

**MAKING THE CUT... ETHICALLY: HOW BARBERS AND HAIRDRESSERS
CAN SAFELY RESPOND TO CUSTOMER MENTAL HEALTH CRISES**

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Dedication

I would first like to dedicate this project to my wife. I would not be on this journey without your unwavering support, both visible and invisible. I would also like to dedicate this project to my parents. I would not possess such confidence - either standing tall or falling spectacularly - without the lifetime of love and care you bestowed upon me and the curiosity you inspired.

Abstract

This project explores the ethical implications of barbers and hairdressers encountering their customers' personal disclosures and mental health challenges. Customers may view their barbers and hairdressers as supportive spaces for discussing mental health, which can place these professionals in situations where they may lack the necessary ethical and mental health training to protect the well-being of themselves and their customers. While limited mental health discussion education exists for hairdressers and barbers, a review contained within this project indicates that it often fails to address ethical concerns that are germane to managing disclosures and discussions of personal mental health issues.

To explore the potential ethical considerations surrounding these interactions, a fictional case study was created to raise awareness among professionals in this field and promote education on these important topics. The project further examines the potential ethical implications of mental health discussions and offers recommendations based on existing literature on ethics in psychological services. It is hoped that the insights and recommendations derived from this project will inform future training programs for barbers and hairdressers, equipping them to engage with mental health concerns and their clientele in a more ethical and informed manner. A manuscript accompanies this project, included as an appendix, intended for publication in a barbering and hairdressing trade publication.

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Chapter 1: Overview and Introduction

This chapter will outline the intent of this project and will give the rationale for its importance. Further, this chapter will explain my interest and connection with the topic and provide an overview of the project's structure.

This project examines the ethical considerations in training hairdressers and barbers to recognize and respond to their customers' mental health discussions and disclosures during haircare appointments. It emphasizes the valuable role haircare professionals can play in connecting customers who need mental health services with appropriate resources while also addressing the unique ethical dilemmas they may face in these interactions.

To illustrate potential ethical concerns, this project presents a hypothetical case study involving hairdressers and barbers engaging in mental health discussions with their customers. It reviews existing mental health training programs for these professionals, identifying gaps in ethical training specific to this context. Additionally, this project seeks to inform future ethical training for hairdressers and barbers by leveraging relevant literature on ethical practices in psychotherapy. Although hairdressers and barbers are not bound by a counselling or psychological association code of ethics, such as the Canadian Counselling and Psychotherapy Association or the American Psychological Association, this project outlines principles and standards from the Canadian Psychological Association (CPA) code of ethics that may be useful guides for navigating the dilemmas these professionals encounter. The CPA code of ethics was chosen for its reputation as a benchmark in ethical conduct (Pettifor et al., 2011), while also adhering to the practical and institutional needs of the authors of this project.

Finally, this project concludes by offering recommendations for ethical practices that should be incorporated into future mental health training programs for hairdressers and barbers. An appendix will include a manuscript based on this project, which is intended for publication in relevant barbering and hairdressing trade publications.

Rationale

Hairdressers and barbers occupy a unique position as recipients of their customers' discussions and disclosures related to mental health problems (Sattler & Deane, 2016). Several existing training programs aim to equip these professionals to navigate these situations more effectively (Black Mental Health Canada, 2024; Shear Haven Training, 2024; The Confess Project of America, 2024). However, this unique role also exposes them to specific ethical dilemmas that may go unrecognized and are often inadequately addressed in their training. As a result, they may become vulnerable helpers, susceptible to unforeseen harm for both their customers and themselves. Therefore, this project explores the potential value of these training programs, emphasizes the necessity of incorporating ethical considerations, and provides recommendations for such inclusions.

Connecting Individuals with Mental Health Services

There is a continuous need to assist individuals experiencing mental health problems in connecting with the appropriate services available to them (Urbanoski et al., 2017; Wang et al., 2005). In Canada, despite growing knowledge and awareness of mental health, individuals with mental health disorders do not always access the available treatment. Furthermore, those experiencing more severe mental health issues are even less likely to seek support (Mental Health Research Canada, 2024, p. 31). Failure to

access these services and the resulting lack of mental health treatment can be associated with more symptoms of mental health problems and decreased well-being (Marshall et al., 2005). While some reasons a person might not access available services are systemic or environmental, such as cost and location, others may be personal and cognitive factors. Self-stigma and perceived public stigma about mental health are two such personal and cognitive barriers to accessing mental health services (Pfeiffer & In-Albon, 2022). This means that reducing a person's stigma, as well as their beliefs that others will stigmatize mental health, should minimize personal and cognitive barriers and increase the desire to access mental health services. In support of this, destigmatizing mental health concerns and increasing a person's mental health literacy have been found to increase mental health help-seeking (Xu et al., 2018). Further, sociocultural beliefs and attitudes are associated with seeking psychological services (Salinas-Oñate et al., 2022). One possibility for reducing a person's mental health stigma and their perceptions that others will stigmatize mental health could be through influential community members such as barbers and hairdressers. Thus, if influential community members engage in supportive conversations about mental health and associated services, community members might experience more desire to access mental health services.

Gatekeeper Training

If influential community members can positively impact help-seeking behaviours, it is suggested that they can be trained to monitor for people experiencing potential mental health challenges and respond in a validating and supportive manner while helping the individual find professional support, known as “the Gatekeeper model” (Bissonette, 1977). While mental health problems are more commonly disclosed to

friends, family, and health professionals, community members who are perceived as supportive are also the objects of disclosure (Reavley et al., 2018). The gatekeeper model utilizes community members in positions already in regular contact with the public to monitor for mental health issues and refer individuals to the appropriate services (Ogborn et al., 2022). Gatekeeper training has been effective at reducing suicide ideation and attempts (Isaac et al., 2009). Community roles have been suggested as effective gatekeepers, including bartenders (Anderson, Maile, et al., 2010; Bissonette, 1977), teachers, and coaches (Isaac et al., 2009). Hairdressers and barbers represent community members who might have access and sociocultural influence on other community members, making them strong candidates as potential gatekeepers. Hairdressers and barbers frequently engage in conversations with their customers about their customers' personal problems (Sattler & Deane, 2016) and are seen as supportive and trustworthy (Anderson, Cimbal, et al., 2010; Ogborn et al., 2022). Hairdressers are recipients of disclosures with older populations (Anderson, Cimbal, et al., 2010) and black women (Mbilishaka, 2018). Barbershops serving black and minority ethnic men are considered supportive environments for men to discuss personal issues (Gelzhiser & Lewis, 2023; Ogborn et al., 2022).

Hairdressers and Barbers as Gatekeepers

While hairdressers and barbers appear to be strong candidates as gatekeepers, this new role offers opportunities for ethical pitfalls. Hairdressers and barbers who have engaged in mental health problem discussions with customers reported concern regarding overstepping their professional competency (Anderson, Cimbal, et al., 2010; Ogborn et al., 2022). Hairdressers also reported that mental health disclosures by their customers

can lead to a precarious blurring of role boundaries (Page et al., 2022). Further, after engaging in problem discussions with customers or being the objects of a mental health disclosure, hairdressers can feel undervalued and need support (Page et al., 2022). Barbers reported that space constraints in barbershops mean personal conversations may lack privacy and confidentiality (Ogborn et al., 2022). Hairdressers (Sattler & Deane, 2016) and barbers (Gelzhiser & Lewis, 2023) described apprehension about their ability to respond to mental health problem discussions and disclosures. Most hairdressers surveyed by Sattler and Deane (2016) expressed interest and willingness to train in mental health discussion skills. Thus, while there is potential value in hairdressers and barbers performing a mental health gatekeeping role, it is evident that further training is needed and that training must encompass both response skills and ethical knowledge and maintenance strategies.

Gatekeeper Training for Hairdressers and Barbers

For hairdressers and barbers to be effective gatekeepers, they need to be trained to appropriately recognize and respond to mental health problems while referring the customer to professional support. This type of training for hairdressers and barbers seems to be emerging (Black Mental Health Canada, 2024; Shear Haven Training, 2024; The Confess Project of America, 2024). *Self Care Through Hair* trains barbers working with black and minority ethnic clients to recognize and respond to mental health issues with their clients (Black Mental Health Canada, 2024). *Shear Haven Domestic Violence Training* offers free online courses for hairdressers to recognize and respond to signs of domestic violence in their clients (Shear Haven Training, 2024). *Beyond the Shop* trains barbers working with predominantly black communities to be mental health advocates

(The Confess Project of America, 2024). While these training programs represent a move in the right direction, they are relatively short and focus only on response skills, ignoring the ethical nuances of the complex situation that barbers and hairdressers might find themselves in. However, without including training in ethical knowledge and maintenance, mental health problem discussions could be demanding and risky for both customers and service providers. Thus, these training programs should be expanded to include the associated ethical considerations. Therefore, this project strongly recommends integrating ethical knowledge and communication skills into future mental health training programs, empowering hairdressers and barbers to play a valuable gatekeeper role while appropriately managing disclosures and maintaining professional boundaries.

Statement of Interest in the Topic

My interest in this topic was prompted by my aspiration to share skills and strategies in navigating mental health discussions with friends and acquaintances working in jobs with direct and intimate contact with the public. I first became aware of the need for such skills and strategies when my friends and acquaintances working in haircare, tattooing, and bartending shared that they often become accidental confidants to their customers. Many of these individuals shared that they sometimes feel like they become pseudo-therapists for their clients. When speaking with them before becoming an M.Ed. student, they stated that performing this accidental role evoked a mix of pride, frustration, burnout, and fear in them. Upon starting this project, I began looking into what skills and strategies would be beneficial to these service providers, and I discovered several existing training programs for community members in these roles that address client disclosures of

suicidal ideation, domestic violence, and mental health problems. However, looking at these training programs, I wondered how this training could do more harm than good to their customers and the service provider. I realized I could not feel comfortable sharing the needed skills and strategies without ensuring that the service providers had the ethical knowledge and skills to keep themselves and their customers safe. Thus, I decided that creating recommendations for the inclusion of ethical knowledge and skills in the training for one such group, hairdressers and barbers, would help many service providers better serve their customers while also allowing me to feel more ethically at ease in pursuing my aspirations to share valuable skills and strategies with service providers to whom they could benefit.

