diplomatically terminate an active psychotherapy relationship with a blending of clinical practical and ethical factors. Practical considerations such as: the client failure to pay for the services, the patient's failure to comply with the treatment, or when the patient violates the practitioner's professional boundaries or threatens him or her, are general guides for functional competence in terminating psychotherapeutic relationships.

Dembo and Clemens (2013) probe the ethics of providing hope in psychotherapy. They note the scarcity of literature on the ethics of encouraging hope in psychotherapy, especially where illness is resistant to treatment. There is an analysis of two cases where an 'optimal margin of illusion' is necessary to promote good mental health, especially when there is contextual evidence that stark realism is correlated with mild to moderate depression in the client. In this instance, the defence mechanism of denial (by providing an optimal margin of illusion of hope) may preclude the experience of paralytic despair.

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Everett et al. (2013) explored ethical boundaries in the practice of counsellors in 'queer', 'Two-Spirit' or 'trans communities' while being members of those same communities (gay, lesbian, bisexual, transgender, etc). They assert that these communities are under-served and that, often, multiple relationships may exist between counsellors and clients. The study proposed that codes of ethical behaviour are aspirational goals and not enforceable standards of conduct. Considerations such as the client's best interests and transparency, are proposed as guides to managing dual or multiple relationships.

Eight of the 13 studies explored relationships between clinical practitioners and their clients, including one study which explored the ethical issues that may arise when physical touch is used within the context of counselling. Calmes et al. (2013) note that touch experiences are not uncommon in psychotherapy: there is the inadvertent touch, touch as conversational markers or touch as an expression of the therapeutic relationship. Touch has therapeutic use in that it can be used as a grounding mechanism, it can give a sense of safety and comfort, it may bring greater self-awareness to the client, and more importantly, it may re-introduce touch as a positive experience and functional aspect of relationships. Despite these benefits, there is a controversy on the use of touch in therapy. On the other hand, touch can cause boundary crossings and boundary violations, as well as cause harm to clients. The five ethical principles outlined in the *Ethical Framework for the Counselling Professions* (Ethics Point 5, page 2) of non-maleficence, beneficence, autonomy, fidelity and justice must be used when determining whether or not touch is used in counselling.

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One study explored the ethical issue of encouraging self-help and self-care in clients as part of traditional counselling. Bernecker (2014) highlights that the majority of those suffering from mental illnesses are under-served and to address this she asserts that those who are undergoing intensive interventions may benefit from guided self-help. However, as the safety of clients may be undermined in guided self-help, ethical concerns that could arise from using guided self-help are discussed. More importantly, Bernecker gives a practical guide for implementing guided self-help among clients. First, the threshold issue is whether or not guided self-help is in accordance with the ethical principles of beneficence and non-maleficence; second, the issue is whether or not it conforms to the principle of justice. Bernecker stresses that because guided self-help is less stigmatising than psychotherapy and improves self-efficacy, it may actually affirm the principle of justice. It is also recommended that even when the practitioner has decided that offering the client guided self-help does not violate the principles of beneficence, non-maleficence or justice, the practitioner must remain self-aware about the possible ethical dilemmas posed by its use.

Rummel and Joyce (2010) note the operation of online internet counselling clinics and provide an overview of online counselling modalities. They discuss in detail the possible ethical concerns (confidentiality, non-maleficence, conflicts of interest; etc.) associated with different modalities of online counselling. The authors use the principles and frameworks for internet counselling expressed by professional bodies in the United States such as the National Association of Social Workers, the American Counseling Association, and the National Board of Certified Counselors. They concede that studies of the efficacy of internet counselling modalities are necessary and recommend further research.

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Barland Edmondson (2010) provides a qualitative literature review on the self-care of students in doctoral graduate programmes in psychology in the US. Using Grounded Theory, studies which document what students understand by self-care were reviewed and analysed. The findings were then cross-validated with the findings from qualitative interviews of six directors of doctoral programmes in psychology. It was found that whilst directors of such programmes are aware of the need for self-awareness with regard to self-care and wellness by their trainees; cohort studies of trainees would be necessary to determine the level of self-awareness of trainees about their need for self-care. A clear trainee self-care statement; which serves as a checklist for trainees, was proposed.

