

COUNSELLING HOMICIDAL AND SUICIDAL CLIENTS: ETHICAL CLARITY ON DUTY TO WARN

Janet Ann Fernandez¹

Poh Li Lau ²

Diana-Lea Baranovich ³

^{1,2,3} Department of Educational Psychology and Counselling, Faculty of Education, University of Malaya, Malaysia.

Accepted date: 31-01-2019

Published date: 11-03-2019

To cite this document: Fernandez, J. A., Lau, P. L., & Baranovich, D. L. (2019). Counselling Homicidal and Suicidal Clients: Ethical Clarity on Duty to Warn. *International Journal of Education, Psychology and Counseling*, 4(25), 98-109.

Abstract: *Although, breaching confidentiality have become synonymous with unethical counselling practice, fellow counsellors need to understand their code of ethics and the exceptions to confidentiality which includes the need disclose confidential information if the client poses a danger to self or others. These clients may pose a serious threat of violence with the intention to physically harm himself/herself or another identifiable individual. It is one of the few circumstances in which the counsellor is obliged to breach confidentiality and notify the relevant authorities in order to prevent any foreseeable danger. The aim of this paper is to discuss the clinically realistic views, strategies and the need to breach confidentiality when dealing with potentially dangerous clients. This paper introduces an ethical-decision making model for Malaysian counsellors to use as a guide. It also includes four case studies of various dangerous situations that may arise in which counsellors may need to disclose the confidential information to relevant authorities. In a nutshell, a counsellor should report the dangerousness of a client to relevant parties when; (i) the client must have made clear, serious and specific threat of violence; (ii) the specific threats must have been directed to an identifiable and specific victim; (iii) there is a counsellor-client relationship, a special relationship between the counsellor and client must exist. When all these conditions are present, the counsellor holds a duty to disclose to the extent necessary to the appropriate parties in order to protect the client and identified others from danger.*

Keywords: Confidentiality; Danger to Self or Others; Ethical-Decision Making Guide

Introduction

The term breaching confidentiality has become synonymous with unethical counselling practice. Although, it is stated clearly in the Code of Ethics by *Lembaga Kaunselor Malaysia* (LKM) B.2.a. “that counsellors must keep information confidential except when disclosure is required to protect clients or other individuals from serious and foreseeable harm or when

legal requirements demand for the disclosure” (p. 15). Legal requirements refer to court ordered disclosure, when a counsellor is required by the court to reveal privileged or confidential information with or without the client’s consent.

However, it is not always a ‘black or white’ view when it comes to serious and foreseeable harm. For many counsellors, there is still a conceptual ambiguity on when to report potentially dangerous clients to appropriate parties. Even after reporting, many counsellors second guess themselves thinking if they did the right thing. As such, it is absolutely critical to discuss these grey areas. These issues are of additional importance to counsellors and educators who teach, supervise and train the next generation of counsellors. The aim of this paper is to explain the clinically realistic and useful views, strategies, the need of breaching confidentiality and the duty to warn when dealing with potentially dangerous clients in counselling settings.

It is vital for all counsellors to maintain confidentiality as it is an essential factor to build a therapeutic relationship with clients, yet deciding when to breach confidentiality to avoid harm to the client himself/herself, or any other third party is extremely difficult. This is especially true if the client is a minor as the main issue involves avoiding harm to the young individual as opposed to others (Duncan, Williams, & Knowles, 2012). Here, there are two factors to consider (1) when the client is at risk to himself/herself (i.e. may attempt suicide); (2) the client poses a threat to another identifiable person.

Suicidal and Homicidal Tendencies

There is a growing suicidal epidemic that is penetrating in the Malaysian country. The World Health Organization (WHO) states that there is close to 800,000 cases of suicidal deaths reported annually with the highest cases reported in Guyana, Lithuania, Kazakhstan, Swaziland and Russia (World Health Organization [WHO], 2018). Suicidal ideation refers to any thoughts (ranging from fleeting to extensive thoughts) of an individual wanting to take one’s own life (Klonsky, May, & Saffer, 2016). Additionally, suicide is the second leading cause of death among individuals between 15 to 29 years of age (WHO, 2018).

