
Ethical Discernment Points: The Alchemy of Dialogue, Deliberation, and Decisions Les points de discernement éthique : l'alchimie du dialogue, de la délibération, et des décisions

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ABSTRACT

This article describes research that explores how counsellors cope with ethically challenging situations, which are referred to in this report as Ethical Discernment Points (EDPs). We explore how counsellors navigate and make choices about these EDPs, and the degree to which dialogue and conversation with others is part of their discernment process. In this qualitative study, counsellors from across Canada responded to an online ethical scenario that contained several EDPs. Several themes are identified in the analysis that allow us to describe a process employed by counsellors in their ethical decision making. Dialogue is identified as part of the process, but it is not as prevalent as predicted. We conclude that counsellors include dialogue or talking to others as one step in ethical decision making rather than it being the main component of the process. We present some recommendations for ethics education and counselling practice.

RÉSUMÉ

Cet article décrit de la recherche qui explore comment les conseillers font face à des situations éthiquement difficiles, lesquelles sont appelées « points de discernement éthiques » (PDÉ) dans l'article. Nous explorons comment les conseillers s'orientent autour de ces PDÉ et font des choix à leur sujet et à quel point le dialogue et la conversation avec les autres font partie de leur processus décisionnel. Dans cette étude qualitative, des conseillers d'un bout à l'autre du Canada ont réagi par l'entremise du Web à un scénario éthique qui contenait plusieurs PDÉ. Plusieurs thèmes sont identifiés dans l'analyse qui nous permet de décrire un processus utilisé par des conseillers dans leur processus décisionnel en ce qui concerne l'éthique. Le dialogue est identifié comme faisant partie du processus décisionnel mais n'est pas aussi prédominant que prévu. Nous concluons que les conseillers incluent le dialogue ou la discussion comme une des étapes du processus de décision éthique plutôt que la partie principale du processus. Nous présentons des recommandations pour l'éducation éthique et les pratiques de conseillances.

In 2004, Lehr and Sumarah put forth as their major premise the notion that judgement in ethical decision-making models needs to be more inclusive of relationship with others, and that dialogue in such a relationship is an essential dimension in the discernment process. This premise aligns with the social constructivist position of Cottone (2001), who notes the importance of understanding the interpersonal realm in ethical decision making, rather than relying solely on intrapsychic or internal processes, and that a needed part of the decision-making process must or ought to revolve around interaction, conversation, and dialogue with others. In our research, we are interested in how counsellors navigate moments of tension in the counselling process, those “grey” areas where ethical dilemmas do not clearly exist, but where counsellors need to decide how or where to proceed with a client.

We refer to these moments of tension or uncertainty when counsellors are faced with choices about direction or next step(s) as *ethical discernment points* (EDPs). We define these as a moment at which there is recognition that a choice must be made that will have ethical implications or that is related to an ethical dilemma or the resolution of an ethical question or conundrum. We use *discernment*, with its connotation of inward- and outward-directed reflection, to describe the somewhat intangible and elusive process of accessing and attending to the whole psyche (the human soul, mind, or spirit: i.e., the unique self) and the experience, conscious and unconscious, that appears to be going on in the process in which counsellors engage in order to determine how to proceed when faced with these ethically laden moments. In contrast, we define *ethical dilemma* as a situation necessitating a choice between two equal, often undesirable, alternatives. To further differentiate, an *ethical decision* describes choosing between what is right or better and what is wrong or worse. Counsellors often face EDPs in their day-to-day practice and certainly more frequently than they encounter actual ethical dilemmas or decisions. If they navigate the EDPs effectively, they may avert or circumvent many ethical challenges that might otherwise arise.

As researchers and counselling practitioners, we attend to the relational and social interactive aspects of ethical counselling practices—the degree to which counsellors talk to others, including clients, when faced with ethical quandaries. Bond (2010) wrote that counsellors generally draw upon six sources of information when faced with ethical issues or dilemmas: personal ethics; ethics implicit in therapeutic models; agency policy; professional codes, frameworks, and guidelines; moral philosophy; and law. How they make determinations based upon these sources is still somewhat of a mystery; however, Bond agreed that “[t]he construction of counselling ethics is fundamentally a social process, which draws upon many different sources of ethical insight” (p. 40), a point reminiscent of the poet John Donne, who said that no one is an island—we are all part of and connected to each other.

In the current research, we view relational ethical decision making from a social constructivist perspective, which Cottone (2004) defined as an intellectual movement in the mental health field that directs a social, consensual interpreta-

tion of what we come to regard as real, where experience is socially interpreted and constructed through interaction with others (Vygotsky, 1962) and, as Strong (2005) noted, not discovered objectively. Counsellors, like others, are relational beings who use their own knowledge and experience as a guide when situations that create uncertainty and personal tension arise, a point emphasized by Strong, who affirmed that “ethics are humanly created, upheld or modifiable conventions based on the concerns and aspirations of those articulating and living them” (pp. 89–90). The Canadian Counselling and Psychotherapy Association *Code of Ethics* (CCPA, 2007) describes an ethical decision-making approach that includes both principle ethics, described by Jordan and Meara (1990) as objective, rational, impartial, and universal ethics that dictate actions, and virtue ethics, which focus on the counsellor’s intentions, motives, values, and ethical consciousness while recognizing the importance of understanding principles based on cultural context. In other words, while principle ethics question if the situation is unethical, virtue ethics ask the counsellor if they are doing what is best for the client.

