

Association of Psychotherapists and Counsellors Singapore (APACS)

Standards of Ethics and Conduct

About Association of Psychotherapists and Counsellors Singapore (APACS)

The Association of Psychotherapists and Counsellors Singapore (APACS) is registered with the Singapore Registrar of Society in February 2012. It is an association for all practitioners in the allied health, educational, social services and healthcare sector who are keen to be part of this big family of helping professionals. We welcome all allied health professionals to join the APACS to support the needs of individuals, groups, and families in a holistic manner.

What APACS Standards of Ethics and Conduct mean for different groups

APACS Members

APACS members are personally responsible to familiarise themselves and keep to the APACS Standards of Ethics and Conduct. This document sets out the expected standards for each APACS member in their work with service users, carers and the public.

As an APACS member, you are personally responsible for your actions. APACS members are expected to be judicious in exercising their informed and reasonable decisions/actions to meet the APACS Standards of Ethics and Behavioural Conduct, and must be consistently prepared to justify their decisions/actions.

APACS sees informed and reasonable decisions/actions as having clinical supervision, seeking advice and support from colleagues, educational institutions, employers, government agencies, learned peers, etc.

APACS Service Users and their Carers

APACS members work across varied work contexts, such as private practice, education, social services, research, management, consultancy and other roles in the industry. They also work with diverse groups of individuals, groups, families, other professionals and/or organisations.

If you are currently receiving professional care, interventions/treatments, and/or other services from one of our APACS member or might do so in the future, the APACS Standards of Ethics and Conduct is aimed at helping you to better understand how our APACS members should behave and work with you. The standards will also be helpful for carers of an APACS service user.

In rare instances that you and/or your carer have concerns about the APACS member working with you, you and/or your carer can raise your concerns through our APACS Member Standards Feedback Form for the APACS Standards Sub-Committee to review your concerns.

1.0. General:

- 1.1. Ethics is sometimes called “moral philosophy”
- 1.2. As societies and associations evolved the relationships between individuals become more complex and so do etiquette and codes of conduct. The development of counselling and psychotherapy relationship has raised many ethical dilemmas.
- 1.3. Because the field of counselling and psychotherapy is not a regulated profession in Singapore, the use of ethical standards as a method of guiding the quality of service provided by counsellors and psychotherapists, their training, protecting the client and creating safe environments is paramount.
- 1.4. The Association’s Standards of Ethics and Conduct are guidelines to regulate the behaviour of counsellors and psychotherapists.
- 1.5. This Standards of Ethics and Conduct outlines the high professional conduct that counsellors and psychotherapists need to adhere to.
- 1.6. The Association’s Standards of Ethics and Conduct is intended to provide guidelines for both practising counsellor and psychotherapist members of the Associations. It should not be used as a base of references of other similar Associations/Societies.
- 1.7. The Association’s Standards of Ethics and Conduct is meant to offer guidance of professional conduct that can be applied by members of the Association and is not intended as a basis of civil liability.
- 1.8. Infringement and violations of the Association’s Standards of Ethics and Conduct does not by itself determine whether the practicing counsellor and/or psychotherapists is legally liable in court action, whether a contract is enforceable or whether other legal consequences occur.

2.0. The committee:

2.1. The sub-committee members shall consist of:

- a) The chair
- b) Vice Chair
- c) Two members drawn from the general membership

2.2. The term of reference of this sub-committee is to ensure that the code of conduct is regularly reviewed and updated.

2.3. Updated and review of existing information and guidelines will ensure that the Association's code of conduct can be somewhat equated to those within the international community of counsellors and psychotherapists.

2.4. With the new updates the sub-committee shall disseminate the information to existing members of the Association.

3.0. Sanctions:

3.1. Members in breach of or who violate the Association's Standards of Ethics and Conduct can expect to face termination of membership.

3.2. If the violation is serious, the Association, in order to protect itself may inform other similar Associations of its actions.

