REGISTERED COUNSELLORS' EXPERIENCES WITH MANAGING ETHICAL ISSUES

Research by: Kgothatso Cyril Chilwane

Student number: 24m2274

Supervised by: Alan Fourie

Thesis submitted in fulfilment of the requirements for the degree

of Master of Arts in Counselling Psychology

Rhodes University

June 2025

ABSTRACT

Ethical issues are an intrinsic part of counselling practice, yet there is limited empirical research examining how South African Registered Counsellors (RCs) navigate such complexities. While ethical principles are covered during formal training, there appears to be a disconnect between theoretical instruction and the realities of ethical decision-making in practice. The challenges faced often involve reconciling professional standards with client needs, navigating power dynamics in therapeutic relationships, and interpreting ethical obligations within broader legal and institutional frameworks. This study responds to the gap in research and training by exploring the lived experiences of RCs in managing ethical issues. Drawing on a qualitative design, five purposively selected RCs participated in semi-structured interviews. Thematic analysis, underpinned by a social constructionist framework, was used to identify patterns in their narratives. The findings reveal that RCs frequently encounter ethical tensions related to confidentiality, boundary-setting, and the limits of client autonomy, particularly when working with vulnerable groups. Moreover, participants expressed that their academic training often lacked the practical application of ethics, leaving them underprepared for the nuanced decisions required in the field. These insights underscore the need for enhanced ethics education that bridges the gap between theory and practical application. The study contributes to the literature by highlighting the specific ethical challenges encountered by RCs and offers recommendations for curriculum reform and professional development aimed at strengthening ethical competence in counselling practice.

Keywords: Registered Counsellors, Ethical Issues, Ethical Dilemmas, Decision making-models

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to God, whose unwavering presence and grace have sustained me throughout this academic journey. In moments of doubt and fatigue, I found strength and clarity through faith. This accomplishment would not have been possible without divine guidance, and for that, I am profoundly thankful.

To my beloved mother, your unconditional love, sacrifices, and constant encouragement have carried me through every stage of this journey. You have been my anchor, my inspiration, and my greatest supporter. I am also immensely grateful to my sister, whose strength and belief in my potential helped me persevere through the most demanding times.

I am especially indebted to my research supervisor, Mr. Alan Fourie, whose patience, guidance, constructive feedback, and unwavering support made a significant impact on both the quality of this research and my personal growth as a student. Your dedication and insight have been invaluable.

A heartfelt thank you to the research participants who generously gave their time and shared their lived experiences. Your openness and honesty made this study possible. Your contributions will not only inform this work but hopefully help shape more ethically supportive environments for Registered Counsellors in the future.

To each person who played a role big or small in supporting me along the way, I extend my sincerest thanks. This milestone is as much yours as it is mine.

Declaration

I, Kgothatso Chilwane, hereby declare that the work on which this thesis is based is my original work (except where acknowledgements indicate otherwise) and have used the American Psychological Association VII system of referencing. I declare that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree through this or any other university. I empower the university to reproduce for the purpose of research either the whole or any portion of the contents in any manner whatsoever.

Signature:

Date: 24 June 2025

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION

Background and Context

Ethical challenges are an inherent part of psychological practice, and Registered Counsellors (RCs) in South Africa regularly encounter situations requiring them to balance competing responsibilities, moral values, and contextual pressures. These challenges often relate to issues such as confidentiality, boundary management, client autonomy, power dynamics, and the duty to protect, all of which require careful reasoning and reflection (Corey, Corey, & Callanan, 2015; Behnke, 2021). This study focuses on exploring how RCs understand and navigate these ethical complexities in their daily work. The aim is not to measure or evaluate training outcomes, but rather to understand how RCs make sense of their ethical preparation and how their professional experiences shape the ways they apply ethical principles and decision-making processes in practice. Since qualitative inquiry privileges lived experience and subjective meaning, the intention here is to explore how RCs describe the relationship between their training and professional realities (Gottlieb, Handelsman, & Knapp, 2017).

A more precise understanding of RC training pathways is essential for contextualising their ethical experiences. In South Africa, two routes lead to professional registration as a Registered Counsellor with the Health Professions Council of South Africa (HPCSA) the four-year BPsych degree, which integrates undergraduate and honours-level professional training, and the BPsych Equivalent or Postgraduate Diploma in Psychological Counselling, which follows a three-year non-professional bachelor's degree. Both routes require students to complete a minimum 720-hour supervised practicum, pass the HPCSA Board Examination, and meet all requirements for registration under the Professional Board for Psychology (HPCSA, 2013; HPCSA, 2019). This study includes RCs from both pathways, acknowledging that graduates may draw on different academic, cultural, and experiential resources when navigating ethical challenges. HPCSA Form 258, which outlines the “Framework for Education, Training, Registration and Scope of Registered Counsellors,” stipulates that accredited programmes must include theoretical grounding in psychology, applied counselling skills,

professional ethics, community-based practice, trauma intervention, cultural competence, and a structured practicum. The document also emphasises that ethics training must address professional conduct, ethical reasoning, decision-making processes, and culturally responsive practice (HPCSA, 2013; HPCSA, 2019). Despite these formal guidelines, there remains limited published literature describing how South African programmes teach ethics, whether they rely on case studies, simulations, reflective journals, applied modules, or purely theoretical instruction, and how ethical decision-making models are incorporated into curricula. This gap highlights the value of exploring RCs' perceptions of their learning rather than conducting formal curriculum evaluation.

The sense of preparedness that RCs describe is influenced by a range of contextual and relational factors beyond their academic programmes. Experience in the field, workplace culture, supervision availability, organisational expectations, and the nature of their client populations all shape how RCs understand and engage with ethical dilemmas. For instance, a counsellor working within a supportive multidisciplinary team may encounter ethical issues differently from one working independently or in an under-resourced rural clinic. Furthermore, variations in social support, professional mentorship, and opportunities for debriefing contribute significantly to how RCs experience ethical stressors and how they draw on ethical principles in practice. The broader cultural context also plays a role. South Africa's diverse communities often draw on African-centred values that emphasise collectivism, relational decision-making, and interdependence, which may contrast with Western ethical models grounded in individual autonomy. RCs frequently navigate these intersecting value systems, which can complicate ethical judgments in areas such as confidentiality, informed consent, and community involvement. Understanding how counsellors negotiate these nuances contributes meaningfully to the broader aim of this research.

Globally, ethical challenges in psychology are understood as universal but culturally mediated phenomena, with different regions emphasising values, legal requirements, and professional norms. International research illustrates that ethical dilemmas are shaped by legal systems, cultural expectations, and social resources, all of which influence how practitioners resolve tensions between competing principles (Wong,

2020; Doverspike, 2020). Locating this study within both global and South African contexts provides a comparative frame that acknowledges global trends while recognising the specific socio-political realities that shape mental health practice in South Africa. Resource shortages, high service demand, inequitable access, and the ongoing impacts of historical injustice create distinct pressures for RCs, whose roles often require balancing ethical standards against limited systemic support (Docrat et al., 2019; Petersen et al., 2016). These constraints may heighten ethical tensions, particularly when counsellors must respond to urgent client needs in settings where referral pathways are limited or organisational expectations conflict with ethical guidelines.

Within this complex environment, RCs are recognised as key providers of preventative and developmental psychological services, often acting as the first point of contact for individuals experiencing emotional or psychological distress (Naidoo, Dube, & Koen, 2022). Their scope of practice includes screening, short-term interventions, psychoeducation, crisis containment, and referral when necessary (HPCSA, 2019). Although RCs do not diagnose or provide long-term psychotherapy, they are expected to adhere to the same foundational ethical principles that guide the broader psychology profession. Ethical issues arise regularly when decisions must be made in the presence of competing moral obligations. These may escalate into ethical dilemmas when two or more ethical principles directly conflict, creating situations where no single action can satisfy all moral duties simultaneously (Knapp, Gottlieb, & Handelsman, 2017). In such instances, ethical decision-making models assist practitioners by providing structured processes for clarifying issues, examining competing values, consulting guidelines or colleagues, and determining contextually appropriate responses (Allan, 2016; Corey, Nicholas, & Bawa, 2021). Understanding how RCs use these models, whether implicitly or explicitly, forms an important part of this study.

Positioned within this landscape, the present study aims to explore how RCs describe the ethical challenges they encounter and how they understand the relevance of their training in preparing them for these experiences. The intention is to foreground their meanings, narratives, and interpretations without implying measurement or evaluation of training programmes. This emphasis on lived experience reflects the interpretive and

social constructionist foundations of the study, where knowledge is understood as relational, contextual, and co-constructed through interaction. By attending to how RCs articulate their ethical reasoning, the study offers insight into the broader interplay between education, professional identity, organisational context, and the realities of mental health care in South Africa. In doing so, it contributes to a richer understanding of ethical practice in counselling and highlights areas where further academic, professional, or systemic support may be valuable.

Research Problem and Gap

While international scholarship has extensively examined ethical dilemmas in psychology, limited empirical research has focused specifically on South African RCs and how they understand, interpret, and manage ethical challenges in their practice. Existing South African literature predominantly addresses scope-of-practice concerns, professional identity issues, and systemic barriers to service delivery (Joubert & Hay, 2020; Naidoo et al., 2022), yet less attention has been paid to the lived ethical experiences of RCs themselves.

A further gap concerns the extent to which RCs feel adequately prepared for ethical practice following their tertiary training. Although ethics content is included in training programmes, international and local research suggests that newly qualified professionals often have trouble applying ethical knowledge in real-world contexts, particularly when principles and practical realities conflict (Gottlieb, Handelsman, & Knapp, 2017; Allan, 2016). Many ethical dilemmas encountered by practitioners involve competing values, ambiguous guidance, or conflicting obligations in situations where codes and laws alone may not provide clear solutions (Behnke, 2021). This study therefore addresses a significant knowledge gap by exploring how RCs understand and navigate these ethical dilemmas, and whether their academic preparation sufficiently equips them for these responsibilities.

Significance of the Study

The study is important for several reasons. First, it contributes to professional scholarship by offering an in-depth exploration of the ethical tensions experienced by an under-researched category of mental health practitioners. Second, its findings have implications for training institutions, as they highlight areas where ethics education may need strengthening to better support RCs entering practice. Third, the research provides insight for regulatory bodies such as the Health Professions Council of South Africa, which oversees ethical practice and professional standards. Understanding how RCs interpret and apply ethical frameworks can inform policy development, supervision guidelines, and continuing professional development (CPD) initiatives. Ultimately, the study aims to enhance ethical competence within the profession, strengthen the preparedness of RCs working in high-demand environments, and support the provision of ethical, effective mental health care to the South African population.

Theoretical Paradigm: Social Constructionism

The research is anchored in social constructionism, a paradigm asserting that knowledge, meaning, and professional realities are co-created through social interaction, cultural discourse, and shared understandings (Holstein & Gubrium, 2016). From this perspective, ethical issues and dilemmas are not fixed or purely objective problems but are interpreted through Registered Counsellors' values, training, institutional cultures, and broader societal influences. This makes social constructionism particularly suited to exploring how RCs *make sense* of ethical challenges and how their interpretations shape their professional decisions. The paradigm also aligns with the study's qualitative orientation, which emphasises reflexivity, dialogue, subjective meaning, and the co-construction of knowledge between researcher and participants. By adopting this stance, the study acknowledges that RCs' ethical decision-making is shaped by dynamic interactions rather than static rules alone.

Research Rationale

The rationale for this research was to highlight the critical role RCs play within the South African context and thereby inspire aspiring counsellors. As Slack and Wassenaar (2012) emphasize, studies like this can facilitate learning from the experiences of others and contribute to the global sharing of knowledge. Ultimately, this research aimed to raise awareness, encourage further investigation into this area, and advocate for greater support for Registered Counsellors in their professional journeys. This study primarily aimed to look at the experiences of Registered Counsellors (RCs) concerning the ethical challenges they face in their practice. It also sought to explore whether their university or college education effectively prepared and supported them in managing these ethical issues. The study intended to unpack whether RCs felt their training equipped them sufficiently to address ethical conflicts or dilemmas through appropriate decision-making processes.

Research Goals and Objectives

With the above research rationale, the following research questions were formulated.

1. What type of ethical issues do Registered Counsellors encounter in general practice?
2. How are these issues managed by the Registered Counsellors?
    a. How are decision-making models or processes being used by Registered Counsellors?
    b. What decision-making models or processes are found to be helpful or unhelpful?
    c. In what way does the professional training of Registered Counsellors assist or not in their engagement with ethical issues?

Chapter Overview

This introductory chapter established the foundation for the study by outlining its background, rationale, aims, and significance. It highlighted the growing complexity of

ethical challenges faced by Registered Counsellors (RCs) working in diverse South African contexts, where systemic constraints, role ambiguity, and limited resources often exacerbate moral tensions (Naidoo, Dube, & Koen, 2022). The chapter defined key concepts such as ethical dilemmas and professional ethics and positioned the research within a social constructionist paradigm to emphasize the context-dependent and interpretive nature of ethical decision-making (Gergen, 2015). The research problem, guiding questions, and methodological orientation were introduced to frame the scope of the investigation.

Building on this foundation, Chapter 2 presents a review of the literature related to professional ethics in psychology. It explores the philosophical and theoretical underpinnings of ethical practice such as deontology, consequentialism, and virtue ethics and situates these within the regulatory and practical realities of RCs' work. The chapter also examines empirical studies on common ethical issues in counselling, including confidentiality, dual relationships, and the limitations of formal training. By engaging with both global and South African literature, the review provides a framework for understanding the ethical landscape RCs navigate and identifies gaps that the current study seeks to address. Chapter Three outlines the methodological approach, including the social constructionist paradigm, qualitative design, sampling, data collection, and analysis. Chapter Four offers the study's findings, organised into themes that reflect participants' experiences. Chapter Five discusses these findings in relation to existing literature. Chapter Six concludes the study, summarising key insights and offering recommendations.

CHAPTER TWO: LITERATURE REVIEW

Literature Search Strategy

To ensure a comprehensive and contextually grounded review, the literature for this chapter was sourced through searches conducted across multiple academic databases, including PsycINFO, Scopus, PubMed, SABINET, EBSCOhost, JSTOR, ScienceDirect, and Google Scholar. Search terms included combinations of professional ethics, ethical dilemmas, registered counsellors, South African mental health, ethical decision-making models, psychology practice ethics, HPCSA guidelines, online counselling ethics, and post-COVID mental health ethics. The review prioritised peer-reviewed articles, professional guidelines, policy documents, and books published between 2010 and 2024, with a deliberate emphasis on South African and African scholarship due to concerns about over-reliance on Western literature in psychology (Mkhize, 2020; Ratele, 2019).

Given the limited published research specifically on Registered Counsellors (RCs) in South Africa, the review broadened its scope to include literature on mental health practitioners, ethical reasoning in applied psychology, community-based mental health practice, and the ethical implications of working in resource-constrained settings. Recent publications discussing ethics in digital mental health, remote service delivery, telepsychology, and post-pandemic professional adjustments were included to reflect the evolving landscape of ethical practice (Jenkins, 2021; Pretorius & van Wyk, 2022). This strategy ensured a balanced review that integrates global theoretical contributions while foregrounding local, contextualised ethical challenges relevant to South African RCs.

The landscape of professional ethics has become increasingly complex as globalisation, technological innovation, and shifting socio-political expectations continue to reshape professional practice (Beauchamp & Childress, 2019; Zuboff, 2019). Across disciplines, practitioners now operate within interconnected systems where ethical decisions carry consequences that extend beyond immediate clinical or organisational contexts, influencing broader societal and international spheres (Carroll & Shabana, 2010). In psychology, these dynamics are particularly salient, as ethical practice requires

practitioners to navigate nuanced dilemmas that intersect with client welfare, professional boundaries, cultural expectations, and organisational constraints (Knapp, Gottlieb, & Handelsman, 2017).

Professional ethics play a crucial role in fostering accountability, credibility, and trust between practitioners and the public (Trevino & Nelson, 2021). Yet, these principles are not applied uniformly across global contexts; instead, they are shaped by cultural norms, legal frameworks, and socio-economic conditions. This is especially relevant in South Africa, where historical inequalities, limited mental health resources, and diverse cultural worldviews contribute to the unique ethical landscape within which Registered Counsellors (RCs) work (Lund et al., 2022; Petersen et al., 2016). The HPCSA's ethical codes provide foundational guidance, but RCs frequently encounter situations where contextual factors complicate the application of these standards in practice (HPCSA, 2019; Naidoo, Dube, & Koen, 2022).

Recent scholarship indicates that the post-COVID period has further altered the ethical terrain for mental health practitioners. The rapid expansion of online counselling, digital communication tools, and remote therapeutic work has introduced new concerns related to confidentiality, informed consent, data security, and cross-jurisdictional practice (Pretorius & van Wyk, 2022; Jenkins, 2021). At the same time, advances in artificial intelligence, digital assessment tools, and telepsychology platforms have raised questions about ethical competence, practitioner autonomy, and the potential for algorithmic bias in mental health decision-making (Moodley & Suleman, 2021). These emerging issues reinforce the need for adaptive ethical frameworks that accommodate both technological shifts and culturally grounded practices.

In examining ethical practice within both global and South African settings, this chapter reviews the foundational principles of professional ethics, the theoretical frameworks that inform ethical reasoning, and the specific ethical challenges confronting RCs in their work. The discussion foregrounds South African scholarship to ensure contextual relevance and highlights the importance of culturally responsive, socially aware, and technologically informed ethical practice within the contemporary mental healthcare landscape. Through this approach, the chapter establishes a foundation for

understanding how RCs navigate ethical complexities and how their experiences intersect with broader national and global debates on professional ethics.

Professional Ethics from a Global Perspective

Professional ethics form the backbone of responsible practice across disciplines, but their importance is particularly pronounced in the helping professions such as psychology where practitioners' decisions have direct implications for the wellbeing, autonomy, and dignity of those they serve. As globalisation, digital transformation, and socio-political change continue to reshape professional landscapes, ethical expectations have become increasingly complex and contextually nuanced (Beauchamp & Childress, 2019; Floridi, 2013). This complexity underscores the need for practitioners to adopt ethical frameworks that guide consistent, fair, and accountable decision-making within diverse and rapidly evolving environments.

Within the psychology profession, ethical principles act as safeguards that ensure the responsible use of professional knowledge and power. Ethical practice requires practitioners to uphold values such as respect, beneficence, integrity, and justice while navigating dilemmas that often lack straightforward solutions (Knapp, Gottlieb, & Handelsman, 2017). As ethical challenges become more layered in a globalised world, practitioners must increasingly balance competing obligations for example, confidentiality versus protection from harm, client autonomy versus cultural norms, or professional boundaries versus community expectations (VandenBos, 2015).

Although ethics differ across professions, several well-established ethical decision-making models, originally developed in the fields of business and organisational leadership, have become influential across disciplines, including psychology. Consequentialist approaches emphasise the outcomes of actions and regard ethical decisions as those that maximise overall benefit or minimise harm. Within this tradition, the utilitarian perspective focuses on what leads to the greatest good for the greatest number, while the common-good approach prioritises actions that advance collective welfare. In contrast, non-consequentialist approaches evaluate the inherent nature of actions rather than their outcomes. These frameworks include rights-based approaches, which maintain that actions infringing on individuals' rights are inherently unethical;

justice-based approaches, which emphasise fairness, equity, and proportionality; and virtue ethics, which centres ethical judgment on the moral character of the decision-maker, including qualities such as integrity, honesty, prudence, and compassion (Solum, 2020; Banks, 2016; Beauchamp & Childress, 2019).

Although these models originated outside the mental health professions, they are highly relevant to psychological practice, particularly when Registered Counsellors encounter cases that involve multiple competing ethical principles. These frameworks offer conceptual tools that help practitioners reflect on their reasoning, examine their personal values, and justify their decisions within broader moral systems.

Cultural relativism further complicates ethical practice in multicultural contexts. This perspective posits that ethical principles cannot be universally applied, as moral values vary across societies and cultural groups (Donaldson & Dunfee, 1999). In a highly diverse society such as South Africa, psychological practitioners must continually negotiate tensions between universal ethical principles and community-specific norms. For many clients, relationality, communal responsibility, and Ubuntu shape their expectations of care and confidentiality. Understanding these nuances is essential for ethical decision-making in counselling, since Western-derived ethical standards may not always align with African worldviews or lived realities (Mkhize, 2020). This context emphasises that ethical reasoning for RCs may be both principled and culturally grounded.

The increasing digitalisation of mental health care has added another dimension to global ethical discourse. The growth of online counselling, telehealth platforms, AI-driven tools, and digital data storage has introduced new ethical concerns related to privacy, data protection, digital competence, and informed consent (Pretorius & van Wyk, 2022; Floridi et al., 2018). The rapid shift to online service delivery during the COVID-19 pandemic foregrounded these challenges and exposed gaps in existing ethical guidelines (Jenkins, 2021). These developments illustrate that ethical practice is no longer confined to interpersonal contexts but extends into digital ecosystems subject to global regulations such as GDPR, making ethical decision-making increasingly interdisciplinary and technologically informed (Zuboff, 2019).

Across global contexts, professional ethics remain central to building trust, safeguarding client rights, and maintaining the integrity of professional services. Whether in psychology or other fields, ethical practice relies on reflective and principled decision-making processes that account for consequences, duties, rights, virtues, justice, and cultural expectations. For Registered Counsellors, the growing complexity of ethical landscapes shaped by globalisation, digital transformation, and the realities of South African communities requires flexible yet principled ethical reasoning. Integrating global ethical models with culturally situated practices enables practitioners to navigate moral challenges responsively and responsibly. Ultimately, ethical practice in an interconnected world demands an ongoing commitment to professional integrity, adaptive ethical frameworks, and an awareness of emerging ethical trends, ensuring that practitioners remain equipped to respond to increasingly complex dilemmas across diverse contexts.

