

Canadian Public Perspective of the Canadian Psychological Association's Code of Ethics
for Psychologists' Principle Ranking

by

Sheila Marie Gothjelpsen

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Department of Educational Psychology
University of Alberta

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Abstract

A professional code of ethics guides professionals in their ethical decision-making, and is also intended to protect the public from harm that may result from the activities of that profession. The Canadian Psychological Association (CPA) created a Code of Ethics for Psychologists with four principles: Respect for the Dignity of Persons, Responsible Caring, Integrity in Relationships, and Responsibility to Society. Dilemmas arise, however, when these principles conflict with one another (e.g., when respect for individual autonomy conflicts with concern for others' welfare), and therefore the CPA code ranks the four principles in descending order of importance. The current study examines whether the public supports the CPA principle hierarchy. Few studies examine the public's perspective on the ethical behaviour of psychologists, and none to date has examined the Canadian code of ethics. If Canadians endorse the CPA ranking this would provide greater support for the Code's validity. If Canadian perspectives diverge from the CPA rank order, this could have implications for informed consent as well as future code revisions. Moreover, there has been a call for greater consideration of client perspectives with respect to our ethics. French and English surveys were mailed to a randomly selected sample of 322 Canadian adults, with 157 responses received. Each survey included 12 vignettes describing a hypothetical ethical dilemma that pits two of the four CPA principles against one another. Participants were asked what decision they feel the psychologist ought to make. Their responses would indicate either agreement or disagreement with the CPA code. Participants were also given Forsyth's (1980) Ethics Position Questionnaire (EPQ), which categorizes how an individual tends to approach ethical dilemmas in general. Using a binomial test and the Page Test for Ordered Alternatives, the data were examined to see if there was evidence that Canadians support the CPA principle rank order, or if one principle appeared to

dominate over the others. EPQ categories and perceived level of difficulty are also compared to the CPA ranking. Demographic variables are considered as well. The two central findings were that (1) participants did not endorse the CPA ranking, and (2) Principle 3: Integrity in Relationships clearly out-ranked all other principles. Participants who have received psychological services in the past still ranked Principle 3 highest, however, Principle 2 was ranked significantly higher than for those who have never seen a psychologist. Three of the vignettes demonstrated inconsistent answers that suggest possible context effects. The EPQ offered limited explanatory utility, however, the majority of participants scored high on Idealism and were categorized as Situationists. There was a moderately positive relationship between response confidence and code congruence. No differences based upon gender, age, SES, or French/English speaking were found. However, those with higher levels of education tended to rank Principle 1 high and those with lower levels of education tended to rank Principle 1 low.

Preface

This thesis is an original work by Sheila Marie Gothjelsen. The research project of which this thesis is a part received research ethics approval from the University of Alberta Research Ethics Board, Project Name “Canadian Public Perspective of the Canadian Psychological Association’s Code of Ethics for Psychologists’ Principle Ranking”, No. 33198, Jan 14, 2013.

Dedication

I dedicate this doctoral dissertation to my beautiful children, Elora and Bo. Throughout the creation of this paper, you were there, as little babies sleeping beside me as I wrote and later as toddlers adding your own edits with crayons. My hope is that you are proud of your mommy and that you know that you too can accomplish great things.