A qualitative study by Medau et al. (2013) explored the ways in which practitioners deal with their treatment errors. It was found that the practitioners interviewed for the study preferred to disclose their errors to clients. The study proposes that more training for psychotherapists be provided to inform their error disclosure.

## 8.2 Studies involving teaching ethics

The study by Henderson and Malone (2012) echoed the need expressed by the Council for Accreditation of Counseling and Related Educational Programs (2009) for counselling students to receive ethics education. It was proposed that one way that counselling students might learn to translate ethical theory into ethical practice was by using fairy tales as case studies for ethical dilemmas. Students can be led to analyse the fairy tales from a relational–culture perspective so that they are trained to recognise ethical dilemmas, identify the values or core principles in conflict, propose probable scenarios, and extrapolate the possible consequences of each scenario.

A study by Even (2012) is a statistical analysis of the ethical violations and sanctions received by licensed professional counsellors. The aim was to determine the efficacy of ethical training in the counselling profession. The factors which were accounted for in the statistical analysis were: professional accreditation, ethics training, years in service, and graduate degree. There were no conclusive findings; correlations remain hypothetical pending further research.

Two studies by Lambie et al. (2010; 2011) predicted that high levels of social–cognitive development, significant knowledge regarding ethical and legal practice, and the understanding of sound ethical decision making processes would be associated with delivery of effective and ethical services to clients. The studies investigated the effects of two counselling ethics courses, which were delivered to 64 students. The courses were found to have increased the students' legal and ethical knowledge, however, it was found that the social–cognitive maturity of the students before taking the course also predicted high ethical and legal knowledge scores. This implies that skills in identifying ethical issues and ethical conflicts can be gained with adequate training.

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A qualitative study by Kolay Akfert (2012) underscores that counsellors working in teaching environments encounter ethical dilemmas, especially in the areas of client privacy, as a result of counsellors in a teaching role having multiple relationships with clients (as teachers, mentors and counsellors). It often becomes necessary for them to transfer competences and values from counselling into their teaching roles. The majority of the 40 participants in this study expressed concerns about their perceived lack of competence in resolving such ethical dilemmas.

In contrast, the study by Brown et al. (2014) was an online survey of training directors of education programmes involving practice-based, internship and post-doctoral students of counselling and psychology. The training directors identified one important ethical area of concern: that the trainees in their programme often had a need for psychological services themselves. Thus, while training these students, the supervisors also perceive the trainees' needs for psychological services. This is over and above assessing trainees' ethical competence in providing counselling. The supervisors in these training programmes identified that multiple relationships exist within this context: supervisors assess the competence of the trainees, but they also assess the psychological health of the trainees.

Shoepke (2013) explored the ability of Master's counselling students to accurately identify ethical dilemmas in a study of 135 Master's students across the US. Students from programmes that were officially accredited by professional associations scored significantly higher on the Ethical Problem Survey than students from non-accredited programmes. From this, it may be inferred that accredited programmes are more likely to incorporate training in ethics and therefore better prepare trainees for ethical decision making.

## 8.3 Studies involving new contexts and delivery of counselling services

### 8.3.1 Social media

Babb's (2013) study explored whether or not the use of Facebook had an impact on students relationships with peers, supervisors and clients. The students' views highlighted grey areas in social networking which are not addressed by the current ethical codes of the American Counseling Association. The study sheds light on how the ethical code of the American Counseling Association needs to be adapted to accommodate the use of online social networking. The British Psychological Society (2012) has created its own ethical guidelines for 'e-professionalism' and the use of social media for clinical psychologists available at <http://shop.bps.org.uk/e-professionalism-guidance-on-the-use-of-social-media-by-clinical-psychologists.html>. Good practice would seem to be that no identifiable information should be transmitted via social media without explicit permission from clients; standards of personal conduct apply to the use of social media and the appropriateness of material should be carefully considered; and clear communication with clients is fundamental, especially in terms of the nature of the relationship. For more information and resources in respect of online working and social media see the *Ethical Framework for the Counselling Professions* <http://www.bacp.co.uk/ethics/EFfCP.php> and further Good Practice in Action resources available at: <http://www.bacp.co.uk/ethics/newGPG.php>