Project Overview

This project comprises two parts: The project itself and a manuscript based on this project as an appendix. Chapter 2 of the project describes the methods used in researching this topic, including the search terms and databases used, a statement of ethical conduct and the code of ethics I used. Chapter 3 presents the self-authored fictional case study and a justification for the case study. Chapter 4 reviews existing literature, outlining the Gatekeeper model and the existing training for hairdressers and barbers. Chapter 4 explores the ethical issues presented in the case study, drawing parallels from ethical issues for psychologists to examine the implications and make recommendations. Lastly, Chapter 5 contains a project synthesis, establishing the value of the recommendations and manuscript, describing this topic's strengths, limitations, and future directions, and summarizing the recommendations for ethical training. The second

part of the project is a manuscript based on this project, included as an appendix, to be published in a barbering and hairdressing trade publication.

Chapter Summary

This chapter detailed the intent of this project, beginning by outlining the rationale for this project by explaining the value of training for hairdressers and barbers, the ethical gaps in existing training, and how this project will fill those gaps. Next, I explained my interest and connection with the topic and how this project will facilitate future work in line with my ethical values as a helping professional. Lastly, I provided an overview of the upcoming content and structure, beginning with the methods used in this project, which will be covered in the following chapter.

Chapter 2: Methods

The purpose of this chapter is to describe the methods used in researching and obtaining information on this topic. This chapter will begin by describing the search terms and databases used in finding materials on this topic. Next, this chapter will make a statement of ethical conduct regarding my engagement with the research for this project.

Research Process

Materials for this project were compiled by searching psychological journal databases using relevant search terms. The databases used were PsycInfo, Psycnet, Wiley Online Library, and ScienceDirect, accessed through the University of Lethbridge. Google Scholar was used to make additional inquiries, and suitable articles were located using the earlier databases. The initial research process focused on the experiences of barbers and hairdressers engaging in mental health discussions with their clients. It included combinations of the search terms: barber, barbershop, hairdresser, salon, haircare, mental health, disclosure, ethics, and therapy. The available literature on barbers and hairdressers was extremely limited, and thus, this initial research was examined for ethical themes. This initial inquiry revealed ethical themes surrounding competency, relationships and boundaries, burnout, and confidentiality. The fictional case study presented in the following chapter was created based on these themes from existing literature on the experiences of barbers and hairdressers engaging in mental health problem discussions, while also being inspired by discussions with barbers and hairdressers prior to beginning this project. Given the lack of available research, inclusion criteria were expanded to include literature on counsellors and psychologists encountering these ethical themes. Search terms were also refined to include: counsellor,

psychologist, competency, multiple relationships, dual relationships, boundaries, boundary violations, burnout, self-care, and confidentiality. Preference was given to more recent articles whenever possible, but searches were not generally limited to a specified date range. This process was developed and adapted over 6 months of research and writing.

Statement of Ethical Conduct

While my initial interest in this topic was established in conversations with barbers and hairdressers with whom I am acquainted, these conversations took place entirely before the commencement of this project. Upon starting this project, no human data was gathered, and thus, submission for ethical approval was not required. While completing this project, I adhered to the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017).

Chapter Summary

This chapter described the methods used to research this topic by outlining the databases, search terms, and processes used to gather research. This chapter also contained my statement of ethical conduct in completing this project.

Chapter 3: Case Study

This chapter presents a self-authored fictional case study to illuminate the potential ethical dilemmas hairdressers and barbers face when discussing mental health problems with their customers. The case study demonstrates how professional competency, boundary crossings, practitioner burnout, and confidentiality all might be associated with engagement in mental health problem discussions. The case study will be the framework to understand the value of including ethical training for barbers and hairdressers by providing context to explore the recommendations that might help prevent or alleviate the aforementioned ethical dilemmas. This case study is entirely fictional and was inspired by existing research regarding the experiences of barbers and hairdressers in responding to mental health problem discussions and disclosures (Anderson, Cimbal, et al., 2010; Ogborn et al., 2022; Page et al., 2022), as well as my experiences and discussions with barbers and hairdressers before beginning this project.

Case Study

Customers at a small local barbershop serve predominantly repeat customers and regularly talk openly about their lives and problems. Knowing this, the owner instructs the four employed barbers to complete a brief, free, online mental health awareness training. Several weeks after completing the training, a regular customer getting a haircut discloses to his barber symptoms consistent with depression. The customer explains that he has been experiencing difficulty sleeping, low energy and motivation, and feelings of hopelessness, which together resulted in him repeatedly missing work and losing his job. The customer states that he cannot financially afford to be jobless much longer and is getting his haircut in the hopes of getting job interviews. However, he has not started

looking for or applying to jobs as he feels overwhelmed with where to start. The customer appears quite distressed, closes his eyes, and asks for a minute to compose himself.

“It’s not that bad” - Professional Competency

The barber, having recently completed brief training about mental health problems, feels sure that the customer is experiencing depression, which he tells the customer. Having known other people in his life who had been diagnosed with depression, the barber tells the customer some of the strategies and interventions that had worked for others, such as exercise and cognitive behaviour therapy (CBT). In the spirit of helping his customer, the barber tells the customer that “it’s not that bad” and encourages him to focus on the positives in his life.

More Than Just a Haircut - Multiple Relationships and Boundary Crossings

After the haircut, the barber walks the customer to the front. Knowing that the customer is struggling financially, the barber feels he should waive the fee for the haircut but feels awkward telling this to the receptionist because the customer will overhear, so instead, he just says goodbye to the customer and quickly leaves them at the front desk. Meanwhile, the customer, feeling embarrassed for oversharing and showing emotion with his barber, promptly pays for the haircut and leaves an exorbitant tip.

Weeks later, when the customer needs a subsequent haircut, he delays booking an appointment out of fear that his barber will expect the same level of self-disclosure and will ask follow-up questions about his depression, which might be embarrassing or distressing. When he does eventually book his next haircut, the barber sees the

appointment and feels immediately anxious that he will need to provide further support and advice for the customer.

Your Problems Are My Problems - Practitioner Burnout

Immediately following the initial appointment with the customer, the barber feels flustered and physically agitated. With only a few minutes to calm his nerves before his next customer arrives, the barber quickly smokes several cigarettes. The barber feels less attentive to his subsequent customers that day. At home after work, the barber is more stressed than usual, is snappy with his family, and drinks an extra cocktail after dinner. His sleep is restless, and he wakes up tired and with a headache the next day.

The Cat's Out of the Bag - Confidentiality

When the customer returns for his next haircut, the barber greets him and asks him how the job hunt is going. Several other customers, none of whom were present at the initial conversation, overhear the barber's question. The primary customer knows that one of these customers attends the same church as his mother, who does not yet know that he lost his job. The primary customer worries that the other customer might repeat this information with church members and that the information might reach his mother.

Chapter Summary

The purpose of this chapter was to lay the groundwork for exploring how a barber or hairdresser engaging in mental health problem discussions with customers might lead to unexpected outcomes that could harm either the barber or hairdresser, the customer, or both. The case study elaborates on previous findings from existing literature on the experiences of barbers and hairdressers engaging in mental health problem discussions with their customers, highlighting that factors such as competency, relationships and

boundaries, burnout, and confidentiality significantly impact barbers and hairdressers when involved in these sensitive conversations (Anderson, Cimbal, et al., 2010; Ogborn et al., 2022; Page et al., 2022). Had the barber in this case study received training that included ethical considerations and recommendations regarding the above concerns, some of these unexpected outcomes might have been avoidable. Many of these ethical concerns are analogous to ethical concerns and considerations for psychologists, and the proceeding chapter will examine the literature on the ethical practices for psychologists surrounding competency, relationships and boundaries, burnout, and confidentiality and apply these principles to recommendations for barbers and hairdressers.

Chapter 4: Literature Review

This chapter establishes the foundations for exploring the potential ethical dilemmas that barbers and hairdressers may encounter when discussing mental health with their customers. By drawing on existing literature related to psychologists and connecting it to this profession, this chapter aims to offer relevant recommendations specific to haircare professionals.

This chapter will begin by assessing the current training available for barbers and hairdressers who wish to improve the mental health problems discussions they have with customers. Next, this chapter will explore competency, multiple relationships and boundaries, burnout, and confidentiality in the context of barbers and hairdressers engaging in mental health problem discussions with their customers, as highlighted by the fictional case study, by reviewing existing literature on related topics for psychologists. This chapter will conclude by providing possible recommendations for mitigating these risks in future training based on the reviewed literature.

Existing Training for Barbers and Hairdressers

While barbers and hairdressers are regular recipients of mental health problem discussions initiated by their customers, available training on these issues for barbers and hairdressers is limited. At the time of writing this project, this author could find only three existing training programs for either barbers or hairdressers to be better equipped at navigating discussions with their customers related to mental health. A fourth training program, *Barber Talk*, appears to have shut down since the commencement of this project, meaning haircare professionals currently have fewer resources than previously

for advancing their knowledge and skills in this area. Each of these three training programs will be briefly summarized next:

- *Self Care Through Hair* is offered by the Canadian non-profit organization Black Mental Health Canada (Black Mental Health Canada, 2024). The program offers training specifically to barbers working in predominantly black communities and focuses on identifying signs of distress, active listening, and making referrals. The program's strengths are that it promotes listening skills, makes referrals and offers resources about confidentiality and self-care. Potential weaknesses of the program are that it asks barbers to assess problem severity, which may prompt them to overstep their competency, and it does not address multiple relationships while encouraging barbers to use their dual roles.
- *Shear Haven Domestic Violence Training* is offered by the YWCA Nashville & Middle Tennessee (Shear Haven Training, 2024). The program trains hairdressers to recognize and respond to signs of intimate partner violence (IPV) and help their customers access further support. The program is completed by watching a 20-minute video online and answering 3 multiple-choice questions. The program's strengths are its specific scope and provision of concrete psychoeducation about the topic, which might create a more defined sense of competency. Further, the program explicitly reminds trainees not to act as therapists and to help customers find appropriate professional support. The weaknesses of the training program are that it does not address multiple relationships, burnout, self-care, or confidentiality. Given the sensitive nature of IPV, practitioners could experience

harm from multiple relationships and burnout, and customers could experience harm from multiple relationships and confidentiality breaches.

