

Ethical practice in counselling: Developing ethical standard for Bangladesh



A Dissertation

by

Safina Binte Enayet

Reg no: 069/2015-2016

Submitted to

The Department of Educational and Counselling Psychology

University of Dhaka

In partial fulfillment of the requirements for the degree of

Master of Philosophy in Counselling Psychology

Supervisor

Professor Dr. Mahjabeen Haque, PhD

Department of Educational and Counselling Psychology

University of Dhaka

Date of Submission

02/08/2022

Table of Content

| Section | |
|----------------------------|------|
| Table of Contents | i. |
| List of Tables and figures | ii. |
| List of Abbreviation | iii. |
| Declaration | iv. |
| Certificate of Supervisor | v. |
| Acknowledgement | vi. |
| Abstract | vii. |

Chapter

| Introduction: Part 1 | Page No |
|--|----------------|
| Introduction..... | 1 |
| 1.1 Rational of the Study..... | 21 |
| 1.2 Objective of the Study..... | 22 |
| 1.3 Thesis Structure..... | 23 |
| Method: Part 2 | |
| Method..... | 25 |
| 2.1 Participants..... | 26 |
| 2.2 Measures..... | 26 |
| 2.3 Procedure..... | 28 |
| 2.4 Analysis and Design..... | 30 |
| Result: part 3 | |
| Result | 32 |
| Discussion: part 4 | |
| Discussion..... | 37 |
| 4.1 Limitation and Recommendation..... | 41 |
| References: | |
| References..... | 42 |

| | |
|--|----|
| Appendix 1: Code of Ethics for the Psychologists | 53 |
| Appendix 2: Focus Group Discussion Questionnaire..... | 62 |
| Appendix 3: Consent form..... | 63 |
| Appendix 4: Ethics and Practice Questionnaire..... | 66 |
| Appendix 5: Client's Evaluation of Counselor Behavior..... | 73 |

List of Tables and figures

| List of Tables and figures | Page No |
|-----------------------------------|----------------|
| Figure 1 | 23 |
| Figure 2 | 28 |
| Table 1 | 33 |
| Table 2 | 34 |
| Table 3 | 35 |
| Table 4 | 36 |

List of Abbreviation

Name of the Abbreviation

Focus Group Discussion (FGD)

British Psychological Society (BPS)

American Psychological Association (APA)

DECLARATION

I declare that the work on “Ethical practice in counselling: Developing ethical standard for Bangladesh” is my own work both in conception and execution. All the sources that I have used or quoted have been indicated and acknowledged by means of complete reference.

I also declare that no portion of work referred to in the thesis has been submitted in support of an application for another degree or qualification of these or any other universities or institutes of learning.

Signature of the Author

Safina Binte Enayet

Date: 02 July 2022

Department of Educational and Counselling Psychology

University of Dhaka

Certificate of Supervisor

This is to certify that I have read the dissertation entitled “Ethical practice in counselling: Developing ethical standard for Bangladesh” submitted by Safina Binte Enayet for the degree of Master of Philosophy in Educational and Counselling and this is a record of authentic /original research carried out by her under my supervision and guidance

Professor Dr. Mahjabeen Haque

Supervisor’s signature and date

Acknowledgement

I would like to give a very special thanks to Professor Dr. Mahjabeen Haque, supervisor of this research for her sincere guidance, support throughout the entire research. With her cordial support, this would not be possible to complete.

I would like to convey my cordial thanks to the counselling psychologists, educational psychologists, clinical psychologists, researchers, and doctors to join in the focus group discussion. I also like to thank my friends Ms. Anne Anthonia Baroi and Ms. Kazi Rumana Haque for helping me to collect data. Moreover, my heartiest thanks to all the participants who have taken part in this research. Also, Dr. Azharul Islam for his guideline for data analysis and Mehedi Mobarak Aman for the assistance in data analysis. And last my not least, to my parents and my family members who motivated me to step forward in my academic pathways

Abstract

In Bangladesh, psychological counselling is a newly growing profession. Less population know about the necessity of practicing ethical behaviors and following ethical norms by the counsellors in psychological counselling. To ensure an authentic counselling service, maintaining ethical practice is mandatory for the professionals. As part of the process, ethical standards are needed to establish and follow in the context of Bangladesh. In this research, A Code of Ethics was developed which was justified by the expert panel. Four main categories; respect, competence, responsibility, and integrity were decided as ethical principles. Different applied field professionals' opinions about the Code of Ethics and current ethical practice perspectives were gathered from the focus group discussion. From the Focus group discussion (FGD) it was revealed that licensing or professional registration process is needed to ensure counsellors' ethical practice. Besides that, the expert panel put emphasis on competence of the counsellor in ethical practice. In the second part, an ethics and practice questionnaire was developed to measure the ethical practice of the counsellors. Moreover, the Client's Evaluation of Counselor Behavior (CECB-S) questionnaire was also used to identify the relationship between counsellors' competency and ethical practice. An online survey was used to collect data from the clients (N= 130) who have taken psychological counselling from the counsellor. Clients were asked to rate the counsellor's ethical behaviors and competency in the counselling practice. From the Pearson correlation analysis, it was found that there is a very less positive correlation between counsellors' competency and ethical practice in Bangladesh, and not significant. The Code of Ethics has developed as a basic guideline for counselling psychologists', educational psychologists', clinical psychologists' as well as researchers. Further update and research are necessary to improve this Code.

Keywords: ethical practice, competence, psychological counseling

Introduction

Ethical practice in counselling: Developing ethical standard for Bangladesh

Introduction

Psychological Counselling and Psychotherapy

Counselling psychology is the study of the mental health of individuals who are in the process of developing them (Oetting, 1967). In addition, Psychological Counselling is a process which aims to demonstrate how the theories and concepts can be applied to practical counselling problems, including examples of the many events in which the counsellor can help his client progress toward emotional maturity and well-being (Bordin, 1955). Counseling is a well-known psychological treatment that is frequently given to people who are suffering from any psychological issues (Bower, Knowles, Coventry, & Rowland, 2011). All those views illustrate that psychological counselling is the procedure of human development where an individual can receive support from a therapist or counsellor to deal with his/her presenting problems in a systematic way to reach a stable emotional state.

In addition, Psychotherapy is a competent and intentional treatment process in which a person's thoughts, feelings, and behaviour are transformed to promote increased functioning and life adjustment, as defined within the broader framework of psychology (Lambert & Vermeersch, 2002). Counselling and psychotherapy are relatively new trends and have tremendous popularity at present (Dryden & Mytton, 2017). A look at the national papers reveals that there has been a massive rise in training courses and a similar increase in advertised positions in a very broad variety of environments from big corporations to surgeries for small doctors (Dryden & Mytton, 2017). However, understanding Counselling and Psychotherapy is an important aspect of the betterment of mental health and well-being. Both the areas focus on common issues such as anxiety and

depression. These areas function with various therapeutic approaches which need to understand (Langdrige, Barker, &Vossler, 2010). In the greater sense of their past and the mental health environments in which they are often found, counselling and psychotherapy are considered relatively new (Langdrige, Barker, &Vossler, 2010). Though it is an emerging field all over the world, some required challenges are needed to deal with by counsellors and therapists in this arena. Moreover, those challenges will also open new ways of moving forward in their profession by responding to individual and societal needs (Aponte & Ingram, 2018).

In Bangladesh, the statistic also showed that mental health needs attention and thus the necessity of counselling and psychotherapy is also an important part to address to deal with that issue. The National Institute of Mental Health in Bangladesh reports that there are currently 20.5 million people with a mental illness in Bangladesh where roughly 17% of adults suffer from a mental health issue. Among them, 16.8% are men and 17% are women that need psychological assistance (NIMH Fact Sheet, 2018-19). In Bangladesh, psychological counselling, as well as mental health support services, are inadequate due to poverty, lack of awareness, insufficient knowledge, and social discrimination (Islam & Islam, 2010). On the other hand, Counselling, is one of the most stigmatized and misunderstood topics among the public and experts (Islam, 2012). As a result, people are thinking the mental health as part of their physical illness and ignoring the necessity of psychological counselling services to ensure their well-being.

Another finding also suggests that mental health services are concentrated in Dhaka, the capital of Bangladesh, whereas other parts of this country and rural areas are severely deficient (Rozario, 2019). This indicates that psychological counselling, as well as mental health services, is not reachable all over the country for the large population. As a developing country, Bangladesh is experiencing changes in socio-economic revolution

rapidly which is creating various psychological issues like stress, anxiety, depression, relationship crisis, developmental crisis and so on. That is why an individual needs to cope with this rapidly changing society with their stable emotional condition. Psychological counselling and Psychotherapy can assist in individual dealing with/her psychological issues effectively (Johnson & Gelso, 1981). Those needs are the important indicator to concentrate on developing professional counsellor and psychotherapy in the mental health field.

Professional development of counselling and psychotherapy

To provide effective mental health service, an ethical guideline is outlined to describe the best practice of professionals and to ensure a high quality of practice. (Corey, Corey, & Callanan, 2003). As there are a variety of uncertainties and challenges involved in the professional development of counsellors and psychotherapists (Christopher & Maris, 2010). However, following the guidelines will help the practitioner to overcome those challenges. In this way, mental health counselling will be regarded as recognized professional practice (Kwan, 2003).

In developed countries like the United States of America and the United Kingdom, counselling exists as a recognized profession where ethical codes have been developed and periodically updated to direct ethical decision-making and govern the actions of counsellors (Kwan, 2003). For example, codes of ethics for the respective counselling fields, including counselling/clinical/school psychology, have been developed in the USA (American Psychological Association, 2002), school counselling (American School Counselor Association, 1992) and mental health counselling (American Mental Health Counselors Association, 2000).

In Bangladesh, a professional mental health counselling session started in 2009 after establishing the Department of Educational and Counselling Psychology (DECP) under the faculty of Biological Sciences has its root back in 2006 within the Department of Psychology, University of Dhaka. Officially, an independent department was created in 2011 with the aim of preparing educational and counselling psychologists in Bangladesh. Advanced knowledge and intensive skill training on applied psychological areas along with institutional orientation through DECP create the opportunity for the prospective graduates to develop expertise in the areas of Educational Psychology and Counselling Psychology. Moreover, the Clinical Psychology department has also had a significant impact on creating professionals since 1996. In addition, the Department of Psychology, University of Chittagong, and Rajshahi University Mental Health Center (RUMHC), also contribute in creating professionals. All those institutions played a major role in contributing and providing mental health professionals in Bangladesh.

Besides that, several organizations and institutions are also providing mental health counselling to the mass people in Bangladesh. For example, the Counselling and Guidance Center (Only for Dhaka College Students and Staff) also provides psychological counselling in Bangladesh. Several private universities in Bangladesh such as Brac University, Independent University Bangladesh, Eastern University, North South University, and United International University are providing psychological counselling services to the students, parents, faculty members and staff of those institutions.

In addition, Nasirullah Psychotherapy Unit, Clinical Psychology Department, Chatro Nirdeshona O Poramorsho Kendro (Only for Dhaka University Students), Dhaka Medical College Hospital, Bangabandhu Sheikh Mujib Medical Hospital, National Institute of Mental Health, National Trauma Center, National Trauma Counseling Center, Kaan Pete Roi – a mental health helpline, Identity Inclusion, Kriya, Monobikash Foundation,

Pabna Mental Hospital, ICDDR, B (Only for HIV positive Patients), Aparajeyo Bangladesh (For Disadvantaged Women, Children and Youth). Besides that, some private organizations such as Ain O Salish Kendra (ASK), Sajida Foundation, Inner Circle, Psychological Health and Wellness Clinic (PHWC), Freedom Within, Moner Bondhu and so on. Though many organizations practice and provide counselling services, it is also important to focus on the ethical practice in counselling to maintain the quality of the service.

Educational institutions can play a vital role to establish mental health counselling and psychotherapy. As a result, the needs of students in educational institutions that need a mental health solution have risen significantly. (Lockhart & Keys, 1998). Educational institutions are called upon to educate an increasing population of students whose learning experience is frequently interfered with by social-emotional needs (Lockhart & Keys, 1998). Lockhart and Keys (1998) suggested that conditions that lead to student mental health issues such as poverty, homelessness, drug abuse, physical and sexual abuse, and domestic and community violence are quickly becoming a "normal" part of the family and neighbourhood culture in which many students grow and develop.

Ethical Practice in Counselling

Ethical practice in mental health counselling requires an ongoing effort and commitment. Practice standards, codes of ethics, and laws relevant to mental health practice are rapidly evolving (Thomas, 2010). Several studies suggested that ethical practice is highly necessary in the counselling practice all around the world as well as in Bangladesh as counselling and psychotherapy is a growing field. The increase in Ethical practice will ensure both the client's and counsellor's rights in the mental health arena. Lack of ethical practice in counselling may increase malpractice, breach of confidentiality,

and judgment and these will destroy professional competency and reliability. The availability of counselling services was followed by increasing concern about the actions of counsellors, which in turn contributed to the need for counselling ethics to be articulated (Johnston, 1999).

