Where Ethics and Culture Collide: Ethical Dilemmas in Grief Work Following the Easter Sunday Attacks in Sri Lanka

7

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Counselling in Sri Lanka: Development Through the Decades

Although there has been a state acceptance of the need for counselling services since the 1950s in Sri Lanka, services have not been regulated over the years. As a result, an array of different set of quality standards in service delivery and counsellor training have been proposed and been in operation among several counselling associations that have been formed over the last couple of decades.

The development of the mental health sector in a country takes place in response to the socio-economic and political milieu and needs of a nation [16]. This was evident in the development of the sector in Britain and also in the USA following the Second World War and the Vietnam War. Considering the situation in Sri Lanka, along with the socio-political and economic changes in a post war reality after, a three-decade-long civil war, two youth insurgencies, 2004 Asian Tsunami have contributed heavily to the development of mental health services and its later evolution to its current shape.

The concept of mental illness prevailed for over 2000 years in Sri Lanka as part of the Ayurvedic (traditional) medicine (Neki, 1973, cited in [7]). However, contemporary mental health care emerged during the British colonial era as a speciality in Sri Lanka and continues as a speciality in allopathic medicine [7]. A landmark of this development was the establishment of the first "lunatic asylum" as it was called then, in 1846 (Wambeek, 1866 cited in [7]). Ever since, Sri Lanka has had mental health services as part of the state medical services.

The mental health sector in Sri Lanka has expanded beyond medication-based care and evolved to incorporate counselling support along with psychiatric care for little over two decades. This is partly evident when we consider the increase in the number of counselling positions in the state service since 2005 [14, 15]. Despite the sweeping developments in mental health services, it is noteworthy that the country

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has one of the highest rates of suicide attempts and deliberate self-harm rates in the world [9]. As such, though the country claims a steep development in the mental health sector, it is still shackled by a serious lack of staff to deal with the demand for services [6]. Despite the three-decade-long war and other adverse events that warranted the development and services of the psychosocial sector, we are yet to actively explore how best society and individuals need to be helped out of their collective and individual trauma. Hence, as mentioned above, the ethical challenges we face need to be addressed in service delivery and training of professional counsellors and psychosocial workers using counselling skills. Based on our experience over the years, we see the need for training in ethics to be continuously modified with reflective practice in relation to the standards identified in the global mental health sector.

Below we provide a detailed account of one of the more recent national level disasters which seriously impinged upon the wellbeing of the nation and its mental health services. This was the 2019 Easter Bombings in Sri Lanka that claimed over 250 lives, leaving us wiht rich learning on how the counselling community was engaged and the dilemmas therein. We attempt by this to highlight some of the challenges of a professionalized national counselling system.

The Easter Bombing in Sri Lanka

The 21st of April, Easter Sunday of 2019, has left a grim scar in the minds of Sri Lankans, especially the Catholic and Christian communities as several churches and hotels became the deadly targets of suicide bombers who claimed to be associates of the Islamic State of Iraq and Syria (ISIS). The 9 suicide bombers killed over 250 lives and threw in to chaos the day-to-day life of the Sri Lankans who were just rebuilding after the three-decade civil war (1983–2009) between the Liberation Tigers of the Tamil Eelam (LTTE) and the Sri Lankan government. Over the months following the Easter Bombings, many attempts were taken to reinstate normalcy, to strengthen security and to support the direct victims and the many indirect victims of the unfortunate incident.

This example is based on the personal experiences of the authors in relief and support work done in the aftermath of the Easter suicide bombings in Sri Lanka. It sets the cultural, political and religious context of the relief and support work and provides a profile of key actors in the scene in order that the nature of the ethical dilemmas that followed may be better understood. This is a personal reflection of events that took place on that morning and the months that followed.