A systematic review of 39 studies, revealed that the prevalence of suicide in Malaysia is 6 to 8 per 100,000 population per year (Armitage, Panagioti, Rahim, Rowe, & O’Connor, 2015). It further reveals that cases of completed suicide includes more males, individuals younger than 40 years of age and are from the Indian minority group. While, a plethora of research conducted globally have shown that the single most important risk factor of suicide is a prior suicide attempt (Bostwick, Pabbati, Geske, & McKean, 2016; Yoshimasu, Kiyohara, & Miyashita, 2008). Other local studies revealed that suicidal ideation among Malaysians is positively associated with stress, depression, anxiety, substance abuse, history of violence at home or in school (Ahmad, Cheong, Ibrahim, & Rosman, 2014; Ibrahim, Amit, & Wong, 2014).

While, homicidal ideation refers to thoughts (ranging from vague to detailed thoughts) of an individual taking another individual’s life and a homicidal act is when one person kills another person which is the most serious form of violence (Kamaluddin, Shariff, & Matsaat, 2018). The prevalence rate for intentional homicides in Malaysia is 4.1 per 100,000 population per year (WHO, 2016). On a global scale, more men commit intentional homicides (including interpersonal conflicts, intimate partner and family related homicides) as a result of extreme anger and frustration with their relationship, work and / or conflicts with oneself (Coccia, 2017; United Nations, 2013). Whereas, research in Malaysia revealed that the risk factors of

intentional homicides are long-term stress, frustrations and a history of violence (Bhupinder, Kumara, & Syed, 2010; Kumar, Li, Zanial, Lee, & Salleh, 2005).

As such, the role of mental health professionals in identifying, determining and predicting the client's mental health and the presence of suicidal or homicidal ideation is absolutely vital in the Malaysian context. Understanding the risk factors is absolutely significant in providing a comprehensive management for clients with suicidal or homicidal ideation. In Malaysia, the duty to warn and protect by disclosing confidential information of the client to relevant parties to prevent harm by dangerous clients have not been explored in depth. This issue is further complicated by problems relating to the definition of dangerous clients and accuracy in predicting the client's future violent behaviour.

Although every counsellor tries their best to maintain confidentiality while offering exceptional care, they possess an ethical duty to protect the client and the general public when a particular client makes specific and clear threats of violence. The decision to report is not easy as it can be detrimental to the client's life and such report can be long-lasting. Even though Malaysian courts may be less willing to find counsellors having a duty to protect or warn potential victims of their clients, it is strongly recommended that counsellors shall carefully review their practice when dealing with dangerous clients. Upon reviewing the U.S. legal precedents, such challenges did not impede the imposition of legal liabilities on mental health professionals for the violent actions of their clients, hence, giving rise to the controversial duty to warn and duty to protect clients from harm to themselves or another identifiable individual.

The duty to warn was established in the case of *Tarasoff v. Regents of the University of California* (1976), in which a psychologist failed to inform a woman of specific death threats made by a patient. While, the second landmark case of *Jablonski by Pahls v. the United States* (1983), further extended the mental health professional's duty to warn by including the obligation to review past records of a client that may state a history of violent behaviour. In Malaysia, there is also the issue of determining the appropriate authority or individual to report the threat to. Most of the police force in the country get limited to no mental health training. In addition, contacting the client's spouse and family members is not always helpful especially if the family members are unsupportive.

The Conundrum of Confidentiality

Confidentiality is ingrained to the client's right to privacy can be said as the backbone to the effectiveness of counselling. Confidential information in a mental health setting is the information that is disclosed to a mental health professional by the client during the course of the therapeutic relationship which is kept private to the greatest possible degree (Corey, Corey, & Callanan, 2015). This is important as the client should feel free to disclose whatever information believing that the mental health professional will respect the confidential nature of the communication. In general, all mental health professionals are prohibited from disclosing any confidential information revealed in a counselling session by a client to any third party unless mandated by law to do so. Although, confidentiality can be said as the primary obligation for counsellors, they possess a bigger duty to protect the public from potentially dangerous clients (Donner, VandeCreek, Gonsiorek, & Fisher, 2008). However, disclosing confidential information must always be the last resort.

As mentioned above, there are two exceptions to the confidentiality rule which are if disclosure of the confidential information is required due to legal demands, to protect clients or identified others from serious and foreseeable harm. As there are limitations to the promise of confidentiality, counsellors must explain these constraints to the clients beforehand and throughout the counselling process. Moreover, Fisher (2008) had constructed an ethical practice model consisting of six facets to protect confidentiality rights which also clarifies the legal mandates. These steps are displayed in Table 1.