In the counselling setting mainly the American Psychological Association (APA, 2002), the newly revised Ethics Code is followed. It offers a set of standards that are broad enough to apply to the wide range of ethical challenges psychologists may face in the rapidly growing field of psychological services mediated by the Internet (Fisher & Fried, 2003). The applicability of the APA Ethics Code to psychological evaluation and counselling is categorized under six general ethical conduct; competence, conflicts of interest, informed consent, privacy and confidentiality, public statement and advertisement and test selection and scoring (Fisher & Fried, 2003). Mainly those are the components which are followed in counselling sessions in all aspects.

Mental health counselling and psychotherapy practice gives rise to many ethical dilemmas (Jain & Roberts, 2009). Although professional codes provide guidelines on optimal standards of behavior, they do not always provide straightforward answers; therapists must therefore be able to objectively assess and interpret those codes in relation to their everyday practice. (Jain & Roberts, 2009). Counsellors and psychotherapists serve the well-being of their patients above all other interests or commitments. Therapists who are attentive to the professional duties they have will take many measures to enhance their ethical competence. (Jain & Roberts, 2009). Therapists who are attentive to the professional obligations they possess can adopt several strategies to increase their ethical competence, such as constantly assessing their own behavior and attitudes including their clients, participating in discussion and gaining experience on matters of ethics, getting a

solid knowledge of acceptable ethical standards of conduct, and demonstrating an openness to peer consultation and exposure to peer review of their work (Jain & Roberts, 2009). Counselors might face difficult and dynamic levels of challenges in their practice, and it causes anxiety especially the trainee therapist (Gray, Ladany, Walker, & Ancis, 2001; Skovholt & Rønnestad, 1992; Rønnestad & Skovholt, 2003). Findings from the International Psychotherapist Growth Report suggest that new therapists face more difficulties than professionals in later stages of professional development (Orlinsky, & Rønnestad, 2005). Therefore, during interactions with counselee or clients, these issues contain feeling troubled by moral or ethical problems within the counsellor.

However, if there are ethical questions raised there are always difficulties, multifaceted and do not always have straightforward solutions (Corey, Corey & Callanan, 1988). The solutions of those professional ethical standards tend to vary in degree of detail and are governed differently in various countries by professional associations or legal structures (Bhola, Sinha, Sonkar, & Raguram, 2015). In Bangladesh, the Department of Educational and Counselling Psychology department typically refers to both the British Psychological Society (BPS) code of ethics and the American Psychological Association (APA) code of ethics. But they mainly focus on the BPS code of ethics. The British Association for Counsellors and Psychotherapists (BACP) has an ethical framework for counsellors and psychotherapists which has been revised on a regular basis (BACP, 2013). The ethical structure of the BACP is the one that more comprehensively encompasses the relationship between beliefs and values, with other organizations structuring their ethical codes strictly according to a set of principles, although a similar declaration of values for each principle is articulated in the BPS Code of Ethics and Behavior (2009). The BACP system replaces older codes of ethics and represents the transition from guidelines to individual accountability for ethical thought (Proctor, 2014).

According to the BACP a mixed philosophical approach is used and it refers to values or beliefs, principles and personal moral qualities or virtues (Jenkins, 2017). BACP clarified that the reason they use mixed approaches is that ethical standards are well suited to evaluating the rationale for specific choices and behavior (Jenkins, 2017; Creighton et al., 2017). Reliance on principles or values alone may reduce the value of the personal characteristics of the therapist and their ethical meaning in therapy or therapeutic relationships (Proctor (2014). Jenkins (2009) cited in Proctor (2014) explains that therapists should use this ethical framework as a toolkit to create their own finely tuned and well thought out or indeed heartfelt answers to ethical dilemmas in the context of their relationship with clients and colleagues in the logical underpinning, or philosophical scaffolding. This suggested that changes in clients' needs and disparities in cultural diversity are also easily understood in terms of values. However, professional values are also becoming an increasingly valuable way of communicating ethical obligation.

Counselling Ethics in Bangladesh and Asia

Ethical norms and codes developed by counselling organizations, such as the American Psychological Association and the Hong Kong Professional Counselling Association, embody fundamental ethical principles developed by Kitchener (1984) and Meara, Schmidt, and Day (1996). As outlined by Corey, Corey and Callanan (2003) these values are autonomy, non-maleficence, beneficence, equity, loyalty, and veracity. In Asia, Counseling ethics developed in several countries. By continuing to develop and establish as a profession, the ethical status of its practice has acknowledged growing attention by counselling professionals. This led to attention to develop code of ethics. As a result, some countries in Asia like Hong Kong, Korea, Singapore and Taiwan have established codes of ethics (Kwan, 2003).

Counselling and psychotherapy are a new professional arena in Bangladesh. Counsellors and psychotherapists face several ethical dilemmas as they aim to provide efficient mental health treatment to their clients (Shahriah, Islam, & Arafat, 2019). However, there has been a lot of argument about the effectiveness of counselling contracts between psychotherapists and counsellors similar which indicates that a guideline is necessary for counsellors and psychotherapists for the professional practice in Bangladesh (Shahriah, Islam, & Arafat, 2019). This suggests that to ensure a standard and authentic professional mental health service in Bangladesh, counsellors and therapists need to follow the guideline. On the other hand, in Bangladesh, there is a lot of scope of work to research counselling ethics.

Online Counselling

In the growing field of mental health, using the internet is increasing rapidly as a medium of communication in counselling. These services may be especially appealing to consumers who may not be able to locally find such services (Robson & Robson, 2000). People are aware of their mental health and trying to reach qualified professionals worldwide.

Moreover, COVID-19 is a unique global crisis and infectious disease outbreak which is still ongoing unpredictably and linked to psychological distress and signs of mental illness (Rajkumar, 2020). Researchers and healthcare experts are trying to meet the demands it has created (Iqbal, Jahan, Yesmin, Selim, & Siddique, 2020). As a result, the need for tele counselling is increasing. Rajkumar (2020) described that most callers (80%) express worry and sleeplessness as a result of the lockdown during the covid 19 pandemic. This indicates that online or tele counselling is getting more affordable for people all over the world with the changing pattern of society.

Robson and Robson (2000) suggested that besides advantages, there are several disadvantages of using the internet for counselling, especially in terms of nonverbal communication. The National Board for Licensed Counsellors recently introduced guidelines for online counselling in the US and this sparked a debate about whether such a tool is suitable for counselling (Bloom, 1998). Eight areas of ethical concern to be addressed have been identified by Sampson, Kolodinsky and Greeno (1997) about the provision of electronic mental health and career counselling services, distance counselling supervision, electronic advertisement of counselling services and counselling education programs, school guidance programs, and hotlinks to a broad variety of counselling and client resources. The eight areas are:

1. Confidentiality- The possibility exists of breach of confidentiality of client information that is transmitted electronically over computer networks.
2. Validity of data delivered via computer networks- The effectiveness of software used as homework in counselling depends in part on the validity of the information presented.
3. Inadequate counsellor intervention- Effective client use of computer applications is influenced by counsellors providing appropriate pre-screening, introduction, and follow-up of computer use.
4. Misuse of computer application by counsellors- A potential exists for incompetent use of computer resources by inadequately trained and/or overworked practitioners.
5. Lack of counsellor awareness of location-specific factors. A potential lack of appreciation on the part of geographically remote counsellors of location-specific conditions, events and cultural issues that impact clients may limit counsellor credibility or lead to inappropriate counselling interventions.

6. Equality of access to Internet and information highway resources. Although computing cost-performance has improved dramatically over time, average hardware costs and network access charges remain out of the financial reach of millions of users.
7. Privacy concerns- For counselling to be effective in a home setting, clients will need auditory and physical privacy to facilitate self-disclosure and ensure confidentiality.
8. Credentialing- Data on current Internet counselling applications reported earlier indicates that some service providers either do not report or do not have a credential traditionally regarded as necessary for independent practice (Sampson, Kolodinsky & Greeno, 1997)

In recent years, people are getting benefited from using the internet and tele counselling to get mental health services. The wide number and variety of counselling services available online may be used by those who live in rural areas and who have access to the internet over the smartphone (Robson & Robson, 2000). This indicates that when usual sources of information and assistance are some distance away, this may help ease the loneliness. Moreover, physically challenged or disabled people can get assistance from both voice call over smartphones and online mental health support. Bloom (1998) mentioned that the field of mental health support online is very new, except for one professional body most such organizations have no standards in this area yet. The personal qualities of a counsellor are necessary for providing successful online counselling as well as following the ethical criteria during counselling.

Personal qualities of a counsellor

The BACP's 2010 Ethical Framework for Good Practice in Counselling and Psychotherapy highlighted some personal characteristics to become an ethical psychotherapist (Ivey, 2014). Both in psychotherapy and counselling, the asymmetrical power dynamic, the psychological insecurity of the client, and the emotional demands of the clinical contact need to be handled by the psychotherapist and the counsellor. For this, they need to have “mental health virtues” which concentrate on four areas: self-knowledge, self-unity, self-restraint and self-monitoring and realism (Radden, 2002). Another two research articles based on the ethical values described that to become “master therapists” someone needs to develop four components. Those four components autonomy, nonmaleficence, beneficence and competence are also linked with established ethical standards. In addition, components such as relational connection, humility, commitment to professional growth, openness to complexity and ambiguity are related to virtues that support ethical competence (Jennings & Skovholt, 1999; Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005). Furthermore, Ivey (2014) suggested that for successful therapeutic functioning, core virtuous qualities are commonly considered to be necessary: the capacity to empathize profoundly, insight into oneself and how one's shortcomings affect the therapeutic relationship, realism and practical wisdom, interpersonal openness, emotional resilience, and so on. These criteria are also part of the competency of a counsellor for providing a quality service through counselling.

Counsellor's competency

Ethics for Counselling and Psychotherapy unifies and replaces all the earlier codes for counsellors, trainers and supervisors and is also applicable to counselling research, the use of counselling skills and the management of these services within organizations. The

continued growth in the number of individuals and families from diverse backgrounds challenges counsellors' ability to meet the needs of a growing and diverse society. The Association for Multicultural Counselling and Development (AMCD) has provided leadership in significant sociocultural and sociopolitical fields for the American counselling profession for the past 20 years which has become known as the multicultural counselling competencies framework (Arredondo et al., 1996). These competencies provide a foundation for all counsellors to focus on both the cultural make-up of the counsellor and client and how culture impacts daily living in a growing diverse society (Ahmed, Wilson, Jr., & Jones, 2011).

Different researchers conducted different types of studies regarding the context of counsellor competency by developing scales for measurement to promote the quality of psychological services with maintaining ethical standards. For example, Watt et al. (2019) developed a self-efficacy scale for psychologists and counsellors by serving the purpose to encompass identified competencies within professional standards from national and related international frameworks. To do this study, the researchers recruited an initial opportunity sample of postgraduate psychology and counselling students who completed a ten-minute self-report survey. Additionally, a subsequent independent sample was recruited for cross-validation. With a series of exploratory analyses, consolidated through confirmatory factor analyses and Rasch analysis, the researchers developed and identified a well-functioning self-efficacy scale. This scale is composed of 31 items and five factors (research, ethics, legal matters, assessment and measurement and intervention). It contributes as a promising measure, with potential applications for reflective learning and practice, clinical supervision and professional development, and research studies involving psychologists' and counsellors' self-perceived competencies. Moreover, this scale can be used to assess students' perceived competencies relative to actual competency growth

against national standards and to identify trainees' and practitioners' self-perceived knowledge deficits and target areas for additional training (Pei-Boon, Wan Jaafar, Chin-Siang, & Nee-Nee, 2020).

In addition to measuring the changes of Counselor's competency, the researchers used the Counseling Self-Estimate Inventory (COSE) which was based on Bandura's self-efficacy theory (1986). They analyzed five measurements of self-efficacy; micro-skills, process, handling difficult client behaviors, cultural competence, and awareness of values. They recruited 20 first-year MA students in counselling psychology who finished the COSE at time duration of 8 weeks with two intervals. They found a significant increase in the overall measure of self-efficacy skills with an increase in one of the factors, micro-skills. In relation with this, some researchers suggested Counselling self-efficacy as an important construct for research, evaluation of the competencies of counsellor and effectiveness of training (Yuen, Chan, Lau, Lam, & Shek, 2004).

In another study, by using confirmatory factor analysis, the Chinese version of the Counselling Self Estimate Inventory was conducted. It was done by recruiting 578 Hong Kong secondary school guidance teachers where the EQS approach was used. Findings revealed that while a five-factor model was fairly able to fit the data, the deletion of items related to the awareness of values factor yielded a better fitting model. The researchers discussed the strengths and limitations of the C-COSE in the context of preparing and supervising school guidance personnel in student counselling. This study has implications for psychological services for counselling psychologists and researchers in Hong Kong and other parts of the world. In contrast, different researchers implied different measurement scales to assess the skills of counsellors. For instance, Swank, Lambie, & Witta (2012) carried out an exploratory investigation by examining the psychometric properties of the Counselling Competencies Scale (CCS) which was designed to assess

trainee competencies as measured in their counselling skills, dispositions, and behaviours. The researchers found strong internal consistency for the 4-factor and 5-factor models with the participation of 188 counselling practicum students in the study. The results provided support for using the CCS to assess counselling students' professional competencies.

