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Singapore Association for Counselling

Code of Ethics

This code of ethics sets out the standards for members' professional conduct.

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Preamble

The Singapore Association for Counselling (SAC) is a professional organisation whose members are dedicated to the enhancement of the worth, dignity, potential and uniqueness of individuals, couples, families and groups and thus to the society.

The SAC is aware of the diversity of role definitions and work settings of its members. This includes a wide variety of academic disciplines, levels of academic training and agency settings. Such diversity reflects the extent of SAC's influence and interest.

SAC is also aware of the need to set standards for members' professional conduct. Such code of conduct is herein established to provide principles that define ethical behaviour of SAC members.

Section A: General

1. Members influence the development of the profession by their continuous effort to improve and promote professional practice, training, writing and research. Members are expected to enhance their skills, remain abreast of new developments in counselling knowledge and practice and grow professionally through continuous educational activities, learning and development.
2. Members have a responsibility both to the clients who are served and to the agencies within which the service is provided, to maintain high standards of professional conduct and competence in their work.
3. Members neither claim nor imply professional qualifications exceeding those possessed and are responsible for correcting any misrepresentations of these qualifications by others.
4. Members do not participate in activities in which it appears likely that their skills or data will be misused by others, unless corrective mechanisms are available.
5. When members provide information to the public or to subordinates, peers or supervisors, they have a responsibility to ensure that the content is general and consists of objective, factual data.
6. If members learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimise the misuse or misrepresentation.
7. With regard to the delivery of professional services, members should accept only those appointments or responsibilities for which they are professionally qualified by education, training or experience.
8. Where differences of age, gender, race, ethnicity, cultural background, religion, sexual orientation, disability, language, or socio-economic status significantly affect members' work concerning the particular individuals or groups, members should obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.
9. In their work-related activities, members respect the rights of others to hold values, attitudes, and opinions that differ from their own. Members do not knowingly engage in behaviour that is harassing (sexual in nature or otherwise) or demeaning to persons with whom they interact in their work, based on factors such as those persons' age, gender, race, ethnicity, cultural background, religion, sexual
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orientation, disability, language, or socio-economic status.

Members recognise that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a client, colleague, student, research participant, or other person to whom they owe a professional or scientific obligation. In addition, members have an

11. obligation to be alert to signs of, and to obtain assistance for, their personal problems at an early stage, in order to prevent significantly impaired performance. When members become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.
12. Members take reasonable steps to avoid harming their clients, research participants, students, and others with whom they work, and minimise harm where it is foreseeable and unavoidable.
13. Because members' professional judgement and actions may affect the lives of others, they are to guard against any personal, financial, social, organisational, or political factors that might lead to misuse of their influence.
14. Members should not solicit goods, services, or other non-monetary remuneration from clients in return for counselling services in order to avoid potential exploitation or distortion of the professional relationship.
15. Members avoid establishing dual relationships with clients that could impair professional judgement or potentially lead to exploitation of the clients.

Section B: Counselling Relationship

This section refers to practices and procedures of individual and/or group counselling relationships.