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Chapter One

Introduction

The public trusts the discipline of psychology to protect the welfare of citizens involved in the activities of psychologists. This protection is made possible through education and adherence to a professional code of ethics. Such a code expresses a discipline's commitment to ethical conduct, and it offers guidance to professionals as to how best to behave in ethically contentious situations. The Canadian Psychological Association (CPA) created a Code of Ethics for Psychologists that articulates principles, values, and standards designed to ensure ethical behaviour in the practice of psychology in Canada. The code was created in a unique fashion. Previous North American codes rarely applied moral theory when articulating ethical principles for psychologists; however, the CPA code, first released in 1986 and then revised in 1991 and 2000, broke with this tradition by incorporating Kohlberg's (1969) theory of moral reasoning (Sinclair, Poizner, Gilmour-Barrett, & Randall, 1987). The creators stated that their objectives were to develop a code that was conceptually cohesive in order to enhance its educational value in the training of new psychologists, that addressed issues of client vulnerability, and that guided ethical decision-making when principles conflicted (Sinclair, et al., 1987). Traditionally, health-oriented ethics codes have been modeled on the Hippocratic Oath in both structure and content, organizing certain principles around areas of practice (e.g., record-keeping) and others around moral mandates (e.g., doing no harm). However, most codes do not explain the relationship *between* their ethical principles and standards, even when they are in conflict. The developers of the CPA code, in contrast, addressed this issue by ranking four moral principles in order of importance, thereby allowing a psychologist to determine a course of action if one principle conflicted with another in a given situation (Sinclair, et al., 1987).

Although the CPA code has received positive evaluation (Eberlein, 1988; Hadjistavropoulos, Malloy, & Cruise, 2000; Hadjistavropoulos, Malloy, Douaud, & Smythe, 2002; Malloy & Hadjistavropoulos, 1998; O'Neill, 1990, 1998; Pettifor, 1998), the public's response to the code remains unknown, particularly whether the public agrees with the order in which the CPA ranks the four principles. Nor is it known whether an average person's typical approach to ethical decision-making follows the ranking of the four CPA principles. Furthermore, it is not known whether there are differences in people's endorsement of the code as a function of demographic characteristics such as gender, age, level of education, and so forth.

The present study seeks to investigate whether the ranking of ethical principles in the CPA code of ethics is consistent with how the Canadian public thinks about ethics. First, the correspondence between ranking choices by members of the public and the order recommended by the CPA will be examined. Second, in order to elucidate differences in how the principles are evaluated several explanatory variables will be examined. Specifically, a measure of Ethical Orientation, as developed by Forsyth (1980), will be compared to how participants rank the four principles. Third, any differences associated with demographic variables will be examined.

Rationale for Proposed Research

Purpose of a Hierarchically Ranked Code of Ethics

A professional code of ethics provides guidance for decision-making when values are in conflict and it defines the standards that all members of a professional association are bound to respect in their work. Moreover, a code of ethics is intended to increase awareness of when an ethical dilemma exists, to enhance personal judgment, to support an individual's moral courage, and to hone a sense of collective identity (Olson, 1999). The CPA formulated a code of ethics to guide the association's members in all the roles related to the discipline of psychology, whether acting as scientists, practitioners, researchers, teachers, trainers, administrators, or supervisors; as employees or employers; as peer reviewers in an editorial capacity; as expert witnesses or social-policy creators; or as participants in any other action performed by a psychologist (CPA, 2000). The CPA Code is a kind of social contract wherein the discipline is given relative autonomy over its entry requirements, training, methods, standards, and practices. In return for this autonomy, the discipline makes a commitment to ensure that it does everything possible to put the welfare of clients and society above that of the discipline and its members (CPA, 2000). It is, in other words, a social contract based upon mutual trust between the public and the profession.

The practical application of a code of ethics is inevitably complicated by situational factors. The relationships between practitioner and client, practitioner and society, and practitioner and profession are complex and laden with situational nuances that make ethical issues challenging. At the same time, however, consistency in the application of ethics is essential to maintaining a profession's integrity. As Velasquez, Andre, Shanks, and Meyer (1999) state, ethics requires that there be consistency between our moral standards and our actions. So central is this need for consistency in the application of ethics that some moralists

have argued that it comprises the *whole* of ethics (Olson, 1999). There are times, however, when moral standards conflict, and then it becomes unclear as to how to proceed. At these times we become inconsistent; in turn, our ethical framework becomes ineffective. Most psychologists are undoubtedly well meaning and know simple issues of right from wrong, but difficulties arise when a psychologist is faced with having to choose between two important principles that are in opposition to one other.