- *Beyond the Shop* is offered by The Confess Project of America and trains barbers working with predominantly black communities to be mental health advocates (The Confess Project of America, 2024). The program focuses on active listening, effective communication, mental health psychoeducation, and appropriate referral. However, this author could not find details about the training length or method of delivery. The program's strengths are that it utilizes current academic research that it helped conduct and author (Gelzhiser & Lewis, 2023).

Given the potential ethical concerns highlighted in our fictional case study, it becomes evident that the current training programs are likely insufficient to prepare barbers and hairdressers for the unexpected and potentially harmful situations they might encounter. Some practitioners risk overstepping their new gatekeeper role without dedicated training to help them recognize the limitations of their competency. Additionally, practitioners might be ill-equipped to manage their new roles and boundaries if they do not receive training on boundary crossings that might occur due to new relationships. Further, some barbers and hairdressers might exceed their mental health capacities without receiving training on burnout and self-care. Lastly, inadequate training on confidentiality may result in inadvertent but harmful confidentiality breaches. The following section will examine the literature regarding each ethical consideration, and recommendations for enhancing future training programs will be provided based on the findings.

Competency

The CPA Code of Ethics standards II.6 and II.8 denote that psychologists should only engage in activities for which they are competent and should obtain supervision or refer the client to a better-suited professional when they do not have the required competence (CPA, 2017). Pope and Vasquez (2016) described competence as what someone demonstrably knows but also as the awareness of one's gaps in knowledge (pp. 104-107). The brief mental health awareness training programs described previously can only accomplish so much, and the limits of the training may not be apparent to the participating barbers and hairdressers.

Training hairdressers and barbers to monitor for mental health issues creates the opportunity for an ethical pitfall as they may overstep their competency by trying to solve their customers' mental health-related issues instead of referring the customer to qualified professionals. This is evidenced by both hairdressers (Anderson, Cimbali, et al., 2010) and barbers (Ogborn et al., 2022) stating that overstepping professional competency is an area where training is needed. Furthermore, researchers have documented that barbers and hairdressers feel unprepared to respond appropriately to customer mental health discussions and disclosures (Sattler & Deane, 2016). The authors reported that hairdressers responded to client disclosure in generally supportive ways but were uncertain about the quality of their responses. Barbers recognize that, due to their lack of training, their role is not to provide therapeutic interventions but to listen and provide emotional support while connecting the customer with appropriate external resources (Gelzhiser & Lewis, 2023). These attitudes indicate that hairdressers and barbers know the gaps in their knowledge and do not want to inadvertently harm their clients by overstepping their roles. Further, a lack of competence may be present because clients

have unreasonable expectations of a helper's knowledge or because the helper does not want to deny someone from obtaining needed help (Pope & Vasquez, 2016, p. 102). This means that after completing mental health support training, barbers and hairdressers might consider themselves more knowledgeable than they are and feel obliged to help beyond their capacities.

Review of Competency Literature

Competency for psychologists requires demonstrable knowledge and skills (Pope & Vasquez, 2016, p. 104). For this reason, psychological competency is often acquired through formal training and supervision, as training and supervision are more easily demonstrable than other methods of obtaining competency such as experience and self-directed study. Pinner and Kivlighan (2018) explained that competency also needs to be self-identifiable. Taken together, this means that psychologists should be able to demonstrate evidence of competency through training and supervision but should also have subjective awareness of areas of competency and gaps in competency. While the existing mental health training programs for barbers and hairdressers focus on demonstrable knowledge and skills training, they do not appear to provide barbers and hairdressers with the tools to self-identify knowledge, skills, or areas of growth. Therefore, one way for training programs to facilitate self-identification of competency might be through guided self-reflection of what skills and knowledge were obtained in training, fostering in trainees an explicit understanding of their areas and limits of competency.

While formal training and supervision are usually the most common way for psychologists to demonstrate competency, it might not be the most effective way for

barbers and hairdressers to develop competency. Falender and colleagues (2004) proposed that demonstrating competency requires an objective standard of knowledge to assess therapists equally. However, Mahon (2021) contended that while formal training allows for standardization and objectivity, it does not account for individual differences and practitioner experiences. Mahon (2021) argued that competency should instead be achieved with individualized training. Barbers and hairdressers seeking to expand the scope of their work with mental health skills and awareness training have likely spent considerable time as barbers and hairdressers already and thus have developed skills and understandings unique to themselves. Further, many barbers and hairdressers will have skills and understandings unique to their client population (Gelzhiser & Lewis, 2023). Thus, individualized training for barbers and hairdressers might better utilize their vast, unique experience. Wise (2008) proposed that competency does not need to be limited to formal training and that self-directed study and personal experience can equally contribute to the development of competency. Mahon (2021) suggested that individualized training based on unique knowledge and practical experience is more beneficial to client outcomes than isolated learning. This means that training for barbers and hairdressers should utilize the unique skills and knowledge practitioners already possess, as well as the unique gaps in knowledge, which barbers and hairdressers could collaboratively determine through individual or group discussions with facilitators during mental health training programs. As barbers and hairdressers might not have previously verbalized their skills and knowledge about customer interaction, providing them with explicit language to name and describe competencies might help their implicit knowledge

become more explicit. Further, by explicitly recognizing existing skills, knowledge, and deficits, Mahon (2021) suggested that practitioners can make more meaningful growth.

As practitioners self-identify their competencies, as suggested by Pinner and Kivlighan (2018), and recognize their opportunities for individualized growth, as suggested by Mahon (2021), they also become susceptible to bias. Therapists' belief in their competency can be inflated and tends to increase disproportionately to their actual measured competency (Pinner & Kivlighan, 2018). As barbers and hairdressers develop competency through self-identification and individualized growth, they may make biased overvaluations of their competency as they begin to practice these new skills. Falender and colleagues (2004) suggested that accurate learning and learning outcomes appraisal are competency requirements. The authors suggested that standardized tools for checking in on progress might make self-appraisal less biased. Standardized outcome scales to measure client outcomes are also suggested to mitigate self-appraisal bias (Pinner & Kivlighan, 2018).

Recommendations

Future training programs for barbers and hairdressers are strongly advised to equip trainees with clear and explicit statements regarding their competencies, detailing both their expertise and their practice's limitations. These statements should align with core competencies taught during training, such as active listening and resource referral, while reflecting the practitioners' skills, knowledge, and areas for improvement.

To facilitate this, this author advises implementing a worksheet outlining general competency categories alongside areas where the trainee may lack expertise, allowing them to define each competency in their practice. Sample categories might include "How

I check in about mental health,” “How I listen supportively,” “How and where I make referrals,” and “What it would sound like if I accidentally diagnosed.”

Additionally, training programs should incorporate measures for barbers and hairdressers to track their growth in each competency more objectively. Trainees are encouraged to complete a simple self-report tool to rate their abilities in each category from their worksheet. Ideally, they are supervised by program facilitators in completing this self-assessment during training and provided with guidance on utilizing the tool for ongoing self-monitoring. Further, trainees should be provided with the information to connect with the facilitator or another trained professional if they deem themselves to be outside of their competency after completing the training program.

By incorporating these recommendations, *Self Care Through Hair* could provide their trainees with clear statements surrounding their competency and limitations in assessing problem severity, which might assist trainees in avoiding diagnostic language or speculation. The worksheet for this program could include “If I think the problem is more severe than I am trained to manage, what will I do?” to help trainees define this competency.

Multiple Relationships

The CPA’s Code of Ethics standards III.30 and III.31 inform psychologists to limit or manage multiple relationships to protect clients from harm and exploitation (CPA, 2017). Multiple relationships can blur role boundaries, creating the opportunity for boundary crossings and violations. Pope and Vasquez (2016) explained that professional boundaries for psychologists implicitly or explicitly define role expectations, especially to maintain the therapist’s objectivity and prevent bias (pp. 254-256). Barbers and

hairdressers engaging in mental health problem discussions with their customers might experience multiple relationships, similar to therapists working in informal settings or therapists having accidental encounters with clients. Therapists working in informal settings often experience boundary crossings and violations associated with holding dual or multiple relationships with their clients (Worth & Blow, 2010). When clients and therapists have accidental encounters outside of therapy, it is suggested that role boundaries may shift and will need to be renegotiated (Pietkiewicz & Włodarczyk, 2015). This means that barbers and hairdressers engaging in mental health problem discussions with their customers will likely find themselves in a dual relationship, will experience blurred role boundaries, and may experience boundary crossings or violations. Hairdressers and barbers will need to clarify roles and relationships before, during, and after mental health problem discussions or disclosures.

Hairdressers reported that mental health disclosures by their customers can lead to blurred role boundaries, which demonstrates that the role of hairdresser and mental health confidant may be distinct and that holding both roles may represent a dual relationship (Page et al., 2022). While many experienced hairdressers and barbers may have an implicit understanding of the flexibility of professional relationships, the possibility of exploitation or harm might not be apparent to them. Examples of multiple harms were highlighted in the case study, such as the hairdresser or barber altering the fee based on knowledge gained during the client's disclosure, the client feeling pressure to pay or tip extra for the haircut, and both hairdresser or barber and client worrying that future haircuts must contain similar mental health discourse. To avoid harmful boundary crossings or violations resulting from holding multiple roles, barbers and hairdressers

might benefit from discussing boundaries with their customers and renegotiating these boundaries when roles change.

Review of Multiple Relationship Literature

Multiple relationships create the opportunity for boundary crossings or violations (Worth & Blow, 2010). As professional boundaries and relationships are nuanced and perpetually changing, it is suggested that practitioners need to be well versed in these subjects (Barnett et al., 2007). For psychologists, explicit ethics training regarding multiple relationships is associated with decreased boundary violations (Black, 2017). Specifically, knowledge about the differences between boundary crossings and boundary violations and the harms of boundary violations can help evaluate the potential outcomes and mitigate the harm of changing boundaries due to multiple relationships (Crowden, 2008).

