



**Singapore  
Psychological  
Society**  
(Established 1979)

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## Introduction

This *Code of Ethics* sets out to provide guidance for psychologists practising in Singapore. The *Code of Ethics* is not meant to replace other sources of guidance or legal directives.

In preparing this document, the authors consulted the below:

American Psychological Association: Ethical Principles of Psychologists and Code of Conduct, 2017.

Australian Psychological Society: Code of Ethics, 2007.

Birds and Animals Act, 2002.

British Psychological Society: Code of Human Research Ethics, 2014; Code of Ethics and Conduct, 2018.

Chinese Psychological Society Code of Ethics for Counselling and Clinical Practice, 2007

Convention on the Rights of Persons with Disabilities, 2007.

Hong Kong Psychological Society Code of Professional Conduct, 2012.

Human Biomedical Research Act, 2015.

Professional Practice Guidelines: Psycho-educational assessment & placement of students with special educational needs, 2018.

Singapore Association for Counselling Code of Ethics, 2018.

Singapore Personal Data Protection Act, 2012.

Singapore Psychological Society Code of Ethics (Previous), 2000.

The Ethics Guidelines for Human Biomedical Research, Bioethics Advisory Committee (BAC), 2015.

The aim is not to replicate previous codes, nor to provide a comprehensive list of “dos and don’ts”. The aim is to provide a framework within which ethical thinking can flourish. Ethical principles, and the codes of conduct that follow principles, can only be guidelines for thinking about the most appropriate course of action in any specific situation.

## General Principles

### General Principle 1: Respect

It is the responsibility of psychologists to accord respect onto everyone they professionally work with. This refers to being respectful of multicultural differences, such as, gender, race, religion, socioeconomic status, disability status, country of origin, language fluency, sexual orientation, marital or family situation, etc. It is considered discriminatory practice if psychologists deny a client service because of these diversities. Rather, psychologists are encouraged to recognise that while they are entitled to their own values and attitudes in their own personal lives, it is imperative to be as objective as possible when working with clients. Respect also refers to not imposing one's values onto the client.

### General Principle 2: Integrity

It is first important that psychologists are true to oneself. This refers to being reflective of how one feels and thinks about a certain client or process. Integrity also refers to being honest with all stakeholders that one works with. This genuineness is extremely critical for the establishment of trust between the psychologist and the client. It is also the responsibility of psychologists to practise within their areas of competence.

### General Principle 3: Beneficence

Psychologists always strive to do good for their clients. Sometimes the concept of 'good' is so broad that it may not always be clear whether certain decisions are inherently good. Psychologists need to be cognizant that decisions are made not on whether the client likes or dislikes their decisions, but rather whether the decisions have potential for positive impact for the client in the short and long-term.



## Guideline 1: Privacy and Confidentiality

### 1.1 Maintaining Confidentiality

Psychologists have a duty to protect the personal information of their client, patient and/or research participant. Psychologists must first and foremost obtain permission from clients, patients and/or research participants to record or use any personal and/or identifying information (see 3.1 Informed Consent in Assessment and 4.1 Informed Consent to Therapy). Additionally, psychologists must follow appropriate measures to store and secure personal information that is obtained. The use of personal information should be strictly for the purposes of scientific investigation and reporting, or for clinical practice. Psychologists must be mindful of the genuine and appropriate use of personal information, and act accordingly.

### 1.2 Limits of confidentiality

Psychologists must be mindful of the limits of confidentiality when working with children, vulnerable members of the population, and patients or participants who pose a risk to themselves or others. With respect to:

- (a) children, psychologists have a duty to inform guardians (who have legal authority over the child) in the event that a child is at risk or requires additional intervention.
- (b) vulnerable members of the population, psychologists have a duty to inform the appropriate persons in the event that a person is at risk or requires additional intervention. In sharing such information, due diligence needs to be adopted to share only pertinent information to relevant individuals who are involved in the immediate care of the vulnerable persons.
- (c) participants or patients who disclose information to psychologists pertaining to intention to harm themselves or others, their right to confidentiality should be waived. Psychologists have a duty to protect the participant, patient, or others in this event.

### 1.3 Disclosure of Information

- (a) When psychologists consult with colleagues, they must be sure not to disclose confidential information and/or personal particulars of their client, patient and/or research participant without explicit prior consent. Furthermore, the disclosure of any confidential information and/or personal particulars must always be relevant to the purpose of scientific investigation and/or psychological practice.
- (b) Psychologists must never include personal particulars or identifying information of clients, patients, and/or research participants for the purposes of pedagogy (e.g., lectures/seminars), student consultation, mentorship and/or supervision, and engagement with the public (e.g., university open days, media appearances or consultations). In these instances, only relevant personal information may be used with the explicit prior consent of the client, patient and/or research participant. Psychologists should always take steps to protect the identity of client, patient and/or research participant in these instances when appropriate (e.g., by indicating pseudo names when necessary). Psychologists need





to abide by prevailing legal and organisational policies and guidelines on personal data protection (for example, Singapore Personal Data Protection Act, 2012).

#### 1.4 Social Media and Technology

- (a) With current trends of social media and technology use (e.g., smartphone applications, emails, messaging platforms), psychologists must protect the privacy of their client, patient and/or research participant. This includes, but is not limited to, contacting or engaging with client, patient and or research participant on social media without explicit permission obtained prior to the contact/engagement (e.g., invitation on social media platforms).
- (b) Psychologists must refrain from forwarding email communication and/or messaging platform communication to other colleagues without consent from the client, patient and/or research participant. Steps should be taken to remove any unnecessary personal particulars or identifiers in the event that communication is forwarded with prior consent. Furthermore, the use of applications whereby personal particulars or identifiers are used (e.g., registration for a service, setting up a profile, etc.) should be kept under strict confidence and never publicised online.
- (c) If psychologists use social media platforms (e.g., text messaging and video conferencing) for conducting clinical practice or research, psychologists must be sure to keep client or participant information private. This includes, but is not limited to, deleting messaging history when messaging is inactive, and carrying out any communication in private and closed-door settings. Psychologists are mindful of the visual and auditory presence of other people relative to the client or participant, and take steps to keep online sessions closed and private.
- (d) Psychologists should be aware of their client's, patient's and/or research participant's privacy when engaging in their own use of social media, email communication and/or messaging communication. Specifically, psychologists do not identify or include personal information in a discussion, share, or testimonial (e.g., Facebook posts) related to their research and/or professional service within their personal social medial account.

