

RURAL COUNSELLOR COMPETENCY MANUAL

AVRIL SYMINGTON

B.A.(Psychology), University of Calgary, 1992

A Project
Submitted to the School of Graduate Studies
of the University of Lethbridge
in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF COUNSELLING

LETHBRIDGE, ALBERTA

December, 2008

Dedication

To my husband Johan, my daughters Kai and Talia, and my mom Anne for bringing me into the sunshine ☺

Abstract

Unique ethical and social challenges impact counsellor competence in rural communities where there is limited access to supervision, colleagues, and professional development. In the rural context geographical isolation, small populations, and limited counselling resources contribute to ethical issues for counsellors related to dual relationships, professional isolation, and generalist counselling practice. This manual provides a review of literature regarding rural counselling issues, ethical considerations, and counselling competence. The literature is consolidated as considerations and recommendations for beginning rural counsellors. A brief resource list of counselling-related associations in British Columbia is included to promote awareness of ethical codes and practice standards. The manual is intended to broaden understanding of rural counselling issues, and the supports and information rural counsellors need to ensure that the client's best interests are competently met.

Acknowledgements

I would like to thank my family and friends for believing in me and providing the support needed to bring this project to fruition. I am grateful to Dr. Noella Piquette-Tomei for her intelligence, humor, and graciousness. Big hugs to Marilyn Nelson, my dear friend and ruthless editor, who challenged me in the good way. I greatly appreciate my clinical supervisor Janice Souza who sheltered me professionally so that I could attain my goals. I also want to thank Roberta Neault, Ph.D. who fanned the spark that brought this project alive.

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Chapter I: Introduction

Problem Statement

In British Columbia, there are many small communities and rural areas located a significant geographical distance from larger urban centers. Counsellors practicing in small rural or remote communities find themselves within a distinct culture shaped by geographical isolation, rural values, and limited resources. Thus, unique ethical issues related to dual relationships, confidentiality, lack of privacy, professional isolation, and engagement in generalist counselling arise in the rural counselling context. These ethical issues can impact counsellor competence; particularly for beginning counsellors with limited experience in ethical decision-making. However, even for experienced counsellors who are governed by the British Columbia Association of Clinical Counsellors (BCACC) Code of Ethical Conduct, or the Canadian Counselling Association (CCA) Code of Ethics, urban developed guidelines are not easily generalized to the unique social realities of living and working rurally. Awareness of rural counselling issues and the flexible application of ethical principles in decision-making can assist with competent rural counselling practice.

Rationale for the Project

There has been a limited amount of research and literature that has addressed rural counselling issues (Harowski, Turner, Levine, Shank, & Leichter, 2006; Smith, 2003; Warner, Monaghan-Geernaert, Battaglia, Brems, Johnson, & Roberts, 2005). However, the research conducted has indicated that the distinct features of rural communities have posed unique social and ethical challenges for counsellors. These challenges have not been widely acknowledged or discussed. Shank (1998) has speculated that this is perhaps a result of rural counsellors' concern for potential criticism from urban counsellors. For example, the

decisions made by rural counsellors related to scope of practice or professional boundaries may have appeared unethical relative to urban practice guidelines (Campbell & Gordon, 2003). Urban counsellors, however, have not experienced the extent of dual and overlapping relationships, professional isolation, and the necessity of generalist counselling practice that rural counsellors have faced. Therefore, the relevance of practice guidelines has differed based on the context, and what may have been perceived as ethically suspect in the urban context has been practical and necessary in the rural context.

Large urban centers have had the physical size and population that have minimized the likelihood of encounters between counsellors and clients in social and other business or professional contexts. Urban counsellors have generally experienced significantly more anonymity than rural counsellors and have drawn from a much larger pool of clients (Coyle, 1999; Warner, Monaghan-Geernaert, Battaglia, Brems, Johnson & Roberts, 2005). As a result it has been less likely for urban counsellors to interact with clients outside the counsellor-client relationship. While urban counsellors have expected and easily maintained separation between personal and professional roles (Schank and Skovholt, 1997), rural counsellors have encountered clients in social situations such as dinner parties, and have provided counselling services to teachers, shopkeepers, and medical professionals known to them in the community. It has been difficult in small rural communities for counsellors to keep their professional and private lives separate (Breen & Drew, 2005; Coyle, 1999; Schank, 1998).

Limited resources and a paucity of counselling services have characterized the rural context (Breen & Drew, 2005; Coyle, 1999; Helbok, 2003; Roberts, Battaglia, & Epstein, 1999; Smith, 2005). Rural counsellors have not necessarily had colleagues from the same

profession to consult with or the same types of professional development opportunities that their urban peers have had access to within a larger population base (Coyle, 1999; Hargrove, 1986; Harowski, Turner, Levine, Shank, & Leichter, 2006; Helbok, 2003, Schank, 1998; Smith, 2003). Opportunities to specialize have also been more available to urban counsellors. Rural counsellors have been less likely to limit their scope of service to specific presenting issues, such as addictions, or to a limited age range, such as only seeing adults (Harowski et al., 2006; Smith, 2003). Rural counsellors have often offered generalist counselling services, rather than specializing, because there have not been other counselling options for clients (Hargrove, 1986; Helbok, 2003, Schank, 1998; Smith, 2003).

Ethically competent practice in the rural context has not been adequately defined by urban ethical standards (Shank & Skovholt, 1997; Schank, 1998). Rural counsellors, more so than their urban counterparts, have had to creatively compensate for their professional isolation, and at times have adapted ethical guidelines to the reality of rural practice. In order to protect the best interests of clients and work ethically and competently, rural counsellors have been obliged to have a working knowledge of ethical guidelines informed by the issues and practice considerations unique to the rural context.

The development of a practice considerations and resource manual for ethical counselling practice in small rural communities can assist in enhancing professional competence. This can be particularly true for beginning counsellors who lack graduate training or who are not regulated by a professional body with a code of ethics. In addition, the benefits of such a manual can be extended to counselling agency boards and their directors who make ethical decisions and support employees faced with ethical dilemmas common to rural counselling practice. The competency based practice considerations and

resource manual for rural community counsellors has been developed to increase awareness of rural counselling issues and the resources that support ethics knowledge and professional competence. The goal of the researcher has been to support professional counselling practice in rural communities for the benefit of counsellors, agency directors and board members, and most importantly, the clients they serve.

Overview of the Project

The intent of this researcher is to provide beginning rural counsellors with a resource manual that offers information, recommendations, and a means of identifying professional counselling associations and supervisory bodies in the province of British Columbia. Beginning rural counsellors experience both the rewards and challenges of working in the rural context. Unfortunately, many of them come to the rural context ill-prepared for working as generalist counsellors; with few colleagues, infrequent supervision, and limited counselling resources and professional development opportunities. All these factors can impact counselling competence. Promoting awareness of ethically competent rural practice can broader understanding of rural counselling issues and the supports and information counsellors need to ensure that the client's best interests are competently met.

This Campus Alberta Applied Psychology (CAAP) final project is divided into six chapters. Throughout the manual, both the British Columbia Association of Clinical Counsellors (BCACC) Code of Ethical Conduct and the Canadian Counselling Association (CCA) Code of Ethics are referred to as the relevant ethical practice guidelines, as they are the two regulating professional bodies for clinical counsellors in British Columbia. Following the introductory chapter, the next two chapters comprise a literature review. In chapter two, the researcher identifies and discusses rural counselling issues and ethical considerations.

This chapter addresses the rural counselling context and begins with a rationale for the province of British Columbia being a relevant context for the consideration of rural counselling issues. A more general description of the rural milieu is then presented based on counselling literature. A working definition of rural community counselling is provided, and the general rewards and challenges of rural counselling are identified. There follows the primary focus of the chapter; an overview of rural counselling issues and ethical considerations in rural counselling. The second chapter is concluded with a discussion of ethical codes and ethical decision making in the rural context.

The third chapter is a review of literature focused on the ethical issue of competence in rural counselling. First, counselling competence is defined and elaborated upon, based on the four key contributing factors: training, ethics knowledge, supervised experience, and personal awareness. Rural counselling and clinical competence are then presented with emphasis on the challenges of working within the boundaries of competence in a context where a generalist counselling approach is the norm. The following section elaborates on multicultural competence in the rural context, with a focus on cultural self awareness, cultural awareness of the client, and the culturally sensitive working alliance. A brief summary concludes the literature review section of the manual.

The fourth chapter is dedicated to considerations and recommendations for beginning rural counsellors for the promotion of counselling competence. The chapter is divided into three sections: counselling and the rural context, professional isolation, and boundaries and dual relationships. For each section, the topic is introduced and then scenarios are presented and elaborated upon through the weaving together of relevant considerations and

recommendations. The chapter closes with some general concluding thoughts, and a brief consideration of limiting self-disclosure as a means for counsellors to protect their privacy.

The fifth chapter of the project is a brief resource list of professional associations in British Columbia that provide information on ethics and practice standards related to counselling. The sixth chapter is a short summary chapter specifying who this manual is intended to help and how it might be put to use.

Chapter II: The Rural Counselling Context

Rural British Columbia

The province of British Columbia has a combination of mountainous, arid, and coastal geography. The population is highly concentrated in Vancouver and the surrounding area (British Columbia Statistics (BC Stats), 2007), but there are also many small, dispersed communities. A precise definition of rural or non-urban has been difficult to establish (Hargrove, 1986; Harowski et al., 2006; Helbok, 2003). BC Stats (2007), has defined rural as a population of under 1000 with no fewer than 400 persons per square kilometer. In Canada, the primary factors for defining rural have been a limited access to goods and services due to distance, and a limited capacity to offer goods and services due to low population density (du Plessis, Beshiri, Bollman, & Clemenson, 2002). There are many small communities throughout British Columbia, such as those in the interior, island, and northern regions. Within these areas there are 94 municipalities that have populations of less than 6000 inhabitants (BC Stats, 2007). These communities are located a significant traveling distance from the larger urban centers that have the population and resources to provide a broad range of counselling services. Although population and distance between communities or to large urban centers are often used to define 'rural', these definitions are too limiting to accurately

reflect the unique experience of rural living. Therefore, for the purpose of this final project, rural refers to small communities or municipalities in British Columbia with a population of 6000 or less that are located outside of larger urban areas, and where access to goods and services are limited.

The Rural Milieu

The uniqueness of rural life has not only been derived from low population density and geographic distance from large urban centers, but also from the values, characteristics, and needs of those who have chosen or have been required to live a rural lifestyle. The common characteristics that distinguish rural communities have resulted from the interaction of “several sociological, cultural, economic, and political factors” (Campbell & Gordon, 2003, p. 431). These common characteristics have included long-term relationships amongst inhabitants that have resulted in detailed knowledge of each other in family, social, and historical contexts; firmly established community norms, value systems, and power structures; less mobility and an increased likelihood that people are long-term residents; problems as the domain of the individual, family or church; distrust of outsiders; and expected multiple and overlapping relationships (Brownlee, 1996; Campbell & Gordon, 2003; Coyle, 1999; Erickson, 2001; Harowski et al., 2006). Dependence on the land and a limited scope of work opportunities have also been features of rural life.

Despite these commonalities, it has not been accurate to describe rural inhabitants as a homogeneous population in terms of ethnicity and other cultural factors. For example, many First Nations people have continued to live in rural areas (Schank, 1998). Researchers have also indicated that more women, elderly, and impoverished people (Albrecht, Clark, & Miller, 1998; Harowski et al., 2006), and higher numbers of disabled people (Helbok, 2003)

live in rural areas when compared to urban areas. In addition, there has been an increasing ethnically diverse population, with more immigrants leaving the larger cities for smaller rural communities (Horowski et al., 2006). As in urban areas, these individuals have often had unique needs, values, and issues that have required cultural sensitivity and consideration within the unique rural socio-cultural context.

Defining Rural Community Counselling

Recently, researchers, educators, and service providers in the counselling field have directed their attention toward the distinctive features of rural counselling practice and the inherent concerns for counsellors associated with living and working in a small community setting. In the rural context, community counsellors have had varied levels of training and experience. Individuals have been hired with training from certificate, diploma, and degree programs in the disciplines of psychology, counselling, and social work. Community agencies have hired individuals for specific counselling positions and then adapted the position to meet the needs of the community. In these circumstances, counsellors have found themselves expanding their counselling role to take on responsibilities that are outside their training and expertise. In addition, rural community counsellors have not necessarily received regular clinical supervision from a more experienced counsellor. Independence and self-direction have often been requisite skill-sets to meet client needs.