Table 1: Confidentiality Practice Model

No.	Ethical Practice Model	Description
1.	Preparation	Firstly, the counselors must understand the limitations of confidentiality. They must also be aware of the current laws on protecting confidential information, select reliable ethical and legal consultants as advisors, design comprehensive informed consent forms and develop ethical plans if the law requires the counselor to disclose confidential information of involuntary clients.
2.	Be truthful to the client upfront	Inform the clients on the limitations of confidentiality and obtain their consent indicating they accept and understand these limitations before entering into the professional counseling relationship.
3.	Obtain truly informed consent before making a disclosure	Counselors shall disclose confidential information of the client only if it is legally unavoidable. Obtain the client's consent before revealing the content and explain the implications of the potential disclosures.
4.	Respond ethically to legal requests for disclosure	Counselors must always notify the clients of any pending legal requirement of disclosure of any of the client's information and minimize the disclosure to the extent legally possible.
5.	Avoid the "avoidable" breaches of confidentiality	Counselors must establish and maintain procedures by training non-clinical employees. Ensure that documentation practices are well kept and organized. Avoid multiple relationships, anticipate legal demands and educate clients to act protectively. The client's identity must always be kept anonymous in presentations and research.
6.	Talk about confidentiality	The counselor must model ethical behavior and also confront unethical practices of others. They can also educate confidentiality ethics and practices to their peers, students, supervisees, attorneys and the general public.

(Adapted from Fisher, 2008).

Danger to Self or Others

As a counsellor, it is inevitable to encounter situations in which the client poses a risk of danger towards himself/herself or others (third parties). The term danger to self or others refer to clients who pose a serious threat of violence with the intention to physically harm himself/herself or another identifiable individual (Felthous, 2006; Schoener, 2009; Zack, 2011). In other words, an individual may be dangerous to self when he or she have made a clear threat or attempted

suicide with or without serious bodily injuries. While danger to others refer to clients who make clear threats of bodily harm towards another identifiable individual.

Similar to majority of ethical obligations (including counselling ethics) which was derived from medical ethics, confidentiality is conditional. Client's danger to self or others is one of the few circumstances in which the counsellor is obliged to breach confidentiality and notify the relevant authorities in order to prevent foreseeable danger. The landmark court case of *Tarasoff v. Regents of the University of California* (1976) further explored the term danger to self or others and established that the protective confidential privilege ends when public peril begins (Jones & McCullough, 2013). One should also keep in mind that 'danger to self or others' is not necessarily either/or but can certainly be both. The recent case of a Malaysian man who shot his ex-wife, then killed himself constitutes as an example (Kumar, 2017).

Some examples of the variety of situations that may arise relating to dangerousness of the client in terms of suicidal and homicidal tendencies are (i) clients that reveal that he or she is involved in violent lifestyles or criminal acts; (ii) clients who talk violently but has no history of violent behaviour; (iii) circumstances in which the client talks violently and may be acting in a psychotic manner; (iv) circumstances in which the client talks about engaging in reckless conduct that may endanger others; (v) clients who talks about their intentions or plans about committing suicide; (vi) circumstances in which client clearly threatens to harm an individual or group of individuals (e.g. I am going to kill Christian people in a church); (vii) circumstances when client clearly threatens an unspecified or individual who may not exist (e.g. I think my husband is having an extramarital affair, and when I find out who she is, I will kill her); (viii) circumstances where client threatens to harm a specific individual and that individual is aware or not aware of the threat (Schoener, 2009).

Ethical Decision-Making Guide

When facing an ethical dilemma, a counsellor can refer to the counsellor's code of ethics by the Malaysian association of counsellors (*Lembaga Kaunselor Malaysia*) as a guide. Besides that, counsellors can evaluate their current predicament with the below said guide proposed by the American Counselling Association (Forester-Miller & Davis, 2016).

Step 1: Identify the Problem

Firstly, collect as much information as possible that can illuminate the current issue and write it down on a piece of paper (Forester-Miller & Davis, 2016). When doing so, be specific and objective, separating out the facts, innuendos, suspicions and assumptions. Some questions that you can ask yourself are:

- i) Is it an ethical, legal or a clinical problem?
- ii) Is it a combination of more than one issue above?
- iii) If it is a legal issue, ensure to seek legal advice.
- iv) Is the issue related to you (what you are doing or not doing)?
- v) Is the issue related to the client or the client's significant others (what they are doing or not doing)?
- vi) Is the issue related to technology, your services rendered or your record keeping?
- vii) Is the issue related to your agency or institution's policies or procedures?

