

Ethics in Group Counseling

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Abstract

This essay provides information about ethics, as defined and regulated in the practice of counseling or therapy sessions. Furthermore, this essay looks closely at the intricacies of ethical issues in counseling and group therapies and how these compare to the ethical issues in individual therapies. It also touches on the importance of co-leadership in group therapies and the dynamics of the relationship between the leader and the co-leader. This essay also covers in great detail, the reasons why therapists prefer to conduct group therapies over individual therapies and vice versa.

Ethics in Group Counseling

Ethics – Defined

Ethics has various meanings. Many counselors see ethics as a code of conduct or a set of moral values. Some counselors emphasize the legal principles and ramifications of certain behavior during counseling sessions, while others put a high priority on the cultural norms or societal standards brought forth within the counseling practice (Hill, 2004).

Code of conduct and set of moral values go hand in hand (Hill, 2004). These are guidelines of the “do’s and don’ts” in counseling. Just as God has given us guidelines for effective and joyful leading through the ten commandments Exodus 20:1-20 (New International Version) and the examples of Christ in the New Testament, along with the epistles and letters of apostles and disciples like Paul, Matthew, Mark, Luke and John, so should the majority of the professional groups or sub-groups such as the counseling industry also have moral codes of conducts, procedures and laws. These behavioral conduct principles are geared towards counselors for high efficiency and success rates in therapy sessions (Hill, 2004). They help maintain the integrity of the counselor which helps maintain the trust between the therapist and the patient.

There are inconsistencies and discrepancies with these moral values or code of conducts (Jennings et al., 2005). Many professionals put precedence over rules and regulations, just as many Christians can be overly zealous with God’s commands that they miss out in creating and maintaining meaningful relationships. Many counselors can also miss out on the strengths of relationships as they focus on just the foundational moral values they bring into their professions (Jennings et al., 2005) In other words, it is not merely enough to go by the “codes” in one’s profession. These codes can be too broad. One’s beliefs, interpersonal and intrapersonal skills,

justice and sound mind should also be a direct and large part in the ethical behavior of a counselor. Each profession, including the counseling profession must create a balance or equilibrium for such rules.

Legal principles, on the other hand, are governing standards that are defined to create safety nets around the counselor and around the client. Legal principles not only define the boundaries between the client and the counselor, they also define the legal consequences if such boundaries are neglected or abused (Hill, 2004).

Legal principles for psychological counseling include the stringent process of handling complaints from clients. As in any law-governing body or group, complaints must be handled efficiently and efficiencies depend on the protocols and guidelines constituted by specific bodies such as the American Psychological Association or the APA.

Legal principles also include the issuance and the renewal of counseling or social work licenses. Each state has a governing body that overlooks the issuance and the renewals of licenses, as well as the insurance procedures including liability claims for counseling professionals.

Cultural norms or societal standards are highly regulated principles set forth by a certain group within a profession. For instance, the Council for Accreditation of Counseling and Related Educational Programs regulate the principles and procedures within the counseling profession. The principles set forth are guidance procedures that keep the professionals professional, and the clients protected. Such accrediting bodies or regulatory agencies also set forth educational and professional backgrounds for counselors to adhere to or live by. In other words, counseling groups require their professionals to attain certain amount of education, training and experience to ensure that their professionals are skilled and prepared to counsel clients from various

diversities and cultural and emotional backgrounds (Hill, 2004). The counselor's competence is a priority. The main issue, when it comes to competence, is the fact that the counselor has built ample set of skills, through education and experience, in order to effectively, successfully and ethically counsel others relationally (Jennings et al., 2005) After all, psychologists are professionals who use most of their time observing human behavior and experiences and interpreting these into progressive theories that can benefit others mentally and emotionally in their physical, social and environmental relationships. The professional must know how to deal with people and this includes listening, suggesting, advising and creating plans for individuals. These plans can highly affect the individuals' self esteem and progress.