Psychologists particularly face quandaries when the promotion of one ethical principle subordinates another principle or when behaviours compatible with one set of moral standards are incompatible with other standards. Suppose, for example, that I believe that, when asked for an honest response, it is wrong to tell a lie. I may also believe that one ought to be kind to others and avoid causing them pain. If I were faced with a situation where truthfulness would require unkindness, I have a conflict between my two moral beliefs. To find a resolution I must sacrifice at least one of these principles, or I may have to weigh one as being of higher importance than the other. It is for these situations that prioritizing principles by explicitly weighting them can provide guidance as to how to act in a morally responsible manner.

This is the rationale for the hierarchical order of the four principles in the CPA Code of Ethics for Psychologists. According to the CPA (2000), while all four principles are important and must be considered in professional practice, when an ethical dilemma is complicated by principles being in opposition with one another, the hierarchical order allows the psychologist to determine which principle ought to be given more weight in coming to an appropriate resolution. The ranked principles in the CPA code of ethics are (1) Respect for the Dignity of Persons, (2) Responsible Caring, (3) Integrity in Relationships, and (4) Responsibility to Society.

Statement of the Problem

There is some empirical support for the CPA's ordering of principles. To date one study has examined the philosophical validity (Malloy & Hadjistavropoulos, 1998) and two others the empirical validity (Seitz & O'Neill, 1996; Williams, Hadjistavropoulos, Malloy, Sharpre, & Fuchs-Lacelle, 2003) of the CPA Code's ranking system. Malloy and Hadjistavropoulos (1998) provided theoretical support for the CPA hierarchy by comparing the four principles to a philosophical model developed by Hodgkinson (1978, 1983, 1991, 1996). They found that the hierarchy was consistent with Hodgkinson's value paradigm. Seitz and O'Neill (1996) provided empirical support for the hierarchy by verifying that pre-professional undergraduate psychology students endorsed solutions to ethical dilemmas that were consistent with the ordering of the four CPA principles. Williams and colleagues (2003) found that teaching medical residents and undergraduate students about CPA ranking generally lead to quicker and more consistent decision-making. No studies, however, have examined the ordinal principles from the general public's perspective. We thus have no information at this time on what the public might think about the CPA Code of Ethics' principle ranking. If the Code functions primarily to protect the public from harm, then the public's perspective on how that Code is designed to protect them is important to consider. Understanding Canadians perspective on the CPA Code of Ethics could have implications for the Code's validity, informed consent procedures and even future code revisions.

Purpose of the Present Study

The central purpose of the present research is to examine whether the public supports the CPA hierarchy, where Respect for the Dignity of Persons is of primary importance followed in descending order by Responsible Caring, Integrity in Relationships, and Responsibility to Society. The CPA code was developed in consultation with practicing psychologists who, when

presented with common ethical dilemmas, indicated that the four principles, and their order of importance, informed their decision-making process. The question remains, however, as to whether or not the hierarchy is endorsed by the public it is intended to protect. The CPA principles describe not only professional responsibilities but also psychologists' values. These values may or may not coincide with what members of the public see as practitioners' responsibilities and the profession's place in society. Few studies have examined the public's perspective on the behaviour of psychologists (e.g., Audet, 2011; Claiborn, Berberoglu, Nerison, & Somberg, 1994; Hillerbrand & Claiborn, 1988; Nerison, 1993), and none have examined what the public thinks about the CPA Code of Ethics. The present study seeks to fill the gap in our understanding of this issue.