Step 2: Apply the Code of Ethics by Lembaga Kaunselor Malaysia (LKM)

After clarifying the issue, examine the LKM Code of Ethics to check if the particular issue has been addressed. When reviewing the code of ethics, ensure that you take into account any

multicultural perspectives of the particular issue (Pettifor, 2010). If the code of ethics covers the particular issue, you may follow the course of action stated which should lead to the resolution of the particular issue. Nevertheless, if the issue is still not resolved, you will need to follow the extra steps in the ethical decision-making guide.

Step 3: Ascertain the Nature and Scope of the Dilemma

Some of the suggested steps to take in order to examine the problem in various dimensions are; i) Examine the implications of the dilemma from the foundational ethical principles: fidelity, justice, autonomy, beneficence and nonmaleficence; ii) Determine which foundational ethical principle takes priority in the current issue; iii) Review the latest literature in your profession and be aware of any diversity issue that may arise; iv) Consult with other experienced/ expert professional counsellors who abide by the LKM code of ethics; v) Consult your national professional association to check if they can provide you with advice on the current issue (Forester-Miller & Davis, 2016).

Step 4: Form Potential Courses of Action

When coming up with potential courses of action, ensure that you jot down as many potential plans as possible and think out of the box. If possible, discuss the issue with at least one co-worker that abide by the LKM code of ethics in order to assist you in coming up with suitable courses of action.

Step 5: Consider the Potential Implications and Establish a Course of Action

Here, you must assess each potential option and evaluate all the potential consequences for all parties involved including implications to the client and yourself (counsellor). Then after, eliminate all the options that may cause detrimental consequences. Finally, review the remaining selections to decide which course of action best fits the current situation.

Step 6: Assess the Selected Course of Action

You can apply three easy tests (justice, publicity and universality) of your selected option to ensure that it is suitable (Doverspike, 2015). When applying the justice test, try to evaluate your own fairness by imagining if you would treat others the same in a similar situation. As for the publicity test, ask yourself if you are fine if your behaviour was reported to the media. Whereas for the test of universality, ask yourself if you would recommend the same course of action to another colleague who faces the same ethical dilemma. If your answers to all these tests were positive, then it is safe to say that you have selected an appropriate action plan.

Step 7: Implement the Course of Action

As a counsellor, you will need a lot of strength to carry out the selected course of action as taking the fitting action in an ethical dilemma is often tough. After the implementation, follow up with your clients and/or identified third parties to evaluate if your course of action had the expected consequences or effects.

Proposed Step in a Malaysian Context:

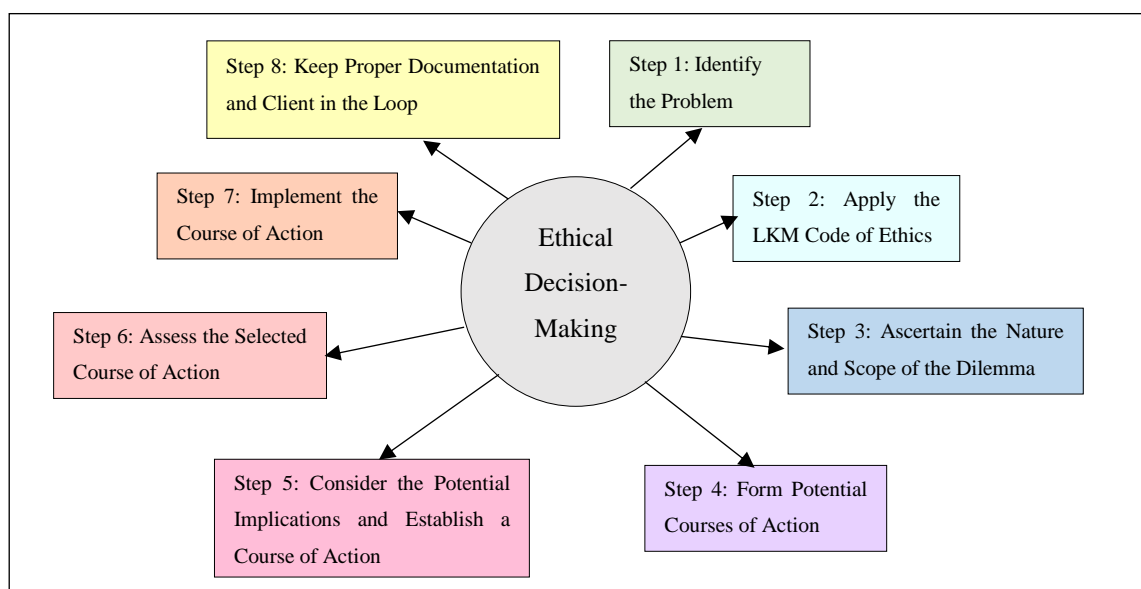
Step 8 - Keep Proper Documentation and Client in the Loop