## Guideline 2: Human Relations

### 2.1 Unfair Discrimination

Psychologists do not engage in unfair discrimination based on differences including but not limited to age, race, gender, religion, marital status, disability, social economic status, sexual orientation, or any basis proscribed by Singapore labour law and fair employment practices.

### 2.2 Harassment

Psychologists do not engage in any activities that intentionally cause harassment, alarm, distress (e.g., use any threatening, abusive or insulting words or behaviour) or any basis proscribed by the Singapore legislation on the Protection from Harassment Act (2015).

### 2.3 Avoiding Harm

Psychologists take reasonable steps to avoid causing harm and unnecessary distress/discomfort to the client, student, supervisee, research participant, and others with whom they work or delegate tasks to. In the event that harm is foreseeable and unavoidable, psychologists take careful efforts to minimise such harm and clearly document the entire process, in consultation with supervisor, senior staff, subject matter expert, or other credible colleagues.

### 2.4 Multiple Relationships

- (a) A multiple relationship occurs when psychologists are in a professional role with a person and:
  - (i) at the same time are in another role (such as a relative or business partner) with the same person;
  - (ii) at the same time are in a relationship with a person closely associated with or related to the person with whom psychologists have the professional relationship (such as a sibling of the psychologist's partner); or
  - (iii) promises to be involved in another relationship (for example, romantic or business) in the future with the person or a person closely associated with or related to the person.
- (b) Psychologists remain aware and refrain from entering into a multiple relationship that may:
  - (i) negatively influence their professionalism; and/or
  - (ii) cause harm or exploit the person or other parties.
- (c) Psychologists take reasonable procedures to address any potentially harmful multiple relationships that have occurred as a result of unforeseen factors, with utmost regard for the best interests of the affected persons and maximal compliance with the Code of Ethics.
- (d) Psychologists explain and clarify role expectations and the limits of confidentiality at the start of the relationship, where/when required by law, institutional policy, or extraordinary circumstances to function in more than one role in judicial or administrative proceedings.

## 2.5 Conflict of Interest

- (a) Psychologists protect and prioritise the interest and welfare of clients, the public, the standing of the profession and other individuals with whom the psychologist works.
- (b) Psychologists are aware of and avoid situations where their personal, scientific, professional, legal, financial, sexual and other interests may potentially:
  - (i) affect their objectivity, professional competency or efficiency in performing their roles as psychologists or;
  - (ii) exploit or contribute harm to people or organisation with whom they have or have had a professional relationship.
- (c) It is essential for psychologists to clarify their professional roles with the relevant person or parties, if psychologists find themselves in a position of conflict of interest.
- (d) Psychologists remain aware of the existence of conflict of interest despite termination of the professional relationships, and recognise their own professional responsibilities.

## 2.6 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service:

- (a) the nature of the relationship with all individuals or organisations involved;
- (b) the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness);
- (c) an identification of who the client is;
- (d) the probable uses of the services provided or the information obtained;
- (e) the financial arrangement relating to the provision of the services; and
- (f) the fact that there may be limits to confidentiality.

## 2.7 Exploitative Relationships

Psychologists do not exploit the relationships with individuals that they have supervisory, evaluative or other authority. These include, but are not limited to client, student, supervisee, research participant and employee relationships.

## 2.8 Sexual Intimacies

- (a) Psychologists do not engage in sexual intimacies or/and romantic relationships with persons whom they have professional relationships with. Psychologists do not terminate the professional relationship to circumvent this standard.
- (b) Psychologists do not engage in sexual intimacies or/and romantic relationships with individuals they know to be close relatives, guardians, or significant others of persons whom they have professional relationships with. Psychologists do not terminate the professional relationship to circumvent this standard.
- (c) Psychologists do not accept a professional relationship with previous sex partners.
- (d) Psychologists do not engage in sexual intimacies or/and romantic relationships with clients for at least five years after the termination of the professional relationship

## 2.9 Cooperation with other Professionals

Psychologists work cooperatively with other professionals for the best interest of the client.

## 2.10 Psychological Services Delivered to or Through Organisations

- (a) Unless otherwise limited by law or organisational roles, when psychological services are delivered to or through organisations, psychologists provide the client with clarity on the below information before the delivery of the psychological services:
  - (i) the nature and objectives of the psychological services;
  - (ii) the recipients (the client) of the psychological services;
  - (iii) the relationship between the psychologist and each party;
  - (iv) the uses of the services and information obtained;
  - (v) the limits of confidentiality and who will have access to the information.
- (b) Psychologists report the results and conclusions of the services to the appropriate parties based on the agreement.

# Guideline 3: Assessment

## 3.1 Informed Consent in Assessments

- (a) Psychologists obtain informed consent from clients, and/or designated representative (e.g., parents, doctors), for assessments and diagnostic services. Informed consent may involve the following areas of explanations:
  - (i) nature and purpose of assessment;
  - (ii) time and/or fees incurred;
  - (iii) involvement of third parties;
  - (iv) limits of confidentiality.
- (b) Exceptions for informed consent in assessments are made in the following situations when:
  - (i) testing is mandated by law or governmental regulations;
  - (ii) informed consent is implied because testing is conducted as a routine educational, institutional or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job).

## 3.2 Qualifications of Assessors & Delegation of Assessment Work

- (a) Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision.
- (b) Psychologists who delegate work to employees, supervisees, or research/teaching assistants or who use the services of others, such as interpreters, take reasonable steps to:
  - (i) see that such persons perform these services competently;
  - (ii) avoid delegating such work to persons who have multiple relationships with clients being served that would likely lead to exploitation or loss of objectivity;

- (iii) authorise only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, with appropriate level of supervision.

### 3.3 Use of Assessments

- (a) Psychologists clearly specify the purposes and uses of their assessment techniques and clearly indicate the limits of the applicability of techniques, when necessary.
- (b) Psychologists ensure that the assessment procedures and outcomes are chosen, administered, and interpreted appropriately and accurately. Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.
- (c) Psychologists use valid procedures and research findings when scoring and interpreting psychological assessment data.
- (d) Psychologists do not compromise the effective use of psychological assessment methods or techniques, nor render them open to misuse, by publishing or otherwise disclosing their content to persons unauthorised or unqualified to receive such information.
- (e) Psychologists use assessment instruments in which validity and reliability have been established for use with members of the population tested. These assessment instruments should have been updated with valid and reliable norms established, and are in the most updated version. When validity or reliability has not been adequately established, psychologists clearly describe the strengths and limitations of test results and interpretation (e.g., availability of other appropriate norms).

