

Counselor Competence and the Ethical Practice of Counseling in Korea

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This article reviews the education and practice of ethics in the counseling profession in Korea. It was found that ethics is often a part of other subjects rather than a separate subject in the training programs of counseling in Korea. When training counselors on ethical issues, the ethical guidelines used are adapted from either the American Psychological Association or the American Counseling Association. Recently, there are improvements of ethics training in the counseling profession. These include the establishment of the *Code of Ethics* for counselors by the Korean Counseling Association, and the inclusion of ethics class in a graduate program. This article also explores the difficulties in dealing with situations of ethical violations as related to the Korean culture, and suggests strategies to improve counselors' ability to handle such situations. Finally, the issue of counselor competence is explained in detail, as it is directly related to the protection of clients from potential harm. How to measure and maintain counselor competence is examined. The current system of counselor certification in Korea is described. Ways to improve the education and practice of ethics in the counseling profession in Korea are suggested.

The number of certified counselors and graduates from counseling-related programs in Korea has been increasing in the last several decades.

Hwang, Lee, Ahn, and Cho (2000) reported that there were 1,285 students enrolled in counseling-related doctoral programs and 19,276 students in master's level programs in Korea.¹ According to the Korean Psychological Association (2001), there were 150 certified clinical psychology professionals in 1997 and 171 certified counseling psychology professionals in 2000. The increased interest in counseling practice makes it necessary to assess the extent to which counseling is ethically practiced, and the need to develop ethical standards in Korea to reinforce qualified services and protect clients from potential harm. This article reviews the training and practice of ethics in the counseling profession in Korea. The ethical issue of counselor competence will further be examined and discussed.

Codes of Ethics for Counselors

In Korea, the Korean Counselors Association (later integrated with other professional organizations and renamed as Korean Counseling Association) first established its *Code of Ethics* for counselors in 1980. The code included general principles and specific principles about social relationship, professional attitudes, protection of client information, client welfare, counseling relationship, and relationship with other professionals. However, the code was seldom used in formal counselor training programs.

In 2002, the Korean Counseling Association (KCA) revised its *Code of Ethics*, with new guidelines developed (B. H. Kim, 2002). Eight categories were included: social relationship, professional attitudes, protection of information, welfare of counseling beneficiary, counseling relationship, counseling research, psychological testing, and relationship with other professionals. The revised code, however, only provided general principles; specific guidelines and standards will further be delineated by the respective KCA divisions. Nevertheless, this marked a positive movement in that professional counseling associations in Korea continued

to focus on ethical issues and establish official codes of ethics for counselors.

Training and Practice of Ethics in Counseling

The training and practice of ethics in the counseling profession in Korea will be reviewed through existing literature, Websites of professional organizations (e.g., Korean Clinical Psychology Association, 2001; Korean Counseling Association, 2001; Korean Counseling Psychology and Psychotherapy Association, 2001), and personal communications with counseling professionals in Korea.

Training of Ethics

Formal training (e.g., in academic programs or workshops) on counseling ethics is essential for a counselor's professional development and the integrity of the counseling profession. Choi (2002) conducted a study examining the current status of the training of counseling ethics in Korea with 205 practicing counselors. Among these counselors, only 13 (6.3%) reported that they had taken an ethics course in the graduate program, while 88 (43%) reported that counseling ethics was addressed as a part of other classes.

Hwang et al. (2000) reviewed the curricula of graduate counseling-related programs from 17 universities in Korea. It was found that the most frequently offered classes were counseling theory, counseling practice, specific counseling theories for diverse counseling modalities (e.g., career counseling, group counseling, family therapy, etc.), psychological assessment, research, and development of counseling policy. Hwang et al. also found similar situations in training programs offered by professional organizations such as the Korean Counseling Psychology and Psychotherapy Association (KCPA) and the Family Therapy Association. Results indicated a lack of formal training in counseling

ethics in the programs and curricula surveyed, although it is encouraging that the counseling psychology program of Seoul National University has begun to offer a counseling ethics class.