Rewards and Challenges of Rural Counselling

The research on rural counselling has helped to promote understanding of the unique needs and social realities of those living and working in small geographically isolated communities. This research has also helped identify the rewards and challenges for individuals who have considered a career in, or who are new to, rural counselling. The

natural environment, the quality of relationships, and the experience of being part of the fabric of a community have been some of the lifestyle advantages that have drawn counsellors toward rural practice (Breen & Drew, 2005; Schank & Skovholt, 2006). Natural supports (Warner et al., 2005, p. 31) and kinship ties (Campbell & Gordon, 2003, p. 431; Erickson, 2001) have been part of the strength of rural communities, which reflect strong bonds based on family, church, and multi-generational community relationships. Being a valued part of a close-knit community has held significant meaning for counsellors both personally and professionally.

In terms of professional rewards, rural diversity has provided a unique opportunity for counsellors to develop skills in working with a range of people (Casey, 2007). In addition, rural counsellors have had the opportunity to creatively adapt urban developed programs and service delivery models to meet needs within their unique community context. Variety in their work, the chance to be innovative, enjoyment of the natural environment, and the provision of a meaningful service in the community are some of the rewards rural counsellors have enjoyed.

However compelling the rewards of rural counselling have been, rural counsellors have also faced challenges. Dependence on weather and the natural environment, and limited resources have been stressors associated with rural living. Travel and transportation have also been issues in the rural context, where there is little to no public transportation (Warner, Monaghan-Greernaert, Battaglia, Brems, Johnson, & Roberts, 2005). While rural stressors have influenced the need for counselling, transportation issues have impacted on access.

An additional challenge for rural counsellors has been that the profession of counselling has not been normalized. Counselling has not typically been accessed even when

available (Roufeil & Lipzker, 2007). Political, social, and religious conservatism have been associated with rural culture, and mental health issues have traditionally been kept within the domain of the family and church (Coyle, 1999). Consequently, there has been risk of stigma within the community for those who have sought counselling (McGovern & Hodgins, 2007). Furthermore, “the self-sufficiency thought to be characteristic of rural communities and the strict boundaries on self-disclosure that rural people display...can pose problems in help seeking” (Roufeil & Lipzker, 2007, Dealing with rural people section, ¶ 1). For those counsellors who have successfully engaged clients in counselling, additional issues have arisen that are inherent to the rural context.

An Overview of Rural Counselling Issues

Geographical isolation, rural values, and limited resources have contributed to practice issues for rural counsellors. Four practice issues that have appeared most problematic include boundaries and dual relationships, lack of privacy, professional isolation, and engagement in general counselling (Breen & Drew, 2005; Campbell & Gordon, 2003; De Las Fuentes, Willmuth, & Yarrow, 2005; Faulkner & Faulkner, 1997; Harowski, Turner, Levine, Schank, & Leichter, 2006; Helbok 2003; Schank, 1998; Shank & Skovholt, 1997, 2006). These issues have contributed to ethical dilemmas for counsellors, as they have caused uncertainty in professional judgment and conflicts among values, principles, and obligations.

Boundaries and Dual Relationships

A common ethical dilemma that rural counsellors have faced is related to boundary issues. Dual or overlapping relationships have been described as those in which an individual holds a professional role as well as another role such as a friend, student, or business partner

simultaneously with another individual (Gottlieb, 1993). These have been the norm rather than the exception for rural counsellors (Breen & Drew, 2005; Harowski et al., 2005; Perkins, Hudson, Gray, & Stewart, 1998; Schank, 1998). Rural counsellors and clients have often shared community and social activities, and interaction in the context of community businesses has been inevitable. These encounters have posed difficulty for both counsellors and clients alike, as there has been no standardized protocol for how to handle social or business encounters where roles overlap. In order to avoid dual relationships, some rural counsellors have limited their friendships and social relationships (Coyle, 1999; Faulkner & Faulkner, 1997). When this has not been possible, they have faced the difficult decision of whether to provide services to people they know due to the lack of counselling alternatives. When counselling has been offered, overlapping professional and social roles have significantly impacted personal relationships because power and relationship dynamics have shifted (Coyle, 1999).

Another type of dual relationship has involved inter-agency contact and social relationships with other helping professionals, such as medical or educational service providers. Researchers have found that when helping professionals in small communities meet with each other, information sharing without client consent has occurred (Breen & Drew, 2005; Schank, 1998; Smith, 2003). Consequently, these dual relationships have had the potential to weaken the boundaries of confidentiality for clients in common.

Lack of Privacy

Rural counsellors have experienced a high degree of visibility in their home communities. As high profile members of the community, they have been “an object of much observation and discussion by other members of the community” (Coyle, 1999, Being a

psychological provider in a small community section, ¶ 1). It is likely that the resultant lack of privacy has caused such personal choices such as alcohol use or the spiritual practice of the counsellor to fall under public scrutiny. In addition, the social, family, and intimate relationships of rural counsellors have been evident within the community. In the rural context, “anonymity which facilitates boundary delineation often does not exist” (Nickel, 2004, p.19). Counsellors who have had children in the community have often worked with their own child’s peers. They may have also worked with individuals who have relationships with their spouse or friends. Multiple and overlapping relationships have resulted from this web of contact that have been difficult to navigate for rural counsellors and their family and friends. For rural counsellors, maintaining a boundary between public life and private life has proven difficult, and has required that counsellors be both mindful and intentional in all interpersonal interaction.

Lack of privacy in rural communities has also impacted clients. Individuals have felt stigmatized entering a counsellor’s office (Roufeil & Lipzker, 2007; Warner et al., 2005). Clients have also felt the discomfort of seeing their counsellor out in the community. This visibility has factored into increased concerns about confidentiality, and may have limited client disclosure (Coyle, 1997; Warner et al., 2005). In some cases, this concern of public exposure has invariably impacted the efficacy of the client-counsellor relationship.

Professional Isolation

Rural counsellors have experienced significant professional isolation (Breen & Drew, 2005; Harowski et al., 2005; Helbok, 2003; Schank and Skovholt, 2006; Smith, 2005). Schank and Skovholt (2006) have specified that this “isolation can be geographical, cultural, professional, educational, or medical” (p. 68). Rural counsellors have typically worked

independently, isolated from the colleagues, resources, activities, and services available to them when they trained as counsellors. They have often been sole service providers in a geographically large catchment area, and at times have had to travel to meet with clients. Rural counsellors have had few colleagues and limited options for transferring clients when boundary issues have arisen, or when they have lacked the expertise to meet the needs of certain clients. In addition, opportunities for consultation with colleagues of the same profession and for clinical supervision have been limited. As a result, rural counsellors have had to make ethical decisions without input from colleagues or a supervisor. This aspect of rural practice isolation has been a concern for many counsellors (Breen & Drew, 2005; Helbok, 2003; Roberts, Battaglia, & Epstein, 1999; Smith, 2005).

Limited professional development opportunities have also been an outcome of rural isolation that has made it difficult for counsellors to stay current in practice standards and interventions. Rural counsellors have not necessarily had the same opportunities as urban counsellors to be trained in new interventions and techniques. The need for accessible professional development has been highlighted in the literature on rural counselling practice and has also been a consideration in the development of courses addressing the rural counselling context (Harowski et al., 2006; Johnson, Brems, Warner, & Roberts, 2006; Schank and Skovholt, 2006; Smith, 2005).

A Generalist Approach to Counselling

In the rural context, counsellors have often been required to practice as generalists due to limited professional resources (Hargrove, 1986; Helbok, 2003; Schank, 1998; Smith, 2003). Roberts, Battaglia, and Epstein (1999) have described generalists as “individuals without specialty training who function in expanded roles” (p. 500). Rural counsellors who

have worked as generalists have often been successful in flexibly and creatively use resources in the provision of effective and appropriate client service. However, generalist practice has contributed to the provision of services outside the boundaries of the counsellor's training and experience (Hargrove, 1986; Helbok, 2003; Schank, 1998; Smith, 2003). As a result, rural counsellors have found themselves compromised regarding the ethics of competent practice. For generalist counsellors, the distinct challenge has been the balancing of the need for competence in ethical practice, client's needs, and their own comfort level in stretching the scope of practice (Breen & Drew, 2005; Schank, 1998; Smith, 2003).

Ethical Codes and the Rural Context

Codes of ethics have provided counsellors with guidelines for professional conduct, and have been used in the process of decision-making when the most appropriate thing to do has not been abundantly clear. Researchers of rural counselling issues have criticized urban developed ethical codes for being too rigid and for not taking into account the uniqueness of the rural context (Shank, 1998). The issue of dual relationships is a primary example of when the interpretation and application of ethical codes has been problematic for rural counsellors.

Interpretation of Ethical Codes

The Canadian Counselling Association (CCA) developed a code of ethics to provide direction for counsellors in relation to client best interest, relationship integrity, and social responsibility. The BC Association of Clinical Counsellors (BCACC) has also developed a code of ethical conduct based on the principles of respect for the dignity and rights of the person, informed consent, competence, confidentiality, and integrity. Although there have been fundamental similarities between these two ethical codes, and those of other counselling

and psychological associations, how ethical principles are interpreted and applied has varied. When ethical principals have been applied in working through ethical dilemmas, counsellors have had to factor in subjective interpretation and individual circumstances and context.

In rural community counselling, the interpretation of ethical principles has differed based on the individual, agency, governing board, or funding bodies' perspectives (Campbell & Gordon, 2003; Hargrove, 1986). Rural counselling contextual factors such as limited resources and a limited scope of available services have also influenced how ethical principles are interpreted. This difference in interpretation has been highlighted in the research focused on rural counselling issues. Research that has informed the development of and training in ethical codes has predominantly derived from the urban population (Roufeil & Lipzker, 2007; Shank, 1998). Urban developed ethical policy has not generalized well to the rural context where dual relationships have been commonplace and resources have been limited due to the size of the community and the geographical distance from urban centers (Brownlee, 1996; Campbell & Gordon, 2003; Coyle, 1999; Roufeil & Lipzker, 2007; Shank, 1998). These features of the rural counselling context have resulted in ethical dilemmas, which arise due to uncertainty or conflicts among values, principles, and obligations. In the absence of awareness or consideration of rural ethical issues, urban-based ethical principles may be applied without sensitive consideration of the uniqueness of the rural counselling context. Researchers of rural counselling issues have used dual relationships as a primary example of the challenges of interpreting ethical codes in the rural context.

Dual Relationships

Dual relationships have been the most thoroughly researched rural ethical issue. Researchers of rural counselling boundary issues have used the American Psychological

Association (APA) Code of Ethics as an example of how codes have lacked clarity on the specific relationship characteristics that would be considered ethical (Brownlee, 1996; Campbell & Gordon, 2003; Coyle, 1999). The emphasis in ethical codes in general has been what to avoid rather than examples of ethical ways of managing dual or overlapping relationships. For example, the CCA (2000) ethical code has specified avoidance of dual relationships and has provided examples of the types of dual relationships to be avoided, such as overlapping social and business relationships. The BCACC (2007) code of ethical conduct has also specified that counsellors avoid or terminate dual relationships. These dual relationship guidelines have provided insufficient direction for counsellors in the rural context where it has been difficult, if not impossible, to avoid dual or overlapping relationships.

The prohibition against sexual involvement with clients has been one of the few clear guidelines regarding dual relationships (Coyle, 1999; Faulkner & Faulkner, 1997). The prohibition is based on the psychological harm done to clients who have been in the vulnerable position in therapeutic relationships. Sexual dual relationships have been characterized by a breach of trust where the counsellor has used power and influence to assert his or her needs at the expense of the client. However, the rule prohibiting sexual involvement with clients has done little to inform ethical practice when non-sexual dual relationships have occurred in the rural context. The concern raised in the research was that codes have identified the negative outcome of dual relationships, such as lack of counsellor effectiveness, loss of clinical objectivity, and client exploitation, rather than providing direction for the types of relationships or the relationship characteristics to strive for when dual relationships have been inevitable (Brownlee, 1996; Campbell & Gordon, 2003; Coyle,

1999; Faulkner & Faulkner, 1997). This has contributed to an ethical dilemma for rural counsellors who have had to regularly navigate social and business types of dual relationships.

