Styles of Ethical Discourse in an Online Clinical Marriage and Family Therapy Course

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Abstract

There is a wealth of literature available on teaching ethics in a traditional brick-and-mortar classroom setting, but little research exists on teaching ethics in an online environment. Within the clinical communities, much of what has been written is focused on the need to avoid sexual relationships with clients. Literature on avoiding other types of potentially damaging multiple relationships is scant. This gap in the literature is interesting because results of research show that student-therapists report that there is a need for such training. This study began as an attempt to make a contribution to the literature and to learn what styles of discourse students in an online clinical training course employ to resolve a presented ethical dilemma. Results suggest that they used one or more of five discourse styles to resolve the dilemma: internal dialog, problem avoidance, rule following, public trust, and/or emotional focus. Based on these findings, recommendations for future researchers and online ethics course developers are presented.

Keywords: ethical discourse; online; marriage and family therapy; clinical training

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Even a cursory look at the curricula of most graduate programs reveals an emphasis on ethics. Occasionally, it is embedded within the "foundations for graduate study" courses with a focus on topics, such as "academic integrity." Other times, the emphasis on ethics is more explicit in course topics, such as "ethics in sports," "ethics in business," and "ethics and professional identity." Focusing more narrowly, all of the professional associations in the behavioral health field have published codes of ethics. Further, they all make it clear that members should be well-trained in applying these codes to specific situations.

Historically, this training has taken place with the instructor and the student in the same physical space. However, with the rise of online education in more recent years, it is less common. According to the Online Learning Consortium (OLC) (Allen & Seaman, 2014), 7.1 million students are taking at least one course online (Allen & Seaman, 2014). This represents a growth in online education enrollment of 16.1% since 2002, the first year of the OLC study. The growth in physical classroom attendance was just 2.5% during the same period. Less than 10 % of educational institutions do not offer online education; they are predominantly small baccalaureate institutions. With an increasing percentage of students receiving their training online, a question naturally arises regarding how they are making use of technology, how they perform the ethical discourse that has traditionally been associated with in-classroom ethics education, and to what degree, if at all, in-classroom techniques for learning and assessing ethical thinking apply to a digital classroom.

One answer to these questions is emerging in the field of marriage and family therapy (MFT). Online education in MFT has become a viable training option for many students. Currently, two online training programs are accredited by the Commission on Accreditation for Marriage and Family Education (COAMFTE). Training therapists in an online learning environment is significantly different from training them in a traditional brick-and-mortar model in which students and faculty members share physical classroom space and engage in all of the interactions that are part of a land-based learning environment. Yet, a significant number of MFT students have selected online education programs, which must have ways to assess them for readiness to practice.

Assessing student-therapists' abilities to interact ethically in clinical situations is important to both the professional development of the student and, more critically, the protection of clients. Assessing their abilities to recognize situations that may pose an ethical risk as well as to make ethical judgments is crucial to producing therapists who will "do no harm" to clients (American Association for Marriage and Family Therapy [AAMFT], 2012, Principle I). In an online teaching/learning environment, it is important that these skills in applying ethical principles to clinical situations are taught well by faculty members who are not in the same location as the

students. It is also crucial in an online education environment that faculty members have a way to assess these skills among students. There have been few attempts to evaluate the ability to apply professional ethics in an online environment outside of the human services area (e.g., Shuman, Besterfield-Sacre, & McGourty, 2005). However, a review of the literature resulted in no scholarly endeavors focused on these issues in MFT, psychology, social work, or counseling in online education. It is somewhat surprising that much of the literature in the MFT field is focused on assessing and training students around not engaging in sexual relationships with clients. It would seem that a wider base of research would have been done on supervising students not to engage in other forms of inappropriate dual relationships with clients. Thus, the purpose of this study was to explore how a group of students in an online graduate MFT program answered questions related to dual relationships on an assessment designed to gauge their readiness for ethical clinical practice.

MFT educators have an interest in assessing the readiness of students for clinical practice. Before students see their first client, many MFT programs have assessment measures in place to gauge their readiness to work in a clinical setting. One important area of assessment is student readiness to practice ethically. It is critically important in areas, such as establishing appropriate relationships with clients, and in assessing student abilities to distinguish among what is ethical, unethical, or questionably ethical.