### 3.4 Bases for Assessments

- (a) Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, on adequate information and techniques that substantiate their findings.
- (b) When psychologists review case information and records, provide consultations or supervision, and an individual examination is not warranted or necessary, they clearly explain so. Psychologists also clearly state the sources of information on which they base their conclusions and recommendations.

### 3.5 Test Construction and Assessment Techniques

When developing tests and assessment techniques, psychologists use appropriate psychometric procedures, current scientific research and professional knowledge for test design, standardisation, validation, reduction, or elimination of bias, and recommendations for use. Psychologists clearly describe recommendations and limitations in these developed tests or assessment techniques.

### 3.6 Release of Assessment Information

- (a) Assessment information includes responses to test questions or stimuli (without compromising the confidentiality of standardised test items), as well as notes and records concerning the clients' statements and behaviours during examination.



- (b) Psychologists provide assessment information only to clients, their parents, and relevant adults who own duties of care for the clients in specific settings (e.g., class teachers).
- (c) Psychologists refrain from releasing assessment information to protect the clients from potential harm, misuse, or misrepresentation of the data or tests, recognising that release of confidential information under such circumstances can be pursued by law.
- (d) When assessment information needs to be communicated to other professionals or external parties, psychologists obtain consent or instruction from the client and/or representative (e.g., parents).

### 3.7 Interpreting Assessment Results

When interpreting assessment results, including computerised or automatic interpretations, psychologists take into account various test, situational, and personal factors, including assessment purposes, test-taking abilities, and other characteristics of the client being assessed (e.g., situational, personal, linguistic and cultural differences), which could affect psychologists' judgments or reduce the accuracy of their interpretations. Psychologists also clearly indicate any significant limitations of his/her interpretations.

### 3.8 Obsolete Test and Outdated Results

Psychologists do not base assessment or intervention decisions/recommendations on tests and measures that are:

- (a) obsolete;
- (b) not useful for the current purpose, and/or
- (c) results that are outdated.

### 3.9 Test Scoring and Interpretation Practices

- (a) Psychologists describe accurately the purpose, norms, validity, reliability and applications of the procedures and any special qualifications applicable to their use, when communicating or reporting assessment and scoring information (including times when computerised automatic interpretations are used).
- (b) Psychologists retain responsibility for the appropriate application, interpretation and use of assessment instruments, whether psychologists score and interpret such tests themselves or use automated or other services.

### 3.10 Explaining Assessment Results

- (a) Psychologists take reasonable steps to ensure that clear explanations of results are given to the client and/or designated representative (e.g., parents, class teachers). This includes test situations when scoring and interpretations are done by employees or assistants other than the psychologist.
- (b) Exceptions can be made in situations when the nature of the relationship precludes provision of explaining assessment results, such as in some organisational consulting, pre-employment or security screenings, and forensic evaluations.
- (c) Psychologists explain results in the language and manner that is understandable to the client and/or designated representative (e.g., parents).

- (d) Psychologists provide referrals to other professionals who may best assist the client with areas of concern beyond the psychologists' expertise.

### 3.11 Maintaining Test Security

- (a) Psychologists make reasonable efforts to retain and maintain the security of assessment data and reports.
- (b) Psychologists make reasonable efforts to maintain the integrity and security of assessment materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Code of Ethics. Assessment materials refer to manuals, instruments, protocols and test questions or stimuli.

## Guideline 4: Therapy

In the sections to follow, the term “client” is used for all receiving parties of psychological services, and the term “therapy” is used to represent “treatment” and “intervention programmes” (e.g., social skills intervention, anger management programmes, and mindfulness-based therapies).

### 4.1 Informed Consent to Therapy

- (a) Psychologists need to obtain informed consent from the client to receive therapy at the earliest possible time during the establishment of the therapeutic relationship. Psychologists need to provide as much information as is reasonable, in the language that can be understood by the client. This includes information about:
  - (i) the nature and anticipated course of therapy;
  - (ii) the reasonably foreseeable risks, adverse effects, and possible disadvantages of therapy;
  - (iii) the right to decline or withdraw, and the potential foreseeable consequences;
  - (iv) how information will be collected, recorded, stored and accessed;
  - (v) charges and fees to be incurred;
  - (vi) involvement of third parties;
  - (vii) limits of confidentiality;
  - (viii) conditions under which therapy may be terminated; and
  - (ix) any other relevant information.
- (b) When obtaining informed consent from the client in the use of novice therapy, which is at the developing stage in terms of techniques and procedures, psychologists inform the client of the scientific credibility of the therapy, the potential risks involved, and the alternative treatments that may be available.
- (c) Psychologists accurately present their professional affiliations, qualifications, competencies, and experiences to the client and take appropriate steps to ensure that this information is not misrepresented by others, and to correct any misrepresentations identified.
- (d) When psychologists are trainees, supervisors own the legal responsibility for the therapy provided. The client is to be informed that the psychologists are in training and are given the name of the supervisors responsible for the therapy.



- (e) Psychologists ensure that the client, particularly children and vulnerable adults, are given ample opportunity to ask questions and seek clarifications about the therapy they are receiving

## 4.2 Therapy Involving Couples or Families

When psychologists provide therapy services to several persons in relationships (e.g., spouses, significant others, or parents and children), they take reasonable steps to clarify in advance the:

- (a) of each person, including the psychologist;
- (b) therapist-client relationship that the psychologist has with each person;
- (c) probable uses of services provided or person's information obtained; and
- (d) limits to confidentiality. Each person is to be provided with the opportunity to consider the limitations of such situations where confidentiality may be compromised, and has the right to decline or withdraw from therapy.

## 4.3 Group Therapy

When psychologists provide therapy services to several persons in a group setting, they take reasonable steps in advance to:

- (a) describe the roles and responsibilities of all parties (e.g., psychologist as therapist, each person participating in the group therapy sessions, group members' responsibilities in maintaining confidentiality of other group members);
- (b) explain to each client the limits of confidentiality in the group setting;
- (c) give clients the opportunity to consider the limitations of confidentiality in the situation of group therapy;
- (d) obtain clients' explicit acceptance of these limitations; and
- (e) take appropriate steps to ensure no client is coerced to accept these limitations.