In this article, we present a brief overview of the literature regarding dialogue and relational ethical decision making, and describe how counsellors from across Canada responded to a scripted case scenario containing EDPs. Conclusions and recommendations for counsellor consideration of these ethically ambiguous moments that we have described as EDPs and for counsellor training are presented and discussed.

CONTEXT AND BACKGROUND

Due to advances in technology and growth in multicultural communities, counselling practice has become increasingly complex and counsellors face new challenges. Consequently, counsellors must consider a diverse array of contextual factors when making important ethical decisions (Cole, 2008; Corey, Corey, & Callanan, 2011; Frame & Williams, 2005; Halverson & Brownlee, 2010; Nigro & Uhleman, 2004; Pettifor, 2001; Verges, 2010). A postmodern view of ethical decision making as social, intersubjective, and language-based subjugates the modernist perspective of ethical decision making, whereby counsellors apply ethical codes independently from meaning, context, and relationship (Cottone, 2001; Guterman & Rudes, 2008). Subsequently, the ethical decision-making process has become increasingly perplexing, interesting, and collaborative; we can no longer view it simply as a linear, cognitive process that follows definitive, predictable steps.

Research that focuses on professional counsellors’ accounts of how they engage with ethically demanding situations while “in the trenches” of their practice is currently lacking. Typically, research that exists on ethical decision making addresses the principles and virtues upon which codes of ethics and ethical decision-making models are based. The Canadian Counselling and Psychotherapy Association’s *Code of Ethics* (2007) and *Standards of Practice for Counsellors* (2011) (herein called, respectively, the *Code* and *Standards of Practice*) provide ethical guidelines for counsellors. The *Code*, a primarily principle-based framework, informs the

counsellor's evaluation of ethical and unethical practice. The *Standards of Practice* articulates both a principle- and a virtue-based approach to ethical decision making, and offers suggestions for best practices for counsellors. The flexible nature of *Standards of Practice* increases the complexity of ethical decision making when principles and the personal values of counsellors conflict (Cottone, 2001). Because *Standards of Practice* does not consider all of the diverse belief systems out of which counsellors practice, or the various contexts in which they work, counsellors make informed professional judgements as they evaluate numerous and often conflicting objectives and demands (Lehr & Sumarah, 2004).

More recent literature continues to advocate that mental health practitioners examine and focus on the various contexts involved in the ethical decision-making process. Verges (2010) recommended that a proactive analysis of particular aspects of contexts of work that make the application of general norms (i.e., codes, laws, principles) more difficult may help to impede or prevent occurrences of ethical dilemmas. Verges says that the analysis should be done by engaging in dialogue in collaboration with other professional or community members within the context in an attempt to discuss potential situations that may lead to ethical conflicts. The qualitative study with social workers conducted by Fine and Team (2009), both Canadian researchers, addresses what they and others saw as "a need for more systemic and systematic in-depth research and knowledge regarding ethical dilemmas" (p. 64). These researchers remark that they saw little in their study to suggest the prevalence of discourse-based ethics. They believe future research needs to explore this area, as the ethical decision-making process involves a thorough practice of consultation with relevant stakeholders, including clients.

We do not doubt the importance of dialogue and relationship in the ethical decision-making process (Cottone, 2001, 2004; Cottone & Tarvydas, 2007; Gabriel & Casemore, 2009; Guterman & Rudes, 2008; Lehr, 2000; Lehr, Lehr, & Sumarah, 2004; McNamee, 2004), but to what degree does it occur? Cottone (2001) proposed that decision making is a socially constructed process in which an individual decides with others, rather than a personal process that takes place in the mind of an individual decision maker. Lehr et al. (2004) attempted to further understand how dialogue and discernment around ethical decision making occurs. They discuss the advantage of using dialogue and wisdom from collected experiences to influence ethical decision making:

Through dialogue, the complexity and three-dimensionality of the situation unfold in a way that could not possibly be discerned by counsellors with dissimilar cultural backgrounds or working contexts. As counsellors arrive at a clearer understanding of their beliefs and those of others, they may have a better understanding of the meaning of the *Code*. (Lehr et al., 2004, p. 21)

Cottone (2004) believed that "resolving conflicts involves negotiating truths because different people may claim different understandings of circumstances depending on the physical and social forces operating at any moment" (p. 10). Lehr and Sumarah (2004) concurred, and proposed that dialogue with others reduces

the likelihood that decisions will reflect an individual's bias, rather than "a truth" consensually reached. These authors believed dialogue with others is the first step in the process of discernment and that, instead of assessing their personal view of what is ethically right or wrong, counsellors would benefit from conversation with other counsellors to learn what may be considered "a truth" for them (p. 21).