Ethical issues in social work group settings are challenging (Gumpert & Black, 2006). It's far more complex than what the general public knows about. One of the ethical standards is that the group leader must have ample amount of experience in different types of group settings; must have a very extensive perspective; and must be equipped to face the obstacles and complexities that rise more commonly in group settings (Gumpert & Black, 2006). Therapists must be able to overcome conflicts and tackle crises (Amato, Blase, & Paley, 2000). Therefore, the therapist must be skilled in screening potential group members (Amato et al., 2000, p. 12) Conflicts are inevitable in any group setting because individuals are made up of different personalities, educational and socio-economic backgrounds and mental, physical and emotional capabilities. Ethical issues are important because they help the therapists understand their clients and embrace the diversity at hand. Spiritual background should also be considered because ethical issues also take into consideration the spiritual backgrounds, values and beliefs of the individuals.

Researchers refer to Kitchener's studies on ethical requirements for counselor as the possession and demonstration of ability for moral reasoning or the ability to have "intuitive response". (Urofsky & Engels, 2003) Having these abilities can help prevent some of the ethical issues confronted by counselors. This moral reasoning and the intuitive response comprise the good and ethical behavior of the counselor. They help counselors react ethically in different challenging situations (Urofsky & Engels, 2003). Kitchener even emphasizes the "virtue ethics" of the counselor which is the main ingredient in character development that is highly important for a behavioral and therapy counselor to have, especially faced with the everyday challenges of ethics in counseling (Urofsky & Engels, 2003). When faced with ethical dilemmas, counselors must have these "virtue ethics" that encompasses moral reasoning and intuitive responses in order to make the right and the best decisions in these delicate situations. Furthermore, the counselor must have a firm framework of philosophical and ethical literacy when it comes to group and individual counseling (Urofsky & Engels, 2003).

Additionally, ethics in a counselor's profession is not merely a set of rules and educational and experiential requirements. There is something deeper that is required in every professional. This requirement is that of wisdom (Freeman, Engels, & Altekuse, 2004). Wisdom cannot be imparted to anyone from education or informational settings. Wisdom is something that grows from within. Wisdom comes from God. Reverencing God is the beginning of attaining wisdom Prov 1:7 (New International Version) It is a desire to achieve moral excellence in one's profession through a series of observational and learned knowledge and sets of theories that differentiate certain ethical decisions that are sound from the ones that can be detrimental, not just in the near future but in the sense of long term (Freeman et al., 2004) Whereas knowledge and theories coincide with understanding, wisdom is the love of moral

values that are observed in these theories (Freeman et al., 2004), and moral excellence is goodness necessary in not just one's spiritual life but also in one's professional life as well 2 Peter 1:5-8 . Moral excellence is doing the right thing even if no one is watching. This is very important in a counselor's life. Compromise makes up a big part of moral excellence. Is the counselor willing to compromise his integrity even if the accountability procedures in his place of employment are not as stringent? Is the counselor willing to compromise his position for what feels good, rather than what is right, in the eyes of God and in eyes of men?

Beneficence is a factor that drives a counselor's ethical behavior. As humans, counselors are driven to reduce "human sufferings" (Jennings et al., 2005). Furthermore, does the reduction of this so called "human suffering" cross over the demarcation lines of ethical counseling? Many counselors rightfully believe that merely handing out a solution to a group of clients is not at all beneficial in the long run. The clients must attain skills to move forward from their emotional and mental dilemmas, as a group and as individuals, rather than receive a "hand up" of sets of solutions from the counselor. The main point of counseling is to equip the clients to handle their problems on their own, interpersonally and intrapersonally with each other. Counseling is like parenthood. Parents are required to equip their children with sufficient tools in order to help children live interdependently and independently.

Ethical Issues Unique to Group Settings

Some of the ethical issues in professional group counseling include the highly confidential nature of group sessions and the challenges counselors have in refraining members from communicating with each other outside the group settings. As simple as these guidelines sound, it is difficult for the counselor to ensure these principles. After all human beings are relational beings. We are all inclined to create relationships as we understand ourselves and each

other. These relationships have defined boundaries. In group counseling, one of the most important boundaries to remember is to refrain from sharing private or confidential information gathered in the group outside the group.