4.0. Standards of Ethics and Conduct:

4.1. The Association's Standards of Ethics and Conduct consists of general principles that are inspirational and aspirational in nature. They are intended to provide guidelines for the counsellors and psychotherapists to aspire to high levels of practicing conduct and to express the highest ideals of the Association with regards to care to and for the clients.

4.2. The Association's Standards of Ethics and Conduct is intended to provide specific guidelines that can cover most situations encountered by counsellors and psychotherapists. Admittedly they cannot cover all possible scenarios. Nonetheless they can be useful methods to guide counsellors and psychotherapists in their everyday interaction with and service provided to clients; the quality of training provided to counsellors and of protecting clients.

4.3. Hence the Association's Standards of Ethics and Conduct attempts to:

- Provide to establish a helping relationship between the counsellors/psychotherapists and their clients.
- Ensure that during the therapeutic relationship a non-judgemental stance be adopted by counsellors/psychotherapists.

- Establish an environment of integrity for the counsellors/psychotherapists and that of safety for the clients.
- Ascertain that the clients are finally empowered to make their own decisions to resolve their own issues.
- See that there is no differential in power play between the counsellor/- psychotherapist and clients.
- Establish set goals and directions so that the therapy sessions become meaningful for both the counsellor/psychotherapist and clients.
- Ensure that counsellors/psychotherapists upgrade and enhance their own counselling and therapeutic skills through continual self-development and professional self-education.
- Secure clients' confidence and trust through the process of confidentiality of information.
- Endeavour to make appropriate referrals when counsellors/psychotherapists feel that their skills and competencies have been compromised.
- Institute for the sake of advocacy, clients' written permission before information are divulged to third parties.
- Undertake the commitment of counsellors/psychotherapists toward regular clinical supervision to ensure the sharpening of their therapy skills and guide them towards professional maturity.
- Provide platform for counsellors/psychotherapists to engage themselves in regular peer supervision for the sharing and exchange of information.
- Instil into counsellors/psychotherapists a sense of personal responsibility and accountability.
- Ensure that counsellors/psychotherapists be committed to the Association's Code of Ethics and Code of Behavioural Conduct and to recognise that procedures for withdrawal of membership from the Association will be implemented for violations and breaches.

5.0. Issues of responsibilities and fidelity:

- 5.1. Counsellors and psychotherapists establish relationship of trust, openness and honesty with clients. Hence the counsellor/psychotherapist main motivation should not be that of monetary/financial/kind rewards. His main drive would be the passion to the resolution of the client's issues.
- 5.2. Counsellor/psychotherapists should in the final analysis take full responsibility of clinical/therapeutic decisions in their work with clients.

6.0. Responsibility to the client:

- 6.1. In this area, the responsibility of the therapist is to ensure the reasonable steps are taken to ensure that client do not suffer emotional, physical, psychological, spiritual harm during counselling sessions.
- 6.2. APACS members must not exploit the client financially with promises that is undeliverable or services that is difficult to fulfil.
- 6.3. APACS members do not take advantage of clients' weakened emotional position.