Cottone's (2004) proposed way of making an ethical decision through interaction to consensually arrive at "a truth" makes sense, especially when one considers how similar this process is to the creation of the code of ethics itself. The CCPA's *Code* is a socially co-constructed reality. It is not "the truth" but "a truth." It is, as Guterman and Rudes (2008) stated, "tentative and intersubjective guidelines that have been co-created by a community of stakeholders... [involving] feedback, negotiating, and revising" (p. 138). Guterman and Rudes submit that counsellors consider how the code of ethics was made when making ethical decisions and avow, "If it is accepted that an ethical code was co-created by and for people, then it follows that it is not feasible for such a code to be separated from those who choose to observe it" (p. 138). Ethical decision making, like the creation of the code, should involve discourse between the several people involved in the counselling process to generate meaning, based on the various contexts involved, to arrive at "a truth."

Guterman and Rudes (2008) noted that the various people involved in the counselling process, including clients and counsellors, are considered "participant observers who influence and are influenced by events and the social realities that inform the counselling profession, including its ethical codes, its social policy, and counselling process" (p. 143). They proposed that these "participant observers" are "meaning generating language systems that create distinction of ethical concern for our field" (p. 143).

Several other authors discussed benefits of a relational practice to a postmodern view of ethical decision making. McNamee (2004) wrote about the benefits of making decisions in a "conversational arena" where common and varied viewpoints, relations, and experiences are brought to the current context to "attend to the traditions, the communities, the situated practices of the counsellors at hand (i.e., local understandings) in identifying what becomes real, true, and good" (p. 18). Meaning is generated and counsellors, who are "language systems" in a conversational arena, socially construct "a truth" to arrive at an ethical decision collectively. More recently, Gabriel and Casemore (2009) discussed how relational ethics addresses ethical reasoning through the development of virtues, and they considered the various contextual, cultural, relational, emotional, and intuitive responses to ethical issues. They highlighted how important and beneficial it is for practitioners to form their own relational ethics, both personally and within their professional practice.

Despite the complexity of evolving ethical decisions, few studies examine concerns of counsellors and their experiences with the many ethical situations that can arise in their professional work. Recent province-wide research in Nova Scotia, Canada (Lehr et al., 2007) indicated that professional counsellors use a

more relational approach to ethical decision making than is reflected in traditional ethical decision-making models. However, no research was found that examined the social, interactive, relational process of counsellors facing ethical dilemmas in their practice.

Further research is needed to uncover and explore the ethical decision-making process of counsellors. How do counsellors in today's society, when faced with many complex issues, contextual factors, and conflicting legal and ethical considerations, make ethical decisions in the course of their practice? Are counsellors, as the literature recommends, actually interacting and collaborating in a relational manner through dialogue to consider contextual factors when making ethical decisions, and if so, how so? What is the process by which counsellors arrive at an ethical decision?

In the current research we ask two questions: "How do counsellors navigate EDPs in counselling practice?" and "To what degree do counsellors engage in dialogue and conversation when faced with EDPs?" We wish to present a clearer picture of how counsellors engage in dialogue and relational discernment when they arrive at an EDP, that is, a point that has inherent ethical consequences or implications and at which they must determine what is most appropriate to do next in order to facilitate the continuation of the counselling relationship and process. Outcomes from the current research will contribute to a greater understanding of the relational use of a principled and virtuous approach to co-creating ethical practice. As aptly written in the foreword of Tim Bond's (2010) book *Standards and Ethics for Counselling in Action*, Mike Cooper stated:

As counsellors, we have learnt that the search for black-and-white answers to (such) questions can be more hindering than helpful, and that a gentle, reflective, even-handed consideration—holding all the competing tensions—is often the best way forward. Similarly, we have learnt that, at such time, an Other can be of great help. This is not to direct us or tell us what to do, but to offer a warm and supportive context in which we can acknowledge, and reflect on, the different sides of the dilemma; to help us disentangle some of the key issues; and to help us find a way forward towards our own solutions. (p. ix)

METHOD

As researchers, we adopt a social constructivist perspective (Frith & Gleeson, 2012) to better understand what happens when counsellors are faced with EDPs. Acknowledging that this approach could yield various interpretations of the data under investigation, it allows us, as researchers, to use the social and cultural context provided to us by participating counsellors as a beginning but valid understanding of how they navigate situations that have the potential to raise ethical concerns. Consistent with this methodological stance, we use thematic analysis (Braun & Clarke, 2006) as the method to identify, organize, and make sense of the data set in the current research. Within the data, we identify themes that, according to Joffe (2012), are patterns of explicit and implicit content. Finally, we

seek to identify and understand *how* counsellor respondents chose to do *what* they chose to do in response to the issues associated with these themes.

Questionnaire

The current investigation, which received institutional ethics board approval for research involving humans, used an online questionnaire to access information from counsellors. The deliberate choice of this Internet-based research, though disadvantageous from the perspective of exhaustively exploring the question under investigation, allowed us the advantage of accessing information from hard-to-reach counsellors who work in diverse geographical settings, and who all belong to the same professional body.