The lack of focus on counseling ethics in related programs in Korea can further be reflected by the perceptions of 213 practicing counselors in Hwang et al.'s (2000) study. Specifically, these counselors were asked what diverse subjects in counselor training programs were considered important. Participants perceived that the importance of diverse subjects in training programs was related to the educational level of trainees, with administration, policy making, and supervision being more important for professionals with a doctoral degree, and counseling theories and techniques and training in specialized areas more important for counselors with a master's degree. However, the importance of counseling ethics in training programs was largely unrecognized by these participants.

In the absence of formal counseling ethics courses, ethics training for prospective professionals is often addressed in respective classes, such as counseling theories, group counseling, family therapy, counseling practice, assessment and research. The ethical guidelines set out by the American Psychological Association (1995, 2003) or the American Counseling Association (1995) have often been used as training references. One example of addressing relevant ethical issues in respective classes could be found in the training material of a continuing education program for youth counselors by the Korea Youth Counseling Institute (S. N. Kim, 1999). This training material includes issues such as confidentiality, competence, counselors' burnout, and other ethical issues related to counseling practice and research.

Practice of Ethics

As described above, counseling ethics courses have not been exclusively offered in most training programs in Korea, and training in

counseling ethics has not been perceived as important (Hwang et al., 2000). Most of counseling ethics issues were infused into other counseling classes. Counselors, therefore, are somewhat aware of the ethical nature of counseling process (Choi, 2002). Choi surveyed the ethical attitude of 205 counselors in Korea, and found that 76.6% of participants reported having ethical dilemmas with regard to issues of confidentiality, value differences with clients, counselor competence, sexual relationships, and dual relationships with clients.

In light of the current training status, counselors may find it difficult to effectively respond to ethical dilemmas and violations. In situations where a counselor is aware of breaches of ethical guidelines by other professionals, the counselor may not be adequately equipped to deal with such situations. Underreporting of unethical practices is further perpetuated by the relative emphasis of vertical-collectivism in the Korean culture, which expects individuals to be connected and loyal to members of one's social group (e.g., in the same school or work locale), and to support and protect group solidarity. Thus, even when counselor A discerns ethical violation of counselor B, it may be difficult for counselor A to deal with it directly if an in-group member is involved in the situation.

The Korean Counseling Association has made significant strides in the development and revision of *Code of Ethics* for the profession. The following are suggestions to further facilitate the ethical practice of counseling in Korea:

1. Various counseling professions and organizations in Korea work collaboratively to reinforce the ethical practice among the respective professionals.
2. Along with the general principles of the *Code of Ethics*, specific ethical standards need to be delineated to guide counseling practice, research, and other counseling-related activities.

3. Concerted effort to make counseling ethics as one of the core courses in training programs is required. Specifically, counselors need to develop competence to apply ethical guidelines to deal with ethical dilemmas in counseling practice.
4. Since most of the existing guidelines in the *Code of Ethics* were adapted from U.S. professional organizations (e.g., American Counseling Association [ACA], American Psychological Association [APA]), it is necessary to develop ethical guidelines with consideration of the Korean cultural context.
5. Ethical guidelines must be professionally enforced. It may be useful to develop an ethics committee that can provide consultations when counselors need to seek help.

The Ethical Issue of Counselor Competence

The increasing number of counseling-related graduate programs has led to discussions and concerns regarding the training of competent counselors in Korea (C. D. Kim, 2002). Counselor competence is an important ethical issue for both the development of the profession and the well-being of clients. As Corey, Corey, and Callanan (1998) noted, counselor competence lies at the center of protecting the client from potential harm and promoting the client's welfare.

There are two general approaches to describe ethical issues in the counseling profession: principle ethics and virtue ethics. Principle ethics refer to rules and guidelines related to specific problem situations, whereas virtue ethics refer to ideal characteristics or qualities of professionals (Meara, Schmidt, & Day, 1996). Counselor competence is one of the primary ethical guidelines of many professional organizations (ACA, 1995; APA, 1995; B. H. Kim, 2002). In particular, counselor competence is related to the principle ethics of nonmaleficence, which states that professionals should not harm others intentionally (APA, 1995). Meara et al. suggested that clients may be harmed if counselors are

not knowledgeable and skilled in counseling, and that the more clients are culturally different from their counselors, the possibility of harm increases.