Additionally, the demand for confidentiality in the counseling profession is one that can be neglected and can inevitably cause detrimental effects not just for the group but for individual as well (Gumpert & Black, 2006). With this confidentiality at hand, the trust issues are at stake and one that should be monitored closely and on a regular basis. The consequences of violating the confidentiality clause in any group therapy must be introduced and must constantly be revisited on a regular basis. It is that important.

Communication with other members of the group also propels another problem in ethics amongst counseling professionals. It creates a breach of contract among the group members (Gumpert & Black, 2006). Once this breach of contract is violated, the professionalism and the integrity of the counseling group is in a dangerous and delicate stage and one that can keep the group from progressing and the individual members from succeeding in their therapy goals.

One of the ethical issues in group counseling is of control, or the lack thereof. According to Haeseler, group therapists have lesser amount of control over what happens in group counseling sessions compared to individual therapy sessions (Amato, Blase, & Paley, 2000). Haesler have conducted both group and individual art therapies. She concluded that although group sessions can encourage member interactions, certain members can affect other members in a negative way (Amato et al., 2000).

Not only are human beings relational beings, we are also influential beings. We strive to persuade others as much as we strive to encourage one another. In group therapies, this need to influence others can be too strong that it creates a sense of peer pressure. Although not all peer

pressures are bad (because we can pressure others into doing what is morally correct) it is one that should be highly monitored in the groups. Every member of the group should be comfortable to freely state their feelings, thoughts and ideas and not be pressured or be influenced by other members to do or say what doesn't come sincerely from our hearts. Furthermore, Haeseler also cautioned other therapists to watch for coercion of one member to another (Amato et al., 2000). Coercion is a powerful tool that dictators and radical groups have used in the past centuries. It is a powerful modality and one that each counselor should be cautioned about.

Haeseler also suggested that group counselors should also be more sensitive with cultural and other differences amongst members (Amato et al., 2000). We live in a diverse world with people coming from different educational, cultural and socio-economic backgrounds. Members should be more tolerant with other members whose backgrounds they are not accustomed to. Members should use the group counseling sessions as learning opportunities to widen their cultural horizons.

Members should also refrain from creating cliques which can strain the dynamics of the group. The inability of the counselor to teach his or her members about diversity, tolerance and acceptance for one another can create deep tensions that can hinder the progress of the individuals or even worse, terminate the group altogether.

As with any type of counseling therapy, group or individual, it is important for the counselor to maintain efficient record-keeping practices (Amato et al., 2000). In these records should contain confidentiality agreements, release of records, emergency coverage and other issues. The confidentiality contract is a priority in group therapies as members may be inclined to communicate with other members outside of the group sessions. Confidentiality contracts can

encourage members that confidentiality is a serious and legal matter that needs to be adhered to and live by.

The lack of honesty is another ethical issue that creates long-term problems for groups (Gumpert & Black, 2006). It is not only detrimental to the relationship between client and counselor, but also debilitating towards the rest of the group. This lack of honesty can quickly lead to a lack of trust within the group and can cause fear or animosity between group members. With fear and animosity, there is lack of cooperation, lack of desire to be engaged and therefore, can lead to the unanticipated termination of the group.

The unanticipated termination of the group is also an ethical problem for counselors (Gumpert & Black, 2006). Each group has a purpose. Each group has a goal. The unanticipated termination of the group defines the group's lack of purpose and the counselor's lack of expertise in creating cohesiveness. No one progresses when a group terminates. In fact, the unanticipated termination of the group can cause members to feel uneasy in joining another group or trying out another group therapy in the future. This takes away for one of the powerful and greatest learning opportunities for the each member.

Co-leadership in Group Therapy

Unique to group counseling is the opportunity for leaders to have co-leaders. Co-leaders are essential in group therapies as they create additional set of dynamics in groups. Co-leaders can also assist the group leader with organization and planning which includes the assembly of members, as well as attain professional experience for future group counselors (Luke & Hackney, 2007). Co-leaders also have the ability to encourage further feedback from the members, enhance group participations, assist in identifying group biases, and add collectivity or the sense of cohesiveness in the group (Luke & Hackney, 2007). When leaders work cohesively,

they can produce progress and success and can encourage the members even more during each session.