We used a mixed, structured but open-ended questionnaire (Walsh, 2009) that allowed us to collect both quantitative and qualitative data. In this type of interview, all counsellors follow a standardized procedure to reflect on a scenario, and answer questions presented to them in a predetermined sequence. In the open-ended part of the questionnaire, counsellors gave their thoughts and impressions at selected points as the counselling scenario progresses. Following the presentation of the scenario, respondents reflected on their process of deciding what to do by answering the following questions:

1. Describe as explicitly as possible your thoughts, feelings, and emotional responses to the scenario, and any tension and/or uncertainty you might have been experiencing.
2. Describe any action you would take, the point(s) at which you take this action and what would inform your decision to take this action.
3. Describe any dialogue/conversation you would have with others. Who would you talk to, for what purpose and at what point would you have this dialogue?
4. Describe what informed your ethical thinking or decision making at this point (personal values, your uncertainties, ethical codes, contract with clients or referral agents/providers, agency policy, and so on. Be as specific as possible).

CONSTRUCTING THE QUESTIONNAIRE

As researchers familiar with the topic under investigation, we engaged in an interesting and complex collaborative process to construct a questionnaire that would adequately assess how counsellors made determinations when faced with what may be considered ethically complex situations. A panel of four researchers from across Canada who had significant expertise in ethics and/or in ethics research and in test construction agreed to give critical feedback on the various stages involved in the construction of the questionnaire. The initial questionnaire consisted of four scenarios. During this process the questionnaire went through various changes, one of which was reducing four scenarios to two, and finally to one of the two scenarios.

Within the scenarios, counsellors had to respond to ethically multifaceted situations during the course of several counselling sessions with a client. The collaborative process with the expert panel allowed us to create lifelike situations, which represented identifiable and familiar situations to counsellor participants. The final version of the questionnaire combined aspects of previous versions, and allowed us to assess counsellors' choices and processes as they read through the case scenarios. This version, using a single text box at multiple points throughout the scenario, allowed counsellors to record their own thoughts and impressions as they read through each segment of the scenario.

PILOT

Four practicing counsellors, each with more than five years of counselling experience, volunteered to pilot the questionnaire containing both of the selected scenarios. We considered feedback from this pilot to make changes that corresponded to the purpose of the research. There was consensus among pilot counsellors that the questionnaire was too long, taking more than two hours to complete. Subsequently, we shortened the questionnaire to 45 minutes to one hour by giving each participant only one scenario (of the two that were presented in the pilot). The pilot counsellors confirmed that the scenario was professionally lifelike.

Participants

Initially, 45 counsellors volunteered for this research. They responded to a request sent out by the CCPA's electronic mailing list. The CCPA is the national membership association for counsellors practicing in Canada. They were told they would receive one continuing education hour from CCPA for completing the online questionnaire. Given the qualitative approach of our research, we believe the number of counsellors who responded provided enough information to describe the phenomenon under investigation. Of the 45 counsellors choosing to begin the online process, 18 did not complete the questionnaire beyond the demographic information and were dropped from our analysis. Frith and Gleeson (2012) indicate that the lengthy process of answering an in-depth questionnaire can lead to participant withdrawal.

Of the 27 counsellors who completed the questionnaire, 21 self-identified as female, 4 as male, 1 as other, and 1 did not specify. Counsellors ranged in age across the professional lifespan, with 6 in their twenties, 3 in their thirties, 7 in their forties, 6 in their fifties, and 5 who were 60 or older. Geographically, 12 counsellors were from Ontario; 3 from British Columbia; 2 from each of Alberta, Nova Scotia, and the Yukon Territories; 1 from each of the Northwest Territories, Prince Edward Island, and Quebec; and 3 did not identify their province.

The majority of counsellors ($n = 24$) were master's level educated, 1 was educated at the certificate or diploma level, 1 at the doctoral level, and 1 at the bachelor's level. Twenty of the counsellors have been in counselling practice for three years or more. Those who completed the survey also had varying areas of counselling practice: 8 counsellors worked in private practice, 10 in agencies, and

9 in educational settings such as a high school, college, or university. It is worth noting that 8 respondents identified two or three practice areas to describe their work as contrasted with 19 counsellors who noted only a single area of practice.

Survey participants reported different sorts or sources of training in ethics. Eighty-five percent (23 participants) reported having had more than one kind of ethics training including workshops, class discussions, courses at the master's and bachelor's level, self-study, and group study. Eighty-one percent of the counsellors (22 participants) were currently receiving some type of formal supervision.

Scenario

The scenario given to participating counsellors describes Molly, a 15-year-old female, experiencing nightmares and poor appetite, referred for counselling by her mother and school counsellor. Initially claiming that she is agreeing to receive counselling to keep peace at home, Molly discloses that her best friend Aggie, a similarly aged female, often forcefully restrains her during play wrestling. As their friendship declines, the best friend threatens to tell Molly's mother about sexual intimacy they've engaged in. Further, Molly has experimented with both drugs and sex with Jack, a 25-year-old male she met in an online chat room. Molly reaches a point where she says she feels overwhelmed, has no options, and feels she would be better off dead or disappeared.