In the *Code of Ethics* established by the KCA, counselor competence is included under the “professional attitudes” section (B. H. Kim, 2002). Counselors are expected to strive to improve their competence in counseling knowledge, practice, and other related activities. Also, counselors need to recognize and practice within the limits of their professional competence.

Competence is one of the ethical standards in APA’s (1995, 2003) *Ethical Principles of Psychologists and Code of Conduct*. Psychologists strive to maintain high standards of competence in their work. They need to recognize the boundaries and limitations of their expertise, and provide services or use techniques that they are qualified by education, training, or supervised experience. The ACA’s (1995) *Code of Ethics and Standards of Practice* includes professional competence under section C “Professional Responsibility,” where counselors are asked to practice only within the boundaries of their competence, based on their education, training, supervised experience, credentials, and professional experiences. These ethical guidelines explicitly indicate that counselors need to limit their practice and other professional activities within those areas that they are qualified through appropriate education, training, or experiences.

In contrast to principle ethics, virtue ethics provide ideal characteristics or qualities of professionals. Meara et al. (1996) suggested that the virtue of prudence is required for psychologists to maintain competence. A prudent person is described as someone who is “planful, appropriately cautious, who has foresight, and who has or exercises good judgment” (p. 38). In other words, a prudent person knows what is morally

good, has the ability to judge ethical situations, applies ethical principles and rules, and acts upon one's decision. In view of the above, counselor competence is considered important from both the perspectives of principle ethics and virtue ethics. Principle ethics provide general guidelines about counselors' competent practice, while virtue ethics provide characteristics of a prudent professional who has the ability to judge what is morally good and act upon one's own judgment. In the following sections, we will then discuss the definitions and measurements of counselor competence, give suggestions to increase the credibility of counselor certification, and explore the issue of counselor impairment.

Competence: Definitions and Components

Competence can be defined either by analyzing a competent counselor's characteristics or analyzing the components of competence. Haas and Malouf (1989) defined a competent counselor as a person who possesses required knowledge, necessary skills, and fine judgment to use such knowledge and skills. Competent counselors use knowledge to understand and conceptualize clinical issues, use skills to apply knowledge in effective ways, and use judgment to determine when to apply knowledge and skills. Lee and Sturkie (1997) suggested a broader definition by including an awareness of standards of practice and professional ethics as a component of a competent professional, in addition to the competence in understanding and applying the essential facts and theories in the counseling profession, and the ability to assess clinical judgment.

The competency-based training model (Fantuzzo, 1984, cited in Sumerall, Lopez, & Oehlert, 2000) is another approach in defining counselor competence. Fantuzzo reduced counselor competence into basic components and suggested that competence can be acquired by mastering each component. These components included mastering prerequisite body of knowledge, assessing implementation of skills, setting minimal standards to guide academic training and to evaluate skill level, yielding

to continuing education program, and delineating relevant legal and ethical principles to enforce compliance. Fantuzzo's model assures that competence can be acquired through learning knowledge, defining skills to be effective in a specific area, and practicing and assessing those skills until specified standards can be achieved.

Both approaches indicated that counselor competence includes three components: knowledge in a given area, skills that are needed to transform knowledge into practice, and sound judgment. Ethics is one of the areas in which counselors need to have knowledge, skills, and sound judgment, and to apply them accordingly. Thus, counselor competence is one of the requisites for ethical practice, while being ethical is a requisite for being a competent counselor.

Measurements of Counselor Competence

The question of how to measure competence is directly related to the question of what comprises competence. In other words, defining the components of competence is closely related to identifying methods of evaluating competence. According to the definitions reviewed (Fantuzzo, 1984, cited in Sumerall et al., 2000; Haas & Malouf, 1989; Lee & Sturkie, 1997), evaluation of competence should include measurements of knowledge, skills, and judgment. Objective measurements of counselor competence may include: (1) attaining professional training in counseling; (2) standardizing minimal qualification through accrediting training programs; (3) employing professionals with appropriate counselor credentials; (4) requiring post-degree supervised practice experiences; and (5) establishing counseling practice licensure.