Moreover, some researchers developed an instrument, the Counselling Skills Scale (CSS) by revising existing scales and evaluating the feedback from experts and focused groups to determine counsellor competence (Eriksen & McAuliffe, 2003). This scale involved client variability, context, and external situations that influence the counselling process to maintain the evaluation of the skills. Based on previous pieces of evidence, the data reported in this study provided initial support for the validation of the Counselling Skill Scale (CSS) because it was found that this scale can measure significant positive changes after completing the course in counselling skills. Counsellor competencies indicate ethical standards which should be maintained by the counsellor while dealing with their clients.

To evaluate these competencies many researchers came up with different strategies and dealt with different challenges to assess the competencies of the counsellors engaged in psychological services. In this regard, Ottman, Kohrt, Pedersen, & Schafer (2020) developed an approach to measure competency through standardized role plays. They conducted a two-part scoping review to describe how competency is conceptualized in studies evaluating the relationship of competency with client outcomes. They did not find any significant changes to measure competency with standardized role-plays as well as it indicated a gap in the evidence base for competency and its role in predicting client outcomes. Additionally, in the context of marriage and family therapy, Nelson et al. (2007) developed core competencies which are important for outcome-based education and for the need to answer questions about what marriage and family therapists do.

The researchers defined core competencies as “a collection of the basic or minimum skills that each practitioner should possess to provide safe and effective care”. The development of core competency was highly rated in the field of marriage and family therapeutic services. Roddy and Gabriel (2019) developed a therapeutic competency to meet the standards for independent and professional practice which is a significant part of counsellor training. This competency framework for domestic violence is a useful addition to the literature and has been systematically developed from a client-informed DV counselling model. It highlights high-level and wide-ranging counselling skills, specialist knowledge and specific personal characteristics for working with this client group which surpass the level required for independent practice. This framework can be very useful for pre and post-qualification counsellor training, recruitment and assessment by maintaining the ethical standard. Seemann, Buboltz, Jenkins, Soper, and Woller (2004) discussed psychological reactance which is the tendency of a person to act in a way to protect personal freedoms from actual or perceived threats and this is considered to be a factor in the process and outcome of therapy and may be an important variable in multicultural counselling. Previous pieces of evidence found that multicultural counselling competencies are critical to the process of therapy when members of the counselling dyad are racially dissimilar. The researchers used the Therapeutic Reactance Scale and a demographic questionnaire where undergraduates were recruited. The findings provided significant effects on ethnicity and gender. Specifically, African Americans were likely to produce higher reactance scores than Caucasians and males produced higher reactance scores than females. No significant interaction was found between ethnicity and gender. The researchers discussed the implications of these findings in terms of multicultural counselling and the process of therapy.

Cultural competency for the counsellor is an important context which is broadly recognized for the requirement of sensitivity at policymaking, organizational and individual levels. Bassey & Melluish (2013) conducted a systematic review of cultural competency based on the aptitudes required of practitioners to carry out psychological interventions with minority ethnic groups. The researchers found a lack of clarity over definitions in a differential focus on sub-components of the cultural competency construct, namely awareness, knowledge and skills. The researchers aimed to consolidate material dispersed across the literature, to create a narrative representation of what cultural competence means to the clinical practice of individuals delivering psychotherapeutic interventions.

Additionally, Whaley & Davis (2007) conducted research based on cultural competence and the need for evidence-based practice in mental health services. The purpose of their study is to illustrate the complementary nature of the need for culturally competent and evidence-based approaches in the field of mental health service. They discussed the implications of cultural adaptations of empirically supported treatments for mental health services in terms of research and practice with ethnic and racial minority populations. Furthermore, researchers developed the Multicultural Counseling Inventory (MCI), which is a self-report instrument that measures multicultural counsellor competencies (Sodowsky R Gargi, Taffe C Richard, 1994). The purpose of their study was to develop an instrument which will assist counsellors to increase multicultural competencies in psychological services. They conducted two studies where the first one was participated by 604 psychology students, psychologists and counsellors in a midwestern state and the other study included a random sample of 320 university counsellors. Exploratory principal-axis factor analysis, assessment of factor congruence between the factor structures of the 2 samples, confirmatory factor analysis to test the

relative goodness of fit of 6 competing factor models of the MCI and tests of internal consistency reliabilities were included in the instrument analysis. The findings provided multicultural counselling skills, multicultural awareness, multicultural counselling relationships and multicultural counselling knowledge as the factors of the Multicultural Counseling Inventory. Maras, Coleman, Gysbers, Herman, & Stanley (2013) conducted research to measure evaluation competency among school counsellors. To promote quality and accountability the school counsellors must require evaluation competency. According to the researchers, no effective methods were available to measure evaluation competency.

The researchers developed a survey which was designed to measure evaluation competency among school counselors in Missouri and its use in the initial evaluation of a state mentoring program. Results showed support for the psychometric properties and four-factor structure of this survey initially as well as a preliminary assessment of evaluation competencies among participating school counsellors. The researchers also discussed the implications which focus on the definition, build, and measure of evaluation competency in school counselling. Previous pieces of evidence suggested that with limited access to supervision, colleagues, and professional development ethical and social challenges can affect counsellor competence in rural communities.

Regarding rural context, researchers mentioned geographical isolation, small populations, and limited counselling resources can manipulate ethical issues for counsellors related to dual relationships, professional isolation, and generalist counselling practice (Symington, 2008). The researcher reviewed the previous shreds of evidence regarding rural counselling issues, ethical considerations, and counselling competence which was intended to broaden understanding of rural counselling issues, and the supports and information rural counsellors need to ensure that the client's best interests are competently met. Another study was conducted on the conceptualization and initial

measurement of counselling ethics competency which aimed to contribute to the existing conceptualizations of counselling ethics competency by developing a counselling ethics competency scale (Zakaria, Subarimaniam, Wan Jaafar, Mohd Ayub, & Saripan, 2020). The researchers discussed spirituality and self-efficacy influence counselling ethics competency. They performed a series of studies to develop hypotheses and a conceptual framework to assess the relationships between spirituality, self-efficacy and counselling ethics competency.

To measure registered counsellors' counselling ethics competency, a document analysis of the Counsellors Code of Ethics was conducted and presented based on a pilot test before the empirical development of the scale. The researchers developed a conceptual framework to operationalize the theory and to present the influence of spirituality and self-efficacy on counselling ethics competency. The counselling ethics competency scale was found reliable and valid to measure the registered counsellors' competency in the eight components of the Counsellors Code of Ethics. As there is less availability of scales to measure counselling ethics competency among registered counsellors, the scale and framework can be used to identify competencies where registered counsellors are lacking and to focus on the skills that counsellors need to improve. This paper also will provide insights for counsellor educators to be innovative in teaching and learning ethics within the scope of counsellor education training programs. To provide quality counselling services professionals are needed to be ethical and competent. Researchers conducted a study to assess the psychometric properties of the Counseling Competencies Scale (CCS) which is an instrument designed to measure counselling competencies, within the areas of counselling skills, professional dispositions, and professional behaviours (Jacqueline Melissa Swank, 2010). The researchers recruited 81 counselling practicum students and 21 counselling practicum supervisors from two graduate counsellor education programs at

public institutions accredited by the Council for Accreditation for Counseling and Related Educational Programs (CACREP) within the United States. Factor analysis, Pearson product-moment correlation (two-tailed), and Cronbach's alpha were included in the data analysis to test the research hypotheses. The findings of the statistical analyses support the development of the CCS as a promising assessment instrument to evaluate counselling competencies among counsellors who are in training. Moreover, the CCS can support counsellor educators and supervisors in their ethical and legal responsibilities as teachers, evaluators, and gatekeepers for the counselling profession as well as offers counsellors a tool to assist them in understanding and developing their level of comprehensive counselling competencies.

1.1 Rationale of the study

The number of counsellors and graduates from counselling-related programs in Bangladesh has been increasing in the last several years. The increased interest in counselling practice makes it necessary to assess the extent to which counselling is ethically practised, and the need to develop ethical standards in Bangladesh to reinforce qualified services and protect clients from potential harm. This research aims to investigate the training and practice of ethics in the counselling profession in Bangladesh. The ethical issue and competency of counsellors competence need to be examined and discussed. The issue of counsellor competence will be explained in detail, as it is directly related to the protection of clients from potential harm. How to measure and maintain counsellor competence will be examined. Ways to improve the education and practice of ethics in the counselling profession in Bangladesh will also be suggested. This study will contribute in these areas:

1. To develop an ethical standard for the counsellors of Bangladesh

2. To assess the counsellor's ethical practice arena of counselling in the context of Bangladesh
3. To demonstrate the role of counsellors to develop and improve their ethical values and dignity to provide counselling service
4. To highlight potential areas of ethical practice in counselling and make scope for further research in this field

1.2 Objective of the study

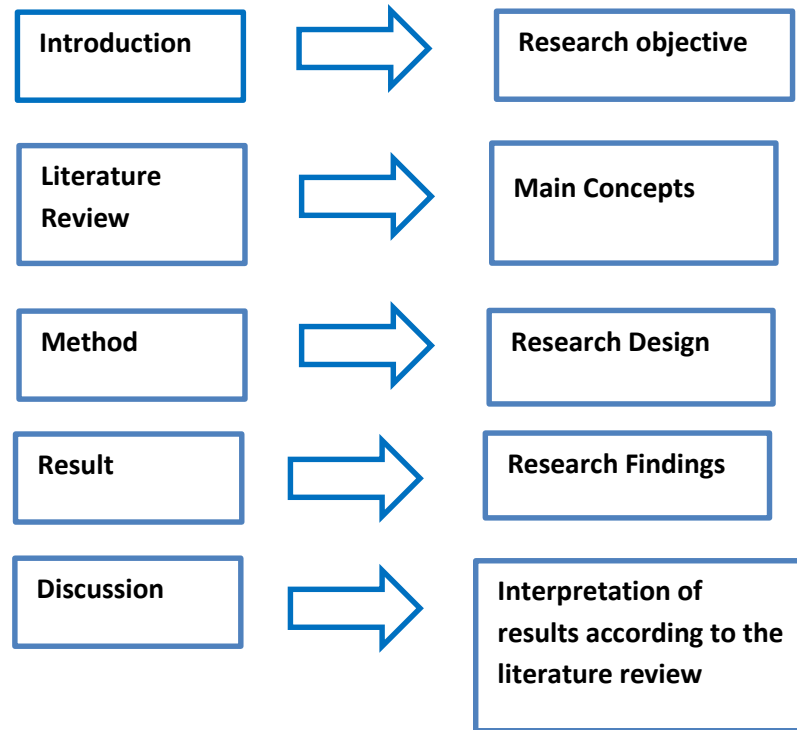
The objectives of the present study are as follows:

1. To develop a code of ethics for the psychologist of Bangladesh
 - Developing a code of ethics based on four main ethical principles: respect, competence, responsibility, and integrity
 - Validating the code of ethics through a Focus Group Discussion (FGD) with an expert panel
2. To measure the relationship between counsellor's competency and ethical practice of the counsellors in providing counselling service
3. To assess the ethical practice of the counsellor in counselling practice

1.3 Thesis Structure

Figure 1:

Thesis Structure



In the first phase, this research was started by analyzing the need for research in the mental health arena. In Bangladesh perspective, research on ethical practice was not found for the mental health professionals. Basically, this was the research background and research interest. In the introduction part some areas were included and discussed such as psychological counselling and psychotherapy, professional development of counselling and psychotherapy, counselling ethics in Bangladesh and Asia, ethical practice in counseling, online counseling, counsellor's competency, personal qualities of a counsellor, rationale of the study and objective of the study.

In the second phase, according to the research objectives, research methodology was selected and research design was made by the researcher. In this section, first code of ethics was prepared and then two Focus Group Discussion (FGD) were conducted. Then the code of ethics was validated by the expert panel. After that The Ethics and Practice Questionnaire was developed by the researcher which was developed to assess the ethical practice in Bangladesh. Besides that, The Client's Evaluation of Counselor Behavior (CECB-S, 2005) questionnaire was used to identify the relationship between counsellors' competency and ethical practice in Bangladesh.

In the third phase, after the data collection and analysis research finds were found and those were mentioned in the result section with figures and tables. Finally, in the discussion part, interpretation of the results was discussed according to the literature review. After that researcher also mentioned the limitation and recommendation of the research.

Method

Method

2.1 Participants

In this study, both qualitative and quantitative methods were used for data collection. In the first phase, two Focus Group Discussion (FGD) were conducted to validate the code of ethics. The participants were from different working areas based on psychology such as counselling psychologists, educational psychologists, clinical psychologists, psychological researchers, teachers from psychology, and doctors. Participants who were between 25 to 46 years old both male (7) and female (9) took part in the FGD. In each group, eight participants participated and shared their opinion based on questions they were asked.