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Bratt (2010) notes the increased use of social networking websites among Canadian counsellors, as well as the lack of studies addressing the ethical issues, which may arise with the use of social networking sites by professional counsellors and psychotherapists. The author draws on literature from other disciplines to draw attention to ethical concerns inherent in the use of these new methods of communication. The foremost concern here is the potential breach of boundaries as clients access personal information about the practitioner and the practitioner accesses personal information about the clients.

Finn and Barak (2010) explored questions related to the process, perceived outcomes, and ethics of therapists who provide counselling and therapy online. This study was a survey of 93 e-counsellors with at least a Master's degree. Respondents were satisfied with their e-practice and believed that it was effective, although e-therapists may not have had any formal training or supervision specific to online practice. Current e-practice appears to be part time and supplementing face-to-face practice. This study found that there is very little consensus about ethical obligations, which makes formal training, supervision and ethical training in e-counselling necessary.

Fitzgerald et al. (2010) observed that provision of mental health services over the internet is increasingly common. While the evidence for its efficacy is mounting, it poses unique ethical issues. This study examines ethical issues from the framework of the Universal Declaration of Ethical Principles for Psychologists. The potential liability risks and malpractice risks of e-counsellors, especially when there are charges of treatment errors involved, are also explored.

Lehavot et al. (2010) note the controversy sparked by users of social networking sites who are counselling and psychotherapy professionals, especially when they post personal information. They explore the implications and consequences of clients accessing personal information about their therapists or counsellors through social networking, identifying in particular that social networking sites increase potential harm to practitioners.

## 8.3.2 Community outreach psychotherapy

Rogers (2013) explored the ethical boundaries and challenges experienced by trainees who provide outreach psychotherapy in the community. A training course was designed based on information from a literature review on the factors that make this type of psychotherapy ethically challenging. Nine pre-doctoral psychology interns were given this training and a survey assessed perceived knowledge and skills gained during the training. A statistical analysis of the survey and a thematic analysis of the open comment section of the survey showed that the interns found the training helpful and that the use of five basic ethical principles (IDEAL) was useful as a checklist to facilitate ethical decision making: 1) **I**dentify or scrutinise the problem 2) **D**evelop alternatives or hypotheses, 3) **E**valuate or analyse options 4) **A**ct on or perform the best option, 5) **L**ook back or evaluate the results (Knapp and VandeCreek, 2006).

Lauka (2012) explored the attitudes of counsellors who provide in-home and outpatient counselling to young people in trouble with the law. It was found that the foremost ethical issue faced by these counsellors was when they had to tell clients to seek help from specialist mental health services, having assessed that the mental health issues presented were beyond their own professional competence. Doing so runs counter to the non-directive approach of counselling, but is nevertheless in the best interests of the client.

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## 8.3.3 Open forum counselling

Garrison and Eckstein (2013) explored open forum counselling, which involves interviewing an individual before an audience in order to educate the audience about a particular problem. Ethical issues in this type of counselling involve the informed consent of the interviewee, as well as respecting their autonomy and dignity. Specifically, the authors focused on the aspect of informed consent that limits confidentiality, as well as the nature, possible risks and benefits of the treatment.

Hartshorne et al. (2010) address the ethical issue of the right to privacy, which arises in open forum family counselling, where it is not always clear who the client is; it could be just one member of the family or the entire family. The therapist's duty of care to ensure privacy is owed only to the therapist's client. When counselling is in the form of an open forum, disclosures made by members of the family who may not be clients of the therapist are not covered by that duty of care to ensure the client's privacy. These same issues were raised in the study of Gillie and Shackleton (2009) in their study regarding Gestalt open forum counselling.