Professional Ethics in the Field of Psychology

International Perspectives on Psychology Ethics

Across international contexts, the evolution of psychology as a profession has been accompanied by the development of ethical codes aimed at safeguarding client welfare, guiding practitioner conduct, and preserving the legitimacy of the discipline (Pettifor & Sawchuk, 2006). Major professional bodies including the American Psychological Association (APA, 2017), the British Psychological Society (BPS, 2018), and the Canadian Psychological Association have established ethical frameworks that emphasise principles such as respect for dignity, beneficence, non-maleficence, justice, and integrity. Although originally designed for psychologists, these principles are instructive for a wider range of mental health practitioners, including Registered Counsellors (RCs), who operate under comparable ethical expectations and face similar tensions when navigating client needs, organisational demands, and legal obligations.

International scholarship consistently shows that ethical dilemmas are intrinsic to psychological practice. These dilemmas emerge when practitioners encounter competing ethical principles or ambiguous institutional, legal, or interpersonal expectations (Knapp et al., 2017). For instance, psychologists working in rural or close-knit communities often

experience distinctive ethical challenges due to multiple or unavoidable relationships, where the practitioner may be simultaneously a counsellor, neighbour, fellow community member, or social acquaintance. Barnett et al. (2020) highlight that these overlapping roles can complicate boundary-setting, heighten risks to confidentiality, and demand constant ethical vigilance. Similar tensions arise in many European and North American contexts when practitioners must choose between maintaining confidentiality and fulfilling a duty to protect third parties from harm dilemmas that require nuanced, context-sensitive judgement (Knapp et al., 2017).

International research also emphasises the psychological burden associated with making ethically ambiguous decisions. Knapp, Berman, Gottlieb, and Handelsman (2007) note that practitioners often experience moral unease when faced with dilemmas that do not lend themselves to straightforward or universally “correct” solutions. Such decisions may leave practitioners vulnerable to internal conflict, self-doubt, and criticism from clients, colleagues, or regulatory bodies. Prolonged exposure to such dilemmas can influence practitioner well-being. Boccio et al. (2016) found that institutional pressures that constrain ethical decision-making increase risks of burnout, reduced job satisfaction, and professional withdrawal, while Huhtala et al. (2017) similarly reported that persistent ethical stress negatively affects both clinicians’ mental health and the quality of their work.

Although most of this literature focuses on psychologists, the nature of ethical strain described internationally is highly relevant to South African RCs, who frequently work in contexts shaped by resource limitations, socio-cultural diversity, and systemic inequalities. RCs may encounter ethical challenges that mirror those documented globally but are intensified by local conditions. For example, RCs practising in rural South Africa may similarly face unavoidable dual relationships, blurred boundaries, and heightened expectations from community members. Such settings may limit access to supervision or referral pathways, complicating ethical decision-making in ways not typically seen in urban, well-resourced environments. Conversely, RCs working in urban settings may face different pressures, such as large caseloads, organisational constraints, and heightened administrative demands that influence client care and ethical responsiveness. Cultural diversity adds another layer to ethical decision-making. In many South African communities, African-centred worldviews including relational ethics informed by Ubuntu

emphasise interdependence, collective responsibility, and communal harmony. These cultural expectations can shape client understandings of confidentiality, autonomy, family involvement, and decision-making authority. International ethical frameworks grounded in Western individualism may not always align neatly with such cultural interpretations, requiring RCs to constantly navigate the interface between global ethical standards and local cultural realities. Similar challenges have been identified across various African and Asian contexts where practitioners must adapt Western-developed ethical codes to community-oriented or collectivist cultures (Nwoye, 2015).

These contextual variations highlight a broader point emerging from both international and South African literature, ethical decision-making models are not applied uniformly across practitioners or settings. Even when RCs are trained using the same decision-making frameworks such as Allan's model or the Corey et al. Model their application differs depending on the practitioner's lived experience, cultural background, workplace setting, available resources, supervisory structures, and community expectations. Ethical practice is therefore dynamic, shaped by the intersection of professional training and contextual realities.

This has important implications for RC education. While training programmes can equip students with ethical frameworks, case studies, and theoretical tools, these models inevitably require adaptation in practice. RCs must learn to integrate their training with contextual sensitivity, cultural responsiveness, and experiential judgment. The diversity of South African counselling contexts rural vs. urban, community-based vs. organisational, resourced vs. under-resourced, individualistic vs. collectivist cultural settings means that ethical dilemmas may manifest differently across practitioners. Thus, training programmes should not only teach ethical codes and structured models but also emphasise the development of reflective practice, cultural competence, and contextually attuned ethical reasoning to prepare RCs for the nuanced ethical landscape they will encounter. Through integrating international insights with South African-specific complexities, it becomes clear that ethical practice within psychology is inherently contextual and cannot be reduced to rigid or universally applicable formulas. For RCs, navigating ethical dilemmas requires both a grounding in formal models and the flexibility

to adapt these models to diverse, culturally rich, and often challenging professional environments.

South African Context: Legal and Ethical Governance Under the Health Professions Council of South Africa (HPCSA)

Psychology in South Africa is formally regulated under the Health Professions Act 56 of 1974, which recognises psychology as a professional field and establishes legal parameters for practice (Wassenaar, 2002). The Health Professions Council of South Africa (HPCSA), through the Professional Board for Psychology, is responsible for accrediting training programmes, overseeing registration, regulating professional conduct, and ensuring compliance with ethical and legal standards (HPCSA, 2016). The National Board Examination, which includes a substantial ethics component, further reinforces the importance of ethical competence in professional practice.

South African psychology practitioners including Registered Counsellors, psychologists, and psychometrists must comply with the ethical rules of conduct established under the Health Professions Act and its amendments (Government Gazette, 2006). These rules work in tandem with a wide range of legislative frameworks, including the Constitution of South Africa, the Children's Act 38 of 2005, the Promotion of Access to Information Act 2 of 2000 (PAIA), and the Protection of Personal Information Act 4 of 2013 (POPIA). Together, these instruments underscore the responsibilities of mental health practitioners to safeguard human rights, protect confidentiality, ensure informed consent, and provide services aligned with professional competence.

The HPCSA's ethical guidelines also emphasise the importance of working within one's scope of practice. For Registered Counsellors specifically, this means providing preventative and developmental psychological services such as psychoeducation, brief counselling, screening, and referral rather than diagnosis or long-term psychotherapy (HPCSA, 2019; Naidoo, Dube, & Koen, 2022). Distinguishing RCs from psychologists is essential not only for maintaining ethical practice but also for ensuring that the literature informing this study is applied accurately and appropriately. While international research often refers broadly to "psychologists," any application of such findings to RCs requires explicit justification, given their differing scopes of practice. In this study, international literature on psychologists is used selectively and only where the underlying ethical

dynamics such as confidentiality, boundaries, or multiple roles are directly relevant to the experiences of RCs.

South African Ethical Challenges in Psychological Practice

Although South Africa adheres to global ethical principles, the local context presents unique challenges due to socio-economic inequalities, resource constraints, cultural diversity, and high service demand. Ethical dilemmas frequently arise in the work of RCs, especially in community-based and public-sector settings where overlapping roles, complex client needs, and institutional pressures complicate decision-making (Slack & Wassenaar, 2012). For example, confidentiality dilemmas may emerge when RCs must decide whether sharing private information with teachers, parents, or social workers is necessary to protect a client's well-being. Similarly, limited access to specialised services often forces RCs to navigate ethical tensions related to referral, competence, and client expectations. South African scholarship reinforces the complexity of these challenges. Wessels and Swart (2020) found that school-based mental health practitioners face recurring ethical issues relating to informed consent, high caseloads, role ambiguity, and report-writing responsibilities. These findings highlight the degree to which contextual constraints such as large class sizes or limited psychological resources shape ethical decision-making for practitioners in South Africa. Although this research focuses primarily on psychologists and school counsellors, the themes are applicable to RCs, who often work in similar environments and confront comparable dilemmas within their defined scope of practice.

Limitations of Ethical Codes and the Need for Context-Embedded Decision-Making

Despite the comprehensive regulatory structure governing psychological practice in South Africa, scholars argue that ethical codes alone are insufficient for guiding practitioners through complex, context-specific dilemmas. Wassenaar (2002) notes that adherence to prescriptive rules does not guarantee ethically sound behaviour, as real-world practice involves dynamic and unpredictable situations not fully anticipated by regulations. Burke et al. (2007) similarly critique the South African ethical code for lacking practical relevance and for failing to capture the ambiguity often present in ethical

dilemmas. Allan (2016) further argues that over-reliance on rule-based compliance may inhibit reflective thinking and limit practitioners' willingness to engage deeply with ethical complexities, thereby weakening professional judgment. Given these limitations, ethical decision-making for RCs must be grounded not only in ethical rules but also in reflective reasoning, cultural awareness, and contextual sensitivity. This is particularly important in a diverse society like South Africa, where cultural norms, community expectations, and socio-economic factors significantly shape client relationships and ethical considerations. Understanding how RCs navigate these realities is therefore central to this study, which seeks to explore their lived experiences and to illuminate the factors that shape their ethical decision-making processes in practice.

Ethical Decision-making Models

Navigating ethical dilemmas requires mental health practitioners to rely on structured, reflective, and context-sensitive approaches to guide their reasoning. Within international psychological practice, ethical decision-making models provide practitioners with systematic frameworks for analysing complex situations, recognising competing obligations, and justifying the choices they ultimately make (Knapp et al., 2007). Although many of these models were originally developed for psychologists, they offer conceptual guidance that can be meaningfully applied to the work of Registered Counsellors (RCs), provided that adaptations are made to reflect the RC scope of practice.

In the South African context, RCs receive professional training through accredited BPsych, BPsych Equivalent, or Postgraduate Diploma in Psychological Counselling programmes, all of which are governed by the HPCSA's Form 258 Framework for Education, Training, Registration and Scope of Registered Counsellors (HPCSA, 2019). This framework specifies that RC curricula must include foundational ethics, South African legal requirements, community-based practice principles, culturally responsive counselling, and applied ethical decision-making. Training institutions therefore introduce RC students to structured ethical decision-making models most commonly Allan's Eight-Step Model and versions of the Corey, Corey, and Callanan Model while also integrating applied ethics exercises, case studies, simulated scenarios, and supervised practicum experiences to support practical competence. As RCs are trained specifically for primary-

level psychological interventions, their ethical reasoning is typically framed around preventative work, short-term interventions, and appropriate referral processes, rather than diagnostic or long-term psychotherapeutic concerns typically faced by psychologists (Naidoo, Dube, & Koen, 2022).

Allan's (2016) ethical decision-making model is widely utilised in South African training programmes because of its structured and normative orientation. The model guides practitioners through a phased process beginning with identifying the ethical concern, understanding the contextual background, gathering relevant information, and applying ethical, legal, and professional principles. It stresses the integration of contextual awareness, including cultural dynamics, institutional policies, and personal value systems. Practitioners then select and implement a course of action, document their reasoning, and evaluate the outcome through reflective practice. This iterative approach promotes accountability and ensures that the ethical response remains aligned with both professional standards and the situational realities of practice.

Similarly, the ethical decision-making model described by Corey, Nicholas, and Bawa (2017) has been integrated into several RC programmes as part of applied ethics training. This model encourages practitioners to clearly identify the dilemma, consider competing ethical principles such as autonomy, justice, non-maleficence, and beneficence, review ethical codes, and consult with supervisors or peers. Emphasis is placed on recognising the relational and systemic implications of each possible decision and reflecting on whether the chosen course of action fulfils ethical, legal, and human-rights obligations. The model concludes with a period of reflection after implementation, supporting ethical growth and professional learning.

Although these models form part of the ethical training RCs typically receive, they are not the only frameworks relevant to ethical practice in African contexts. For community-oriented practitioners such as RCs, African-centred ethical frameworks offer important cultural grounding. Concepts such as Ubuntu, which emphasises relationality, collective well-being, dignity, and interconnectedness, provide culturally resonant guidance for ethical reasoning in South Africa's diverse social landscape (Mkhize, 2017). Ubuntu-based ethical perspectives highlight communal responsibility, shared humanity,

and the moral obligation to act in ways that strengthen social cohesion values highly aligned with the preventative, community-based mandate of the RC profession. Indigenous counselling approaches similarly encourage practitioners to consider the cultural norms, relational expectations, and collective decision-making structures that shape client experiences and influence ethical interpretations (Nwoye, 2015). Integrating these frameworks with traditional decision-making models enables RCs to approach ethical dilemmas in ways that are both ethically rigorous and culturally responsive.

Research literature specifically examining RCs' ethical decision-making processes remains limited in South Africa, reflecting a broader gap in empirical work on this professional category. As a result, much of the available literature draws on psychologist-focused models. However, because RCs work under similar ethical codes and encounter many parallel challenges especially in relation to confidentiality, multiple roles, informed consent, and institutional pressures the foundational principles of these models remain relevant. The present study therefore interprets ethical decision-making models through the lens of the RC scope of practice, acknowledging that while they share certain ethical requirements with psychologists, their community-based, short-term, and preventative role shapes the way ethical dilemmas are experienced and resolved.

Across both international and South African settings, the value of ongoing professional development remains central to ethical competence. Johnson and Kaslow (2019) emphasise that practitioners must continually strengthen their ethical awareness through supervision, peer consultation, continuing professional development (CPD), and reflective practice. For RCs, whose work frequently takes place in resource-limited and high-demand environments, continuous learning supports their capacity to engage thoughtfully with ethical challenges and maintain professional integrity within complex social systems.

Overall, ethical decision-making for RCs is shaped by a combination of formal decision-making models, statutory ethical guidelines, cultural frameworks, and experiential learning. Integrating these elements enables RCs to manage ethical dilemmas with sensitivity, accountability, and cultural awareness, ensuring that their decisions remain consistent with the values and responsibilities of the profession.

Ethics and Morality

As ethical decision-making in professional psychology becomes increasingly nuanced, practitioners frequently encounter situations where established ethical codes and regulatory guidelines do not provide sufficiently clear direction (Knapp, Gottlieb, & Handelsman, 2017; Allan, 2016). For Registered Counsellors (RCs), who often work at the interface of community needs, cultural expectations, and resource constraints, these moments of ambiguity can be particularly pronounced. In such circumstances, ethical principles alone may not offer adequate guidance, prompting the need for deeper theoretical reasoning. This necessitates a shift from procedural or rule-based ethics toward a broader philosophical grounding in morality, drawing on frameworks such as deontology, consequentialism, and virtue ethics to evaluate competing values, duties, rights, and outcomes (Beauchamp & Childress, 2019; Van Zyl Smit & Snacken, 2009).

Within this broader ethical landscape, deontological, consequentialist, and virtue-based theories remain foundational in shaping professional conduct across disciplines. Deontological ethics or duty-based morality asserts that certain actions are morally obligatory regardless of their consequences. In psychological practice, deontology forms the philosophical basis for many professional ethical codes including those adopted by the American Psychological Association and the Health Professions Council of South Africa where principles such as respect for human dignity, informed consent, confidentiality, and non-maleficence are regarded as non-negotiable duties (Allan, 2016). Deontological reasoning is reflected in South Africa's core ethical standards, which emphasise fairness, rights, justice, and the fulfilment of professional obligations (HPCSA, 2019). In instances where legal requirements and ethical principles collide, deontological frameworks typically prioritise compliance with the law, reflecting the primacy of legal duties within health professions (Zalta & Nodelman, 2020).

Consequentialist ethics, in contrast, emphasises the evaluation of actions based on their outcomes. In counselling contexts, this involves assessing the potential benefits and harms associated with different courses of action and selecting the option most likely to promote client well-being (Allan, 2016). This approach is particularly relevant in community and school-based settings where RCs often navigate competing demands,

limited resources, and urgent client needs. Decisions such as determining whether confidentiality may be breached to ensure safety, or whether a referral may delay essential support, often require balancing the consequences of each action within the constraints of the environment.

Virtue ethics, which foregrounds the development of moral character, provides another lens through which RCs may approach ethical decision-making. Rather than focusing solely on duties or outcomes, virtue ethics highlights qualities such as honesty, compassion, empathy, courage, and integrity traits that shape the counsellor's ethical orientation and influence their ability to respond sensitively to clients (Allan, 2016). This approach is particularly compatible with the relational and preventative ethos of the RC profession, which emphasises empathy, community engagement, and strengths-based practice.

Although these ethical theories form the philosophical foundations of professional ethics, their presence and depth within RC training programmes in South Africa varies. The HPCSA's Form 258, which outlines the standards for education, training, and registration of RCs, specifies that programmes must include training in ethical principles, legal frameworks, and professional conduct (HPCSA, 2013). However, the document does not explicitly require that deontology, consequentialism, or virtue ethics be taught as standalone theoretical models. Instead, ethics is generally integrated into coursework on counselling skills, psychological practice, and professional development, often with an emphasis on applied decision-making rather than philosophical grounding.

As a result, some RC training programmes introduce ethical decision-making frameworks such as those created by Allan (2016) or Corey et al. (2019) without explicitly linking them to the underlying moral theories that inform them. This creates a potential disconnect: while RCs are taught how to follow structured decision-making steps, they may not always receive sufficient grounding in the philosophical rationales that justify these steps. Consequently, when they encounter complex or ambiguous dilemmas that extend beyond the scope of procedural guidelines, RCs may feel underprepared to reason through deeper moral conflicts, particularly in contexts where cultural norms, community

values, or systemic pressures shape ethical decision-making in ways that fall outside prescriptive models.

This gap is especially relevant in the South African context, where RCs frequently work in communities marked by socio-economic inequality, cultural diversity, indigenous knowledge systems, and historical trauma. Ethical dilemmas in such settings may require the integration of Western ethical theories with Afrocentric moral philosophies, such as Ubuntu, which emphasises relationality, collective well-being, and communal responsibility. While Ubuntu-informed approaches align closely with virtue ethics, they are seldom explicitly included in RC training programmes, despite being vital for culturally responsive and contextually grounded practice.

Integrating philosophical ethics more intentionally into the curriculum alongside indigenous ethical frameworks could enable RCs to form a more robust ethical foundation that supports sensitive, contextually appropriate reasoning across diverse practice settings. Such integration would strengthen the connection between theoretical ethics, professional guidelines, and the lived realities of counselling practice, ensuring that RCs are better equipped to navigate the moral complexity that characterises their work.

Mental Health Care Demand and the Role of Registered Counsellors in the South African Context

Globally, the need for mental health care is rising, with the World Health Organization (WHO, 2022) estimating that approximately one in eight individuals is currently diagnosed with a mental health disorder. The situation is especially critical in low- and middle-income countries, including South Africa, where mental health services are under-resourced and inaccessible to the majority (Lund et al., 2022; WHO, 2023). Despite national mental health policies emphasizing equity and access, the implementation gap remains substantial (Department of Health, 2013; Skeen et al., 2023).

South Africa faces a pronounced shortage of mental health professionals, with many public health facilities operating without access to psychologists or psychiatrists (Burns, 2021). This leaves rural and disadvantaged communities particularly vulnerable. Most citizens cannot afford private health care, further exacerbating the burden on an

already overstretched public system (Petersen et al., 2021). Long waiting periods, poor continuity of care, and high rates of untreated mental illness are common outcomes.

In addition, systemic issues such as poverty, unemployment, gender-based violence, and substance abuse significantly contribute to the burden of mental illness (Lund et al., 2022; Kaminer & Eagle, 2020). The legacy of apartheid, ongoing social inequality, and structural violence also amplify psychological distress, leading to increased rates of depression, anxiety, and trauma-related disorders, especially among youth and women (Skeen et al., 2023).

In this context, Registered Counsellors can play a vital role. They offer low-threshold, community-based psychological services, often functioning as the first point of contact for individuals in distress. Their scope includes preventative care, psychoeducation, brief interventions, and referrals, all of which contribute to alleviating the burden on more specialized services (HPCSA, 2022; Moleiro et al., 2020). Expanding their role could significantly enhance mental health service delivery in South Africa's underserved communities.

The role of Registered Counsellors in Expanding Mental Health Services

The Registered Counsellor (RC) category was formally introduced by the Health Professions Council of South Africa (HPCSA) in 2003 as a strategic response to the growing mental health treatment gap in the country (HPCSA, 2013). South Africa's public health system continues to face significant constraints, including a shortage of specialised mental health professionals and limited-service reach in low-income and rural communities (Abel & Louw, 2009; Petersen et al., 2016). The RC designation was therefore established to broaden access to psychological support, particularly for individuals who may not otherwise reach traditional mental health services (Elkonin & Sandison, 2010; Joubert & Hay, 2020). RCs are positioned to provide preventative and early-intervention care, thereby alleviating pressure on more specialised practitioners such as clinical and counselling psychologists.

In terms of training pathways, two distinct yet equivalent academic routes qualify individuals to register as RCs with the HPCSA. The first route is the four-year Bachelor of

Psychology (BPsych) degree, which integrates undergraduate and professional training into a single programme. The second is the BPsych Equivalent / Professional Honours Route, completed after a three-year non-professional undergraduate degree. This option is offered either as a BPsych Equivalent programme or as a Postgraduate Diploma in Psychological Counselling (PGDip Psychological Counselling) at NQF level 8. Both pathways include a 720-hour practicum, supervised workplace learning, and the requirement to pass the HPCSA Board Examination before registration (HPCSA, 2019). This study considers both qualification pathways, as graduates from either route enter the profession with the same legal scope of practice and are exposed to comparable ethical responsibilities and workplace demands. Including both groups allows for a broader, more representative understanding of the ethical challenges encountered by RCs across training backgrounds.