This step is added after reviewing various strategies and models to avoid ethical pitfalls especially in the Malaysian context. Proper documentation is the counsellor's best ally if they are faced with any ethical charges, thus, counsellors are advised to record their entire decision-making process in the client's file (Jaladin & Lau, 2016). Furthermore, lack of documentation or false documentation can be extremely detrimental to the counsellor's career and client's

wellbeing. Alteration of client's records is not only illegal but can have serious repercussions. If needed, the counsellor can append more information into the documentations but when doing so, he or she must clearly indicate that the information was added later on.

Counsellors must also ensure to include the confidentiality exceptions in the informed consent and explain to the client before the start and throughout the counselling relationship to ensure the client truly understands the limitations of confidentiality. Additionally, let the client know before breaching confidentiality (Schoener, 2009). Ensure to explain the reason, the need of doing so and discuss with the client on the potential consequences of the breach. This is done so the client is not caught off-guard and understands the actions of the counsellor. Besides that, the counsellor and the client can further explore the clinical options for the client as a result of the breach. Figure 1 represents the eight steps in the ethical decision-making guide proposed for Malaysian counsellors.

Figure 1: Ethical Decision-Making Guide



(Adapted from Forester-Miller & Davis, 2016; Jaladin & Lau, 2016)

Case Studies

To assist in the understanding of circumstances where the need to breach confidentiality may arise, the authors have introduced four examples of dangerous clients in the context of suicidal and homicidal tendencies. In addition, the proposed steps and actions are discussed.

Circumstances in which Suicide is Possible

Case Study 1

Josh is a 15-year-old high school student who have been seeing a school counselor at the request of his principal as he is facing difficulties coping with his studies. He also exhibits symptoms of depression. He informs his counselor that he has thoughts of suicide but has not made a specific plan to attempt or perform suicide.

Although, school counsellors are not expected to predict all of the students' suicide attempts but they are expected to make sound judgements on breaching confidentiality by informing the student's parents or guardian on the risk of suicide when needed to protect the client from himself/herself, and this reasoning must be well documented in their notes (Corey, Corey, & Callanan, 2015). This is because the parents or guardians have the right to know if their child (who is a minor) may be in danger in order to take the necessary precautions to prevent the danger.

In *Wyke v. Polk County School Board* (1997), a 13-year-old Shawn attempted suicide two times in school before committing suicide at home. Here, school officials were aware of the prior suicide attempts but did not inform his parents. The court held that the school was negligent for failing to notify Shawn's parents on the risk of suicide. Nonetheless, this case cannot be applied into the present case study above as Josh did not state a specific plan on committing suicide nor did he make any prior suicide attempt.

In *Bellah v. Greenson* (1978), parents of Tammy Bellah (who committed suicide) brought a malpractice lawsuit against their daughter's former psychiatrist, Dr. Greenson for failing to use reasonable care to prevent the suicide. Here, the parents argued that the psychiatrist failed to notify them on the high-risk behaviour of their daughter. Nonetheless, the court held that Dr. Greenson was not liable as the disclosure could rupture the therapeutic relationship and may potentially increase the risk of suicide. As such, when applying the case of Bellah into the case study, the school counsellor is not obliged to notify Josh's parents yet as it is too early and the disclosure could rupture the counsellor's rapport with Josh. Josh may feel betrayed and lose trust with the counsellor if the counsellor discloses his private thoughts to his parents. Besides that, Josh did not state a specific plan on committing suicide nor did he make any prior suicide attempt, thus, there is no serious danger to Josh's life.