## 8.4 *Studies involving culture and religious sensitivity*

### 8.4.1 Integrating religion and spirituality into practice

Barnett and Johnson (2011) assert that there are times when religious or spiritual concerns may be relevant to the reasons why clients seek treatment from a psychotherapist, such as when religion is an area of conflict or distress or when religion is a source of strength and support. Psychotherapists can access these religious or spiritual concerns to enhance the benefit of psychotherapy. To effectively integrate religious and spiritual interventions into ongoing psychotherapy, ethical considerations must be assessed; informed consent must be given, there must be competence on the part of the psychotherapist, and there must be a clear expression of boundaries and cooperation with other professionals. Good judgement is recommended in integrating religion and spirituality into clinical work. Even when they are not particularly religious themselves, practitioners need to ensure that religious and spirituality issues are introduced when they have clients for whom religious and spiritual issues are salient or clearly linked to presenting problems. However, the link between presenting problems and religious or spiritual issues seems to be the only justification for incorporating religion and spirituality into clinical practice.

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Herlihy (2014) analysed four legal cases filed by clients against counsellors and counselling students who refused to counsel lesbian, gay, bisexual and transsexual clients on the basis of their own religious beliefs. While this review analysed the different ethical issues involved (i.e. gender sensitivity, non-discrimination), and the implications for practice were discussed, more research is recommended. The ethical dilemma in such cases is basically a clash between the personal values of the professionals vis-a-vis the rights of clients and whether or not harm will result to the client if the professional's religious or spiritual views are brought to bear upon the therapeutic relationship.

Gonsiojorek et al. (2009) highlight that most practitioners perceive the incorporation of religion and spirituality into psychotherapy as posing 'inherent messiness', especially where competence in religion and spirituality is concerned. Granting that religion and spirituality might have a direct bearing on the presenting problems of the client, the practitioner may lack sufficient competence in knowledge about religion to provide counselling in this matter. Although the practitioner may choose to incorporate religion or spirituality into the counselling, they may think that this is beyond their competence and feel a referral to a minister or priest may be necessary. One ethical issue that this raises is the competence of the minister or priest to provide counselling services, as their lack of competence in counselling may put the client at risk of harm. There is also a problem in terms of collaboration with clergy, as well as demarcating the boundaries of this area of practice especially as it impacts on regulation and billing for services.

Swenson et al. (2009) explored the manner by which Christian counsellors respond to ethical concerns related to faith or moral issues. A total of 362 members of the Christian Association for Psychological Studies responded to a survey concerning practice behaviours. They were also asked to rate the degree to which they consider the behaviour (in the vignettes provided) ethical. It was found that the practitioners' religious beliefs and their actual behaviour were consistent, suggesting that the manner by which Christian counsellors determined the parameters of what constitutes professional ethical behaviour is not contradictory to their spiritual or religious and moral values.

## 8.4.2 Integrating cultural practices into practice

A survey by Zhao et al. (2011) of psychotherapists of Chinese ethnicity found that principles of Confucianism are a major influence on the ethical practices of Chinese psychotherapists. This suggests that there should be training for Chinese psychotherapists when there are pre-existing relationships between the therapist and their client. There was also a suggestion to the researchers that traditional Chinese cultural values, such as the value of 'face' (how one appears before significant others or how one is perceived by significant others), be included when stipulating guidelines in dual relationships.

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Brennan (2013) highlights the challenges of private practice in rural communities where stigmatising views about psychotherapy are held. This article gives timely advice on branding (extrapolated from the field of marketing) for practitioners in rural areas so that they can build their practice, manage their visibility, negotiate boundaries and successfully integrate into the community. Using techniques in brand marketing, counsellors can avoid the possible stigma that can occur for clients in a small community (where everyone knows each other) seeking counselling services. The article specifically notes that the dilemmas of a rural setting may include the fact that a practitioner may have dual relationships with residents.