Some multiple relationships are unavoidable (Younggren & Gottlieb, 2004). Individuals who share a community will likely experience multiple relationships when taking on a mental health support role (Knopes & D'égale-Flanagan, 2023). This suggests that barbers and hairdressers will likely have unavoidable multiple relationships with their customers when also acting as mental health gatekeepers. Younggren and Gottlieb (2004) noted that, in multiple relationships, one relationship might disrupt another. Barbers and hairdressers need to be aware of how discussing mental health challenges with their customers might disrupt their other relationships. For example, one or both parties might believe all future hair appointments must contain similar levels of personal disclosure, leading to stress or avoidance for either member. However, the potential for multiple relationships does not necessarily mean the situation is harmful or unethical. Zur

(2000) contends that while dual relationships may involve power differentials that create an opportunity for exploitation, that is not a guaranteed outcome. While multiple relationships and boundary crossings were previously thought to entail a “slippery slope,” which necessarily leads to boundary violations, contemporary viewpoints have suggested that adherence to the “slippery slope” outlook may deny clients boundary crossings which may benefit the client (Black, 2017). Zur (2000) suggested that by avoiding all dual relationships due to fear of harm, therapists miss out on potential opportunities to benefit the client. Potential benefits of dual relationships include joint accountability, familiarity with client issues, and shared power (Zur, 2000). Pope and Vasquez (2016) added that conscious and intentional decision-making is needed, as entering into multiple relationships with a client without consideration might put a client at risk (pp. 270-272).

In contrast, conscious decision-making allows for potential benefits and harms to be considered. Further, by being aware and intentional about multiple relationships and shifting roles, clients can be involved in the decision-making process through collaboration and consultation (Younggren et al., 2011). Thus, barbers and hairdressers will need to understand how their engagement in mental health problem discussions will involve multiple relationships. While new boundaries will need to be navigated through collaborative boundary setting, some boundary crossings can be beneficial.

Smith and colleagues (2012) suggested that the therapeutic relationship between a psychologist and client is a continuum and that the relationship becomes more established as the therapy perpetuates and in anticipation of future therapeutic services. This means that a customer’s disclosure of a mental health problem does not necessarily entail a therapeutic relationship, however continuation of mental health discussions and

expectations of continued patronage establishes the beginning of a therapeutic relationship, thus establishing a dual relationship. Once a therapeutic relationship has been initiated, psychologists have a duty to put the client's needs first in choosing how to proceed with therapeutic activity (Younggren et al., 2011). Further, a practitioner's decision to engage in multiple relationships should be made for the client's best interests (Younggren & Gottlieb, 2004). This means practitioners should not engage in multiple relationships for their gain.

Taken together, we see that barbers and hairdressers should be intentional and collaborative in their decision to enter into multiple relationships that involve mental health problem discussions with their customers. This decision must consider both the potential benefits and risks for the client. While the haircare professional should also consider potential risks for themselves, they should not be considering their potential gains from the therapeutic relationship.

One way that adding a therapeutic relationship might benefit barbers and hairdressers instead of their customers is by obfuscating payment expectations. Whereas payment expectations for haircare services are generally clear, having multiple relationships might blur role boundaries (Worth & Blow, 2010). Younggren and Gottlieb (2004) suggested that when psychologists are engaged in multiple relationships with a client, financial transactions in the non-therapeutic relationship can harm the practitioner or the client, such as by one member paying more or less than usual, resulting in resentment for one or more parties. Barbers and hairdressers necessarily have a financial transaction through their primary role, and adding a therapeutic-like role could lead to unfair or harmful changes to the prior financial agreement. It is suggested that the

potential for harm resulting from multiple relationships must be considered and managed proactively (Younggren & Gottlieb, 2004). In anticipating the blurred payment expectations that might result from having multiple relationships with customers, barbers and hairdressers open to discussing mental health problems might benefit from moving away from a fee-plus gratuity payment model and instead adopting a flat-rate payment model.

While the potential for harm should be mitigated proactively, some multiple relationships cannot be anticipated and require reactive management. This may occur for psychologists when they have incidental encounters with clients. Incidental encounters can result in multiple relationships as the therapist and client acquire additional roles based on the context and setting of the encounter (Cochran et al., 2009). While a psychologist must react to incidental encounters on a case-by-case basis, clients often report that they prefer to be acknowledged during encounters with therapists. Further, clients can feel awkward after incidental encounters with their therapist and prefer that the encounter be discussed in subsequent sessions (Cochran et al., 2009). Taken together, we see that the unexpected formation of a multiple relationship can be distressing for clients, both in the moment and afterwards and that appropriately addressing this change in role with the client is suggested to help the client overcome that distress. Haircare customers might experience similar awkwardness about being in the barbershop or salon for future appointments. Therefore, barbers and hairdressers should strive to address the multiple relationships and collaborate on new boundaries after mental health problem discussions with customers and at the beginning of subsequent visits.

Recommendations

Future training programs for barbers and hairdressers are encouraged to teach trainees about multiple relationships, their associated potential for boundary crossings and boundary violations, and personalized plans for managing multiple relationships. Psychoeducation about multiple relationships and their potential outcomes should emphasize collaboration with customers and balancing beneficence and nonmaleficence. Incorporation of group discussions about the potential risks and benefits specific to their customers is encouraged to make training outcomes more culturally sensitive (Cochran et al., 2009).

To assist trainees in considering how they will manage multiple relationships both proactively and reactively, it is strongly advised that training include a worksheet detailing how each trainee will navigate boundaries before, during, and after mental health problem discussions. Sample worksheet prompts might include “Policies I will implement to mitigate blurred role expectations,” “How I will address blurry roles as they arise,” and “What I will do after a mental health discussion to clarify new boundaries.”

By incorporating these recommendations, *Shear Haven Domestic Violence Training* could assist trainees in setting clear boundaries about roles and expectations after disclosing IPV. The worksheet for this program could additionally include “How might the salon feel different for me and my customer after a disclosure of IPV”.

Burnout

The CPA Code of Ethics standards II.11 and II.12 dictate that psychologists should not provide therapeutic service if psychological or physical conditions prevent beneficence and nonmaleficence and should engage in appropriate self-care to avoid burnout and other personal conditions that could be harmful to themselves, the client, or

others (CPA, 2017). Burnout can be defined as a progressing state of physical and emotional exhaustion resulting from personal and external stressors (Newell & MacNeil, 2010). Pope and Vasquez (2016) described burnout as occurring when the practitioner neglects to practice self-care and can result in various harmful circumstances for the practitioner and their clients (pp. 115-117). Burnout can also occur to therapists who cannot let go of their clients' problems at the end of the day (Posluns & Gall, 2020). Therapists' professional knowledge base makes them likely to have greater awareness of their mental health and adopt a healthy work-life balance containing physical activity, social support, and personal spirituality (Posluns & Gall, 2020). While hairdressers and barbers can similarly mitigate potential harm to themselves and their customers by prioritizing self-care, they may not have been exposed to this knowledge in their training. Thus, hairdressers and barbers who engage in mental health problem discussions with their customers will need to be properly educated about the risks of burnout and supported in planning and managing self-care activities.

After engaging in problem discussions with customers or being recipients of a mental health disclosure, hairdressers can be left feeling undervalued and in need of support (Page et al., 2022). Further, hairdressers and barbers who engage in discussions of client problems and are candidates for mental health disclosures can be considered as similar to social supports and informal caregivers (Page et al., 2022), who often experience increased burnout (Gérain & Zech, 2019). Training barbers and hairdressers to engage in these discussions might create an ethical pitfall, whereby they are encouraged to perform an activity that self-inflicts burnout. Training might be improved in several ways to mitigate barber and hairdresser burnout. Barbers and hairdressers

might not have expected to receive the emotional load of their clients and may not have scheduled their appointments anticipating extra need for breaks, thus education about burnout should include proactive strategies for barbers and hairdressers to better prepare for mental health discussions. Further, hairdressers and barbers might have less financial ability than a therapist to engage in the same self-care activities. Therefore, training should help barbers and hairdressers develop appropriate self-care plans.

Review of Burnout Literature

The emotional management and frequent use of empathy that accompanies human services work is significantly associated with the experience of burnout (Newell & MacNeil, 2010). Training for people engaged in human services work, such as counsellors and psychologists, is associated with reduced burnout (Duncan & Pond, 2024; Newell & MacNeil, 2010). For this reason, roles that offer emotional caregiving or support but receive less training than counsellors and psychologists are especially vulnerable to burnout. Two examples, informal caregivers (Gérain & Zech, 2019) and psychological wellbeing practitioners (Steel et al., 2015), are associated with increased burnout, especially emotional exhaustion. For barbers and hairdressers, taking on a caregiving role by engaging in mental health problem discussions without sufficient training means they will be vulnerable to burnout.

The outcomes of burnout can be subdivided into three categories: exhaustion, depersonalization, and reduced professional accomplishment (Maslach, 1998).

Hairdressers who were the recipients of customer disclosures and mental health discussions reported feeling emotionally drained and needing support (Page et al., 2022), which suggests that they may experience burnout in similar ways to mental health

practitioners. Burnout is associated with harmful outcomes for both practitioners and clients (Everall & Paulson, 2004). For practitioners, burnout is associated with increased negative emotions and decreased personal well-being. Further, the negative outcomes of burnout are not limited to work, as psychologists experiencing burnout might experience exhaustion both at and outside of work (Pope & Vasquez, 2016, pp. 114-115). Therapists experiencing exhaustion are suggested to be vulnerable to decreased responsible caring and increased dual relationships and boundary violations, which could result in harmful outcomes for their clients (Everall & Paulson, 2004). Therapists experiencing depersonalization as a result of burnout may harm their clients by talking negatively or cynically about clients or displaying hostility when interacting with them (Everall & Paulson, 2004). Further, a lack of respect when talking about clients might negatively affect the primary client, coworkers, or other clients (Pope & Vasquez, 2016, pp. 115-116). Thus, burnout in barbers and hairdressers may result in increased negative emotions and harm to their customers, as well as overall decreased well-being for themselves, their customers, and other coworkers and customers present.

Therapists experiencing burnout may have difficulty acknowledging their experience of burnout and thus might not adequately seek to address and treat burnout (Everall & Paulson, 2004). Planning preventative strategies for burnout will likely be more effective than strategies that reactively address burnout (Maranzan et al., 2018). Self-care activities are suggested to be effective at reducing burnout experiences and are recommended practice for psychologists (Duncan & Pond, 2024). Given that therapists may have difficulty enacting self-care strategies after burnout is already present, Pope and Vasquez (2016) suggested that having a plan for self-care before it is needed and

enacting self-care strategies early in practice will make it more likely those practices stick (p. 114).

