

## Extent to Which Ethical Issues Are Handled By Counsellors Currently Serving In Enugu Education Zone of Enugu State

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### ABSTRACT

The paper ascertained the extent to which ethical issues are handled by counsellors in Enugu Education Zone of Enugu State. The study raised three research questions and adopted a descriptive survey research design. The population for the study was 59 secondary school counsellors. Data were collected from the 59 secondary school counsellors currently serving in the 31 government owned secondary schools in Enugu Education Zone. 51 out of 59 copies of the instrument were retrieved. Cronbach Alpha reliability estimate was used to ascertain the internal consistency of the entire instrument. Data collected were used to analyze the three research questions using mean, grand mean and standard deviation. The findings showed that secondary school counsellors in Enugu Education Zone of Enugu State handle confidentiality, informed consent and privileged communication/information among clients to a great extent. Therefore, the study recommended that skills training should be organized by the counselling Association of Nigeria (CASSON) for school counsellors on ethical issues in counselling bearing in mind the multicultural nature of one beloved country Nigeria.

Keywords: Ethical Issues, Confidentiality, Informed Consent and Privileged Communication

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### INTRODUCTION

As societies developed, the relationships between individuals become more complex, and so do the etiquettes and codes of conduct. The development of professional relationships has raised many ethical dilemmas of which ethical counselling are one of them. For instance, a serious moral vacuum exists in the delivery of counselling services by counsellors to their clients, perhaps, because of the way and manner they handle values/ethical issues [1]. Individual differences complicate the definition of guidelines even for the conscientious and well-intentioned counsellor, because of the anomalies inherent in the individual differences. The study will aid all and sundry to gain insight into how the self, and one's perception of the self influences both the client and the counsellor, and to understand the effect of the self upon relationships both within and outside the counselling process.

[2] observed that some aspects of the counsellor's self unavoidably becomes accessible to the client to a greater or lesser degree. Further [3] stated that counsellors' use of self is evident in the way they extend aspects of their personality with the intention of influencing the client. Use of self involves the operationalisation of personal characteristics so that they impact on the client in such a way as to become potentially significant determinants of the therapeutic process. This shows the essence of the aspects of self, both personal and professional, that counsellors bring to bear in their work and to study the subsequent impact on their experiences. This study attempted to raise awareness on some of the ethical issues that arises within the counselling profession such as confidentiality, informed consent and privileged communication.

The literature on confidentiality, informed consent and privileged

communication reflect ethical considerations. The question then arises, why is confidentiality so important or valuable in itself? Most of the available professional codes do not answer this question. They assume that the value of confidentiality is self-evident, and do not seriously examine the grounds for maintaining relationships of confidentiality, nor do they provide adequate moral or philosophical justification for doing so. For a better understanding of the concept, the following erudite scholars see it as follows: [3] defined confidentiality at the professional level as a responsibility not to communicate private communications to a third party, except with the client's consent or under circumstances specified in the ethical codes of the professions. [4] characterized confidentiality as an explicit contract to reveal nothing about an individual except under circumstances agreed on by the source or subject". [5] saw confidentiality as an explicit or implicit mutual understanding that information imparted to a second individual will be used only for the benefit of the confider, and will not be made available to anyone else without the confider's consent. [6] accepted the definition promulgated by the above scholars and that information imparted to a second individual is used only for the benefit of the confider. Perhaps the most significant common feature of these various definitions of confidentiality is the assumption that information revealed in the therapy relationship will not normally be disclosed, and may only be disclosed by the therapist with the consent of the client and/or when life is at stake.

Under these major ethical issues is privacy of information and informational notices. In short, privacy of information means that counsellors ensure their clients are provided sufficient information to adequately address and explain the limitations of the client in the counselling process in general and the difficulties of ensuring complete client confidentiality of information transmitted in the counselling sessions. Here, all