To measure the ethical practice of the counsellor in counselling practice in Bangladesh, and the relationship between counsellors' competency and ethical practice in Bangladesh, both male (30.8%) and female (69.2%) participants who were a minimum of eighteen years old filled up the questionnaire (N=130). The criteria of the participant were counselee who has taken psychological counselling sessions from a counsellor. Besides that, professional counsellors who have taken counselling and supervision from the counsellors and supervisors as well. The questionnaire was validated by experts both psychologists and professors in psychology.

2.2 Measures

A questionnaire (Appendix 3) for the focus group discussion was prepared to explore the current ethical practice and how to improve ethical practice in the aspect of Bangladesh. A total of six questions were asked to the participants. The questions asked to the participants as an example were Q1: "What do you mean by an ethical principle in

psychological counselling practice?” and Q5: “How can a counsellor improve his/her ethical practice in counselling?”. Q7: “What are the competency counsellor need to acquire to improve the ethical practice in counselling?”.

Participants were asked for demographic information, including sex, age, educational qualification, marital status, number of sessions attended, number of counsellor's client has taken counselling service, types of counselling sessions, the way of choosing counsellors and the person who referred in the counselling session.

The Client’s Evaluation of Counselor Behavior (CECB-S, 2005) is a 33-question survey based on the factors of empathy, genuineness, and unconditional positive regard (Appendix 1). The items are rated on a 7-point Likert Scale (1 = disagree; 7 = agree). It was completed by the clients who have taken individual, family, couple, or group counselling sessions in Bangladesh. A factor analysis found that the CECB-S has 7 factors: Listening/Empathy Skills, Techniques, Goal Setting, Achievements, Availability, Counselling Action and Knowledge. The questions asked to the participants as an example were (Q1: “Available to meet regularly” and Q10: “Helped me toward my goals”). This questionnaire was used to identify the relationship between counsellors’ competency and ethical practice in Bangladesh

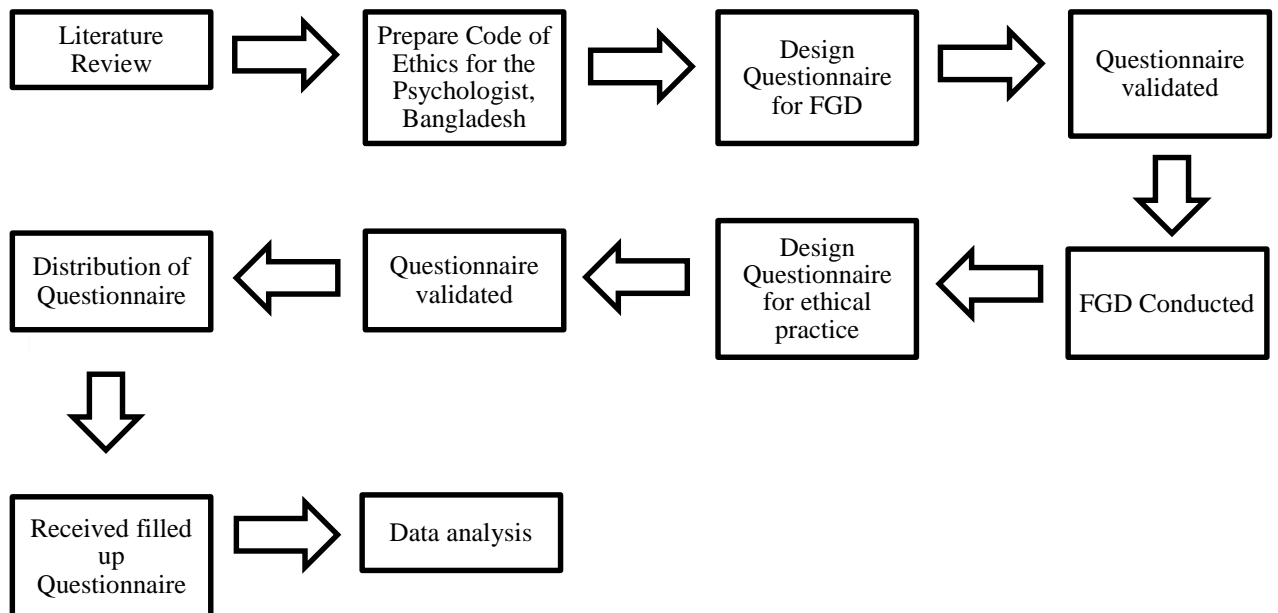
The Ethics and Practice Questionnaire (Appendix 2) was constructed based on a survey of the psychologist (Pope et al., 1987, 1988) which was adapted according to the Bangladeshi culture. Besides that, the questionnaire was validated by experts both psychologists and professors in psychology. This questionnaire was used to measure the ethical practice of the counsellor in counselling practice in Bangladesh. This questionnaire consists of 42 questions to assess the ethical practice and behavior of a psychologist or counsellor. The items are rated on a 5-point Likert Scale (1=Never, 2=Rarely,

3=Sometimes, 4=Often and 5=very often). It was designed to elicit ethical judgement from the subjects on 42 behaviours related to respect, informed consent, confidentiality, and behaviours that might be considered violations of the autonomy of clients. Participants were asked to rate each behaviour based on ethical judgement where an ethical judgment was made on whether the behaviour was correct according to the subject's standards of ethics. The questions asked to the participants as an example were (Q1: “Are you becoming social friends with a former counsellor over social media (such as Facebook, WhatsApp)?” and Q13: “Did your counsellor record the session without your consent?”).

2.3 Procedure

Figure 2:

Flowchart of the Method



After ethical approval had been permitted from the university ethical committee, all the participants who are above 18 years old, took part in this research from Bangladesh. They must agree to the consent of this research participation. In the initial phase, a draft of a code of ethics for the psychologist of Bangladesh was prepared by following the ethical code of conduct of the British Psychological Society (BPS) and American Psychological Association (APA). A Focus Group Discussion (FGD) was conducted by the researcher. Two groups were conducted to get an opinion about the Ethical standard draft. Moreover, it was found on the present condition of the ethical practice in counselling and how to improve the ethical practice in Bangladesh? The FGD took around 40-50 minutes over the google meet.

In the second phase, after getting feedback from the expert panel of the FGD, the Ethics and Practice Questionnaire was developed to assess the ethical practice in counselling Bangladesh. In addition, to identify a relationship between the counsellor's competency and the ethical practice in counselling, both Client's Evaluation of Counselor Behavior (CECB-S, 2005) and Ethics and Practice Questionnaire were used for the online survey. Counselee who has taken counselling service from a psychologist or counsellor. The participants are voluntarily taking part in the study as the data will be collected online through social media including Facebook, Messenger, and WhatsApp.

In the online survey, at first, participants need to click on the advertisement link which was attached to the online questionnaire. Once clicking on the link, it will take participants to the information sheet, informing them of the details of the study. They must then opt into the study through the informed consent sheet and signed by clicking on the 'I Agree' button. Upon clicking next, participants will be presented with the questionnaire. At the beginning of the questionnaire, participants will be presented with demographic

questions. Overall, each participant needs approximately 15 minutes to fill up the questionnaire. After completion of the survey, participants were encouraged to press the 'Click' button if they wanted to leave the study and finish the survey.

After completion of the survey by the participants, the data has been converted from the online survey to the SPSS by exporting. Then the data was divided into separate spreadsheets for each umbrella team to access relevant ones to their project. After that, it cleaned the data for each scale and calculated scores for individual scales. Later, collate the information of total scores back on one spreadsheet for analysis.

Refusal to participate or withdrawal of consent will result in no adverse effects. Upon completion of the analysis, the participants are unable to withdraw or request that their data be removed because it would be difficult to determine which data belongs to them due. Whether participants feel discomfort or distress during or after taking part in this study, they may contact the researcher and take support or advice from her. The contact details of the researcher were listed in the information sheet. Additionally, participants will remain anonymous during the study and confidentiality will be retained.

2.4 Analysis and Design

In the first trial, a draft code of ethics for the psychologist of Bangladesh was prepared for the psychologist of Bangladesh. An expert panel from different fields of psychology has given their opinion on this in the Focus Group Discussion (FGD).

Based on the FCD, in the second trial, the counsellor's competency and ethical practice were assessed by the online survey. Data was collected through an online survey from a large group of clients who have taken counselling from counsellors in Bangladesh. Data were analyzed by using SPSS software version 24. Descriptive statistics, such as

mean, standard deviation and frequency were used. The correlation analysis was used to evaluate the relationship between Counsellors' ethics and competency.

Finally, another expert panel verified the code of ethics for the psychologist of Bangladesh and finalized the compiled opinions from the experts as well as the client's perspective. They agreed that psychologists in Bangladesh can use this as a basic ethical guideline and that revision is needed for the up gradation of this Code through time.

Result

Result

The Code of Ethics for the Psychologist of Bangladesh contains four main broad ethical principles such as respect, competence, responsibility, and integrity. Under these four main ethical principles, other components like confidentiality, autonomy, nonjudgmental attitude, and other components are also included in the Code which has been suggested by the expert panel from the Focus Group Discussion (FGD).

Table 1

Components of Ethical Principles Discussed In FGD

| <i>Respect</i> | <i>Competence</i> |
|--|---|
| Confidentiality | Stay neutral |
| Acceptance- accept client as a human being | Supervision |
| Autonomy | Referral system |
| Beneficence | Non-judgmental attitude/ Unconditional positive regard |
| Non-munificence | Avoid manipulation both intentionally and unintentionally |
| Self-care | Reflection- what is the expectation of the client? |
| Self-respect | |
| <i>Responsibility</i> | <i>Integrity</i> |
| Respect to the client | Loyalty |
| Aware of counsellors one-up position | Fidelity |
| Aware of client's safeguarding | Faithfulness |
| Ensure client's right | Trust |
| Aware of the environment | Transparency |
| | Genuineness |
| | Setting up emotional boundary |
| | Not to impose counsellors' own values on client |

In the focus group discussion, it has come out that psychologists or counsellors in Bangladesh need to follow these ethical criteria during counselling practice which is described in figure 1. All those components can ensure the counsellor’s ethical practice in counselling.

Descriptive statistics and tests of significance were computed by using IBM SPSS 24. The correlation was calculated to find the different independent variable's impact on counselling competency and ethical practice. For example, age, sex, education, number of counselling session, duration of counselling, types of counselling and referral. Finally, the correlation between ethical practice and counselling competency was also measured to investigate how these dependent variables related to each other in the counselling profession.

Table 2

Correlation Between Ethical Practice and Counselling Competency

| | | Ethical Practice |
|------------|---------------------|------------------|
| Competency | Pearson Correlation | .022 |
| | Sig. (2-tailed) | .804 |

In table 2, results indicate that ethical practice and counselling competency are slightly positively correlated but there is no significance.

Table 3*Correlation of Demographic Variables with Ethical Practice*

| | | Ethical Practice |
|----------------------------------|---------------------|------------------|
| Age | Pearson Correlation | -.022 |
| | Sig. (2-tailed) | .805 |
| Sex | Pearson Correlation | .258** |
| | Sig. (2-tailed) | .003 |
| Education | Pearson Correlation | .011 |
| | Sig. (2-tailed) | .900 |
| Counselling Session number | Pearson Correlation | -.008 |
| | Sig. (2-tailed) | .929 |
| Duration of counselling | Pearson Correlation | -.228** |
| | Sig. (2-tailed) | .009 |
| Types | Pearson Correlation | -.135 |
| | Sig. (2-tailed) | .126 |
| Referral | Pearson Correlation | .031 |
| | Sig. (2-tailed) | .728 |

From table 3, sex is positively significant with a higher value the ethical practice. On the other hand, the duration of counselling is negatively significant with a higher value with the ethical practice. From the other variables, education and referral are positively correlated and significant with ethical practice. In contrast, age, counselling session number, and types of counselling are negatively correlated and not significant with the ethical practice.

Table 4*Correlation of Demographic Variables with The Competency of Counsellor*

| | | Competency of Counsellor |
|----------------------------------|---------------------|--------------------------|
| Age | Pearson Correlation | .020 |
| | Sig. (2-tailed) | .822 |
| Sex | Pearson Correlation | .014 |
| | Sig. (2-tailed) | .877 |
| Education | Pearson Correlation | -.121 |
| | Sig. (2-tailed) | .170 |
| Counselling Session number | Pearson Correlation | -.080 |
| | Sig. (2-tailed) | .364 |
| Duration of counselling | Pearson Correlation | -.076 |
| | Sig. (2-tailed) | .370 |
| Types | Pearson Correlation | .043 |
| | Sig. (2-tailed) | .634 |
| Referral | Pearson Correlation | .016 |
| | Sig. (2-tailed) | .855 |

In table 4, we can see that all the variables age, sex, types of counselling and referral are positively correlated but not highly significant with the counsellor's competency. On the other hand, education, counselling session number, duration of counselling is negatively correlated and also not significant with the counsellor's competency.