## 4.4 Providing Therapy to Clients seen by Other Mental Health Professionals

- (a) When providing therapy to the client who is already receiving similar therapy services from other professionals, psychologists consider:
  - (i) all the potential implications and foreseeable consequences; and
  - (ii) the welfare of the client, as well as other parties (e.g., caregivers) concerned.
- (b) Psychologists discuss these issues with the client, or the client's legally authorised person, and if necessary, consult other service providers to minimise potential confusion and conflicts of interests.

## 4.5 Interruption of Therapy

- (a) Interruption of therapy may happen due to reasons such as end of employment, retirement, illness, disability, and even death.
- (b) Psychologists inform the client at first contact, or at the earliest opportunity the conditions under which therapy may be interrupted.





- (c) When dealing with such interruptions, psychologists make appropriate arrangements for the client to be seen by another qualified professional wherever possible (e.g., referral to a fellow colleague who is competent in handling the client's concerns). The client is also informed in advance, and the client's consent is sought for such arrangements. Additionally, psychologists arrange for other psychologists to cover them in the case of unexpected emergencies.

#### 4.6 Terminating Therapy

- (a) Psychologists inform the client at first contact or at the earliest opportunity the conditions under which therapy may be terminated
- (b) Psychologists terminate therapy when the client is no longer in need of the service, or when therapy is causing harm or is unlikely to benefit the client.
- (c) When psychologists terminate therapy, they:
  - (i) provide the client with clear explanations for the termination;
  - (ii) take reasonable steps to safeguard the client's ongoing welfare;
  - (iii) offer to help the client locate alternative sources of assistance, where appropriate and/or necessary.

#### 4.7 High Risk

- (a) Psychologists working with clients who are high risk (e.g., risk of harm to self or others) continuously assess clients' risk levels and intervene appropriately to ensure clients' health and safety.
- (b) Psychologists limit their service to areas of competence, undertake training and supervision, and keep up-to-date with developments in risk assessment.
- (c) Psychologists clarify with their client the limits to confidentiality and explicate the situations in which client information may be released.
- (d) Psychologists are familiar with laws relating to mandatory reporting, including threats of harm to self and others (e.g., child, elder abuse, neglect etc.), and disclose the necessary level of information to meet this requirement.

## Guideline 5: Competence

### 5.1 Boundaries of Competence

- (a) Psychologists provide services within the boundaries of their competence. The boundary of competence is based on the education, training, supervised experience, consultation, study and/or professional experience of the psychologist.
- (b) Psychologists discourage the practice of psychology by unqualified persons and is ready to assist the public in identifying psychologists competent to give dependable professional service.
- (c) Psychologists who engage in practice assist clients in obtaining professional help for all important aspects of their problems that fall outside the boundaries of their own competence. The principle requires that provision be made for the diagnosis and treatment of relevant problems and for referral to or consultation with other specialists.



- (d) Psychologists planning to provide services, teach or conduct research involving populations, areas, techniques or technologies new to them undertake relevant education, training, supervised experience, consultation and/or study.
- (e) Psychologists have the responsibility to take reasonable steps to ensure the competence of their work to protect those involved from harm, particularly in emerging areas in which recognized training standards have yet to be established.
- (f) Psychologists strive to ensure that those working under their direct supervision also comply with each of the requirements of this standard and that they are not required to work beyond the limits of their competence.

## 5.2 Providing Service in Emergencies

- (a) In emergencies, when other professional help is not available, and psychologists do not have the necessary training, psychologists may provide the necessary initial support to ensure that help is not denied.
- (b) The services are discontinued as soon as the emergency has ended or appropriate services are made available.
- (c) Psychologists providing aid should disclose and disclaim the limitations of their level of competence.

## 5.3 Maintaining Competence

- (a) It is the responsibility of psychologists to engage in Continued Professional Development.
- (b) Psychologists remain informed and updated on scientific, ethical, and legal innovations integral to their professional activities.
- (c) Psychologists seek consultation and supervision when necessary, especially when circumstances begin to challenge their professional expertise.
- (d) Psychologists engage in additional areas of professional activity only after obtaining the knowledge, skill, training, education, and experience necessary for competent functioning.
- (e) Psychologists remain aware of, and acknowledge, the limits of their methods, as well as the limits of the conclusions that may be derived from such methods under different circumstances and for different purposes.

## 5.4 Delegation of Work

Psychologists who delegate work to employees, supervisees, research/teaching assistants, or those who use the services of others, such as interpreters, take reasonable steps to:

- (a) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity;
- (b) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training or experience, either independently or with appropriate supervision being provided;
- (c) ensure that such persons perform the services competently.

## 5.5 Recognising Impairment

- (a) Psychologists monitor their own professional performance and remain alert to any signs of impairment.
- (b) Psychologists seek professional consultation or assistance when they become aware of problems that may impair their own professional competence.
- (c) Psychologists refrain from practice when their professional competence is impaired.
- (d) Psychologists encourage colleagues whose health-related or other personal problems may impair their work to seek professional consultation or assistance. In such instances, psychologists must inform their immediate supervisor where necessary, for the protection of the individuals and the public.

## Guideline 6: Education and Training

### 6.1 Programme Development

- (a) Psychologists responsible for designing education and training programmes ensure that the programme designed provides the appropriate knowledge and experiences, and meets the requirements for certification, recognition and other goals claimed by the programme.
- (b) Endorsements of constructed educational and training programmes are presented truthfully without any attempts to mislead the public.
- (c) Psychologists designing education and training programmes ensure that current and accurate information about the following is readily available to the public:
  - (i) the programme content;
  - (ii) training goals and objectives;
  - (iii) stipends and benefits;
  - (iv) assessment goals for programme completion.

### 6.2 Accuracy of Teaching

- (a) Psychologists ensure that the course syllabi are accurate regarding:
  - (i) the subject matter
  - (ii) the assessment and evaluation process
  - (iii) the nature of course experiences
- (b) Psychologists can modify and improve the course content or requirements when psychologists consider it pedagogically necessary or desirable, so long as the school and the students are made aware of these modifications.
- (c) Psychologists present psychological information accurately.