The need to assess and train MFT students in this area is highlighted by Brock and Coufal (1994). They asked therapists eight questions focused on sexual attraction to clients. In addition, they assessed therapists' perceptions of ethical issues related to sexual attraction in therapy. The focus on attraction is relevant. Whereas attraction is not itself ethically problematic, it can lead to a number of other ethical violations if it is not properly managed. Nickell, Hecker, Ray, and Bercik (1995) conducted a research project focusing on therapist attraction to clients in MFT. They found that the majority of practicing MFTs had experienced sexual attraction to clients. Further, a significant number of them had experienced sexual fantasies about clients. Nickell et al. also found that 55% of MFTs reported having very little or no training in handling sexual attraction to clients, with 47% reporting having no supervision in this area. They

recommended that MFT graduate programs include more intentional instruction to students about how to address sexual attraction in therapy. Again, the issue is handling sexual attraction, rather than simply prohibiting sex with a client (AAMFT, 2012, Principle 1.4).

Harris (2001) followed up on these studies from the 1990s. Harris (1995) previously focused on therapists-in-training who were in MFT master's programs that were accredited by the COAMFTE. He noted that therapists-in-training still had questions about how to handle attraction in therapy, despite receiving close supervision. Harris (1995) asserted that these questions should be discussed openly, encouraging faculty members to educate therapists about attraction in therapy and promote ethical practices. In a follow-up study, Harris and Harriger (2009) asked students in COAMFTE-accredited programs about sexual attraction in conjoint therapy. Once again, they found that therapists-in-training were uncertain about how to discuss sexual attraction in therapy. Like Harris (1995), they advocated for the inclusion of open discussions of these matters as part of clinical training.

Whereas these earlier articles emphasized the experience of attraction in the therapy room, more recent articles prompted scholarly discourse related to uncertainty on the part of students in terms of how to address attraction to clients. Then, the conversation moved toward the need for COAMFTE-accredited graduate programs to include more intentional training of students about handling attraction. In subsequent studies, researchers found that students had questions about how to handle attraction in therapy, even though they were under supervision. As the conversation continued, there seemed to be a shift toward the graduate training program's gatekeeping concerns when ethical issues emerged in the work of students, which will be addressed later in this paper. Along the way, instruments were developed and presented in the literature, which helped supervisors, clinical training directors, and program directors to capture the ethical practice development of therapists-in-training, along with measuring the development of skills in other areas.

A synthesis of these studies conducted between 1994 and 2009 addressed the need for MFT training to focus on ethical issues related to

sexual attraction. The need for additional training and opportunities for open conversations in training around this issue is a thread that runs across these studies. In addition, the focus of all of these articles surrounds sexual issues without a corresponding focus on other types of non-sexual dual relationships that might be problematic, such as forming social relationships with clients and coaching a client's youth sport team. Another noticeable gap is that none of the studies reviewed focused on the online learning environment. Such an emphasis is important to begin to establish best practices for teaching and assessing ethics in this environment.

As previously stated, although assessing student readiness for ethical practice encompasses much more than just sexual attraction, the MFT literature seems to be focused on this area. Several instruments have been published that assess student development throughout clinical training, but they do not address student readiness to see their first clients. For example, Briggs, Fournier, and Hendrix (1999) developed the Family Therapy Skills List (FTSC) as a way of examining MFT trainees' levels of competence in key areas of development, including appropriately using AAMFT ethical guidelines. Nelson and Johnson (1999) developed the Basic Skills Evaluation Device (BSED), which assesses the development of students' clinical skills in a developmental way, categorizing students as beginners, intermediates, or advanced. However, neither the FTSC nor BSED offers a way of evaluating students on requisite skills, such as ethical practice knowledge and decision making, before they begin to practice.

An interesting focus in the literature is related to how both students and faculty respond to perceived competence issues in the clinical work of student therapists. Brown-Rice and Furr (2013) focused on how students in counseling programs that were accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) reacted to classmates who had problems with professional competency. They found that students were aware of classmates who might cheat on exams, engage in dual relationships, and engage in other unethical practices, such as lying to clients. Brown-Rice and Furr reported that students had concerns related to how faculty members and administrators did or did not deal with these noticeable issues with their peers.