Although co-leadership enhances the group positively, in more ways than one, it can also trigger more ethical issues in group counseling which precipitates from relational issues between the leaders. For one thing, the differences in backgrounds, power, or even status between the leader and the co-leader can create envy or competition between the two, thus complicating the group dynamics even more (Luke & Hackney, 2007). The differences can also create interpersonal conflicts. Interpersonal conflicts can destroy the group altogether, just as interpersonal cohesiveness can build the group and can take it further in its progress.

Where there's leadership, there is also the existence of power. This is the power of being in an authoritative role. With regards to power, there can be a crisis of "power imbalance" amongst group leaders (Luke & Hackney, 2007). These imbalances would eventually be evident towards the members who will be observing the leaders very closely during each session and can create their own perceptions of power amongst their leaders.

It is important to have seasoned group therapists in order to avoid this "power imbalance" which can inadvertently cause anxiety and lack of coordination within the group, amongst members and leaders alike (Luke & Hackney, 2007). Just as a leader is diligent in screening members for the group, he or she should also be diligent and cautious in choosing a co-leader for the group. The educational, emotional and cultural background of the co-leader should be taken into consideration, not to mention the right "chemistry" between the two professionals. The leaders must respect each other and must inspire each other in order to maintain this right amount of "chemistry" between the two leaders.

Ineffective communications, and over dependence of one leader towards the other (Luke & Hackney, 2007) can also create ethical issues within the group. This uneven distribution of work, organization and feedbacks can also result to the “splitting” of the groups. In any effect, the members would be the ones having to compensate for any conflicts the leaders may have because being in the midst of a conflict, and having to observe conflicts can create tension within the group members. Conflict between the leaders that are readily observable towards the members can limit the members from fully progressing towards their individual and group goals.

Leaders must fine-tune their communication skills with each other. They must spend time together honing in and perfecting their skills. They must be able to open up to one another to determine one’s strengths and weaknesses. Knowing a co-leader’s strength is a must, just as knowing a spouse’s strengths and weaknesses is inevitable for the marriage to work. In a way, co-leadership is like a marriage and the psycho educational group or therapy group members are the children. The leaders must communicate well to each other and to the members, just as the husband and the wife must communicate effectively to each other and to the children, in order to bring peace and cohesiveness in the family.

Additionally, just as dyads are encouraged among the members of the groups, dyads are also encouraged between the leader and co-leader. These dyads can nurture the relationship between the two. It can create openness and effective communications. In time, dyads can decrease the amount of competition and conflicts between the leaders.

As the two get more synchronized with their differences and preferences, the leader and the co-leader can strengthen their professional relationship and see the group through times of complacency and times of conflicts amongst the members.

It is important to note that failure for co-leaders to get synchronized or to follow together precautionary measures will eventually lead to unethical group counseling practices that would be detrimental for all members. The quicker the leader and the co-leader smooth out their differences, the more likely it is for the group to stay together.

Choosing Group Therapy over Individual Therapy

Group therapies are as important as individual therapies. Many therapists choose to conduct group therapies because in groups, members tend to feel a sense of equality (Banks, 2005) with other members, as opposed to having one authority (the counselor) and one individual (client or subject). Additionally, some people actually thrive better in groups because they like to share with others and may not feel very comfortable with having to talk to just one person. Group therapies can be the better therapy for people who dislike being by themselves.

Group therapies also encourage respect for others (Banks, 2005). Since members are required to actively participate in the group, they are also required to respect other members with their opinions; multi-cultural diversities and various personalities. They are required to allow others to share their experiences with the other members. Members who have learned to adapt to listening to others and learning from them can get better results in their emotional and social levels.

Group therapies are also preferred by leaders because of the exhilarating aspect of being more vigilant with members (Banks, 2005) when it comes to conflicts or negative outlooks of certain members. Therefore, group leaders have a stronger sense of keeping things more imaginative and livelier. There is nothing complacent and dull with a group because there are always different dynamics that the leader can face from one moment to the next. Group therapies can keep counselors on their toes, watching out for that dominant talker, or the negative

influence in the group. They also try to find more ways for the groups to be more exciting and challenging through different exercises.