In the online questionnaire, the following instructions were given to all participants:

The scenario below describes situations and circumstances sometimes encountered by counsellors. We would like you to assume the role of counsellor for the scenario, and to answer the questions that are presented to the best of your ability given the limited contextual information with which you are provided. This scenario does not necessarily present ethical dilemmas, but contain Ethical (Discernment) Points (EDP), where you, as counsellor, have to decide what you should or would do next. In sum, we are seeking to understand the various contexts of your decision making: WHERE decision points are, WHEN decisions are made, HOW they are made, and WHY they are made when they are made.

The presentation of the scenario was divided into four segments, with each subsequent segment containing information that was unavailable in the previous segment. Segment 1 incorporates information from counselling sessions 1 and 2 with Molly; Segment 2 describes counselling session 3; Segment 3 describes counselling session 4; and Segment 4 describes a telephone message from Molly prior to the fifth counselling session. In addition to adding further information for the counsellor, each segment increases the complexity and possible choices available to the counsellor. Directions given to the counsellors were constructed so as not to prompt them or influence them to answer in any particular way. Specifically:

Placing yourself in the scenario below as the counsellor for Molly, we would like you to monitor and reflect upon your thoughts, feelings, and emotional re-

sponses to the sessions with her as they unfold. We also ask that you reflect upon any action you might take or dialogue/conversations that you might have with others; the point at which you take any action; and what informed your decision to take this action. We have inserted blank comment boxes for you to keep track of any internal dialogue and thoughts related to these reflections as you proceed through Molly's account of her difficulties. Using the comment boxes will help you better answer the questions posed at the end, but it will also help us understand how you approach Ethical (Discernment) Points as a counsellor.

RESULTS

We asked two questions in this research: "How do counsellors navigate EDPs in counselling practice?" and "To what degree do counsellors engage in dialogue and conversation when faced with EDPs?" Four themes emerged through the data analysis, which we labelled as (a) *Hypothesizing/Assessing/Identifying Issues and Interventions*, (b) *Relationship/Therapeutic Alliance*, (c) *Therapeutic Tensions*, and (d) *Ethical Concerns (Safety/Risk/Harm)*.

Counsellors' responses were analyzed individually by four researchers in order to articulate a number of broad themes. A second review was undertaken to assign responses to the identified thematic areas. A further review by the researchers served the purpose of increasing the reliability of the identification of themes and of the assignment of responses to the various thematic categories. Consistent with a social constructivist perspective, all researchers engaged in dialogue that led to agreement upon emergent themes and upon the assignment of responses to the thematic categories.

Theme A (Hypothesizing/Assessing/Identifying Issues and Interventions)

Counsellors tried to conceptualize the problem and issues, and talked about possible strategies and interventions. Counsellors, understandably, wanted to grasp an understanding of the client's experience, and needed to discern how they might be helpful. In this instance, they speculated about the case, identified issues, and set goals and interventions for Molly and others involved in Molly's case. They also discussed identifying and assessing the problem as presented, and set out their plan of action. Responses included an introspective approach to planning how to proceed. For example, a number of counsellors began by focusing on Molly's relationships with her mother and others. One commented, "My initial concern is in the mother's lack of interest in feedback on how her daughter is doing and/or progressing," while others wondered and speculated, "What is her relationship like with her mother? Her father? Siblings? Other friends at school?" and "Why does she maintain a relationship with this friend? Why is Aggie important to her?"

Given Molly's age of 15 years, many counsellors zeroed in on the possibility of abuse, and several counsellors immediately assessed possible harm: "I have distinct concerns that Molly is being physically, mentally, and emotionally abused by Aggie." They expressed unease about the effect of possible abuse or bullying and

described possible interventions. Implicit in their responses were their attempts to understand the effect and “toll” on Molly.

Counsellors approached the possibility of consultation only after questioning and identifying possible harm. Some counsellors identified their concern of “suicide risk” and felt a need for further assessment of symptomatic behaviour: “Screen for disordered eating patterns by Molly.” Counsellors expressed some uncertainty with respect to the age of the male friend and their legal responsibility to report to authorities.

Theme B (Relationship/Therapeutic Alliance)

Counsellors expressed concern about rapport and bonding with the client. They wrote that they worried they might damage their relationship with Molly if at some point they might have to “betray her trust and make a report to authorities and/or her mother.” From the beginning, counsellors focused on establishing a positive relationship with Molly, their ethical obligation to keep her safe, a desire to help her, and their feelings of compassion and empathy for her. Some wanted to act as “advocate” to help Molly. In their early impressions, participants wrote about an “unease,” expressed by one as the “knot in my stomach.” Again, participants expressed an overarching uncertainty or fear of losing client trust: “I feel nervous about being direct with Molly and that she may decide to stop working with me.”

Theme C (Therapeutic Tensions)

Participants experienced creative tension as they worked through emerging issues in the scenario with the limited information provided as the narrative unfolded. Most participants reported being a bit fearful and commented on their unease and confusion as to how they ought to proceed with Molly. For example, they focused on Molly’s age: is she a confused teenager? Should they include her mother in the counselling? This might be reflective of the relational aspects of counselling and the uncertainty arising from concerns Molly presents. As participants continued to give their thoughts and impressions about Molly, they expressed concern over the best way to proceed and the best process in which to engage the thought-provoking issues presented. Again, participants did not express consideration of collaboration with others until they began to contemplate suicide risk or safety issues.