Johnson et al. (2008) examined issues related to psychologists in training and supervisors' responses to perceived incompetence in supervisees. They noted that supervisors sometimes experience anxiety, ambiguity, and even confusion related to their role in responding to these competence issues with supervisees. In the MFT field, Sampson, Kelly-Trombley, Zubatsky, and Harris (2013) investigated the circumstances surrounding and offered guidelines for the dismissal of students from programs. These guidelines focused on ethics, the protection of the public, and an acknowledgement that remediation efforts do not consistently succeed.

Whereas student readiness for ethical clinical practice was examined at one point (i.e., before they see their first clients) in the present study, the literature reviewed above highlights the importance of being intentional throughout a training program to ensure that students are practicing competently and ethically. Part of this competence seems to entail the knowledge of ethical issues and principles as well as the ability to recognize issues that might involve an ethical dilemma or create a need for further assessment or consultation. The socialization of students to conceptualize cases in ethical ways begins early in training. Further, the assessment of these abilities before students enter practicum highlights the importance of ethical practice and decision making for them. Additionally, should a gatekeeping decision, such as those described in Sampson et al. (2013), need to be made, then these pre-practicum assessments may serve to build a context in which ethical decision making is expected, highlighted, and valued so that trainees will not be taken by surprise when the importance of ethical decision making in student practice is highlighted.

Method

To understand how online MFT students make ethical decisions and apply ethical principles to a clinical situation, essay responses of students who were pursuing a Master of Arts in MFT at an online university that is one of two COAMFTE-accredited programs that operates predominantly in an online environment were examined.

Participants

Prior to data collection, given that qualitative researchers frequently report sample sizes of between 5 and 15 (Creswell, 2007; Denzin & Lincoln, 2011), the authors chose to select 15 students' responses with the understanding that

additional essays might have to be examined if saturation was not reached. To understand the students' discourse styles prior to their receiving feedback, the initial essay submissions of 15 students who eventually did satisfactorily complete the ethics essay requirement were selected. The sample came from identifying an arbitrary starting point in the database of more than 130 student responses, then selecting the first 15 students who successfully earned a passing grade on the essay. These 15 students ultimately comprised the final sample, as saturation was reached.

The original database of student essay responses contained some student demographic information. The sample consisted of 1 male and 14 females who ranged in age from 27 to 64 years (M=38, SD=11.2). Only 3 students were older than 45 years of age (48, 54, and 64). In addition, 4 students were 27 years old, and one was 28 years old. Thus, the sample was overwhelmingly comprised of young, female adults. All participants were residents of the United States. Although it was not necessarily representative of the general MFT student population, the sample was somewhat representative of the MFT program's student body at the online university from which students were recruited.

Materials

The essay responses examined in this study were written to fulfill a requirement for admission to clinical training. Most COAMFTE-accredited programs have some similar screening process to ensure that students are able to apply ethical concepts before they actually start seeing clients. Prior to their admission to practicum, students at this online university must complete certain prerequisite courses, including a course in the AAMFT Code of Ethics. As one means of verifying that students are capable of applying their prior learning to actual clinical situations, during the pre-practicum process, students must provide a satisfactory response to a given ethical case scenario. The Director of Clinical Training assesses each student's response according to a standard grading rubric developed by the clinical faculty, and provides detailed feedback to the student. If students do not meet the criteria listed in the rubric, they can rewrite their essays until they demonstrate the required levels of systemic and ethical thinking. There is no limit on the number of times that students may rewrite and resubmit essays.

The authors' intention was to understand

the types of discourse that students were employing to resolve the ethical dilemma before feedback was provided. Therefore, only the first submission was examined in this study. For the purpose of this study, subsequent submissions that were shaped by the reviewer's feedback were not included. The following is the scenario to which they responded:

> In your personal life, you are in a committed relationship, yet you find yourself noticing that your client is quite attractive and having intimate thoughts about this particular client. To date you have been successful at pushing it away from your mind when you have the thought. One day your client discloses to you that s/he thinks about you a lot outside of sessions and wonders if the two of you may be able to start seeing each other socially.