Discussion

Discussion

An expert panel from the various arena of psychology shared their opinion through FGD about the current ethical condition in Bangladesh and how to improve this ethical practice in the future. Respect, competence, responsibility, and integrity were the main four key principles of the Code of Ethics for the Psychologist of Bangladesh. Moreover, some areas also came as a recommendation from the expert panel to improve the ethical practice in counselling such as creating licensing process from the government, update professional development (attending training, workshops, seminars), conducting researches on counselling, collaborating among the other professional like clinical psychologist, psychiatrist, doctors, social worker, arrange more awareness program and create psychological association for the wellbeing of the counsellors. This expert panel also emphasizes the counsellor's competency which is significant to improve the ethical practice of a counsellor.

From the online survey, it was found that sex is positively correlated with ethical practice. Though the significance is not high. This shows that male clients rated the ethical practice in counselling higher than female clients. Another research revealed that the determinants of male client's appeared pleased and satisfied in the therapy session because they perceived a counsellor as an ethical therapist (Naqvi et al., 2019). Female clients face ambivalent attitudes and harassment in the male dominant culture when receiving any psychological services (Nicolson & Welsh, 1993).

Although competency is an essential component of ethical practice in counselling, the result indicates that ethical practice and counsellors' competency are slightly positively correlated and there is no significant correlation between these two variables. Shaw and Dobson (1988) also suggested that competency is not the only component of ethical

practice in counselling (Shaw & Dobson, 1988). Moreover, to some extent, ethical practice helps professionals to build counselling competency, but only ethical practice doesn't represent overall counselling competency. However, this can be concluded that a professional who has high counselling competency may not indicate that she/he is ethical as a professional.

On the other hand, the duration of counselling is negatively correlated with ethical practice. The result shows that when the duration is longer in the counselling, clients perceive that ethical practice decreases significantly. Another study revealed that most clients who had only one session were satisfied with their counselling and they expect actual treatment duration from the counsellor as well as a low number of visits in counselling (Warner, 1996).

From the other variables, education and referral are positively correlated and significant with ethical practice. The result illustrates that educated clients rated that counsellors are doing ethical practice in counselling. Another study showed that clients who lack education and knowledge for counselling, especially do not know what they want from the counselling, their progress found slower than educated clients (Paulson et al., 2001). Proctor and Hayes (2017) illustrated that clients who are educated and have experience in counselling in the past, wish to take part in the counselling session and rated the counsellors are ethical in their practice. Moreover, when the third party is referring clients for counselling, they set higher values for the ethical practice in counselling whereas self-referred clients underrated the ethical practice in counselling. Strong therapeutic association in the counselling session was found when a client came to the counselling through references (Duff & Bedi, 2010).

In contrast, age, counselling session number, and types of counselling are negatively correlated and not significant with the ethical practice. The result illustrates that younger participants rated that counsellor are doing ethical practice more than elderly participants. Besides, clients rated that the increase of number counselling sessions, decreases the ethical practice in counselling. All those correlations were low and this did not indicate any significance in the result.

In the case of the relationship between Counselor's competency the result illustrates that all the variables age, sex, types of counselling and referral are positively correlated but not significant. The result indicates that elderly participants perceived the counsellor as more ethical than the younger participants. Moreover, female clients reported that counsellors are more competent than male clients. Similarly, in the case of the types of counselling, the family or group counselling setting has a higher value, and this indicates that individual counselling is rated less competency than family or group counselling. Ramsay, Ramsay and Main (2007) suggested that both individual counselling and peer counselling help clients enhance their self-esteem, and life satisfaction which decreases their level of anxiety and depression significantly which is contradictory to the outcome of this study. Furthermore, in the case of referral, third party (friends, parents, and teacher) referred counselling set a higher value and the finding indicates that self-referred counselling competency is underrated than third-party referred counselling. However, these independent variables have no significant impact on ethical practice.

On the other hand, education, number of counselling sessions, duration of counselling is negatively correlated and also not significant with the counsellor's competency. This indicates that clients who are less educated, they rated the counsellor more competent than the educated clients. In addition, when the number and duration of counselling sessions increase, clients perceive the counsellor less competent.

Limitation and Recommendation

Research on psychological counselling and ethical practice is not sufficient in Bangladesh. This was one of the main limitations during the writing and putting references as well. Moreover, there is no ethical practice guideline for the counselor in Bangladesh and Asian guidelines were not available. As a result, sufficient cultural similarities in ethical practice in counseling were not found in journals.

In addition, due to the global pandemic covid 19 and lockdown, data collection procedure was hampered. The research data were not sufficient for this M.Phil. level and the overall result was not significant.

Although counselor's competency was an important criterion in the ethical practice in counseling. But due to the unavailability of research data and supporting references were visible in the writing.

In Bangladesh, government and educational institutions need to be proactive to prepare and establish a guideline for the ethical practice of mental health professionals. This guideline can be a basic outline for that. This guideline will help the counselors to follow and reflect on their ethical standards in counseling practice. Besides that, more research and publication in ethical practice will help to improve the ethical standards in the counseling practice which will ensure to provide sustainable counseling services to the people in our country.

References

- Ahmed, S., Wilson, K. B., Jr., R. C., & Jones, J. W. (2011). What Does It Mean to Be a Culturally Competent Counselor? *Journal for Social Action in Counseling & Psychology*, 3(1), 17-28. doi:10.33043/jsacp.3.1.17-28
- American Mental Health Counselors Association. (2000). Code of Ethics. Alexandria, VA: Author.
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American psychologist*, 57(12), 1060-1073.
- American School Counselor Association. (1992). Ethical standards for school counselors. *The school counselor*, 84-88.
- Aponte, H. J., & Ingram, M. (2018). Person of the Therapist supervision: Reflections of a therapist and supervisor on empathic-identification and differentiation. *Journal of Family Psychotherapy*, 29(1), 43-57. doi:10.1080/08975353.2018.1416233
- Arredondo, P., Toporek, R., Brown, S. P., Jones, J., Locke, D. C., Sanchez, J., & Stadler, H. (1996). Operationalization of the Multicultural Counseling Competencies. *Journal of Multicultural Counseling and Development*, 24(1), 42-78. doi:10.1002/j.2161-1912.1996.tb00288.x
- Bassey, S., & Melliush, S. (2013). Cultural competency for mental health practitioners: a selective narrative review. 5070(May). <https://doi.org/10.1080/09515070.2013.792995>

- Bhola, P., Sinha, A., Sonkar, S., & Raguram, A. (2015). Ethical dilemmas experienced by clinical psychology trainee therapists. *Indian Journal of Medical Ethics*. doi:10.20529/ijme.2015.055
- Bloom, J. W. (1998). The ethical practice of Web C ounseling. *British Journal of Guidance & Counselling*, 26(1), 53-59. doi:10.1080/03069889808253838
- Bordin, E. S. (1955). Psychological counseling. doi:10.1037/10642-000
- Bower, P., Knowles, S., Coventry, P. A., & Rowland, N. (2011). Counselling for mental health and psychosocial problems in Primary Care. *Cochrane Database of Systematic Reviews*. doi: 10.1002/14651858.cd001025.pub3
- Christopher, J. C., & Maris, J. A. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy Research*, 10(2), 114-125. doi:10.1080/14733141003750285
- Corey, G., Corey, M. S., & Callanan, P. (1988). *Issues and ethics in the helping professions*. Wadsworth/Thomson Learning.
- Corey, G., Corey, M. S., & Callanan, P. (2000). Issues and ethics in the helping professions. *Adolescence*, 35(138), 418.
- Creighton, G., Oliffe, J. L., Ferlatte, O., Bottorff, J., Broom, A., & Jenkins, E. K. (2017). Photovoice Ethics: Critical Reflections From Men's Mental Health Research. *Qualitative Health Research*, 28(3), 446-455. doi:10.1177/1049732317729137
- Dryden, W., & Mytton, J. (2017). *Four approaches to counselling and psychotherapy*. London: Routledge Taylor & Francis Group.

- Duff, C. T., & Bedi, R. P. (2010). Counsellor behaviours that predict therapeutic alliance: From the client's perspective. *Counselling Psychology Quarterly*, 23(1), 91-110. doi:10.1080/09515071003688165
- Eriksen, K., & McAuliffe, G. (2003). A measure of counselor competency. *Counselor Education and Supervision*, 43(2), 120–133. <https://doi.org/10.1002/j.1556-6978.2003.tb01836.x>
- Fisher, C. B., & Fried, A. L. (2003). Internet-mediated psychological services and the American Psychological Association Ethics Code. *Psychotherapy: Theory, Research, Practice, Training*, 40(1-2), 103-111. doi:10.1037/0033-3204.40.1-2.103
- Fisher, C. B., & Fried, A. L. (2003). Internet-mediated psychological services and the American Psychological Association Ethics Code. *Psychotherapy: Theory, Research, Practice, Training*, 40(1-2), 103-111. doi:10.1037/0033-3204.40.1-2.103
- Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology*, 48(4), 371-383. doi:10.1037/0022-0167.48.4.371
- Iqbal, Y., Jahan, R., Yesmin, S., Selim, A., & Siddique, S. N. (2020). Covid -19-related issues on tele-counseling helpline in Bangladesh. *Asia-Pacific Psychiatry*, 13(2). doi:10.1111/appy.12407
- Islam, S. (2012). Development and trends in counselling services in Bangladesh: Need for professionalism. *Indian Journal of Positive Psychology*, 3(2), 110.
- Islam, S., & Islam, M. A. (2010). Counselling Psychology in Bangladesh. WMAI Islam & Islam, 1. Retrieved from

[http://memberfiles.freewebs.com/00/97/68269700/documents/Counselling Psychology in Bangladesh.pdf](http://memberfiles.freewebs.com/00/97/68269700/documents/Counselling%20Psychology%20in%20Bangladesh.pdf)

- Ivey, G. (2014). The Ethics of Mandatory Personal Psychotherapy for Trainee Psychotherapists. *Ethics & Behavior*, 24(2), 91-108. doi:10.1080/10508422.2013.808961
- Jain, S., & Roberts, L. W. (2009). Ethics in Psychotherapy: A Focus on Professional Boundaries and Confidentiality Practices. *Psychiatric Clinics of North America*, 32(2), 299-314. doi:10.1016/j.psc.2009.03.005
- Jenkins, P. (2017). *Professional Practice in Counselling and Psychotherapy: Ethics and the Law*. SAGE.
- Jennings, L., & Skovholt, T. M. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology*, 46(1), 3-11. doi:10.1037/0022-0167.46.1.3
- Jennings, L., Sovereign, A., Bottorff, N., Mussell, M. P., & Vye, C. (2005). Nine Ethical Values of Master Therapists. *Journal of Mental Health Counseling*, 27(1), 32-47. doi:10.17744/mehc.27.1.lmm8vmdujgev2qhp
- Johnson, D. H., & Gelso, C. J. (1981). The effectiveness of time limits in counseling and psychotherapy: A critical review. *The Counseling Psychologist*, 9(1), 70-83. doi:10.1177/001100008000900115
- Johnston, M. (1999). On becoming non-judgmental: Some difficulties for an ethics of counselling. *Journal of Medical Ethics*, 25(6), 487-490. doi:10.1136/jme.25.6.487

- Kitchener, K. S. (1984). Intuition, Critical Evaluation and Ethical Principles: The Foundation for Ethical Decisions in Counseling Psychology. *The Counseling Psychologist*, 12(3), 43-55. doi:10.1177/0011000084123005
- Kozina, K., Grabovari, N., De Stefano, J., & Drapeau, M. (2010). Measuring changes in counselor self-efficacy: Further validation and implications for training and supervision. *Clinical Supervisor*, 29(2), 117–127. <https://doi.org/10.1080/07325223.2010.517483>
- Kwan, K. L. K. (2003). The ethical practice of counseling in Asia: an introduction to the special issue of Asian Journal of Counselling. *Asian Journal of Counselling*, 10(1), 1-10.
- Lambert, M. J., & Vermeersch, D. A. (2002). Effectiveness of psychotherapy. *Encyclopedia of Psychotherapy*, 709-714. doi:10.1016/b0-12-343010-0/00084-2
- Langdridge, D., Barker, M., & Vossler, A. (2010). *Understanding counselling and psychotherapy*. London: SAGE. <http://www.uk.sagepub.com/books/Book234412>
- Lockhart, E., & Keys, S. (1998). The Mental Health Counseling Role of School Counselors. *Professional School Counseling*, 1(4), 3-6. Retrieved January 13, 2021, from <http://www.jstor.org/stable/42731815>
- Maras, M. A., Coleman, S. L., Gysbers, N. C., Herman, K. C., & Stanley, B. (2013). Measuring Evaluation Competency Among School Counselors. *Counseling Outcome Research and Evaluation*, 4(2), 99–111. <https://doi.org/10.1177/2150137813494765>
- Meara, N. M., Schmidt, L. D., & Day, J. D. (1996). Principles and Virtues. *The Counseling Psychologist*, 24(1), 4-77. doi:10.1177/0011000096241002
- Naqvi, A. A., Hassali, M. A., Naqvi, S. B., Aftab, M. T., Zehra, F., Nadir, M. N., . . . Kachela, B. (2019). Assessment of patient satisfaction following pharmacist counselling session by

a novel patient satisfaction feedback on counselling questionnaire. *Journal of Pharmaceutical Health Services Research*, 10(2), 243-254. doi:10.1111/jphs.12294