Theme D (Ethical Concerns)

From the very beginning of this scenario, participants expressed ethical concerns about safety and risk of harm. Some wondered whether it was too early to take action, others wrote that they must take action right away, whereas the majority pinpointed safety as an issue but did not identify reporting to the authorities as an option at this time. With respect to ethical and legal obligations, participants gave mixed responses emanating mostly from uncertainty over the age at which to report possible abuse and whether the current situation warranted reporting to authorities.

As the scenario escalated, with more complex information presented to the counsellor, concern for ethical breaches, doing the right thing, and taking care that no harm came to Molly increased as did concern for the perceived duty to report and to follow the law: “I would want to confirm the age of consent in [Province]. This may be a case of statutory rape, in which case I would be obliged to report it (abuse of a minor); “[there is a] potential need to report and with legal issues arising”; “age of consent and sexual exploitation, criminal offence, legal obligations as a counsellor.” Though participants expressed heightened concern over issues of sexual exploitation, their responses varied in certainty regarding a definite course of action. Even midway through the scenario, only a few participants indicated they would consult with others on how to proceed or take action that would ultimately be in Molly’s best interest and safety: “My first thought is of Molly’s safety, and my second thought is that she is being preyed upon by Jack. I would need to discuss with my supervisor” and “At a minimum, I am thinking about creating a safety plan regarding Molly’s relationship with both Aggie and Jack.”

As the scenario continued to unfold and issues became potentially more serious, more participants affirmed a need for outside assistance—“I would be extremely concerned and phoning for help for Molly”—and focused on risk and safety—“Do I need to contact Molly’s mother to ensure her safety?” A growing sense of urgency emerged for participants, who wrote they wanted to take action.

Many quotations reflected the dominance of this theme, but the following captured the essence of what the majority of participants expressed at this point: “At this stage I think Molly is in danger of self harm, I will need to breach confidentiality”; “I’d be bringing Molly to the emergency room”; “I [would] call the hospital and the police.” Those who would have taken action earlier expressed this adamantly: “I would not have let this go this far”; “I would have dealt with the issues long before now. Things would either be out in the open or Molly would be in a group home.” Again, participants provided mixed but minimal responses as to whether they would consult with others, such as supervisors or other colleagues.

Navigating Ethical Discernment Points

Counsellors participating in this investigation report feeling a lot of tension, agitation, anxiety, and indecision. Many indicated that they were uncertain about how to proceed with Molly. They expressed fear that the situation could escalate, putting Molly at further risk. As counsellors, how can, or should, they deal with someone where harm is possible but not imminent? They say they worry about the inclusion of others, fearing a risk to their relationship with Molly. They questioned the degree to which a 15-year-old can make informed decisions about her own well-being versus including a parent, and they questioned their own duty of care. Some participants did not feel competent enough to deal with “these issues and the age of this person.” There was a sense of urgency to take some action to protect Molly but also to protect the relationship as well.

Barnett (2001) aptly suggested that ethical decision making is “a complex process affected by personal, situational, and issue-related factors” (p. 1055). The

information presented in the current investigation results in tension and some trepidation for participants. They expressed their concerns and were apprehensive about how to proceed. When faced with a case like Molly's, with its inherent multifaceted ethical quandaries, participants' responses indicated a "gut reaction" that all is not well and that this case will require extensive thought and possible outside intervention. Participants, who in retrospect said they would consult with others, especially with a supervisor if they had one, presented throughout the process as more internally oriented than relationally oriented in assessing how they ought to proceed.

Participants in this research reflected the importance that counsellors place on making informed ethical decisions. Evidence from the current scenario suggested that counsellors want to do the best thing. They primarily want to prevent harm to the client rather than protect themselves. They care and express it in many ways, the most important of which might be reflected in the vast majority of them wanting to include Molly's caregiver from the very beginning. Some want to inform others, such as other health professionals or the authorities, to get more help for Molly. They talk about protecting the relationship with Molly so they can help her.

We know that an ethical conundrum arises where there is conflict between ethical principles. Molly is 15 years old. Can she make her own decisions? They all care about how to proceed because they do not want to lose contact with Molly. This situation is evocative of a dilemma often confronted by counsellors when given the task of reporting possible harm. How does one balance the duty to protect with that of being available to help? There are arguments on both sides of this issue, with the profession appearing to lean in favour of reporting any likelihood of harm. Nonetheless, more than a few agonized over doing so. Such is the case in the current scenario. What is interesting is how quickly some counsellor participants will act individually while others will "think on it" for a long time or choose to consult others.

Does the duty to report prospective harm, which we suspect is strongly embedded into counsellors' psyches as demonstrating good counselling practices, provide counsellors with a reason to act unilaterally? Are cases of duty to report so clearly evident (possible versus probable) that one simply needs to pick up the phone and call an authority? The current investigation concludes that this is clearly not the case for most participants in our study and inconclusive for many others. Different participants have different criteria or different mindsets with respect to reporting. Some have low reporting thresholds and some have much higher reporting thresholds. We find it difficult to ascertain where the bar has to be in order for a counsellor to report possible harm. We can only observe that in the current scenario some are quick to want to report, some agonize over this issue and are more reflective, and some find solace in the fact they could seek help from another colleague or supervisor. In all cases, there is a discrepancy between how participants respond throughout the scenario and what they say in retrospect.