reasonable steps are taken to preserve the confidentiality of information about clients obtained in the course of their professional work. Information about clients can only be discussed for professional purposes, and only with those who are clearly entitled to be consulted (Code of Ethics of the Institute of Guidance and [7]. There are also exceptions to maintaining confidentiality: A belief that physical harm is likely, legitimate concern for public danger, under certain circumstances reports may need to be given to employers, evidence in court cases, illegal action and mental issues [8]. There are also reasons why confidentiality may be broken: child abuse; children under the age of consent, clients who may be physically dangerous to self and others. Clients who are involved in a lawsuit involving their mental state health, clients who face possibility of involuntary hospitalization; clients who are being forced to undergo medical or psychological treatment; clients in group therapy etc. Yet, when counselling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counsellors protect the confidentiality of information received- in any medium- in the counselling relationship as specified by federal and state laws, written policies, and applicable ethical standards [9]. Where a person has been assured, or can reasonably expect, that information given by him or her will be treated confidentially, no counsellor may divulge such information without written permission granted by the client(s) involved. Confidentiality may be waived only to prevent immediate physical danger to a person or persons, or to divulge information, which if withheld may put the counsellor at risk when, during or after the use of a technique (s). When confidentiality is extended to protection from testimonial obligations in courts of law, it is called privileged communication."Privileged communication is a legal term involving the right not to reveal confidential information in a legal procedure" [10]. It describes the privacy of the counsellor-

client communication. It exists by statute and applies only to testifying in a court of law. It belongs to the client and not all counsellor-client communications are protected (varies by state). It bars the disclosure of confidential communications in a legal proceeding.

Informed Consent involves the right of the clients to be informed about their therapy and to make autonomous decisions pertaining to it. The client must have the capacity to make a rational decision, he/she must be able to comprehend the information and consent must be voluntary [11]. It is also a formal permission given by a client for beginning counselling. People who cannot understand the contents in a consent form or who are unable to make a rational decision also cannot give consent. Under this, the client should be informed about the process, the counsellor, the potential risks and benefits of those services, safeguards against those risks, and alternatives to those services. There are three major heading under informed consent: process, counsellor, potential benefits, potential risks, safeguards, alternatives, and proxies. It is vital as remarked by the Code of Ethics of the Institute of Guidance and Counsellors, [2] that information about a client is reveal only with valid consent of the client or in the case of valid proposed intervention that is consent of parents/guardians may be required if the client is a minor; established policy of the school/workplace may also be relevant).

With reference to children, it is vital to note that fully informed consent may not be feasible because they may lack the capacity to understand the information involved [1]. Indeed, when the client is a minor, other issues are introduced into the matters of confidentiality and informed consent. Legally, the view that minors are incapable of informed consent has been prevalent; minors have generally been presumed to be incapable of making their own decisions with respect to psychotherapy, and they are customarily denied veto power with respect to mental health treatment [5]. [9] noted that neither statutes or case law provide clear

guidelines for judging the competency of a minor.

Consequent upon the above fact, the role of a counsellor is significant in the lives of people. The nature of his work demands competence, excellence, integrity, trust and service. He must be guided by recognized ethical standards, which define his functions and responsibilities which provide guidelines for his practices as counsellors with certain responsibilities and expectations.

For better practice of ethical issues, the aspects of ethical reasoning as remarked by [2] are autonomy (respecting freedom of choice), nonmaleficence (do no harm), beneficence (responsibility to do good), justice (being fair), fidelity (being faithful) and veracity (being honest). In other words, [5] briefly outlined five principles in which therapeutic boundaries are based upon: Beneficence: a counsellor must accept responsibility for promoting what is good for the client with the expectation that the client will benefit from the counselling sessions. Nonmaleficence: "doing no harm". The counsellor must avoid at all times, (even inadvertently) any activities or situations with the client that could cause a conflict of interest. Autonomy: the counsellor's ethical responsibility to encourage client independent thinking and decision-making, and to deter all forms of client dependency. Justice: the counsellor's commitment to provide an equal and fair service to all clients regardless of age, gender, race, ethnicity, culture, disability and socio-economic status. Fidelity: being honest with clients and faithfully honouring the counsellor's commitment to the client's progress. The confusion caused by boundaries is best described by [3] as a continuum, ranging from disengagement (rigid, inflexible boundaries/guidelines) to enmeshment (flexibility to the point of diffusement) with a large grey area in between that is notoriously ambiguous and dependent upon the counsellor, the situation and the client's changing needs and circumstances.