Nelson, T. S., Chenail, R. J., Alexander, J. F., Crane, D. R., Johnson, S. M., & Schwallie, L. (2007). The development of core competencies for the practice of marriage and family therapy. *Journal of Marital and Family Therapy*, 33(4), 417–438. <https://doi.org/10.1111/j.1752-0606.2007.00042.x>

Nicolson, P., & Welsh, C. L. (1993). Sexual harassment, male dominated organizations and the role of counselling psychology: The case of medical school. *Counselling Psychology Quarterly*, 6(4), 291-301. doi:10.1080/09515079308254123

Nimh Fact Sheet - World Health Organization. (n.d.). Retrieved January 12, 2022, from https://www.who.int/docs/default-source/searo/bangladesh/pdf-reports/cat-2/nimh-fact-sheet-5-11-19.pdf?sfvrsn=3e62d4b0_2

Oetting, E. R. (1967). Developmental definition of counseling psychology. *Journal of Counseling Psychology*, 14(4), 382-385. doi:10.1037/h0024747

Orlinsky, D. E., & Rønnestad, M. H. (2005). How psychotherapists develop: A study of therapeutic work and professional growth. doi:10.1037/11157-000

Ottman, K. E., Kohrt, B. A., Pedersen, G. A., & Schafer, A. (2020). Behaviour Research and Therapy Use of role plays to assess therapist competency and its association with client outcomes in psychological interventions: A scoping review and competency research agenda. *Behaviour Research and Therapy*, 130(December 2019), 103531. <https://doi.org/10.1016/j.brat.2019.103531>

- Pattison, S., Rowland, N., Richards, K., Cromarty, K., Jenkins, P., & Polat, F. (2009). School counselling in Wales: Recommendations for good practice. *Counselling and Psychotherapy Research*, 9(3), 169-173. doi:10.1080/14733140903169315
- Paulson, B., Everall, R., & Stuart, J. (2001). Client perceptions of hindering experiences in counselling. *Counselling and Psychotherapy Research*, 1(1), 53–61. <https://doi.org/10.1080/14733140112331385258>
- Pei-Boon, O., Wan Jaafar, W. M., Chin-Siang, A., & Nee-Nee, C. (2020). Psychometric Properties of the sources of counseling self efficacy in a sample of Malaysian Secondary School Counselors. *SAGE Open*, 10(1), 215824402090207. doi:10.1177/2158244020902076
- Proctor, G. M. (2014). *Values and ethics in counselling and psychotherapy*. Sage.
- Proctor, G., & Hayes, C. (2017). Counselling for Depression: a response to counselling education in the twenty-first century. Ethical conflicts for a counselling approach operating within a medicalised bureaucratic health service. *British Journal of Guidance & Counselling*, 45(4), 417–426. <https://doi.org/10.1080/03069885.2016.1274377>
- Radden, J. (2002). Notes Towards a Professional Ethics for Psychiatry. *Australian & New Zealand Journal of Psychiatry*, 36(1), 52-59. doi:10.1046/j.1440-1614.2002.00989.x
- Rajkumar, R. P. (2020). Covid-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52, 102066. doi: 10.1016/j.ajp.2020.102066
- Ramsay, K., Ramsay, J., & Main, D. (2007). Both group peer counselling and individual counselling reduce anxiety and depression, and increase self-esteem and overall life satisfaction in palliative cancer care. *Counselling Psychology Quarterly*, 20(2), 157-167.

- Robson, D., & Robson, M. (2000). Ethical issues in internet counselling. *Counselling Psychology Quarterly*, 13(3), 249-257. doi:10.1080/09515070010037911
- Roddy, J. K., & Gabriel, L. (2019). A competency framework for domestic violence counselling. *British Journal of Guidance and Counselling*, 47(6), 669–681. <https://doi.org/10.1080/03069885.2019.1599322>
- Rønnestad, M. H., & Skovholt, T. M. (2003). *Journal of Career Development*, 30(1), 5-44. doi:10.1023/a:1025173508081
- Rozario, L. G. (2019). *Assessing the need of professional counselors and their potential role in Bangladesh* (Doctoral dissertation, University of Dhaka)
- Sampson, J. P., Kolodinsky, R. W., & Greeno, B. P. (1997). Counseling on the Information Highway: Future Possibilities and Potential Problems. *Journal of Counseling & Development*, 75(3), 203-212. doi:10.1002/j.1556-6676.1997.tb02334.x
- Seemann, E. A., Buboltz, W. C., Jenkins, S. M., Soper, B., & Woller, K. (2004). Ethnic and gender differences in psychological reactance: The importance of reactance in multicultural counselling. *Counselling Psychology Quarterly*, 17(2), 167–176. <https://doi.org/10.1080/09515070410001728316>
- Shahriah, S., Islam, S., & Arafat, K. (2019). Therapeutic Contract and Ethical Practice in Counselling and Psychotherapy. *Bangladesh Journal of Bioethics*, 10(3), 11-15. doi:10.3329/bioethics.v10i3.50405
- Shaw, B. F., & Dobson, K. S. (1988). Competency judgments in the training and evaluation of psychotherapists. *Journal of Consulting and Clinical Psychology*, 56(5), 666-672. doi:10.1037/0022-006x.56.5.666

Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in Therapist and Counselor Development. *Journal of Counseling & Development*, 70(4), 505-515. doi:10.1002/j.1556-6676.1992.tb01646.x

Sodowsky R Gargi, Taffe C Richard, G. B. T. and W. L. S. (1994). Development_of_the_Multicultural_Counsel.pdf. *Journal of Counseling Psychology*, pp. 137-148.

Swank, J. M. (2010). Assessing the psychometric properties of the Counseling Competencies Scale: A measure of counseling skills, dispositions, and behaviors. (2010), i-319.

Swank, J. M., Lambie, G. W., & Witta, E. L. (2012). An exploratory investigation of the counseling competencies scale: A measure of counseling skills, dispositions, and behaviors. *Counselor Education and Supervision*, 51(3), 189-206. <https://doi.org/10.1002/j.1556-6978.2012.00014.x>

Symington, A. (2008). RURAL COUNSELLOR COMPETENCY MANUAL. 49(1), 11.
Retrieved from https://www.bertelsmann-stiftung.de/fileadmin/files/BSt/Publikationen/GrauePublikationen/MT_Globalization_Report_2018.pdf
http://eprints.lse.ac.uk/43447/1/India_globalisation%2C_society_and_inequalities%28lsero%29.pdf
<https://www.quora.com/What-is-the>

Thomas, J. T. (2010). The ethics of supervision and consultation: Practical guidance for mental health professionals. doi:10.1037/12078-000

Warner, R. E. (1996). Comparison of Client and Counsellor Satisfaction with Treatment Duration. *Journal of College Student Psychotherapy*, 10(3), 73-88. doi:10.1300/j035v10n03_06

- Watt, H. M. G., Ehrich, J., Stewart, S. E., Snell, T., Bucich, M., Jacobs, N., ... English, D. (2019). Development of the Psychologist and Counsellor Self-Efficacy Scale. *Higher Education, Skills and Work-Based Learning*, 9(3), 485–509. <https://doi.org/10.1108/HESWBL-07-2018-0069>
- Whaley, A. L., & Davis, K. E. (2007). Cultural Competence and Evidence-Based Practice in Mental Health Services: A Complementary Perspective. *American Psychologist*, 62(6), 563–574. <https://doi.org/10.1037/0003-066X.62.6.563>
- Yuen, M., Faculty, A., Chan, R., Lau, P., Lam, M., Shek, D. T. L., ... Shek, D. T. L. (2010). The Counselling Self-Estimate Inventory (COSE): does it work in Chinese counsellors ? The Counselling Self-Estimate Inventory (COSE): does it work in Chinese counsellors? 5070. <https://doi.org/10.1080/09515070410001728280>
- Zakaria, N. S., &Subarimaniam, N. (2020). Conceptualization and initial measurement of counseling ethics competency: the influence of spirituality and self-efficacy. (9550400). <https://doi.org/10.1108/EJTD-02-2020-0016>

Appendix

Appendix 1

Code of Ethics for the Psychologist

Bangladesh

Department of Educational and Counselling Psychology

University of Dhaka

Contents

1. Introduction
2. Structure of the code
3. Ethical Principles
4. Conclusion
5. Further information

This code is prepared by Safina Binte Enayet as part of the M.Phil. thesis (2015-2016)

Supervised by

Professor Dr. Mahjabeen Haque
Department of Educational and Counselling Psychology
University of Dhaka
Dhaka-1000
Bangladesh

Objective of this Code

For all applied psychologists, this document provides a set of shared practice guidelines, and its main objectives are:

- to describe good psychological practice for all psychologists in Bangladesh
- to strengthen the identity of psychologists
- to benefit the public
- to support members
- to provide a guide on legal and regulatory questions

1. Introduction

1.1 This code includes the professional standards that are laid down by the members of the Counselling Association or Society must uphold. The purpose of the Code is to provide a structure for all psychologists (Counselling, educational and clinical) to direct decision-making. This structure allows for some flexibilities to be adequate approaches, context and methods and portrays the ethical standard which will apply to every professional in this arena. All the psychologists and counsellors need to train themselves with any legal structure, monitoring requirements and other guidelines, particularly with the ethical code of human research and practice guide in Bangladesh.

1.2 New ethical principles are developing in this world of changes. Every day new challenges are coming from different sources and areas. These include the extraordinary opportunities created by developments in science and technology as well as the threats came from environmental changes and universal disputes.

1.3 In this evolving and uncertain circumstances, psychologists need to make decisions and the requirement for psychologists to use their own clinical and ethical judgments cannot be replaced by any code. The Bangladeshi people and society might hope that the Code will act as a basis for the evaluation of ethical issues, taking into account the values inherent in this Code in the decision-making process, along with the interests of individuals, peoples and organizations, in the particular circumstances in which the decision is to be made.

1.4 The discipline of Psychology, both as a science and a profession, exists within the framework of human society. Therefore, a general collective commitment to the welfare of both human and non-human beings in the cultures in which they are psychologists live and work needs to be acknowledged.

1.5 For psychologists, it is important to be aware of research that has an ethical significance.

1.6 Ethical behaviour of a psychologist requires ethical awareness-noticing what course of action poses ethical issues, making it more the ethical practice will probably follow.

1.7 Sometimes, ethical reasoning is subject to multiple opposing prejudices. When trying to think about ethical issues, it is necessary to retain an understanding of such prejudices. These variables include, but are not restricted to, salience (how readily anything comes to mind), confirmation bias (the human tendency to look for evidence that confirms their belief and to ignore other evidence), loss aversion (behaviour to prevent loss), transparency beliefs (trend to be more truthful when they think others will know their actions), and dissonance reduction (acting to maintain consistent beliefs). With the development of information in this area, this list will evolve. Therefore, psychologists are well-positioned and encouraged to weigh these variables in their decision-making.

1.8 A variety of person and group influences may impact ethical acting because even though an individual is aware of ethical concerns and has progressed through the decision-making process, their willingness or ability to social norms, organizational pressures and group/self-identity are major considerations. In their decision-making, psychologists are well positioned to consider and rely on these variables.

1.9 it should be considered by the psychologists to record their decision processes for good practice when confronted with particularly challenging ethical concerns, to make it available for future reference if it is re-visited by the decision.

1.10 Acting ethically relies on many abilities such as including leadership ability, efficient prioritization, and risk management. Some of the many environmental problems that could affect the implementation of a decision are fear, complexity, exhaustion, and perverse incentive systems.

1.11 As a psychologist, we are mindful of the significance of our behavior influencing both meaning and character. There's a long history of being conscious of how to improve character strength. Therefore, this code will encourage all psychologists to be aware of their strengths and limitations to be able to function in the most ethical way possible.

2. Structure of the Code

2.1 The Code is based on four ethical standards, which form the key areas of obligation for the consideration of ethical issues. These have been followed by the British Psychological Society (BPS) and agreed upon by professionals of Bangladesh through Focus Group Discussion (FGD). The manner and the contexts that they apply will certainly change over time.

They are:

- i. Respect
- ii. Competence
- iii. Responsibility
- iv. Integrity

2.2 In a statement of values, each principle is defined, representing the fundamental principles that govern ethical thinking, decision making and behavior. We list issues and concerns under each principle that psychologists should be mindful of in applying the principles in their practice. These broad 'headline' categories are included and at the end of this document, a list of additional tools that build on the implementation of these principles in the field of practice of the psychologist is given.