Easter morning of 2019, I was getting ready for this special day of resurrection. It was 9.05 am when I received my first call after which I would forever remember this day as one of death and destruction. A close friend called me from a hotel in the city to ask if I knew what was happening, as the hotel they were in was suddenly placed under security lockdown with little explanation. She said they had felt tremors of a blast minutes before and there were speculations that the surrounding hotels were under attack. I quickly switched on all media and was instantly flooded by the horrors of the suicide bombs that had just ripped through three churches packed with Easter worshippers and three hotels all surrounding the one my friend was

calling from. As I offered to pick my friend up as she was too shaken to drive, news kept flooding in, and gruesome first-hand clips from the scenes of the massacre in the churches were already clogging WhatsApp.

As I drove downtown towards the hotels, the streets were eerily empty with a few nervous drivers (like myself) speeding on their missions, police cars on alert and screeching ambulances flying past. News poured in. Seven suicide bombers claiming to be ISIS associates had targeted three churches holding Easter mass and three hotels which were hosting Easter Brunch. This was a first. We had survived 27 years of armed conflict and many suicide bombs by the LTTE fighting the Sri Lankan army for a separate state. After a bloody end to those battles, we had known a silencing of guns for 10 years.

I was stopped at a barricade close to the hotel. The armed forces were out again. If I had nearly forgotten what it was like to be searched and questioned by tense armed guards at checkpoints, I was quickly reminded. Easter Sunday of 2019 took Sri Lanka by complete surprise, shook her to her core again and left her reeling.

Ethno-religious Tensions

During the last decade, since the end of the civil war, unfortunately, we could not build the necessary strong bridges between ethnic and religious groups in Sri Lanka. As a result, there was always some tension between the different religious groups that were fuelled by hate speech and lack of active peacebuilding among dividing factions. It is in this milieu that the Easter Sunday attacks took place, and it did not take much time for the suspicions against the "other" to rise up and flood through social media. Tension between the Muslim community and the non-Muslims heightened suspicion, and fear towards each other continued to this day. Thus, psychosocial work including counselling support to victims had to be carried out in this fragile atmosphere of racial and religious tension.

An Invitation to Support Grieving Families

The weeks after the attack, we saw three different entities converge upon the carnage to offer emergency assistance and psychosocial support to the hundreds of injured and bereaved: Civil society activists including the mental health and psychosocial community, the government health and mental health apparatus and the Catholic churches' relief and rehabilitation mechanism. The ensuing coordination and collaboration challenges have their own story to tell and lessons to teach. However, the Catholic Church emerged as the overarching shepherd of the wounded and bereaved taking the lead in coordinating all initiatives from burying the dead, supporting the bereaved, to organizing teams to visit every home in the affected villages and meet with every family, conduct psychosocial needs assessments and do referrals to the government services. The churches coordinating apparatus called on professionals initially from the church and then from a wider professional community to help them organize psychosocial interventions. Interventions were offered to children, young people, parents who had lost children

and even those in religious orders who had been directly affected. Many hundreds of bystanders in the different locations who helped to clear debris, identify and carry bodies, who by virtue of living among the families that were bereaved were also subjected to vicarious trauma and were also offered support.

Fast forward a month. Emergency interventions change gear. The wounded return home from hospitals. Extended family members who rallied around returned to their own lives. The hard cold realities of empty spaces and silenced voices begin to hit. The bitterness of grief sets into the village.

Among the many, we describe below the work done with one of the girls' schools just outside the village hardest hit by the bombings. It has a vibrant school community led by a selflessly dedicated and dynamic principal, a nun herself. It was the school that lost the highest number of girls in the attack, and the principal moved the school to throw a net of support and comfort around the grieving families belonging to her school community. With a background in counselling herself, the Principal Rev. Sister realised that the parents who lost their children in her school needed additional support and made a request to my colleagues and I to offer grief support. Seven families had lost their girls between ages 7 and 15. Twenty-seven members of these seven families signed up for the grief support groups.

The Work of Grief Accompaniment: The Stage is Set

I, together with two of my colleagues, offered a series of four to six sessions of group support. A session consisted of a half-day combination of small group sharing together with other interactive activities and individual short sessions as well. Our sessions would start at 9.00 and end at 1.00 with a fellowship lunch. After which, we offered individual sessions, designed to assist in our threefold theme "Recognising Grief", "Respecting Grief" and "Releasing Grief".