### 6.3 Student Disclosure of Personal Information

- (a) Psychologists do not require students or supervisees to disclose personal information unless:
  - (i) The programme or the institution has clearly identified this requirement in its admissions and programme materials.



- (ii) The information is necessary to evaluate students whose personal problems could be judged to be preventing them from performing their responsibilities in a safe and competent manner.

#### 6.4 Mandatory Individual or Group Therapy

- (a) When individual or group therapy is a requirement, psychologists responsible for that programme allow students the option of selecting such therapy from practitioners unaffiliated with the programme.
- (b) Psychologists who are responsible for evaluating the students' academic performance do not provide that therapy.

#### 6.5 Assessing Student and Supervisee Performance

- (a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisee.
- (b) Information regarding the process of feedback is provided to the student at the beginning of the programme.
- (c) Psychologists evaluate students and supervisees based on their actual performance on the relevant and established programme requirements.
- (d) Psychologists do not engage in sexual relationships with students or supervisees who are under their evaluative authority. (see Human Relations).

## Guideline 7: Record Keeping

### 7.1 Creating and Storing Records

- (a) Psychologists create records that are under their control and responsibility. Psychologists maintain, store and dispose of records relating to their work in order to:
  - (i) Provide services in the future;
  - (ii) Allow for the replication of research;
  - (iii) Meet the requirements of organizations and institutions;
  - (iv) Ensure the accuracy of billing and payments;
  - (v) Ensure compliance with the law;
  - (vi) Provide evidence in matters of disputes.
- (b) Psychologists ensure confidential records are safe. This involves:
  - (i) The safe keeping of physical and digital information.
  - (ii) Restricting disclosure to professional purposes with the client's authorization.
- (c) Records are kept minimally for three years and longer if required for legal and organisational purposes.
- (d) Psychologists ensure that clients are informed and aware of the limitations of the confidentiality of records.
- (e) In reporting to clients or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of:
  - (i) the services provided (or the research conducted);

- (ii) the fees, charges or payments;
- (iii) the findings and the diagnosis

## 7.2 Fees and Financial Arrangements

- (a) Billing and payment arrangements between psychologists and clients are agreed upon during the stage of informed consent.
- (b) It is psychologists' responsibility to be aware and updated of the current rates of services and to charge the clients within the reasonable range.
- (c) Psychologists must not take financial advantage of their clients.
- (d) Psychologists do not charge a fee for a work with a person who is entitled to those services through another institution.
- (e) If limitations to services can be anticipated because of the client's limitations to financing, such arrangements are discussed with the client as early as possible.
- (f) Clients are given fair opportunity to make payment. Should psychologists intend to use collection agencies for fees unpaid, psychologists first inform the client that such measures will be taken.
- (g) Psychologists do not collect referral fees.

## Guideline 8: Human Research

This section aspires to provide guiding principles rather than detailed and specific regulations to cover all eventualities in human research. The latter approach we see as an ultimately flawed and futile approach to research ethics. A guiding set of principles properly locates the responsibility for developing adequate ethical protocols onto the researchers. Researchers must explain how their procedures abide by guiding principles of good ethical research and, in correspondence with ethical committees, provide procedures that are bound by the principles or else develop the boundaries of those agreed principles. Good ethical practice can never be fixed; the detail of good ethical practice remains an ever-open conversation. The principles that follow are proposed in the spirit of opening a conversation.

### 8.1 Respect for the Autonomy of Persons in Research Requiring Consent

- (a) Participants enter freely into a relationship with the experimenters and their support staff. Freely means that:
  - (i) participants are given information about what will be done to them, what tasks they might need to perform, and what risks they might be exposed to, and then provide their informed consent;
  - (ii) participants may choose to not be involved in the research at any time;
  - (iii) if they withdraw, participants may request their data to be destroyed.
- (b) Informed consent typically involves a series of statements that cover the essential information to be communicated to a potential participant. Informed consent is an opportunity for the investigator to:
  - (i) explain anything that is unclear;



- (ii) add, via conversation, details that are of interest or otherwise important to the participant.
- (c) Informed consent is not;
  - (i) merely a signature on a piece of paper;
  - (ii) a long list of information that may confuse a participant;
  - (iii) means to offset responsibility for the conduct of the study from the investigator to the participant; and
  - (iv) a means of binding the participant to the procedures.

Note, psychologists consider whether signed consent is always the best ethical practice. When engaging participants in a simple conversation or activity that might be performed amongst two people meeting for the first time at any venue in the world, demanding written consent might reasonably be considered nonessential or unduly burdensome.

## 8.2 Respect for the Autonomy of Persons in Research not Requiring Consent

Consent is not always necessary and can often be waived when:

- (a) analysing data that was previously collected and where participants consented to further analysis;
- (b) analysing data that is fully anonymised and involves no sensitive information;
- (c) observations of people in public places, where there is no expectation of privacy

## 8.3 Respect for the Dignity of Persons

- (a) Participants entering into psychological research will not have their dignity compromised. Respecting dignity means:
  - (i) not allowing a participant to be demeaned, belittled or otherwise unfairly treated;
  - (ii) not discriminating based on gender, race, religion, socioeconomic status, disability status, country of origin, language fluency, sexual orientation, marital or family situation, etc., unless for clearly articulated scientific reasons;
  - (iii) not using tricks, spin or unreasonable marketing practices to keep participants involved in a study they would otherwise avoid; and
  - (iv) not performing research with the deliberate intent of demeaning any section of society.
- (b) Researchers respect the privacy of individuals and do not disclose any personally relevant information to any third party unless for clearly articulated reasons and with consent, or unless compelled to do so by an authority. Privacy is protected by:
  - (i) the use of anonymous codes on all collected data;
  - (ii) connection of data to a participant's identity is only available through the anonymous code known only to the researchers, typically the Principal Investigator; or
  - (iii) full anonymisation, which involves removing the data of all possible identifiers to the original participant.

Note, full anonymisation is often practically difficult and prevents withdrawal of a participant's data should a participant choose to withdraw after providing data.



- (c) After completion of the research procedures, it is normal for the researcher to provide a debrief. Debrief involves:
  - (i) explaining, or re-explaining, the aims of the study; and
  - (ii) if previously agreed upon, providing details on the performance of the participant.