Self-care can take many forms and will look different for different people (Pope & Vasquez, 2016, p. 117), thus, tailoring self-care strategies to the individual is recommended. General areas of self-care considered effective at preventing or minimizing burnout experiences are physical activity, artistic expression, and spiritual connection (Newell & MacNeil, 2010). More specific self-care strategies suggested to be effective for therapists include taking needed time off, engaging in leisure activities, getting physical exercise, reflecting on personal values, maintaining and engaging with support networks, managing work/life balance, practicing mindfulness, and utilizing spirituality (Duncan & Pond, 2024).

Given the potential harms of burnout to both practitioners and clients and the need to proactively plan burnout mitigation strategies such as self-care, it is recommended that therapists receive training in burnout before entering the field (Duncan & Pond, 2024; Newell & MacNeil, 2010). Specifically, therapist training that includes psychoeducation about burnout and supports trainees in planning self-care strategies is suggested to be effective in preventing future burnout (Duncan & Pond, 2024; Newell & MacNeil, 2010). Beyond simply planning self-care strategies, they must also be utilized. Maranzan and colleagues (2018) suggested that trainee counsellors and psychologists will better utilize proactive self-care strategies if self-care is incorporated as part of Canadian graduate psychology and counselling curriculums. Further, by normalizing self-care strategies as part of core training, self-care is likely to be less stigmatized and more utilized by trainees (Maranzan et al., 2018). Thus, training programs for barbers and hairdressers

should include education about the experience of burnout and self-care strategies, followed by reflection and discussions about what strategies individuals think will be most effective for them and how they plan to enact these strategies.

Recommendations

The work in this project strongly suggests that future training programs for barbers and hairdressers provide trainees with knowledge about the experience of practitioner burnout and strategies and plans to engage in self-care proactively. Psychoeducation should highlight the associated harms of burnout and the effectiveness of proactively practicing self-care. Trainees should be guided in reflecting on self-care strategies that will likely be effective.

To aid trainees in reflecting on, planning, and using self-care strategies, the author advises implementing a worksheet detailing which self-care strategy they think will be best for them and how they plan to enact each. A sample worksheet might include “Three self-care strategies I will use after talking to a customer about their mental health” and “How and when I use each self-care strategy.”

By incorporating these recommendations, *Shear Haven Domestic Violence Training* could assist trainees in considering the effects of burnout after disclosures and discussions of IPV. The worksheet for this program could include “How hearing about IPV could impact my well-being” and “One ongoing self-care plan to help manage hearing about IPV.”

Confidentiality

The CPA code of ethics standards I.44 and I.45 direct psychologists to protect a client’s private and confidential information, share only what is reasonably required, and

inform the client of how information will be protected and under what circumstances it will be shared (CPA, 2017). Brabender and MacNair-Semands (2022) defined confidentiality as the client's understanding that what they share in the therapeutic context will stay in that context (p. 27). Thus, confidentiality prevents harm and fosters a sense of safety, enabling clients to speak openly and derive maximum benefit from therapeutic interactions (Pope & Vasquez, 2016, 300).

However, confidentiality cannot always be guaranteed in all situations. When other people are present during disclosures of confidential information, such as in group therapy, there is an increased possibility of a confidentiality breach as the group members are not legally bound to maintain confidentiality (Travaglini et al., 2012). Confidentiality breaches occur when a client's private information is intentionally or unintentionally shared with others outside of the therapeutic context (Pope & Vasquez, 2016, pp. 298-300) and can harm the primary client and others aware of the breach (Brabender & MacNair-Semands, 2022).

Barbershops and hair salons often lack sufficient space and privacy (Ogborn et al., 2022), heightening the risk that others might overhear conversations about mental health issues between barbers or hairdressers and their customers. This reality underscores the necessity of training barbers and hairdressers to engage in these sensitive discussions, as their lack of knowledge could lead to breaches of confidentiality that jeopardize the well-being of the primary customer, other customers, and staff members. Therefore, barbers and hairdressers' mental health discussion training programs should include confidentiality practices.

Review of Confidentiality Literature

Belief in confidentiality within therapeutic contexts is integral to therapeutic success (Pope & Vasquez, 2016, p. 300). However, confidentiality breaches still occur, damaging the therapeutic relationship and otherwise harming the client and others (Pope & Vasquez, 2016, p. 300). In response to a confidentiality breach, individuals might feel distressed, and experience decreased well-being (Brabender & MacNair-Semands, 2022). Further, individuals might feel less safe sharing in the future and might avoid therapeutic settings due to decreased trust (Brabender & MacNair-Semands, 2022). Additionally, breaches of confidentiality might harm other individuals, such as coworkers or the general public, as they may similarly experience decreased trust and thus avoidance of therapeutic settings (Brabender & MacNair-Semands, 2022). Although barbers and hairdressers are not bound to maintain customer confidentiality in the same way as mental health therapists, there is likely similar risk of harm should confidentiality breaches occur. Thus, barbers and hairdressers engaged in mental health problem discussions with customers will need to be aware of the potential for harm to the primary customer, other customers, and other staff should the customer's private information be shared without the customer's consent.

Given the lack of privacy in most barbershops and salons, customer confidentiality might be breached if other customers or staff overhear a customer's discussion of mental health problems and share the information with people not present during the original discussion. Psychotherapy groups encounter a similar problem, where other members can share one group member's private information outside of the group setting. In group therapy, where the therapist cannot necessarily guarantee how confidential information will be treated by others, it is recommended that therapists

provide clients with psychoeducation about the harms of confidentiality breaches from the outset, as well as inform clients that they cannot guarantee that others will not share the client's information (Brabender & MacNair-Semands, 2022). Further, it is recommended that group therapists encourage all group members not to share the information of others and reiterate the potential harm that sharing confidential information could cause (Lasky & Riva, 2006). To facilitate this, it is suggested that group therapists provide or collaborate on a brief and simple definition of confidentiality violations (Lasky & Riva, 2006). Therefore, inspired by recommendations for group psychotherapy, training programs for barbers and hairdressers to engage in mental health problem discussions should define confidentiality and educate trainees about confidentiality and the potential harm of confidentiality breaches within the hairdressing and barbering context. Further, training should teach strategies for addressing confidentiality with primary customers and other customers and coworkers who may overhear private information.

Therapists themselves are also at risk of breaching client confidentiality with the potential to cause harm to clients. Therapists reported that a common reason for breaching client confidentiality is to seek validation and understanding from loved ones (Lasky & Riva, 2006). It is suggested that therapists can safely navigate conversations with loved ones by sharing their feelings about the work without including the discussion content or identifying information of any clients (Lasky & Riva, 2006). If barbers and hairdressers want to maintain customer confidentiality in their personal lives, they will similarly need a plan for navigating these conversations. Thus, training programs should

additionally teach barbers and hairdressers how to safeguard their customers' confidentiality in their relationships.

Recommendations

Future training programs for barbers and hairdressers are strongly encouraged to equip trainees with a comprehensive understanding of confidentiality, the potential harms associated with confidentiality breaches, and effective strategies to mitigate these risks professionally and personally. Training programs are advised to provide vital psychoeducation about confidentiality and the repercussions of confidentiality breaches, followed by a collaborative discussion to establish a shared definition of what constitutes a confidentiality breach. Next, training is recommended to incorporate brief psychoeducation about addressing confidentiality with primary customers and other customers and coworkers.

Once again, the provision of knowledge and skills should be accompanied by a worksheet to facilitate trainees in making personal commitments to safeguarding confidentiality at work and in their personal lives. A sample worksheet might include “What I will tell my customers about confidentiality when mental health discussions start”, “What I will tell others about confidentiality when they overhear mental health discussions”, and “How I will discuss my experiences having these discussions with friends and family while maintaining my customers' privacy.”

By incorporating these recommendations, *Shear Haven Domestic Violence Training* is advised to support trainees in preparing to manage the confidentiality of their potentially vulnerable customers. The worksheet for this program could include “What I

will say if someone claiming to be an individual’s friend, family member, or romantic partner asks about that individual.”

Chapter Summary

The work aimed to explore potential ethical dilemmas for barbers and hairdressers by drawing from existing literature for psychologists to inform our understanding and make relevant recommendations tailored specifically for these professions. First, this chapter examined the existing mental health discussion training that is available for barbers and hairdressers. Next, this chapter explored potential ethical dilemmas associated with barbers and hairdressers engaging in mental health problem discussions with their customers by reviewing existing literature on related topics for psychologists. For each potential ethical dilemma addressed, potential recommendations for mitigating these risks in future training were made based on the reviewed literature. This chapter concludes with a summary of the recommendations discussed.

Summary of Recommendations

Future training programs for barbers and hairdressers should provide trainees with the skills and knowledge to better navigate potential ethical dilemmas surrounding competency, boundary violations resulting from multiple relationships, practitioner burnout, and confidentiality breaches. Thus, this author recommends that future training should include the following four modules:

- Education about practitioner competency, along with a supplemental worksheet and self-report tool.
- Education and group discussion about multiple relationships and boundary violations, along with a supplemental worksheet on boundary maintenance.

- Education about burnout and self-care and a supplemental worksheet on personalized self-care strategies.
- Education and group discussion about confidentiality and confidentiality breaches, along with a supplemental worksheet on strategies to safeguard confidentiality.

The recommendations are based on a critical analysis of existing literature on related topics for psychologists. These recommendations are not exhaustive and are designed to serve as a starting point to give trainees enough resources to keep themselves and their customers safe from the potential harms of ethical dilemmas.

Chapter 5: Synthesis

The purpose of this chapter is to weave together this project's elements, to summarize its key insights, and present the final recommendations that emerged from the literature review in Chapter 4. The goals of this project were to explore potential ethical dilemmas for barbers and hairdressers that might arise from mental health discussions with customers, examine research on related ethical concerns and best practice recommendations for psychologists, and link these recommendations into actionable items to include in training programs for barbers and hairdressers. Further, this project aimed to corroborate the potential value of mental health discussion training for barbers and hairdressers and examine the existing training programs and their strengths and weaknesses. This chapter summarizes each of these goals. Lastly, this chapter will examine the limitations of this project and offer my conclusions on this project and its findings.