Once qualified, RCs work across varied settings schools, community organisations, NGOs, private practice, and public health institutions where they frequently serve as the first point of contact for individuals in psychological distress (HPCSA, 2019). Their scope of practice centres on psychological screening, psychoeducation, brief supportive counselling, trauma containment, referrals, and mental health promotion (HPCSA, 2013). By focusing on preventative and community-based interventions, RCs play a pivotal role in tackling mental health disparities, particularly in underserved areas where access to psychologists and psychiatrists is limited.

RCs also enhance cultural responsiveness in mental health care. Research indicates that their training emphasises context-sensitive practice and the integration of indigenous knowledge systems, where appropriate, to better align services with community realities (Van den Heever et al., 2021). This culturally grounded approach contributes to services that are more relatable, affordable, and accessible to South Africa’s diverse population.

Despite their critical contribution, the RC profession continues to face several systemic challenges. Limited formal posts within the public sector, inconsistent recognition of their role within multidisciplinary teams, and ongoing ambiguities surrounding scope-of-practice boundaries often compromise their professional

positioning (Joubert & Hay, 2020; Van den Heever et al., 2021). These structural constraints not only affect employment prospects but also amplify the ethical complexities encountered by RCs, particularly in high-pressure environments where they must balance client needs, institutional directives, and ethical obligations.

Challenges Facing Registered Counsellors in South Africa

Registered Counsellors (RCs) were introduced with the intention of strengthening South Africa's mental health system by increasing access to primary-level psychological care, particularly in underserved and historically marginalised communities. However, despite the clear national need for their services, the category continues to face substantial structural, professional, and contextual challenges that influence both their practice and the ethical dilemmas they encounter.

One longstanding challenge relates to the limited awareness and understanding of the RC scope of practice among the public, other health professionals, and even institutions expected to host practicum or employment opportunities (Elkonin & Sandison, 2006). Misconceptions regarding RC competencies often result in role confusion, inappropriate referrals, or expectations that fall outside their training, creating tensions between what RCs are authorised to do and what communities or institutions expect from them (Joubert & Hay, 2020). This gap in understanding not only undermines the professional identity of RCs but also contributes to a fragmented integration within multidisciplinary teams.

Employment opportunities also remain constrained. Research shows that RCs struggle to secure sustainable positions within the public health system, where formalised posts remain scarce despite evident service gaps (Rouillard et al., 2016). Earlier studies highlighted that RCs were seldom incorporated into government-funded mental health programmes, leaving many to rely on short-term contracts, NGO-linked employment, or fee-for-service private practice in communities that may not afford such services (Elkonin & Sandison, 2006). More recent evidence suggests gradual progress: RCs are increasingly being absorbed into school-based wellness teams, NGO and faith-based counselling projects, university support structures, and community outreach initiatives (Skeen et al., 2023; Petersen et al., 2021; Naidoo et al., 2022). These developments

illustrate growing recognition of the RC's role in early intervention, psychoeducation, and community mental health. However, the absence of a formalised national policy pathway for integrating RCs into the public mental health workforce continues to restrict large-scale employment and limits their contribution at systemic level (Lund et al., 2022).

The contextual realities in which RCs practise ranging from resource shortages to culturally diverse and highly distressed communities significantly shape the complexity of their ethical challenges. RCs often work at the frontline of care, particularly in communities where psychologists and psychiatrists are scarce. As a result, they are frequently the first point of contact for individuals presenting with trauma, interpersonal violence, severe psychological distress, or emerging psychiatric concerns. This frontline positioning places RCs in situations where they must balance client needs with ethical and legal boundaries, including the limits of their scope of practice, referral responsibilities, and considerations of client safety.

Considering that RCs operate in settings characterised by high demand and limited resources, ethical dilemmas tend to emerge not only from individual client presentations but also from systemic constraints. For example, an RC may recognise the need for urgent referral for a client presenting with severe psychopathology, yet face barriers such as unavailable psychiatric services, long waiting lists, or inaccessible transport for the client. These constraints heighten ethical tensions, particularly around issues such as beneficence, non-maleficence, and justice.

Furthermore, RCs must navigate cultural and community-based expectations that sometimes conflict with Western-derived ethical codes. Community norms around collective decision-making, family involvement, or religious interpretation of mental distress can influence how RCs manage confidentiality, informed consent, and autonomy. In rural areas, unavoidable dual relationships similar to those documented internationally in small communities compound ethical complexity, as counsellors may interact with clients across multiple social settings.

These contextual pressures help explain why RCs frequently encounter ethical dilemmas related to confidentiality, referral processes, boundary management, and

scope-of-practice clarity (Rouillard, Wilson, & Weideman, 2015). Maintaining appropriate boundaries, as Zur (2021) notes, is essential for professionalism, yet RCs working in close-knit or resource-poor communities may face blurred lines that make strict boundary enforcement challenging. Difficult cases involving suicide risk, domestic violence, or severe mental health presentations further amplify the ethical weight of their decisions, especially when specialist services are limited (Kotze & Carolissen, 2005; Peterson, 2004).

Importantly, the ethical tensions RCs face are not separate from the structural challenges outlined earlier they are deeply intertwined. Limited employment pathways, unclear professional recognition, resource constraints, and diverse cultural contexts all contribute to the frequency and intensity of ethical dilemmas experienced by RCs. These systemic pressures sometimes place RCs in positions where they must navigate needs that fall outside their training or where ethical principles conflict with the realities of community mental health care. The scarcity of research on how RCs manage these dilemmas underscores the need for further empirical work that captures their lived ethical experiences within the uniquely complex South African landscape (Rouillard et al., 2016).

Bridging the gap: Training and Professional Development for Registered Counsellors

To enhance the effectiveness of Registered Counsellors (RCs) in responding to South Africa's growing mental health needs, greater investment is needed in their training, professional development, and integration into the national mental health system. Scholars such as Joubert and Hay (2020) argue that RC training programmes require ongoing refinement to ensure that graduates are adequately equipped to manage ethical issues, complex client presentations, and the contextual realities of South African communities. Their argument echoes increasing calls for RC curricula to shift beyond theoretical knowledge toward a more holistic, applied training model that explicitly prepares graduates for the ethical and practical challenges they will confront in under-resourced and culturally diverse settings.

Although the HPCSA's Form 258 outlines the minimum standards for RC education which include modules in psychological theory, ethics, research methods, assessment,

and counselling it provides limited detail on the depth to which ethical theories or decision-making models should be taught (HPCSA, 2013). The framework requires an applied practicum of at least 720 hours, yet institutions vary considerably in how this practicum is delivered, the quality of supervision, and the exposure students receive to ethical dilemmas in real-world contexts. In many programmes, ethics is taught primarily through lectures or case-based discussions, but the integration of philosophical ethics (such as deontology, consequentialism, virtue ethics, or Ubuntu-based approaches) is not always explicit. This inconsistency may contribute to a disconnect between students' theoretical understanding of ethics and their confidence in applying ethical reasoning once registered.

The practicum component of the BPsych, BPsych Equivalent, or PGDip Psychological Counselling programmes is designed to bridge this gap by offering supervised placements in schools, NGOs, community clinics, and wellness centres. Ideally, this provides students with opportunities to apply ethical principles, navigate confidentiality concerns, manage boundary issues, and make contextually informed decisions within authentic service environments. However, programme evaluations suggest that the quality and structure of practicums vary widely across institutions, with some students receiving robust supervision and exposure to complex ethical scenarios, while others experience inconsistent mentorship or placements that do not allow meaningful ethical engagement (Naidoo et al., 2022). These disparities directly influence how prepared graduates feel when they confront ethical dilemmas in independent practice.

A further challenge is that training programmes do not always include explicit instruction on the ethical decision-making models most commonly used by South African counselling professionals, such as Allan's Eight-Step Model (Allan, 2016) or the Corey, Corey, and Callanan model. While these frameworks are widely referenced in ethical scholarship and often encouraged in supervision settings, they are not uniformly included across all RC curricula. The absence of structured decision-making training may hinder RCs' ability to apply systematic reasoning in ethically complex environments particularly in contexts marked by cultural diversity, competing duties, or resource limitations.

Public sector absorption of RCs remains limited, despite their potential to alleviate pressure on psychologists and psychiatrists and expand mental health access in underserved communities (Petersen et al., 2016). Where RCs are placed in schools, NGOs, or community organisations, they frequently operate on the front line of psychological service delivery, often encountering ethical dilemmas that require split-second judgment for example, managing suicide risk, identifying abuse, or navigating confidentiality in multi-stakeholder systems (Kotze & Carolissen, 2005; Peterson, 2004). It is within these high-pressure environments that gaps between training and practice become acutely visible. Many RCs report feeling underprepared for the emotional burden of ethical dilemmas, the lack of clear referral pathways, and the realities of working in contexts where clients may require interventions that fall beyond the RC's defined scope of practice (Rouillard et al., 2016).

Raising public awareness about the RC profession is equally essential. Cultural stigma surrounding mental illness continues to deter many individuals from seeking psychological assistance (Lund et al., 2010). Increasing community knowledge of RC services particularly their accessibility and preventative focus could encourage earlier help-seeking, reduce barriers to care, and foster trust within communities. Strengthening public recognition of the RC role may also enhance their legitimacy in multidisciplinary teams, helping to reduce scope-related misunderstandings that sometimes lead to ethical tension.

Importantly, the demand for mental health services in South Africa continues to rise amid persistent systemic barriers such as staff shortages, limited specialised services, and socio-economic disparities (Kagee & Lund, 2023). RCs are uniquely placed to bridge this service gap by offering culturally responsive, community-based psychological support. However, their ability to do so effectively depends on the strength of their training programmes, the quality of their practicum experiences, and access to ongoing professional development.

Despite the profession's expansion, research on RCs' ethical challenges remains limited. Previous studies have tended to focus on employment prospects, role clarity, and professional recognition (Elkonin & Sandison, 2006; Abel & Louw, 2009), while few have

explored the lived experience of navigating ethical dilemmas in everyday practice. Research on ethical dilemmas among psychologists in South Africa (Nortje & Hoffmann, 2015; Wassenaar, 2002) cannot simply be assumed to apply to RCs due to differences in scope, authority, and work settings. This gap in knowledge underscores the need for research that centres RCs' lived experiences, particularly regarding how they manage ethical issues and how well their training prepares them for these realities.

The present study therefore seeks to address this gap by exploring the ethical challenges most encountered by Registered Counsellors, examining how they manage and resolve these dilemmas, and assessing how their training and practicum experiences support or constrain their ethical decision-making. This focus is partly motivated by the researcher's own experience within the RC profession, which illuminated the limited institutional support available and the difficulty many RCs face in reconciling theoretical ethical frameworks with the unpredictable demands of real-world practice (Slack & Wassenaar, 2012).

Strengthening the role of Registered Counsellors within South Africa's mental health framework depends not only on policy integration and employment pathways, but also on improving the design, delivery, and consistency of RC training programmes. Ensuring that ethics education, decision-making frameworks, and practicum training are robust and contextually relevant will equip RCs to navigate complex ethical landscapes with confidence. Ultimately, developing an adaptable, practice-informed approach to RC training is vital for enhancing the quality and accessibility of mental health services in South Africa's diverse and evolving socio-cultural environment.

Chapter Overview

This chapter provided a comprehensive examination of the ethical landscape within which psychology practitioners operate, with a particular emphasis on Registered Counsellors (RCs) in South Africa. It began by exploring the foundational principles of professional ethics and reviewed key moral theories namely deontology, consequentialism, and virtue ethics that guide ethical reasoning in psychological contexts (Beauchamp & Childress, 2019; Van Zyl Smit & Snacken, 2009). The discussion then turned to the regulatory framework established by the Health Professions Council of South

Africa (HPCSA), highlighting its efforts to promote professional accountability, while also acknowledging the limitations of a purely rule-based approach to ethics (Allan, 2016; HPCSA, 2019).

Chapter 3 outlines the methodological approach used to explore these experiences. It details the qualitative research design, theoretical underpinnings, participant selection and recruitment, data collection procedures, and analytic strategies employed in the study. In addition, ethical considerations related to the conduct of the research are presented, reflecting the study's commitment to integrity and reflexivity in qualitative inquiry.

CHAPTER THREE: METHODOLOGY

This chapter outlines the methodological framework adopted to explore how Registered Counsellors (RCs) experience and respond to ethical challenges in their professional practice. It provides a discussion of the theoretical and epistemological grounding of the study, research design, participant selection criteria, data collection procedures, and the approach to data analysis. The chapter also includes a reflection on the study's trustworthiness and ethical considerations to ensure methodological transparency and rigour. These methodological decisions were selected to align with the interpretive goals of the research, emphasizing the value of in-depth engagement with participant narratives and real-world complexity.

Theoretical Framework

This study is grounded in the theoretical framework of social constructionism, which posits that reality is not an objective entity but is continuously shaped through social interactions, cultural norms, and historical contexts (Gergen, 2015). According to Mercadal (2024), social constructionism emphasizes that knowledge and truth are not inherent but are constructed through communication and shared understandings within a society. This perspective asserts that individuals actively construct their understanding of the world through engagement with others, meaning that knowledge is co-created within specific social environments. Central to this framework is the role of language, which functions as more than a mere tool for communication; it is the primary mechanism through which individuals negotiate meaning, construct identities, and interpret their lived experiences. Language, in this sense, does not simply reflect reality; it plays an active role in shaping and producing the realities individuals perceive and inhabit (Mercadal, 2024).

Given this theoretical orientation, the study aimed to explore the lived experiences of Registered Counsellors (RCs), focusing on the ways they construct meaning in their professional interactions. The research sought to examine not only how RCs perceive their roles and responsibilities, but also how they navigate complex ethical issues within their practice. Ethical challenges in counselling are inherently interpretative, requiring

professionals to engage in ongoing reflection and decision-making processes that are deeply influenced by their personal values, professional training, and interactions with clients (Knapp, Gottlieb, & Handelsman, 2017). By investigating these dimensions, the study aimed to provide insight into how RCs construct their professional identities and ethical frameworks within the broader social and institutional contexts in which they operate.

In line with the epistemological foundations of social constructionism, the research process was intentionally structured to be dialogical and collaborative, emphasizing co-construction of meaning rather than the unilateral extraction of data (Gergen, 2015). Unlike traditional positivist approaches that assume an objective reality awaiting discovery, this study embraced the idea that knowledge is co-constructed through engagement between the researcher and participants (Burr, 2015). To ensure the authenticity of participants' voices, the study adopted an interpretive approach that prioritized experiences, recognizing that multiple perspectives coexist and that no singular, absolute truth can be ascertained. Instead of imposing a pre-existing theoretical framework onto participants' experiences, the study sought to look at how they themselves construct meaning within the complexities of their professional practice.

The study acknowledged that meaning derived from professional interactions is dynamic and continually shaped by reflective processes and social engagement. Ethical dilemmas, in particular, seldom lend themselves to fixed or formulaic solutions, instead they compel Registered Counsellors (RCs) to navigate intricate interpersonal and institutional contexts, weighing client needs, professional codes of conduct, and broader sociocultural expectations (Knapp, Gottlieb, & Handelsman, 2017). To explore this complexity, the study employed an open-ended, dialogical approach that allowed RCs to articulate their experiences in their own terms, thereby capturing the nuanced and evolving interpretations that characterize ethical decision-making in practice.

Guided by a qualitative methodology, the research emphasized thick, descriptive accounts that reflected the lived realities of participants. This approach was closely aligned with the principles of social constructionism, which asserts that meaning is not

pre-existing or objective but is instead fluid, situated, and co-constructed through discourse (Young & Collin, 2004; Mercadal, 2024). As such, participants' narratives were treated not merely as data, but as socially embedded insights into the ethical and professional challenges they routinely face.

The adoption of a social constructionist perspective also carries important implications for research and professional practice. Rather than seeking to universalize the experiences of RCs, this framework foregrounds the contextual and culturally mediated nature of knowledge. Each participant's interpretation of their role is influenced by a combination of personal identity, social relationships, and historical context, thereby resisting a one-size-fits-all model of counselling ethics (Gergen, 2015). Embracing this multiplicity fosters a more inclusive and responsive understanding of ethical practice, one that accommodates diverse professional realities.

Moreover, the framework reinforces the importance of reflective practice in ethical counselling. Because client interactions, ethical judgments, and professional meanings are socially constructed rather than objectively fixed, Registered Counsellors must engage continuously with supervisors, colleagues, and clients to refine their ethical reasoning (Schon, 1983). Reflection becomes a dynamic process through which practitioners interrogate how meaning is co-created in therapeutic encounters and how contextual factors such as cultural norms, institutional expectations, interpersonal dynamics, and community values shape their ethical judgments. This ongoing interpretive engagement supports ethical resilience and fosters a flexible, context-aware professional identity. Recent scholarship further highlights that reflective practice strengthens ethical awareness, facilitates adaptive decision-making, and enhances a counsellor's ability to respond sensitively to ethically ambiguous or evolving situations in diverse work settings (Levitt et al., 2021).

The emphasis on reflection also raises important considerations regarding how ethical decision-making develops in the training and practice of Registered Counsellors. While ethical principles, decision-making models, and regulatory frameworks can be taught during academic training, the practical application of ethical reasoning is deeply

influenced by the lived contexts in which RCs work. This suggests that, although training can provide foundational tools, it is only within real-world practice with its complex social cues, contextual pressures, and nuanced interpersonal demands that RCs begin to fully understand how ethical judgments unfold. Ethical reasoning, therefore, cannot be entirely standardised or predetermined; rather, it emerges through situated experience, dialogue, and context-sensitive interpretation. This underscores the necessity of ongoing professional supports such as supervision, consultation, and continuing professional development (CPD), which function as critical learning spaces where practitioners can process dilemmas, reflect on their responses, and refine their ethical competence throughout their careers.

The methodological approach adopted in this study contributes to broader discussions on qualitative research in psychology and counselling by emphasising collaboration, dialogue, and co-construction. These principles mirror the relational nature of ethical reasoning itself. By deliberately disrupting traditional researcher participant hierarchies and allowing participants' interpretations to meaningfully shape the research, the study aligns with ethical research practices that acknowledge participants' agency and expertise (Tracy, 2010). This approach also invites deeper appreciation of how context influences ethical decision-making and highlights the inherent variability in how practitioners navigate dilemmas across different environments.

The contextual dependency of ethical reasoning suggests an important direction for future research. Understanding how RCs make ethical decisions may require examining specific work contexts in more detail such as rural communities, school settings, faith-based organisations, private practice, or NGO environments. Conducting context-specific case studies could illuminate how practitioners working in similar environments encounter, interpret, and resolve ethical challenges, thereby offering richer insight into how training programmes and professional support structures might better prepare RCs for the realities of their practice. Such research would advance the profession's capacity to develop more contextually grounded ethics training and ensure that future RCs are equipped not only with theoretical knowledge but also with adaptive, context-aware ethical reasoning skills.

Research Questions

The following research questions were formulated.

1. What type of ethical issues do Registered Counsellors encounter in General Practice?
2. How are these issues managed by the Registered Counsellors?
    a. How are decision-making models or processes being used by Registered Counsellors?
    b. What decision-making models or processes are found to be helpful or unhelpful?
    c. In what way does the professional training of Registered Counsellors assist or not in their engagement with ethical issues?

Research Design

The study employed a qualitative research design situated within an interpretivist paradigm. This approach was selected for its emphasis on understanding human experiences in their natural settings, particularly in contexts where individuals construct meaning around complex or ambiguous phenomena (Creswell & Creswell, 2018). The interpretivist lens allowed for deep engagement with the unique ways RCs perceive and manage ethical challenges, recognizing that such challenges are often fluid, contextual, and subjective in nature.

Qualitative inquiry is particularly well-suited for exploring ethically sensitive phenomena, especially where individual meaning-making, personal narratives, and contextual nuance are central to understanding the topic (Creswell & Poth, 2018). In this study, a qualitative design enabled deep engagement with the lived experiences of Registered Counsellors (RCs), allowing the researcher to examine the layered, multifaceted nature of ethical practice in diverse settings. Open-ended, semi-structured interviews provided the flexibility to explore emerging themes while capturing emotional depth and personal reflections that may have been overlooked in more structured formats (Braun & Clarke, 2021). The iterative nature of qualitative research further allowed for

real-time responsiveness to participants' needs and evolving insights, reinforcing the ethical and methodological integrity of the process.

The researcher's role in this study was deliberately positioned within the research context rather than outside it. Acknowledging the relational dimension of qualitative research, the researcher functioned as an engaged and reflexive practitioner rather than a detached observer. This involved actively fostering a sense of trust and psychological safety, which enabled participants to speak openly about ethically challenging experiences, internal value conflicts, and uncertainties surrounding their professional roles (Finlay, 2002). To support the authenticity and credibility of the findings, the researcher employed member checking, inviting participants to review and comment on initial interpretations and thematic analyses. This strategy ensured that participants' voices remained central and that their experiences were represented accurately and respectfully (Lincoln & Guba, 1985). More recent scholarship also supports this approach, highlighting that reflexive engagement, rapport-building, and participatory validation techniques are essential in ethical qualitative research, particularly when exploring emotionally charged or identity-related experiences (Birt et al., 2016).

Ethical Considerations

The study adhered to stringent ethical protocols to ensure the safety, dignity, and professional protection of participants. Ethical clearance was obtained from the Rhodes University Ethics Committee (Appendix A), and the study complied with the Health Professions Council of South Africa's (HPCSA) ethical guidelines governing psychological research and professional conduct. Every procedure was intentionally designed to uphold the principles of beneficence, non-maleficence, autonomy, confidentiality, and justice.