A debrief is critical if any aspect of the study aims or methods were deliberately withheld from the participant (see section 8.8 on deception).

#### 8.4 Scientific Value and Maximizing Benefit for Investigator Led Research

- (a) Judging scientific value is difficult and rarely is it fully possible to judge in advance what the final value of a particular experiment will be. In general, poorly designed research:
  - (i) involves sub-optimal techniques or equipment;
  - (ii) is conducted poorly;
  - (iii) wastes resources;
  - (iv) wastes the time of the researchers and participants; and
  - (v) contributes to a negative view of psychological practice.
- (b) To avoid poorly designed research, psychologists:
  - (i) transparently present the aims and methods of their research;
  - (ii) clearly state what the research intends to achieve; and
  - (iii) submit their methods for peer evaluation of their methods and aims.
- (c) Research with evident methodological or conceptual flaws is difficult to defend ethically, but most research contains at least some flaws or sub-optimal elements. Reviewers:
  - (i) seek to strike a balance so that useful, but not perfect, experiments still readily proceed;
  - (ii) understand that novel investigations will involve a higher risk of failure and not reject novel investigations for that reason alone; and
  - (iii) not unduly disadvantage investigators with access to less advanced, but still useful, pieces of equipment compared with their more fortunate peers with state-of-the-art equipment.

#### 8.5 Scientific Value and Maximizing Benefit for Student Led Research

Students are encouraged to submit their work for ethical peer review. Such review:

- (a) ensures that essential ethical principles are not violated;
- (b) avoids harsh negative judgments of scientific value; and
- (c) recognizes the importance of educational training above methodological precision



## 8.6 Minimising Harm: “Ordinary” or Minimal Risk

Harm that is greater than that encountered in ordinary life will be avoided or justified. Harms encountered in ordinary life include, but are not limited to:

- (a) taking time off work and losing pay;
- (b) travelling to the research venue and losing time;
- (c) performing a repetitive task and being bored.

Essentially, harms encountered in everyday life include any behaviours that might be expected during the ordinary course of a normal day. Any harm, or risk of harm, that is no greater than that encountered in ordinary life can be considered *minimal*.

## 8.7 Minimising Harm: Research Involving More than Minimal Risk

Sometimes psychologists expose participants to risks they are unlikely to encounter in everyday life. For example, when entering an MRI environment, there is the risk of being struck by a metallic object caught in the magnetic field, which is not an everyday risk. Such risks are acceptable when:

- (a) proper precautions are taken such that the actual risk is reduced to what might be expected during the ordinary course of a normal day, or
- (b) proper precautions are taking and the remaining risk can be justified by the expected benefits.

## 8.8 Deception

- (a) A separate section on deception is warranted because deception is sometimes used in psychological experiments and seemingly violates the guiding principles of research explained above. A participant who is deceived, for example, is not truly acting autonomously but is being tricked into partaking in something they did not consent to. To many outside of psychology, and at least some within it, such deception is wholly inappropriate.
- (b) Psychologists use deception because many psychological processes are modifiable if participants are aware of what is being studied. Always fully explaining the research aim in advance, therefore, would make some psychological research impossible. For example, a study exploring if people will lie when they believe they cannot be discovered would be entirely impossible if the participants were told in advance that the study was examining their honesty.
- (c) The use of deception is typically justified by (i) the harm to the subject being no greater than that encountered in everyday life, (ii) by the scientific value delivered from the experiment being sufficient to justify the deception, (iii) the revelation of the deception being typically met with interest rather than anger or other upset. Deception in everyday life is not uncommon. People disguise their incomes, lie about their sex lives, feign concern over the problems of others, and so on. Consequently, withholding details about the true nature of a research investigation is typically not a greater deception than might be encountered in everyday life. All deception will be revealed in a debrief after the procedures are complete, and the reason for the deception explained. Participants then





have an opportunity to withdraw their data. Debriefing will be designed in such a way as to dissipate any negative emotions.

- (d) There are two contextual issues that psychologists in Singapore will consider before using deception. First, the Singapore legislation on Human Biomedical Research Act (HBRA) criminalizes deception in consent, which is punishable by a fine up to \$100,000, or up to ten years imprisonment, or both. A researcher may defend themselves against prosecution by proving all of the following:
- (i) the deception or misrepresentation was a necessary requirement of the research
  - (ii) the possibility of the deception or misrepresentation was disclosed to the research participant
  - (iii) the research was conducted according to the research proposal approved by the reviewing authority

In light of the potential for serious criminal charges following the use of deception, and the potentially corrosive effect from the overuse of deception, we recommend that psychologists conducting research in Singapore to be mindfully cautious with the use of deception and to avoid whenever possible. This issue may be revisited when the risk of prosecution is clarified or lessened or both.

## Guideline 9: Use of Animals in Research

### 9.1 Use of Animals in Research

Psychologists, when using animals in research, take reference to the Singapore legislation on Animals and Birds Act (2002) and the Guidelines on the Care and Use of Animals for Scientific Purposes as recommended by the National Advisory Committee for Laboratory Animal Research, NACLAR (2004).

- (a) Psychologists, when using animals in research, are responsible for ensuring ethical consideration of the animals' comfort, health and humane treatment from the procurement and transportation of animals, the housing of the animals and the management of animals within and beyond the duration of the research.
- (b) Psychologists ensure that all staff under his/her supervision who are using and managing the animals have been instructed in ethical consideration and research methods in the care, maintenance and handling of the animals, to the extent appropriate to their relationship.
- (c) Psychologists make reasonable efforts to minimize the discomfort, infection, illness and pain of animal subjects. When it is appropriate that an animal's life be terminated, psychologists make efforts to conduct the procedure swiftly, to minimize pain and in accordance with accepted procedures.
- (d) Psychologists use a procedure subjecting animals to pain, stress or privation only when no alternative procedure is available and the research goal is justified by its scientific or educational value as approved by an objective ethics committee.



## Guideline 10: Advertising and other Public Statements

### 10.1 Statements / Advertisement by Psychologist

Any paid or unpaid formal public statements / advertisement made or endorsed by psychologists (e.g., endorsements, brochures, lectures, published materials, curricula vitae) are accurate and knowingly not false, deceptive, or fraudulent.

### 10.2 Statements by Others

Psychologists who engage others to develop public statements on their behalf or to promote their professional practice, products or activities ensure professional responsibility for such statements.