Circumstances in Which Client Threatens to Harm an Individual

Case Study 2

Steven is attending counseling sessions as he is facing difficulties in dealing with his recent divorce. He and his ex-wife had been together for 12 years and have two children, two girls aged 5 and 8. During the sessions, it is apparent that Steven has a lot of pent up anger and frustrations regarding visitation rights and access to his children. He had also stated that his life would be much easier if he killed his ex-wife. He also expressed how easy it was to do it as she goes jogging alone in the woods and he could just push her off the hill on the weekend.

The landmark case of *Tarasoff v. Regents of University of California* (1976) created a duty to warn and protect potential victims of clients' violent behaviour. In this case, a psychologist (Dr. Moore) was treating Poddar who became obsessed with another student named Tatiana Tarasoff. He confided with Moore on his intentions of killing Tatiana when she returned from her trip from Brazil. Although, Dr. Moore reported this to the police, he failed to notify Tatiana or her family on Poddar's intentions. Poddar successfully completed his plan and murdered Tatiana. The court held that the therapist has the obligation to notify the intended victim of such danger when a client presents a serious danger to another identified person.

Applying the Tarasoff case to the case study above, the counsellor is obliged to report Steven's murderous intentions to the police and his ex-wife. This is because Steven had clearly indicated his plans to kill his ex-wife and also mentioned when he planned to do it. Additionally, the LKM Code of Ethics B.2.a. Danger and Legal Requirements clearly states that "*disclosure is required to protect identified others from serious and foreseeable harm*" (p. 15). It also states that "*counsellors may consult with other professionals when in doubt as to the validity of an exception*" (p. 15). As such, the counsellor must first report the disclosure made by Steven to the police. Then after, the counsellor can discuss with specialized lawyers, expert counsellors in the field and the police on whether disclosure to the ex-wife is necessary.

In a Malaysian context, perhaps it would be best for the police to disclose this information to the ex-wife as they are in the position of greater power and authority. Hence, after disclosing to the police, the counsellor can follow up with the police on the next course of action and whether they have notified the ex-wife on Steven's murderous intentions.

When Client Clearly Threatens an Unspecified or Individual Who May Not Exist

Case Study 3

Vijay is a 14-year-old recovering drug addict who is currently attending group counseling sessions in a juvenile delinquent center for his substance abuse problems. He has a history of violent behavior. He had expressed problems controlling his anger and has unresolved issues with his deceased mother for turning him in. He reveals that she had physically and emotionally abused him as a child. He had also mentioned that he felt like killing any elderly woman that he comes across (but named no specific victim) upon returning home.

In *Thompson v. County of Alameda* (1980), a juvenile offender (James), who had been confined in a juvenile institution due to a court order, was temporarily released despite being aware that he was dangerous and had violent propensities towards young children. James also indicated that if he was released, he will kill a young child in his neighbourhood but did not name a specific victim. The institution did not notify James' mother or local police of James' risky behaviour. Within 24 hours of his release, James made good on his threat and murdered a young child. In this case, the victim's parents sued the county for negligence. Nevertheless, the court held that in the absence of a readily identifiable victim, the county had no duty to warn. Even though, there was an identifiable group of potential victims, the duty to warn was insufficient.

When applying the Thomson case into the case study, the counsellor does not have a duty to warn the police nor the community of the client's disclosure. Furthermore, Vijay did not disclose any specific plan or specific identifiable victim. Reporting this disclosure will also discourage free communication between Vijay and his counsellor. However, the counsellor must ensure that Vijay is non-violent and emotionally stable before discharging him from the delinquent centre.

Disclosure from Third Parties on Threat to Harm Others

Case Study 4

Lola is 23-year-old undergraduate student who currently sees her college counselor (you) as she is facing difficulties coping with her recent breakup. Her ex-boyfriend is from the same college and is now dating Lola's classmate named Mimi. One day, Lola's friend revealed to you that Lola told her that she is planning to murder Mimi with a machete after she returns from her extended family trip in Taiwan. Upon confronting Lola, she denies having said this.

In the case of *Ewing v. Goldstein* (2004), based on the disclosure of the patient's (Colello) father, Dr. Goldstein assisted in getting the patient hospitalized. According to Colello's father, Colello told his father that he wants to kill Keith Ewing (his ex-girlfriend's new boyfriend) and himself. After which, Dr. Goldstein pleaded with the hospital to keep Colello admitted but his pleas were to no avail. Upon getting discharged, Colello killed Ewing and himself. Then after, Ewing's parents sued Dr. Goldstein for failing to warn Ewing. The main issue is whether the therapist holds a duty to warn and protect includes communication about a patient from a third party. The court held that Dr. Goldstein was guilty in failing to warn Ewing on Colello's danger to harm.