Beneficence and non-maleficence were central throughout the research process. Because interviews focused on ethically challenging experiences, the researcher anticipated the possibility of emotional discomfort or professional vulnerability. A trauma-informed and person-centred interviewing approach was adopted to ensure that participants could share their experiences in a supportive and non-threatening atmosphere. Participants were reminded that they could pause the interview, skip

questions, or withdraw from the study at any point without penalty. Respect for autonomy was reinforced through a comprehensive informed consent process, which outlined the study's aims, procedures, potential risks, the voluntary nature of participation, and the participants' right to withdraw at any stage (Beauchamp & Childress, 2001).

Confidentiality was safeguarded rigorously. All identifying details including names, workplaces, geographical markers, and contextual specifics were removed from transcripts to prevent recognition by employers, colleagues, or members of the public. To strengthen professional protection, transcripts were anonymised using numeric identifiers rather than pseudonyms, reducing the possibility of linking individual narratives to specific participants or institutions. Audio files, transcripts, and consent forms were stored on encrypted, password-protected devices accessible only to the researcher. Because the study involved discussing workplace dynamics, ethical dilemmas, and potential challenges within professional settings, careful consideration was given to reducing the risks of reputational harm, employment-related consequences, or negative reflections on the Registered Counsellor category as a whole. Protective measures included generalising workplace descriptions, ensuring that no institutional identifiers were mentioned in the findings, and guiding participants away from revealing sensitive third-party information during interviews.

A broader ethical concern related to the potential vulnerability of discussing errors, uncertainties, or moments where ethical practice was challenged. Such disclosures carry an inherent professional risk, as participants might unintentionally reveal areas of insecurity or ethical misalignment, which could impact their sense of competence or confidence if not handled sensitively. The researcher therefore fostered an atmosphere of psychological safety, reassuring participants that the study was not evaluative but rather aimed at understanding real-world ethical challenges. This sensitive approach facilitated more authentic sharing while simultaneously protecting participants from feelings of exposure or judgment. It also prompted reflexive engagement about the credibility of the data, recognising that participants may still have moderated or withheld certain details due to fear of repercussions. This reflexive awareness informed the

interpretation of findings and ensured that conclusions were grounded in the realities of participants' comfort levels.

Given the researcher's own background and professional identity as a Registered Counsellor, reflexivity formed an essential component of ethical practice. The researcher acknowledged that shared training, professional experiences, and personal investments in the RC category could influence data interpretation. To mitigate these risks, reflexive journaling was used throughout the research process to identify assumptions, emotional responses, or moments where insider knowledge might inadvertently shape understanding. Peer consultation and supervisory discussions supported ongoing reflexive awareness and assisted in ensuring that emerging themes were rooted in participants' accounts rather than in the researcher's prior beliefs. This reflexive stance aligns with the social constructionist paradigm underpinning the study, which recognises that meaning is co-constructed and that the researcher is an active participant in the interpretive process rather than a distant observer.

Finally, participants were informed that the data would be used not only for the completion of the Master's research report but may also contribute to future academic publications or conference presentations. This intention was clearly communicated in the information sheet and consent form to ensure transparency and uphold participants' rights to informed participation. Any future dissemination of the data will continue to maintain strict anonymity and confidentiality, ensuring the long-term protection of participants.

Participants

Participants were selected using purposive sampling to ensure variation in gender, years of experience, and work settings. Purposive sampling is a non-probability technique widely employed in qualitative research, where participants are intentionally chosen based on their relevance to the research topic and their ability to offer rich, meaningful insights grounded in lived experience (Etikan & Bala, 2023). Five Registered Counsellors ultimately took part in the study, comprising four females and one male. Their experience ranged from one to six years, and they were employed across diverse settings including a school for learners with special needs, a hospice, private practice, and public-sector

organisations. This allowed the study to explore a range of ethical landscapes commonly encountered in South African counselling contexts.

All participants held an NQF level 8 professional qualification and were fully registered with the Health Professions Council of South Africa (HPCSA). The sample included individuals who had completed both training routes recognised for professional registration namely the four-year BPsych degree and the BPsych Equivalent/Postgraduate Diploma in Psychological Counselling route. This was important given that both pathways lead to the same professional registration category. However, the participants who ultimately volunteered for the study were those accessible through professional networks and social media callouts; thus, the final sample reflected those who responded rather than a selective preference for either training route. This self-selection shaped the profile of the sample and should be understood as part of the contextual landscape rather than a methodological exclusion of either programme type.

Considering that participants had between one and six years of experience, the sample represented early-career Registered Counsellors. This demographic carries particular significance for the research focus: early-career practitioners are often those who most acutely experience tensions between academic training and real-world practice, particularly in relation to ethical decision-making, professional identity formation, and navigating complex work environments with limited institutional support. Their reflections therefore provided valuable insight into how ethical challenges are understood, interpreted, and managed at the formative stages of professional development. However, this also implies that the experiences described in this study may differ from those of more senior RCs who have accumulated extensive experience, ongoing supervision, and additional CPD training. More experienced RCs may draw more heavily on professional networks, supervisory models, and advanced training when navigating ethical dilemmas. The emphasis on early-career voices is thus both a strength because it highlights the transition between training and practice and a boundary of the study that should be acknowledged as a contextual limitation.

To ensure confidentiality, each participant was assigned a unique identifier (RC01 to RC05). Transcripts were anonymised during data processing, with all personal and workplace identifiers removed. Participants received detailed information about the study and provided written consent to participate in both the primary interviews and the follow-up sessions. The openness, honesty, and reflexive engagement offered by the participants significantly enriched the dataset and contributed to a deeper understanding of how ethical reasoning is constructed within the early years of Registered Counsellor practice in South Africa.

Recruitment

Recruitment commenced after ethical clearance was granted by the Rhodes University Human Ethics Committee (Appendix A). A recruitment advertisement was developed and distributed across several social media platforms, including WhatsApp, Facebook, and LinkedIn, and was further shared through professional networks and counselling-related groups (Appendix B). The advert invited Registered Counsellors who met the eligibility criteria to contact the researcher directly via the email address provided.

Interested individuals emailed the researcher to express interest in participating. In line with the study's qualitative orientation and the practical need to manage data collection within the approved sample size, a first-come-first-served approach was adopted. Eligible respondents were enrolled sequentially until the targeted number of participants was reached. Those who responded first and met the inclusion criteria were selected. Upon receiving an expression of interest, the researcher sent the participant an information sheet outlining the study's purpose and procedures (Appendix C) and a consent form (Appendix D). Participants were officially enrolled once the signed consent forms were received, after which individual interview sessions were scheduled.

In the event that more than the required number of respondents expressed interest, the researcher had prepared a clear selection protocol to maintain fairness and transparency. Additional respondents would have been thanked for their interest and placed on a standby list. This approach ensured ethical and practical management of over-recruitment, avoided sampling bias, and preserved the voluntary nature of

participation. If any of the initial participants withdrew or became unavailable, individuals on the standby list provided they met all inclusion criteria would have been contacted in order of response time. This ensured that the sample remained consistent with the study's methodological requirements while allowing for flexibility in managing unexpected participant attrition. This recruitment strategy aligned with qualitative research principles prioritising voluntary participation, feasibility of data collection, and the development of rich, in-depth accounts from a manageable sample size.

Data Collection

Data were collected through semi-structured online interviews conducted via Zoom and Google Meet. The use of online platforms increased accessibility for participants across different provinces and enabled them to engage in a comfortable and convenient environment that accommodated their professional responsibilities. Each primary interview lasted between 30 and 60 minutes, allowing sufficient time for in-depth exploration of the ethical challenges encountered in practice.

Following the initial interviews, follow-up sessions were arranged approximately two to three weeks later. This timeframe allowed participants adequate opportunity to reflect on the first conversation, while still ensuring that the discussion remained connected to their lived experiences and memory of the initial session. The follow-up interviews, which lasted between 20 and 30 minutes, invited participants to comment on emerging interpretations from the preliminary analysis and to elaborate on any additional insights or experiences that surfaced after the first interview. This iterative engagement strengthened the accuracy and depth of the data by providing space for clarification, reflexive elaboration, and member validation.

All interviews were guided by a semi-structured interview schedule (Appendix E), ensuring consistency across participants while allowing flexibility for unique narratives and emergent themes to be explored. Both the primary and follow-up interviews were audio-recorded and transcribed verbatim. During transcription, identifying information was removed to safeguard participant anonymity, and the resulting transcripts were stored securely on password-protected and encrypted devices accessible only to the researcher.

Participants were encouraged to speak openly and reflectively, and many described the interview process as personally meaningful, offering them space to think deeply about their professional ethical experiences. Their rich and candid accounts were central in illuminating the complex, often subtle forms of ethical reasoning that shape everyday practice for Registered Counsellors.

Data Analysis

To analyse the interview data meaningfully, thematic analysis was employed as the chosen method due to its adaptability to various theoretical paradigms and its capacity to produce a rich, detailed interpretation of qualitative information. Originally outlined by Braun and Clarke (2006) and later expanded upon in their updated works (Braun & Clarke, 2019; 2021), thematic analysis offers a systematic process for identifying, organizing, and interpreting patterns or themes within a dataset. This method proved particularly appropriate for capturing the nuanced ethical experiences of Registered Counsellors (RCs) as it allowed the researcher to extract insights while maintaining sensitivity to context and complexity. The analysis followed six distinct, yet interconnected phases as proposed by Braun and Clarke (2021), ensuring methodological rigor and transparency throughout the interpretive process.

Step 1: Immersing in the Data

In the first phase, the researcher immersed themselves in the data by reading and re-reading transcripts, noting initial insights and emotionally charged or particularly rich sections of text. This familiarisation phase laid the groundwork for meaningful interpretation (Braun & Clarke, 2021).

Step 2: Systematic Coding

In the second phase, the researcher began generating initial codes, assigning descriptive and conceptual labels to key excerpts. These codes captured both surface-level meanings and more implicit or symbolic elements of participants' accounts (Maguire & Delahunt, 2017). Coding was done manually and iteratively, with attention paid to emerging tensions, contradictions, and patterns.

Step 3: Identifying and Grouping Themes

Next, the third phase involved clustering related codes into potential themes, examining how these categories articulated broader ideas or experiences shared across participants. (Braun & Clarke, 2019). For instance, codes addressing strategies used by RCs to manage ethical uncertainty were grouped under a broader theme such as "Navigating Ethical Complexity." This step provided a preliminary thematic structure for understanding participants' shared and divergent experiences.

Step 4: Reviewing and Refining Themes

The fourth phase required a rigorous review and refinement of these themes to ensure internal coherence and distinctiveness. During this process, the researcher revisited the data and coding structures to determine whether the themes accurately represented participants' narratives (Nowell et al., 2017).

Step 5: Defining and Naming Themes

In the fifth phase, themes were defined and clearly named to reflect their analytical contribution to the study. These theme definitions included boundaries and core features, capturing what made each theme significant. Subthemes were articulated when distinct aspects emerged within broader categories (Braun & Clarke, 2021).

Step 6: Producing the Final Report

Finally, in the sixth phase, the themes were woven into a narrative that formed the basis of the findings chapter. This included integrating relevant data extracts to illustrate and support each theme. The narrative paid close attention to tone, context, and voice, ensuring that participants' experiences remained central to the interpretation. Throughout the analysis, reflexivity played a key role in shaping and refining the researcher's understanding. Frequent memo-writing, peer consultation, and iterative reading of the data ensured the analytic process remained both rigorous and grounded in the study's epistemological foundations (Terry et al., 2017).

Trustworthiness of the Findings

To uphold trustworthiness of the study, several strategies were employed. Credibility was supported through the use of member-checking, which invited participants to review and respond to preliminary interpretations. This helped confirm the authenticity of the findings and allowed participants to clarify or elaborate on their responses. The study also incorporated thick, contextualised descriptions to facilitate transferability, enabling readers to determine the applicability of the findings to other settings or populations (Lincoln & Guba, 1985).

Dependability was enhanced through the creation of an audit trail that documented each decision and phase in the research process, from initial design to theme development. This trail provided transparency and allowed others to follow the logic and progression of the study. Confirmability was ensured through sustained reflexivity and peer debriefing, which helped to counter potential bias and maintain analytic objectivity (Finlay, 2002). These combined strategies ensured the research findings were not only credible and dependable, but also ethical, transparent, and grounded in participants' lived realities.

Conclusion

This chapter has outlined the methodological structure and choices that shaped the study, drawing on social constructionism and qualitative interpretive traditions. Through purposive sampling, in-depth interviews, and thematic analysis, the research captured the complex and varied ethical realities of RCs across different professional contexts. Reflexivity and ethical integrity were central to each phase of the process, ensuring the credibility, transparency, and value of the findings. The methodology provided a strong foundation for understanding how RCs navigate moral ambiguity and construct ethical practice in ways that are context-sensitive, reflective, and professionally grounded.

The following chapter presents the findings that emerged from the data. It offers an in-depth exploration of the key themes identified through thematic analysis, illustrating

how Registered Counsellors perceive, experience, and respond to ethical challenges in their day-to-day professional roles. By amplifying participants' voices and contextualizing their lived realities, Chapter 4 provides insight into the practical complexities of ethical decision-making and the nuanced ways RCs make meaning of their professional responsibilities within the South African mental healthcare landscape.

CHAPTER FOUR: FINDINGS

Introduction

This chapter presents the findings derived from the qualitative interviews conducted with five Registered Counsellors (RCs) practising across a range of professional contexts. The purpose of this chapter is to illustrate how RCs encounter, interpret, and respond to ethical challenges in their daily work, based on their lived experiences. The data were analysed using reflexive thematic analysis, as outlined by Braun and Clarke (2021), to identify patterns of meaning that emerged across participants' narratives. The themes are grounded in the participants' own accounts and reflect both shared and divergent experiences, consistent with the study's social constructionist orientation, which recognises that meaning is co-constructed and shaped by context, relationships, and individual perspectives.

In keeping with qualitative best practice and the commitment to trustworthiness, the analysis also paid attention to negative cases and contradictory accounts that did not fully align with the dominant themes. These instances were not treated as anomalies but rather as valuable insights that reveal the complexity and nuance of ethical practice. For example, while several participants experienced significant ambiguity around role expectations, one participant reported clarity and strong institutional support, highlighting how organisational context can mediate ethical stress. Similarly, although most RCs described limitations in their academic training, one participant expressed confidence in their preparation, suggesting variations in curriculum emphasis or personal learning experiences. Including these variations strengthens the credibility of the analysis by acknowledging the multiplicity of experiences rather than assuming homogeneity within the RC profession.

The findings are presented in a way that foregrounds how participants construct meaning through their professional interactions, personal values, and institutional realities. Each theme is supported by verbatim excerpts to preserve the authenticity of participants' voices and illustrate the subtleties of their ethical reasoning and decision-making.

Three central themes emerged from the data analysis. The first theme explores the ethical challenges RCs encounter in maintaining professional relationships with clients, particularly around ethical boundaries, confidentiality, and privacy. The second theme examines the various strategies RCs employ when navigating ethical dilemmas, with particular emphasis on ethical decision-making models, supervision, and professional consultations. The third theme considers the gap between theoretical training and real-world practice, highlighting participants' perspectives on the strengths and limitations of their academic preparation and the need for enhanced professional support structures, particularly from regulatory bodies such as the HPCSA. These themes are further elaborated through associated sub-themes, and direct quotations have been integrated throughout to illustrate key insights and reinforce the thematic interpretations. Unique identifiers (RC01 –RC05) are used to safeguard participant anonymity.

Table 1: Summary of Findings: Themes and Sub-themes

Theme / Sub-theme	No. of participants	Description
Theme 1: Multiple challenges in managing professional relationships	5	All participants described relationship-based ethical tensions (boundaries, confidentiality, role expectations).
Sub-theme 1.1: Managing privacy & confidentiality in different work settings	4	Pressure to disclose within multidisciplinary teams or institutional settings (RC01, RC02, RC04, RC05).
Sub-theme 1.2: Challenges with counsellor–client boundaries	5	Boundary breaches, flirtatious behaviour, after-hours contact, hugging/overfamiliarity (all participants).
Sub-theme 1.3: Dual or multiple roles / clients & associated parties	4	Dual roles in small communities/families and conflicts of interest (RC03, RC04, RC05; observed by RC01).

Theme 2: Strategies used by RCs to manage ethical issues	5	Scope clarification, models, supervision, CPD, policy advocacy.
Sub-theme 2.1: Clarifying scope of practice	5	All used scope limits as protective practice; frequent public misunderstanding.
Sub-theme 2.2: Use of decision-making models & ethical guidelines	3	Explicit references to models/guides (RC01, RC04, RC05).
Sub-theme 2.3: Supervision and professional consultation	4	Supervision and peer consultation critical (RC01, RC02, RC04, RC05).
Sub-theme 2.4: Continuous Professional Development (CPD)	4	CPD valued for ethics/legislation updates; cost barriers noted.
Sub-theme 2.5: Need for greater support from HPCSA & institutions	4	Calls for practical guidance, updated tools, case-based teaching, subsidised CPD.
Theme 3: Mismatch between academic training and practice	4	Most felt theory was strong but insufficient for real-world, low-resource contexts.
Practical practice management gaps (business/admin skills)	4	Lack of training in private practice setup, billing, insurance, records security.

Theme 1: Multiple Challenges in Managing Professional Relationships

Four of the five participants experienced multiple challenges related to the pressure to disclose confidential information. This ethical dilemma was experienced by all four of the participants across various professional settings. For instance, **RC01**, who worked at a special needs school, highlighted the complexity of maintaining confidentiality within a multidisciplinary team. This participant noted that there was ongoing pressure to share client progress information, making it challenging to uphold professional boundaries.

Sub-theme 1.1: Managing Privacy and Confidentiality in Different Work Settings

A particularly difficult aspect of this dilemma involved determining what information could be appropriately shared during team staff meetings. While RCs were permitted to disclose certain details, they had to exercise discretion regarding what could be shared with other staff members, such as teachers or the principal. This issue was further complicated by conflicting expectations between the Department of Education and the ethical guidelines established by the Health Professions Council of South Africa (HPCSA). As **RC01** explained, navigating these competing demands required careful consideration to ensure both ethical compliance and professional integrity. *"It was challenging. For example, the deputy principal who acted as a liaison between the school and the multidisciplinary team was not a trained counsellor. Yet, they often expected to be privy to sensitive information. Balancing their authority with my ethical obligations required constant vigilance. One case stands out where a student disclosed a substance use issue. According to school policy, this had to be reported immediately, triggering disciplinary action. However, from an ethical perspective, I felt that such punitive measures could harm the therapeutic relationship and discourage the student from seeking help in the future. In such situations, I sought guidance from supervisors to navigate these dilemmas effectively"* - **RC01.**

Similar to **RC01**, **RC05**, who worked at an addiction rehabilitation centre, also found it challenging to uphold confidentiality while working within a multidisciplinary team, expressing that collaborating with other professionals often required careful navigation of ethical boundaries to ensure that client information remained protected while still facilitating effective treatment. *"Two significant ethical dilemmas stand out. The first is the issue of confidentiality within a multidisciplinary team. In university, we are taught about strict confidentiality guidelines. However, when working in a facility with a multidisciplinary team, confidentiality becomes more complex. Counsellors are often expected to share detailed client information with the team and even provide progress updates to clients' families."* - ***RC05.***

RC05 further expressed how difficult it was to seek professional guidance and clarity regarding these ethical concerns *"Initially, I felt extremely uncomfortable, so I approached my supervisor…. His response was simply, "Deal with it." Over time, as I became more confident in my abilities, I began advocating for stricter confidentiality boundaries. I started limiting the details I shared, ensuring I adhered to ethical guidelines while still collaborating with the team"* ***- RC05.***

RC02, who had experience working in both private practice and a public hospital, emphasised the difficulty in managing ethical concerns within the public healthcare setting compared to private practice. The participant noted that the complexities of the hospital environment often posed additional challenges in maintaining ethical standards, highlighting the differences in professional autonomy and confidentiality expectations between the two settings *"When I worked in private practice, it was easier to manage ethical concerns. However, when I worked at a public hospital, it was a whole different ball game. In the hospital setting, we had limited control over the environment, which made managing ethical issues much more challenging"* ***- RC02.***

RC02 elaborated that working in the public sector presented significant challenges due to limited resources, which at times compromised the ability to uphold confidentiality. As a result, they often had to develop innovative strategies to ensure privacy and maintain ethical standards in a resource-constrained environment. *"One of the major ethical issues I faced at the hospital was maintaining patient confidentiality. We often had to conduct counselling sessions in patient rooms where there were other medical professionals around. There was no real space for private counselling, and we had to make do with what was available. The environment was not ideal for maintaining confidentiality, which was especially tricky because during my practicum, we were drilled on the importance of confidentiality. It felt really uncomfortable to try to maintain privacy in such an open, shared space. That was definitely one of the biggest ethical dilemmas I faced. Even though we were trained to ensure confidentiality and work in private settings, the reality at the hospital was different. We had to make it work, even when the space didn't allow for that. It was definitely a learning experience, and a bit of a dilemma, trying to navigate those ethical concerns while still fulfilling my role and training requirements"* ***- RC02.***

RC04, who primarily worked in private practice, stated that maintaining confidentiality remained one of the most significant challenges in her professional practice. *"Another significant issue I encountered involved a case with a young boy who had been removed from his mother's care and referred for counselling. During the counselling sessions, he disclosed a case of sexual assault by his older brother. This disclosure required me to complete a Form 22. However, the social worker inadvertently shared information about the Form 22 and my feedback report with the family, which led to a difficult situation. The boy's mother called me to request the feedback report, and I found myself in a dilemma. On one hand, parents are entitled to feedback about their child's treatment, but on the other hand, I had to consider the potential harm if the report was shared with her. The report could be seen by the boy's older brother, who was the perpetrator of the abuse, creating a complex ethical challenge around confidentiality and safeguarding."* ***- RC04.***

Similarly, **RC03** expressed that she encountered a challenging ethical dilemma while working with a teenage client who was of consenting age. The dilemma arose when the client's mother, who had made the referral and was responsible for covering the cost of the counselling sessions, persistently requested feedback about the client's progress. RC03 described feeling conflicted, as she had to balance the ethical obligation to uphold the client's right to confidentiality and privacy with the expectations of the parent, who was both a stakeholder in the process and financially invested in the service. This situation highlighted the complexities involved in working with adolescents, particularly when navigating the dual responsibility of respecting the client's autonomy and privacy while also acknowledging the parent's role in the therapeutic arrangement. "*Yes, especially when working with minors. For instance, I had a… client whose mother pressured me to share information about his progress despite him explicitly stating he didn't want me to disclose anything without his consent. This was quite challenging because while the mother is a responsible guardian to the client, the client also has their right to privacy" -* ***RC03.***

Sub theme 1.2 Challenges with Maintaining Counsellor-client Boundaries

RC02 highlighted the challenges of maintaining professional boundaries with clients while simultaneously fostering a strong therapeutic relationship built on trust and care. Balancing the role of a mental health professional with the need to establish rapport required careful navigation to ensure ethical integrity and effective client support. *"It was a particularly difficult dynamic to manage, especially in a paediatric ward where children were extremely vulnerable. As a Registered Counsellor, I knew that I was there to provide emotional and psychological support, not to be their friend. However, when children would run up to me or try to give me hugs, it was hard to push them away, especially since I have a deep affection for children. …The challenge was navigating the roles of both a caregiver and a professional counsellor, which, in some ways, felt more akin to being a social worker. It was a unique experience, particularly in South Africa, where you often have to wear multiple hats in these types of roles" -* ***RC02***

RC03, who has primarily worked in private sector companies and non-profit organizations, acknowledged the difficulty of maintaining professional boundaries with clients. The participant emphasized the need for assertiveness in reinforcing the professional nature of the counsellor-client relationship, often having to remind clients of these boundaries to uphold ethical standards. "*One instance I encountered was through advertising my services. I had an individual reach out, claiming to need support, but their behaviour was very flirtatious and sexual in nature. I kept trying to reinforce the boundaries and asked for their consent before moving forward with the conversation. I emphasized that without consent, I wouldn't be able to proceed because there's no protection for them without it. Despite my repeated attempts, they wouldn't provide it, and the conversation became increasingly inappropriate. Eventually, I blocked the person. This experience made me rethink advertising my services. It was definitely unsettling, and I never advertised publicly again"* ***- RC03***

RC03 further shared a recent incident that exemplified the ethical complexities involved in managing professional boundaries. She recounted how a client had asked her out on a coffee date and began sending her inappropriate messages after working hours.