### 10.3 Statements made on Media

When psychologists provide public statements, advice or comment via print, Internet, or other electronic means, they ensure that their input is:

- (a) based on their professional knowledge and skills,
- (b) evidenced by psychological literature, and
- (c) do not reveal the identity of the recipient(s) of the psychologists' services.

### 10.4 Testimonials

Psychologists do not solicit testimonials from current clients or their immediate family members or friends.

## Bibliography

- American Psychological Association. (2017). *Ethical Principles of Psychologists and Code of Conduct*.
- Australian Psychological Society. (2007). *Code of Ethics*.
- Bioethics Advisory Committee. (2015). *The Ethics Guidelines for Human Biomedical Research*.
- British Psychological Society. (2014). *Code of Human Research Ethics*.
- British Psychological Society. (2018). *Code of Ethics and Conduct*.
- Chinese Psychological Society. (2007). *Code of Ethics for Counseling and Clinical Practice*.
- Hill, M., Glaser, K., & Harden, J. (1995). A feminist model for ethical decision making. In E. Rave, & C. Larsen, *Ethical Decision Making in Therapy: Feminist Perspectives* (pp. 18-37). New York: Guilford Publications.
- Hong Kong Psychological Society. (2012). *Code of Professional Conduct*.
- Kitchener, K. (1984). Intuition, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology. *The Counseling Psychologist*, 12 (3-4), 43-55.
- Ministry of Education. (2018). *Professional Practice Guidelines: Psycho-educational assessment & placement of students with special educational needs*.
- Ministry of Manpower. (2016). *Fair employment practices*.
- National Advisory Committee for Laboratory Animal Research, NACLAR. (2004). *Guidelines on the Care and Use of Animals for Scientific Purposes*.
- Singapore Association for Counselling. (2018). *Code of Ethics*.
- Singapore Psychological Society. (2000). *Code of Professional Ethics*.
- Singapore Statutes Online. (2002). *7 - Animals and Birds Act*.
- Singapore Statutes Online. (2015). *29 - Human Biomedical Research Act*.
- Singapore Statutes Online. (2015). *256A - Protection from Harassment Act*.
- Singapore Statutes Online. (2012). *26 - Personal Data Protection Act*.

Toh, A. (2017). Psychology ethical decision-making process in Singapore (Unpublished master's thesis). National University of Singapore, Singapore.

United Nation. (2007). *Convention on the Rights of Persons with Disabilities and Optional Protocol*.

Welfel, E., & Lipsitz, N. (1984). The ethical behavior of professional psychologists: a critical analysis of the research. *Counseling Psychologist*, 12, 31-42.

## Appendix A

### Ethical Decision-Making

#### Ethical Dilemma

Ethical dilemma arises when psychologists experience a conflict that is not clearly addressed by one's principles or the governing codes. It is a conflict for which "no course of action seems satisfactory" and it "exists because there are good, but contradictory ethical reasons to take conflicting and incompatible course of actions" (Kitchener, 1984, p. 43). In resolving ethical dilemmas, there is no "right" decision, only a decision that is thoughtfully made and perhaps "more right" than alternatives (Hill, Glaser, & Harden, 1995).

Thus, when faced with an ethical dilemma, psychologists require more than the code of ethics for guidance to arrive at a decision that is "more right". A comprehensive decision-making process can facilitate a sound ethical decision when addressing an ethical dilemma. An ethical decision-making model examines the "internal processes" in an ethical dilemma, which include intentions, motivation, and ways of cognitively structuring the ethically sensitive situation (Welfel & Lipsitz, 1984).

While the ethical decision-making models in the current literature provide benefits in resolving ethical dilemmas, their value is limited by the contextual and cultural differences in Singapore. Therefore, a qualitative study was conducted in 2017 for this purpose. Fourteen members of the Singapore Register of Psychologists (SRP) that represented the various sub-specialisations were participants in this study. The study aimed:

1. to understand the common ethical issues that the psychologists faced,
2. to examine the factors that local practising psychologists consider in the ethical decision-making processes so as to formulate a proposed model, as well as
3. to identify personal and organisational factors that facilitate the decision-making processes.

#### Ethical Issues

Through the qualitative study, some areas of concerns regarding ethical matters were surfaced as follow:

Confidentiality	When information from client were disclosed inappropriately
Competency	When the psychologist works with inadequate training and experience in the delivery of a professional service
Conflict of Interest	When the psychologist has self-interests that are misaligned with the interests of the client
Data Manipulation	When the psychologist falsifies data
Informed Consent	When a client is inadequately informed of the scope of service or research
Multiple Relationship	When the psychologist is in a professional relationship with a client, and in another relationship with the same client at the same time

## Decision Making

From the qualitative study, an ethical decision-making model was proposed. The proposed Singapore Psychology Ethical Decision-Making Model (Toh, 2017) represents a systematic and comprehensive framework for practising psychologists in Singapore to address ethical dilemmas. The model anchors on the strengths of existing ethical decision-making models, integrating considered factors found in the existing models and emerged factors from local research to provide a comprehensive framework.

There are five systematic stages to the model (see Figure 1):

Develop Competency	This stage is an ongoing process in which the practising psychologist continually seeks to develop professionalism through increasing insights on ethical issues.
Commencement of Working Relationship	This stage refers to the beginning of the working relationship between the psychologist and a client.
Occurrence of Ethical Dilemma	This stage happens when an ethical dilemma is encountered.
Action	This stage directs the psychologist to carry out the decision.
Post-Action Follow-Up	This stage guides the psychologist in the necessary follow-ups.

## Addressing Ethical Dilemma



Figure 1: Singapore Psychology Ethical Decision-Making Model

See **Appendix A** for a brief summary of how an ethical dilemma can be addressed using the above model.

The qualitative study identified some personal strengths that can facilitate the decision-making processes:

Openness	To be willing to share concerns with various stakeholders
Perspective-Taking	To be able to understand the position of various stakeholders
Protecting Interest of Client	To consciously consider the best interest of the client
Integrity	To be honest
Reflective	To be thoughtful about processes
Analytical	To reason well
Positive Regards	To accept and support the client
Non-Judgmental	To refrain from criticising client
Knowing Boundaries	To be aware of one's limits
Professionalism	To be competent
Seek Feedback	To be willing to receive comments and suggestions of others
Knowing Code of Ethics	To be aware of the current code of ethics
Self-Care	To ensure that one's health does not affect performance or conduct

The study also identified several factors that organisations, in which psychologists work in, can do to support the decision-making processes. These include:

- Providing support through peer discussions, supervision, networking and relevant trainings
- Having organisation leaders value code of ethics in psychologist's professional practice
- Having Standard Operating Procedures, a set of step-by-step instructions, to help psychologists carry out routine procedures in the decision-making processes.