- 6.4. APACS members are not permitted to be engaged in sexual harassment. Sexual harassment would be taken to mean sexual solicitation, physical advances or verbal or nonverbal conduct that is sexual in nature. Suggestion or engagement in sexual activity with client is deemed unethical.
- 6.5. APACS members are to ensure that counselling sessions are held in an environment of privacy and that possibilities of being overheard, taped, videoed, recorded and the like do not exist. However this privacy can be breached with the permission of the client and this is usually obtained during induction session with the client. Permission from client is to be obtained to include the possibility of a co-counsellor or supervisee sitting in the session.
- 6.6. It is the responsibility of the APACS members to ensure that the sessions are not interrupted.
- 6.7. APACS members are prohibited from sexual activity with all current and former clients for a minimum of two years from cessation of counselling.
- 6.8. APACS members do not get themselves engaged in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any basis prescribed by the law of Singapore.
- 6.9. APACS members are to conduct themselves in such manner they will not show behaviour of harassing or demeaning clients with regards to their age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any basis prescribed by the law of Singapore.
- 6.10. APACS members are to avoid multiple relationships if such relationship will affect the outcome of the therapy. However, multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not considered unethical.
- 6.11. APACS members do not exploit their position against those whom they have supervisory, evaluative, or other authority, such as clients, students, supervisees, research participants and employees.
- 6.12. APACS members are to ensure that no harm comes to the client and shall take reasonable steps to avoid harming their clients and to minimize harm where it is foreseeable and unavoidable.
- 6.13. During therapy sessions, APACS members are to manage their own emotions and that their relationship with the client are not unduly being affected by the APACS members own emotional needs. APACS members shall conduct all sessions in a business-like manner.
- 7.0. Responsibility to other counsellors:
- 7.1. APACS members must conduct themselves in a manner that does not undermine the work of other APACS members and public confidence.
- 7.2. It will be the therapist's duty and obligations to provide guidance and advice to fellow APACS members where there is suspect of misconduct. However if the issue cannot be resolved then it will be the therapist obligation to initiate the complaint procedure.

8.0. Responsibility to colleagues and others:

- 8.1. Whenever and wherever appropriate, APACS members will co-operate with other professionals in similar, related and/or allied field/profession in order to service their clients effectively.
- 8.2. APACS members are accountable to their colleagues, employers and funding bodies when providing services to their clients. This accountability includes the maintenance of client's confidentiality, respect of client's privacy, needs and autonomy.
- 8.3. When conflict of interests between the client and the employer/agencies arises the APACS members must resolve them and apply ethical considerations.
- 8.4. APACS members should not give impressions of being able to offer a service to client when this is actually untrue as this may deprive the client from seeking therapy elsewhere.

10.0. Responsibility to the wider community:

- 10.1. APACS members must ensure that they are familiar with the general current laws of the country and rules and regulations of various government agencies and organisations in order that they can perform the services with awareness and mindfulness.

11.0. Empowering client:

- 11.1. Client is to be empowered and the therapist is to guide the client to a position of self-determination so that the client can resolve his/her own issues.
- 11.2. It is recognised that during any therapy session, the balance of power is unequal and APACS members must pay attention not to abuse their position.
- 11.3. APACS members, as a general rule, do not instruct the client to a certain direction. APACS members can however offer suggestions, advice and guidance. However they have to be delivered with some subtleness.
- 11.4. APACS members do not act on behalf of the client. Nonetheless, at the request of the client, this is permitted but only as an exception rather than a rule.

12.0. Case assessment:

- 12.1. It is always useful during case assessment to consider the following so that the APACS members may consider taking the case or not (competencies) or if the client should need further assistance through the engagement of other disciplines:
 - a) Whether or not client has been receiving treatment from other agencies or disciplines. If so then explore the details.

- 12.2. If there is a need to confer with superiors or colleagues, the therapist will obtain the client's written permission first.
- 13.0. The therapy sessions:
- 13.1. The therapy sessions of a one to one interview with the client shall comprise of several components namely:
- i. The case intake and assessment session
 - ii. The case induction session
 - iii. The therapy sessions
 - iv. The termination of the case.
- 13.2. In case intake and assessment session the therapist is to ensure that the concept of fairness, being non-judgemental, and wisdom prevails.
- 13.3. In the case induction session, APACS members will honestly build up rapport with the client so that a meaningful and honest relationship can be established.
- 13.4. During the induction session, APACS members are to obtain the informed consent from clients. The informed consent should cover the following topics:
- i. The nature and anticipated course of the therapy
 - ii. Explaining boundaries
 - iii. Potential risks (e.g. if hypnotherapy is used)
 - iv. APACS members competencies and skills
 - v. Fees, frequency of sessions, time
 - vi. Involvement of third parties (co-supervision, presence of supervisees etc)
 - vii. Limits of confidentiality
 - viii. Allow clients to ask questions
- 13.5. If the counsellor is a trainee or novice counsellor then the name of the supervisor is to be given to the client.
- 13.6. When therapy involves couple or family, the counsellor shall be obliged to inform all parties of their involvements and to explain why they are needed.
- 13.7. In group therapy APACS members shall be obliged to inform all parties concern of the varying roles each may have to play.
- 13.8. When APACS members are offering their services and knowing full well that the client is also receiving treatment from another profession, APACS members must consider the client's welfare and should not confuse the client. The therapist may have to consult a legal person.
- 13.9. APACS members work towards the ultimate benefit of the client and to reach a recognised ending. This ending can happen when the help the client had originally sought for had been fulfilled, no longer feel the need to continue of the therapy or when the therapist is no longer able to help the client.