In both of these studies, the implications of duality of relationships on ethics were explored; issues such as whether or not business relationships or social relationships that are culturally defined put the integrity of the therapeutic relationship in jeopardy were of paramount importance. This question is especially controversial as counselling relationships must necessarily be culture sensitive and therefore the ethical problem is not confined to the awareness of the practitioners as to potential ethical dilemmas but also in resolving any conflict between cultural practices and the requirements of the code of ethics.

## 8.5 Counselling in the context of schools

Crespi (2009) explored the legal, ethical and treatment issues in group counselling in schools. The complexity of group counselling children is discussed, including the appropriate means by which consent (from the children as well as their parents) may be obtained and the ethical challenges of providing direct services to students. This study highlights that in group counselling, sensitive information is shared by participants, which may be divulged by the participants themselves, making boundaries and confidentiality more difficult to manage.

Moyer et al. (2012) proposed the question of when is it ethical to inform school administrators about the risk-taking behaviours of students. The research surveyed school counsellors across the US, asking them if it was justified to break confidentiality and report the risk-taking behaviours of students. The responses show that when the risk-taking behaviours are directly observed, or when the behaviours occur during school hours on school grounds, then breaking confidentiality is ethical. The school counsellors showed a preference for a written policy on breaking confidence to guide their actions. For more information and guidance in respect of the legal aspects of working in schools in the UK see Good Practice Legal Resources; GPG 002 *Legal issues and resources for counselling children and young people in England, Northern Ireland and Wales in school contexts*, GPG 014 *Legal Resource: Breaching confidentiality*, and GPG 031 *Legal issues and resources for safeguarding in the context of counselling children and young people in England, Northern Ireland and Wales*. These can be found at: <http://www.bacp.co.uk/ethics/newGPG.php>

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Luke et al. (2013a) observed that the role of school counsellors has been expanding and deepening over the past decades as the student population is becoming more diverse. The transforming role of school counsellors along with the transforming needs of students presents ethical dilemmas for school counsellors, and counsellors working within the context of schools must be supported to develop skills and problem-solving strategies to navigate such dilemmas. Luke et al. propose that the *Intercultural Model of Ethical Decision Making for School Counsellors* is used. This model comprises seven steps:

- 1) *recognising there is an ethical dilemma related to cultural, religious or worldviews (CRW)*
- 2) *identifying the CRW factors relevant to the particular case*
- 3) *identifying and reviewing institutional policies and procedures, as well as relevant codes of ethics*
- 4) *consulting with cultural experts*
- 5) *considering alternative courses of action*
- 6) *analysing the relationship between potential courses of actions and its agreement with CRW factors*
- 7) *selecting, documenting and evaluating the course of action that best meets the client's needs.*

A related study, also reported by Luke et al. (2013b), tested the Intercultural Model of Ethical Decision Making with a sample of 48 counsellor trainees enrolled in three counselling courses across two universities. Although pre-test scores were significantly different between students who had taken a multicultural course and those who had not, there was no post-test difference. Nevertheless, it provides a framework for school counsellors to deal with ethical decisions.

McDonald (2009) observed the ethical decision making of secondary school counsellors, using a qualitative research design with interpretative analysis. The data showed that the areas of work related to administrative policy issues, emotional and behavioural issues, college admission issues, graduation issues, and professional issues. In resolving ethical dilemmas, secondary school counsellors used the Multiple Ethical Paradigms and The Turbulence Theory of Reasoning regarding the best interests of their students. This theory comprises the paradigms of ethics of care, ethics of profession, ethics of justice, and ethics of critique, which are applied to a problem being categorised as light, moderate or severe turbulence. By using these paradigms, the secondary school counsellors in this study were guided by an ethical process rooted in the discipline of education, which allowed them to apply practical actions to solving ethical dilemmas.