Ethical Decision Making in the Rural Context

The Canadian Counselling Association (CCA) has provided a decision- making model that has been followed by counsellors faced with ethical dilemmas. This model was developed with six steps: First, counsellors have identified the key ethical issues of the situation. Second, the CCA code of ethics has then been consulted to see if the particular dilemma was addressed under one of the principles. If not, the counsellors continued to the next step Third, the moral and ethical principles related to the situation were examined. Fourth, the most important principle and relevant ethical articles were chosen, options and the risks and benefits of each were identified, information was gathered and consultation was engaged in, and the probable outcomes of the different identified options were considered. Fifth, subjective emotions were attended to as part of the decision making. Sixth and finally, an action plan was made, followed through on, evaluated, and if necessary, adapted (Schultz, 2000). The British Columbia Association of Clinical Counsellors (BCACC) has also included a similar but less defined ethical decision-making model in their code of ethical conduct.

In general, ethical decision-making models have been applicable to the rural counselling context. However, those counsellors who have not been certified through the CCA or registered with the BCACC or other professional associations may have not used ethical decision-making models in their work. The lack of familiarity with such models has likely impaired the ability of some rural counsellors to appropriately identify and effectively work through ethical dilemmas.

Ethical decision-making in the rural counselling context has required the integration of ethical principles as well as consideration of rural contextual and practical factors. Abstinence from dual relationships, for example, has lacked practicality in rural counselling, because counsellors and their clients have not typically been strangers. However, Campbell and Gordon (2003) have expressed concern that “minor boundary compromises lead to more substantial boundary violations” and have suggested that when faced with dual relationships, counsellors “take a worst case scenario approach to ethical decision making” (p. 433).

The ethical principals that have emphasized not working outside one’s area of expertise have also been difficult to follow, because rural counsellors have had to meet a broad range of client needs. Under such circumstances, rural counsellors have had to use their “own professional judgement as to what the most ethical choice may be” (Campbell & Gordon, 2003, p. 433). Contextual factors and practical considerations have had to be the mediating factors of professional judgement when ethical principals have not directly applied to rural counselling issues.

Additional considerations in ethical decision-making relevant to rural counselling have included issues of conflict of interest, power differential, client vulnerability, and harm to the professional relationship (Campbell & Gordon, 2003; Faulkner & Faulkner, 1997; Kitchener, 1998). In general, counsellors have been viewed as “experts” or “advisors”, a role that has held inherent power. This position of influence held by counsellors has coincided with an obligation to use this influence in the client’s best interest, particularly because those who have sought help have been, in effect, vulnerable. However, compared to urban areas, rural clients are more often in the position to provide goods and services to their counsellor.

Because of this, counsellors' own needs have come into play when multiple roles with clients have occurred. Rural counsellors have often had to assess potential conflict of interest, when both the counsellor and client have provided services to each other in different contexts. Part of this assessment has been recognition of a power differential and how it can shift when the goods or services provided by the client meet the counsellor's own needs.

Gottlieb (1993) recommended a decision-making process that assessed both the current and anticipated relationship in terms of power, relationship duration, and clarity of termination. In the rural context, where relationships have tended to be long term, transition in and out of the counselling relationship has had to be very explicit. Open-ended counselling relationships may be less appropriate rurally than in urban areas where there has been less likelihood of the counsellor and client having social and business contact with each other.

There have been many issues that have challenged rural counsellors practically and ethically. However, the issue of competence has been given the most consideration here, as in the absence of counselling competence, boundary issues, confidentiality issues, and other practice issues involving unethical conduct have been more likely to arise.

Chapter III: The Ethical Issue of Competence

Defining and Outlining Counselling Competence

In client-counsellor relationships, clients have been in the more vulnerable role and have thus placed their faith and trust in the counsellors' capabilities. It has been a client's right to receive high quality service provided by a competent counsellor (Pawlovich, 2000). Competence has been "the foundation of ethical practice" as evident in a counsellor "having the knowledge, skills, and abilities to adequately perform professional roles and the ability to recognize when one's knowledge, skills, and abilities are inadequate or impaired" (Kitchener

& Anderson, 2000, p.66). This perspective on competence has been broad enough to be inclusive of experience and personal awareness, as well as training.

Professionally responsible and ethical counsellors have maintained high standards of competence and have limited their practice to those areas that they have been trained or have had experience. Hargrove (1986) asserted, “a person’s credibility rides on his or her interpretation of these limits” (p.22). Counsellors who have misrepresented their qualifications have lacked credibility and have neglected their ethical responsibility to both the client and the profession.

The principle of competence in the BCACC (2007) Ethics Code and the principal of responsible caring in the CCA (2002) Ethics Code have reflected the expectation that the provision of client service be within the boundaries of competent practice. In the spirit of not willfully harming others, counsellors have been expected to recognize “boundaries of competencies and the limitations of their expertise”, disclose these limitations to the client, and seek consultation when they have been uncertain (CCA, 2002; Sinclair & Pettifor, 2001). In general, those who have drafted codes of ethics “rely on appropriate education and supervised experience to define competence, [however]...good education and credentials do not necessarily protect consumers from unethical activities or incompetent professionals” (Kitchener & Anderson, 2000, p.67). It appears from this perspective that training has been considered necessary, but not sufficient, to ensure competent practice. In the literature on counselling competence, the combination of training, ethics knowledge, supervised experience, and personal awareness have been identified as the foundation of counselling competence.

Training

In British Columbia, steps have recently been taken to standardize counsellor training and qualifications (Task Group for Counsellor Regulation in British Columbia, 2007). These professional standards have been developed for the protection of individuals seeking counselling, and for the validity of counselling as a profession. As part of professional standards, counselling associations have required counsellors to be certified and guided by a code of ethics for professional conduct. The Canadian Counselling Association has specified that for certification as a counsellor, the minimum training requirement has been a Master's degree in counselling or a related field (CCA, 2002). In British Columbia, registration as a Clinical Counsellor has also required a Master's degree in counselling, or a related field, from a recognized institution (BCACC, 2007). Both counselling theory courses and supervised practicum hours have been mandatory aspects of any recognized Master's program.

This base-line training for certification or registration as a counsellor has helped to ensure a general knowledge base of theory and supervised practice for counsellors who have entered the profession. The requirements of professional certification have reflected an association between level of training and level of counselling competence. Counsellors who have undergraduate degrees or graduate diplomas or certificates in specific counselling modalities have not necessarily been given the same recognition regarding competence as counsellors with a Masters. Consequently, experienced counsellors who have not been trained at a Masters level have had to return to university in order to remain competitive in the profession.

Ethics Knowledge

Professional competence has required knowledge of ethics in addition to therapeutic skills and techniques. Ethical principles have provided a set of guidelines or rules that have informed professional practice. Counsellors who have internalized ethical guidelines have had a greater capacity for intuitive ethical decision-making (Shank and Skovholt, 1997). The BCACC (2007) has developed a code of ethical conduct based on five principles: respect for the dignity and rights of persons, informed consent, competence, confidentiality, and integrity. Ethical counselling practice has been reflected in the concurrent application of these principles. When ethical dilemmas have been addressed, it has not only been the knowledge of, but the adept interpretation of these principles that has reflected competence. The interpretation of guidelines has been informed by subjective factors such as “bias, experience, professional and theoretical orientation, personality, and values” (Shank & Skovholt, 2006, p. 9). Therefore, it has been critical that counsellors have had knowledge of ethical principles and a decision-making model when faced with an ethical dilemma. This knowledge has allowed for the engagement of alternative perspectives, the consideration of practical concerns, and has promoted awareness of subjective factors.

Supervised Experience

Experience has been a salient aspect of competence as demonstrated in effective use of general skills, expertise in specific clinical issues and interventions, and ethics knowledge. Several researchers have agreed that competent practice has involved the appropriate use of consultation and supervision (De Las Fuentes, Willmuth, & Yarrow, 2005; Helbok, 2003; Perkins, 1998; Kitchener & Anderson, 2000; Sinclair & Pettifor, 2001). Registered clinical counsellors in BC have received a minimum of 100 hours of clinical supervision from a

regulated professional with a minimum of a Masters degree (BCACC, 2007). Supervisors have played a significant role in ensuring that graduate counsellors have demonstrated a sufficient level of counselling competence during and following their training.

In addition, adequate clinical supervision has compensated in circumstances where a counsellor has been experienced but has limited formal training. Supervision has been foundational for competent practice. Through effective supervision, counsellors have had the opportunity to gain skills, engage in reflective practice, and problem solve. Helbok (2003) has cautioned that the absence of supervision and a “lack of feedback can lead to... rationalizing, moving outside areas of competence, and slipping into unethical behavior without being fully cognizant of the process” (p. 378). Through clinical supervision, counsellors have become more aware of their own strengths and biases and have developed a more intentional and reflective practice.

Personal Awareness

In addition to training and experience, integrity and personal awareness have been regarded in the literature as important aspect of competence (De Las Fuentes, Willmuth, & Yarrow, 2005; Gross, 2001; Schank & Skovholt, 2006). The BCACC (2007) has included integrity, based on honesty and fairness, as an ethical principal in their Code of Ethics. Gross (2001) has indicated, “integrity is the trust in one’s personal commitment to, and capacity for, preserving one’s moral selfhood without significant compromise” (p.207). Personal awareness has been reflected in counsellors’ recognition of personal values, strengths, limitations, biases, and character traits. This level of awareness has guided intentional and considered behavior in professional practice and has contributed to professional integrity, which has in turn functioned to protect the best interest of the client. This has been evident in

ethical practice involving informed consent in which the counsellor has disclosed information to the client pertaining to competence and limitations of expertise (BCACC, 2007; CCA, 2001; CPA, 2000). When counsellors have been transparent about strengths as well as limitations and biases, clients have been supported in making informed decisions about the services and treatment options that have best met their needs. By being self-aware and transparent, counsellors have demonstrated competence based as much on what they have not offered to clients as on what they have.

Rural Counselling and Clinical Competence

Counselling associations have had standards for training and experience that have reflected counselling competence. However, these standards have not always been part of job descriptions or hiring qualifications for counselling positions available in community counselling agencies. For counsellors who have come to rural counselling from a variety of backgrounds, what has been considered adequate training and experience likely varied based on the context and mandate of each counselling agency and the available counselling positions. It may be assumed based on hiring criteria that a counsellor who has been hired fully meets the criteria, which may not be the case. For example, a recently graduated counsellor could have been hired into a counselling position that included services to children and youth without the counsellor having specific child development training. As there has been a limited pool of applicants to draw from within rural areas, entry-level counsellors have often been hired based on availability, for exhibiting qualities of social interaction, and for the ability to think and work independently. In rural areas, many counsellors have been hired who “are young or lack a post graduate professional education” (Perkins et al., 1998, p. 1317). These counsellors have lacked experience and in some cases

have had limited training. As a result, individuals have been hired into rural counselling positions that have required them to work outside the boundaries of competence. In some instances, on-the-job training may have been offered when experience in a particular area was lacking. For example, once hired, a counsellor might have had the opportunity for a brief introductory training in areas such as addictions or in an intervention such as Cognitive Behavioral Therapy. However, this type of training has not necessarily equated with counselling competence.

The guideline of limiting counselling practice to areas of expertise has been consistent across ethical codes, as has the necessity of supervision or transferring clients if working outside of one's area of expertise (BCACC, 2007; Schultz, 2000; Sinclair & Pettifor, 2001). In the rural counselling context, however, counsellors have often been required to work as generalists, with expanded roles and responsibilities, due to limited professional resources (Hargrove, 1986; Helbok, 2003; Schank, 1998; Smith, 2003). In rural areas, counsellors have also needed to adapt their skills and knowledge to meet the needs of clients. Due to the reality of generalist practice, and in the absence of consultation, counsellors have been faced at times with the decision of whether to provide service that may stretch the boundaries of expertise, or not provide service to a potential client (Hargrove, 1998; Helbok, 2003; Schank & Skovholt, 2006). In the spirit of not willfully harming clients, counsellors have been faced with the ethical decision of whether having offered an intervention that may not best suit the client, has been better than no intervention at all.