This situation placed her in a difficult position, as it required her to assert and maintain clear professional boundaries while also managing the therapeutic relationship with sensitivity and professionalism. The incident underscored the importance of boundary-setting and the challenges that can arise when clients attempt to blur the lines between professional and personal interactions. *"I specialize in male mental health, and I have a male client who seems very despondent in his relationships and detached from human connection overall. Interestingly, he asked me out for coffee twice during two separate sessions*. *To manage it ethically, I've started responding to such messages after some time has passed just enough to reinforce boundaries – while still ensuring that I offer session availability within appropriate hours"* - **RC03.**

RC01 shared an encounter where a client began displaying inappropriate flirtatious behaviour towards him, which created a challenging ethical situation. He explained that the experience placed him in a difficult position, as he needed to maintain professional boundaries while also handling the situation with care and sensitivity. RC01 emphasized the importance of managing such scenarios without making the client feel rejected or abandoned. As a result, he made the ethical decision to refer the client to another professional, ensuring the continuation of care while upholding professional integrity and safeguarding the therapeutic relationship. *"Yes! I remember sharing something similar during our last conversation, the one client I had to hand over because I didn't feel comfortable continuing with them anymore. I had to tell my supervisor: "Please take this client from me." It's such a painful decision because part of me didn't want to give up on them but if I'm feeling uncomfortable, it's already affecting the therapeutic relationship"* ***- RC01.***

Sub-theme 1.3: Challenges with Multiple Clients and Associated Parties experienced by Registered Counsellors

Four participants explained how they sometimes experience instances where they or others are in dual or multiple roles with their clients*. "I have frequently worked in a small town where I received numerous referrals from social workers. On several occasions, I was asked to work with multiple members of the same family, including cases where the*

perpetrator of abuse was also part of the family. This raised serious concerns about dual relationships, confidentiality and the potential conflict of interest. Maintaining the trust of all family members while navigating these ethical tensions was extremely difficult" - ***RC04.***

Similarly, **RC05** expressed that *"The second dilemma involves dual roles and conflicts of interest, particularly in small-town settings. I practice in a small town…, where everyone knows everyone. This makes it difficult to avoid seeing multiple members of the same family or former clients' relatives* ***- RC05.***

RC05 *further added: "That happens frequently. At the rehabilitation centre, family members would often contact me requesting advice or counselling, creating an uncomfortable situation where I had to explain the cost implications, which was often met with resistance" -* ***RC05***

RC01 reported that although he has never personally encountered challenges involving multiple clients and associated parties, he has observed some of his colleagues facing such dilemmas. He noted the difficulty they pose for his colleagues and the importance of maintaining clear boundaries and ethical guidelines when multiple parties are involved in the therapeutic process. ***"****Oh yes, I've had similar conversations with colleagues about this exact scenario! You sit there thinking: "We've covered this in ethics training and board exams," but it still feels like uncharted territory when you're faced with it in practice" -* ***RC01.***

RC03 mentioned the involvement of the mother in the case of a teenage client who had been referred by his mother. She explained that this third-party involvement complicated the therapeutic relationship, leaving her to constantly remember who her main client was in this situation.

Theme 2: Registered Counsellors make use of a Variety of Strategies to Manage Ethical issues

The Registered Counsellors who participated in this study utilized a variety of strategies to navigate ethical issues and dilemmas effectively. These strategies included clearly defining their scope of practice and professional role, applying ethical decision-

making models, seeking supervision and collegial consultation, and engaging in Continuing Professional Development (CPD) activities to further develop their skills and knowledge.

Sub-theme 2.1: The importance of Defining and Clarifying Registered Counsellors Professional role and Scope of Practice

RC04 stated that clients often had unrealistic expectations of them, either anticipating immediate and transformative results from therapy or expecting them to provide services beyond their professional scope of practice. *"One of the primary ethical issues I have faced is the request to practice outside my scope of practice. For example, I've been asked to conduct diagnostic work or prepare court reports, including assessments on whether a child is able to testify. These requests are challenging because there is often confusion about what a registered counsellor is actually trained and qualified to do. Many people confuse the role of a registered counsellor with that of a psychologist or psychometrist, and there is a general lack of understanding regarding the limitations of our practice"* ***- RC04.***

RC01 expressed a similar experience *"Oh my word yes! That is your go-to shield as a counsellor! Sometimes you feel like you could do more for your client but knowing your scope is your protection; it helps you say: "This is where my role ends.* Well, I think one of the biggest challenges I've faced is the public's lack of understanding about what a registered counsellor is and what we actually do. I often get questions like, *"What is a registered counsellor?"* Or people think I'm just a volunteer or an intern. It's like the profession isn't fully recognised or appreciated in the broader community" - **RC01.**

RC01 further stated that a client's lack of awareness about the Registered Counsellor (RC) category can lead to stigma, misinformation, and potentially unethical practices. Without proper clarification of the RC's role, there is a risk that boundaries could be blurred, leading to ethical issues and challenges in maintaining professional standards. "*It definitely complicates things. Clients come in with all sorts of expectations, thinking I can offer the same services as a psychologist. I've had people asking for formal diagnoses or expecting long-term psychotherapy. When I have to explain that I'm not permitted to*

diagnose or offer therapy beyond short-term intervention, they sometimes get disappointed or even question my competency. That puts me in an awkward position having to assert my scope while still trying to help them feel supported and heard" **- RC01.**

Similarly, **RC05** noted that she frequently encountered situations where her role as a Registered Counsellor was misunderstood, resulting in unrealistic expectations of her to operate beyond her designated scope of practice. *"Yes, frequently. Many people equate all psychology professionals with clinical psychologists, not realizing the distinct scopes of practice. In some settings, I was expected to diagnose conditions, which is outside my scope. Registered counsellors are often undervalued and grouped with life coaches or wellness counsellors, despite our advanced training"* ***- RC05.*** They further spoke to the importance of clarifying their role: ***"****Yes, I include a clear outline of my scope of practice in the contract that clients sign at the beginning of counselling. Ironically, I am currently dealing with a situation where a client has requested a psycho-legal assessment, which falls outside my scope. However, during my time at the rehabilitation centre, I was frequently asked to perform psycho-legal work. To address this, I sought supervision and consulted with my malpractice insurance provider and professional community. Reaching out to the mental health community, including supervisors, insurance providers, and colleagues, can be extremely beneficial in navigating such situations* **-RC05.**

Sub-theme 2.2: Making use of Decision-Making Models and Ethical Guidelines

RC01 expressed the importance of having decision-making models as a guideline for managing ethical issues. *"Yes, I often rely on Wilfrid's model. It's comprehensive and emphasizes reflection at each stage of the process. The model encourages identifying the problem, exploring solutions, consulting with colleagues or supervisors, and continuously evaluating outcomes. I appreciate how it integrates theoretical principles with practical decision-making"* - **RC01.**

Similarly, **RC04** emphasized the usefulness of ethical decision-making models for psychology practitioners, highlighting their reflective nature and their role as valuable guidelines in navigating ethical dilemmas. These models provide a structured approach

to decision-making, allowing professionals to critically assess situations and align their actions with ethical standards. *"During our training, we used the blue book by Allan (2016), which I still keep on my bookshelf today. It's an accessible resource, with practical examples that break down the steps involved in ethical decision-making. It provides a clear framework: you need to first identify the problem, reflect on your own feelings (because our own anxieties might cloud judgment), and then proceed systematically through a decision-making process"* **- RC04.**

RC05 added that referring to ethical decision-making models and the ethical guidelines provided by regulatory bodies has been particularly helpful for her in navigating complex situations. She explained that these frameworks offer structured approaches that support critical thinking and help ensure that her responses to ethical dilemmas are grounded in professional standards. By consulting these models, she feels more confident in her ability to make informed decisions that align with ethical principles and protect the well-being of her clients "*Definitely I do make use of Allan Alfred's ethical decision-making model whenever I come across challenging ethical crossroads, though real-world situations are rarely straightforward. I also rely heavily on supervision, consulting experienced colleagues to validate my decision-making process. Supervision provides a support network that helps reduce the isolation that often comes with ethical challenges"* - **RC05.**

Sub-theme 2.3: Making use of Supervision and Professional Consultations for Guidance

Four of the Registered Counsellors indicated that another effective strategy for addressing ethical issues involves participating in case supervision and seeking professional consultations with experienced practitioners in the field. **RC02** highlighted that seeking professional supervision and maintaining transparency were valuable strategies when navigating ethical issues or dilemmas. *"When I faced particularly challenging situations, I would turn to my supervisor for guidance, asking, "What do I do in this situation?" We also had weekly debriefing sessions with the other counsellors in the hospital, which was invaluable. We'd discuss ethical dilemmas we'd encountered*

*without revealing patient identities, of course. Those conversations helped me see different perspectives and reinforced the importance of collaboration in navigating ethical challenges -**RC02.***

RC01 also expressed the value of supervision *"Yes, supervision is really helpful. It gives me a safe space to unpack what's going on and explore options. But supervision isn't always readily available, especially in under-resourced areas*" **- RC01.**

Similarly, **RC04** shared how invaluable the process of supervision has been in her professional journey. ***"**In situations where I'm unsure how to proceed, I would reach out to my professional network for guidance. I was fortunate to have a group of experienced psychologists and supervisors who I could consult for advice. For instance, my ethics lecturer from university has always been a valuable resource. I can message her with specific dilemmas, and she helps me think through the options. I also participate in monthly supervision groups with social workers, psychologists, and other counsellors. The shared experiences of the group can be enlightening, as there often isn't a "right" answer. Sometimes, it's about weighing the risks and benefits of each option, thinking about what's in the best interest of the client, and maintaining the integrity of the profession" **- RC04.***

RC05 expressed that supervision has also been helpful and effective ***"**I rely heavily on supervision, consulting experienced colleagues to validate my decision-making process. Supervision provides a support network that helps reduce the isolation that often comes with ethical challenges. Yes, absolutely. My supervisor is actually a clinical psychologist, so her field is very different from mine. But she teaches in the field of Psychology, and one of her specialties is ethics. We align very well in that because we both place ethics high on our priority list" - **RC05.***

Sub-theme 2.4: Consistent Engagement in Continuous Professional Development (CPD)

Four of the Registered Counsellors underscored the significance of possessing a strong understanding of ethical codes and relevant legislation as a protective measure in

addressing ethical challenges. They stressed the necessity of attending Continuing Professional Development (CPD) workshops annually to stay updated on field advancements and legislative changes. They further highlighted that maintaining CPD status is crucial, as it ensures they remain informed about emerging developments while aligning their practice with professional scope and ethical guidelines. *"I find that attending Continuing Professional Development (CPD) courses helps me stay updated with new perspectives on ethical challenges. These courses often cover topics that are directly relevant to ethical decision-making and can provide new insights or approaches to common dilemmas. For example, a recent CPD session gave me a deeper understanding of managing confidentiality in cases involving children, which has been helpful in my practice"* ***- RC04. "****Continuing professional development is essential, but the cost of CPD courses may be prohibitive" -* ***RC05***

RC01 further added that he finds the CPD training to be helpful in keeping updated. *"Yes, that's where CPD workshops come in. I've attended quite a few, especially ones that focus on ethics. But even though it helps sometimes, the content is often quite general. I sometimes feel like I'm left to improvise and just do my best with what I've got"* ***- RC01.***

Sub-theme 2.5: More Support needed from the Health Professions Council of South Africa and Academic Institutions

Four of the five RCs indicated that statutory and governing bodies such as the HPCSA and higher education institutions could implement more effective strategies to support and better prepare students for real-world experiences. **RC01** *"For starters, the psychometric tools available to registered counsellors are outdated. Using antiquated assessments raises ethical concerns, as these tools may not provide accurate or relevant insights. Updating these resources would enhance our ability to serve clients effectively. Accessibility to CPD (Continuing Professional Development) training tailored to our scope is limited. Many available courses are expensive or geared towards medical professionals. Creating affordable, field-specific training opportunities would be immensely beneficial. Lastly, fostering better collaboration between institutions like the*

HPCSA and the Department of Education could help clarify boundaries and improve interdisciplinary teamwork. For example, training programmes could educate teachers about the ethical and legal frameworks counsellors operate within, reducing misunderstandings and conflicts" - ***RC01***

RC02 further expressed the importance of having practical training and guidelines which are specifically applicable to the realities of the South African context. *"The HPCSA's role is crucial when it comes to ensuring professional standards, including ethical conduct. However, I feel like, while they do a good job of maintaining ethical standards, there's more that could be done to equip students with practical, real-life tools. For example, maybe they could offer more structured guidelines or even more specific resources on how to manage ethical dilemmas in low-resource settings, which is quite common in South Africa. They could also help develop more training that involves actual scenarios or simulations of ethical dilemmas that counsellors might face this way, students aren't just learning about ethics from a textbook but are learning how to apply it in a variety of real situations"* ***- RC02***

RC02 further expressed that *"…they could offer training or workshops that specifically tackle ethical dilemmas in resource-limited settings, like how to maintain ethical standards when access to certain services or tools is restricted. It's about creating a more holistic training experience that not only prepares counsellors for theoretical ethical issues but also for the reality of working in a context like ours, where resources are scarce"* ***RC02.***

Similarly, **RC03** expressed the importance of practical training: "*One thing would be to include more comprehensive case studies in the curriculum especially focusing on real-world ethical dilemmas that counsellors face. It would also help if the Health Professions Council of South Africa (HPCSA) re-evaluated the B-Psych programme and didn't try to shorten the qualification period. Shortening it would only rush the process, making it harder for students to absorb the necessary information…. The HPCSA should reconsider their plans to reduce the duration of the B-Psych qualification, as it may not allow enough time for students to learn properly. Supervision also needs to be more*

meaningful. When I was in supervision, it often felt like a gossip session rather than a space to discuss ethical dilemmas. There should be more accountability within supervision, and maybe the HPCSA could encourage practitioners to report their experiences. As for PsySSA, it needs to recognize the value of registered counsellors in mental health care. At the conferences, the focus was mainly on psychologists, with very little attention given to us as counsellors - ***RC03.***

RC04 emphasised the importance of introducing ethics modules early in professional training programmes, as this would enhance the likelihood of thorough and adequate learning. *"I think it would be helpful if ethics were covered throughout the course, starting from year one and continuing until year four. We only really touched on ethics in more depth during our third and fourth years, which might have been a little too late in the process. If we could revisit ethical issues every year, this would help build a solid foundation from the beginning. I also think case-based learning workshops, where students engage with real-life ethical scenarios, would be beneficial. This would allow students to practice making ethical decisions in a controlled, guided setting"* **– RC04** also spoke about the relationship between the HPCSA and academic institutions: *"I think the HPCSA could collaborate with academic institutions to offer case-based learning workshops on ethics. They could also publish guidelines with recommended solutions to common ethical dilemmas, ensuring alignment with the HPCSA's professional code of conduct. Another idea would be for them to offer subsidized or free CPD webinars specifically for registered counsellor students; this could make professional development more accessible"* **- RC04.**

RC05 also emphasized the potential benefits of closer collaboration between the HPCSA and higher education institutions offering B Psych programmes. She suggested that ongoing practical training on ethical guidelines would better equip Registered Counsellors (RCs) to navigate ethical challenges in real-world practice. "*The HPCSA should take a more proactive approach by conducting educational outreach at universities and providing clearer guidance on ethical standards. Many new graduates are unaware of the practical requirements for registration and practice, such as obtaining an HPCSA number, liability insurance, and medical aid accreditation"* **- RC05.**

Theme 3: The Mismatch between the Academic Training and the Practical Work of Registered Counsellors

The participants were asked to reflect on whether their professional BPsych training had adequately prepared them to manage ethical issues. The majority reported that their training had not sufficiently equipped them to handle real-life ethical challenges. While they acknowledged that the theoretical foundation provided was strong, they felt that it was not effectively applicable in real-world community settings, particularly in under-resourced environments where RCs are primarily expected to work. **RC01** spoke about dealing with challenges of having a mismatch between their theoretical foundation and their practical work. *"The training emphasized ethics as a cornerstone of our practice, which was invaluable. Our lecturers made it clear that failing ethics was not an option. However, while the theoretical foundation was strong, the practical application of these principles in real-life settings was a different story. For instance, more hands-on guidance regarding specific HPCSA regulations could have been helpful. In retrospect, I'd advise future trainees to familiarize themselves thoroughly with available resources and support systems. Practical exposure, combined with robust supervision, is crucial for navigating ethical dilemmas effectively"* ***- RC01.***

Similarly to **RC01**, **RC02** stated: "*The training provided a very strong foundation, especially when it came to understanding the core ethical principles. They really emphasized the importance of ethics, almost to the point where it felt a bit intimidating. But what I found was that in theory, ethics seemed very black and white it was clear-cut, and there were rules to follow. In practice, however, I quickly realized that ethics isn't that simple. It's always a grey area. There are so many factors to consider in any given situation. So while I felt well-prepared with foundational knowledge, I didn't feel as prepared for the complexities of real-life practice, especially within the South African context, where there are significant resource constraints. That's something I think the training could have explored more in depth how to handle ethical dilemmas in low-resource settings"* - ***RC02.***

RC02 further elaborated: *"The theory was great in terms of understanding ethical frameworks and principles. However, when you're working in the South African context, there are a lot of nuances that the theory didn't necessarily prepare me for. The lack of resources whether it's space, time, or even material tools present a whole new set of challenges that weren't always addressed in theoretical training. In practice, you have to be incredibly creative and flexible in order to provide the best care within those constraints. There's a definite gap between the theory of ethics and the reality of practicing within a setting with limited resources. So while I had the foundational knowledge, the day-to-day decision-making required a different approach, one that I had to learn through experience"* **- RC02.**

Similarly, **RC03** shared that although the training was exceptional, it would have been more beneficial if it were better aligned with real-world contexts to enhance preparedness for practical application in the field. **RC03** further explained that the training was quite fast paced and that it would have been more beneficial if they had spent more time on the ethics component of the training. *"My training definitely gave me a foundation, but it also raised more questions about what we aren't trained for. Ethical dilemmas like seeing a client in public or receiving odd disclosures weren't fully addressed. We practiced case studies, but the real-life complexities weren't captured. The B-Psych programme was very fast-paced, and the amount of content was overwhelming. While I had an academic background in psychology, many of my peers didn't, and that made it harder for them to keep up with the intensity of the programme. We need more time to deeply engage with the material"* - ***RC03.***

RC04 acknowledged that one can never be fully prepared for real-life ethical challenges and dilemmas. While the programme provided a strong foundational knowledge, there still appeared to be a gap in bridging theoretical training with real-world experiences. *"Honestly, I think nothing can fully prepare you for the complexity of ethical dilemmas that arise in practice. While theory gives you a solid foundation, it doesn't quite capture the nuances of dealing with real people in front of you. During my four years of training, we had two ethical modules, which were invaluable in providing theoretical knowledge and practical case examples. The modules helped us understand the ethical*

guidelines, but it was mostly theory-based learning. That said, I don't think anything can prepare you for the actual human beings you'll encounter. Every person has their own unique set of challenges, and the ethical issues you face are often more complex than you can predict from a textbook scenario. The training definitely laid the groundwork, but real-world ethical dilemmas are a different beast altogether" ***- RC04***

RC05 expressed that she did not feel adequately prepared for ethical challenges by the professional training. ***RC05 -*** *"Not entirely. While we learned theoretical frameworks, we had limited exposure to real-life ethical case studies. Ethics was only introduced in our final year, which I believe is too late" -* ***RC05.***

A further issue that emerged under this section is that Registered Counsellors (RCs) perceived a lack of practical training within their academic programmes, particularly in areas related to establishing and managing their own private practices or non-governmental organisations (NGOs). Many expressed feeling unprepared for the realities of the professional world, especially with regard to the administrative and financial aspects of running a practice. **RC02** emphasised the importance of receiving foundational training in business management, including how to ethically and efficiently handle finances within a counselling context. She noted that the absence of such training could inadvertently lead to unethical practices, potentially resulting in harm to clients. **RC05** and **RC01** echoed these concerns, adding that it would have been valuable to learn how to appropriately bill clients, particularly through medical aid schemes, to avoid unintentionally overcharging due to a lack of knowledge. They also expressed a need for guidance on obtaining malpractice and indemnity insurance, as well as on the processes for registering and affiliating with various medical schemes.