Stone and Zirkel (2010) probed the ethical conflicts when school counsellors practice advocacy but their efforts collide with legal protections. This article describes a situation where a school counsellor who advocates for a child's rights may actually violate legal protection for the child, such as the right of the child to privacy. Strong (2010) reflects upon the multicultural competence of school counsellors. In particular, the study highlights the self-awareness and cultural sensitivity which school counsellors must develop when counselling children from different cultures.

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Berg et al. (2009) explored the major ethical considerations when counselling suicidal adolescents, which may also make the school counsellor vulnerable to malpractice suits. (It is important to note that this is a US study.) One such ethical issue is whether or not a school counsellor should report the child's suicide ideation to the parents or the school authorities. If the counsellor does not report the suicide ideation and the child succeeds in taking their own life, the counsellor may be sued for malpractice. Particular attention is paid to liability and malpractice information and how counsellors and therapists can safely follow accepted standards of care as enunciated in their professional ethical framework while also improving patient care and decreasing the chances of a lawsuit.

Dewey and Gottlieb (2011) explored the ethical issues involved in the complex practice area of court-ordered outpatient psychotherapy for juvenile offenders – minors and children who are inherently a vulnerable population. Unique ethical considerations, such as the conflict between the rights of the juvenile offenders in criminal prosecutions, as well as their rights as clients of counselling are discussed and harmonised to help practitioners address ethical issues. One right as a client, which the counsellor must respect, is the right to confidentiality; however, as the counselling was ordered by the court to gather information on the juvenile offender's fitness for prosecution or the juvenile offender's mental state to determine sentencing, the right to confidentiality must necessarily be waived.

## 8.6 *Counselling in specific or unique contexts*

### 8.6.1 *Counselling in the context of refugee experience*

Gilbert (2009) explored the moral dilemmas inherent in the practice of psychosocial counselling among refugees in refugee camps. For example: the lack of clarity of the role of the psychosocial counsellor, confused demands of non-government organisations, and a complexity in the political situation which predict the rise of moral and ethical dilemmas. The study identifies issues such as whether or not the refugees may be considered the camp counsellors' clients, and whether or not counselling the refugees is within the competence of the camp counsellors. Addressing these issues depends upon the particular circumstances and context.

Gilbert (2009) explores the moral dilemmas inherent in the practice of psychosocial counselling among refugees in refugee camps. The counsellors' work entails establishing the identity and nationality of the refugees, as well as finding a host country where they might have relatives. Increasingly, counselling includes addressing refugee trauma and its consequences. This paper is not a study but an analysis that sought to identify the ethical issues involved in psychosocial counselling of refugees.

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## 8.6.2 Counselling in the context of co-parenting

Fridhandler and Lehmer (2014) focus their inquiry on the ethical issues that arise when counsellors have clients who are divorced or separated parents and there is high conflict. Often, co-parent counselling is court ordered and its aim is to improve communication to improve the shared care of children. Issues regarding confidentiality, separate meetings with clients, interactions with lawyers and the court, meetings with the children, competence and informed consent are issues that bear upon ethics in this new and evolving modality of practice.

## 8.6.3 Counselling in the context of chemical dependency

Gallagher (2010) examines the views of licensed chemical dependency counsellors regarding ethical education and training, dual and sexual relationships and unlawful conduct. This study suggests that additional training in ethical standards for this group of practitioners, as well as peer assistance programmes, should be developed to support them.

## 8.6.4 Counselling in the context of grief

Gamino and Ritter (2009) observe that grief counsellors are confronted with ethical dilemmas daily. The issues include confidentiality, end-of-life, intimacy with clients, and spiritual and cultural considerations. It is emphasised that there is a need for a model for ethical decision making to help counsellors to respond to ethical dilemmas within this context.