The Rev. Sister Principal had secured a venue belonging to a Catholic seminary because the parents were as yet unable to come to the school premises due to the recency and rawness of their loss. The rector of the seminary provided a room free of charge and all conveniences including a beautifully laid-out garden for our use. Other activities too were taking place in the premises of the seminary. One such activity was that of a team of musicians including a Buddhist monk who wanted to make a song on reconciliation as their response to the heightened race-related tensions in the country and had come to seek the support of the rector. But we had to push on to our own programme. The first in the series was itself a reverting exercise in grief work. We were to meet for the second session in 2 weeks. And that's where the rest of our story unfolds.

An Interruption: "A Play Within a Play"

It was the second day of the series. Everyone arrived on time (this is not usual for a Sri Lankan audience). There was a palpable increase in the tempo and energy levels as compared to the first meeting – almost an anticipation!

This was the space in which parents could simply not be "parents" and be themselves. People could leave their roles and responsibilities at the door if they wished and enter as their bare self. They did not have to act, pretend or hold back. There were no doorbells to answer, no incessant media prying for their scoops, no neighbors with an excess of sympathy gushing, no distraught kids clinging…this room, this day, this group was where they could sulk to the depths or cry to high heaven or shake with fury, and it was all ok.

The session started as usual. We, the three facilitators greeted every participant as he or she walked in and spent a moment individually touching base with each one before everyone was seated. Instrumental music was played in the background as everyone greeted each other, found their seats and got comfortable. The highlights of the last session were presented. A simple question starts the first round of group sharing.

"What was last week like? What has changed? What are you doing differently?" And then "how has your grief journey taken you this week?"

Each familiar voice shares… some bolder than before, some as shaky and weak soft and faltering as before and some with the slightest, faintest but definite hint of a new resolve in their voice. "K" is one of the most articulate. Her pain surfaces in searing words, "God has snatched and uprooted the entire tree of my life ..." she says, bitter anger pouring down her face. "He has left nothing for me!" No one speaks; no one is surprised. In one clean swipe, that day K lost all she had: her husband, her son and her daughter. One remains silent. She hasn't cried and speaks little. She is here too.

Having ended the first session, there was a sense of relief mixed with a new closeness for having reached such depths of shared pain in such an encounter. A guided relaxation session in the green grass and shady trees helped everyone gear up for the next session which was an exercise in mapping one's grief and following how and where it impacted on the different areas of one's life. Sheets of demy paper were distributed, and coloured pens, cards and stationery were being passed around. The group was getting ready to make their individual maps of grief when suddenly a group of people immerged at the glass door of the class. It was the group of musicians and the monk we had noticed before. They are accompanied by the rector of the seminary. They appeared as they wanted to come in.

While my colleagues continue with the activity, I slip out together with the Rev. Sister Principal of the hosting school to engage the group at the door. The rector of the seminary speaks first.

"This group is here to make a song about reconciliation". He smiles looking at us for approval. I remember to look appreciative and smile back as he introduces the monk mentioning his name.

"This is Rev... Thero (*an honorific term addressing the monk*), a famous musician himself..." – by now I am nodding in acknowledgement, but I must have betrayed my query, why are you here? But, as I keep thinking, someone from the musicians group speaks up.

"We heard that you were doing some work with grieving parents, we came to see them and greet them". A long awkward pause follows. My mind is racing. It's in turmoil. A million arguments crisscross my brain and those agonizing seconds as I debate within myself.

"What? Stop the group now at this stage? An interruption will destroy our momentum".

"This is a monk you are talking to, it is not politically expedient to refuse him entrance". My mind rages on "They are here on a mission of reconciliation. How can you not support them? How can you deny them a moment?"

"But the group is in a very vulnerable and raw stage. Unexpected unauthorized entrances will surely not be proper at this stage?"

"But what about do-no-harm? And cultural sensitivity? This group says they merely want to greet the group and go on their way…"

I look desperately to the Rev. Sister and the rector (this was the moment I was to regret later, when I needed to have stood firm and not looked around for acquiescence). But I did look. And I found that acquiescence, and I went along with an uneasy decision to open the doors and let an outside team enter the sacred space of our grief support group.