Existing Training

The Gatekeeper model is suggested to be an effective way to connect people experiencing mental health crises with the appropriate support (Bissonette, 1977). The stature of barbers and hairdressers within communities makes them likely candidates for discussions and disclosures of mental health issues (Anderson, Cimbal, et al., 2010; Gelzhiser & Lewis, 2023; Mbilishaka, 2018; Ogborn et al., 2022; Sattler & Deane, 2016). This suggests that barbers and hairdressers might be suitable mental health gatekeepers and, if properly trained, could provide a valuable role in their communities. However, when barbers and hairdressers engage in mental health problem discussions with their customers, they are at risk of overstepping their professional competency (Anderson,

Cimbal, et al., 2010; Ogborn et al., 2022), experiencing blurred role boundaries (Page et al., 2022), experiencing professional burnout (Gérain & Zech, 2019; Page et al., 2022), and breaching client confidentiality (Ogborn et al., 2022).

To capitalize on the valuable potential of barbers and hairdressers as mental health gatekeepers, several training programs have emerged to equip barbers and hairdressers with some of the skills necessary to navigate mental health problem discussions. However, these training programs do not adequately address the potential ethical dilemmas barbers and hairdressers face when navigating mental health discussions. The three existing training programs outlined in chapter 4 of this project demonstrate that the existing training available to barbers and hairdressers does not entirely address professional competency, multiple relationships resulting in boundary violations, professional burnout, or confidentiality. While each of the existing training programs addresses some of the ethical considerations, no one program addresses them in entirety.

Potential Ethical Dilemmas

The case study presented in Chapter 3 demonstrates the ethical dilemmas that might arise for barbers and hairdressers when they engage in mental health problem discussions with their customers. The case study identified professional competency, relationships and boundaries, burnout, and confidentiality as potential areas of concern for barbers, hairdressers, and their customers. These topics were derived from existing research on the experiences of barbers and hairdressers engaging in mental health problem discussions with their customers (Anderson, Cimbal, et al., 2010; Ogborn et al., 2022; Page et al., 2022).

As barbers and hairdressers navigate ethical dilemmas similar to those seen in the case study, they will need new knowledge, skills, and tools to inform their ethical decision-making. Along with the worksheets that accompany each area of ethical training, trainees should also be provided with guiding questions to assist them in making ethical decisions that align with their training. The Canadian Counselling and Psychotherapy Association Code of Ethics provides a six-step ethical decision-making process (CCPA, 2020). The sample guiding questions below were informed directly from the CCPA process of ethical decision-making (CCPA, 2020) and were modified by this author to suit barbers and hairdressers.

- 1. What are the main issues of this situation?*
- 2. What personal or professional ethics, workplace policies, professional regulations, or jurisdictional laws are relevant to the issue?*
- 3. What elements of my ethical training should I be considering?*
- 4. What skills from that training should I use?*
- 5. What does my intuition think is the right decision? What does the customer think is the right decision?*
- 6. What else should I do before I take action? What should I do while taking action? How should I follow up after?*

The literature review presented in Chapter 4 addresses each ethical issue presented in the case study. Existing literature on related ethical concerns for psychologists was used to inform our understanding of the potential outcomes for barbers and hairdressers and guide recommendations tailored specifically for these professions.

Professional competency refers to understanding one's knowledge and acting within the scope and limitations of that knowledge (Pope & Vasquez, 2016, pp. 104-107). Barbers and hairdressers risk an ethical dilemma and potential harm to their customers if they do not know how to respond or if they act beyond their knowledge's limits. Barbers and hairdressers recognize that this is a concern (Gelzhiser & Lewis, 2023; Sattler & Deane, 2016) and have expressed interest in competency training (Anderson, Cimbal, et al., 2010; Ogborn et al., 2022). Competency training for barbers and hairdressers should utilize and expand upon their unique knowledge gained through their individual experiences as haircare practitioners, and should equip trainees with language to explicitly talk about their competency (Mahon, 2021; Pinner & Kivlighan, 2018).

Had the barber in the case study received competency training and a framework for ethical decision-making, he might have identified a mental health crisis as the main issue and competency as a core ethic guiding his decision-making. In mentally reviewing his statements of competency from training, the barber would reflect on his skills from training and utilize them to guide the conversation and listen supportively. Instead of jumping to label the problem and offer advice, he could discuss assisting the customer in finding a suitable mental health professional and inquire about following up with the customer afterwards.

Multiple relationships occur when practitioners operate in two or more roles with a client, resulting in conflicting expectations of how all members should behave and the potential for boundary crossings or violations (Pope & Vasquez, 2016, pp. 252-256; Worth & Blow, 2010). A multiple relationship can occur when a barber or hairdresser is also acting as a mental health support for their customer, which may result in blurred role

boundaries for either the haircare practitioner or the customer (Page et al., 2022). While multiple relationships are not necessarily harmful, barbers and hairdressers should be aware of the potential for harm. They should discuss the potential harms and benefits of multiple relationships with the customer and, together, make a collaborative decision on how to proceed. Multiple relationship and boundary training for barbers and hairdressers should educate trainees about multiple relationships and boundaries, should allow for trainees to reflect on how multiple relationships might impact their specific clientele, and should facilitate trainees in developing a plan to proactively and reactively address multiple relationships and boundaries with their customers.

Had the barber in the case study received training in multiple relationships and boundaries, he might have identified the formation of multiple relationships with the customer and the risk of boundary violations. During the discussion, he could have informed the client about how their relationship might feel different and reassured them that nothing needed to change in their haircare relationship.

Burnout describes the subjective experience of decreased personal well-being in response to perpetual external stress (Newell & MacNeil, 2010). Burnout is negatively correlated with burnout awareness obtained through training (Duncan & Pond, 2024) and practitioner self-care (Pope & Vasquez, 2016, pp. 114-115). Barbers and hairdressers are in a position vulnerable to burnout and reported experiencing symptoms of burnout after engaging in mental health problem discussions with customers (Page et al., 2022). Practitioner burnout can harm both the practitioner and their clients (Everall & Paulson, 2004), and burnout in barbers and hairdressers is expected to be associated with decreased well-being for themselves and their customers. Preventative self-care strategies

specific to the practitioner in physical activity, artistic expression, and spiritual connection are expected to be best practices for reducing burnout in barbers and hairdressers (Newell & MacNeil, 2010; Pope & Vasquez, 2016, pp. 117-122). Therefore, burnout prevention training for barbers and hairdressers should include education about burnout and self-care and should facilitate trainees in developing proactive self-care strategies.

Had the case study's barber received burnout and self-care training, he might have identified his mental health as a factor. In remembering his training about burnout, he could recognize his thoughts, feelings, and behaviours that might be associated with worse outcomes for himself or others. He could utilize simple personalized self-care strategies for the remainder of his day and make a plan for more comprehensive self-care after work.

Confidentiality refers to the client's understanding that what they say in therapy will not leave the therapeutic setting, and it strengthens the therapeutic alliance by creating a sense of safety for the client (Brabender & MacNair-Semands, 2022; Pope & Vasquez, 2016, pp. 298-300). When a client's confidentiality is breached, they can experience distress and decreased trust in the therapeutic process (Brabender & MacNair-Semands, 2022; Pope & Vasquez, 2016, p. 59). Discussions in barbershops and salons are likely to be more public, making them vulnerable to confidentiality breaches (Ogborn et al., 2022). Educating clients about the risk of confidentiality breaches and informing them that confidentiality cannot be guaranteed might mitigate the risk of confidentiality breaches for public discussions about mental health (Brabender & MacNair-Semands, 2022). Risk can also be mitigated by informing witnesses about the potential harm of

confidentiality breaches and encouraging them not to share confidential information (Lasky & Riva, 2006). Barbers and hairdressers can further protect client confidentiality by planning to talk to loved ones about work without including their customers' confidential information (Lasky & Riva, 2006). Thus, confidentiality training for barbers and hairdressers should consist of education about confidentiality and the harms of confidentiality breaches and should facilitate trainees in developing a plan for safeguarding confidentiality at home and addressing confidentiality with everyone present during mental health problem discussions.

Had the barber in the case study received confidentiality training, he might have identified the risk of confidentiality breaches as a key issue. After reflecting on his training, he could discuss the likelihood and harms of confidentiality breaches with the customer and anyone who might overhear the conversation. In future discussions with the customer, the barber might choose not to initiate a conversation about anything the customer discussed previously.

Recommendations

Drawing on the rich insights from the literature review in Chapter 4, dynamic recommendations emerged for future mental health discussion training programs for barbers and hairdressers. These recommendations empower barbers and hairdressers by equipping them with the knowledge and skills to navigate the potential ethical dilemmas highlighted in the previous section. Rooted in best practices for psychologists who face similar ethical concerns, this author aimed to bridge the gap between theory and practical application within the context of barbering and hairdressing.

The themes of these recommendations were enhanced knowledge, reflection and modification, and proactive and reactive strategies. The existing literature on all four ethical topics identified knowledge and psychoeducation as fundamental for better outcomes when dealing with each ethical issue. Psychoeducation about each ethical topic is recommended to enhance trainees' understanding of the issue, the potential for harmful outcomes, and best practice solutions to manage the issue. The literature also identified adaptation and unique knowledge as associated with better outcomes. Personal reflection or group discussions are recommended for trainees to identify their unique strengths and knowledge and to adapt training content to their unique contexts and customer population. Lastly, planning for proactive and reactive strategy use was consistently associated with better outcomes in managing ethical issues. Worksheets to be completed by trainees are recommended to help trainees organize their new knowledge into personalized proactive and reactive strategies.

Limitations

The primary limitation of this project concerns the lack of available research on the topic, as only a few studies have directly examined the experiences of barbers and hairdressers engaging in mental health problem discussions with their customers. Consequently, most of the research used in this project was conducted on counsellors or psychologists and was assumed to apply to barbers and hairdressers. This means that this project has limited construct validity, and future research would need to be conducted with barbers and hairdressers to establish the validity of the presented ethical concerns, outcomes, and recommendations.

A second limitation of this project concerns the generalizability of the literature and subsequent recommendations to various cultural groups. Barbershops and hair salons have varying levels of cultural significance for different populations (Gelzhiser & Lewis, 2023; Mbilishaka, 2018). However, the majority of the research used in this project was conducted on counsellors and psychologists, and research in these areas tends to be biased towards white populations (Roberts et al., 2020). This means that the conclusions and recommendations from the literature might not reflect the experiences of some barbers and hairdressers and their clientele. Future research should use a culturally informed lens to better represent the cultural significance of barbershops and salons for diverse communities and populations.