In the midst of the scenario, it appears that participants in this study would not engage in dialogue with others when faced with EDPs, whereas in answers

given retrospectively, the majority of the participants indicated that they would have conferred with others. How they would act in other ethical situations is uncertain and requires further investigation. For example, if a counsellor engaged in a situation that became complicated because of dual or multiple relationship issues, would they proceed in consultation with others or “brave it out” and make decisions on their own?

In terms of process, participants tended to respond to the scenario in a way one would expect from professionally trained or educated counsellors. They focused on identifying the appropriate primary issues in the case that would allow them to proceed. They attempted to unravel the complexities of the case. They hypothesized what could be happening with Molly, and put forth various strategies and interventions they believed would be helpful. They expressed concern about, and sensitivity to, the counselling process and all the issues that might affect how the situation unfolds. They valued the relationship between counsellor and client and often wrestled with how to protect it when ethically challenging issues arise. They attended to important counselling issues as they navigated the complexities associated with various EDPs.

We began this investigation by asking how participants navigate ethical discernment points. What we have begun to uncover is that the activities that constitute this process are not akin to using a formula with precise measures of particular components in specific proportions, but more like drawing upon an old and treasured recipe that is meant to be tweaked and adjusted depending on many factors and influences. The process is less calculus than alchemy. It is a slightly mysterious process, infused with and attending to mind and body and spirit in both client and counsellor. It is listening to intuition and inspiration. It is discerning, and deciding, through conversation: dialogue with self and with others. It is a process of refining and distilling until something of greater value is created or revealed. In this case, what is created and revealed is often the way to go forward.

Dialogue and Consultation with Others

While responding to the scenario, some participants alluded to or were explicit about talking with others, but overall, many of them were silent on the issue of dialogue or consultation. Some participants wrote they would or might want to include the mother in a dialogue; some would talk with Molly in a collaborative manner in order to come up with solutions around issues they find ethically challenging; and some would dialogue with, consult with, or get supervision from supervisors. Though not part of the discernment of making ethical choices, some participants indicated they simply wanted to debrief—to talk about the strain they experienced when working with an ethically challenging case. Some also indicated they would talk to other counsellors, either as part of a peer supervision group or with individual colleagues.

There is an emerging focus on whether some dialogue, conversation, or consultation with others ought to occur. Some participants suggested a measure of doubt and unease with how they should proceed, which conceivably influenced

them to consult with others. The majority of participants, however, remained silent on whether they would dialogue with others despite concerns that they wrote they had about this case. For example, one counsellor wrote, "I would also want to consult with my peers at work to confirm that it is OK to not report the marijuana use as well as about the question regarding age of consent for sex with minors," whereas another would simply report the situation but not consult: "I would inform my manager of the situation and report Molly having sex with a 25-year-old named Jack, and include his providing her with marijuana." Uncertainty on the part of some participants existed, as reflected in this comment: "Part of me really wants to step in and report Jack to the police for having sex with a minor. I think I would consult my ethics code and if possible a colleague during the session." Other participants reported that they would gather external information, and consult "with RCMP and/or social worker and/or the school counsellor about Jack to see if he is a known suspect or offender and get him on people's radar."

The urgency of the situation is palpable in participants' comments as the scenario unfolded. They wanted to protect Molly and ethically "do the right thing" and, although only a few participants reported that they would seek help in this hypothetical situation, more of them believed they needed to take action, including consulting and talking with others: "I would talk to Molly about the option of a mother-daughter session to help her communicate some of her fears"; "I would need to consult with my peers again as I assess the actions of Jack to be endangering a minor"; "I would have had guidance from my supervisor by now on how to treat this case re police"; "I want to seek supervision with this client BEFORE the client leaves my office."

After completing their responses to the scenario as it unfolded, participants responded to a reflective question concerning their dialogue and conversations with others. Though there is only minimal evidence to suggest that dialogue and consultation with others would be part of the process during their actual step-by-step engagement with the scenario, participants, when asked directly, overwhelmingly declared they *would* consult and have conversations with others if they had a case similar to Molly.

Some say they would talk to supervisors and then rely upon their own personal judgement: "I would discuss the case with my supervisor but that would only be a formality"; "I would have spoken to supervisors one-on-one as well as a counselling team (meeting). I would see what others thought from early on, although I would not stall on action." Others, in the absence of supervisors, would consult with peers, often people they know well and who are experienced: "Definitely I would consult with experienced peers at the second or third session when the context of the relationship with Aggie became clearer"; "I would talk to a peer to keep me focused on both the seriousness of Molly's emotional, physical, mental state and the importance of Molly taking responsibility for her own actions." Others discussed speaking to colleagues and their supervisor: "I would consult with my colleagues around what my duty to keep Molly safe is, and how to balance this

with the need to maintain confidentiality and preserve the relationship. Would also consult with supervisor about next steps.”