To be an effective counsellor, one cannot disengage from the client to the extent

that the counsellor cannot empathize with the client. This is not the purpose of counselling and is counter productive to the therapeutic relationship [4]. However, the counsellor does not want to empathize with the client to the extent that they hug the client upon meeting them or rant and rave with their client in a mutual expression of anger. Nor would the counsellor pop in a visit at the client's home on their own way home from the office. This is the behaviour of a friend, not a counsellor. Hence, when this situation arises, boundary violation has occurred. Ambiguous boundaries often arise in counselling, but strict responsibilities do apply to the counsellor in relation to their duty to inform clients of the limitations on client confidentiality. Such information forms a large part of informed consent which is a fundamental client right.

Much counselling takes place in a school setting. [1] stated that the privacy of the student in the counselling situation should be protected, and that the primary responsibility of the school counsellor is to the student and not to their parents. He recommended that the counsellor exercise that responsibility by excluding counselling records from the student's files. The counsellor may thus insure the privacy of the counselling relationship by ensuring that: Case notes are kept in the form of personal memoranda, addressed to the counsellor himself/herself, and which are accessible to the counselor alone. [10] note that the Buckley amendment distinguishes between records which are a part of the student's academic file, and those used only in connection with the provision of treatment for the student.

Treatment records need not be disclosed to anyone other than the provider of the treatment. However, parents should have access to evaluative records. Brant, [4] would not categorically deny parents access to their children's counselling records. From these authors' opinion, parents should be denied access only if there is a conflict of interest. For the child that is old enough to understand the decision taken, the right to refuse parents

access to records should belong to the child. [8] noted that, the APA code provisions relating to confidentiality and consent imply that children's consent is required before parents may be allowed to see their records. This implies that children be informed about the limits of confidentiality.

However, interpretations of the APA provisions with reference to minors vary. The legal matter herein is the issue is the competency of the minor. [10] further suggested that mental rather than chronological criteria are most pertinent in the determination of capacity for informed consent. Protection from social harm is an underlying basis for the demands for confidentiality in situations requiring disclosure of personal and sensitive information.

In this connection, [7] in a discussion on the confidentiality needs of participants in social research projects stated that the greatest risk of participation in social research is that information about the respondent will not be held in confidence by the researcher. The risk of "social injury" in social research primarily involves the public identification of the respondent or the disclosure of information which may damage the status of the research participant. The prevention of such a social injury rests on the researcher's ability to hold the information he or she collects in confidence.

The danger of "social injury" that exists in social research is present to an even greater degree in psychotherapy. [11] saw this as the basis for privileged communication. He stated: The nature of any particular physical or mental anguish may be so intimate, suggestive, or potentially injurious that the disclosure of the facts (in or out of court) would subject the citizen to undue pain, loss of status and injury to reputation. The citizen would be most reluctant to engage in relationships with the helping professions if the intimacies of his private life were vulnerable to disclosure before the entire public. [6] noted that the danger of social harm is a particularly insidious one for the minor in mental

health treatment. Malmquist's concern was the ethical and procedural problems arising in child psychiatry, especially in the delivery of community mental health services for children. A troubling question is the right of the child to privacy both in terms of other personnel at the community centre, and from the remainder of his family. He noted that parental signatures on consent slips may allow release of information to a wide range of community agencies, and further, that outdated children's records may be made available to research workers at any time.

On the issue of counsellor gender influence on confidentiality, informed consent and privileged communication; it has been noted that two of the differences between men and women are sex and gender. Sex is the physical, biological difference between women and men. It refers to whether people are born female or male. Gender, is not physical like sex. Gender refers to the expectations people have from someone or a community because they are female or male. Gender attitudes and behaviours are learned and the concept can change over time. Sex is biologically determined while gender is socially determined in terms of the roles and responsibilities that society or family assigns to women and men.

Men and women usually accept the roles defined and perpetuated by their community which can have both advantages and disadvantages for them. There are many factors that influence gender roles. These include: age, culture, marital status, education, economics, profession, and the country or society itself. Understanding the gender roles in the community can help you to better understand the situation of the women and men you counsel, and thus improve your counselling interactions. Male and female counsellors protect the confidential information of prospective and current clients. They also disclose information only with appropriate consent or with sound legal or ethical justification.