There is reason to suggest that the public would like their perspective to be taken into account. Pomerantz (2000) examined prospective clients' reactions to psychologists' perceptions of the impact of managed care. The researcher found not only that psychologists' perceptions strongly influenced clients' attitudes toward psychotherapy, but also that prospective clients felt overwhelmingly entitled to that information. Clients wanted to know about, and be involved in, the decision-making process with regard to ethical dilemmas that impacted them. There is also a push toward including consumers of psychological services in our ethical decision-making (Edwards, Jones, Thacker & Swisher, 2014; Hill, Glasser, & Harden, 1995; MacFarlane, 1996; Pettifor, 1998; Prillienltensky, Rossiter, & Walsh-Bowers, 1996). Moreover, it appears that health care consumers are increasingly seeking out information through their own research and acting as their own advocates for care. There seems to be a general movement away from the attitude of "Just trust the professional" toward a more collaborative relationship between health care professionals and consumers (Ballard-Reisch, 1990). The present study will

provide information about the public's point of view on ethical issues that affect them as recipients of psychological services.

To better understand the relationship between how participants generally approach ethical dilemmas and how they approach the dilemmas presented in the present study, a measure of ethical orientation will be included. Forsyth's (1980) Ethics Position Questionnaire will yield two dimensions of relativism and idealism, along with four ethical orientation categories that may explain differences in how participants evaluate the CPA principles.

An additional purpose of the current research is to investigate possible differences in viewpoints on the CPA code with respect to demographic variables such as gender, age, SES, educational level, and client status, which may influence their opinions on ethical matters. For example, studies on the validity of North American codes of ethics have often suggested that the pre-eminence of principles such as justice (as per the first CPA principle of Respect for the Dignity of Persons) over others such as caring in relationships (as per the second CPA principle of Responsible Caring) could represent a gender bias (Gilligan, 1982). Development of the CPA code was linked theoretically to Kohlberg's (1969) paradigm. In the highest stages of his (1984) model, an individual's morality focuses on justice, coinciding with the first-ranked CPA ethical principle. This elevation of justice as the pinnacle of moral development has been criticized as being rationalistic, masculine, individualistic, and partisan to Western liberalism (Gilligan, 1982; Rest & Narvaez, 1994). It also has been suggested that the order of the CPA principles be investigated for gender and culture bias (e.g., Hadjistavropoulos & Malloy, 2000; Malloy & Hadjistavropoulos, 1998; Seitz & O'Neill, 1996). Therefore, the current study will explore whether demographic variables are related to how the principles are ranked.

Study Implications

If the outcomes of the study suggest that members of the public do indeed support the ranking of the ethical principles of the CPA Code, there will be greater support for the validity and use of the code as it stands. If divergences are found, on the other hand, the Code might need revising in order to bring it into alignment with what the public expects. In addition, it might be prudent to enhance consent procedures to ensure that clients understand Canadian psychologists' ethical responsibilities. Furthermore, if the findings reveal differences in opinion based upon variables such as gender, age, SES, ethnic background, etcetera, we might need to adjust the Code to be more sensitive to and inclusive of different groups of people.

Research Questions

- (a) When faced with ethical dilemmas that psychologists encounter, will participants endorse the CPA's hierarchy of principles?
- (b) Will participants' level of confidence in their answers to the dilemmas be related to how congruent they are with the CPA code?
- (c) Will there be a difference in how participants' rank the four CPA principles based upon their Ethical Orientation as measured by Forsyth's (1980) questionnaire?
- (d) Will there be differences in how participants rank CPA principles as a function of demographic variables such as gender, age, household income, educational level, and client status.

Chapter Two

Review of the Literature

What Is a Code of Ethics?

A code of ethics provides members of an organization or profession with a framework for making consistent choices when faced with ethical dilemmas. Traditionally, such codes outlined prescriptive rules. Codes of ethics may also describe overarching principles or values intended to guide professional activities.

History of Psychology Ethics

Codes of ethics for psychologists have a relatively recent history. Historically the study of psychology dates back to ancient Greece, Egypt, China, India, and Persia. However, psychology in its applied form emerged only in the 1890s. Stanley Hall became the first American to earn a PhD in psychology and founded the American Psychological Association (APA). Wilhelm Wundt established the first psychology lab in Leipzig, while Sigmund Freud began providing therapy to patients in Vienna. James Cattell published *Mental Tests and Measurements* (ushering in the use of psychological assessment) and Francis Galton developed correlation techniques to examine intelligence.