## Appendix B

### Clinical Implementation

#### Case Vignette

You have been referred a 65-year-old male, Mr Tan, for psychosomatic complaints following his wife's death. During treatment, you suspect that Mr Tan has early-onset dementia but he refuses to go for an assessment. In the next 3 months, you feel that he has rapidly deteriorated and are concerned for his safety. He lives by himself and his two sons provide for him financially. They are dutiful sons who visit him weekly with their own respective families. When you speak to Mr Tan about informing his sons about his declining cognitive abilities, he refuses saying that he does not want to bother his children. What will you do?

Applying the model, the first things to do in addressing the ethical dilemma is to identify which stage of the dilemma psychologists are at. In the case vignette above, psychologists are within the stage of "Occurrence of Ethical Dilemma". Subsequently, psychologists need to examine the steps within (See Table 1) and proceed with subsequent stages.

Table 1: Clinical Implementation of the Singapore Psychology Ethical Decision-Making Model

<b><u>Occurrence of Ethical Dilemma</u></b>	
1) Gathering of information. <ol style="list-style-type: none"> <li>a. Identify situation.</li> <li>b. Define dilemma.</li> <li>c. Identify affected individuals.</li> <li>d. Review legal guidelines.</li> <li>e. Review ethical guidelines.</li> <li>f. Review organisation guideline.</li> <li>g. Review research evidence.</li> </ol>	(a) Mr Tan may have early-onset dementia but he refuses to go for an assessment. (b) Concerns about his safety as he lives by himself and he has rapidly deteriorated in the last 3 months. However, he refused to go for an assessment and refused to inform his sons about his challenges." – confidentiality vs safety of client. (c) Possible affected individuals may be Mr Tan, his sons, his doctor-in-charge and psychologists. (d) No compulsory reporting required. (e) A conflict of confidentiality and safety of client guideline. (f) No specific organisation guideline about reporting, however, respecting client's confidentiality was emphasised. (g) Understand the impact of early-onset dementia and how it may affect Mr Tan and possible consequences if no follow-up was done. Review literature on similar dilemma.
2) Considering the internal and external influences. <ol style="list-style-type: none"> <li>a. Cultural consideration.</li> <li>b. Consider biases and other sources of conflict of interest that might influence decision.</li> </ol>	(a) Consider Mr Tan's worldview about possibly "being a burden" to his sons. (b) Consider how Asian families function as collective individuals and the relationship and support of the families.



	(c) Consider personal fear of offending Mr Tan and the relationship, the hassle of addressing the concerns in the midst of psychologists' busy schedule.
3) Evaluation of information. a. Evaluate the rights, responsibilities, welfare and safety of all clients and stakeholders. b. Evaluate information.	(a) Consider the possible scenarios and consequences that may result, which may compromise Mr Tan's safety. (b) Evaluate the information gathered from the earlier processes, considering the value of importance in the specific context of this dilemma.
4) Examining decisions. a. Generate possible decisions. b. Examine consequences. c. Estimate probability for outcomes.	(a) 1) examining consequences together with Mr Tan and motivate him towards being assessed, 2) inform his doctor-in-charge for his doctor to follow-up with him, 3) set up safety measures with Mr Tan to ensure his safety or to minimise possible harm. (b) Based on the three possible decisions, 1) It may take time to motivate Mr Tan to be assessed, 2) his doctor-in-charge may not handle the situation as sensitively, such as informing his son, resulting in possible "harm" to Mr Tan, 3) with lack of necessary treatments for early-onset dementia, deterioration may be rapid, and may endanger Mr Tan's life.
5) Consultations. a. Consult colleague. b. Discussion with other professionals.	(a) With the above processes considered and tabled, to discuss with psychologists in the department, or within a peer-discussion group in the hospital. (b) Table the above for discussion with a multi-disciplinary team, which may consist of geriatricians, occupational therapists, nurses, etc.  Gather information about their perspectives and their past experience in addressing similar dilemma.
6) Consider impact of decision on broader issues. a. Consider the perspective of the professional relationship as psychologists. b. Consider impact of decision on therapeutic relationship.	(a) Consider psychologists' professional duty of care and what a responsible psychologist would do. (b) Consider if the decision made would cause the therapeutic relationship to be negatively affected, such that Mr Tan may avoid sessions which result in a greater risk.
7) Discussion with client.	Share with Mr Tan the dilemma and the concerns, seek to understand his views, discuss about the decision, explore if there are better alternatives.



8) Decide and Evaluate course of action.	After gathering the necessary information, self-reflection and discussions, decide independently on the course of action and to evaluate it with consideration such as the pros and cons. Decision made to inform Mr Tan's sons about his challenges and to encourage him to be assessed.
9) Documenting the processes.	Be detailed in documenting all of the above processes.
<b>Action</b>	
1) Implement course of action.	To invite Mr Tan's sons for a family meeting to inform of the challenges, provide psychoeducation on early-onset dementia and to provide information about assessment and treatment.
2) Documentation.	Be detailed in documenting the action that was implemented.
<b>Post-Action Follow-Up</b>	
1) Evaluate outcome.	Mr Tan was receptive throughout the family meeting, but felt embarrassed to cause his sons to worry. However, he was relieved to know that there were avenues to seek assessment and treatment, that helped in assuring his sons as well.
2) Inform necessary parties.	Inform the multi-disciplinary team of the outcome of the family meeting.
3) Apologise for any negative outcomes that result.	Apologise to Mr Tan for causing him discomfort in the meeting, and explain the rationale for the decision.
4) Correct any negative outcomes and remain engaged in the process.	Check in with Mr Tan in the next therapy session about what happened after the family meeting, and how did he cope with his thoughts about troubling his sons.
5) Documentation.	Be detailed in documenting all of the above processes.
6) Reflect on the experience.	Consider what could have been done differently, e.g., to minimise the negative outcome and/or to prevent this dilemma from occurring.