This particular scenario is given to students because, according to Amanda Reeves, a staff attorney for AAMFT (personal communication, January 14, 2014), boundary violations, such as the one inherent in this case scenario (AAMFT, 2012, Principle 1.3 [prohibition against exploitive relationships]), have represented the second most common class of ethics violation over the past 10 years. The most common violation, professional misconduct (Principle 3.15), frequently also includes boundary violations and sexual

misconduct. Clearly, as evidenced by the cases that have come before the AAMFT Ethics Committee, this is an important area for students to address.

In January 2015, AAMFT published a new Code of Ethics. Although there are some significant changes from the 2012 Code of Ethics, the specific principles (now called standards) used for this study's analysis did not change. Furthermore, given that all of the essays were written to apply the 2012 AAMFT Code of Ethics, the authors decided to continue to reference only the 2012 AAMFT Code of Ethics in this study.

Analysis

The qualitative approach selected for this study was discourse analysis, specifically the historical discourse analysis grounded in a Foucauldian approach. This approach allowed for not only an investigation into what was said, but also an understanding of what was said in the broader social context in which the participants live. This desire to understand the larger sociocultural, sociolinguistic context fit well with the systems perspective about which the students were learning.

One of Foucault's central concepts is how discourse shapes power in relationships (e.g.,

Foucault, 1980). Certainly, the power differential between therapist and client is a widely recognized and accepted ethical principle in therapy. This principle also influenced the choice of Foucault's style of discourse analysis, as it was part of wanting to understand how students constructed "power" in their discourse. Likewise, the desire to understand how the broader social context shaped the students' ethical discourse influenced the decision to look only at the pre-feedback essay responses. The goal was to investigate how the students understood the ethical dilemma as people who live in the wider sociolinguistic context who are "just now" being shaped in the professional context of MFT and who are beginning to engage in the "approved" discourse of the profession.

The key theoretical presupposition of discourse analysis is that mental realities are constructed linguistically and, therefore, come close to being "naturally occurring" (Perakyla & Ruusuvuori, 2011). Given that the grading rubric for the ethics essay specifies Principle 1.3 of the AAMFT Code of Ethics (multiple relationships, defined as relationships that have a potential to exploit the client and/or impair the therapist's professional judgment) as a primary expected

locus of analysis, the works of Foucault (1972, 1980) and Kendall and Wickham (1999) on discourse and knowledge proved to be particularly helpful as a lens of analysis. Specifically, there was an interest in how students' discourse styles, as displayed in their essay responses, influenced the power balance inherent in the given scenario.

Personally identifiable data were removed from the essays before evaluation began to limit the influence of preconceived notions, positive or negative, about the student-author. This process was especially important because one of the researchers was a reviewer of the essays in his role as a clinical faculty member in the MFT program. Then, the essay responses were identified as belonging to Student 01, Student 02, and so on. Each researcher independently coded the entire set of 15 essays, but used different processes. One researcher manually coded the essays using a close-reading approach and memoing in Evernote, whereas the other one used NVivo. Findings were then discussed using WebEx. During this discussion, the discourse themes that were generated independently were identified. Tentative consensus was reached in terms of language. Next, each researcher returned to the

data to determine if these tentative themes adequately accounted for the data. This cycle was repeated two more times until it was determined that the jointly identified themes accounted for all of the data. Having two researchers working on the total dataset independently using two different methods of analysis and reaching consensus each step of the way helped to promote the trustworthiness of the findings.

Results

Before proceeding to a more detailed analysis, a few general observations seem appropriate. First, each student response was framed in heterosexual terms. For a few of them, it was only implied. However, for the vast majority of students, it was explicit, even though the scenario did not reference the sex of either the therapist or the client. The scenario could have as easily been read with both therapist and the client being the same sex or different sexes, but none of the students chose to frame it in other than heterosexual terms.