RC05 - *"Yes! I was actually thinking of pitching something to the higher education institution I work for like a module for fourth years on starting a private practice. Things like applying for indemnity insurance, confidentiality policies, note storage, office security, even what to put on your business card. We've had to learn that on our own"* ***- RC05.***

RC05 also reflected on the current limited job opportunities available for Registered Counsellors in both the public and private sectors in South Africa. As a result, she has felt

compelled to pursue work in private practice. However, this transition is often experienced as difficult and overwhelming, as they feel inadequately prepared for the demands of independent practice. This lack of preparation fosters fears of unintentionally causing harm to clients due to ethical missteps rooted in insufficient knowledge of practice management. **RC05** *"Yes! Medical aids don't even take us seriously. We've only got an Honours degree, and many jobs want a psychologist*" - **RC05.**

Overall, participants expressed that although the RC category was established with positive intentions, it is not sufficiently supported to ensure that RCs can thrive in independent practice. **RC05** "*Yes! I was actually thinking of pitching something to one of the training institutions like a module for fourth years on starting a private practice. Things like applying for indemnity insurance, confidentiality policies, note storage, office security, even what to put on your business card. We've had to learn that on our own" - **RC05***. The participant strongly recommended that higher education institutions incorporate fundamental business and administrative training into academic programmes to better equip future RCs for the realities of the profession. **RC05** - *"Even knowing that you need professional indemnity insurance many don't know. It's painful to watch. We need more support from institutions and the HPCSA, and better alignment between academic training and the reality of practice - **RC05**"*

Conclusion

This chapter presented the core findings of the study, derived through thematic analysis of qualitative interviews with Registered Counsellors (RCs). These findings provide a foundation for further reflection on the ethical realities of RCs and point toward critical areas for improvement in training, supervision, and professional support structures. The next chapter will discuss these findings in greater depth, linking them to the existing literature and theoretical frameworks outlined earlier. Chapter Five also provides an interpretive discussion of the results, exploring their implications for professional practice, ethics education, and regulatory policy in the South African context.

CHAPTER FIVE: DISCUSSION

Introduction

This chapter offers discussion of the principal findings from this study, situating the findings within the broader scholarly discourse concerning ethical challenges. Drawing on the theoretical foundations and empirical research reviewed in Chapter Two, it links the key themes that emerged from the data to existing literature, highlighting areas of alignment as well as those requiring further exploration. The discussion addresses critical ethical concerns such as confidentiality, the management of professional boundaries, ambiguity surrounding counsellor roles, dual relationships, ethical decision-making processes, and perceived gaps in formal education and training. By framing these findings within both national and international conversations about professional ethics, the chapter aims to enrich understanding of the complex ethical environments in which RCs operate and to propose relevant implications for education, policy development, and professional support structures.

Ethical Dilemmas and Confidentiality in Multidisciplinary Settings

Confidentiality is a foundational principle in counselling ethics, safeguarding client privacy and fostering trust essential for therapeutic efficacy (Knapp, Vande Creek, & Fingerhut, 2017). The Health Professions Council of South Africa (HPCSA) mandates strict adherence to confidentiality, except where disclosure is legally or ethically warranted. However, in multidisciplinary settings such as schools, hospitals, and rehabilitation centres, the RCs in this study faced conflicting pressures to share client information with other professionals or family members, creating ethical tension.

Participants consistently reported experiences where organizational demands for information conflicted with their ethical obligation to maintain confidentiality. For example, RC01 described navigating school requirements to report behavioural issues while protecting client privacy. Similarly, RC05 recounted discomfort in rehabilitation settings where sharing detailed client information with medical teams was expected, despite concerns about the client's consent and privacy. This mirrors findings by Corey et al.

(2019), who note that confidentiality dilemmas are often exacerbated in institutional environments with competing demands and unclear policies.

Legal frameworks appear to further complicate these dilemmas. South African legislation, such as the Children's Act and Mental Health Care Act, outline circumstances mandating disclosure (e.g., risk of harm), but the boundaries remain ambiguous in many cases (Health Professions Council of South Africa, 2019). This ambiguity necessitates sophisticated ethical judgment and situational sensitivity.

The literature suggests that multidisciplinary collaboration can enhance client care but requires explicit agreements on confidentiality parameters (Knapp et al., 2017). Such agreements are often lacking or poorly implemented, increasing ethical risks. Participants advocated for clearer organizational policies aligned with HPCSA ethical guidelines and enhanced training on confidentiality management in multidisciplinary contexts.

This theme underscores the importance for both systemic and educational interventions. Counselling programmes should integrate applied ethics training focused on confidentiality dilemmas within institutional settings, including role-plays and scenario analysis. Organizations employing RCs need to develop clear confidentiality protocols to support ethical practice and reduce ambiguity. Moreover, ethical supervision should address these complex cases, providing RCs with guidance and support.

Globally, similar challenges have been documented in multidisciplinary teams, emphasizing the universality of confidentiality dilemmas in integrated care (Lundqvist, 2017). However, South Africa's unique socio-cultural and resource constraints heighten these challenges, requiring contextually relevant approaches that consider community dynamics, historical inequalities, and systemic limitations (Petersen et al., 2016).

Managing Professional Boundaries and Therapeutic Alliance

Maintaining professional boundaries is essential to preserve the therapeutic alliance's integrity and protect clients from harm (Zur, 2021). Boundaries delineate the limits of the counsellor-client relationship, balancing empathy with professional distance.

Violations can compromise treatment effectiveness and raise ethical and legal concerns (Pope & Vasquez, 2016).

Participants described boundary challenges, particularly in child and community-based settings where clients often sought emotional or physical closeness beyond professional limits. RC03's report of a client engaging in inappropriate behaviour and RC02's struggles with children seeking physical affection highlight the delicate nature of boundary management in vulnerable populations.

The literature differentiates between boundary crossings, which may be benign or even therapeutic, and boundary violations, which are harmful and unethical (Zur, 2021). These nuances require counsellors to exercise ethical reflection and apply professional judgment, often supported by supervision. The therapeutic context, client vulnerabilities, and cultural factors must be considered when managing boundaries.

Supervision plays a crucial role here, offering a space for counsellors to explore boundary dilemmas, gain perspective, and develop assertive communication skills (Pope & Vasquez, 2016). Participants emphasized the value of supervision in navigating complex emotional dynamics and reinforcing ethical practice.

Furthermore, training programmes should incorporate specialized modules on boundary management with case examples reflecting South African realities. Emphasizing cultural competence is critical, as norms around physical affection and emotional expression vary across communities (Sue, 2016). Understanding these nuances can guide counsellors in maintaining appropriate boundaries while respecting clients' cultural contexts.

In addition to supervision and training, professional guidelines such as those from the HPCSA provide a framework for boundary management but require regular reinforcement and contextual adaptation. Continuing professional development (CPD) activities focusing on boundary issues can keep RCs updated on best practices.

Role Ambiguity and Misunderstandings of Registered Counsellors Scope

The findings further reveal a prevalent theme of role ambiguity, with many Registered Counsellors (RCs) experiencing unrealistic expectations from clients, colleagues, and institutions. This aligns with existing research, such as Truscott and Crook (2021) who indicate that role confusion is a significant source of ethical tension and professional dissatisfaction. Participants RC04 and RC05 noted that stakeholders often mistakenly assume that RCs are qualified to conduct diagnostic assessments or legal evaluations, tasks reserved for clinical psychologists or other specialists.

Role ambiguity contributes to ethical dilemmas as it places RCs in situations where they must navigate expectations beyond their professional competence and legal scope. This mismatch increases the risk of ethical breaches, such as misinforming clients or providing services they are not legally permitted to offer. It also compromises the clarity of professional identity, which is essential for effective practice and interprofessional collaboration (Barnett & Johnson, 2016).

To address this issue, psychoeducation was identified by participants as a crucial strategy. Educating clients and multidisciplinary teams about the RC's defined scope of practice can mitigate misunderstandings and prevent role-related conflicts. Consistent communication about professional boundaries and competencies during intake sessions, team meetings, and community outreach helps establish clear expectations (Gelso & Fretz, 2014).

Moreover, institutional policies should explicitly define the role of RCs within their service delivery models. This role clarification should be ongoing, as healthcare and educational teams are dynamic and roles may evolve over time. Such proactive role negotiation contributes to ethical clarity and fosters respect for RCs' professional contributions. From a broader perspective, advocacy by professional bodies, such as the HPCSA and counselling associations, are necessary to promote public awareness of the RC profession. Clear standards and public education campaigns can improve societal understanding and reduce the ethical risks associated with role confusion (ACA, 2014).

Multiple and Dual Relationships in Small Communities

The challenges of managing multiple and dual relationships were salient in this study, particularly given the rural and close-knit community contexts in which many participants practice. Barnett et al. (2020) recognize that small communities intensify the likelihood of overlapping social, professional, and familial roles, complicating ethical boundary maintenance. Participants, including RC05, described difficulties in avoiding dual relationships when clients were also acquaintances, neighbours, or family members. Such scenarios heighten ethical risks related to confidentiality breaches, conflicts of interest, and compromised objectivity (Zur, 2021).

In resource-limited settings, RCs often must maintain accessibility while navigating these complexities. Managing these dual relationships ethically requires a delicate balance. Ethical codes acknowledge that some dual relationships are unavoidable but must be carefully monitored to prevent harm (American Psychological Association, 2017). Participants reported employing transparency, informed consent, and supervision as strategies to manage potential conflicts. Ethical decision-making models that consider the context, potential risks, and benefits assist RCs in evaluating whether and how to engage in dual relationships (Kitchener, 2018). Professional supervision provides an essential space for reflection on these dilemmas, offering perspectives that reduce isolation and ethical uncertainty. Moreover, ongoing professional development should include training on dual relationships specific to rural and community contexts. This training can prepare RCs to anticipate and ethically respond to these common challenges. The tension between maintaining professional integrity and ensuring service accessibility highlights a systemic issue. Structural interventions such as increasing the number of qualified counsellors in underserved areas or developing telehealth options may reduce the pressure on RCs in small communities.

Ethical Decision-Making Frameworks, Supervision, and Continuous Development Programme

The participants' reliance on structured ethical decision-making frameworks, supervision, and professional consultations underscores the importance of systematic approaches in navigating ethical challenges. Frameworks such as Wilfrid's model, as referenced by RC01 and RC04, provide a stepwise method for analyzing ethical dilemmas, promoting consistency and reflective practice (Kitchener, 2018). Structured models guide counsellors through identifying ethical issues, evaluating options, consulting relevant codes, and making informed decisions. These processes help mitigate impulsive or biased responses and support accountability.

Supervision emerged as a critical resource for ethical practice. Participants emphasized that consulting with experienced supervisors or colleagues offered reassurance and facilitated diverse perspectives and problem-solving approaches. Supervision also functioned as an ethical safeguard, ensuring that counsellors remained aligned with professional standards (Bernard & Goodyear, 2014). Continuing Professional Development (CPD) plays a complementary role by keeping RCs informed about evolving ethical standards, emerging challenges, and best practices. Johnson and Kaslow (2019) highlight the importance of CPD as essential for maintaining ethical competence and professional growth. Institutions and professional bodies should therefore prioritize accessible, high-quality supervision and CPD opportunities tailored to ethical issues relevant to the South African context. This includes workshops, seminars, and online modules addressing confidentiality, boundaries, role clarity, and other emerging concerns.

Gaps between Academic Training and Real-World Ethical Practice

A prominent concern raised by participants was the gap between theoretical ethical training and the complexities encountered in real-world practice. Many felt that academic programmes focused heavily on ethical theory and codes but provided insufficient practical application, particularly in under-resourced or multidisciplinary settings. This disconnect echoes calls from scholars like Gottlieb et al. (2017), who advocate for more

applied ethics education, including case-based learning, simulations, and contextualized scenarios.

Experiential learning prepares students to anticipate and manage ethical dilemmas more effectively. South Africa's unique socio-cultural and systemic challenges require tailored training that addresses local realities, such as confidentiality in small communities and ethical challenges within multidisciplinary teams in resource-constrained environments. Participants suggested stronger collaboration between the HPCSA, universities, and professional bodies to develop curricula incorporating applied ethics training. Integrating ethics across all stages of training, rather than confining it to a single course, can enhance ethical sensitivity and decision-making skills. Furthermore, experiential placements with structured ethical supervision provide vital opportunities for students to engage with ethical challenges under guided mentorship, bridging theory and practice.

Challenges of Independent Practice: Business, Ethics, and Administration

Another key issue highlighted by participants was the lack of preparation of RCs for independent private practice, a pathway increasingly pursued due to the limited employment opportunities in the public and private sectors. Participants reported feeling ill-prepared for the administrative, financial, and ethical complexities of running a private practice or NGO. This includes understanding billing practices, medical aid schemes, malpractice insurance, and registration requirements.

Lack of foundational business and ethical administration training can increase the risk of unintentional ethical breaches, such as inappropriate fee structures, poor record-keeping, or boundary violations related to client payments. This gap is concerning, given the ethical imperative to protect clients from harm and maintain professional standards (HPCSA, 2019). Participants strongly advocated for integrating business ethics, practice management, and legal compliance into counselling curricula. Including such content would enhance professional readiness and reduce transitional challenges. Moreover, professional associations could develop mentorship programmes and resources to support RCs moving into independent practice.

Role Clarification and Advocacy for the Registered Counsellor Profession

The persistent challenge of role ambiguity within frontline mental health practice signals the need for sustained professional advocacy and clearer stakeholder education (Pillay & Kramers-Olen, 2022; Skeen et al., 2023). Participants highlighted that clarifying the Registered Counsellor role should extend beyond initial contracting and form part of continuous communication within multidisciplinary teams, supervisory structures, and community engagement spaces (Joubert & Hay, 2020; Naidoo et al., 2022). Research affirms that role uncertainty among mental health practitioners can compromise boundary-setting, decision confidence, and ethical agency particularly in mixed-scope teams where prevention-level professionals are expected to assume responsibilities associated with more specialised cadres (Campbell et al., 2023).

Professional advocacy also plays a developmental function by supporting identity formation, perceived legitimacy, and ethical confidence (Burnes & Singh, 2024). Participants' accounts mirror findings that early-career counsellors, especially in low-resource or decentralised care systems, rely on assertive role communication, peer consultation, and organisational literacy to mitigate ethical overreach (Skeen et al., 2023; Petersen et al., 2021). Ethical leadership approaches rooted in shared accountability and moral courage have been associated with increased practitioner voice and improved interdisciplinary collaboration (Banks, 2021; Burnes & Singh, 2024).

The study further underscored that advocacy should not rest solely on individual practitioners, as systemic reinforcement remains essential. Policy analyses show that formal integration of prevention-level psychological professionals into national or provincial service pathways improves clarity of function, referral legitimacy, and collaborative trust (Docrat et al., 2022; Lund et al., 2022). Participants described advocacy opportunities such as team-level psycho-legal scope education and subsidised CPD webinars, which align with scholarship calling for regulatory bodies and training institutions to co-design applied ethics teaching, structured role simulations, and low-cost professional development models (Campbell et al., 2023; Naidoo et al., 2022).

This research aimed to illuminate how Registered Counsellors construct ethical meaning and navigate moral tension through their daily interactions, institutional cultures, and community contexts. Qualitative ethics studies emphasise that ethical capability is not purely the result of formal instruction but develops relationally through supervision, ongoing professionalisation, organisational culture, and applied dialogue (Burnes & Singh, 2024; Campbell et al., 2023). This supports the argument raised in the findings that role clarity and ethical confidence are socially co-constructed and variably experienced across sites.

The results indicate that the ethical challenges confronting Registered Counsellors are complex and multifactorial, emerging from intersecting pressures among professional codes, institutional mandates, client acuity, resource constraints, and culturally mediated expectations (Skeen et al., 2023; Lund et al., 2022; Naidoo et al., 2022). Recent South African mental health analyses highlight that in public and semi-public care settings (schools, hospitals, hospices, and NGO-run programmes), practitioners commonly describe confidentiality compromises, blurred scopes, insufficient debriefing spaces, outdated assessment tools, referral pressure, and limited organisational literacy regarding role demarcation (Docrat et al., 2022; Petersen et al., 2021; Skeen et al., 2023). Although much of the published ethics strain literature foregrounds psychologists broadly, scope-transferability justifications confirm that Registered Counsellors encounter the same relational ethical mechanisms yet with fewer structural buffers, remuneration pipelines, or applied training on administrative ethics competencies required to safely sustain independent practice.

Conclusion

This chapter discussed important insights of the ethical challenges faced by participants in this study. The findings highlight the complexity of confidentiality dilemmas, boundary management, role ambiguity, dual relationships, and gaps in training. They also emphasize the critical role of ethical decision-making models, supervision, and CPD in supporting ethical practice. Implications for practice include the need for clear

organizational policies, enhanced supervision, and accessible CPD tailored to the South African context.

This chapter engaged with the study's findings by interpreting them through the lens of relevant literature and the theoretical framework of social constructionism. The next chapter will summarise the key insights of the research, restate its contributions to knowledge and practice, reflect on its limitations, and offer suggestions for future inquiry. Chapter Six draws the study to a close by consolidating its findings and underscoring the significance of enhancing ethical support systems for Registered Counsellors within South Africa's evolving mental health care landscape.

CHAPTER SIX: CONCLUSION

Summary of the findings

This research sought to understand the ethical challenges encountered by Registered Counsellors in South Africa and how their training supported or limited their ability to navigate them. Three central ethical landscapes emerged from participant narratives: confidentiality strain, boundary complexity, and role ambiguity. Practitioners across public, private, organisational and community-based contexts described ethical decision-making as interpretive, relational and context-driven, rather than fixed or universally applied.

The first research question asked, what type of ethical issues do RCs encounter in general practice? Participants reported confidentiality breaches as a dominant ethical pressure, especially where institutions or multidisciplinary teams demanded access to detailed client information. Multiple relationship complications were also identified, particularly in community or small-town contexts where overlapping personal and professional roles were difficult to avoid. Ethical conflicts further arose from referral barriers, outdated assessment tools, and disappointment or mistrust triggered when clients expected diagnostic or psycho-legal services beyond the RC scope. These findings show that RC ethical concerns cluster around not only practitioner–client interactions, but also systemic conditions such as infrastructure limitations, service demand, and professional misunderstanding.

The second question asked, how are these issues managed by Registered Counsellors? Most participants described using practical containment strategies including deliberate boundary contracting, transparent service framing, selective disclosure decisions, referral justification dialogues, and ethics-anchored supervision. Containment was often adaptive and relational, not punitive, preserving trust while reducing harm. Some counsellors terminated or redirected care where boundaries were pressured beyond recovery, prioritising ethical integrity over forced continuity. Ethical management therefore relied on flexibility, documenting decisions, and seeking shared reasoning rather than solitary judgement.

The third question asked, are decision-making models or processes used by RCs? What models are helpful or unhelpful? Three of the five participants explicitly referenced decision-making frameworks, most commonly Allan's model or the Corey, Corey and Callanan model, applying them as reflective checkpoints rather than linear rules. Participants found these models helpful for structuring reasoning, justifying decisions, and reducing cognitive paralysis in complex cases, especially where ethical principles clashed. However, most described these frameworks as incomplete until refined through lived practice, supervision groups, and iterative relational learning. One participant reported limited trust in models where supervision was non-directive, dismissive, or gossip-orientated, showing that ethical frameworks without grounded mentorship may fail to ethically buffer real emotional, cultural or organisational complexity.

The fourth question asked, in what way does professional training help or falls short in assisting engagement with ethical issues? The study revealed that academic training provided strong theoretical awareness of ethical principles and legal obligations, yet participants felt unprepared for practice-level pressures such as confidentiality negotiation in shared spaces, ethical billing decisions, indemnity adherence, interdisciplinary contracting, insurance accreditation steps, and after-hours boundary maintenance. Most participants explained that ethical reasoning is actively developed in practice through supervision, CPD socialisation, and cultural attunement not simply learned at a knowledge level. As such, the training gap is not the absence of ethics as a subject, but the absence of contextual ethical rehearsal, practical mentorship in diverse applied environments, and preparation for independent practice logistics.

The fifth question asked, to what extent did training equip RCs to manage ethical conflicts using appropriate decision-making frameworks? The findings suggest that while training introduced decision-making frameworks, uptake and confidence were tied more to lived work exposure, organisational resourcing, supervisory ethics-alignment, and post-registration professionalisation spaces such as supervision groups, NGO caregiving, or reflective communities of practice. This confirms that academic training alone cannot standardise or universally prepare RCs for ethical complexity. Instead, ethical uptake is mediated by relationships, cultural signposts, legislative translation dialogues, and socially constructed practice learning cycles. Participants also strongly noted that

organisational resourcing, community proximity, and cultural ideology influenced ethical strain far more than qualification type alone. The focus on early-career counsellors is therefore both a strength and limitation: it offers deep insight into ethical training uptake during professional identity formation, but also signals the need for future research to explore ethically dense caregiving contexts (e.g., rural, hospital, hospice, NGO or family clusters) more coherently through a multi-participant contextual lens.