- 13.10. There may be times where external circumstances (lack of financial resources, parental intervention etc) may force the break or termination the therapeutic relationship. Under such situations the APACS members should ensure that the client's immediate needs are adequately met before breaking or terminating the sessions.
- 13.11. Before breaking/or terminating the therapy sessions, the APACS members must prepare the client for this planned break. They should ensure the well-being of the their clients during such breaks (APACS members taking a holiday)
- 13.12 APACS members are reminded that they are not qualified to diagnose cases. Rather APACS members assess and evaluate the presenting issues of the client.
- 13.13 During therapy sessions APACS members do not offer treatment but offer therapy plans.
14. Work within the limits of one's professional training, knowledge and experience, and delegation of work
 - 14.1 APACS practitioners to only practice and keep within the areas that they have the relevant professional training, knowledge, and experience for.
 - 14.2 Signpost APACS service users to another practitioner if the care, interventions/treatments and professional services are beyond the limits of the APACS practitioner's professional training, knowledge, and experience.
 - 14.3 Keep scope of practice relevant and up to date through continuing professional development.
 - 14.4 Adhere to the law, professional guidance, and other requirements relevant to one's practice.
 - 14.5 The delegation of work by APACS practitioners should only be assigned to an individual with the ability to carry out the delegated task(s) safety and effectively.
 - 14.6 APACS practitioners to provide adequate and appropriate supervision/coaching/support to individual(s) carrying out the delegated task(s).
 - 14.7 APACS members may at times be faced with conflicts between ethical priorities. When under such situation APACS members should consult their superior, supervisor or more experienced APACS members.
 - 14.8 APACS members to ensure their emotional readiness and explore how their actions and behaviour are affecting their work before they conduct sessions

15.0. Anti-discriminatory practices:

- 15.1. APACS members must be able to show cultural competencies. They shall be sensitive to the cultural, religious, historical background of clients and most of all to respect the client's worldview and his/her phenomenological world.
- 15.2. APACS members shall need to work in such a manner that will promote the client's decision making power which is within the client own beliefs, value system and context.
- 15.3. APACS members are greatly encouraged to settle all issues concerning client's language comprehension and communication capabilities at an early stage. If necessary the use of an interpreter can be called for or to signpost the client to a more suitable mental health professional.
- 15.4. APACS members should not deny employment, education, any sort of advancement, admission to academic institution or participating in any useful programmes to those whom complaint have been levied upon. However appropriate actions can be taken upon receiving the outcome of any proceedings or with the discovery of new information.

16.0. Informed consent:

- 16.1. APACS member is to obtain informed consent from the client before proceeding with the therapeutic contract and therapy sessions.
- 16.2. For persons who are legally incapable of providing such consent, APACS members can still continue to provide the service provided that the law permits such a procedure. The procedure will be to obtain appropriate permission from a legally authorised person.
- 16.3. When therapy service are mandated or court ordered, the APACS members shall inform the client of the nature of the anticipated services, including whether or not the service had been court ordered or mandated and explain the limits before proceeding with the therapeutic relationship.
- 16.4. All informed consent has to be documented in writing.