The second general finding is that many of the students appeared to equate "intimacy" with sex. In the scenario, the therapist was having "intimate thoughts" about the client, who desired a social relationship outside of therapy. Nothing

was written about either person's having sexual thoughts. Yet, many of the students began their analysis of the dilemma by referencing Principle 1.4 (prohibition against sex with one's client) as their starting point. In addition, many of them added Principle 1.5 (prohibition against having sex with relatives of the client) as more support for their position (AAMFT, 2012). Because nothing is explicitly stated about a sexual relationship in the scenario, it seems reasonable to conclude that students are bringing into their ethical discourse factors that are not actually present in the scenario.

Discourse Styles

Internal dialogue. The first discourse style discovered was an internal dialogue. It appeared in every essay response, except for those of Students 07, 08, and 11. For example, Student 01 wrote, "The decisions that I make on a day to day basis are rooted in the ethical principles I have chosen to govern my life." The student went on to write, "I feel that I should not only attempt to be strong in my ethical underpinnings, but also understand and allow room for [my personal] growth and flexibility." Student 03 cited two sources to support the contention that one's personal

education should be sufficient by stating, "According to [the source cited], Marriage and Family Therapists (MFTs) usually mature and find the balance necessary for maintaining professional boundaries and self between two and five years beyond graduate training." Student 05 took the internal dialogue a bit further to an expert stance by stating, "To uphold my professional competence and integrity, I would take steps to remove myself as his therapist and refer him to a neutral therapist." In the previous sentence, the student wrote, "I would put my feelings aside and discuss with him [the client] the implications of having a relationship with him." For Students 05, 06, 07, the internal dialogue seemed to grow out of a position of being an "expert" (i.e., I know what is best for you more than you do).

Student 10 took it a bit further. She seemingly trusted her own "good ethical boundaries" to help her in this and other situations. She and several other students (e.g., Students 12 and 13) used their internal discourse primarily for the purpose of maintaining their own ethical boundaries. Student 12 made it explicit in claiming that her Christian values and her "strong family values" were protective factors

against her falling into problems like the one in the given scenario. Across these internal dialogues, the students were largely unaware of other parties to their discourse. They saw the discourse as arising from within their personhood without an awareness of social and/or cultural factors contributing to the discourse. Power in the first discourse style arose from the students' "expert" knowledge and "strong" personal and ethical values.

Problem avoidance. In the second discourse style, power came from the ability to avoid problems. Although this style was implicit in several of the students' essay responses, it became explicit with Students 09 and 11. Student 11 even suggested that a therapist may have to avoid seeing certain types of clients as a way of avoiding problems. This student was one of the few to overtly suggest that she might seek personal therapy to see if there was "a way to eliminate the feelings, instead of having to cease treatment with the client." She went on to write about not wanting the client to miss out on "an opportunity to benefit from the therapist's knowledge and skills." However, when she defined the problem, she did so primarily in terms of the client's feelings for the therapist. This definition of the

"problem" is consistent with the way that most students framed their concerns. Like the majority of students, Student 09 wrote that she would inform the client that a social relationship would be unethical. Then, she would immediately seek "an appropriate referral" for the client. Even though Students 09 and 11 both stated that they would discuss the client's feelings, it was clear that they had already decided what the therapist intended to do: refer the client to another therapist to avoid problems. Thus, the discourse was one-way and apparently aimed at the therapist's maintaining positional power and assuring that the client did not gain power to harm the therapist. In these two essay responses, as in the majority of the others, there was little, if any, recognition of how such a conversation or the proposed referral might impact the client. There was even less awareness of how the proposed referral might influence the therapist, with the exception of its allowing the therapist to avoid the problem in this particular instance.

Rule following. Student 14 employed a third style of discourse. Like many others, this student based her internal discourse on "following the therapeutic rule guidelines as set forth [in the AAMFT Code of Ethics]." However, Student 14 wrote that she would also "seek out opinions from a more seasoned professional, specifically addressing my inner thoughts." For this student, like Student 15 and others, consultation with another therapist was primarily sought for the therapist's benefit. The function of such a consultation appeared to be primarily for the purpose of clarifying and strengthening the student-therapist's own internal dialogue.