## 8.7 Counselling as ‘coaching’

Duffy and Passmore (2010) investigated the development of an ethical decision making model in coaching psychology to complement existing codes of practice. A focus group of coaching psychologists discussed the development of the model and identified key elements used by coaching psychologists in ethical decision making, which include ethical principles presented in professional codes, relevant literature, personal ethics, moral values, the duty to society, standards of practice, and the law. A six-stage model of decision was proposed – ACTION:

- 1) *Awareness of the ethical code of the relevant professional body*
- 2) *Classification of the issue or dilemma*
- 3) *Time for reflection, support and advice*
- 4) *Initiation of the development of a number of solutions for the dilemma*
- 5) *Option evaluation via the weighing up of the risks and benefits of each solution*
- 6) *Novate – once the appropriate course of action has been chosen, the coach will incorporate it into their ethical experience.*

Passmore (2009) reflects upon parallel domains of sports and counselling psychology, such as enhancing client autonomy, agency, self-efficacy and resilience. He advocates the use of the ethical frameworks of professional counsellors in the field of sports counselling.

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All the ethical situations discussed in this paper present gaps in the existing body of knowledge that research seeks to fill. This overview provides a summary of the available information for practitioners who may already be involved in these new delivery settings and contexts. A counsellor or psychotherapist has the ethical obligation to keep their knowledge and skills surrounding ethical decision making current. As new methods and platforms of delivery of counselling and psychotherapy services become more mainstream, new ethical guidelines have to be provided by professional bodies. For this reason, research and the publication and dissemination of research into these new methods and platforms of delivery and practice have to be probed and studied, and there is an ethical imperative to engage in research into ethical decision making.

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# About the author

Dr Nicola Davies is a psychologist, person-centred counsellor, and freelance writer. She has extensive experience in conducting systematic reviews for the Department of Health and other government organisations.

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Introduction	Calmes, S.A., Piazza, N.J., Laux, J.M. (2013) <i>The use of touch in counseling: An ethical decision-making model</i> . <i>Counseling and Values</i> 58(1): 59–68.
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Using the research overviews	Gamino, L.A., Ritter, R. (2009) <i>Ethical practice in grief counseling</i> . New York, NY: Springer Publishing Co.
Introduction	Garrison, R., Eckstein, D. (2013) <i>Ethical considerations involving informed consent in Adlerian open forum counseling</i> . <i>The Journal of Individual Psychology</i> 69(4): 344–356.
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Using the research overviews	Knapp, S.J., VandeCreek, L.D. (2006) <i>Practical ethics for psychologists: A positive approach</i> . Washington, D.C: American Psychological Association.
Introduction	Kolay Akfert, S. (2012) <i>Ethical dilemmas experienced by psychological counsellors working at different institutions and their attitudes and behaviours as a response to these dilemmas</i> . <i>Kuram ve Uygulamada Egitim Bilimleri</i> 12(3): 1806–1812.
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Using the research overviews	Passmore, J. (2009) <i>Coaching ethics: Making ethical decisions-novices and experts</i> . <i>The Coaching Psychologist</i> 5(1): 6–10.
Introduction	Ponton, R.F., J.D. Duba (2009) <i>The ACA Code of Ethics: Articulating counseling's professional covenant</i> . <i>Journal of Counseling &amp; Development</i> 87(1): 117–121.
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4 Synopsis of research related to ethical decision making in psychological therapies	Rummell, C.M., Joyce, N.R. (2010) 'So wat do u want to wrk on 2day?': <i>The ethical implications of online counseling</i> . <i>Ethics &amp; Behavior</i> 20(6): 482–496.
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About the author	Strong, L.A. (2010) <i>The relationships among school counselors' multicultural competence, demographic data and ethical decision-making</i> . <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> 71(4–B): 2719.
References	Swenson, J. E. III, Schneller, G. R., Sanders, R.K. (2009) <i>Ethical issues in integrating Christian faith and psychotherapy: Beliefs and behaviors among CAPS members</i> . <i>Journal of Psychology and Christianity</i> 28(4): 302–314.
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**8** Research about  
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Thomas, T.P. (2014) *The effect of personal values, organizational values, and person-organization fit on ethical behaviors and organizational commitment outcomes among substance abuse counselors: A preliminary investigation*. Dissertation Abstracts International Section A: Humanities and Social Sciences 75(1–A(E)): no pagination specified.