Since groups encourage member participations, members are also given more clarification as well as feedback from other members. With feedback, members can receive more acknowledgement and acceptance. This can be a common occurrence because members will tend to ask more questions to other members and at the same time, gain broader perspectives just from listening to other members of the group. These interactions with other members can be referred to as “interpersonal learning” (Piper, 2007, p. 130). Interpersonal learning is unique. It encourages others to observe others and wait for their own time and opportunity to share (Piper, 2007). This learning opportunity encompasses feedback and praise with each other, as well and observation and imitation (Piper, 2007, p. 130).

Interpersonal learning also has a natural way of allowing members to reflect on a topic of issue, based on experiences of other members. Reflections can create thought-provoking questions that invite members to work even harder in probing how they feel or how they see things from another member’s background and experience.

Group therapies encourage “sharing”. When a group leader or co-leaders compliment members, other members are also encouraged to compliment others. There is a unique dynamic of “sharing” (Banks, 2005) when it comes to group therapies. Members are encouraged to help one another, listen to each other and resolve conflicts as well as learn to accept others for who they are.

Group therapies also create universality (Piper, 2007). This helps other members recognize the fact that they’re not alone with their difficulties. They can witness others sharing the same types of difficulties and challenges as they are experiencing.

The universality aspect that group therapies create also propels cohesion. Cohesion allows members to create new relationships or bonds with other group members (Piper, 2007). With cohesion, members relate to one another. Their bonds help them to progress socially and within their psycho educational goal. Cohesion also increases solidarity which helps for the success of any group. Trust and encouragement are the main keys in the cohesion aspect of the group. With them, the leader and the co-leader can ensure that the group is progressing well within their expected time frames.

Group therapies can create the perfect environment for observation on how we can each impact the lives of others. The members of the group can witness right away the effects of good communication and right attitudes and perceptions in real time within real relationships (Vandenberghe, 2009). There are no hypothetical discussions in group therapies. There are always experiential discussions and narratives in groups. This dynamic is ideal for learning by observation. The more opportunities are given to members for observation and feedback; for sharing and relating, the more progress the group can have as a whole. As the group progresses as a whole, each individual member can also progress in his or her own level and within his or her own sets of goals.

Choosing Individual Therapy Over Group Therapy

It is important to look at both sides of therapy. Many therapists prefer group therapies over individual therapies, and vice versa. Therapists who embrace individual therapies believe that group therapies reduce the sense of individualism for the patients (Piper, 2007). In other words, the patient is more likely to be influenced by other members of the group, regarding feedback and participation, rather than be encouraged to be themselves. Sharing is an essential part of therapy and some members are just not adapted to sharing how they feel with others.

Therefore, the trust level also diminishes. With one on one therapy, the trust level can be gained in each session, and sometimes almost instantaneously.

Many therapists also claim that group therapies are more likely to expose the therapists to personal attacks or criticisms (Piper, 2007). In other words, the observations of other members on how the therapist reacts to another member can create different perceptions of favoritism, inclusion or lack thereof, and can lead other members compelled to attack or even rebuke the therapist. This of course, can take the group therapy to another level which can keep other members from progressing.

Furthermore, many therapists prefer individual therapies because they have experienced that group therapies create more stress or anxiety for them (Piper, 2007). Since they are more likely to be personally attacked in group therapies, many counselors have done away with group therapies altogether. Of course, we have to always take into consideration the mental and emotional state of the therapist. The therapist who is able to distinguish where he or she works best and more efficiently should always take this into consideration. The level of comfort of the therapist can influence the success of each therapy session. However, the therapist must take into consideration the importance of either therapy. In fact, the therapist must be equipped to handle both group and individual therapies because the needs of the client vary. If however, that group therapy causes high anxiety for the counselor, the counselor must stop and re-consider the needs of his or her clients.