Public trust. However, Student 14 also joined Students 04, 06, and 08 in situating her actions as part of public trust. This student wrote that "accountability to the self, client, and profession require a constructed maintenance plan for my professional credibility…" Student 04 was even more explicit in stating that "the codes of ethics are set in place to strive for public trust and to define professional expectations in marriage and family therapists." Student 06 framed public trust more in terms of the consequences of violating it: being sued, receiving legal fines, and being dismissed from one's job. Still, these four students did recognize that the discourse occurs at more than an individual, private level. For them, the society in which one practices influenced the discourse about what is appropriate in any given circumstance.

Student 03 exhibited an interesting variation on the public trust discourse style. She wrote: "The Codes are in place to promote public confidence in the MFT's profession and to set standards which to it adhere [sic]. Therefore, MFT's have an obligation to prescribe [sic] to the highest standards within the Code at all times." For Student 03, good citizenship was part of her personal responsibility. As a "good citizen of the profession," she wrote that she followed the rules of the profession. For her, the ethical discourse was linear and hierarchical, from the profession to the therapist to the client.

Emotional focus. The final discourse style was grounded in an emotional focus. Six of the students employed this particular style. Student 06 made this focus evident by stating, "Therefore, in order to help clients understand their emotional and/or physical attraction to the therapist, clients must be helped to explore these emotions and discuss them in therapy... Therapists should confront their emotions and discuss them with the client." Student 06 had a similar focus on emotions when describing the impact of engaging in a sexual relationship between a client and a therapist, such as feelings of isolation and guilt. However, again, the student assumed a sexual

relationship when that was not obviously part of the given scenario. Nevertheless, Student 06 seemed to assume that therapy involved an equal sharing of emotional talk between the therapist and the client without an apparent awareness of how that shared power might disrupt therapy. Student 07 used a similar style of discourse. On the one hand, she normalized the feelings implied in the scenario by stating, "From a personal perspective it is normal for healthy men and women to have intimate thoughts that create sexual arousal. This can occur even when they are in relationship because it can be a spontaneous and biological function." Her response was to engage in personal insight to examine her own feelings and to invite a colleague "to concentrate on the client's feelings and help them [sic] identify people in his life that he could share feelings with besides me." Student 04 wrote:

> I feel that the only way to solve this issue would be to recommend my client to another therapist. I feel that once those kinds of thoughts enter into the therapy setting, then I would not be able to help my client in the way s/he would truly need to be helped.

Although it is possible that Student 04 was making an error that is common in American culture (i.e., saying "I feel" when what one really means is "I think"), from the context, it appeared that she

really did mean that feelings often trumped thinking for her. Along with the other five students, she employed this style of discourse in suggesting that her personal feelings were a vital part of her internal discourse and would ultimately determine her response to any situation.

Discussion

There was remarkable similarity among all of the essay responses. None of the students had started seeing clients. However, a review of their progress in the program indicated that all of them had completed at least five of the six prerequisite courses, including a course in ethics and professional identity, before submitting their essays. It appeared that the students were gaining knowledge of the AAMFT Code of Ethics. In various ways, all 15 students indicated that they knew that having sex with a current or a former client was wrong, according to both their personal moral codes and the professional code of ethics. Further, all of them knew that they could not simply abandon a client. Instead, they had to take proper steps when choosing to refer a client. Thus, although it was not a primary focus of the study, it appears that students in an online environment can effectively articulate basic ethical principles

related to the profession. However, consistent with what previous researchers found, there does seem to be less understanding about the issue of attraction in therapy and what constitutes appropriate or inappropriate handling of the inevitable multiple relationships that are likely to exist in the real world (Brock & Coufal, 1994; Nickell et al., 1995). This is where the findings from this study can add to the understanding in the field. Additionally, instruments, such as those by Briggs et al. (1999) as well as Nelson and Johnson (1999), can be useful in helping supervisors to create contexts for discussion and evaluation with students around both the recognition and the handling of these issues. These instruments allow them to approach the identification and management of these issues from a developmental perspective.