In the rural context, counsellors have needed to demonstrate flexibility and critical judgment in making decisions of how to best meet client needs. With few or no local alternative counselling service providers, and the barrier of geographical distance, non-urban

counsellors have had to “rely on personal values and practical considerations more than on ethical codes when deciding what to do” (Perkins et al., 1998, p. 1317). In making a decision about what is in the client’s best interest, rural counsellors have had to apply the ethical principle of informed consent. These counsellors have disclosed limits of competence and have collaboratively developed a plan with the client that may have involved travelling for specialized intervention. Addictions have been used as an example of an area of specialization that has been lacking in generalist rural counselling practice (Johnson et al., 2006; Schank, 1998; Smith, 2003). When a counsellor has lacked expertise in addictions counselling, they have needed to disclose this limitation and work with the client to find alternate means for treatment. When clients have chosen to continue to work with the counsellor, the treatment has had to be within the counsellor’s skill level. As rural counselling services have been limited in both scope and availability, counsellors have been challenged to meet client needs while their ethical imperative to not extend boundaries of competence has been tested (Roufiel and Lipzker, 2007).

In general, rigid adherence to ethical principles has conflicted with practical considerations in the rural context and limited counsellor responsiveness. Lazarus (1994) has encouraged “common sense” when faced with ethical issues, and has recommended that counsellors be mindful of “compassion, benevolence, sensitivity, and caring” (p. 6). From this perspective an empathic and respectful relationship with the client has been the most salient factor in ethical decision making.

Multicultural Competence in the Rural Context

It has been proposed that all counselling is multicultural, based on the scope of diversity and the distinct culturally informed perspectives and experiences of both

counsellors and clients (Arthur & Collins, 2005; Glockshuber, 2005). Consequently, multicultural competence, in the form of culturally aware beliefs, knowledge, and skills, has become necessary for counselling competence in general. Multicultural competence has been defined as having three core domains: self-awareness of one's own culture, awareness of the client's culture, and a culturally sensitive working alliance "that provides the connection between cultural awareness of self and other and the actual application of that awareness in applied professional practice" (Arthur & Collins, 2005, p.145). Beginning rural counsellors who have come to the rural context with an urban influenced personal and theoretical frame of reference have had an obligation to build a culturally sensitive working alliance with their clients. In order to do that, they have had to be aware of their own culture and that of the client.

The concept of cultural identity has been informed by many factors such as ethnicity, spirituality, gender, age, sexual orientation, ability, and socioeconomic status. In addition, geographic location, and the associated context, has been recognized as an important aspect of cultural in the field of psychology (Harowski et al., 2006, Helbok, 2003; Roberts, Battaglia, & Epstein, 1999, Schank, 1998; Smith, 2003). Context has been inherent in culture and therefore has been a formative influence in "how individuals' perceive their world in terms of values, opinions, attitudes, behavior, influence, and cognitive processes" (Glockshuber, 2005, p. 292). Consideration of how context influences salient aspects of culture has been an important factor in beginning counsellors developing rural cultural awareness and multicultural competence.

Cultural self awareness has involved counsellors being aware of their own culturally informed values, beliefs, and practices. Counsellors who have lived and been trained in an

urban context have had to consider the socialization experiences unique to that context. Urban trained counsellors have brought an embedded frame of reference to the rural counselling context, in addition to other personal cultural factors, such as age, gender, and ethnicity. Awareness of this urban influenced frame of reference has been imperative in discerning the disparity and commonality between counsellors and their clients. Counsellors have then had to operationalize this knowledge in the service of minimizing bias and uncovering potentially discriminatory attitudes and actions. Counsellor self-awareness has been imperative for exposing ethnocentric attitudes, overt and covert forms of racism, and values of the dominant culture which may conflict with the values of clients.

Knowledge of rural cultural norms and values has been an important reference point for rural counsellors who have engaged in open enquiry regarding the salient aspects of culture for the client. However, even though rural populations as a group have tended to “have culturally determined common experiences and shared frames of reference” (Arthur & Collins, 2005, p.65), there has been “a continuum of acculturation to rural beliefs and values” (Harowski et al., 2006, p.159). Consequently, culturally aware counsellors must have knowledge of a client’s perceptions, values, and beliefs that have been informed by the rural milieu, while not making assumptions about a client’s culturally informed world view. To have a developed awareness of the client’s culture, counsellors have had to openly gather information about other expressions of a rural client’s culture, such as age, gender, ethnicity, ability, or sexuality and how these coalesce into a personal cultural identity. In the absence of multicultural competence, counsellors have operated from generalizations, stereotypes, and assumptions about typical group characteristics, inadvertently conveying prejudice attitudes (Arthur & Collins, 2005; Glockshuber, 2005, Pedersen, 1996).

In multicultural counselling practice, counsellors have had to consider how the dominant western paradigm and theoretical orientations do not fit all clients. Assessment, goals, and interventions have had to be culturally relevant to meet the needs of the client. For example, multicultural counselling competence has required that counsellors be aware of potential cultural bias in urban developed assessment tools and be culturally sensitive in interpreting results. Differences in norms and values regarding communication, relationships, work and leisure, and independence have been identified in research comparing the rural and urban contexts (Brownlee, 1996; Campbell & Gordon, 2003; Coyle, 1999; Erickson, 2001; Harowski et al., 2006).

An effective culturally sensitive working alliance involves a trusting relationship that has taken into account cultural identities and has collaborative goals and tasks that are responsive to salient dimensions of client identity (Arthur & Collins, 2005). In the rural context, culturally bound beliefs, customs, and traditional practices related to health and well-being have existed that have influenced the meaning and effectiveness of counselling goals and tasks. Counsellors' curiosity regarding this aspect of cultural identity, and their validation of it, has positively influenced that establishment of a client-counsellor relationship based in trust. For example, the literature regarding rural counselling has emphasized the need for counsellors to develop an understanding of First Nations communities and culture, particularly in regard to traditional values and healing practices (Helbok, 2003; Nigro, 2004; Schank, 1998; Schank & Skovholt, 2006).

Ethical mindfulness has been another important aspect of establishing a culturally sensitive working alliance. This has involved counsellors asking critical questions about the interaction of their own values and perspectives with those of the client in such a way that the

client's needs and goals remain primary. West (2002) indicated that this ethical mindfulness should in fact guide counsellors more so than ethical codes "in a profession that is fundamentally about relationships between people in all their diversity" (p. 267). At times counsellors have become more aware of the client's culturally informed perspective through recognition of where their own values and beliefs conflict with those of the client (Schank & Skovholt, 2006). The BCACC (2007) has emphasized respecting diversity in their code of ethical conduct and has recommended that counsellors advise clients of instances of conflicting values. With this transparency there is less likelihood that counsellors will impose their own cultural world view on the client.

For rural counsellors, competent counselling practice has involved a base of training, experience and supervision, an understanding of ethical principles and the capacity to flexibly apply them in rural clinical work, and cultural self and client awareness. Counselling competence has not involved a linear or finite process, but rather has evolved as part of lived experience and ongoing professional development, and has required commitment to life long-learning.

Summary

In general, "a sound rural counselling approach is predicated on a counsellor's abilities to work with patients, gather expertise, structure clinical practice in an informed manner, mobilize scarce resources, and build collegial and personal supports" (Roberts, Battaglia, & Epstein, 1999, p. 502). Rural counsellors are also faced with balancing knowledge of ethical principles with the practical realities of the rural counselling context. In the absence of awareness or consideration of rural ethical issues, urban based ethical

principles may be applied without sensitive consideration of the uniqueness of the rural counselling context.

Rural counselling decision-making in the face of ambiguity, conflicting values, limited resources and consultation, and overlapping roles, requires courage, client input, and the ability to choose a course of action which is in the client's best interest (Perkins et al., 1998; Schank & Skovholt, 2006).

The following chapter, which presents considerations and recommendations for beginning rural counsellors, is intended to promote awareness of ethically competent rural practice. The considerations and recommendations are meant to broaden the understanding of rural counselling issues and the supports and information counsellors need to ensure that the client's best interests are competently met.

Chapter IV: Considerations and Recommendations for Beginning Rural Counsellors for the Promotion of Counselling Competence

The purpose of this chapter is to elaborate on some of the practical realities of rural counselling. Brief example scenarios are presented and then examined through the weaving together of considerations and recommendations. The intent of the author is to stimulate reflection and discussion related to the possible experiences of rural counsellors, which can in turn promote rural counselling competence through awareness and critical thinking.

The chapter is divided into three sections: rural counselling practice, rural isolation, and boundaries and dual relationships. Each section includes an introduction to the topic, followed by considerations and recommendations based on the elaboration of scenarios. The scenarios have been developed based on examples from rural counselling literature and the author's own experience as a rural counsellor. The scenarios are illustrative only, and are not

representative of the scope of all possible situations rural counsellors encounter. The first section, counselling in the rural context, includes considerations and recommendations for beginning rural counsellors with respect to rural cultural awareness and counselling competence. The second section, rural isolation, elaborates on considerations and recommendations related to managing isolation through engaging in supervision and consultation and pursuing professional development. The third section, boundaries and dual relationship, emphasizes considerations and recommendations associated with managing boundary issues and minimizing the impact of dual or overlapping relationships.

Counselling in the Rural Context

Clients need to be engaged and understood in relation to the context within which they live. To provide effective client service, rural counsellors need to be knowledgeable of the client's community and its inherent resources. Although it is important to avoid generalizations and stereotyping, "an awareness of common belief systems in rural cultures can be critical to successfully working with this population" (Roufiel & Lipzker, 2007, Dealing with rural people section, ¶ 1). Adaptive and responsive service delivery based on cultural awareness will help to ensure that counselling opportunities are not limited to those rural individuals who can conform to an urban model of service delivery. Urban perspectives and accompanying values may not be relevant in a rural community where there can be differences in levels of interdependence and communication styles, and different perspectives on what contributes to the health of a community.

Adaptive and responsive service delivery in the rural context also requires that each counsellor provide a broad scope of services suitable for different ages and presenting issues. Furthermore, these services need to be delivered flexibly and creatively. However, the

necessity for rural cultural awareness and the capacity to deliver a broad scope of services in a flexible manner may pose considerable challenges for a beginning rural counsellor. Unique ethical issues of competence can arise under these circumstances.

Beginning rural counsellors are faced with the likelihood of providing services within a context that is outside the boundaries of their training and experience. Therefore, rural counsellors are challenged with balancing the professional obligation to practice with cultural and clinical competence, with the practical reality of engaging in a generalist counselling approach in a non-urban context.

Of course, adaptive and responsive service delivery is also relevant in the urban context. However, due to the large number of services available, urban counsellors have the opportunity to specialize and limit their particular scope of services rather than practice as generalists. Those urban counsellors who do choose to work as generalists, have access to regular professional development and the means to competently expand their scope of practice.

The broad scope of specialized counselling services available in urban communities gives clients options for selecting, or being directed to, the service that best meet their needs. Unlike those in rural areas, urban based community counselling agencies have the staff numbers to provide specific services in a variety of program areas based on age, presenting issues, and cultural factors. For example, in the city of Vancouver, there are counsellors and counselling agencies that provide specialized services for senior citizens, children and youth, gays and lesbians, immigrants, First Nations people, and Asian people (CounsellingBC.Com, 2008). With specialization, urban counsellors have the opportunity to gather extensive

knowledge of the specific client population they are serving, including the salient cultural, spiritual, and development factors that are part of the client's unique experience.

Beginning rural counsellors need to consider how they will increase their awareness of rural cultural in order to provide culturally competent services. In addition, these counsellors need to make ethical decisions with respect to stretching the boundaries of competence when engaging in generalist counselling. Beginning rural counsellors also need to consider how to provide flexible service in the rural context where there are potential barriers to receiving service, such as lack of transportation or concerns of social stigma related to seeking counselling.

Rural Cultural Awareness

Urban trained counsellors must be mindful of the values, perceptions, beliefs and potential biases they bring from the urban to the rural context. Without mindfulness, a counsellor's urban frame of reference can unintentionally be imposed on a rural client. Similarly, these counsellors must be mindful of the perceptions, values, beliefs, and potential biases of rural clients that are informed in part by the rural cultural context. Rural cultural awareness and cultural competence are reflected in a counsellor's openness and curiosity to learn about the unique cultural context within which the client lives, while being mindful of his or her own cultural identity.

Scenario: A recently graduated urban-trained counsellor has taken a general counselling position in a small rural community. She has always lived in an urban context and has never spent time in the rural community where she now lives. Therefore, the counsellor is unfamiliar with the rural context in general and the specific nuances of this particular community.