A third limitation of this project is the possibility that these recommendations will face resistance from barbers, hairdressers, and organizations that train them. While hairdressers and barbers have acknowledged gaps in their knowledge and the need for training in this area (Anderson, Cimbal, et al., 2010; Gelzhiser & Lewis, 2023; Sattler & Deane, 2016), the recommendations made in this project might conflict with the existing haircare culture. For example, recommendations for confidentiality training may not align with traditional barbershop and salon culture, and recommendations for multiple relationship training may be perceived as limiting the financial earnings of haircare professionals. Thus, while these recommendations are based on best practices for psychologists, they may not appropriately accommodate the professional needs of barbers and hairdressers.

Future Directions

To address limitations surrounding validity and generalizability, future research on this topic should investigate training outcomes for customers and trainees. Training outcomes for customers might be investigated by asking customers who had received professional haircare from barbers and hairdressers who had completed the training to undergo both qualitative interviews and qualitative questionnaires and comparing the results with the customers of haircare professionals at the same barbershop or salon who had not completed the training. Similarly, trainee outcomes could be assessed using a quantitative questionnaire to be completed by trainees and a control group of barbers or hairdressers from the same barbershop or salon at predetermined times before and after the training. Given the limited availability of these training programs, randomized group assignment would likely not be possible for this type of research.

Future research on this topic should obtain direct feedback from barbers and hairdressers on the nature of these recommendations to address limitations surrounding resistance from trainees. By utilizing qualitative interviews or focus groups, barbers and hairdressers could directly weigh in on the recommended content and training delivery while reflecting on how these recommendations might positively and negatively impact themselves and their customers.

Summary

This project explored some important ethical dilemmas that might arise when barbers and hairdressers engage in mental health problem discussions with their customers and made recommendations for future training programs to address these concerns. Barbers and hairdressers have the opportunity to fill a valuable gap in supporting individuals who might not otherwise seek support (Ogborn et al., 2022).

However, by engaging in mental health problem discussions with customers, barbers and hairdressers are vulnerable to ethical dilemmas surrounding competency, relationships and boundaries, burnout, and confidentiality. The fictional case study in Chapter 2 demonstrated how these ethical dilemmas might present for barbers and hairdressers. Several programs exist for barbers and hairdressers wishing to receive training in offering mental health support but do not adequately address the aforementioned ethical concerns. These ethical concerns can potentially harm haircare practitioners, the primary customer, and all others who might be present. Recommendations for future training programs to address these concerns were made based on recommendations for counsellors and psychologists encountering similar ethical concerns.

Based on the findings and recommendations of this project, the five things this author would strongly encourage readers to remember are:

1. Training barbers and hairdressers to discuss mental health problems with their customers can fill a needed role in the community.
2. Ethical dilemmas surrounding competency, multiple relationships, burnout, and confidentiality can harm the customer, the practitioner, and others present.
3. Future mental health discussion training programs should enhance knowledge about these topics through psychoeducation.
4. Future mental health discussion training programs should encourage personalized understanding of the topics through reflection and discussion.
5. Future mental health discussion training programs should facilitate proactive and reactive strategy planning.

Conclusion

I am honoured and excited to have undertaken and completed this project, as it fills a vital niche while bolstering my confidence to pursue my personal goals related to ethics in this field. Mental health issues do not typically go away on their own, yet many people experiencing mental health problems do not seek professional support. More people might receive needed mental health support by educating trusted community members, such as barbers and hairdressers, on how to identify, discuss, and resource these issues. By ensuring that training programs for these roles are safer for trainees and their clientele, more community members might participate in these programs, further enhancing access to mental health services.

My interest in this topic came from hearing about the experiences of barbers and hairdressers engaging in serious conversations with their customers and wanting to provide them with tools to improve those conversations. After completing this project, I am motivated to continue learning about this topic. In the future, I plan to fulfill a pro-bono duty to society by offering knowledge and skills to barbers and hairdressers to maximize benefits and minimize potential harm. I look forward to contributing to a community that puts *care* back into *hair care*.

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Appendix A

Journal Title Submission: Making the cut... ethically: How barbers and hairdressers can safely respond to customer mental health crisis

Journal Expectations for Authors: The chief editor of these magazines did not specify any expectations

- **Hairdressers Journal International** (<https://hji.co.uk/>)
- **Modern Barber** (<https://modernbarber.co.uk/>)

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Abstract

This article addresses the critical and timely issue of barbers and hairdressers as informal mental health gatekeepers. Given the growing demand for mental health awareness and accessible support, this paper highlights how haircare professionals can connect clients to appropriate resources. However, existing training programs often neglect the ethical implications of engaging in mental health discussions. We argue for incorporating essential ethical components - such as competency, multiple relationships, confidentiality, and practitioner burnout – into these training programs to better protect professionals and their customers. This article offers four practical recommendations to enhance these training initiatives. By equipping barbers and hairdressers with the necessary tools and knowledge to navigate the complexities of mental health discussions, we aim to foster a more robust discourse on community mental health and underscore these professionals' vital role in supporting their customers' well-being.

Introduction

Mental health services remain underutilized by individuals facing mental health issues in the U.K. (Salaheddin & Mason, 2016) and Canada (Urbanoski et al., 2017).

Research shows that community members trained to identify and connect individuals with mental health resources can significantly improve access to these vital services, known as “The Gatekeeper Model” (Bissonette, 1977). Barbers and hairdressers often engage in conversations where clients discuss personal and often sensitive mental health issues (Ogborn et al., 2022; Sattler & Deane, 2016), uniquely positioning them to act as essential mental health gatekeepers. To fulfill this important role, they need comprehensive training to recognize, respond to, and refer to mental health concerns respectfully and carefully. While some training programs for hairdressers and barbers are beginning to emerge (Black Mental Health Canada, 2024; Shear Haven Training, 2024; The Confess Project of America, 2024), these initiatives often fall short, focusing primarily on how to manage the situation in the short-term and neglecting the ethical complexities involved in their interactions with clients. This article explores four critical ethical concerns that may arise when barbers and hairdressers engage in mental health discussions: professional competency, multiple relationships, confidentiality, and practitioner burnout. Additionally, this paper examines how these ethical issues are managed in formal mental health settings, such as for counsellors or psychologists, and draws on insights from these fields to make actionable recommendations for future training programs to better equip hairdressers and barbers in navigating these issues.

Fictional Case Study

To illustrate the four ethical concerns that will be introduced in this article - competency, multiple relationships, confidentiality, and burnout – presented below is a fictional case study. This example serves as a valuable framework for understanding the importance of incorporating ethical training for barbers and hairdressers. This fictional

case study was inspired by the first author's discussions with barbers and hairdressers and by reading about existing studies regarding their experiences in addressing mental health problems and disclosures (Anderson, Cimbal, et al., 2010; Ogborn et al., 2022).

John, a barber working primarily with repeat customers in a tight-knit community, has undertaken a brief mental health discussion training to support his customers better. One regular customer, Ali, discloses to John that he is having difficulty sleeping, has been lacking energy and motivation, and has been feeling hopeless, and that these feelings resulted in him missing work and losing his job. John thinks that these sound like symptoms of depression.

Competency: *Having known other people in his life who have been diagnosed with depression, John tells Ali some of the strategies and interventions that have worked for others. Further, he tells Ali that “it’s not that bad,” reminding him of his life's positives.*

Multiple Relationships: *When paying for the haircut, John and Ali feel awkward about the payment, and Ali leaves an exorbitant tip. Weeks later when Ali books a subsequent haircut, both John and Ali feel anxious about the upcoming appointment, both worried that the other will be expecting similar depth of conversation.*

Confidentiality: *At the subsequent haircut, John greets Ali and asks about the job hunt. Another customer overhears that, unbeknownst to John, he attends the same church as Ali’s mother. Ali worries that the other customer might repeat this information with church members and that the information might reach Ali’s mother.*

Practitioner Burnout: *After both the initial appointment and the follow-up. With only a few minutes to calm his nerves before his next customer arrives, the barber quickly*

smokes several cigarettes. At home after work, the barber is more agitated than usual, is snappy with his family, and drinks an extra drink after dinner. His sleep is restless, and he wakes up tired and with a headache the next day.

Ethical Issues

Although hairdressers and barbers are not bound by the ethical codes of counselling and psychological associations, this article draws on existing literature derived from these codes to inform ethical training for haircare professionals. Counsellors and psychologists working in formal mental health settings adhere to codes established by their respective professional associations, which guide their members in prioritizing client well-being by maximizing benefits and minimizing potential harm. Since the authors of this project practice within Canada, the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017) serves as the foundational framework for this discussion, recognized as a benchmark in ethical conduct (Pettifor et al., 2011). We aim to bridge the gap in training for haircare professionals by providing key adapted principles and guidelines from the *Canadian Code of Ethics* (CPA, 2017).

To unpack ethical issues and examine how they arise in the haircare context, this manuscript will address four key topics: competency, multiple relationships, confidentiality, and burnout. First, competency will be explored to highlight its significance for barbers and hairdressers engaging in mental health discussions, emphasizing the importance of self-assessment and appropriate training. Next, the issue of multiple relationships will be examined, focusing on the risks of blurred boundaries and the need for effective navigation strategies. The third topic will address

confidentiality, highlighting the importance of maintaining client privacy, challenges faced in barbershops and salons, and strategies to safeguard sensitive information. Finally, burnout will be explored, with attention to factors contributing to emotional exhaustion among practitioners and the necessity of implementing self-care strategies. Together, these topics will unpack the complexities of mental health discussions within the barbershop and salon environment, and recommendations are offered to address these essential elements.

Competency

Therapists must display competency in any work that they do. Competency means knowing what you do and do not know, as well as being able to demonstrate that knowledge (Pope & Vasquez, 2016, pp. 104-107). Barbers and hairdressers who engage in mental health problem discussions have expressed concern about overstepping professional competency (Anderson, Cimbali, et al., 2010; Ogborn et al., 2022). Without appropriate training in self-identifying competency, practitioners tend to overestimate their competency the longer they work in their field (Pinner & Kivlighan, 2018). One way to combat this bias is by measuring competency against a more objective standard (Falender et al., 2004). However, competency should also encompass the unique knowledge each person will learn from practical experience (Mahon, 2021). This would include the unique experiences of barbers and hairdressers and the specific knowledge of their customer population, which might be missed if external standards are the only measure of competency. Thus, competency training should be more individualized to encompass unique knowledge but should also include some standard tools for barbers and hairdressers to more objectively self-appraise their competency.