In a few painful minutes, we nearly lost what we had struggled so much to build: the trust of a wounded group of people, the sense of safety and security we had created among us, a level of comfort and a rhythm and a momentum.

The musicians and the saffron-robed monk enter followed by the Rev. Sr. Principal and the Rev. Fr. Rector. It's a high-powered gathering. All put down their demy papers, coloured cards and half-constructed sentences and stand up. The monk sits down. He isn't about to confine himself to a greeting. He is getting into a full-blown sermon. "K" in her passion and pain engages with her words and begins to weep bitterly again. From the corner of my eye, I see a cameraman getting in position to shoot, and I instinctively move sharply and ask him to lay his camera aside. He obliges. We got that one right. But the drama continues, the monk preaches, "K" weeps, and the others stand in a confused silence. Until "A", another group member of all people who never cried all this while, starts to cry. My colleague takes her out. It is only then that I find my voice. I know now if I hadn't known it before that this group is disintegrating and we have to move fast to reverse what's happening. A few quick moves and words and it's all over. The intruding team is gently whisked off. A short chocolate break, a word of apology, and we are on the roads again. We nearly lost it, but only nearly.

The Dilemma Discussed: "Whose Fault Was It?"

It's an hour's drive back into the capital; we, the facilitators of the grief-group, let our hair down and release the stress of the day as we travel.

"I just don't believe this happened! How dare they just walk in on us like that? Didn't they know what this group was about?"

"Well, how would they (the Buddhist monk and the musicians) know I suppose if the Catholic priest (the rector) didn't tell them? He should have known better".

"Maybe the Catholic priest (rector) was just offering us the premises and didn't really know too much about what we were actually doing with this group, other than that we are trying to help".

"Well then the Rev. Sister who invited us should have been firm and told them no… She knew what we were about? Or, was that our assumption that she had a clear idea about how a grief counselling group is conducted? Or, is it something we never gave thought about?"

"Oh dear, I suppose they did not want to offend the Buddhist priest and perhaps he too didn't really see the issues. I was at the door. I suppose I should have just told them it was not possible to barge in mid-way. I'm just starting to kick myself for letting this happen".

"But you are a visitor too using the premises, they should not have put you and all of us in that situation of having to stop a Buddhist monk, and a group of song-writers just saunter into an on-going grief group".

"To be honest, I was taken totally by surprise, and though I knew this was not admissible, I guess especially being a Christian, I didn't want to be the one to stop a Buddhist monk from coming in, as he said to share condolences".

"Well, he didn't just share condolences did he? That would have been ok, for them to say a brief word if they thought they had to and move on, but they seated themselves and started delivering speeches!". My mind tries to free myself from the responsibility as a facilitator for letting this happen. But it keeps coming back to me.

There was also what they said about making a song about reconciliation and it all sounded so justifiable that I didn't want to stand in their way and thereby create more conflict in an already tensed situation. Anyway, we just didn't have the presence of mind or the courage of our convictions to avert what happened. Looking back, what I really found amazing is that it was actually our participant "A" who found a way to break into the unfolding chaos and stop it. Initially, when I saw her cry, I didn't realise why. I thought she was finally moved to weep for her loss...But I was so wrong.

Yes, we took her outside to give her some space, and then she was bursting with articulate anger! She was angry with everyone! And she did so with her tears. That was amazing! She never cried with her grief all this time, but when someone threatened the group process, she cried… And those were not tears of sadness/those were tears of protest! Yes, that's what made it so amazing.

Mental health practitioners engaging in counselling services in low- and middle-income countries (LMICs) such as Sri Lanka continue to struggle with ethical dilemmas as they try to deal with the cultural values of the people and the ethical standards introduced to them in their formal education and training, while we lack a formal code of ethics to guide us or a statutory body to monitor and guide the professional practice. The above was a classic example of how and when this could hit us hard while we become helpless, potentially harming our clients - the very group we try to help, and the profession itself. The above example reflects the nature of collision between culture and ethical standards in counselling we face as practitioners and trainers in Sri Lanka. In this chapter, we try to focus on our struggles and highlight transferable learning from our context.