17.0. Privacy and confidentiality:

- 17.1. APACS members have the moral obligations to ensure the safety and privacy of the client. This is to ensure client's autonomy.
- 17.2. APACS members shall take reasonable steps and precautions to protect confidential information obtained during therapy sessions.
- 17.3. All storage of information are to be kept in a safe and secured location with only the authorised personnel being permitted to access them.
- 17.4. The therapy contract should include any agreement about the level and limits of confidentiality and this shall be discussed with the client during induction sessions. If the

client is not of legal age of consent, then the therapist should discuss them with the legal person or guardian.

- 17.5. The limits and level of confidentiality can however be changed, reviewed and/or amended by negotiation between the therapist and the client.
- 17.6. Agreement about confidentiality will continue even after client's death unless overridden by legal or ethical considerations.
- 17.7. APACS members who offer services via teletherapy and electronic means must inform their clients of the risks to privacy and limits of confidentiality.
- 17.8. APACS members must inform client of any limitations to confidentiality during the onset of the relationship (having to discuss with other professionals on the case, case management and review with colleagues, conferring with supervisor etc). The limitations have to be made clear and explicit during the contracting period.
- 17.9. When there is a need of recording of voice or video, APACS members should obtain client's permission or from their legal representative (in case of a minor).
- 17.10. APACS members need to be fully conscious that there can be many therapy settings that places limits to confidentiality (e.g. counselling in a hospital, aged home etc). Those limitations shall be indicated to the client early during induction session.
- 17.11. When necessary, APACS members may disclose confidential information with the appropriate consent of the institutional client (prison offenders), individual clients, or another legally authorised representative of the client (demented client) unless prohibited by law.
- 17.12. APACS members will be permitted to disclose without the consent of the client under the following situations:
 - i. Mandated by law
 - ii. Provide needed professional service
 - iii. Obtain professional consultations
 - iv. Protect the client, APACS members or others from harm
 - v. Obtain payment for service rendered (minimum information)
 - vi. Client no longer willing or able to take responsibility for his/her action.
- 17.13. When deciding to break confidentiality, the APACS members should discuss this with client first and also after consultation with the supervisor or an experienced APACS members.
- 17.14. When APACS members needed to consult colleagues, care to be taken that the information provided will not lead to the identification of the client's identity and that only sufficient information is to be given that is deemed necessary to achieve the purpose of the consultation.
- 17.15. Any disclosure of confidential information should be restricted to relevant information given to the appropriate people and for specific reasons. The final ethical considerations include achieving a balance between acting in the best interest of the client and the therapist's responsibility to the wider community.

17.16. APACS members as individual hold differing views concerning the ground for breaking the confidentiality rule. However, in the final analysis, the APACS members himself must consider his own view within the context of the relationship with the client and also bearing in mind that his action can affect his/her own practice. Hence when APACS members decide to break the confidentiality rule, he shall need to inform his client and significant others i.e. agency, supervisor etc.

18.0. Record keeping and confidentiality:

18.1. APACS members are to ensure that records of the client's identity are kept separately from other case notes.

18.2. APACS members should make arrangements for the safe disposal of client's records in the event of him being incapacitated or demise.

18.3. When information is to be transferred care must be taken to ensure that personally identifiable information is not transmitted through overlapping networks or confidential relationship. Nonetheless if the case is transferred or referred then it is permissible to transfer that information with the written consent of the client.

18.4. When APACS members use client's information for case study, reports or publications, the written consent from the client needs to be obtained. It is essential that the identity of the client be disguised.

18.5. It is the moral obligation of the therapist to protect the identity of the client.

19.0. Online Counselling

19.1. Points 16, 17 and 18 apply in online counselling sessions

20.0. Advertising and other public statements:

20.1. APACS members who hold accredited qualifications and who are members of recognised bodies are encouraged to mention them.

20.2. APACS members are permitted to advertise their profession and services rendered. However this is to be done within the law and legislation of Singapore and all advertisement and public statements should be accurate in every particular.

20.3. APACS members should avoid giving the impression that they are affiliated to any financial and/or commercial organisation and to give the false impression of implied sponsorship or validation by that organisation.