Closely related with this in a study carried by [12], she found that gender was

a significant variable in adolescents' preferences regarding school counselling. It was increasingly acknowledged that confidentiality is relative rather than absolute in any counselling relationship. This is particularly the case for minors receiving counselling at school, where third parties such as parents and teachers frequently have access to information about an adolescent client. The Australian Psychological Society's Code of Professional Conduct [9] stated that both males and females produced differences in variance under different conditions of confidentiality. However, they are not alike in their responses. Males, given the assurance of confidentiality, showed greatest variance (i.e., less defensiveness/greater openness) in responding to questions of greatest sensitivity. Females, on the other hand, in the confidentiality-assured condition, showed a marked reduction in variance of responding to more sensitive questions. What this suggests is that, for females, explicit assurance of confidentiality may have had a sensitizing effect, which increased their defensive, self protective needs, particularly in areas of greatest personal sensitivity (i.e., high sensitive questions), and which resulted in a relatively more conforming, less disclosing response style. Note that for females, mean disclosure scores to the high sensitive questions was greatest in the neutral condition as opposed to the confidential condition. Similarly, variability was highest in the neutral condition, and lowest in the confidential condition. Thus, patterns of disclosure and variability of response are consistent for males and females (high disclosure, high variance) but were effected differently by the neutral and confidential instructions. The no-confidentiality condition generated uniformly lowest disclosure rates and moderate levels of variability.

Sequel to the above, we shall x-ray the extent to which ethical issues are handled by counsellors currently serving in Enugu Education Zone of Enugu State.

## METHODOLOGY

The researchers adopted a descriptive survey research design for this study. This design is best suited for this study because it permits the collection of original data and describes the condition as they exist in their natural setting. The population for the study consisted of the 59 secondary school counsellors currently serving in the 31 government owned secondary schools in Enugu Education Zone (Source: Education Services Department, Post Primary School Management Board (PPSMB), Enugu. 2016/2017 Session, March, 2017). The population is small and manageable so no sampling was done.

The instrument for data collection is a self-structured questionnaire developed by the researcher called Ethical Issues Scale (EIS). It has 3 clusters with 15 items developed to assist the researcher provide clues that helped raise the much needed data that were used to answer the research questions and to test the research hypotheses formulated to guide the study. The response format of the instrument is a 4-point scale of very great extent, great extent, little extent and very little extent. Each response option has a numerical value assigned to it as follows: Very great extent (VGE)---4 points; Great extent (GE)-----3 points; Little Extent (LE)---2 points and Very little extent (VLE)—1 point. An introductory letter was attached to the instrument stating the purpose of the study for the respondents easy of reference.

The instrument was validated by three experts- one in measurement and evaluation and the remaining two in guidance and counselling. Their constructive inputs were used to modify the instrument after which an instrument with 15 items emerged. The researchers used Cronbach Alpha reliability estimate to ascertain the internal consistency of the instrument. As a result of the fact that

the instrument is in clusters, the researcher went ahead to calculate the coefficient of each cluster which stood at .83 for cluster 1, .67 for cluster 2 and .71 for cluster 3. That of the entire instrument was .74. This the researcher considered high enough and so decided to use the instrument to collect the much needed data for the study. The researchers distributed 59 copies of EIS to all the secondary school counsellors currently serving in the 31 government owned secondary schools in Enugu Education Zone with the assistance of three research assistants that were trained in a one-day consultative meeting. Finally the researcher and the research assistants were able to retrieve 51 copies of EIS signifying 86.44% return of the duly filled copies of the administer instrument. The three research questions formulated to guide the study were answered using mean, grand mean and standard deviation statistic. The mean rating of the numerical values assigned to the response options were added and divided by the number of the response options. This formed the basis for the cut-off point. Thus:

$$\frac{4+3+2+1}{4} = \frac{10}{4} = 2.50$$

### Decision Rule

For the research questions: any item with a mean score of 2.50 and above were regarded as great extent while any item whose mean score is below 2.50 was interpreted to mean 'little extent'.

### Data Analysis and Results

The analyzed data were presented in Table 1-3 in accordance with the research questions that guided the study.

#### Research Question 1:

To what extent do secondary school counsellors handle confidentiality among clients in Enugu Education Zone?