Becoming part of a new cultural context has inherent challenges. For the counsellor in the scenario, some of these challenges will be naturally overcome by spending time in the community and getting to know community members. Gaining experience within a rural community culture kindles an appreciation for the nuances and unique formal and informal structures and standards of the community (Helbok, 2003). The counsellor can seek out community and spiritual leaders and other health and public service professionals. It is likely in the rural setting that this counsellor will also benefit from becoming aware of traditional healing practices and customs that may be incorporated into western practice when appropriate and relevant to prospective clients. For example, there may be informal networks of support, spiritual practices, and indigenous healing systems that are meaningful to certain rural clients that would not be immediately discernable to the counsellor. By increasing her knowledge of the community and the cultural practices, the rural counsellor is in a better position to bridge future clients to additional meaningful resources. Rural cultural awareness can also be enhanced for this counsellor by participating as a community member in activities and celebrations. Through increased awareness, the counsellor can be more proactive and responsive to rural concerns and issues, contributing to community strength and health, and increasing the potential that she will become a part of the fabric of the community.

The voices of rural counsellors and the descriptions of their direct client and community experience best inform rural counselling practice (Breen & Drew, 2005; Hargrove, 1998; Schank, 1998; Schank & Skovholt, 2006). With this in mind, the counsellor can engage in networking with other rural counsellors and can seek out professional development oriented toward rural counselling. The means for networking and engaging in

professional development are expanded on in the following section regarding rural isolation. The counsellor can also identify and seek out individuals in the community to consult with who may not be counsellors, but have relevant expertise related to rural cultural norms and values, or who have significant community experience.

General training and self-directed learning in cultural diversity can also assist the counsellor in expanding skills related to cultural competence and rural cultural awareness. The internet, scholarly journals, and libraries are avenues for information regarding cultural diversity as well as for specific information regarding the rural counselling context. For example, the APA (1995) put forth a graduate curriculum, *Caring for a Rural Community*, for psychology, nursing, and social work students, to enhance skills in rural interdisciplinary practice (Harowski et al., 2005). In addition, some universities are providing programs related to rural counselling. The American Psychological Association (2008) identified the University programs in North America that addressed rural issues and included that information in a report available at <http://www.apa.org/rural/interncombo.html>. In Canada, hospitals and health care centers in Ottawa, London, Edmonton and Halifax have offered clinical experience related to rural clinical practice (APA, 2008). In the United States, the University of Florida has a rural psychology program, and the University of Wyoming has an accredited rural internship program (Harowski, et al., 2005). The Montana State University also has two graduate training clinics servicing rural southwest Montana (Smith, 2003). Although these university programs do not directly meet the needs of a rural counsellor in British Columbia, they are reflective of the types of training and research that emphasize the uniqueness of the rural counselling context.

Culturally Aware Practice

In order to engage in culturally aware practice, a counsellor requires knowledge of a client's perceptions, values, and beliefs that are informed by the rural milieu. The counsellor in the scenario above can incorporate into the process of client assessment some level of contextual or cultural enquiry for developing an understanding of each individual client and the salient cultural factors related to each presenting issue. Types of questions that help to identify cultural influences include those related to family history and roles, gender roles, sources of stress, and beliefs about where the client should be in life (Arthur & Collins, 2005). Although it is not possible to be knowledgeable about every aspect of each client's unique culture, it is important to be authentically interested in a client's culturally informed perspective and to make an effort to learn more about what is culturally relevant to that individual.

Another important aspect of culturally aware counselling is being mindful of one's responsibility to act ethically and ask oneself critical questions about one's own values and perspectives in relation to those of the client. It is important that the counsellor does this in such a way that the client's needs remain primary. This self-awareness is fundamental to cultural competence, without it, counsellors are more likely to take an ethnocentric point of view and inadvertently impose expectations that compromise the client. The counsellor can increase her cultural awareness through reflective practice, which would include being aware of her counselling and communication style and being aware of how the hypothesis she generates about client issues may reflect an ethnocentric point of view. Reflective practice also involves using this awareness to adapt and enhance her counselling approach so that it is resonant with the client's world view. Without careful consideration of cultural and

contextual dynamics that are part of her own world view, the counsellor may apply “self-reference criteria”, assuming that what the client wants, needs, and can achieve matches the world view of the counsellor (Pedersen, 1996, p. 236). This potential for applying self-reference criteria may be higher for a counsellor, such as the one in the scenario, who is urban-oriented in terms of her training and her previous lifestyle.

A Generalist Counselling Approach

Many counsellors hired in rural areas are young or lack a post graduate professional education (Perkins et al., 1998, p. 1317). As a result, individuals can be hired into rural counselling positions that require them to work outside the boundaries of competence. With few or no local alternative counselling service providers, rural counsellors, out of necessity, tend to use a generalist approach in order to provide the requisite broad scope of services to a broad range of clients. Consequently, rural counsellors have to make ethical decisions about when and how to stretch their scope of practice to meet client needs.

Scenario: The beginning counsellor has been hired into a contract position at a rural community agency to work with children and families who have experienced domestic violence. However, she has subsequently been informed by the agency director that she will be expected to take referrals for children, youth and families in general. In her first week, she is asked to have an emergency appointment with a youth who has been brought to the agency by his aunt. The youth’s sister died in an accident earlier in the week. He is emotionally distraught and seems confused and disoriented. There are no other counsellors available, and the nearest hospital is a one hour drive.

Rural counsellors are faced with balancing the need for competence in ethical practice, client’s needs, and their own comfort level in stretching the scope of counselling practice

(Breen & Drew, 2005; Schank, 1998; Smith, 2003). With no alternative counselling service providers and geographical distance as barriers, the counsellor in the scenario has to “rely on personal values and practical considerations” when making the ethical decision of how she will attempt to intervene with this client (Perkins et al., 1998, p. 1317). Because the client is distraught and disoriented, and appears to be in crisis, there is a primary safety concern for the client as well as for the counsellor and the other individuals who are part of the situation. It is important that the counsellor is not left alone with the client. The agency director and the family member of the youth should remain as part of general safety.

It is important for the counsellor to consult with a supervisor, senior counsellor, or health care provider for additional guidance and support. If there is no one available contacting a crisis line or the emergency department at the local hospital may be useful options. Consultation will help to ensure the counsellor is intervening in an appropriate and ethical manner. In addition, engaging in consultation will help the counsellor balance the ethical standards of recognizing boundaries of competence and the limits of expertise, with the primary ethical responsibility of respecting the integrity and promoting the welfare of the client (Schulz, 2000).

In rural counselling, Hargrove (1986) encourages an “appropriate view” of ethical standards which offers latitude to the counsellor for considering the context of the rural environment as well as the circumstances of the problem and the relevant resources, and he suggests involving the client in an informed way “when being offered services outside the scope of practice” (p. 23). This relative view is also predicated on a common sense approach which is based in compassion, sensitivity, and caring. In ethical decision making, it is recommended that the worst case scenario of potential outcomes be considered, with primary

consideration given to the possibility of the client being harmed. In this case, it is likely more harmful to refuse the client service than to provide a service that may be outside the counsellor's expertise but would decrease the client's level of risk.

The ethical principle of informed consent requires that the counsellor disclose to both the aunt and the youth information pertaining to competence and the limitations of what she can offer as a counsellor. With client consent, the counsellor can proceed with engaging the client and, if appropriate, the aunt, in collaborating on the best available options for the client given the crisis situation. This level of intervention utilizes general engagement and problem-solving skills, which would likely be within the counsellor's repertoire, and therefore within the bounds of competent practice.

In the scenario the client is presenting in crisis. Therefore, some form of intervention is required. The counsellor did engaged in ethical decision-making to determine what course of action would be most appropriate give the circumstances, the client's needs, and the counsellors level of expertise. The outcome was a decision to have the aunt and another family member transport the youth to the hospital, once he was less agitated. This decision factored in what the counsellor could offer, and was in the best interest of the client. If, for example, the counsellor had endeavored to engage in a trauma-base intervention without being qualified, she may have inadvertently caused the client harm.

The considerations and recommendations applied to the client in crisis are also relevant to other clinical examples of generalist counselling. In addition, regular supervision, on the job training, and professional development, such as self-directed learning and internet based courses, can assist beginning rural counsellors to expand their expertise while engaging in ethical practice.

Flexible Service

Counselling services in rural areas need to be “creative, mobile, and localised” rather than adopted from urban models (Roufeil & Lipzker, 2007). Rural counsellors may need to adapt meeting locations and engage in forms of outreach. Issues such as limited access to transportation, clients not wanting to be seen entering a counselling office, and client disability may require that rural counsellors expand service delivery beyond the traditional in-office context (Coyle, 1999).

Scenario: The counsellor receives a physician referral for a woman who has been assessed by the doctor as having symptoms of depression. This woman is a local school teacher. She would like to meet with the counsellor, but does not have her husband’s support to do so. Consequently, she does not want to be seen entering the community counselling agency.

The counsellor in this scenario may begin with determining the best way to make initial contact with the woman. For example, the counsellor could call the client at home by phone, at a time potentially arranged through the physician, or by phone at the school. In terms of arranging a meeting place, community centres and medical clinics may offer more client anonymity than a designated counselling office (McGovern & Hodgins, 2007). In the case of children, youth, or staff, schools may also be an appropriate meeting place. Determining what other options for a meeting place are available in the community would assist in providing the woman the opportunity to engage in counselling, given her concern for being seen at the counselling agency.

Telephone sessions or web-based services also may meet the needs of some rural inhabitants requiring counselling support (Roufeil & Lipzker, 2007). These rural clients may

have access issues such as lack of transportation. Or they may feel, as did the woman in the scenario above, that there is potential for stigma or criticism related to ‘having problems’ and seeking counselling.

Professional Isolation

In the rural context, professional isolation has, in combination with other risk factors such as overwork and high visibility, contributed to competence issues and possible burnout (Schank & Skovholt, 2006; Helbok, 2003). Generalist counsellors who work in isolation are also at risk of stagnating in their practice, limiting what they can offer for interventions, and becoming disconnected from the counselling profession. Unlike their urban counterparts, rural counsellors are often the sole service providers in geographically large catchment areas. Opportunities for consultation and supervision are limited, with counsellors being left at times to make ethical and treatment decisions without input from colleagues or a supervisor. Furthermore, there are less likely to be services available for rural counsellors to address their own personal issues (Roufeil & Lipzker, 2007).

Professional development opportunities are also less available in the rural context. Conferences and trainings are typically offered in urban areas, which requires travel that may be cost prohibitive. Many counsellors and community counselling agencies may have limited budgets for covering professional development costs.

Isolation tends to be less of a factor for urban counsellors. In urban areas there is a broad scope of counselling services, and consequently there is a much larger pool of potential supervisors and colleagues from which to draw. In a large urban area, there may be a number of community counselling agencies, and each agency will typically have more than one counsellor in each program area. In this context, consultation is simple to arrange and

supervision is typically available within the agency. Even urban counsellors who choose to work alone in private practice have significant collegial options and venues for professional development and consultation. It is also more likely for urban counsellors to find counselling support for themselves from a professional with whom they have not had a pre-existing relationship.

Rural counsellors, more so than their urban counterparts, are faced with determining how they will manage issues of isolation. An important means of decreasing isolation is seeking out supervision opportunities and identifying potential consultation networks. Rural counselling also requires that counsellors be highly creative and self-directed in ongoing professional development.

Supervision and Consultation

Supervision and consultation are necessary supportive and informative processes in effective counselling and ethical decision-making. Although there may be provisions made for this within some community counselling agencies, in others it is lacking. Consequently, it can be left up to individual counsellors to find their own professional supports. However, beginning rural counsellors may be uncertain as to how to establish regular supervision and collegial networks.

Scenario: A newly graduated counsellor works on her own in a small rural satellite office that she shares with an itinerant public health nurse. Once a week, she drives for an hour and joins two other rural counsellors for an intake and administrative meeting. The new counsellor has begun to feel overwhelmed in her work, and she finds that she often manages questions and issues that come up on her own.

Although it is best that counsellors, particularly those new to the field, do not work in isolation, this option is not always possible in the rural context. Therefore, maximizing what consultation options are available is imperative. For example, this new counsellor has the opportunity to engage in peer supervision with her colleagues once a week. According to Wilkerson (2006) “peer supervision is a structured, supportive process in which counsellor colleagues (or trainees), in pairs or in groups, use their professional knowledge and relationship expertise to monitor practice and effectiveness on a regular basis for the purpose of improving specific counseling, conceptualization, and theoretical skills” (p.62). For this neophyte counsellor, requesting peer supervision as part of the intake and administrative meetings creates a venue for sharing questions and concerns and getting feedback on case conceptualization and client work. Peer supervision provides a non-hierarchical venue for counsellors to support and learn from each other in terms of both personal and professional development. Peer supervision can be a more accessible and frequent supplement to supervision from a senior clinician.