In Korea, since accreditation or licensure system has not yet been established, possessing degrees in counseling-related majors and counselor certifications seems to be the two most frequent indicators of counselor competence. Hwang et al. (2000) identified eight different types of

counselor certifications provided by professional organizations in Korea. These certifications can be distinguished into two levels according to issuing requirements. Since different organizations use different titles for these certifications, this article uses “first-level counselor certification” and “second-level counselor certification” to name them.

The first-level counselor certification has these requirements: holding a degree in counseling-related majors, having post-degree experiences, passing a required examination, and accruing certain number of training hours after passing an examination. It should be noted that both bachelor’s, master’s, and doctoral degree holders are eligible for the first-level counselor certification, provided that they possess post-degree experiences required for their respective level of degree. For example, the first-level counselor certification offered by the KCPA (2001) requires four-year post-bachelor’s experience or three-year post-master’s experience, but does not require post-degree experiences for doctorates.

Besides post-degree experiences, the KCPA (2001) also require specific hours in the areas of individual counseling, group counseling, case presentation, psychological testing, and research. As for the required examination, the content includes counseling theories, group counseling, theories of personality, statistics, and research methodology. Examinees are asked to answer approximately 10 essay questions per subject.

The second-level counselor certification has these requirements: holding a bachelor’s degree in a counseling-related field, predetermined years of post-degree experiences, passing a required examination, and completing post-examination training. However, education and post-degree experience requirements vary across different counseling organizations, ranging from 90 hours of counseling-related training to several years of experience in individual counseling, group counseling, case presentation, and psychological testing (Hwang et al., 2000).

Reviewing the current measuring methods of counselor competence in Korea shows several problems. First, the fact that different organizations adopt different experience requirements for certifying counselors leads to confusion and clients may question the credibility of the certification system. Second, it is possible for individuals with a bachelor's degree in non-counseling fields to obtain counselor credentials when they have completed certain hours of training (between 90 to 240 hours, depending on the certification system). Without formal training in counseling, these certified individuals should be considered paraprofessionals. The last, and perhaps the most serious, problem is its practical utility in Korea. To understand the extent to which these certifications are accepted and used in Korea as a measure of counselors' competence, requirements of positions posted on the Websites of the KCPA (2001) and the Korean Clinical Psychology Association (2001) were examined. Among 24 positions posted on September 24, 2001, a degree in a counseling major was required for 22 positions; counselor certifications or relevant experiences were preferred in 11 positions. Even though these data may not represent the whole population, results indicated that counseling degrees are considered more important than counselor certifications as a measure of qualifications and presumed competence. Considering the importance of certification as a comprehensive measure of competence, it is necessary to examine strategies to improve the practical utility of counselor certification in Korea.

Suggestions to Increase the Credibility of Counselor Certification

Nam (2002) suggested that counselor certifications should be provided by the Korean government and that counseling practice should be limited to those who possess the certifications. In this regard, the Youth Counselor Certification for counselors who mainly works with youths and their families illustrates a direction that the counselor certification system in Korea can follow. The Youth Counselor Certification is regulated by the Korea Youth Counseling Institute, which is a counseling institute of the

Korean government. The Youth Counselor Certification system was established in 1991, and the first examination to attain the certification has not been administered until April 2003. The administration of the Youth Counselor Certification by the Korean government may increase the credibility of counselor certifications and facilitate the development of a uniform counselor certification system. The monitoring of this uniform system may subsequently be kept in the hands of the government or designated to another counseling organization. By limiting the practice of professional counseling to those with nationally recognized counselor certifications, the quality and credibility of the profession can be enhanced and incompetent or unethical practitioners can be minimized.