Table 1: Mean Ratings and Standard Deviation of Secondary School Counsellors on the Extent to which they Handle Confidentiality among Clients in Enugu Education Zone.

| Confidentiality are used by counsellors to the extent that   | N=51            |         |         |          |           |      |          | Decision |
|--|-----------------|---------|---------|----------|-----------|------|----------|----------|
|  | Response Option |         |         |          |           | SD   | Decision |          |
|  | VGE<br>4        | GE<br>3 | LE<br>2 | VLE<br>1 | $\bar{X}$ |      |          |          |
| 1 Information imparted to a second individual are used only for the benefit of the confider                                | 31              | 16      | 03      | 01       | 3.51      | 0.70 | GE       |          |
| 2 Information imparted to a second individual will not be made available to anyone else without the confider's consent     | 29              | 17      | 03      | 02       | 3.43      | 0.78 | GE       |          |
| 3 Information about clients can only be discussed for professional purposes  | 03              | 08      | 19      | 21       | 1.86      | 0.90 | LE       |          |
| 4 Information about clients can only be with those who are clearly entitled to be consulted                                | 17              | 14      | 14      | 06       | 2.82      | 1.03 | GE       |          |
| 5 A person has been assured, or can reasonably expect, that information given by him or her will be treated confidentially | 37              | 11      | 02      | 01       | 3.65      | 0.85 | GE       |          |
| 6 Each school counsellor has an enormous responsibility to uphold the public trust   | 15              | 16      | 17      | 03       | 2.84      | 0.93 | GE       |          |
| 7 Are respectful of differing views and inform clients with whom, when, and how information will be shared                 | 10              | 12      | 21      | 08       | 2.47      | 0.99 | LE       |          |
| Grand Mean   |                 |         |         |          | 2.94      |      | GE       |          |

Table 1 shows that of the 7 items that made up the extent to which secondary school counsellors handle confidentiality among clients in Enugu Education Zone of Enugu State, the respondents agreed with 5 items ( 1, 2, 4, 5 and 6) as they recorded mean scores of (3.51, 3.43, 2.82, 3.65 and 2.84). They however disagree with the remaining 2 items (3 and 7) with mean scores of (1.86 and 2.47). The standard deviation for all the items are small signifying that there is

homogeneity in the respondents responses. The table also shows that the respondents recorded a grand mean score of 2.94 which is well above the cut-off point of 2.50. Thus, the answer to the research question 1 is that secondary school counsellors in Enugu Education Zone of Enugu State handle confidentiality among clients to a great extent.

Research Question 2:

To what extent do secondary school counsellors handle informed consent

among clients in Enugu Education Zone of Enugu State?

Table 2: Mean Ratings and Standard Deviation of Secondary School Counsellors on the Extent to which they Handle Informed Consent among Clients in Enugu Education Zone.

| Informed Consent are used |   | N=51            |    |    |     |           |      |          |
|---------------------------|---|-----------------|----|----|-----|-----------|------|----------|
|                           |   | Response Option |    |    |     |           | SD   | Decision |
|                           |   | VGE             | GE | LE | VLE | $\bar{X}$ |      |          |
|                           |   | 4               | 3  | 2  | 1   |           |      |          |
| 8                         | The client must have the capacity to make a rational decision   | 11              | 13 | 11 | 16  | 2.37      | 0.70 | LE       |
| 9                         | The client must be able to comprehend the information and consent must be                                       | 09              | 11 | 12 | 19  | 2.40      | 1.13 | LE       |
| 10                        | The client is always informed about their therapy and are allowed to make autonomous decisions pertaining to it | 05              | 09 | 12 | 25  | 1.88      | 1.03 | LE       |
| 11                        | The child lacks the capacity to understand the information involved (minor)                                     | 26              | 12 | 09 | 04  | 3.18      | 0.99 | GE       |
| 12                        | The client consent must be Voluntary  | 16              | 14 | 11 | 19  | 2.71      | 1.12 | GE       |
| Grand Mean                |   |                 |    |    |     | 2.51      |      | GE       |

Of the 5 items in table 2 above secondary school counsellors affirmed that they handle 2 of the items (11 and 12) on informed consent to a great extent as they recorded mean scores of (3.18 and 2.71) are , 9 and 10) to a little extent with mean scores of (2.37, 2.40 and 1.88). The standard deviation for all the items are small signifying that the responses are closely tied to mean. The table 2 also indicated that the secondary school counsellors recorded a grand mean score

of 2.51. Going by the decision rule for the interpretation of the respondents data, the answer to research question 2 is that informed consent is handled by secondary school counsellors to a little extent in Enugu Education Zone of Enugu State.