Another option for the counsellor in the scenario is to build a collegial relationship with the public health nurse. In rural areas where there is limited access to colleagues in the same profession, interdisciplinary consultation with other health care providers is necessary (Harowski et al., 2006; Smith, 2003). Consultation involves “a problem-solving process used to develop new ideas and plans about how best to address specific client needs” (Wilkerson, 2006, p. 62). Through consultation, this counsellor can entertain different perspectives and generate ideas of how to deal with a particular question or client issue. Such cross-discipline consultation is a supplement to, rather than a replacement for, clinical supervision.

Rural counsellors are encouraged to “maintain an active relationship” with professional counselling or psychological associations (Faulkner & Faulkner, 1997, p. 231). Professional counselling associations are a viable means for creating a network of colleagues. In addition, a professional association provides an important point of contact with other counsellors with similar theoretical orientations and interests. Professional associations can also provide an important frame of reference for counsellors who work in isolation. For example, counselling associations provide professional development, practice guidelines and ethical codes, and other useful resources and information. For those rural counsellors who are not affiliated with a professional counselling association, or who do not meet the criteria for registration, becoming an associate can be an option. Being an associate member of the Canadian Counselling Association, for example, provides access to information, professional development opportunities, ethical guidance, and networking benefits.

Clinical supervision is essential for a rural generalist counsellor and the establishment of a supervisory relationship is the ethical responsibility of the counsellor. Although access to regular one-on-one supervision may be limited, the counsellor in the scenario can self-advocate with her employer to obtain clinical supervision. Community counselling agencies have an obligation to provide counsellors with appropriate supervision that is supportive rather than evaluative. Professional associations may be of assistance in identifying supervisors available to rural counsellors at a distance. Rural counsellors may also use networking or professional development opportunities to meet other counsellors who are qualified to provide supervision.

Clinical supervisors with rural counselling experience are an asset because of their understanding and appreciation of rural counselling issues. Meeting with a qualified

supervisor provides a safe and supportive atmosphere to enhance learning and skills, to debrief, to consider other perspectives, and to promote self-awareness of values, assumptions, or biases that may inhibit client progress.

The use of communication technology expands the opportunity to make contact with colleagues and supervisors at a distance. The telephone and email are two commonly used means for consultation and information sharing between individuals and groups of people. Email, chat rooms, and phone conferencing support the possibility of creating “networks that provide access to divergent expertise that is needed either occasionally, consistently or only on a one-off occasion” (Lipzker, 2007, Networking among practitioners section, ¶ 1). In more recent years, the internet in particular has become an increasingly viable means for supervision (Buttler & Constantine, 2006; Yeh, Chang, Chiang, Drost, Spelliscy, Carter, & Chang, 2008). Rural counsellors who have access to web-based communication can join colleagues for peer supervision and supervisors for individual and group supervision. Through the computer, rural counsellors can “expand their professional networks and receive more consistent support from their peers” (Buttler & Constantine, 2006, p. 151). With client consent and organizational approval, counsellors can send audio and video segments of clinical work to supervisors, through secure sites, for feedback. Web-based supervision in the form of text communication can also be saved and reviewed at a later date.

Another recent advance that can support some of the supervision, consultation, and professional development needs of rural counsellors is Tele-health or Telemedicine (Roberts, Battaglia, & Epstein, 1999; Warner et al., 2005; Wood, 2006). This means of electronic conferencing can bring real-time expertise to rural practice and decrease some of the professional isolation felt by counsellors. This technology allows for communication in real-

time between several locations. Sending and receiving monitors are set up at each site, allowing for consultation, supervision, and professional development opportunities for groups of people in remote settings. Although it may be considered cost prohibitive, the applications of this technology are immense.

Professional Development

A consequence of rural isolation has been limited professional development opportunities for rural counsellors. The need for accessible professional development has been highlighted in the literature on rural counselling practice and has also been a consideration in the development of courses addressing the rural counselling context (Harowski et al., 2006; Johnson, Brems, Warner, & Roberts, 2006; Schank and Skovholt, 2006; Smith, 2005). Limited professional development opportunities have impacted the capacity of rural counsellors to stay current in practice standards and interventions. It has also impacted the capacity of rural counsellors to ethically expand their scope of services.

Scenario: A counsellor has received several referrals for individuals with drug and alcohol issues. He has not trained in drug and alcohol intervention and wants to increase his knowledge in this area. He plans to travel to the city for a conference, but in the meantime he is looking for ways to better meet the needs of these clients.

Self-directed learning enhances a counsellor's scope of practice, deepens knowledge in areas of expertise, and keeps a counsellor up to date with research on assessment and interventions. Shank & Skovholt (2006) suggest that a counsellor also be a researcher, finding information on presenting problems and current interventions through sources such as the internet or scholarly journals. Self-directed learning also provides the potential for networking with other individuals who have similar areas of interest.

The counsellor in the scenario has a professional obligation to meet the needs of the clients to the best of his abilities without practicing outside his area of expertise. This dilemma can partially be addressed by the counsellor engaging in informed consent with the client and disclosing the limits of practice. For a more detailed description of informed consent, see the following section on boundaries and dual relationships. The counsellor can discuss other treatment options with the client, including residential treatment. The counsellor can also find additional means of gathering information regarding approaches to alcohol and drug counselling. Although the counsellor does not have specific drug and alcohol training, it is likely he has skill-sets and general theoretical knowledge that can provide the foundation for work with these clients.

The internet has become an important means of accessible professional development (Lipzker, 2007). For the counsellor in the scenario, web-based information and literature on drug and alcohol counselling can enhance his existing skills. The internet is also an avenue for accessing courses and flexible distance education programs (Lipzkerr, 2007; McGovern & Hodgins, 2007). Funding may be available to rural community counsellors for web-based training programs in specific treatment modalities and with different populations. There is also some web-based training offered without cost. For example, The Open University (www.open.ac.uk/openlearn) provides a free introductory unit on alcohol and human health. The counsellor can also take advantage of his professional association or drug and alcohol agencies to develop a network of other counsellors with expertise in drug and alcohol counselling. Professional associations and agencies that specialize in addictions may provide avenues for finding a mentor or a supervision group for counsellors who have clients with addictions issues.

Boundaries and Dual Relationships

In counselling, boundaries are “the fundamental aspects of the therapeutic relationship, which clearly separate the individual providing care from the individual receiving it” (Coyle, 1999, Boundaries section, ¶ 1). It is the responsibility of the counsellor to inform clients about the limits of the counselling relationship and to establish clients’ needs as primary. Although establishing appropriate boundaries is necessary in any counselling relationship, it is particularly important when the counsellor and client know each other from another context. This is not uncommon in small community counselling.

In urban areas, counsellors can typically avoid overlapping personal and professional relationships, high community visibility, and chance encounters. The large urban population and the physical size of cities tend to diminish the possibility that counsellors and their clients will live within close proximity of each other or share neighbourhoods. There are also many options for social relationships and activities, and the large number of business and service options decrease the frequency of chance encounters. The broader range of services extends to counselling options as well, which decreases the potential for counsellors and clients to know each other or have a pre-existing relationship.

Due to the scope of circumstances under which boundary issues can occur between rural counsellors and clients, counsellors new to rural counselling need to consider how they will participate in the community. Counsellors who are moving to a rural community need to become active in the community, to some extent, in order to be seen as part of the community rather than an outsider. Participating in community activities, shopping locally, and taking pride in the community can deepen connections to the community. This can

facilitate trust and comfort, in turn challenging misperceptions connected to ‘outsiders’ that may function as barriers which would prevent those who need it from accessing services.

Degree of community involvement, however, is a personal choice. Rural counsellors need to decide for themselves the extent to which they want to engage in the community. While “community involvement lessens suspicion and increases approachability” (Schank and Skovholt, 1997, p. 44) it has been suggested that counsellors not enter into community leadership or public positions (Coyle, 1999). Avoiding leadership positions can minimize potential conflict of interest and assist in maintaining some degree of private life for counsellors and their families. For some counsellors, maintaining privacy and some level of separateness from the community is preferred. For example, counsellors may choose to obtain goods and services outside their home community to decrease the incidence of dual or overlapping relationships (Coyle, 1999).

There are some situations that are not so simply avoided, however. Pre-existing friendships, overlapping social and business relationships, chance encounters, and lack of anonymity for the counsellors and their families are salient examples of the types of boundary issues a rural counsellor may encounter. More commonly than in urban areas, rural counsellors “are faced with frequent requests for services that could potentially compromise their clinical objectivity” (Campbell & Gordon, 2003, p. 430). A blurring of personal and professional boundaries can contribute to role confusion for both counsellors and clients. Given the close-knit nature of rural communities, rural counsellors may be more vulnerable to social relationships and pressures to give special considerations to certain clients (Coyle, 1999).

Pre-existing Friendships

Developing friendships and social circles can be challenging for rural counsellors. There are limited numbers of both potential friends and potential clients in small communities (Coyle, 1999; Faulkner & Faulkner, 1997). Rural counsellors may receive self-referrals from someone the counsellor considers to be a friend, or a physician's referrals for someone with whom the counsellor has shared regular social or recreational activities.

Scenario: A friend asks the counsellor if she would provide some counselling for her.

The friend states she is considering leaving her marriage. She trusts the counsellor and indicates she is not comfortable discussing this issue with anyone else.

It is recommended that counsellors do not take on a counselling role with friends or people they have regular social contact with. Relationships that have included emotional and physical intimacy and counsellor self-disclosure are not appropriate as prospective client-counsellor relationships. Friendships tend to involve "emotional attachment, loyalties, or role-related behavioral expectations", which can undermine the effectiveness of the counselling relationship (Faulkner & Faulkner, 1997, p. 231). Clients may find themselves unable to be authentic or disclose difficult thoughts or feelings when trying to preserve a pre-existing role. Counsellors may also find themselves unintentionally using their influence in a way that is ultimately for their own gain, rather than in the best interest of the client. For example, the counsellor may find it difficult to maintain objectivity, perhaps having an emotional investment in the friend staying in or leaving the marriage. Assisting the friend with finding an appropriate alternative and providing support as a friend maintains the emphasis on the mutual relationship.

Overlapping Relationships

Financial and social involvement with clients or potential clients is far more common for rural counsellors when compared with urban counsellors (Campbell & Gordon, 2003; Erickson, 2001). In the rural context, counsellors and clients are more likely to have some degree of familiarity with each other because of the small community size and the limited number of social activities, services, and businesses.

Scenario: A counsellor has received a referral for a woman with whom his wife works. This woman has asked to see this counsellor specifically because she has met him and found herself at ease with him. Although the counsellor does not regularly socialize with this woman, it is likely he will see her through his wife's work functions and other community events.

Transitioning from a social relationship to a therapeutic one can pose many challenges for both the counsellor and client. Counsellors need to consider such factors as the inherent power imbalance in the counsellor-client relationship when the focus is exclusively on the client's issues and needs. Under these circumstances, the client may want to discuss activities or relationships they have in common, which become a boundary issue for both the counsellor and client. The counsellor must consider the impact on other relationships that engaging in a dual relationship with this woman might create. In particular, there is a possibility that the counsellor engaging in a therapeutic relationship with his wife's colleague may impact his wife. Shifting to a dual relationship also requires consideration of which expectations of the relationship may shift based on the personal and professional roles both individuals have to navigate.

Thinking through the frequency of social contact and the quality of the pre-existing relationship is important in determining what interpersonal expectations may exist. It is important to consider the long-term outcomes and the worst-case scenario such as potential damage to the social relationship, perceived breaches of confidentiality, and exploitation of the client. Part of considering the long-term outcome also includes the counsellor's professional obligation to accurately assess the client's functioning, support the client's goals, and be available to the client in the case of recurrent issues (Coyle, 1999). In effect, if the counsellor chooses to engage in a counselling relationship with this woman, the counselling relationship becomes primary and the social relationship secondary. This balancing of roles can be difficult for even the most experienced counsellors. The needs of the counsellor, the meaning of the pre-existing relationship, the extent of reciprocity, and the client's need to be perceived in a particular way by the counsellor can all undermine the effectiveness of the therapeutic relationship and may irreparably damage the social relationship.