Applying Ewing's case into the case study, the counsellor holds a duty to warn Mimi and the relevant authorities of the potential danger. As the disclosure from the friend was made for the purpose of advancing Lola's wellbeing in therapy, it is within "client communication". Another supporting case is *Eisel v. Board of Education of Montgomery County* (1990), in which classmates of the plaintiff's daughter (Nicole, 13-year-old) informed the school counsellor of Nicole's intention to perform a murder suicide pact with another friend. The school counsellor asked Nicole and she denied this, thus, the school counsellor did not notify Nicole's parents. After Nicole committed suicide, her father sued the school counsellor and the school for wrongful death. The court held that Nicole's death was foreseeable and the school counsellor was obliged to notify Nicole's suicide intention to her parents. Applying Eisel's case into this case study, the college counsellor has the duty to warn Mimi to the extent necessary (as she is Lola's classmate and Lola has a clear plan to kill Mimi) and notify the police of the potential danger to give Mimi the chance to protect herself.

Discussion

To summarize the case studies above, the counsellor holds a duty to warn when the following conditions are met (1) the client must have made clear, serious and specific threat of violence; (2) the specific threats must have been directed at an identifiable and specific victim; (3) there is a counsellor-client relationship, a special relationship between the counsellor and client must exist. When all these conditions are present, the counsellor holds a duty to disclose to the extent necessary to the (i) potential victim and/or parents or legal guardians of the client and/or (ii) law enforcement agency. However, if the counsellor is unable to contact the potential victim, he or she must inform the law enforcement agency situated around the vicinity of the potential victim or the client that made the threat.

In the first case study, the counsellor does not hold the duty to warn, as Josh did not make a specific plan nor made any prior suicide attempt, thus, the first condition is not met. Nonetheless, in the second case study, the counsellor holds a duty to warn because Steven had

clearly indicated how he plans to kill his ex-wife and when he planned to do it. As such, all the three conditions are met. As for the third case, the counsellor does not hold the duty to warn due to the absence of a readily identifiable victim, thus, the second condition is not met. While, the counsellor holds the duty to warn in the last case of Lola, as all the three conditions are met. Nevertheless, counsellors should always consult with other experienced/ expert professional counsellors (who abide by the LKM code of ethics), their national professional association and/or specialized lawyers in the field when in doubt about breaking confidentiality.

Conclusion

As counsellors typically face complex ethical dilemmas, they should use a robust and comprehensive ethical-decision making guide to examine the problems in detail and from several perspectives. Although, following an ethical-decision making model can be time consuming, counsellors are responsible to examine and evaluate all facets of the problem and its possible courses of actions to ensure the wellbeing of the client and those around them.

In a nutshell, a counsellor should report the dangerousness of a client to relevant parties when; (1) the client must have made clear, serious and specific threat of violence; (2) the specific threats must have been directed to an identifiable and specific victim; (3) there is a counsellor-client relationship, a special relationship between the counsellor and client must exist. When all these conditions are present, the counsellor holds a duty to disclose to the extent necessary to the appropriate parties to protect the client and identified others from danger.

References

- Ahmad, N., Cheong, S. M., Ibrahim, N., & Rosman, A. (2014). Suicidal ideation among Malaysian adolescents. *Asia Pacific Journal of Public Health*, 26(5), 63-69.
- Armitage, C. J., Panagioti, M., Rahim, W. A., Rowe, R., & O'Connor, R. C. (2015). Completed suicides and self-harm in Malaysia: A systematic review. *General Hospital Psychiatry*, 37(2), 153-165.
- Bhupinder, S., Kumara, T. K., & Syed, A. M. (2010). Pattern of homicidal deaths autopsied at Penang hospital, Malaysia, 2007-2009: A preliminary study. *Malaysian Journal of Pathology*, 32(2), 81-86.
- Bostwick, J. M., Pabbati, C., Geske, J. R., & McKean, A. J. (2016). Suicide attempt as a risk factor for completed suicide: Even more lethal than we knew. *American Journal of Psychiatry*, 173(11), 1094-1100.
- Coccia, M. (2017). A theory of general causes of violent crime: Homicides, income inequality and deficiencies of the heat hypothesis and of the model of CLASH. *Aggression and Violent Behavior*, 37, 190-200.
- Corey, G., Corey, M. S., & Callanan, P. (2015). *Issues and ethics in the helping professions* (9th ed.). Singapore: Cengage Learning.
- Donner, M. B., VandeCreek, L., Gonsiorek, J. C., & Fisher, C. B. (2008). Balancing confidentiality: Protecting privacy and protecting the public. *Professional Psychology: Research and Practice*, 39(3), 369-376.
- Doverspike, W. F. (2015). Ethics checklist: Ten tests of ethicality. Retrieved from http://drwilliamdoverspike.com/files/how_to_check_your_ethics.pdf
- Duncan, R. E., Williams, B. J., & Knowles, A. (2012). Breaching confidentiality with adolescent clients: A survey of Australian psychologists about the considerations that influence their decisions. *Psychiatry, Psychology and Law*, 19(2), 209-220.