3. Ethical Principles

3.1 Respect

One of the most basic and common ethical values across geographical and cultural borders, and across professional fields, is respect for the dignity of individuals and people. It provides the ethical framework for many of the other concepts of ethics. Respect for dignity acknowledges the intrinsic value of all human beings, irrespective of perceived or actual differences in social status, ethnic origin, gender, ability, or any other characteristics of such a community. This intrinsic value means that equal moral consideration is deserved of all human beings.

Statement of values: The dignity and importance of all individuals are valued by psychologists, with attention to the complexities of perceived authority or power over persons and peoples, and with special regard to the rights of people.

During the application of these values, psychologists should consider:

- i. Confidentiality and maintaining privacy
- ii. Showing respect
- iii. Societies and shared values within them
- iv. Impacts on the extensive environment, whether living or otherwise
- v. Power issues or one-up position
- vi. Informed consent
- vii. Self-dedication
- viii. The importance of compassionate care includes empathy, acceptance, generosity, openness, distress tolerance, commitment, and courage.

3.2 Competence

A variety of services that generally require professional expertise, training, skills and experience can be delivered by psychologists, whether academic, practitioner or training. Competence refers to their ability to offer a required quality level for a certain service. In addition, professional services outside their fields of expertise, abilities, qualifications, and experience should not be offered by a psychologist.

Statement of values: In their professional practice, psychologists value the continuous development and preservation of high standards of competence and the importance of operating within the accepted limits of their expertise, capacity, training, education, and experience.

During the application of these values, psychologists should consider:

- i. Possession of sufficient skills and treatment to serve the individuals and populations

- ii. The limits of their competence and the possible need to refer to different professional
- iii. Developments in the evidence base
- iv. The need for technological and practical skills to be maintained
- v. Matters of professional ethics and decision-making
- vi. Any limits on their right to practice taking mitigating actions as appropriate
- vii. Caution in making statements about information

3.3 Responsibility

Responsibility is a vital element of autonomy and psychologists enjoy professional autonomy because of their recognized skills. Psychologists must take sufficient accountability for what is under their jurisdiction, control, or management. Awareness of responsibility ensures that others' trust is not violated, that the power of influence is properly handled, and that responsibility to others is still paramount.

Statement of values: Psychologists respect their obligations to individuals and populations, and to the public, to the profession of the science of psychology including avoidance of damaged and the avoidance of their misuse or violence society commitment.

During the application of these values, psychologists should consider:

- i. Accountability of professionals
- ii. To use their expertise and skills responsibly
- iii. Respect for the well-being of human, non-humans, and the living world
- iv. Potentially overlapping roles

3.4 Integrity

Acting with integrity means being honest and truthful, maintaining accuracy and consistency in actions, words, decisions, approaches, and outcomes. Integrity requires setting self-interest on one hand and being critical and open to challenging one's actions in a professional framework.

Statement of values: Psychologists admire honesty, correctness, accuracy, transparency and equity in their relationship with individuals and communities and aim to foster dignity in all respects of their scientific and professional activities.

During the application of these values, psychologists should consider:

- i. Truthfulness, honesty and openness
- ii. Maintaining personal and professional boundaries
- iii. Accurate unbiased representation
- iv. Justice
- v. Avoiding exploitation and conflicts of interest (self-interest included)
- vi. Addressing misconduct

4. Conclusion

This code cannot and does not attempt to provide the answer to each ethical decision a psychologist may face. This Code can only provide the parameters within which professional judgement should have been made. Though, it is significant to remember to reflect and apply a process for the resolution of ethical challenges.

Appendix 2

Focus Group Discussion (FGD) Questionnaire

Ethical practice in counselling: Developing an ethical standard for Bangladesh

1. What do you mean by the ethical principle in Psychological counselling practice?
2. What are the ethical principles a psychological counsellor should maintain?
3. In your opinion, can counsellors or psychotherapists in Bangladesh be able to maintain those ethical principles? If not, what are the reasons?
4. Why is necessary to maintain ethical principles in Bangladesh for the counsellors?
5. How can a counsellor improve his/her ethical practice in counselling? What are the things a professional should follow?
6. What is the competency counsellor need to acquire to improve the ethical practice in counselling?
7. To improve the counsellor's ethical practice in Bangladesh, what should academic institutions, organizations and governments do?

Consent Form

প্রিয় অংশগ্রহণকারী,

আমি সাফিনা বিনতে এনায়েত, ঢাকা বিশ্ববিদ্যালয়ের এডুকেশনাল অ্যান্ড কাউন্সেলিং সাইকোলজি বিভাগের এম.ফিল গবেষক। এই গবেষনার বিষয়বস্তু বাংলাদেশের পরিপ্রেক্ষিতে কাউন্সেলিংয়ে কাউন্সেলরের দক্ষতা এবং নৈতিকতা অনুশীলন পরিমাপন।

শরীর ও মন ভালো রাখার জন্য মনোসামাজিক কাউন্সেলিংয়ের গুরুত্ব অপরিসীম। বর্তমানে সময়ের ক্রমবর্ধমান সামাজিক, পারিবারিক, পারস্পারিক সম্পর্ক, কর্মক্ষেত্র থেকে উদ্ভূত মানসিক চাপ, দুশ্চিন্তা, বিষন্নতা প্রভৃতি মানসিক অসুবিধা মোকাবেলার জন্য মনোসামাজিক কাউন্সেলিং অত্যন্ত ফলপ্রসূ। কাউন্সেলরদের এই পেশার ক্রমবর্ধমান উন্নতি নিশ্চিত করার জন্য দক্ষতা ও নৈতিকতা অনুশীলন এর পরিমাপন অত্যাবশ্যকীয়।

আপনার বয়স যদি ১৮ বছর বা তার বেশি হয়ে থাকে এবং আপনার যদি এক বা একাধিক মনোসামাজিক কাউন্সেলিং সেশন নেওয়ার অভিজ্ঞতা থেকে থাকে, তাহলে আপনি এই প্রশ্নোত্তর পর্বে অংশ নিতে পারবেন। এই প্রশ্নাবলী পূরণ করতে আপনার ১০ থেকে ১৫ মিনিট সময় লাগবে। আপনার সমস্ত তথ্য গোপন রাখা হবে এবং প্রাপ্ত উপাত্ত শুধুমাত্র এম.ফিল গবেষনার কাজে ব্যবহৃত হবে। এই গবেষণার অংশগ্রহণের ফলে আপনার শারীরিক বা মানসিক ক্ষতির কোন সম্ভাবনা নেই। যদি এই গবেষণায় অংশগ্রহণের ফলে আপনি কোন উদ্বেগ অনুভব করেন, তাহলে গবেষকের সাথে যোগাযোগ করুন। এই গবেষণায় অংশগ্রহণের জন্য আপনাকে কোন আর্থিক সুবিধা প্রদান করা হবে না।

বর্তমানে গবেষণাটি এডুকেশনাল অ্যান্ড কাউন্সেলিং সাইকোলজি বিভাগের ইথিক্স কমিটি (Ethics Committee) দ্বারা অনুমোদিত এবং অধ্যাপক ড. মেহজাবীন হকের তত্ত্বাবধানে করা হচ্ছে।

সংগৃহীত তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহৃত হবে। আপনি চাইলে যে কোন সময় গবেষণা থেকে নিজেকে প্রত্যাহার করে নিতে পারবেন।

গবেষণা সম্পর্কিত যে কোন তথ্যের জন্য যোগাযোগঃ

সাফিনা বিনতে এনায়েত

এম.ফিল (২য় বর্ষ)

ই মেইল: safina.enayet30@gmail.com

এডুকেশনাল অ্যান্ড কাউন্সেলিং সাইকোলজি বিভাগ

ঢাকা বিশ্ববিদ্যালয়, ঢাকা- ১০০০, বাংলাদেশ।

নির্দেশনা

এই প্রশ্নমালাটির মাধ্যমে কাউন্সেলর এর কর্মদক্ষতা মূল্যায়ন করা হবে। আপনাকে ১ থেকে ৭ এর মধ্যে উত্তর দিতে হবে। ১ হল অসম্মত এবং ৭ হল সম্মত। আপনার কাউন্সেলর কে চিন্তা করে আপনি প্রয়োজনীয় সংখ্যাটি নির্ধারণ করুন।

গবেষণায় অংশগ্রহণের জন্য আপনাকে আন্তরিকভাবে ধন্যবাদ

Demographic Data

জনসংখ্যা- বিষয়ক তথ্য

১ বয়স:

২। লিঙ্গ: পুরুষ মহিলা অন্যান্য

৩। শিক্ষাগত যোগ্যতা:

৪। বৈবাহিক অবস্থা: বিবাহিত অবিবাহিত তলাকপ্রাপ্ত (Divorced)

৫। মোট কয়টি কাউন্সেলিং সেশনে অংশগ্রহণ করেছেন?

৬। সেশন নেওয়ার সময় সীমা

ক) প্রায় ১ মাস পর্যন্ত

খ) প্রায় ৩ মাস পর্যন্ত

গ) প্রায় ৬ মাস পর্যন্ত

ঘ) ১ বছর বা তার বেশী সময়

৭। মোট কয়জন কাউন্সেলরের কাছ থেকে কাউন্সেলিং সেবা গ্রহন করেছেন?

- ক) মাত্র ১ জন কাউন্সেলর/সাইকো থেরাপিস্ট
- খ) মাত্র ২ জন কাউন্সেলর/সাইকো থেরাপিস্ট
- গ) মাত্র ৩ জন কাউন্সেলর/সাইকো থেরাপিস্ট
- ঘ) মাত্র ৪ জন কাউন্সেলর/সাইকো থেরাপিস্ট

৮। কি ধরনের কাউন্সেলিং সেশনে অংশগ্রহণ করেছিলেন?

- ক) ব্যক্তিগত (Individual)
- খ) দলগত (Group)
- গ) বৈবাহিক (Marital)
- ঘ) পারিবারিক (Family)
- ঙ) অন্যান্য (Others)

৯। কিসের উপর ভিত্তি করে কাউন্সেলর কে বাছাই করেছেন?

বয়স, লিঙ্গ (পুরুষ, নারী), অভিজ্ঞতা, শিক্ষাগত যোগ্যতা, ট্রেনিং সংখ্যা, অন্যান্য
(লিখুন)

১০। কাউন্সেলিং নেওয়ার জন্য কে আপনাকে রেফার (Refer) করেছে?

- a. মা-বাবা অথবা পরিবার)
- b. বন্ধু
- c. আত্মীয়
- d. শিক্ষক
- e. ডাক্তার
- f. সাইক্রিয়াটিস্ট (Psychiatrist)
- g. নিজে (Self Referred)
- h. অন্যান্য (লিখুন)

নৈতিকতা ও অনুশীলন প্রশ্নাবলী

Ethics and Practice Questionnaire

নির্দেশনা

এই প্রশ্নমালার বিবৃতিগুলো একজন কাউন্সেলর বা সাইকোথেরাপিস্টের আচরণকে ব্যাখ্যা করে। প্রতিটি প্রশ্নের জন্য আপনাকে কাউন্সেলর বা সাইকোথেরাপিস্টরা এই আচরণটি কতবার করেন, সেটার পুনরাবৃত্তি বিচার করতে বলা হয়েছে। অন্যভাবে বলা যায় যে, প্রতিটি প্রশ্নের জন্য আপনার একটি নির্দিষ্ট মতামত প্রদান করতে হবে। আপনার মতামতের মাধ্যমে মূল্যায়ন করা যাবে যে, একজন কাউন্সেলর বা সাইকোথেরাপিস্ট কোন আচরণটি বেশী মাত্রায় অনুশীলন করেন।

প্রতিটি প্রশ্নের জন্য, আপনি আপনার মতামত প্রদানের জন্য যে কোন একটি উত্তর বেছে নীতে পাড়েন নীচের পাঁচটি উত্তর থেকে:

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

1. আপনি কি প্রাক্তন কাউন্সেলরের সাথে সামাজিক যোগাযোগের মাধ্যমে (যেমন- ফেইসবুক, হোয়াটসঅ্যাপ, ইত্যাদি) বন্ধু হয়েছেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

2. আপনার কাউন্সেলর কি কখনও আপনাকে বলেছে যে, “আমি তোমার উপর রেগে আছি?”