The level of education and degree required for acquiring counselor certification is another aspect that can be modified. The current counselor certification system was developed in 1973 (Korean Psychological Association, 2001), which allows individuals with a bachelor's degree in counseling-related areas to attain second-level counselor certification. It is possible that the Korean society needed paraprofessionals to compensate for the lack of counseling professionals at the time. However, in a recent study with 213 counselors in various counseling centers in Korea, Hwang et al. (2000) reported that 67.7% of participants had at least a master's degree and an additional 16% were in a master's program. Thus, it seems reasonable to consider a master's degree in a counseling major as an educational requirement for the second-level counselor certification.

In addition, there needs to have guidelines and agreement on the types of work that different levels of professionals are allowed to practice, so that appropriate services be provided in accordance with the level of counselor competence. Hwang et al.'s (2000) suggestion is a good example of this movement. Hwang et al. classified counselors into three categories based on their levels of education degrees and relevant professional experiences attained, and delineated different roles accordingly.

Hwang et al. (2000) proposed that the first-level counselors are those with a doctoral degree. Their roles may include developing policies of counseling practice, working as administrators, running counseling centers, providing counseling services, and training the lower-level counseling professionals. The second-level counselors are those with a master's degree. Their roles may include conducting research, providing counseling services, developing professional skills in specialty areas, interpreting psychological tests, and training third-level counselors. The third-level counselors are those with a bachelor's degree. Their roles may include providing counseling services under supervision, providing phone counseling, administering psychological tests, and assisting in the administration of counseling centers. These suggestions are meaningful as they provide guidelines for the desired work duties appropriate for counselors' level of competence. To further assure the quality of direct counseling services, at least a master's degree in a counseling major and concurrent supervision are also proposed as requirements for second-level practitioners.

Monitoring of Effectiveness: The Issue of Counselor Impairment

Education degrees and counselor credentials monitor the minimum level of counselor competence, but they do not guarantee that the competence can be maintained over time. The ethical guidelines of the Korean Counseling Association do not address the issue of counselor impairment (B. H. Kim, 2002). The ethical guidelines of the APA (1995) and the ACA (1995) require counselors to monitor their effectiveness at work and take reasonable steps to regain their effectiveness when there are signs of personal distress or impairment, so that impaired practice can be prevented.

Impairment is distinguished from incompetence in that impairment refers to diminished functioning, whereas incompetence refers to an absence of qualities or skills required by professional standards (Forrest,

Elman, Gizara, & Vacha-Haase, 1999). According to Forrest et al., impairment refers to “diminished professional functioning attributable to personal distress, burnout, and/or substance abuse” (pp. 631–632). Sherman and Thelen (1998) defined impairment specifically more related to counseling practice as “the interference in ability to practice therapy, which may be sparked by a variety of factors and results in a decline in therapeutic effectiveness” (p. 79). Thus, impairment indicates declined functioning from the previous level of performance caused by factors such as personal distress, work-related stress, and substance abuse.

In empirical studies, however, “impairment” is often used interchangeably with “distress” or “incompetence.” Pope, Tabachnick, and Keith-Spiegel (1987, cited in Pope & Vasquez, 1991) reported that 59% of a national sample of clinical psychologists have worked when they were too distressed to be effective. Pope and Vasquez reviewed relevant studies and found that 2–10% of counselors in the U.S. reported impairment or distress that might interfere with effective services. The most common personal problems reported by 155 psychotherapy practitioners in the U.S. were emotional exhaustion and fatigue (45%), followed by concerns about the size/severity of their caseloads (43%), doubts about their therapeutic effectiveness (42%), and interpersonal problems including feelings of loneliness and isolation (41%) (Mahoney, 1997). Counselors’ distress inevitably interferes with their ability to perform work duties. Frequently reported effects of counselors’ distress include a loss of empathy, respect, and positive feelings toward the client (Skorupa & Agresti, 1993), poor clinical judgment, and greater risk of ethical breaches (e.g., power abuses and inappropriate emotional involvement with clients) (Carroll, Gilroy, & Murra, 1999).