When choosing to commence a counselling relationship with someone when there is some degree of familiarity or a pre-existing relationship, the following recommendations apply:

Discuss Boundaries

Researchers have found that for rural counsellors "overlapping personal and professional roles are perceived and handled differently and perhaps more adaptively in rural than non-rural areas" (Warner et al., 2005, p.31). This may be because it is more expected and commonplace for roles to overlap in the rural context, and therefore this reality is openly acknowledged and discussed as part of orienting clients to the nature of the counsellor-client

relationship. Faulkner & Faulkner (1997) have succinctly described the clear benefits of openly discussing boundaries with clients:

A mutual understanding of the boundaries which are part of a counselling relationship can set the stage for a trusting working alliance capable of resolving any boundary difficulties, identifying the process used to work through these and other difficulties, and learning the skills necessary to generalize this process to relationships or situations outside the therapy room (p. 229).

When choosing to commence a counselling relationship with someone when there is a degree of familiarity or a pre-existing relationship, an important step in managing boundary issues is informing clients about the nature of the counselling relationship, including limits and expectations. It is important not to assume that clients have general knowledge about counselling or the counselling process. This may be particularly true of rural clients who lack exposure to the mental health profession in general. Informed consent requires that counsellors ensure that clients are provided with all information relevant to assessment and interventions, including the risks and benefits of the services offered (Schulz, 2000).

When the counsellor and client are familiar with each other, such as in the case of attending the same church, participating in recreational activities, or having children in the same class at school, it is necessary to discuss with the client how the therapeutic relationship has limits and is distinct from a social relationship. The counsellor needs to emphasize that the focus in the counselling relationship is on the client and the issues and concerns of the client. For the client's privacy and the maintenance of the limits of the professional relationship, it should be emphasized that it is inappropriate to discuss therapeutic work publicly, even if the client does not personally consider this potential discussion problematic.

In addition, openly discussing what can be expected socially in terms of relationships in common can assist in maintaining a productive and mutually respectful working alliance.

For rural counsellors, it can be helpful to prepare a form that outlines the risks of counselling, such as the intensification of emotional experiences, the rights and responsibilities of the client and counsellor respectively, and the issues of confidentiality and overlapping relationships, so that these aspects of the counselling relationship can be discussed and an agreement can be reached (Coyle, 1999). Sharing important information puts the client in a better position to accept counselling services and ask informed questions. The potential of the working alliance (Bordin, 1979) is also strengthened, as informed consent assists with overall trust as well as agreement on the goals and tasks of therapy.

Discuss Confidentiality

This is a protective measure for both the counsellor and client. It is important to establish with the client that what is shared by the client within the counselling relationship will not be discussed without informed consent. It is also important for counsellors to be aware of policies regarding clinical records and how information is handled and stored. For example, administrative assistants can see client information if they are involved in typing assessments or clinical reports. Discussing with clients how their privacy will be protected is highly significant in rural areas because of the degree of familiarity between community members.

It is also important to discuss with clients the need for them to respect the privacy of others who they may see entering or leaving the counselling office. In the rural context confidentiality is a very significant client concern and can be difficult to protect. Coming and going from a mental health or counselling center can be conspicuous in a rural community,

and staff can be related or associated with individuals receiving service. Due to the “fast and thorough dissemination of information in small communities” a breach of confidentiality on the part of the counsellor can be perceived where none has occurred (Faulkner & Faulkner, 1997, p. 226). Timing between client bookings and having separate entrances and exits can also minimize unwanted contact between clients.

Discussing confidentiality, the risk-based or legal limits of confidentiality, the procedures for release of information, and clearly documenting sources of information can all assist in minimizing perceived breaches of confidentiality on the part of the counsellor. In addition, a consent for service form signed by the client should outline the parameters of confidentiality.

Establish a Supervisory or Consultation Relationship

Seeking consultation when considering working with an individual where there is a pre-existing relationship is in both the client’s and the counsellor’s best interest. The need for consultation with qualified supervisors who understand and respect the difficulties of rural counselling may be amplified for rural counsellors who have limited opportunities to interact with peers.

Dual relationships pose challenges that can impact professional and ethical client service. As boundaries blur, relationships can become unpredictable and confusing (Erickson, 2001). Supervision and reflective practice are measures that can be taken by a rural counsellor to assist in maintaining professional objectivity and client best interest. In the event that regular direct supervision is unavailable in the rural context, it is the rural counsellor’s responsibility to obtain supervision through alternate means. These alternate means include, but are not limited to, peer supervision, phone consultation, email, video

conferencing, or travel for supervision. Refer to the previous section regarding rural isolation for a more detailed description of how to establish supervision and consultation.

Chance Encounters

For small community counsellors shopping, banking, and recreational activities may typically bring them into contact with clients.

Scenario: In the grocery store, a client approaches the counsellor she has been seeing and is visibly upset. The client begins to tell the counsellor what has happened.

Both the counsellor and client may feel differently about chance encounters out in the community or in social or business situations, and the context may provide some indication of whether even mutual acknowledgement is appropriate. By clarifying the kind of outside contact that is appropriate for both client and counsellor, role confusion can be avoided (Schank & Skovholt, 1997). Discussing a plan for managing these potential encounters can assist in maintaining confidentiality and appropriate boundaries for both the client and counsellor.

Concluding Thoughts

The scenarios, considerations, and recommendations presented are by no means fully representative of the scope of experiences rural counsellor may have. However, the considerations and recommendations are relevant and applicable to many of the circumstances rural counsellors may encounter. For example, issues related to the privacy of counsellors and their families can generally be addressed by applying the recommendations specific to boundary issues. An additional recommendation, however, in the case of rural counsellors protecting their privacy, is to limit self-disclosure. Counsellors who are professionally isolated “are more vulnerable to the possibility of meeting personal needs by

self-disclosing or socializing with clients” (Faulkner & Faulkner, 1997, p. 231). Limiting self-disclosure can serve to reinforce professional boundaries and assist with maintaining privacy. Counsellor self-disclosure about personal issues can contribute to role confusion, resulting in the counsellor’s needs taking precedence and the client moving into the role of caretaker. There is also a greater risk of the counselling relationship becoming more of a social exchange, which may inadvertently meet the needs of a counsellor working in isolation, but does little to contribute to client progress. In an urban setting this may not be as much of an issue because it is less likely the client and counsellor will encounter each other out socially or with family members.

Chapter V: Resource List

This resource list is intended to provide examples of professional associations and avenues for accessing ethics information for British Columbian counsellors. Additional resources for counsellors in BC and from other provinces can be identified through the internet, educational institutions, and libraries.

British Columbia Art Therapy Association (BCATA)

The BC Art Therapy Association is an organization dedicated to the therapeutic use of art. To become registered as an art therapist in BC (BCATR) a Master's degree in art therapy, a Master's degree in a related field plus a 15- month art therapy diploma, or an undergraduate degree in psychology or a related field and a 2 year art therapy diploma is required. Registration as an art therapist also requires additional experience under the supervision of a registered art therapist and professional references. Professional, associate, and student memberships are also available. Membership benefits include bylaws and a code of ethics, networking opportunities, a web directory, a newsletter, reduced professional development rates, and insurance packages.

<http://www.bcarttherapy.com/>

Suite 101, 1001 West Broadway Dept. 123, Vancouver, B.C. V6H 4E4

Telephone: 1-604-878-6393 Email: info@bcarttherapy.com

British Columbia Association of Clinical Counsellors (BCACC)

The B.C. Association of Clinical Counsellors regulates the professional practice of clinical counsellors in British Columbia. To become a member, a Master's in counselling or a related field, supervised clinical experience, qualified references, and a criminal records check are required. Members are designated as a Registered Clinical Counsellor (R.C.C.) and

are held accountable through a code of ethical conduct and standards of clinical practice. Members pay a yearly fee that includes access to the Insights Magazine, a counsellor directory, consultation and networking opportunities, professional development, and insurance packages.

<http://www.bc-counsellors.org/>

#14 - 2544 Dunlevy Street Victoria, British Columbia V8R 5Z2

Telephone: 250-595-4448 Toll Free in Canada: 1-800-909-6303

Fax: 250-595-2926

The publication *Balancing Conflicting Interests: A Counsellor's Guide to the Legal Process* by Maureen McEvoy and Gayla Reir is recommended on the BCACC website. The website indicates that this guide can be obtained from the Justice Institute of B.C., Social Service & Community Safety Division, 715 McBride Boulevard, New Westminster, B.C. V3L 5T4.

British Columbia Association of Social Workers (BCASW)

The BC Association of Social Workers is a provincial branch of the Canadian Association of Social Workers. Members are required to hold a minimum of an undergraduate social work degree or be a student in a social work degree program. Individuals from related fields can obtain an associate membership. The BCASW is not a regulatory body, although it does have a code of ethics. The regulating body for the social work profession is the Board of Registration for Social Workers <http://www.brsw.bc.ca/> The BCASW is oriented toward supporting the profession of social work and social justice. Benefits of membership include collaborative work on issues of social justice, networking opportunities, professional development, access to publications, and insurance packages.

<http://www.bcasw.org/Content/Home.asp>

#402 - 1755 West Broadway Vancouver BC V6J 4S5

Telephone: 604-730-9111 Toll Free in BC: 1-800-665-4747

Fax: 604-730-9112 Email: bcasw@bcasw.org

Canadian Counselling Association (CCA/ACC)

The Canadian Counselling Association is a national counselling association with provincial chapters. Members work in education, career development, social work, mental health, business, and public and private service. To become a full member, a Master's in counselling or a related field, supervised clinical experience, qualified references, and a criminal records check are required. Individuals who do not qualify for full membership can apply as an associate or a student. Full membership includes designation as a Canadian Certified Counsellor, a code of ethics and professional practice standards, a counsellor directory, consultation and networking opportunities, professional development, and insurance packages.

<http://www.ccacc.ca/>

16 Concourse Gate, Suite 600 Ottawa, On K2E 7S8

Toll Free in Canada: 1-877-765-5565 Fax: 613-237-9786

Email: info@ccacc.ca

British Columbia Chapter: <http://www.bc-cca.ca/>

Canadian Professional Counsellors Association (CPCA)

The Canadian Professional Counsellors Association is a national association for counsellors who work as helping professionals in a variety of contexts such as private and public service, mental health settings, business, and hospitals. To become a full member, a Master's in counselling or a related field, successful completion of a qualifying exam, completion of a psychological exam, supervised clinical experience, qualified references, and a criminal records check are required. Individuals who do not qualify for full membership can apply as an associate, intern, or student. Full membership includes designation as a Registered Professional Counsellor, a code of ethics, a counsellor directory, consultation and networking opportunities, professional development, and insurance packages.

<http://www.cPCA-rPC.ca/content/view/14/28/>

#203, 3306 – 32nd Avenue Vernon, British Columbia, Canada V1T 2M6

Toll Free in Canada: 1-888-945-2722

Email: Jim Wright –national president jgwright@telus.net

Canadian Psychological Association (CPA)

The Canadian Psychological Association is a national association that has provincial chapters. Members are Psychologists who work in a variety of public and private practice settings, educational institutions, industries, and hospitals. Registration as a Psychologist in British Columbia requires a Doctorate degree in psychology, successful completion of a written and oral exam, supervised training, references, and a criminal records check. Membership as an Associate Psychologist requires a Master's degree in psychology in addition to meeting the general registration requirements. Full membership includes

designation as a Registered Psychologist or an Associate Psychologist, a code of ethics, association publications, continuing education and accreditation, and insurance packages.

<http://www.cpa.ca/home/>

<http://www.collegeofpsychologists.bc.ca/>

#404, 1755 West Broadway Vancouver, B.C. V6J 4S5

Toll Free in BC: 1-800-665-0979 FAX: 604-736-6133

College of Registered Psychiatric Nurses in BC (CRPNBC)

The College of Registered Psychiatric Nurses of British Columbia is the regulating body for psychiatric nurses. Membership in the college includes designation as a registered psychiatric nurse (RPN). Membership criteria are a graduate degree, a graduate diploma or an undergraduate degree in psychiatric/mental health nursing, as well as successful completion of a registration examination. Membership involves being governed by a code of ethics and practice standards and competencies, and includes professional development, educational resources, and insurance packages.