Research Question 3:

To what extent do secondary school counsellors handle privileged communication among clients in Enugu Education Zone of Enugu State?

Table 3: Mean Ratings and Standard Deviation of Secondary School Counsellors on the Extent to which they Handle Privileged Communication among Clients in Enugu Education Zone.

| Privileged Communication are used by school counsellors to the extent that: |   | N=51            |         |         |          |           |      |          |    |
|---|---|-----------------|---------|---------|----------|-----------|------|----------|----|
|   |   | Response Option |         |         |          |           | SD   | Decision |    |
|   |   | VGE<br>4        | GE<br>3 | LE<br>2 | VLE<br>1 | $\bar{X}$ |      |          |    |
| 13  | They describe the privacy of the counsellor-client relationship             | 18              | 12      | 12      | 09       | 2.77      | 1.12 | GE       |    |
| 14  | They reveal confidential information in a legal procedure                   | 08              | 11      | 14      | 18       | 2.18      | 1.09 | LE       |    |
| 15  | It bars the disclosure of confidential communications in a legal proceeding | 11              | 15      | 19      | 06       | 2.61      | 0.96 | GE       |    |
| Grand Mean  |   |                 |         |         |          |           | 2.52 |          | GE |

Table 3 above indicates that secondary school counsellors in Enugu Education Zone agreed with 2 of the items (13 and 15) to a great extent as their recorded mean scores are (2.77 and 2.61) are above the cut-off point of 2.50. They however disagree to a little extent with item 14 (2.18). The standard deviation for the 3 items are small showing that

their responses are similar. The table also shows that the respondents recorded a grand mean score of 2.52. Thus, the answer to research question 3 is that privileged communication/information is handled by secondary school counsellors to a great extent in Enugu Education Zone of Enugu State.

RESULTS AND DISCUSSION

Result of data analysis in Table 1 showed that secondary school counsellors in Enugu Education Zone of Enugu State handle confidentiality among clients to a great extent. This finding is in consonance with earlier research by [8] which described confidentiality as a responsibility not to communicate private communications to a third party, except with the client's consent or under circumstances specified in the ethical codes of the professions. The study is also in agreement with the findings of [4] who held that Information imparted to a second individual are used only for the benefit of the confider.

Result in Table 2 revealed that informed consent is handled by secondary school counsellors to a little extent in Enugu Education Zone of Enugu State. This

corroborated with the view of American Counselling Association Code of Ethics, [2] that noted that fully informed consent may not be feasible with reference to children/students because they may lack the capacity to understand the information involved. This is consistent with the findings of [7] noted that neither statutes or case law provide clear guidelines for judging the competency of a minor.

Results in Table 3 revealed privileged communication/information is handled by secondary school counsellors to a great extent in Enugu Education Zone of Enugu State. The above findings is in line with the findings of [5] who held that privilege communication bars the disclosure of confidential communications in a legal proceeding.

### CONCLUSION

Conclusively from the above analysis and interpretations done and the information from related literature, it implies that

1. Secondary School Counsellors in Enugu Education Zone of Enugu State handle confidentiality among clients to a great extent
2. Informed consent is handled by Secondary School Counsellors to a

3. little extent in Enugu Education Zone of Enugu State Privileged Communication/information is handled by secondary school counsellors to a great extent in Enugu Education Zone of Enugu State.

### RECOMMENDATION

Based on the foregoing, the researcher proffered the following recommendations

1. Skills training should be organized by the counselling Association of Nigeria (CASSON) for school counsellors on ethical issues in counselling bearing in mind the multicultural nature of one beloved country Nigeria.

2. State School Management Board should organize workshop/seminar/conferences for serving counsellors to refresh their knowledge on ethical considerations in the one -to- one relationship.

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