Need for Standardized Training and Supervision

As mentioned previously, the mental health sector in Sri Lanka experienced an expansion as the number of counsellors in the country, especially in the state sector, rapidly increased over a period of less than two decades. Despite this improvement, the counsellors in Sri Lanka, even in the state sector, are not regulated by a statutory body. Several groups of counsellors have formed associations with the aim of self-governing. However, it is not mandatory for a practitioner to seek membership in any association as these memberships do not seem to have any weight in the job market. Hence, at this point in time the counsellors are not legally bound or controlled by any authority, or they are not bound by the ethical guidelines of a counsellor association in which they hold membership.

In addition, there is also a dearth in qualified clinical supervisors in the country to meet the needs of the increased number of practicing counsellors. Thus, although counsellors have learnt about the importance of supervision during their initial or ongoing training as they study the codes of ethics for counsellors (e.g. American Psychological Association, 2017 [2]; Australian Counselling Association, 2019 [3]) and other ethical guidelines for practitioners providing counselling services, most counsellors reported that it is very difficult to find a suitable supervisor [14, 15]. This is probably a situation that is common in other LMICs and even in the rural areas of high-income countries (HICs) that must be addressed with efficient and creative ways. Referring back to the personal experience in our example, if we had the opportunity to discuss similar dilemmas that arose in other instances during supervision, we may have had the opportunity to use that knowledge to deal better in such vulnerable and challenging moments. If we have supervision at this moment of time, some of us may have the opportunity to discuss it with our supervisees and colleagues so that they would handle such situations differently, ensuring better services for their clients.

Peer Supervision as a Way Forward

With the intention of supporting the counselling community, a "peer supervision model" was introduced for state sector counsellors in 2016, as an alternative measure to address the shortage of expert supervisors. We initiated this following two detailed studies [14, 15] and a needs assessment prior to introducing Continuing Professional Development (CPD) training programmes for a group of state sector counsellors in 2015. The group identified the lack of clinical supervision as an ongoing issue faced by the counsellors working in different areas in the country. Although this was introduced to the state sector counsellors, the situation remains to be equally bad or worse among private sector counsellors working on their own. However, due to the shortage of formal data and the absence of a formal mechanism to address any deficit in mental health care, attempts to address this issue were limited to the state sector counsellors. Upon exploring alternatives to deal with the ground realities, peer supervision was introduced as a feasible alternative.

This was taken as an ongoing project after an initial 3-day residential workshop. Counselling officers throughout the country were supported with training and continued monitoring on carrying out peer supervision at district level. Although this was successful to some extent, as a whole the counselling officers did not use the peer supervision model as expected. Thus, it is evident that most counsellors in Sri Lanka practice without clinical supervision. Discussions with counsellors on the topic did not indicate a lack of knowledge or awareness about the value of clinical supervision. Yet, lack of resources was always mentioned as a reason for not being able to receive supervision, and most of them perceived the peer supervision as an inadequate alternative since they did not feel they received any useful results from these sessions. This could also be due to the absence of a structure to guide the peer supervision and feedback process [1].

In addition, counsellors also felt threatened or ashamed to share their perceived weaknesses with peers during supervision. This situation has been observed in other contexts too [4, 12]. As discussed by Pugh [12], the dual relationship experienced in peer supervision settings, where one is expected to be the supervisor and the supervisee in the same relationship, probably led to its unsuccessfulness as they struggled in giving and receiving objective feedback. Hence, to address this, it will be important to go beyond introducing a model of accessible supervision and enable the participants with acceptable and user-friendly tools and structures of receiving and providing feedback objectively. This probably is the situation in other LMICs too. Thus, the shortage of practitioners with sufficient training and tools/structures to provide objective supervision to peers significantly contributes to the issue as much as the shortage of expert supervisors.