As noted above, many participants indicated in retrospect they would have consulted early in the case, suggesting that engaging with others for advice and support is normally an important part of their discernment process: “After the second session, I would be asking my peers for assistance in determining whether or not I had to report what was going on”; “I would want input from my peers to assist me in finding a way to reach Molly.” Participants reported or alluded to maintaining a therapeutic relationship with Molly as a primary motive for consultation, as is ascertaining their legal obligations: “I would consult my counselling colleagues to determine whether they thought a break of confidentiality was required and how they thought I might be able to explain this to and reassure Molly.”

CONCLUSION

Canadian researchers Fine and Team (2009) conducted qualitative research with social workers in an attempt to address what they and others saw as “a need for more systemic and systematic in-depth research and knowledge regarding ethical dilemmas” (p. 64). It is interesting to note that they saw little in their study “to suggest that discourse-based ethics is prevalent” (p. 74), but believe that this is one area that future research needs to explore, given that the ethical decision-making process ought to involve “thorough processes of consultation with relevant stakeholders” (p. 74), including clients. The current research concludes that dialogue and discernment, though evident, is not prevalent, at least not in the current sample. Within the process of conceptualizing a specific case, participants tend to rely mainly on their own clinical experience and their own reflection, rather than engaging in dialogue with others. There is urgency to take action. The participants in this study mainly came to their own conclusions about the case, and consulted with others once they had concluded how to proceed. There is evidence, however, to suggest that the participants believed it was important to consult others much earlier in the process as suggested by their responses to the follow-up questions.

So what is to be made of the inconsistency between what participants say they would or should do, and what it appears they actually would have done if faced with a scenario similar to the one presented? During the presentation of the scenario, participants generally did not identify dialogue as an important component of what they would do. However, while responding to follow-up questions, participants typically said they would engage in dialogue and that they would consult. The follow-up queried participants about dialogue, whereas, during the hypothetical but “realistic” scenario, participants had to react/respond to an immediate situation without cues as to how they might go about responding.

While the first author was in Scotland in the course of developing the current research, the questionnaire and initial draft of the current article were reviewed by and discussed with counselling and psychotherapy researchers. The main response given was similar to the following paraphrase: “Why are you doing this? Here in

Scotland, every counsellor would do the same thing. They would discuss it with their supervisor!” In a country where supervision is part of the counselling and psychotherapy culture, conversation and dialogue appear to be a taken-for-granted part of the profession. In Canada, supervision is too often still seen as part of the rite of passage into independent practice. Viewing continuing, career-long supervision as valuable in and of itself is not yet fully integrated into the counselling culture in Canada. As well, or perhaps consequently, there is a lack of qualified and available supervisors. This is beginning to change in Canada, and as it does, we believe counsellors will engage in more dialogue and conversation in their discernment process.

As a result of the current investigation, we raise a question that might be at the heart of how counsellors approach EDPs. It is this: To what degree do counsellor educators, workshop presenters, and others engaged in ethics training focus on dialogue as an important part of ethical discernment? The ethical decision-making model in the CCPA *Code* suggests that counsellors should talk to someone before proceeding with a decision. This is a step in the process, not the main component of the process. As indicated earlier, professionals like us, who think and act like us, constructed our *Code*. And yet, many counsellors refer to it or treat it as if it were a canonical template, a prescriptive document for how to act ethically.

Fine and Team (2009) encouraged educators and professional associations to participate in dialogue surrounding codes of ethics, and suggest that this could lead to an ethical decision-making process that considers more of an integration of virtue- and principle-based ethics. Meara, Schmidt, and Day (1996) argued that an integrated approach involving careful consideration of both principle and virtue ethics can assist professionals in making better ethical decisions. If we accept an integrative use of virtue and principle ethics, we might conclude that it is vital that counsellors focus more on dialogue with others; that dialogue in community/relationship is the intersection of virtues and principles and an integral, even essential, component of the alchemy that aims to engage body, mind, and spirit in the process of determining how best to proceed in given circumstances.

The current investigation, while focused broadly on the Canadian context, is but a small snapshot with a specific scenario, and, given the small sample size, we know this is not generalizable to all counsellors—more research needs to be done in this area. We do not know how Molly’s age, gender, or sexuality influenced the process—did it make the decision making more or less objective/subjective? How would proffering different EDPs affect how participants might respond? EDPs around dual or multiple relationships might correlate with a sense that dialogue is needed, whereas client safety might appear to be clearer to participants and might be more suited to an intrapsychic process.

Our research allowed us engage in a dialogue with a small but diverse group of Canadian counsellors. Using an online questionnaire limited the degree to which these participants could respond by typing in their answers. They could not be asked to expound on their answers. Furthermore, participants did not respond to their own scenario but to one that was created for them. In their own contexts,

they might respond differently. Individual interviews as well as asking participants to reflect from their own experience would be logical next steps in this process. An emerging requirement in Canada is counsellor supervision. A closer look at the counsellor-supervisor relationship and ethical discernment is recommended. Finally, there are implications for counsellor education. Our research suggests that greater attention be given to the discernment process, especially to relational activities such as dialogue when counsellors engage in their work. Dialogue is not a discreet event but is a process that needs more consideration in ethics education.

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