For many therapists, group therapies are more difficult to plan for or to organize (Piper, 2007). There are more challenges to face. These include the logistics of the group sessions: assembling members as well as generating referrals to keep up or maintain the groups (Piper, 2007). The therapist must be diligent in screening his or potential group members; must take into

consideration the different personalities of the members and must highly prioritize the goals set forth in each session. These goals must be aligned to the goals that the members have in joining a group. A mismatch in the goals can create a disaster for all members involved, not to mention misunderstandings and conflicts.

Conducting group therapies also requires more training and experience than only a few therapists are equipped with. The therapist must possess leadership and group communications skills and experience. Supplemental skills of forming, maintaining and ending a group must also be present, as well as working stage skills such as keeping the focus, creating dyads, and handling negative members should also be taken into consideration (Jacobs, Masson, & Harvill, 2009). This is where co-leadership can come into play. Before conducting groups, counselors must be experienced in co-leadership. The experience can give them better ways of handling conflicts and prepare them in communicating with the members as a whole.

Many times, therapists feel that group therapies create “irrelevant feedback” from certain members of the group (Vandenberghe, 2009). In other words, some members have difficulties communicating and can unintentionally stir the topic from one course to another. This shifting of the topic can be challenging to therapists especially if they are inexperienced with conducting group therapies. This shifting of topic from irrelevant feedbacks can also be time consuming and can slow down the progress of the group. Repeated irrelevant feedback can devastate the success of the group.

Finally, it is always difficult to avoid the subject of “budget” even in counseling therapies. Many therapists prefer individual therapies because group therapies are still not considered as a common treatment (Piper, 2007) and therefore, many healthcare management systems do not consider them as an essential in the overall well-being of the patient. With the

reduction of health care benefits by the health care management companies, the acceptance of group therapy as part of a rigorous treatment plan is still in its minimal level and many group therapy claims are continuously being denied (Piper, 2007).

Conclusion

Being able to counsel others as a group is a rewarding and fulfilling experience. A good group counselor must be experienced in both group and individual counseling therapies, and must know his or her strengths as well as his or her weaknesses. Most importantly, a good group therapy leader must be well-informed about the ethical practices, issues and limitations of his or her profession. Having an extensive education, well-balanced experience and background, self-awareness and broad knowledge of the ethical issues of group counseling, along with passion to make a difference and good and sound wisdom can help a group therapist succeed and therefore make a tremendous difference in people's lives.

References

- Amato, L., Blase, C., & Paley, S. (2000). Ethics. *American Journal of Art Therapy, 39*, 12.
- Banks, R. (2005). Solution-Focused Group Therapy. *Journal of Family Psychotherapy, 16*, 17-21.
- Freeman, S. J., Engels, D. W., & Altekruise, M. (2004). Foundations for Ethical Standards and Codes: The Role of Moral Philosophy and Theory in Ethics. *Counseling & Values, 48*, 163-173.
- Gumpert, J., & Black, P. N. (2006). Ethical Issues in Group Work: What are They? How Are They Managed?. *Social Work with Groups, 29*, 61-74.
- Hill, A. L. (2004). Ethical Analysis in Counseling: A Case for Narrative Ethics, Moral Visions and Virtue Ethics. *Counseling & Values, 48*, 131-148.
- Jacobs, E. E., Masson, R. L., & Harvill, R. L. (2009). *Group Counseling Strategies and Skills* (6th ed.). Belmont, CA: Brooks/Cole.
- Jennings, L., Sovereign, A., Bottorff, N., Mussell, N., Pederson, M., & Vye, C. (2005). Nine Ethical Values of Master Therapists. *Journal of Mental Health Counseling, 27*, 32-47.
- Luke, M., & Hackney, H. (2007). Group Coleadership: A Critical Review. *Counselor Education & Supervision, 46*, 280-293.
- Piper, W. E. (2007). Underutilization of Short-term Group Therapy: Enigmatic or Understandable?. *Psychotherapy Research, 18*, 127-138.
- Urofsky, R. I., & Engels, D. W. (2003). Philosophy, Moral Philosophy, and Counseling Ethics: Not an Abstraction. *Counseling & Values, 47*, 118.
- Vandenberghe, L. (2009). A Functional Analytic approach to Group Psychotherapy. *Behavioral Analyst Today, 10*, 71-82.