In light of the personal distress rate of 2–59% reported by different therapist samples in the U.S., and its potential interference with the counselor’s competence, counselors need to understand the impact of

impairment on ethical counseling practice. In Korea, no empirical studies of counselor impairment have been reported, which may reflect the collectivistic orientation of the Korean culture and the lack of awareness of the issue of counselor impairment. In a collectivistic culture, the sacrifice of individual needs are emphasized for the benefit of a group, which makes it difficult for counselors to voice the value of self-care and individual well-being.

There are several strategies to increase counselors' awareness of the importance of self-care in Korea. First, research needs to be conducted to examine the prevalence and types of counselors' distress and impairment in Korea so that appropriate education, prevention, and remediation programs can be developed. The common types of remediation in the U.S. include personal therapy, leave of absence, and increased supervision, with personal therapy being the most frequent remediation (Forrest et al., 1999). Second, training programs need to provide workshops and classes that educate students and counselors about the impact of impairment on ethical practice and counselor self-care. This will increase counselor self-awareness and facilitate help seeking when needed. Specifically, these workshops may focus on the importance of self-care, possible signs of impairment, types of remediation, and prevention strategies. In fact, such workshops can be considered prevention strategies, which are more effective than remediation for counselors to deal with impairment.

Summary and Conclusions

In Korea, ethical issues and guidelines for counselors were often introduced as a part of other classes to students and professionals. Most of these guidelines were based on those developed by the APA and the ACA. However, counseling programs in Korea have not sufficiently prepared professionals to deal with ethical dilemmas and counseling situations involving ethical violations. Thus, although counselors in Korea

may be somewhat aware of ethical issues, they may not be well equipped to resolve these dilemmas and challenges in practice.

In light of the dramatic increase in the numbers of counseling-related graduate programs and graduate students of those programs in Korea, the KCA began to focus on ethical issues in the counseling profession and the issue of counselor competence for various programs. The establishment of *Code of Ethics* for counselors by the KCA, and the comprehensive discussion of the issue of counselor competence as related to counselor certification at the 2002 annual convention of the KCA, can be considered positive movement toward enhancing the quality and competence of counseling professionals.

Counselor competence is significant to the protection of clients from potential harm and to the credibility of the counseling profession. In Korea, a degree in a counseling-related major and counselor certifications from professional organizations seem to be the common indicators of competence, with more emphasis on academic degree. In the current counselor certification system in Korea, different organizations adopt different requirements for the same level of certification, and paraprofessionals with bachelor's degrees in non-counseling majors can be certified as counselors. To increase the credibility of counselor certification in Korea, it is proposed to establish a uniform, standardized counselor certification system, and to raise the minimum educational level for counselor certification to a master's degree in a counseling-related major.

Maintaining counseling competence over time and effectively managing counselor impairment are both critical factors to keep the quality of counseling services. Education and continuing education focusing on the prevention of counselor impairment, counselor self-care, assessment of personal distress, and remediation strategies for impairment are needed

to reinforce ethical counseling practice. Several suggestions are provided in this regard: (1) conduct empirical study to explore the level of counselors' awareness of ethical issues in counseling, the extent to which counselors apply such awareness to their practice, and the ethical violations commonly encountered in practice; (2) based on these data, develop specific ethical guidelines for counselors to increase their practical utility; (3) examine the common causes of counselor distress, the ways to deal with such distress, and the types and prevalence of impairment to guide the development and revision of existing educational and training programs.

Note

1. The figures included all graduate students in education and psychology departments. Thus, the actual number of graduate students in counseling major is assumed to be less than these figures.

References

- American Counseling Association. (1995). *Code of ethics and standards of practice*. Alexandria, VA: Author.
- American Psychological Association. (1995). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.
- American Psychological Association. (2003). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.
- Carroll, L., Gilroy, P. J., & Murra, J. (1999). The moral imperative: Self-care for women psychotherapists. *Women and Therapy*, 22(2), 133–143.
- Choi, H. R. (2002). A study on ethical attitude of Korean counselors. *The Korean Journal of Counseling and Psychotherapy*, 14(4), 805–828.
- Corey, G., Corey, M. S., & Callanan, P. (1998). *Issues and ethics in the helping professions* (5th ed.). Pacific Grove, CA: Brooks/Cole.