The increasing professionalization of psychology led to a call for standards of ethical behaviour. Contrary to assertions that applied psychology was born when practitioners were needed in World War II, Wallin (1938) states that clinical psychology can be traced back to the turn of the 20th century. Wallin, who was present at early APA meetings, attests that calls for establishing a clinical section of APA began in 1913. At an annual meeting in 1917, a group led by Dr. Leta Stetter Hollingworth sought to raise the qualifications of clinical psychologists, and these standards were formalized in 1920 (Wallin, 1938). The increasing focus on entry-level standards

was an integral step in the professionalization of psychology. During World War II the young discipline gained social value when the government enlisted the help of psychologists in the development of tests to determine the draft's selection process, the placement and training of its soldiers, and the provision of mental-health services for hospitalized veterans. In 1938, Hollingworth and Wallin convened committees devoted to ethical concerns (Wallin, 1938), and in 1947 the APA sought to create a code of ethics that would provide professional standards for identifying and resolving moral problems (Hobbs, 1948). The APA first developed a formal code of ethics in 1953, the continual review of which was seen as integral to maintaining its validity for both the profession and the public (Fisher, 2009). As a result, the APA code of ethics has undergone ten revisions since 1953 (APA, 2002).

Literature relating to professional ethics was largely absent until after World War II when the Nuremberg trials revealed atrocities committed by scientists and researchers from several disciplines in Nazi Germany. The accused were charged with war crimes such as performing cruel and tortuous human experimentation without subject consent that resulted in death, disfiguration, dismemberment or permanent disability. The trials subsequently led to the creation of the Nuremberg Code of Ethics for Medical Research in 1964 (Sinclair, Simon, & Pettifor, 1996). Moreover, because of the discipline's greater visibility after World War II, psychologists began to be regarded as a distinct group with a specific set of skills and knowledge important to the public's well being. There ensued an increased interest in the application of psychology to everyday problems, and, in addition to its being validated as an academic discipline; psychology earned a reputation for being a practicing profession (Sinclair, et al., 1996). Over the past five decades, consequently, greater attention has been devoted to professional accountability, and development of a code of ethics was an essential part of such

professionalization (Wilensky, 1964). The first major psychology code of ethics was published in 1953 after four years of intensive work (Holtzman, 1979). A quasi-experimental method was used to develop its formulation. The code was unique in that it was based upon the day-to-day decisions psychologists made in their applied practice rather than prescribed rules developed by a morals committee (Golan, 1969). In 1945 all 7,500 members of the APA were sent letters that asked them to describe situations in which they made a decision that had ethical implications. More than 1,000 responses were classified into six categories: (1) public responsibility, (2) client relationships, (3) teaching, (4) research, (5) writing and publishing, and (6) professional relationships. This material formed the basis for many drafts of the APA's code of ethics (Golan, 1969). Following extensive discussion, the code of ethics was adopted as the *Ethical Standards of Psychologists* in 1953. The official statement required 171 printed pages but was distilled into 19 general principles by a special committee (APA, 1963). In its later versions a casebook on ethical standards provided a more detailed guideline for practitioners and students. Early statements of ethical standards focused primarily on psychologist-client relationships and on the welfare of the individual. Ethics for human research later received attention in the publication titled *Ethical Principles in the Conduct of Research with Human Participants* (APA, 1973).