Taken together, we recommend that mental health discussion training for barbers and hairdressers should help trainees document explicit statements about their competency upon completion of the training. These explicit statements should align with core competencies taught in training, such as active listening and resourcing which are taught in the existing trainings (Black Mental Health Canada, 2024; Shear Haven Training, 2024; The Confess Project of America, 2024), while being informed by the practitioners' skills, knowledge, and deficits. We suggest a worksheet stating general categories of competencies the practitioner can perform and areas in which they are not competent, with space for the practitioner to write down what each competency looks like. A sample worksheet might include categories such as "How I check in about mental health," "How I listen in a supportive way," "How and where I refer," and "What it would sound like if I accidentally diagnosed." Further, training should provide barbers and hairdressers with measures to track their growth in each competency objectively. Trainees should be provided with a simple self-report tool to rate their ability in each category from their worksheet, supervised in performing this self-report once in training and directed on how to use the tool in the future to self-monitor progress. One existing training program, *Self Care Through Hair*, encourages trainees to assess problem severity, which could result in trainees overstepping the limits of their knowledge and skills. By incorporating these recommendations, trainees could establish clear statements surrounding their competency and limitations in assessing problem severity.

Multiple Relationships

When we talk about relationships within professional interactions, we mean the everyday ways people might interact and are not referring to a romantic or sexual

relationship. Once a therapeutic type of relationship has begun, we recommend avoiding future romantic and sexual relationships with the person as it poses them extreme risk (CPA, 2017).

The therapist's primary role with a client is that of the therapist, which ensures that the client's best interests are prioritized. When therapists have more than one relationship with a client, such as if a client is the therapist's personal trainer, they must juggle multiple competing roles and may inadvertently prioritize their own needs in the therapeutic context (Pope & Vasquez, 2016, p. 257). We can consider a similar idea in the context of barbers and hairdressers who engage in mental health problem discussions with their customers, as they will necessarily have multiple relationships and roles with those customers. Hairdressers reported that mental health disclosures by their customers can lead to blurred role boundaries (Page et al., 2022). Training and collaboration are two proactive ways of reducing the potential harm of multiple relationships (Pope & Vasquez, 2016, p. 257). Potential harm can also be reduced after a multiple relationship has occurred by debriefing the encounter with the customer when appropriate (Cochran et al., 2009).

Therefore, we recommend mental health discussion training for barbers and hairdressers including education on multiple relationships and their potential outcomes, followed by a group discussion on the associated risks and benefits of multiple relationships for their customers. To enhance learning, the training should incorporate a worksheet that guides trainees in navigating boundaries before, during, and after discussions about mental health issues. Sample worksheet prompts might include "Policies I will implement to mitigate blurred role expectations," "How I will address

blurry roles as they arise,” and “What I will do after a mental health discussion to clarify new boundaries.” Notably, the existing *Shear Haven Domestic Violence Training* program does not address multiple relationships. By incorporating these recommendations, trainees could establish clear boundaries regarding roles and expectations following disclosures of intimate partner violence.

Confidentiality

Integral to the therapeutic relationship is the client’s trust that what they tell the therapist will be kept confidential. Therapists are to break confidentiality when it is legally required, usually because the client has indicated that they or someone else is at risk of serious harm, that someone vulnerable is being abused, or because the courts have subpoenaed the therapists’ documents for an ongoing case. Confidentiality creates a sense of safety where clients can speak openly, thereby getting the most out of therapeutic interactions (Pope & Vasquez, 2016, p. 300). Confidentiality breaches can harm both the client and everyone associated with the confidentiality breach. They can compound harm by making all involved parties less likely to engage in future therapeutic activities (Brabender & MacNair-Semands, 2022). When we examine this issue within barbershops and hair salons, we can see the applicable context of these settings having limited space and privacy (Ogborn et al., 2022), making it more likely that mental health problem discussions between barbers and hairdressers and their customers will be overheard by other staff and customers. When multiple people are present for therapeutic activity or disclosure, harm can be mitigated by providing information about the risks of confidentiality beforehand (Brabender & MacNair-Semands, 2022) and by encouraging bystanders not to share the information after the encounter (Lasky & Riva, 2006).

Therapists sometimes breach confidentiality when they debrief their day with loved ones. They can thus avoid confidentiality breaches by having a plan to share only their feelings about the experience without including the personal content or identifying information of any clients (Lasky & Riva, 2006). Barbers and hairdressers might similarly breach confidentiality by sharing their customers' private stories when debriefing their day with loved ones and therefore might also benefit from having a plan on how they will talk about their day.

We recommend that mental health discussion training for barbers and hairdressers equip trainees with a solid understanding of confidentiality, the potential harm arising from confidentiality breaches, and effective strategies to mitigate these breaches in their professional and personal lives. Training should include concise education about confidentiality breaches, their implications, and techniques for addressing confidentiality with customers and coworkers. This education should be supplemented with a group discussion focused on what confidentiality means within their specific communities. Additionally, each trainee should complete a worksheet detailing how they will safeguard confidentiality in their work and personal lives. Sample worksheet prompts might include "What I will tell my customers about confidentiality when mental health discussions start," "What I will tell others about confidentiality when they overhear mental health discussions," and "How I will discuss my experiences having these discussions with friends and family while maintaining my customers' privacy." By incorporating these recommendations, programs like *Shear Haven Domestic Violence Training* can better prepare their professionals to manage the confidentiality of their potentially vulnerable customers.

Burnout

Practitioner burnout can be defined as a progressing state of physical and emotional exhaustion (Newell & MacNeil, 2010). Engaging in mental health discussions utilizes emotional regulation skills and empathy, both associated with increased burnout experiences (Newell & MacNeil, 2010). Burnout can result in reduced levels of caring, less stringent boundaries, and cynical treatment of clients, all of which might cause harm to the client (Everall & Paulson, 2004). For example, psychologists of haircare professionals experiencing burnout might be less attentive to their clients and might talk negatively about them behind their backs. Hairdressers reported feeling undervalued and needing support after engaging in problem discussions with customers, indicating that barbers and hairdressers might be at increased risk of burnout by engaging in these conversations (Page et al., 2022). Self-care activities can be effective at reducing the experience of burnout (Pope & Vasquez, 2016, p. 117). Self-care activities will be most effective if planned proactively and tailored to the individual (Pope & Vasquez, 2016, p. 117). General areas of self-care considered effective at preventing or minimizing burnout experiences are physical activity, artistic expression, and spiritual connection (Newell & MacNeil, 2010). More specific self-care strategies suggested to be effective for therapists include taking needed time off, engaging in leisure activities, getting physical exercise, reflecting on personal values, maintaining and engaging with support networks, managing work/life balance, practicing mindfulness, and utilizing spirituality (Duncan & Pond, 2024).

We recommend that mental health discussion training for barbers and hairdressers include education on practitioner burnout, its associated harms, and effective

self-care strategies. Following this, each trainee should complete a worksheet detailing which self-care strategies resonate with them and how they plan to implement each. Sample worksheet prompts might include “Three self-care strategies I will use after talking to a customer about their mental health” and “How and when I use each self-care strategy”. Currently, *Shear Haven Domestic Violence Training (2024)* does not address burnout, and incorporating these recommendations could assist trainees in proactively managing the personal costs of discussing intimate partner violence.

Summary of Recommendations

We offered several recommendations based on our analysis of existing literature relevant to psychologists aimed at enhancing the ethical practices of barbers and hairdressers when they listen to their customers' mental health stories. Few advise that future training programs equip these professionals with the skills and knowledge to navigate ethical dilemmas related to competency, multiple relationships, confidentiality, and burnout. To achieve this, we propose the integration of the following four training modules into standard programs for barbers and hairdressers:

- Education on practitioner competency, supported by a worksheet and self-report tool.
- Education and group discussion on multiple relationships and boundary violations, accompanied by a worksheet on boundary maintenance.
- Education and group discussion on confidentiality and confidentiality breaches, with a worksheet detailing strategies to safeguard confidentiality.
- Education and group discussion on burnout and self-care, enhanced by a worksheet on self-care strategies.

While not exhaustive, these recommendations provide a foundational resource to help trainees fortify their well-being and that of their clients amidst potential ethical dilemmas. However, a significant limitation is the possibility that these recommendations will face resistance from barbers, hairdressers, and organizations that train them. Although many professionals in this field recognize gaps in their knowledge and the need for training (Anderson, Cimbal, et al., 2010; Sattler & Deane, 2016), these recommendations may conflict with the prevailing culture in hair care. Additionally, most research informing this article focuses on counsellors or psychologists, which may not fully align with the experiences of haircare professionals or their clients. To address these limitations, we recommend conducting future research directly with barbers, hairdressers, and their clients. Utilizing quantitative self-report questionnaires and qualitative interviews will help assess the generalizability and validity of existing research and the feasibility of our recommendations.

Conclusion

As clients of barbers and hairdressers engage in discussions about well-being and mental health, these professionals have a unique opportunity to serve as bridges between individuals and essential mental health resources. The fictional case study of John and Ali illustrates the ethical dilemmas that can arise in these interactions, highlighting the importance of competency in handling customers' disclosures of mental health symptoms, navigating multiple relationships, maintaining customers' privacy when possible, and managing the risk of practitioner burnout.

By providing targeted training in mental well-being skills, barbers and hairdressers can learn to navigate these diverse roles, create environments that prioritize

safety and privacy, and develop strategies to manage the emotional toll of listening to mental health issues. Enhancing the ethical training of barbers and hairdressers benefits their clients by ensuring that sensitive discussions are handled with care and professionalism while supporting professionals in protecting their well-being.

Equipping barbers and hairdressers with the necessary tools and knowledge fosters a culture of care and responsibility that enriches the community's mental health landscape. Ultimately, integrating these ethical training components will enhance the quality of care barbers and hairdressers provide and contribute to developing a more informed and compassionate society.

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