- Forrest, L., Elman, N., Gizara, S., & Vacha-Haase, T. (1999). Trainee impairment: A review of identification, remediation, dismissal, and legal issues. *The Counseling Psychologist, 27*(5), 627–686.
- Haas, L. J., & Malouf, J. L. (1989). *Keeping up the good work: A practitioner's guide to mental health ethics*. Sarasota, FL: Professional Resource Exchange.
- Hwang, S. K., Lee, C. H., Ahn, H. J., & Cho, E. K. (2000). *A study on the youth counselor certification*. Seoul, Korea: Korea Youth Counseling Institute.
- Kim, B. H. (2002). *The development of codes of ethics for counselors*. Paper presented at the 3rd annual convention of the Korean Counseling Association, Youngnam University, Korea.
- Kim, C. D. (2002). *A policy on the accreditation of counseling and related educational programs*. Paper presented at the 3rd annual convention of the Korean Counseling Association, Youngnam University, Korea.
- Kim, S. N. (1999). Youth counselors: Issues to consider. In H. D. Lee, K. H. Kim, S. N. Kim, S. Y. Lee, & S. K. You, *Youth counselors* (pp. 162–228). Seoul, Korea: Korea Youth Counseling Institute.
- Korean Clinical Psychology Association. (2001). Classified advertisement retrieved September 24, 2001, from <http://www.kcp.or.kr>
- Korean Counseling Association. (2001). The interim policy for counselor certification system. Retrieved September 4, 2001, from <http://www.counselors.or.kr>
- Korean Counseling Psychology and Psychotherapy Association. (2001). Counselor certification system. Retrieved September 4, 2001, from <http://www.krcpa.or.kr>
- Korean Psychological Association. (2001). Divisions of the Korean Psychological Association. Retrieved September 6, 2001, from <http://www.koreanpsychology.org>
- Lee, R. E., & Sturkie, K. (1997). The national marital and family therapy examination program. *Journal of Marital and Family Therapy, 23*(3), 255–269.

- Mahoney, M. J. (1997). Psychotherapists' personal problems and self-care patterns. *Professional Psychology: Research and Practice*, 28(1), 14–16.
- Meara, N. M., Schmidt, L. D., & Day, J. D. (1996). Principles and virtues: A foundation for ethical decisions, policies, and character. *The Counseling Psychologist*, 24(1), 4–77.
- Nam, S. I. (2002). *Strategies to legislate counselor certification*. Paper presented at the 3rd annual convention of the Korean Counseling Association, Youngnam University, Korea.
- Pope, K. S., & Vasquez, M. J. T. (1991). *Ethics in psychotherapy and counseling: A practical guide for psychologists*. San Francisco: Jossey-Bass.
- Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice*, 29(1), 79–85.
- Skorupa, J., & Agresti, A. A. (1993). Ethical beliefs about burnout and continued professional practice. *Professional Psychology: Research and Practice*, 24(3), 281–285.
- Sumerall, S. W., Lopez, S. J., & Oehlert, M. E. (2000). *Competency-based education and training in psychology: A primer*. Springfield, IL: Charles C Thomas.

韓國的諮商專業倫理與諮商者能力的議題

本文回顧韓國諮商專業倫理的教育和實踐。在韓國的諮商培訓課程中，諮商倫理一直都只是插入其他科目中教授，並非獨立科目。而在教授倫理議題時，亦都以美國心理學會或美國諮商學會的倫理守則為本。這種情況近期有所改善，例如韓國相談學會已經制訂了本身的倫理守則，亦在其中一個課程中加入了倫理一科。本文亦會探討在韓國文化影響下，諮商者處理有違倫理的情況時難處何在，並建議改善的方法。除此之外，本文又詳細解釋諮商者能力這個議題，因為它直接影響到是否能保障案主免受傷害。如何量度諮商者的能力？怎樣保持能力？現行的諮商證書制度是甚麼？本文都有論述。最後，本文對如何改善韓國諮商專業倫理的教育和實踐，也提出了一些建議。