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

3. কাউন্সেলর কি আপনাকে কখনও বলেছে যে, সে আপনার ব্যাপারে হতাশ?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

4. কাউন্সেলিংয়ের শুরুতে, কাউন্সেলর যে পদ্ধতি ব্যবহার করেন, সে সম্পর্কে আপনাকে জানিয়েছিলেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

5. কাউন্সেলিংয়ের শুরুতে, থেরাপিস্ট তার প্রশিক্ষণ সম্পর্কে বলেছেন কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

6. কাউন্সেলিংয়ের শুরুতে, কাউন্সেলিং এর বিকল্প কোন পদ্ধতির কথা বলেছিলেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

7. কাউন্সেলিংয়ের শুরুতে, কাউন্সেলিং/থেরাপির সাথে সম্পর্কিত কোন ঝুঁকির কথা বলা হয়েছিল কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

8. কাউন্সেলিংয়ের এর শুরুতে, কাউন্সেলর তার সাফল্যের হার সম্পর্কে বলেছেন কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

9. কাউন্সেলিংয়ের শুরুতে, কাউন্সেলিংয়ের সম্ভাব্য সময়সীমা সম্পর্কে আপনাকে জানিয়েছিলেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

10. কাউন্সেলর কি আপনাকে শারীরিকভাবে কখনও স্পর্শ করেছিলেন? (যেমন- হাত ধরা, মাথায় বা পিঠে হাত বুলানো, জড়িয়ে ধরা ইত্যাদি)

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

11. কাউন্সেলর কি আপনাকে কখনও বলেছে যে, সে আপনার প্রতি ভিন্নরকমের আকর্ষণ অনুভব করছে?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

12. কাউন্সেলর কি কখনও আপনার গোপনীয়তা ভঙ্গ করেছেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

13. কাউন্সেলর কি আপনার বিনা অনুমতিতে সেশন রেকর্ড করেছেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

14. কাউন্সেলর/থেরাপিস্ট সেশনে আপনার আসল অনুভূতি প্রকাশ করার জন্য জোর করেছিলেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

15. কাউন্সেলর কি আপনাকে মনোবৈজ্ঞানিক পরীক্ষা Psychological Testing করতে বাধ্য করেছেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

16. কাউন্সেলর কি আপনার সামনে কখনও কেদেছিলো?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

17. কাউন্সেলর কি কাউন্সেলিং সেশন এ আত্ম-প্রকাশ (Self Disclosure) কৌশল (যেমন- আপনার কোন issue র সাথে সম্পর্কিত ঘটনা) আলোচনা করেছেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

18. আপনার জানামতে, কাউন্সেলর কি আপনার অনুমতি ছাড়া আপনার তথ্যগুলো অন্য কোথাও ব্যবহার করেছিলো?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

19. আপনার জানামতে, আপনার অনুমতি ব্যতীত অন্য কারও কাছ থেকে আপনার সম্পর্কে তথ্য বা প্রতিবেদন অনুসন্ধান করেছে কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

20. আপনার জানামতে, পরিবারের সদস্যদের কাছে ক্লায়েন্ট এর অনুমতি ছাড়া তথ্য প্রকাশ করেন কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

21. আপনার জানামতে, আপনার সম্পর্কে কাউন্সেলর তার অন্য বন্ধুর সাথে আলোচনা করেছেন কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

22. আপনার জানামতে, বৈবাহিক কাউন্সেলিংয়ে/Marital Therapy, কাউন্সেলর স্বামী বা স্ত্রীর একজনের “গোপন প্রেম” অন্যজনের কাছে প্রকাশ করেছেন কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

23. আপনার জানামতে, কাউন্সেলর কি তার প্রাক্তন বা বর্তমান ক্লায়েন্ট এর সাথে বিশেষ সম্পর্কে (প্রেম, শারীরিক সম্পর্ক ইত্যাদি) যুক্ত?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

24. আপনার জানামতে, কাউন্সেলর কি অন্য ক্লায়েন্ট এর সাথে যৌন ক্রিয়াকলাপে জড়িত?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

25. আপনার জানামতে, কাউন্সেলর কি আইনগত জটিলতার জন্য নির্দিষ্ট ধরনের ক্লায়েন্ট এড়িয়ে চলেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

26. আপনার জানামতে, কাউন্সেলর কি ক্লায়েন্ট এর বিশেষ অনুষ্ঠানে যান? (যেমন- বিয়ে, জন্মদিন, নববর্ষ, ঈদ ইত্যাদি)

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

27. আপনার জানামতে, কাউন্সেলর তার ক্লায়েন্টকে কোন সমাজিক অনুষ্ঠানে আমন্ত্রণ জানান কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

প্রশ্নটি প্রযোজ্য হলে উত্তর দিন, নাহলে পরবর্তী প্রশ্নে চলে যান

28. আপনার যখন আত্মহত্যার প্রবনতা ছিলো, তখন কাউন্সেলর কি আপনার গোপনীয়তা ভঙ্গ করেছে?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

প্রযোজ্য হলে উত্তর দিন, নাহলে পরবর্তী প্রশ্নে চলে যান

29. আপনার জানামতে, শিশু নির্যাতন/ Child Abuse এর ক্ষেত্রে কাউন্সেলর কি গোপনীয়তা ভঙ্গ করেছেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

প্রযোজ্য হলে উত্তর দিন, নাহলে পরবর্তী প্রশ্নে চলে যান

30. আপনি আত্মহত্যার সিদ্ধান্ত নিলে, কাউন্সেলর কি সেটাকে সমর্থন করেছেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

প্রযোজ্য হলে উত্তর দিন, নাহলে পরবর্তী প্রশ্নে চলে যান

31. কাউন্সেলিংয়ের প্রফেসর তার ছাত্র-ছাত্রী অথবা Supervisee কে কাউন্সেলিং প্রদান করেছেন কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

32. কাউন্সেলর কি আপনার কাছ থেকে সাহায্য/favour নিয়েছিলো? (যেমন- গাড়ি করে বাসায় যাওয়া ইত্যাদি)

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

33. কাউন্সেলর তার ক্লায়েন্টদের ছুটির সময় শুভেচ্ছা কার্ড পাঠান কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

34. আপনি কোন বিষয়ে কথা বলতে না চাইলেও, কাউন্সেলর আপনাকে উদ্বেগ করেছেন কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

35. মনোবৈজ্ঞানিক প্রশ্নমালা বা অভীক্ষার মাধ্যমে নির্ণয়কৃত রোগ (Diagnosis) আপনাকে জানাতে প্রত্যাখান করেছে কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

36. আপনার পরিবার যখন আপনার উন্নতির/prognosis ব্যাপারে জানতে চায়, তখন কি কাউন্সেলর সেশন এর কথা বিস্তারিত প্রকাশ করেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

37. ক্লায়েন্ট যখন নিজের বা অন্যের ক্ষতি করার হুমকি দেয়, তখন কোন ক্লায়েন্ট কি বলেছিলো তা অন্যদের কাছে কাউন্সেলর প্রকাশ করেছেন কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

38. কাউন্সেলর নিজের অজান্তে অন্যান্যদের গোপনীয় তথ্য প্রকাশ করেন কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

39. কাউন্সেলর কি ক্লায়েন্ট এর উপস্থিতিতে অসম্মানজনক/বিদ্ৰূপপাত্তক মন্তব্য করেন?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

40. কাউন্সেলর কি আপনাকে কখনও অনৈতিক বা অশোভন প্রস্তাব বা ইঙ্গিত দিয়েছেন কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

41. কাউন্সেলর কখনও আপনাকে হেয়/disrespect করেছে কি?

কখনই না খুব কম কখনও কখনও প্রায়শই প্রায় সবসময়

42. আপনার কোন issue আয়ত্তের বাইরে হওয়া সত্ত্বেও, কাউন্সেলর কি আপনাকে অন্য কারও কাছে রেফার/ refer করেন নি?

কখনই না

খুব কম

কখনও কখনও

প্রায়শই

প্রায় সবসময়

কাউন্সিলের এর কর্মদক্ষতা মূল্যায়ন
কাউন্সিলের আচরণে ক্লায়েন্টের মূল্যায়ন এর সংক্ষিপ্ত ফরম (CECB-S) ২০০৫

আইডি -----

তারিখ -----

| আমার কাউন্সিলের হল : | অসম্মত | | | | | | | সম্মত |
|--|--------|---|---|---|---|---|---|-------|
| ১. নিয়মিত ভাবে সাক্ষাত পাওয়া যায় | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২. তার সাথে থাকতে আমার অস্বস্তি লাগে | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৩. ব্যক্তিগত বিষয় শেয়ার করার মত যথেষ্ট বিশ্বস্ত নয় | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৪. একজন ব্যক্তি হিসেবে আমাকে গ্রহণ করেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৫. জ্ঞানসম্পন্ন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৬. তারা জানেই না তারা কি করেছিলেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৭. আমাকে বুঝতে পারেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৮. আমার ব্যাপারে ধৈর্যহীন থাকেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৯. আমার সঙ্গ উপভোগ করছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ১০. আমার লক্ষ্য পূরণে সহায়তা করছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ১১. সমস্যার সমাধান খুঁজে বের করার তাগিদ দিয়েছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ১২. লক্ষ্য নির্ধারণ করতে আমাকে অনুপ্রাণিত করেছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ১৩. আমি যখন একটা বলেছি আর করেছি আরেকটি তখনই চ্যালেঞ্জ করেছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ১৪. আমার আচরণ ব্যাখ্যা করার জন্য এর অন্তর্নিহিত কারণ খুঁজেছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ১৫. সেসম কোনদিকে যাবে সে ব্যাপারে দিক নির্দেশনা দিয়েছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ১৬. শুরু থেকেই কাউন্সিলিং প্রক্রিয়া সম্পর্কে ব্যাখ্যা দিয়েছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ১৭. তাকে অকৃত্রিম মনে হয়েছে | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ১৮. আমার সমস্যাগুলো নতুন অথবা ভিন্নভাবে দেখার পরামর্শ দিয়েছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ১৯. মনোযোগ দিয়ে আমার কথা শুনেছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২০. কাউন্সিলিং এ আমার লক্ষ্যগুলো অর্জনে সাহায্য করেছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২১. কি করতে হবে সে সম্পর্কে আমাকে উপদেশ দিয়েছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২২. আমার সাথে পেশাদারী আচরণ করেছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২৩. আমার সাথে খোলাখুলি এবং সততার সাথে কথা বলেছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২৪. কাউন্সিলিং এ আমার লক্ষ্য কি সেটা জিজ্ঞেস করেছিলেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২৫. কাজিত পরিবর্তন আনতে পারায় আমার প্রশংসা করেছিলেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২৬. সব পরিস্থিতিতে মানিয়ে চলতে পারে এমন মনে হয়েছে | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২৭. আমার পরিবর্তনের চেষ্টাকে সমর্থন দিয়েছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২৮. তাকে উচ্চশিক্ষিত/প্রশিক্ষিত মনে হয়েছে | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ২৯. আমাকে পরামর্শ দিয়েছেন কিভাবে আমি ভিন্নভাবে চিন্তা, অনুভব এবং আচরণ করতে পারি | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৩০. কাজ দিয়েছেন সম্পূর্ণ করার জন্য | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৩১. আমাকে সমর্থন করতে পারতেন না | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৩২. আমার সমস্যার সমাধান করতে বিভিন্ন কৌশল ব্যবহার করে আমাকে সাহায্য করেছেন | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |
| ৩৩. আমি অন্যদেরকে আমার কাউন্সিলরের কাছে সুপারিশ করব | ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | |

কাউন্সিলরের আচরণে ক্লায়েন্টের মূল্যায়ন এর সংক্ষিপ্ত ফরম (CECB-S) ২০০৫ একটি সমানুভূতির কারণের উপর ভিত্তি করে, অকৃত্রিমতা এবং শর্তহীন ও ইতিবাচক ভাবে বিবেচনা/গ্রহন বিষয়ের ৩৩টি প্রশ্ন সম্বলিত একটি সংক্ষিপ্ত ফরম। প্রশ্নগুলো ৭ মাত্রার স্কেলে পরিমাপ করা হবে। (১= দৃঢ়ভাবে অসম্মতি; ৭ = দৃঢ়ভাবে সম্মতি)। মূল (CECB-S) এর ৬১টি প্রশ্ন ফ্যাক্টর অ্যানালাইসিস করে এই বর্তমান সংক্ষিপ্ত রূপটি তৈরী করা হয়। যে সব প্রশ্ন বা বিষয় উপরোক্ত তিনটি ফ্যাক্টরের মধ্যে পরে না সেগুলো বাদ দেওয়া হয়। (.৫ ফ্যাক্টর লোডিং লেভেল) অবশিষ্ট ৩৩টি বক্তব্য দিয়ে (CECB-S) দিয়ে তৈরী করা হয়। (CECB-S)এর সজ্জিত করণ এর উপর সমানুভূতি নির্ধারণ (যেমন, "একজন ব্যক্তি হিসাবে আমাকে গ্রহণ," "আমার সমালোচনা ছিল," এবং "" আমার সাথে আশ্বাদিত) হচ্ছে। অকৃত্রিমতা নির্ধারিত বিষয় অন্তর্ভুক্ত (যেমন, "আমার সাথে খোলামেলা ও সং ছিল" এবং "অকৃত্রিম ভাবে উপস্থিত")। শর্তহীন ও ইতিবাচক ভাবে বিবেচনা/গ্রহন বিষয় নির্ধারণ (ব্যক্তি হিসেবে আমাকে গ্রহণ এবং আমার বোঝা) অন্তর্ভুক্ত।