- Felthous, A. R. (2006). Warning a potential victim of a person's dangerousness: Clinician's duty or victim's right. *Journal of the American Academy of Psychiatry and the Law Online*, 34(3), 338-348.
- Fisher, M. A. (2008). Protecting confidentiality rights: The need for an ethical practice model. *American Psychologist*, 63(1), 1-13.
- Forester-Miller, H., & Davis, T. E. (2016). *A Practitioner's guide to ethical decision making*. Alexandria, VA: American Counseling Association.
- Ibrahim, N., Amit, N., & Wong, M. Y. S. (2014). Psychological factors as predictors of suicidal ideation among adolescents in Malaysia. *Public Library of Science One*, 9(10), 1-6.
- Jaladin, R. A. M., & Lau, P. L. (2016). *Isu profesional dan etika kaunseling psikoterapi* (3rd ed.). Kuala Lumpur, WP: Penerbit Universiti Malaya.
- Jones, J. W., & McCullough, L. B. (2013). Limits of confidentiality: To disclose or not to disclose. *Journal of Vascular Surgery*, 58(2), 521-523.
- Kamaluddin, M. R., Shariff, N., & Matsaat, G. (2018). Mechanical profiles of murder and murderers: An extensive review. *Malaysian Journal of Pathology*, 40(10), 1-10.
- Klonsky, E. D., May, A. M., & Saffer, B. Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual Review of Clinical Psychology*, 12, 307-330.
- Kumar, M. (2017, February 4). Man shoots ex-wife, then kills self. *The Star*. Retrieved from <https://www.thestar.com.my/news/nation/2017/02/04/man-shoots-exwife-then-kills-self-murdersuicide-drama-rocks-office-of-law-firm-where-woman-worked/>
- Kumar, V., Li, A. K. M., Zaniel, A. Z., Lee, D. A., & Salleh, S. A. (2005). A study of homicidal deaths in medico-legal autopsies at UMMC, Kuala Lumpur. *Journal of Clinical Forensic Medicine*, 12(5), 254-257.
- Lembaga Kaunselor Malaysia. (2016). *Kod etika kaunselor* (2nd ed.). Putrajaya, WP: Penerbit Lembaga Kaunselor.
- Pettifor, J. (2010). Ethics, diversity, and respect in multicultural counselling. *Culture-Infused Counselling*, 2, 167-188.
- Schoener, G. R. (2009). Dangerous clients & the threat of violence. Retrieved from https://www.ceunits.com/trainings/177/CEU_pdf_177.pdf
- United Nations. (2013). Global study on homicide. Retrieved from https://www.unodc.org/documents/gsh/pdfs/2014_GLOBAL_HOMICIDE_BOOK_web.pdf
- World Health Organization. (2016). Summaries of selected health-related SDG indicators. Retrieved from https://www.who.int/gho/publications/world_health_statistics/2018/EN_WHS2018_AnnexA.pdf
- World Health Organization. (2018). Suicide. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/suicide>
- Yoshimasu, K., Kiyohara, C., & Miyashita, K. (2008). Suicidal risk factors and completed suicide: Meta-analyses based on psychological autopsy studies. *Environmental Health and Preventive Medicine*, 13(5), 243-256.
- Zack, J. S. (2011). Legal Issues for Online Counselors. In R. Kraus, G. Stricker, & C. Speyer (Eds.), *Online Counseling*.