One of the most striking similarities across the responses examined in this study was the students' "solution" to the dilemma presented in the scenario. All of them chose to refer the client to another therapist as the ultimate, and in many cases, only solution to the situation. Several of the students supported this decision by citing Principle 1.10 of the AAMFT Code of Ethics (2012), which mandates that "[m]arriage and

family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help." Based on the essay responses, it is unclear whether the individual student was "unable or unwilling" to continue seeing the client. Some of the students, such as Student 05, explicitly stated that the client's request for a social relationship made it necessary to refer the client "to uphold my professional competence and integrity…" Other students, such as Student 13, pushed responsibility onto the client by asking the client if the client would like a referral. Not one of the students demonstrated any awareness of how this discourse might influence the client, such as how it might make it more difficult for the client to trust a therapist in the future. Similarly, none of the students demonstrated awareness of how the simplistic solution might negatively impact the therapist's own future functioning in similar situations (e.g., by reinforcing a pattern of cutting off "problematic" relationships, rather than working through them) (Bowen, 1993). These findings are in line with those of previous studies. Harris (1995) reported that students expressed uncertainty about how to handle attraction in therapy. Similarly, Harris and Harriger (2009)

highlighted therapists' uncertainty about how to discuss attraction in therapy.

The majority of the students appeared to be operating from an "expert" position. Although only Students 06 and 07 explicitly claimed an expert position, the overwhelming majority of them implied it in the way that they constructed their discourse. They seemingly assumed that their personal values and education would be sufficient to help them to discern the "right" answer. For most students, this answer was delivered unilaterally in a hierarchical manner. As Foucault (1980) suggested, the professional's knowledge and ability to label situations yields power. Of the 15 students, 7 clearly defined the code of ethics in terms of "rules" that had to be followed. Knowledge of these rules was a large part of the professional's power and protection. These rules, combined with one's personal values, defined the scope of one's personal responsibility, a concept highlighted by all 15 students.

Seven students mentioned some sort of consultation with a supervisor or professional peer, but the purpose of this consultation varied. Students 02 and Student 11 stated that they would seek personal therapy to try to discern what issues might have prompted their attraction to the

client. There was no indication that they envisioned that this consultation might benefit the client in some way. It was simply to make them even more of an "expert." Most of the other students indicated that they would seek a professional consultation after they had already informed the client of the decision to refer, presumably to learn how to handle similar situations more effectively in the future (and, thus, become more of an "expert"). Again, this pattern of crafting themselves as the "expert" is consistent with both Foucault's (1980) description of professional power and findings of previous researchers regarding therapists' uncertainty about how to handle attraction in therapy ethically (Harris, 1995).

There was no evidence in any of the essays that the students were grasping for some sort of draconian power over the client, even though maintaining a power position was the net result of their proposed actions. Most of them explicitly acknowledged that Principle I of the AAMFT Code of Ethics (2012) highlights that the needs of the client are paramount. Instead, it appeared that they were simply unaware of the foreseeable impact of their actions within the therapeutic relationship system. It seems that

ethics must be taught in context. That is, students need to learn early in their training that their behavior can have unintended consequences and that they need to think in terms of the total context to avoid these unintended consequences. Obviously, this total context includes the professional consultation required by Principle 3.3 of the AAMFT Code of Ethics (2012).

Given how important the students found the "expert" role to be, training and professional identity needs to explicitly include the concept that being a competent therapist, far from being antithetical to seeking consultation, actually requires active consultation with others (Harris & Harriger, 2009). That is, students must learn early in their training to situate ethical decisions within the realm of professional discourse, rather than the realm of internal, private discourse. Of course, students must learn how to seek such consultation and actively use peer support to maintain a relationship with the client without violating client confidentiality (AAMFT, 2012, Principle II).

Another piece of the total context is paying attention to what is actually present, rather than to one's assumptions. As previously noted, many of the students assumed that the client was seeking a sexual relationship, when the client only

requested a social relationship. Although the requested relationship could foreseeably become sexual, by focusing on the student's internal discourse as opposed to what was actually happening, most students labeled the client as "the problem." This linear construction of the facts not only influenced the students to miss the real and very present danger of a potentially exploitative relationship, but it also allowed them to ignore their own vulnerabilities and complicity in the complexity of the given scenario (Brock & Coufal, 1994).