In the 1960s the United States implemented case management through Medicare, Medicaid, and the Medicare Conditions of Participations (COP) acts, according to which insurance providers would determine beneficiaries. Enactment of mental-health legislation in the 1960s presented psychologists with numerous ethical challenges relating to constraints on treatment planning, conflict of interest, and divided loyalties in protecting the privacy of client disclosures (Strom-Gottfried, 1998; Watt & Kallmann, 1998). Mounting evidence of grossly

unethical behaviour on the part of university and applied psychologists also led to a greater demand for professional accountability (Sinclair et al., 1996; Sinclair, 1993; Welfel & Lipsitz, 1983; Welfel & Strom-Kitchener, 1992). The 1970s and 1980s thus saw a sharp increase in formal complaints and litigation in American courts surrounding psychologists' ethical transgressions. Research in the area of professional ethics was also amplified by the growing number of publications relating to moral behaviour (e.g., Kitchener, 1984; Rest, 1984). In response to these dramatic changes in the mental-health service climate, the APA ethics code has undergone ten revisions in the past five decades. The code has been used as a model for many other countries' professional organizations, Canada, for example, adopted the 1953 APA code, as well as subsequent versions (with minor word changes), in 1963 and 1977 (Sinclair et al., 1996). In the 1970s, however, there emerged strong interest in a uniquely Canadian formulation of these ethical codifications.

A Code of Ethics for Canadian Psychologists

The CPA adopted the original 1953 APA code of ethics and its revisions until 1977 because of increasing interest in the development of a Canadian code of ethics. The decision to formulate a uniquely Canadian code was prompted by changes in restrictions on advertising in order to conform to the U.S. anti-trust law (Sinclair, 1993). Many in the Canadian association did not approve of the emphasis on commercial aspects of the profession and felt that it "ran the risk of changing the nature of the professional relationship from a primarily fiduciary contract to a commercial one" (Sinclair et al., 1996, p. 7). Moreover, some argued that a made-in-Canada code would appeal to a sense of national identity, would address Canada's different cultural configuration, and would be applicable to Canadian legal standards (Sinclair et al., 1987). The

CPA thus examined the interdisciplinary and international literature on ethics codes in order to develop an independent variant. It identified the following main purposes:

- (a) To help establish psychology as a profession;
- (b) To act as a support and guide to individual professionals;
- (c) To help meet the responsibilities of being a profession; and
- (d) To provide a statement of moral principle that helps the individual professional to resolve ethical dilemmas (from Sinclair et al., 1987, pp. 1-2)

In 1983, The CPA's Applied Division Committee on the Practice and Delivery of Services moved to the Committee on Ethics and conducted a thorough analysis of the APA code. It found that the code was a fundamental step in establishing psychology as a profession in North America and that "Canadian psychology has benefited from its adoption of the APA code" (Sinclair et al., 1987, p. 1). However, in three of the four areas mentioned above, the CPA committee found the APA's code of ethics limited and thus sought to create an improved version. Specifically, as a tool to guide individual professionals, the APA code was regarded as inadequate in supporting psychologists in fields such as community psychology or family therapy (e.g., Eberlein, 1980; Hallenstein, 1978; Hare-Mustin, Marecek, Kaplan, & Liss-Levinson, 1979; Perlman, 1977), where there was little guidance about how to address issues such as confidentiality, dual relationships, and privacy. The APA code was also criticized for not addressing women's issues and children's rights. Moreover, the sharpest criticism was aimed at the APA code's lack of guidance concerning professional responsibilities to the client, employer, and society when these responsibilities conflicted with one another (Bersoff, 1975; Jagim, Wittman, & Noll, 1978; Pettifor, 1980; Wiskoff, 1960). Sinclair and colleagues (1987) state that, "although in some instances a sense of direction was given (e.g., welfare of the client

before advancement of knowledge), in other instances no direction was given (e.g., welfare of the client vs. welfare of the employer)” (p. 4). Goals in competition with one another are difficult to resolve and require guidance through the explicit weighing of code principles.