20.4. APACS members should not knowingly make public statements that are false, deceptive or fraudulent concerning their practice or work activities or those of others and the agencies in which they work in.

20.5. APACS members are not permitted to make false, deceptive or fraudulent statements concerning:

- Their training experiences or competence,
- Their academic qualification
- Their credentials
- Their institution or association affiliation
- Their fees
- Their publications

20.6. APACS members who engage third parties to act on their behalf to place or announce statements will be held legally and morally responsible for them.

20.7. Announcements of workshops, seminars and non-degree granting educational programmes must describe them accurately and make known the intention of the programme so that the public are not misled.

20.8. When APACS members provide public advice or comment via print, internet or other electronic transmission, they should take necessary precautions to ensure that their statements are accurate and based upon their professional knowledge, experiences, training. Those statements should not infringe or violate any ethical code of practise and behaviour.

21.0 Establishing contract with clients:

21.1. APACS members should take responsibility to ensure that formal and proper contract with client are reached before the start of actual therapy. Some salient topics that shall be discussed and agreed upon can include:

- The terms on which counselling is being offered
- Availability of the service
- The degree of confidentiality offered and limitations of confidentiality
- Arrangements of fee and method of payment
- Time and schedule
- Cancellation of appointments
- Basis of referrals
- Basis of termination of therapy
- Boundaries of therapist's competence

21.2. When drawing up the contract, the client has to be empowered to make his own decision and should not be coerced to rushing to a decision.

21.3. APACS members should avoid conflict of interest whenever possible. If such should arise then discussions with the client (when appropriate) and the counselling supervisor is necessary.

21.4. With regards to confidentiality and when requested by the client, the APACS members should indicate those having access to the records, their availability to others and the degree of security with which they are kept.

21.5. APACS members should be aware that computer-based records are subject to statutory regulations and that information therein can be tampered with. Hence APACS members

should take precautions to protect the safety of that information as well to be aware of any sort of new statutory regulations governing their storage.

22.0 Boundaries:

- 22.1. APACS members are responsible for setting and monitoring boundaries throughout the therapy sessions. Those boundaries are to be made clear to the client on the outset of therapy and can be modified as and when necessary.
- 22.2. Before the commencement of therapy sessions the APACS members shall need to inform the client that therapy is a formal contracted relationship and nothing else.
- 22.3. The therapy relationship must not take place concurrently with supervisory or training relationship.
- 22.4. Where APACS members are involved in relationship with former clients, they must exercise caution over the relationship be they friendship, business relationship, training, supervising and other relationship.
- 22.5. If APACS members do enter into relationship with former clients they are to ensure that the issues and power dynamics presented then had been resolved.

23.0 Practitioner competencies:

- 23.1. It is necessary that APACS practitioner members must reach a level of competency before commencement of therapy.
- 23.2. In order to maintain the competencies, it is mandatory that the practitioner join a reputable Association that provide them areas of personal developmental growth and supervision.
- 23.3. APACS practitioner members are to monitor themselves through self-reflections and to be able to accept and consider any views expressed by their clients, clinical supervisors and other APACS practitioner members.
- 23.4. As part of their on-going development, APACS members are to seek regular peer review/supervision to evaluate their efficiency as APACS members.
- 23.5. APACS practitioner members must also seek continuing education to maintain their professional level of awareness of current scientific and professional information and education in their particular fields of activity
- 23.6. It is also the duty and obligation of APACS practitioner members to seek the latest information concerning dangers and pitfall in therapies.

24.0 Insurance:

- 24.1. APACS members (Practitioners) through the Association shall subscribe to insurance as professional indemnity and to ensure coverage against professional incompetence and negligence.

Acknowledgement and recognition

The Association of Psychotherapists and Counsellors (Singapore) wish to acknowledge and recognise the Australian Counselling Association and the American Psychological Association whose Code of Ethics and Conduct have been consulted to guide and serve as platform for the Association's formulation of its own Code of Ethics and Behavioural conduct.