Yet another important piece of this total context is the social construction of knowledge (Foucault, 1980; Gergen, 1999; Kendall & Wickham, 1999). Students 04, 05, and 12 used terms, such as "multiple relationships," without defining them. All of the students framed this scenario in heterosexual terms, yet none of them seemed to be aware of how cultural definitions of and expectations about sexuality contributed to their defining the situation in such terms. It raises questions about how the responses from students might have differed if the scenario specified that the client was of the same sex as the therapist. Similarly, many students cited their personal and, in some cases, religious values as being protective

factors, yet none of them seemed to be aware of how these values were socially constructed and transmitted. For example, although three students self-identified as Christian, they showed no awareness of how others who would similarly self-identify as Christian might have a different set of values. This finding suggests that the teaching of ethics should include discourse about diversity while simultaneously avoiding unnecessary relativism. One possible way of doing this would be to borrow the discourse style from narrative ethicists, such as MacIntyre (1988), who offered a strong critique of the highly individualistic ethics of the Enlightenment and advocated for a return to a more teleological ethic based on shared narratives of virtue, such as the virtue ethics of Aristotle.

Limitations

The aforementioned results should be considered in light of the study's limitations. The sample was relatively small, and data were collected from students at only one online university. As is the case with all qualitative research studies, the results cannot be generalized to a larger population of MFT students. This study serves more to generate hypotheses than to test them. Also, these students were all engaged in an

asynchronous online educational program. It is unclear if students in a synchronous online program or a brick-and-mortar institution would show similar styles of discourse. Given the consistency of the answers and the "fit" with some general cultural assumptions, it seems that there might be a fair degree of consistency across educational platforms.

Recommendations

As noted when describing the sample selection process, all 15 students eventually satisfactorily completed the ethics essay requirement. They all received asynchronous feedback from one of the clinical faculty members and integrated it into their responses to meet the standards described in the grading rubric. Based on the study of students' pre-feedback styles, it appears that best practices in online professional ethics education should incorporate a more explicit focus on power as a dynamic in the professional relationship.

One recommendation is that ethics always be taught within a relational context. Although several students overtly referred to the therapist's power in relation to the client, it appeared to be relegated to the realm of ideas. In the pre-feedback essays, there was little, if any,

evidence of an ability to apply the concept of therapist power to the given scenario. In an in-classroom environment, it usually comes through a guided discussion of ethics cases. Although it was not part of this study, it appears that written case study essays followed by written feedback can accomplish similar ends. It is recommended that online ethics education include such strategies to help students to consider the relational implications of their proposed actions. Follow-up studies are also warranted to compare the effectiveness of written case studies with in-person discussion of case studies in teaching/learning ethical discourse.

Another component of the relational context is professional identity. The students all understood their identity as MFTs. Most of them were equally clear that they "ought" to assume an expert position. However, it was obvious that they overwhelmingly constructed "expert" to mean being completely self-sufficient and self-reliant. Although only the initial essay was analyzed, a scan of the subsequent submission(s) suggested that the concept of making effective use of professional peers and/or supervisors, especially after becoming licensed, was a difficult concept for some of the students to grasp. The clinical faculty

member had to provide this direct feedback several times to some students, suggesting that the findings of the formal analysis were not mere artifacts. It is recommended that ethics instruction be framed as a shared discourse and explicitly deal with the limitations of a private, internal discourse. It is unclear whether the curriculum currently contains such an emphasis. Based on the results of this study, the students consistently constructed their professional identity in unitary, rather than collaborative terms. This solitary discourse style increased, however inadvertently, the power differential between the therapist and the client in the scenario. In addition, many students tended to frame the therapist-client relationship in oppositional terms.

Future researchers might conduct a phenomenological investigation of students' experiences dealing with their first real ethical concerns once they begin clinical training. These lived experiences could become a basis for a truly "participant ethics" (Kotze, Myburn, & Rous, 2012) understanding for future classes of students in ethics and professional identity. Another useful study would involve the application of the same methodology to other fields, including business, education, and psychology. Such an investigation should promote understanding of how students create solutions to the ethical dilemmas that they face in their professions.

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