Cultural Beliefs: "You Can Deal with Any Problem Because You Are a Counsellor"

In Sri Lanka, culturally personnel in helping professions are put on a pedestal. As a result, mental health workers are considered expected to be unrealistically psychologically balanced individuals at all times. They are perceived as capable of withstanding any tragic experience as they are "mental health workers", and in some instances, "mental health experts". This false belief seems to linger in the minds of the laymen as well as the counselling practitioners themselves. As a result, comments such as the following are made by the laymen: "Can't you handle it even though you are a counsellor yourself!" Most counsellors we interviewed discussed the difficulties of getting professional help when we asked to whom they could turn when they are faced with situations similar to what their clients turn to them. Most of them simply mentioned that it is not easy to even turn to their own family and friends as possible sources of support, let alone professional help. Thus, we feel the need to acknowledge this ethical and cultural dilemma related to counselling practitioners' help-seeking behaviours in personal or professional dilemmas.

What we found in Sri Lanka indicated that they not only find it challenging to access supervision that is necessary for continued professional development and

self-improvement, but also seem even to lack access to professional mental health support when needed. Could this be addressed through overall education and by exploring feasible mechanisms for supervision that is provided by experienced counsellors who are not peers that could eventually end up struggling with dual relationships? Evidence from HIC may suggest so. But how feasible would it be in LMICs? Some practitioners in the urban settings are overcoming this issue through online/tele supervision from overseas supervisors. This might not be feasible for all counsellors due to lack of necessary contacts or lack of other resources. However, online/tele supervision might be an option to be explored within the country/region for practitioners in LMICs as telecommunication becomes more accessible. This is something we would suggest for Sri Lankan counsellors in rural areas as well as in countries with limited access to clinical supervision. This has been explored in areas where there is a shortage of supervisors either due to geographical characteristic such as travel distance in places like India or Australia or when working in specialty areas such as in art therapy [5, 11, 13, 17]. In addition, we emphasize that it might contribute to the success of the supervision process if it is facilitated with tools that could assist the objective evaluation and feedback process [8]. This might include counsellor assessment tools such as the Enhancing Assessment of Common Therapeutic Factors (ENACT) or ENACT-SL in the Sri Lankan context [1, 10] or any other tool that allows the supervisor and the supervisee to have a better understanding of the aspects that contribute to therapy outcomes.

Counsellor Training

As discussed before, mental health awareness is considerably increasing in Sri Lanka as it is the case worldwide. The number of people seeking mental health support has continued to increase over the past few dacades, which could be partially attributed to this increasing awareness. Hence, the trainers are faced with challenges to ensure that students are able to handle contemporary issues presented by their clients and use of modern technology in the process [8, 17]. In addition to this sophistication in approaches to counselling, the example shared at the beginning of this chapter emphasizes the need to be conscious and vigilant in diverse circumstances to ensure ethical practice while being considerate of the ground realities such as culture, security concerns, social hierarchies, and even technology, such as video cameras and other recording devices. Thus, in counsellor training it is important to address how ethical concepts in mental health care collide with cultural norms, developing social phenomena and the needs in relation to other aspects of the society such as racial and religious tensions and conflict. This sort of active, collaborative and critical assessment training will be essential for current and future practitioners to fulfil their duties ensuring the well-being of clients in terms of basics such as confidentiality, use of technology or other aspects of an evolving society.

Lessons Learned

Finally, at the end of the day, to reflect on what we learnt from our experience with the grief-therapy group, we discussed it over some coffee and cookies in a favorite spot of our team. The long but refreshing and reassuring discussion led us to the following points to ponder upon.

- Working with vulnerable individuals or groups in a volatile environment warrants a thoughtful selection of a location. Even when free accommodation or venues are given, the free offer must not carry with it a sense of obligation to step beyond the boundaries of good practice.
- People who are well-meaning may not always do what is in the best interest of those who are injured and may need to be made aware or given boundaries.
- It is not only important to have principles of confidentiality, but they need to be communicated to those whom we work alongside, especially when they are from different perspectives and backgrounds.
- When one is caught between respect for religious/cultural dignitaries and respect for the vulnerability of the wounded and one needs to choose between hurting the already injured and offending the powerful, as people helpers we must perhaps err on the side of the vulnerable for that is our mandate.
- However urgent the need and however much in haste we are, let's take the time to communicate our parameters and principles and maintain a sound understanding of the ethical guidelines that are for the safety of the clients.

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