<http://www.crpnb.ca/history.html>

Suite #307 - 2502 St. Johns Street Port Moody, British Columbia V3H 2B4

Tel: 604-931-5200 Toll Free in BC: 1-800-565-2505

Fax: 604-931-5277 Email: donna_higenbottam@crpnbc.ca

Ethics Codes & Practice Guidelines for Assessment,

Therapy, Counseling, & Forensic Practice

This webpage offers links to international therapy, counselling, forensic, and related ethics and practice codes that appear on line. The codes are from a variety of professional organizations including counsellors, psychologists, psychiatrists, and social workers.

<http://kspope.com/ethcodes/index.php>

Task Group for Counsellor Regulation in British Columbia (2007)

Competency Profile-Counselling Therapist

This competency profile was developed by the Task Group For Counsellor Regulation in British Columbia for counsellors working in the field of mental health. It delineates entry- to- practice standards for Counselling Therapists in B.C.

<http://www.bc-counsellors.org/files/CounsellingTherapistCPMay2007.pdf>

<http://www.ccacc.ca/documents/CompetencyProfile2007.pdf>

Chapter VI: What this Manual Means to Me

This Rural Counsellor Competency Manual was developed for beginning counsellors who work in the small rural and remote areas throughout the province of British Columbia. Fifteen years ago, I began working as a counsellor in a small rural community in the West Kootenays. I was equipped with my undergraduate university education, good communication skills, and youthful optimism. However, with little support and insufficient knowledge and experience, I was ill-prepared for the challenges and ethical responsibilities of providing a broad scope of counselling services to children, youth, and families. It was those learning experiences fifteen years ago that formed the seed of this final project. It is my hope that beginning rural counsellors, not unlike myself fifteen years ago, can find within this manual some of the validation, information, and support that will make for increased confidence and competence in their clinical work. It is also my hope that rural counsellors can use the information, considerations and recommendations, and resources to generate dialogue with colleagues and employers about the supports that are needed in the rural contexts for responsive and competent client service.

Although the manual is tailored to counsellors in rural British Columbia, the information is relevant for counsellors who work in the non-urban context throughout the country. The information is also relevant to small community counselling agency boards and directors who have the responsibility to ensure that counsellors are supported in providing competent and ethical services. Regardless of the context within which this information may be applied, it is important that individual counsellors have an ethical code based framework from which to work. It is within the context of an ethical practice framework that this information will be of most use.

References

- Albrecht, S., Clarke, L., & Miller, M. (1998). Community, family, and race/ethnic differences in health status in rural areas [Electronic version]. *Journal of Counselling and Development*, 77, 235-252.
- American Psychological Association. (2008). *APA Rural Internship Programs*. Retrieved November 3, 2008, from <http://www.apa.org/rural/interncombo.html>
- Arthur, N. & Collins, S. (Eds.) (2005). *Culture-Infused Counselling: Celebrating the Canadian Mosaic*. Calgary, AB: Counselling Concepts.
- Bordin, E.S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), 252-260.
- Breen, D. & Drew, D. (2005). Professional counselling in rural settings: Raising awareness through discussion and self-study with implications for training and support. *Vistas* 2005, 247-254. Retrieved September 22, 2006, from <http://www.counsellingoutfitters.com/vistas/vistas05/Vistas05.art54.pdf>
- British Columbia Association of Clinical Counsellors. (2007). *Code of ethics*. Retrieved August 1, 2007, from <http://www.bc-counsellors.org/files/ethics20071.pdf>
- British Columbia Statistics. (2007). *Municipal population estimates*. Retrieved July 16, 2008, from <http://www.bcstats.gov.bc.ca/data/pop/mun/mun2007txt.pdf>
- Brownlee, K. (1996). Ethics in community mental health care: The ethics of non-sexual dual relationships: A dilemma for the rural mental health profession. *Community Mental Health Journal*, 32, 497-503. Retrieved June 14, 2006, from PsychInfo database.

- Butler, K. & Constantine, M. (2006). Web-based peer supervision, collective self-esteem, and case conceptualization ability in school counselor trainees [Electronic version]. *Professional School Counseling, 10*(2), 146-153.
- Campbell, C. & Gordon, M. (2003). Acknowledging the inevitable: Understanding multiple relationships in rural practice. *Professional Psychology: Research and Practice, 34*, 430-434. Retrieved June 24, 2006, from PsychInfo database.
- Canadian Counselling Association. (2002). *Certification*. Retrieved August 3, 2008, from http://www.ccacc.ca/e_certification.html.
- Canadian Counselling Association. (2002). *Code of ethics*. Ottawa, ON: Author.
- Casey, C. (2007, October). Rural rewards: The career you want and the lifestyle too. *InPsych Bulletin: Australian Psychological Society*. Retrieved November 28, 2007, from <http://www.psychology.org.au/publications/inpsych/highlights2007/#s2>
- CounsellingBC.Com (2008). *Directory*. Retrieved October 31, 2008 from <http://www.counsellingbc.com/directory.html>.
- Coyle, B. (1999). Practical tools for rural psychiatric practice. *Bulletin of the Menninger Clinic, 63*(2), 202-222.
- De Las Fuentes, C., Willmuth, M., & Yarrow, C. (2005). Competency Training in Ethics Education and Practice [Electronic version]. *Professional Psychology: Research and Practice, 36*(4), 362-366.
- Du Plessis, V., Beshiri, R., Bollman, R., & Clemenson, H. (2002). Definitions of rural. *Agriculture and Rural Working Paper* (No. 61). Retrieved August 13, 2008, from Ottawa: Statistics Canada, Catalogue no.21-601-MIE: <http://www.statcan.ca/english/research/21-601-MIE/21-601-MIE2002061.htm>

- Erickson, S. (2001). Multiple relationships in rural counseling. *The Family Journal: Counseling and Therapy for Couples and Families*, 9, 302-304.
- Faulkner, K., & Faulkner, T. (1997). Managing multiple relationship in rural communities: Neutrality and boundary violations. *Clinical Psychology: Science and Practice*, 4, 225-234.
- Gross, S. (2001). On integrity [Electronic version]. *Psychodynamic Counselling*, 7(2), 207-216.
- Glockshuber, E. (2005). Counsellors' self-perceived multicultural competencies model [Electronic version]. *European Journal of Psychotherapy, Counselling, and Health* 7(4), 291-308.
- Hargrove, D. (1986). Ethical issues in rural mental health practice [Electronic version]. *Professional Psychology: Research and Practice*, 17(1), 20-23.
- Harowski, K., Turner, A., Levine, E., Shank, J., & Leichter, J. (2006). From our community to yours: Rural best perspectives on psychology practice, training, and advocacy [Electronic version]. *Professional Psychology: Research and Practice*, 37(2), 158-164.
- Helbok, C. (2003). Practice of psychology in rural communities: Potential ethical dilemmas [Electronic version]. *Ethics & Behavior*, 13(4), 367-384.
- Johnson, M., Brems, C., Warner, T., Roberts, L. (2006). The need for continuing education in ethics as reported by rural and urban mental health care providers [Electronic version]. *Professional Psychology - Research & Practice*, 37(2), 183-189.
- Kitchener, K. (1998). Dual role relationships: What makes them so problematic? *Journal of Counselling and Development*, 67, 217-221.

- Kitchener, K., & Anderson, S. (2000). Ethical issues in counselling psychology: Old themes - new problems. In S. D. Brown & R. W. Lent (Eds.), *Handbook of Counselling Psychology* (3rd Ed) (pp. 50-82). New York: John Wiley & Sons, Inc.
- Lazarus, A. (1994). How certain boundaries and ethics diminish therapeutic effectiveness [Electronic version]. *Ethics & Behavior*, 4(3), 255-261.
- Lehr, R., & Sumarah, J. (2004). Professional judgment in ethical decision-making: Dialogue and relationship. *Canadian Journal of Counselling*, 38, 14-24.
- Lipzker, A., (2007, October). Supporting rural psychologists: Some preliminary ideas from the asp rural and distance client services taskforce. *InPsych Bulletin: Australian Psychological Society*. Retrieved November, 28, 2007, from <http://www.psychology.org.au/publications/inpsych/highlights2007/#s2>
- McGovern, A. & Hodgins, G. (2007, October). Responding to local contexts: Psychology services in south-western NSW. *InPsych Bulletin: Australian Psychological Society*. Retrieved November, 28, 2008, from <http://www.psychology.org.au/publications/inpsych/highlights2007/#s2>
- Nickel, M. (2004). Professional boundaries: The dilemma of dual and multiple relationships in rural clinical practice [Electronic version]. *Counselling & Clinical Psychology Journal*, 1(1), 17-22.
- Nigro, T. (2004). Counsellors' experiences with problematic dual relationships [Electronic version]. *Ethics & Behavior*, 4(1), 51-61.
- Nigro, T., & Uhlmann, M. (2004). Dual relationships in counselling: A survey of British Columbian counsellors. *Canadian Journal of Counselling*, 38, 36-53.

- Pawlovich, W. (2000). Establishing and maintaining competence: An ethical responsibility. In W.E. Shulz (Ed.), *Counselling Ethics Casebook 2000* (2nd ed.). Ottawa: Canadian Counselling Association.
- Pedersen, P. (1996). The importance of both similarities and differences in multicultural counselling: Reaction to C.H. Patterson [Electronic version]. *Journal of Counselling and Development*, 74(3), 236-237.
- Perkins, D., Hudson, B., Gray, D., & Stewart, M. (1998). Decisions and justifications by community mental health providers about hypothetical ethical dilemmas [Electronic version]. *Psychiatric Services*, 49(10), 1317-1322.
- Roberts, L., Battaglia, J., & Epstein, R. (1999). Frontier ethics: Mental health care needs and ethical dilemmas in rural communities [Electronic version]. *Psychiatric Services*, 50, 497-503.
- Roufeil, L., & Lipzker, A. (2007, October). Psychological services in rural and remote Australia. *InPsych Bulletin: Australian Psychological Society*. Retrieved November, 28, 2008 from <http://www.psychology.org.au/publications/inpsych/highlights2007/#s2>.
- Schank, J. (1998). Ethical issues in rural counselling practice [Electronic version]. *Canadian Journal of Counselling*, 32(4), 270-283.
- Schank, J. & Skovholt, T. (1997). Dual-relationship dilemmas of rural and small-community psychologists. [Electronic version]. *Professional Psychology: Research and Practice*, 28(1), 44-49.
- Schank, J. & Skovholt, T. (2006). *Ethical Practice in Small Communities: Challenges and Rewards for Psychologists*. Washington, DC: American Psychological Association.

- Schulz, W. (2000). *Counselling Ethics Casebook 2000* (2nd ed.). Ottawa: Canadian Counselling Association.
- Sinclair, C. & Pettifor, J. (2001). *Companion Manual to the Canadian Code of Ethics for Psychologists*. (3rd ed.). Ottawa: Canadian Psychological Association.
- Smith, A. (2003). Rural mental health counselling: One example of practicing what the research preaches [Electronic version]. *Journal of Rural Community Psychology*, 6(2), 1-9.
- Task Group for Counsellor Regulation in British Columbia (2007). *National entry-to-practice competency profile for counselling therapists*. Retrieved October 12, 2007 from <http://www.bccounselors.org/files/CounsellingTherapistCPMay2007.pdf>
- Vaspe, A. (2000). Counselling in a culture of competence [Electronic version]. *Psychodynamic Counselling*, 6(2), 175-196.
- Warner, T., Monaghan-Geernaert, P., Battaglia, J., Brems, C., Johnson, M., Roberts, L. (2005). Ethical considerations in rural health care: A pilot study of clinicians in Alaska and New Mexico [Electronic version]. *Community Mental Health Journal*, 41(1), 21-33.
- West, W. (2002). Some ethical dilemmas in counselling and counselling research [Electronic version]. *British Journal of Guidance & Counselling*, 30(3), 262-268.
- Wilkerson, K. (2006). Peer supervision for the professional development of school counselors: Toward an understanding of terms and findings [Electronic version]. *Counselor Education and Supervision* 46(1), 59-68.

- Wood, J., Miller, T., Hargrove, D. (2005). Clinical supervision in rural settings: A telehealth model [Electronic version]. *Professional Psychology: Research and Practice*. 36(2), 173-179.
- Yeh, C., Chang, T., Chiang, L., Drost, C., Spelliscy, D., Carter, R., & Chang, Y. (2008). Development, content, process and outcome of an online peer supervision group for counselor trainees [Electronic version]. *Computers in Human Behavior* 24(6), 2889-3004.