With regard to expectations of professional responsibility, Sinclair and colleagues (1987) state, “On the one hand, professions demand a significant degree of autonomy in developing and regulating their membership; on the other hand, there is an expectation that professions will demonstrate that they are effectively training and regulating their members” (p. 4). Here the CPA felt that the APA’s code lacked strength as an educational tool for the training of new psychologists. The problems cited involved the lack of a consistent conceptual framework (Sinclair et al., 1987). For instance, it was argued that standards and principles were not always clearly defined and that general principles sometimes reflected overall moral principles (e.g., welfare of the consumer) and sometimes simply areas of practice (e.g., assessment techniques). In addition, the relationship between ethical principles (which ones were more important than others) was not clearly stated. The lack of a general ethical framework and an insufficient explication of the moral reasoning underlying its stipulations handicapped the APA code’s relevance to Canada. According to the CPA committee (1980), a more consistent conceptual framework and more explicit standards were needed to help psychologists understand their professional responsibilities (Sinclair et al., 1987).

After identifying these presumed weaknesses of the APA code, the CPA sought to develop a code that was conceptually cohesive, more inclusive of new areas of practice, and explicit about which principles were the most important to uphold when they conflicted with one another (Sinclair et al., 1987). By 1986 the CPA had officially adopted the *Canadian Code of Ethics for Psychologists*, which was revised in 1991 and 2000. In order to include a statement of

moral principle, the developers decided to use Kohlberg's (1969) theory of Moral Development in conjunction with actual ethical dilemmas, adapted from the APA's 1967 *Casebook on Ethical Standards of Psychologists*, to integrate moral theory with the application of ethics (Sinclair et al., 1987). This integration increased the consistency, validity and educational value of the Canadian code.

Developers of the CPA instrument broke with tradition in creating a code of ethics specifically for psychologists. Most codes are modeled on the Hippocratic Oath and articulated by a small group of professionals. The CPA code was based instead on the "collective wisdom" of Canadian psychologists. The method included 37 hypothetical ethical dilemmas that reflected issues often faced by psychologists in the areas of teaching, research, and applied psychology. The dilemmas covered all of the APA's ethical principles, conflicts between those principles, emerging issues in areas of practice (e.g., community psychology, forensics, family therapy, children's rights, women's issues, etc.), and common issues related to situations that involved new but untested approaches or techniques (Sinclair et al., 1987). Each vignette was followed by six questions intended to elicit self-accepted ethical principles (e.g., "What is your choice of action? Why?" "What alternative choice(s) of action(s) did you consider? Why did you choose them?"). A compilation of the dilemmas was mailed to over 400 Canadian psychologists; 125 agreed to participate, and 59 completed and returned the questionnaires. Analysts then identified the reasoning and values involved in the respondents' decision-making. They also examined which ethical principles were given priority. The data were next categorized into groups of statements consistent with specific super ordinate principles. The resulting document was adopted in 1986 and organized the ethical principles into four groups:

1. Respect for the Dignity of Persons

2. Responsible Caring

3. Integrity in Relationships

4. Responsibility to Society

According to the Code, all four principles must be considered in ethical dilemmas; however, when two or more principles conflict with one another, the principle with the highest rank in the hierarchy is given precedence. The order of the principles is a guide for psychologists to navigate ethical quandaries in a consistent manner, but the hierarchy is not intended to be rigid (CPA, 2000). Situations may arise where exceptions to the hierarchical order are justified (e.g., to save someone's life, Responsible Caring may outweigh Respect for the Dignity of Persons or confidentiality). This approach has several strengths including increased consistency of ethical decision-making in situations where ethical principles conflict with one another (CPA, 1991, 2000). When faced with an ethical dilemma, a psychologist is encouraged to follow a ten-step decision-making model described in the code's preamble. The model has been praised as a thorough and comprehensive model for evaluating ethical dilemmas (Cottone & Claus, 2000).

The first principle, Respect for the Dignity of Persons, emphasizes moral rights, positing that each person should be treated with appreciation for their innate worth as a human being, regardless of personal characteristics, status, or condition (CPA, 2000). It particularly stresses responsibility to vulnerable persons (e.g., clients, marginalized groups, research participants, students, supervisees). Essential to Respect for the Dignity of Persons are rights to privacy, self-determination, liberty, and justice (CPA, 2000). Psychologists usually have a responsibility to uphold these moral rights above all else. Specifically, they should demonstrate general respect for others, non-discrimination, fair treatment, and due process; fully inform others of decisions

and activities that affect them; ensure freedom of consent; protect vulnerable persons; safeguard privacy and confidentiality; and encourage others to respect the dignity of persons. According to the code, this principle “generally should be given the highest weight, except in circumstances in which there is a clear and imminent danger to the physical safety of any person” (CPA, 2000, p. 2).