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Zhao, J-B., Ji, J-L., Yang, X-L., Yang, Z-Z., Hou, Y-F., Zhang, X-Y. (2011) *National survey of ethical practices among Chinese psychotherapists*. *Professional Psychology: Research and Practice* 42(5): 375–381.

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## Appendix 1

### Databases searched

PsychInfo

Google Scholar

British Library ETHoS e-thesis

### Journal titles

Alcoholism Treatment Quarterly

BMC Medical Ethics

British Journal of Guidance & Counselling

Bulletin of the Menninger Clinic

Psychotherapy

Journal of Clinical Psychology

The Family Journal

Professional Psychology: Research and Practice

Canadian Journal of Counselling and Psychotherapy

Journal of Mental Health Counseling

Training and Education in Professional Psychology

Counseling and Values

Cognitive Behaviour Therapy

New Zealand Journal of Psychology

Counselling & Psychotherapy Research

Counselling and Spirituality

Counselor Education and Supervision

Ethics & Behavior

Group Analysis

International Coaching Psychology Review

International Gestalt Journal

International Journal for Educational and Vocational Guidance

Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict

Journal of Adult Development

Journal of Applied Rehabilitation Counseling

Journal of Child Custody: Research, Issues, and Practices

Journal of Clinical Psychology

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Introduction	Journal of Forensic Psychology Practice
<b>1</b> What is ethical decision making?	Journal of Psychiatric Practice
<b>2</b> Context of ethical decision making in counselling and psychotherapy practice	Journal of Psychology and Christianity
<b>3</b> How the literature was identified	Journal of Technology in Human Services
<b>4</b> Synopsis of research related to ethical decision making in psychological therapies	Kuram ve Uygulamada Egitim Bilimleri
<b>5</b> Why is research important for our professional group?	Measurement and Evaluation in Counseling and Development
<b>6</b> Why it is important for us to engage with research	New Zealand Journal of Psychology
<b>7</b> The ethical imperative for engaging in research related to ethical decision making	Professional Psychology: Research and Practice
<b>8</b> Research about ethical decision making in counselling and psychotherapy	Professional School Counseling
<b>9</b> Conclusion	Psychiatric Clinics of North America
About the author	Psychology in the Schools
References	Psychotherapy
Appendix 1	Rehabilitation Counseling Bulletin
Appendix 2	The Coaching Psychologist
	The Journal of Individual Psychology
	Counselling and Spirituality/Counseling et spiritualité

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## Appendix 2

### Models of ethical decision making

#### 1. The Intercultural Model of Ethical Decision Making (Luke et al., 2013a)

Luke, M., Goodrich, K.M., Gilbride., D.D., (2013) *Intercultural model of ethical decision making: Addressing worldview dilemmas in school counseling*. *Counseling and Values* 58(2): 177–194.

#### 2. The Multiple Ethical Paradigms and The Turbulence Theory (McDonald, 2009)

McDonald, T. M. (2009) *How secondary school counselors make ethical decisions in their work*. *Dissertation Abstracts International Section A: Humanities and Social Sciences* 69(8–A): 2967.

#### 3. The Six-Stage ACTION Model (Duffy and Passmore, 2010)

Duffy, M., Passmore, J. (2010) *Ethics in coaching: An ethical decision making framework for coaching psychologists*. *International Coaching Psychology Review* 5(2): 140–151.

#### 4. The IDEAL Ethical Principles (Rogers, 2013)

Rogers, S.M. (2013) *Exploring ethical and boundary challenges in outreach psychotherapy: A training model*. *Dissertation Abstracts International: Section B: The Sciences and Engineering* 74(3–B(E)):no pagination specified.

#### 5. Decision-Making Model for Touch (Calmes et al., 2013)

Calmes, S.A., Piazza, N.J., Laux, J.M. (2013) *The use of touch in counseling: An ethical decision-making model*. *Counseling and Values* 58(1): 59–68.