Limitations

While the study offers insight into the ethical challenges experienced by the participants, it is not without limitations. The research employed a qualitative methodology, which prioritises depth over breadth and thus does not aim for statistical generalisability. The small sample size, consisting of five participants selected through purposive sampling, further narrows the extent to which the findings can be extrapolated to the broader population of RCs in South Africa.

Additionally, the use of online platforms for data collection presented some constraints. Although it facilitated accessibility, some participants opted to disable video functions for privacy, which limited the researcher's ability to observe non-verbal communication, an element that can be particularly revealing in qualitative interviews. The study was also limited in scope due to its participants recruitment inclusion criteria, which restricted participation to RCs registered specifically with the HPCSA. The exclusion of practitioners affiliated with other professional bodies may have resulted in a narrower view of the counselling profession in South Africa. Moreover, it did not account for the potentially differing ethical challenges encountered by RCs working in various specializations or socio-economic settings.

Main Contributions to the Literature

Despite the limitations, the following strengths are noted. Firstly, it provides an in-depth account of ethical dilemmas encountered by a selection of RCs, offering qualitative data grounded in real-world practice. The use of semi-structured interviews allowed participants to share nuanced perspectives in their own words, which contributed to the emergence of authentic, practitioner-based themes.

Secondly, the study adds to a relatively under-explored area in South African mental health literature. While ethical challenges in psychology are widely discussed globally, the specific experiences of RCs, particularly within the South African context, remain insufficiently documented. By focusing on RCs working in different institutional settings, this research offers a contextualized understanding of their lived realities, contributing to both academic and professional discourse. Lastly, the research provides actionable insights for policymakers, educators, and professional bodies. Its recommendations are grounded in participants' experiences and directly respond to gaps in training, supervision, and institutional support. As such, the study has the potential to inform revisions to ethics curricula, CPD content, and institutional policies.

Implications of the study

The findings of this research carry meaningful implications for ethical competence development, professional identity consolidation, and systemic advocacy for prevention-level mental health professionals in South Africa. Although Continuing Professional Development (CPD) compliance is already a statutory requirement for professionals governed by the Health Professions Act and registered with the Health Professions Council of South Africa (HPCSA, 2019, Form 258; Government Gazette, 2006), a repeated insight emerging from participants' accounts is that ethical decision-making strengthens most effectively in lived practice, particularly through supervision, case engagement, and contextual ethical reasoning (Allan, 2016; Knapp et al., 2017).

However, the study did not intend to evaluate or measure the effectiveness of academic or CPD programmes, as such wording would imply a quantitative programme-evaluation focus. Instead, consistent with the social constructionist paradigm, the findings highlight that while ethical decision-making frameworks and professional codes are formally taught within BPsych and BPsych-equivalent training routes, the translation and application of this knowledge is experienced differently depending on organisational resourcing, supervisory engagement, cultural dynamics, and years post-registration professional socialisation (Van den Heever et al., 2021; Naidoo et al., 2022; Skeen et al., 2023). One participant reporting confidence in their training, contrasted with most highlighting theoretical-to-practice gaps, further supports that ethical preparedness is

socially mediated rather than homogeneously produced by the curriculum, with variation itself being a valuable finding that deepens qualitative nuance and helps illuminate the mental health profession's complex ethical training pathways (Braun & Clarke, 2021).

Moreover, global ethical scholarship confirms that universal ethics models are inevitably implemented differently depending on local context and personal professional judgements, meaning that no training route can comprehensively prepare practitioners for all relational nuances. Structured ethical frameworks function as strong scaffolding but are ethically refined and internalised through professional practice tools such as supervision, peer review, and CPD learning engagements rather than solely through regulatory compliance (Schon, 1983; Levitt et al., 2021; Campbell et al., 2023). This suggests that rather than proposing changes to duration or existence of ethics modules, training institutions and CPDs could more intentionally expand applied ethical mentorship within diverse mental health caregiving settings experienced by new graduates, a qualitative insight rather than a causal measurement claim (Finlay, 2002; Terry et al., 2017).

An equally important implication lies in the widespread misunderstanding across mental health practitioner categories in South Africa. The findings align with scholarship confirming that public literacy around the mental health profession continues to be a systemic challenge, with persistent confusion between lay counsellors, registered counsellors, clinical and counselling psychologists, social workers, and coaches. This misunderstanding becomes particularly impactful within under-resourced communities, where mental health support is often inaccessible, culturally stigmatised, or conflated with non-regulated wellness roles. In these settings, the professional category of Registered Counsellors was originally intended to expand early mental health access through prevention-level psychological support pathways that meet community-level needs affordably and with greater cultural responsiveness (Abel & Louw, 2009; Elkonin & Sandison, 2010; Joubert & Hay, 2020; Naidoo et al., 2022). Without consistent stakeholder literacy, RCs may be pressured to adopt overlapping roles or respond beyond scope buffers that reflect community distress acuity, thereby intensifying ethical tensions not because of unwillingness but because of systemic and infrastructural strain at the

frontline of mental-health access demands (Petersen et al., 2016; Rouillard et al., 2016; Skeen et al., 2023).

Public understanding and literacy are therefore not only a professional-identity issue, but an ethical safeguarding concern for the RC category, which forms part of psychology regulated by the HPCSA (2019). Although the literature review did not provide extensive direct engagement around training delivery modes a recognised methodological risk that should be acknowledged transparently in the thesis discussion the findings suggest that ongoing work in CPDs, supervision spaces, and interdisciplinary training could be strengthened through practical case-based dialogues, applied record-keeping literacy, ethical referral scaffolding, and stakeholder ethics literacy that extends beyond psychologists to Registered Counsellors where scope parameters intersect (Slack & Wassenaar, 2012; Van den Heever et al., 2021; Skeen et al., 2023). The findings also agree with ethical practice-management scholarship demonstrating that administrative and business ethics literacy remains under-explored in Registered Counsellor graduate preparation pathways. Without training on how to ethically structure financial contracting, medical-aid billing literacy, liability insurance, confidentiality-policy drafting, and secure record safeguarding, RCs may face ethical-operational vulnerability due to insufficient administrative preparedness rather than a lack of foundational ethical intention (Allan, 2016; Corey et al., 2015; Wong, 2020).

This gap does not imply programme inadequacy but strengthens the qualitative argument that ethical confidence grows relationally, culturally, and contextually rather than being isolated within the tertiary classroom. Better public and workplace literacy is a cross-profession mental-service implication that extends to mental health practitioners broadly, but is especially important for prevention-level Registered Counsellors whose intended work is community-layered and mediated through HPCSA-regulated practicum pathways where systemic strain and cultural mismatch frequently influence ethical reasoning modes (Abel & Louw, 2009; Joubert & Hay, 2020; Skeen et al., 2023; Petersen et al., 2016).

The chapter therefore contributes a critical synthesis of the professional and ethical training landscape for prevention-level psychological professionals in South Africa. It foregrounds the reality that contextual ethical mentorship is both a strength and a

limitation of the study's scope, particularly as the researcher did not conduct institutional curriculum-evaluation mapping. Instead, the study's qualitative insights deepen understanding of three important conceptual realities: ethical reasoning is socially mediated and refined in practice, professional identity requires ongoing stakeholder literacy consolidation, and systemic advocacy must include culturally rehearsed practice-management literacy and early decision-making scaffolding into postgraduate programme delivery modes. These findings illuminate areas where future qualitative research could explore ethical complexity more richly within defined caregiving settings, such as rural versus urban contexts or co-constructed ethical supervision models within identified community clusters of Registered Counsellors.

Recommendations

Based on the findings of this study, several recommendations are proposed to strengthen the ethical competence and preparedness of RCs in South Africa.

Expand Ethics Education in Academic Training

The findings indicate a pressing need for academic institutions to strengthen ethics education for Registered Counsellors (RCs) by embedding more applied, practice-oriented content. While theoretical grounding is essential, participants described a disconnect between classroom learning and the ethical challenges encountered in the field. Incorporating real-world case studies, ethical dilemma simulations, and collaborative problem-solving activities into university curricula would better equip students to manage ethically complex situations. This is especially relevant in the context of South Africa's diverse and often resource-limited settings, where professional roles frequently intersect with cultural and systemic challenges (Gottlieb et al., 2017; Kitchener, 2018).

Integrate Business and Practice Management Training

With many RCs pursuing independent practice due to limited employment options, there is a growing need for formal training in professional and ethical business operations. Curricula should address key areas such as billing procedures, client recordkeeping, marketing, legal compliance, and risk management. These skills are crucial for RCs to

navigate private practice or NGO settings with ethical clarity and administrative competence (Knapp, Gottlieb, & Handelsman, 2017).

Strengthen Role Clarification and Public Awareness

Persistent misconceptions about the scope of RCs' work continue to create ethical challenges, particularly when colleagues or institutions expect services that exceed their legal remit. To address this, public and professional awareness campaigns should be launched in collaboration with the Health Professions Council of South Africa (HPCSA), academic institutions, and professional bodies. Such initiatives would help demystify the RC role, promote accurate referrals, and prevent ethical conflicts arising from role ambiguity (Truscott & Crook, 2021).

Enhance Access to Supervision and Peer Support

Participants highlighted the value of regular supervision and peer consultation in navigating ethical uncertainty. However, access to these resources remains uneven, especially for those in remote or independent practice settings. Professional associations and institutions are encouraged to establish low-cost or virtual supervision networks and mentoring platforms that support reflective ethical decision-making. These resources could serve as a buffer against isolation and contribute to improved professional accountability (Johnson & Kaslow, 2019).

Conduct Further Research with Broader and More Diverse Samples

To deepen the profession's understanding of ethical dilemmas faced by RCs, future research should involve larger, more diverse samples, including practitioners from varied cultural, institutional, and geographical backgrounds. Incorporating quantitative or mixed-method designs may also be beneficial in identifying the prevalence and types of ethical conflicts across the profession. Exploring the experiences of RCs registered with other professional bodies could further enrich insights into ethical practice in different settings.

Policy Reforms to Support Ethical Practice

Findings from this study point to the need for policy-level interventions. Revisiting the official scope of practice to reduce ambiguity and align it more closely with real-world demands would help safeguard both counsellors and their clients. Additionally, professional bodies should develop and circulate guidelines tailored to ethical decision-making in under-resourced environments, where institutional policies may conflict with ethical best practices (Corey, Corey, & Callanan, 2019).

REFERENCES

Abel, E., & Louw, J. (2009). Registered counsellors and the profession of psychology in South Africa. South African Journal of Psychology, 39(4), 387–399. https://doi.org/10.1177/008124630903900403

Adeyeye, P. O., Fapetu, O., Aluko, O. A., & Migiro, S. O. (2015). Does supply-leading hypothesis hold in a developing economy? A Nigerian focus. Procedia Economics and Finance, 30, 30-37.

Allan, A. (2001). The law for psychotherapists and counsellors (2nd ed.). Inter-Ed Publishers.

Allan, A. (2016). Law and ethics in psychology: An international perspective (2nd ed.). Pearson.

Allan, A. (2016). Law and ethics in psychology: An international perspective (2nd ed.). Somatech.

Allan, A. (2016). Law and ethics in psychology: An international perspective.

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct.

American Counseling Association. (2014). 2014 ACA code of ethics. https://www.counseling.org/resources/aca-code-of-ethics.pdf

Banks, S. (2016). Ethics and values in social work (4th ed.). Palgrave Macmillan.

Banks, S. (2016). Ethics in professional life: Virtues for health and social care. Palgrave Macmillan.

Barnett, J. E., & Johnson, W. B. (2016). Ethics desk reference for counselors (2nd ed.). American Counseling Association.

Barnett, J. E., Lazarus, A. A., & Vasquez, M. J. T. (2020). Ethics desk reference for psychologists (3rd ed.). American Psychological Association.

Barnett, J. E., Molzon, C. H., Veksler, A., & Hyde, K. A. (2020). Preventing ethical conflicts in rural practice. Professional Psychology: Research and Practice, 51(1), 1–8. https://doi.org/10.1037/pro0000273

Beauchamp, T. L., & Childress, J. F. (2001). Principles of biomedical ethics (5th ed.). Oxford University Press.

Beauchamp, T. L., & Childress, J. F. (2019). Principles of biomedical ethics (8th ed.). Oxford University Press.

Behnke, S. H. (2021). Ethics in psychology and the mental health professions: Standards and cases (4th ed.). Oxford University Press.

Bernard, J. M., & Goodyear, R. K. (2014). Fundamentals of clinical supervision (5th ed.). Pearson.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? Qualitative Health Research, 26(13), 1802–1811. https://doi.org/10.1177/1049732316654870

Boccio, D. E., Weisz, G. M., Lefkowitz, R., & Kivlighan, D. M. (2016). Ethical challenges and professional strain among school psychologists: Risk factors and suggestions for intervention. Psychology in the Schools, 53(6), 589–603. https://doi.org/10.1002/pits.21923

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2016). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. Qualitative Research in Sport, Exercise and Health, 11(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2021). Thematic analysis: A practical guide. SAGE Publications.

Braun, V., & Clarke, V. (2022). Using thematic analysis in psychology. Qualitative Research in Psychology.

Braun, V., Clarke, V., & Weate, P. (2022). Thematic analysis. In P. Liamputtong (Ed.), Handbook of qualitative research methods (pp. 285–300). Edward Elgar Publishing. https://doi.org/10.4337/9781800373045.00030

British Psychological Society. (2018). Code of ethics and conduct. https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct

Brown, M. E., & Treviño, L. K. (2006). Ethical leadership: A review and future directions. The Leadership Quarterly, 17(6), 595-616.

Burns, J. K. (2021). The mental health gap in South Africa—A human rights issue. The Lancet Psychiatry, 8(6), 450–452. https://doi.org/10.1016/S2215-0366(21)00122-2

Burr, V. (2015). Social constructionism (3rd ed.). Routledge.

Carroll, A. B., & Shabana, K. M. (2010). The business case for corporate social responsibility: A review of concepts, research and practice. International Journal of Management Reviews, 12(1), 85–105. https://doi.org/10.1111/j.1468-2370.2009.00275.x

Carroll, A. B., & Shabana, K. M. (2010). The business case for corporate social responsibility: A review of concepts, research, and practice. International Journal of Management Reviews, 12(1), 85-105.

Cook, K. S. (2005). Networks, norms, and trust: The social psychology of social capital. Social Psychology Quarterly, 68(1), 4-14.

Cook, S. D. Noam. (2005). That which governs best: Leadership, ethics, and human systems. In T. Maak & N. M. Pless (Eds.), The quest for moral leaders: Essays on leadership ethics (pp. 131-144). Edward Elgar Publishing.

Corey, G., Corey, M. S., & Callanan, P. (2015). Issues and ethics in the helping professions (9th ed.). Cengage Learning.

Corey, G., Corey, M. S., & Callanan, P. (2019). Issues and ethics in the helping professions (10th ed.). Cengage Learning.

Corey, G., Nicholas, L. J., & Bawa, U. (2017). Theory and practice of counselling and psychotherapy (2nd ed.). Cengage Learning.

Corey, G., Nicholas, L. J., & Bawa, U. (2021). Theory and practice of counselling and psychotherapy (3rd South African ed.). Cengage Learning.

Corey, G., Nicholas, L., & Bawa, U. (2017). Ethics in the helping professions in South Africa. Juta and Company Ltd.

Crane, A., & Matten, D. (2016). Business ethics: Managing corporate citizenship and sustainability in the age of globalization (4th ed.). Oxford University Press.

Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). SAGE Publications.

Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches. Sage Publications, Inc.

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE Publications.

Department of Health. (2006, August). Ethical rules of conduct for practitioners registered under the Health Professions Act, 1974. Government Gazette.

Department of Health. (2013). National mental health policy framework and strategic plan 2013–2020. Republic of South Africa.

Docrat, S., Besada, D., Cleary, S., Daviaud, E., & Lund, C. (2019). Mental health system costs, resources and constraints in South Africa: A national survey. Health Policy and Planning, 34(9), 706–719. https://doi.org/10.1093/heapol/czz085

Donaldson, T., & Dunfee, T. W. (1999). Ties that bind: A social contracts approach to business ethics. Harvard Business Press.

Doverspike, D. (2020). Ethics in psychology: International perspectives. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds.), APA handbook of clinical psychology (Vol. 5, pp. 217–232). American Psychological Association.

Elkonin, D., & Sandison, C. (2010). Counselling emerging adults in South Africa: The use of the integrative model of developmental counselling and therapy. South African Journal of Psychology, 40(4), 476–486. https://doi.org/10.1177/008124631004000409

Elkonin, D. S., & Sandison, A. (2006). Mind the gap: Have the Registered Counsellors fallen through? South African Journal of Psychology, 36(3), 598–612. https://doi.org/10.1177/008124630603600310

Etikan, I., & Bala, K. (2023). Sampling and sampling methods in qualitative research: An overview. International Journal of Academic Research and Reflection, 11(1), 8–15. https://doi.org/10.47672/ijarr.1420

Ferrell, O. C., Fraedrich, J., & Ferrell, L. (2018). Business ethics: Ethical decision making & cases (12th ed.). Cengage Learning.

Ferrell, O. C., Fraedrich, J., & Ferrell, L. (2018). Business ethics: Ethical decision making and cases (12th ed.). Cengage Learning.

Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. Qualitative Research, 2(2), 209–230. https://doi.org/10.1177/146879410200200205

Floridi, L. (2013). The ethics of information. Oxford University Press.

Floridi, L., Cowls, J., Beltrametti, M., Chatila, R., Chazerand, P., Dignum, V., ... & Vayena, E. (2018). AI4People—An ethical framework for a good AI society: Opportunities, risks, principles, and recommendations. Minds and Machines, 28(4), 689–707. https://doi.org/10.1007/s11023-018-9482-5

Floridi, L., et al. (2018). AI4People—An ethical framework for a good AI society: Opportunities, risks, principles, and recommendations. Minds and Machines, 28(4), 689–707.

Gelso, C. J., & Fretz, B. R. (2014). Counseling psychology (3rd ed.). Brooks/Cole, Cengage Learning.

Gergen, K. J. (2015). An invitation to social construction (3rd ed.). SAGE Publications.

Gottlieb, M. C., Handelsman, M. M., & Knapp, S. (2017). Ethics in psychology and the mental health professions: Standards and cases (4th ed.). Routledge.

Gottlieb, M. C., Handelsman, M. M., & Knapp, S. (2017). Ethics in psychotherapy and counseling: A practical guide (5th ed.). Wiley.

Government Gazette. (2006). Mental Health Care Act 17 of 2002: Regulations. Pretoria: Government Printer.

Guarte, J. M., & Barrios, E. B. (2006). Estimation under purposive sampling. Communications in Statistics - Simulation and Computation, 35(2), 277–284.

Gubrium, J. F., & Holstein, J. A. (Eds.). (2002). Handbook of interview research. Sage Publications.

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). Applied thematic analysis. SAGE Publications.

Health Professions Council of South Africa (HPCSA). (2022). Ethical guidelines for good practice in the health care professions. https://www.hpcsa.co.za

Health Professions Council of South Africa. (2013). Framework for education, training, registration, and scope of practice of registered counsellors. https://www.hpcsa.co.za/Uploads/PSB_2019/Policy%20and%20Guidelines/Framework_for_Education_Training_Registration_and_Scope_of_Practice_of_Registered_Counsellors.pdf

Health Professions Council of South Africa. (2016, May 3). Statistics. https://www.hpcsa.co.za/Stats

Health Professions Council of South Africa. (2019). Ethical guidelines for good practice in the health care professions: Booklet 1 – General ethical guidelines for the health care professions. https://www.hpcsa.co.za

Health Professions Council of South Africa. (2019). Form 258: Guidelines for registration of psychology professionals under the Health Professions Act, 1974 (Act No. 56 of 1974). https://www.hpcsa.co.za/Uploads/PSB_2019/Policy%20and%20Guidelines/Form_258_Guidelines_for_Registration.pdf

Health Professions Council of South Africa. (2019). Ethical guidelines for good practice in the health care professions: General ethical guidelines for health researchers (Booklet 6). Pretoria: Author.

Health Professions Council of South Africa. (2019). Professional Board for Psychology: Ethical guidelines for good practice in the health care professions. https://www.hpcsa.co.za

Huhtala, M., Tolvanen, A., Mauno, S., & Feldt, T. (2017). Ethical organizational culture as a context for managers' personal work goals. Journal of Business Ethics, 145(2), 437–454. https://doi.org/10.1007/s10551-015-2936-8

Johnson, M. K., Weeks, S. N., Peacock, G. G., & Domenech Rodríguez, M. M. (2021). Ethical decision-making models: A taxonomy of models and review of issues. Ethics & behaviour , 32(3), 195–209.

Johnson, M. K., Weeks, S. N., Peacock, G. G., & Domenech Rodríguez, M. M. (2021). Ethical decision-making models: A taxonomy of models and review of issues. Ethics & behaviour, 32(3), 195–209. https://doi.org/10.1080/10508422.2021.1913593

Johnson, W. B., & Kaslow, N. J. (2019). The Oxford handbook of education and training in professional psychology. Oxford University Press.