1. The primary obligation of members is to respect the integrity and promote the welfare of the clients, whether the clients are assisted individually or in a group situation.
2. If members determine an inability to be of professional assistance to the client, they must either avoid initiating the counselling relationship or immediately terminate that relationship.
3. Members discuss with clients as early as feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of counselling, fees, and confidentiality.
4. When members are interns, clients are informed of that fact.
5. Members make reasonable efforts to answer clients' questions and to avoid apparent misunderstanding about the counselling. Whenever possible, members provide oral and/or written information, using language that is reasonably understandable to the client.
6. All experimental methods of treatment must be clearly indicated to prospective recipients and safety precautions are to be adhered to by members.
7. The counselling relationship and information resulting therefrom must be kept confidential, consistent with the obligations of members as professional persons.
8. When the client's condition indicates that there is clear and imminent danger to the client or others, members must take reasonable personal action or inform responsible authorities. Consultation with other professionals must be used where possible.
9. Members obtain clients' consent before videotaping, audio-recording or permitting third party observation.
10. Records of the counselling relationship, including interview notes, test data, correspondence, video and tape recordings, and other documents, are to be considered professional information for use in counselling.
11. Use of information derived from counselling sessions for purposes of counsellor training or research shall be confined to content that can be disguised to ensure full protection of the identity of the client.
12. Members store or dispose of client records in ways that maintain confidentiality.
13. When members engage in short-term group treatment or training programmes (e.g. marathons and other encounter-type or growth groups), they must ensure that there is professional assistance available during and following the group experience.
14. Members do not engage in sexual intimacies with current clients or with former clients within two years of cessation or termination of services.
15. Members do not accept as clients people with whom they have engaged in sexual intimacies.
16. Members make reasonable efforts to plan for facilitating care in the event that counselling services are interrupted by factors such as the counsellor's illness, death, unavailability, or relocation or by the client's relocation or financial limitations.
17. Members terminate a professional relationship when it becomes reasonably clear that the client no longer needs the service, is not benefiting, or is being harmed by continued service.
Prior to termination for whatever reason, except where precluded by the client's conduct, members discuss the client's views and needs,
18. provides appropriate pre-termination counselling, suggests alternative providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the client needs one immediately.

Section C: Measurement and Evaluation

This section refers to practices and procedures of individual and/or group counselling relationships.

Members must provide specific orientation or information to the client prior to and following the test administration so that the results

1. of testing may be placed in proper perspective with other relevant factors. In so doing, members must recognise the effects of socio-economic, race, ethnic and cultural factors on test scores.
2. In selecting tests for use in a given situation or with a particular client, members must consider carefully the specific validity, reliability,

4. and appropriateness of the test(s).
3. Members make appropriate adjustment in the administration or interpretation of the test based on factors such as the race, ethnicity, cultural background or socio-economic status.
4. The purpose of testing and the explicit use of the results must be made known to the client prior to testing.
5. Reasonable steps must be taken by members to explain the results of the test(s) using language that is understandable to the client assessed or to another legally authorised person on behalf of the client.
6. The client's welfare and explicit prior understanding must be the criteria for determining the recipients of the test results. The interpretation of test data must be related to the client's particular concerns.
7. Members must guard against the appropriation, reproduction, or modifications of published tests or parts thereof without acknowledgement and permission from the previous publisher.

Section D: Research and Publication

The primary purpose of research is to advance the frontiers of knowledge and practice in the area of counselling. Members respect the dignity and protect the welfare of the research participants during the conduct of research.

1. In planning any research activity dealing with human subjects, members must be aware of and responsive to all pertinent ethical principles and ensure that the research problem, design and execution are in full compliance with them.
All research participants must be informed of the purpose of the study except when withholding information or providing misinformation to them is essential to the investigation. In such research members must be responsible for corrective action as soon as possible following completion of the research.
2. Members respect participants' right to decline participation in or withdraw from a research study at any time.
3. When reporting research results, explicit mention must be made of all variables and conditions known to the investigator that might affect the outcome of the investigation or the interpretation of the data.
4. Members must give due credit through joint authorship, acknowledgement, footnote statements, or other appropriate means to those who have contributed significantly to the research and/or publication, in accordance with such contributions.

Section E: Public Statements

Public statements relating to professional services, products, or publications must comply to the Ethics Code. They include paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public oral presentations, and published materials.

1. Members do not make public statements that are deceptive or misleading concerning their work and those of persons or organisations with which they are affiliated.
Members do not make false or deceptive statements concerning (1) their training, experience or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

Sections of this Code of Ethics are influenced by or adapted from the following:

- Revised AAMFT CODE OF ETHICS, American Association for Marriage and Family Therapy (1998).
- CODE OF ETHICS, Association of Psychological and Educational Counsellors of Asia (1990).
- ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT, American Psychological Association (1992).
- ETHICAL STANDARDS, American Association of Counselling and Development (1981 revision).



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