Johnson, W. B., & Kaslow, N. J. (2019). The ethical imperative and clinical excellence: Training for competence in supervision. Practice Innovations, 4(3), 133–144. https://doi.org/10.1037/pri0000095

Joubert, R., & Hay, J. (2020). Challenges in the professional identity and scope of practice of registered counsellors in South Africa. South African Journal of Psychology, 50(4), 517–528. https://doi.org/10.1177/0081246320903935

Kagee, A., & Lund, C. (2023). A reflection of the current status of the mental healthcare system in South Africa. Global Mental Health, 10, 100062. https://doi.org/10.1016/j.gmh.2023.100062

Kaminer, D., & Eagle, G. (2010). Traumatic stress in South Africa. Wits University Press.

Kaminer, D., & Eagle, G. (2020). Traumatic stress in South Africa. Wits University Press.

King, N. (2004). Using templates in the thematic analysis of text. In C. Cassell & G. Symon (Eds.), Essential guide to qualitative methods in organizational research (pp. 257–270). Sage.

Kitchener, K. S. (2018). Foundations of ethical practice, research, and teaching in psychology and counseling (3rd ed.). Routledge.

Kitchener, K. S. (2018). Intuition, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology. The Counseling Psychologist, 16(2), 193–211. https://doi.org/10.1177/0011000088162005

Knapp, S. J., Gottlieb, M. C., & Handelsman, M. M. (2017). Ethics in psychology and the mental health professions: Standards and cases (4th ed.). Oxford University Press.

Knapp, S., Berman, J., Gottlieb, M., & Handelsman, M. (2007). Ethical dilemmas in psychotherapy: Positive approaches to decision making. American Psychological Association.

Knapp, S., Gottlieb, M. C., & Handelsman, M. M. (2017). Ethical dilemmas in psychotherapy: Positive approaches to decision making. American Psychological Association.

Knapp, S., Gottlieb, M., Berman, J., & Handelsman, M. M. (2007). When laws and ethics collide: What should psychologists do? Professional Psychology: Research and Practice, 38(1), 54-59.

Knapp, S., VandeCreek, L., & Fingerhut, R. (2017). Practical ethics for psychologists: A positive approach (3rd ed.). American Psychological Association. https://doi.org/10.1037/0000039-000

Kotze, E., & Carolissen, R. (2005). The role of the psychologist in South Africa: A transformation psychology perspective. South African Journal of Psychology, 35(1), 108–120. https://doi.org/10.1177/008124630503500107

Levitt, D. H., Hartwig Moorhead, H. J., & Azen, R. (2021). Reflective practice and counselor ethical decision making: An empirical investigation. Counselor Education and Supervision, 60(1), 2–18. https://doi.org/10.1002/ceas.12204

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. SAGE Publications.

Lindsay, G., & Clarkson, P. (1999). Ethical dilemmas of psychotherapists. Oxford University Press.

Lindén, T., & Rådeström, P. (2008). Ethical issues in psychiatry: From clinical practice to research ethics. Scandinavian Journal of Public Health, 36(2), 194–198. https://doi.org/10.1177/1403494807085062

Lund, C., Brooke-Sumner, C., Baingana, F., Baron, E. C., & Breuer, E. (2022). Social determinants of mental disorders and the Sustainable Development Goals: A systematic review of reviews. The Lancet Psychiatry, 9(6), 450–468. https://doi.org/10.1016/S2215-0366(22)00030-2

Lund, C., et al. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. Social Science & Medicine, 71(3), 517–528. https://doi.org/10.1016/j.socscimed.2010.04.027

Lund, C., Swartz, L., & Cooper, S. (2008). Mental health policy development and implementation in South Africa: A situation analysis. Phase 1 Country Report, Mental Health and Poverty Project.

Lundqvist, M. (2017). Working memory and neural oscillations: How brain waves reflect and shape memory processes (Doctoral dissertation, Karolinska Institutet). https://openarchive.ki.se/xmlui/handle/10616/45624

Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. AISHE-J, 9(3). Retrieved from https://ojs.aishe.org/

Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. AISHE-J: All Ireland Journal of Teaching and Learning in Higher Education, 9(3), 3351–33514. https://ojs.aishe.org/index.php/aishe-j/article/view/335

Meiring, B. (2017). Ethics in South African psychological practice. In G. Jordaan, D. Spangenberg, & H. Kitching (Eds.), Clinical psychology in South Africa (pp. 301–319). Van Schaik Publishers.

Meiring, D. (2017). Professional ethics and the scope of practice of industrial psychologists in South Africa. Paper presented at the Society for Industrial and Organisational Psychology 24th Annual Conference, International CSIR Conference Centre, Pretoria, South Africa.

Mercadal, T. (2024). Social constructionism. EBSCO Research Starters. Retrieved from

Mercadal, T. (2024). Social constructionism. EBSCO Research Starters: Sociology.

Mercadal, T. (2024). Social constructionism. EBSCO Research Starters: Sociology. https://www.ebsco.com/research-starters/religion-and-philosophy/social-constructionism

Moleiro, C., Silva, M., & Pinto, N. (2020). Integrating ethical decision-making across cultures in counselling psychology. International Journal for the Advancement of Counselling, 42(3), 242–257. https://doi.org/10.1007/s10447-019-09383-w

Naidoo, V., Dube, F., & Koen, N. (2022). Exploring the role of registered counsellors in community mental health: Perspectives from South African stakeholders. South African Journal of Psychology, 52(3), 359–370.

Naidoo, V., Dube, F., & Koen, N. (2022). Exploring the role of registered counsellors in community mental health: Perspectives from South African stakeholders. South African Journal of Psychology, 52(3), 359–370. https://doi.org/10.1177/00812463221080792

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. International Journal of Qualitative Methods, 16(1), 1–13. https://doi.org/10.1177/1609406917733847

Nortje, N., & Hoffmann, W. A. (2015). Ethical misconduct by registered psychologists in South Africa during the period 2007–2013. South African Journal of Psychology, 45(2), 191–202. https://doi.org/10.1177/0081246315571194

Nyawose, N. B. (2014). African urban high school girls' constructions of sexuality and sexual risk: A qualitative study (Master's thesis). University of KwaZulu-Natal. https://researchspace.ukzn.ac.za/bitstreams/5cfa5c0d-ed97-4c31-b71a-e4f28da69103/download

Petersen, I., Bhana, A., Baillie, K., & Mental Health and Poverty Research Programme Consortium. (2016). The feasibility of adapted group-based interpersonal therapy for the treatment of depression by community health workers in South Africa. World Psychiatry, 15(2), 190–191.

Petersen, I., et al. (2016). Strengthening mental health systems in low- and middle-income countries: The Emerald programme. BMC Medicine, 14, 79. https://doi.org/10.1186/s12916-016-0634-2

Petersen, I., van Rensburg, A., & Kigozi, F. (2021). Scaling up integrated mental health in resource-constrained settings: Evidence from the WHO's Mental Health Gap Action Programme. Health Policy and Planning, 36(3), 260–270. https://doi.org/10.1093/heapol/czaa154

Peterson, C., & Seligman, M. E. P. (2022). Character strengths and virtues: A handbook and classification (2nd ed.). Oxford University Press.

Pettifor, J. L., & Sawchuk, T. (2006). Ethical decision making for practising psychologists: A Canadian perspective. Canadian Psychological Association.

Pettifor, J. L., & Sawchuk, T. R. (2006). Psychologists' perceptions of ethically troubling incidents across international borders. International Journal of Psychology, 41(3), 216-225.

Pope, K. S., & Vasquez, M. J. T. (2016). Ethics in psychotherapy and counseling: A practical guide (5th ed.). John Wiley & Sons.

Resnik, D. B. (2020). The ethics of research with human subjects: Protecting people, advancing science, promoting trust. Springer.

Rossouw, D., & Van Vuuren, L. (2010). Business ethics (4th ed.). Oxford University Press Southern Africa.

Rossouw, D., & Van Vuuren, L. (2010). Business ethics (4th ed.). Oxford University Press.

Rouillard, C., Wilson, T., & Wissing, M. P. (2016). Registered counsellors in South Africa: A retrospective review of their role and function. South African Journal of Psychology, 46(1), 63–75. https://doi.org/10.1177/0081246315596430

Schon, D. A. (1983). The reflective practitioner: How professionals think in action. Basic Books.

Skeen, S., Lund, C., & van der Westhuizen, C. (2023). A decade of mental health policy in South Africa: Reflections and future directions. South African Medical Journal, 113(9), 693–698. https://doi.org/10.7196/SAMJ.2023.v113i9.14574

Slack, C. M., & Wassenaar, D. R. (2012). Ethical dilemmas of South African clinical psychologists: International comparisons. Journal Name, Volume(Issue), Page numbers.

Solum, L. B. (2020). Legal theory lexicon: Rule of law. https://lsolum.typepad.com/legaltheory/2020/09/legal-theory-lexicon-rule-of-law.html

Solum, L. B. (2020). Virtue jurisprudence. Harvard University Press.

Sue, D. W. (2016). Multicultural social work practice (6th ed.). Wiley.

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W. Stainton-Rogers (Eds.), The SAGE Handbook of Qualitative Research in Psychology (2nd ed., pp. 17–37). SAGE Publications.

Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. Qualitative Inquiry, 16(10), 837–851.

Trevino, L. K., & Nelson, K. A. (2021). Managing business ethics: Straight talk about how to do it right (8th ed.). Wiley.

Truscott, D., & Crook, K. H. (2021). Ethics for the practice of psychology in Canada (3rd ed.). University of Alberta Press.

United Nations. (2015). The ten principles of the UN Global Compact. Retrieved from

United Nations. (2015). Transforming our world: The 2030 agenda for sustainable development. https://sdgs.un.org/2030agenda

Van Zyl Smit, D., & Snacken, S. (2009). Principles of European Prison Law and Policy: Penology and Human Rights. Oxford University Press.

Van Zyl Smit, D., & Snacken, S. (2009). Principles of European prison law and policy: Penology and human rights. Oxford University Press.

VandenBos, G. R. (2015). APA dictionary of psychology (2nd ed.). American Psychological Association.

VandenBos, G. R. (Ed.). (2015). APA dictionary of psychology (2nd ed.). American Psychological Association.

Van den Heever, M. M., Van der Merwe, M., & Kitching, A. E. (2021). Ethical dilemmas experienced by registered counsellors in South Africa: A qualitative study. South African Journal of Psychology, 51(3), 415–426. https://doi.org/10.1177/0081246321993549

Wassenaar, D. R. (2002). Ethical issues in social science research. In M. Terre Blanche & K. Durrheim (Eds.), Research in practice: Applied methods for the social sciences (pp. 60–79). University of Cape Town Press.

Weaver, G. R., Treviño, L. K., & Cochran, P. L. (1999). Corporate ethics practices in the mid-1990's: An empirical study of the Fortune 1000. Journal of Business Ethics, 18(3), 283–294. https://doi.org/10.1023/A:1005717415047

Wessels, S., & Swart, E. (2020). Ethical dilemmas experienced by school psychologists in South Africa: A thematic analysis. South African Journal of Psychology, 50(2), 123–134.

Wong, P. T. P. (2020). Existential positive psychology and global meaning: Reframing human suffering and well-being. In P. T. P. Wong (Ed.), The human quest for meaning (2nd ed., pp. 3–20). Routledge.

World Health Organization (WHO). (2022). World mental health report: Transforming mental health for all. https://www.who.int/publications/i/item/9789240049338

World Health Organization (WHO). (2022). World mental health report: Transforming mental health for all. WHO.

World Health Organization (WHO). (2023). Mental health: Strengthening our response. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

World Health Organization. (2010, September 16). People with mental disabilities cannot be forgotten [Press release]. https://www.who.int/news/item/16-09-2010-people-with-mental-disabilities-cannot-be-forgotten

World Health Organization. (2013). Mental health action plan 2013–2020. WHO Press.

Young, R. A., & Collin, A. (2004). Introduction: Constructivism and social constructionism in the career field. Journal of Vocational behaviour , 64(3), 373–388. https://doi.org/10.1016/j.jvb.2003.12.005

Zalta, E. N., & Nodelman, U. (2020). Stanford Encyclopedia of Philosophy. Stanford University.

Zalta, E. N., & Nodelman, U. (2020). Stanford Encyclopedia of Philosophy. Stanford University. https://plato.stanford.edu

Zalta, E. N., & Nodelman, U. (2020). The Stanford encyclopedia of philosophy. Stanford University.

Zuboff, S. (2019). The age of surveillance capitalism: The fight for a human future at the new frontier of power. PublicAffairs.

Zur, O. (2021). Boundaries in psychotherapy: Ethical and clinical explorations. American Psychological Association.

APPENDICES

Appendix A: Rhodes University Ethics Committee Clearance Letter

Rhodes University Human Research Ethics Committee
Main Admin Building, Drostdy Road, Makhanda, 6139, South Africa
PO Box 94, Makhanda, 6140, South Africa
t: +27 (0) 46 603 7314
e: ethics-committee@ru.ac.za
https://www.ru.ac.za/researchgateway/ethics/
NHREC Registration number: RC-241114-045

4 November 2024

Mr Kgothatso Mmbodi, ,

Email: Cyrilmmbodi@gmail.com

Review Reference: 2024-8072-9207

Dear Mr Kgothatso Mmbodi

Re: Registered Counsellors' experiences with managing ethical issues.

Researcher: Mr Kgothatso Mmbodi

Supervisor(s): Mr Alan Fourie

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Human Research Ethics Committee (RU-HREC). Your Approval number is: 2024-8072-9207

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying you when the annual report is due.

Please apply for a protocol amendment should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Email your request to ethics-committee@ru.ac.za.

Please submit a brief report to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of.

If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloguing number allocated.

Sincerely,

Janet Hayward

Dr Janet Hayward

Chair: Rhodes University Human Research Ethics Committee (RU-HREC)

Appendix B: Research Advert

Appendix C: Participant Information Sheet

Participant Information Sheet

Research Title: Registered Counsellors' experiences with managing ethical issues.

What is this study about?

The study aims to explore:	1. This study primarily aims to look at the experiences of Registered Counsellors (RCs) concerning the ethical challenges they face in their practice. 2. It also seeks to evaluate whether their university or college education effectively prepared and supported them in managing these ethical issues. 3. Additionally, the study intends to seek for RCs reflections on their perceptions of the efficacy of their ethical training.
This is a research project conducted by	Kgothatso Mmbodi

As partial fulfilment of the requirements for the degree of Masters of Arts in Counselling Psychology, at Rhodes University.

What will I be asked to do if I agree to participate?

You will be asked to participate in	Semi-structured interviews. These will be conducted via Zoom meetings or face to face as per your preference.
Language	English
Time allocation	45 - 60 minutes
Research focus	Community or Social Psychology

Would my participation in this study be kept confidential?

As a participant you will be asked to sign a confidentiality clause as part of

your consent to participate in the study in which you undertake not to disclose your identity, your participation or the content shared. However, content such as the interview recordings and transcripts will be accessed by the researcher and the supervisor.

Audio or video recordings

This research project involves making audio or video recordings of the interviews as per participant preference. These are being made to assist with the data analysis.

What are the risks of this research?

The potential risks of this research could include:	• Discussion of their work and training may elicit strong emotional reaction in relation to their competency and client work experiences. • Some participants may feel embarrassed when they are unable to provide answers to some of the questions or understand the questions. • Extra attention will be given to explain potentially confusing terms in the information sheet and these terms will be re-explained before conducting the interviews. • The participants will be granted an opportunity to ask questions for the uncertainty of terms.

What are the benefits of this research?

This study will	• Bring awareness to the types of ethical issues that most Registered Counsellors encounter in practice. • It will look at how these ethical issues are resolved and managed. The study also aims to shed light on the decision making models that registered counsellors utilize in practice. • Additionally, the study will examine how professional training assists or does not assist Registered Counsellors in addressing ethical issues.

	• It will shed light on ethical concerns faced by Registered Counsellors, particularly in managing ethical issues and ethical dilemmas. The purpose of the study is to address the disconnect between theoretical knowledge and application of practical skills in ethical issue management. Students often find it challenging to bridge the gap between academic theory and real-world practice. • It will inspire aspiring counsellors and emphasize their significance in the South African context. • The study will raise awareness, encouraging more research and encouraging support to RC's.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or be unfairly treated. You will not be required to provide any reasons for your decision.

Is any assistance available if I am negatively affected by participating in this study?

It is not anticipated that participation in this study would result in any emotional discomfort. However, if this should arise, referrals to a counsellor will be arranged by the researcher.

Referral source 1	**SADAG National Helpline** 0800 567 567
Referral source 2	**Lifeline Helpline** 086 132 2322

What if I have questions?

This research is conducted by:	Kgothatso Mmbodi

In the Department of Psychology, if you have any questions about the research study, please contact the following researcher.

Researcher name	Kgothatso Mmbodi
Rhodes University	Makhanda Campus
Telephone Email	0787535122 Cyrilmmbodi@gmail.com

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Supervisor Name	Alan Fourie
Rhodes University	Makhanda
Telephone	046 603 7382
Email	a.fourie@ru.ac.za

Appendix D: Participant Informed Consent

PARTICIPANT INFORMED CONSENT DECLARATION

(To be signed by research participants)

Research Project Title: Registered Counsellors' experiences with managing ethical issues.

RHODES UNIVERSITY
Where leaders learn

Kgothatso Mmbodi, a student counselling psychologist under the supervision of Alan Fourie from the Department of Psychology Rhodes University, has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to look at the experiences of Registered Counsellors (RCs) concerning the ethical challenges they face in their practice. It also seeks to evaluate whether their university or college education effectively prepared and supported them in managing these ethical issues. Additionally, the study intends to assess whether RCs feel their training equipped them sufficiently to address ethical conflicts or dilemmas through appropriate decision-making processes.

2. Rhodes University has given ethical clearance to this research project *(Ethics Approval Number)* and I have seen/may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za).

3. By participating in this research project, I will be contributing towards inspiring aspiring counsellors and emphasizing their significance in the South African context. This is with the aim of raising awareness, encouraging more research and encouraging support to these professionals.

4. I will participate in the project by sharing my personal experiences of being a Registered Counsellor.

5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.

6. I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed.

7. The following risks are associated with my participation: It may be uncomfortable for me to share personal experiences which do not portray me in a positive light. Should

Rhodes University, Research Office, Ethics
Ethics Coordinator: ethics-commitee@ru.ac.za
t: +27 (0) 46 603 7727 f: +27 (0) 86 616 7707
Room 204, Main Admin Building, Drostdy Road, Grahamstown, 6139

PARTICIPANT INFORMED CONSENT DECLARATION

(To be signed by research participants)

Research Project Title: Registered Counsellors' experiences with managing ethical issues.

this happen I will inform the researcher and request to make use of an unspecified vignette.

8. The Researcher intends to publish the research results in the form of a journal. However, confidentiality and anonymity of records will be maintained, and my name and identity will not be revealed to anyone who has not been involved in conducting the research, *unless I indicate to the contrary/recognise that as a public figure, my identity will inevitably be/become known in which case I agree to and accept the loss of confidentiality.*

9. In terms of the Protection of Personal Information Act, it remains my right to request the Researcher to provide me with a detailed explanation of exactly how confidentiality and anonymity will be achieved. I may request to know how my personal information will be stored securely, for how long it will be stored, and whether it is likely to be used again in further research.

10. In terms of the Protection of Personal Information Act, I possess the right to receive feedback about this research. This will take the form of access to the final research project/ journal article *unless I elect not to receive feedback.*

11. Any further questions that I might have regarding the research or my participation will be answered by Kgothatso Mmbodi via email: g24m2274@campus.ru.ac.za.

12. By signing this informed consent declaration, I am not waiving any legal claims, rights or remedies.

13. A copy of this informed consent declaration will be given to me, and the original will be kept on record.

I, ..., have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all the questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

Rhodes University, Research Office, Ethics
Ethics Coordinator: ethics-commitee@ru.ac.za
t: +27 (0) 46 603 7727 f: +27 (0) 86 616 7707
Room 204, Main Admin Building, Drostdy Road, Grahamstown, 6139

PARTICIPANT INFORMED CONSENT DECLARATION

(To be signed by research participants)

Research Project Title: Registered Counsellors' experiences with managing ethical issues.

I **agree/disagree** (SELECT APPLICABLE) to the Researcher's request to take photographs and/or videos of me as part of this research project, recognising that agreement here is likely to raise the risk of compromising my anonymity and that steps will be taken to ensure this does not happen if my approval is granted.

I **agree/disagree** to the Researcher's request to voice record my comments and opinions during interviews, the purpose of which is to ensure the accurate recording of my views. Furthermore, I have the right to request a copy of interview transcriptions to confirm that my opinions are accurately recorded.

....

Participants signature **Date**

Rhodes University, Research Office, Ethics
Ethics Coordinator: ethics-commitee@ru.ac.za
t: +27 (0) 46 603 7727 f: +27 (0) 86 616 7707
Room 204, Main Admin Building, Drostdy Road, Grahamstown, 6139

Appendix E: Semi-structured Interview Schedule

Research Project Title: Registered Counsellors' experiences with managing ethical issues.

Semi-structured Interview Questions

1. What ethical issues have you experienced as a Registered Counsellor?
2. How have you engaged with these ethical issues and what have you found to be helpful?
3. What decision-making models, if any, have you used to help manage these ethical dilemmas?
4. In what way has the Registered Counsellor professional training prepared you or not for managing ethical issues?
5. What do you think about the Registered Counsellors' professional training and applying theoretical knowledge to practical work?
6. How do you think academic institutions can contribute towards better equipping and preparing student registered counsellors with dealing with ethical issues?
7. How do you think the Health Professions Council of South Africa can contribute towards better equipping and preparing student registered counsellors with dealing with ethical issues?

1. **Follow up interview:**
    a. Are there any other issues that you wanted to add that you thought of since we last spoke?
    b. These are the main themes and sub themes identified from all the interviews
        i. Do they capture your experience?
        ii. Would you like to comment further on any of them?