The second principle, Responsible Caring, emphasizes competence. The value holds that psychologists’ activities should maximize benefit and minimize harm to any individual, family, group, or community to which they relate in a professional capacity (CPA, 2000). Essential to this value is that psychologists recognize the need for competence and self-knowledge. This includes practicing only within areas for which they have appropriate training and engaging in self-reflection on how their own biases, values, attitudes, experiences, and social context affect their decision-making. To demonstrate Responsible Caring, psychologists should perform risk/benefit analyses to ensure that their actions benefit and not harm other persons. They also show special care in the use of animals for research. This principle generally should be weighted second highest.

The third principle, Integrity in Relationships, holds that psychologists should demonstrate the highest integrity in all their relationships. The expectation includes accuracy and honesty, straightforwardness and openness, maximization of objectivity and minimization of bias, and avoidance of conflicts of interest. The code states, “[I]n rare circumstances, values such as openness and straightforwardness might need to be subordinated to the values contained in the [p]rinciples of Respect for the Dignity of Persons and Responsible Caring” (CPA, 2000, p. 2).

The fourth principle, Responsibility to Society, extends psychologists' responsibility from the primary client/practitioner relationship to the larger social context. Two central expectations of psychology are that as a science it will increase knowledge and that it will promote the welfare of all human beings (CPA, 2000). Generally this principle is given the lowest weight, although it is necessary to consider responsibility to society in every ethical decision. Although there is an expectation that psychologists will consider the welfare of society, for the most part, a psychologist's primary responsibility is to the individual receiving services. The code also states:

When a person's welfare appears to conflict with benefits to society, it is often possible to find ways of working for the benefit of society that do not violate respect and responsible caring for the person. However, if this is not possible, the dignity and well being of a person should not be sacrificed to a vision of the greater good of society, and greater weight must be given to respect and responsible caring for the person. (CPA, 2000, p. 2)

The organization of a code of ethics will reflect the nature of the profession and its unique goals (Olson, 1999). The primary duties of a psychologist take place within the context of a one-on-one (or more in the case of a family) client-practitioner relationship. Therefore, it makes sense that a psychology code of ethics would place the individual rights of clients first. A different profession might construct a code of ethics with another order of principles. For instance, ethics for a civil engineer might mandate acting in the public's best interest above that of the paying client. In this case a code that places responsibility to society above respect for a client's autonomy would be appropriate. The CPA's code of ethics is designed to reflect the nature of psychology practice.

Theoretical and Empirical Support for the CPA Code

The CPA code has received favourable review with regard to its coherence, organization, and unique features (e.g. Booth, 1998; Dixon, 1998; Hadjistavropoulos, 2011; Hadjistavropoulos & Malloy; Sinclair, 1998; Wassenaar, 1998). Recently some theoretical and empirical support for the CPA code also has emerged. Malloy and Hadjistavropoulos (1998) provided theoretical support for the CPA hierarchy. They used a conceptual model of value grounding developed by Hodgkinson (1978, 1983, 1991, 1996) as a paradigm for validating the four CPA principles and their suggested order. Hodgkinson's model assesses and categorizes relative merit among value, ethical, and psychological orientations (Malloy & Hadjistavropoulos, 1998). As Malloy and Hadjistavropoulos (1998) describe, the model ranks four levels of psychological orientation from sub-rational to trans-rational. The four ordinal levels are (1) intense conviction and personal commitment to principle (Kantian deontology, rule-based); (2) use of reasoning and logical systems focused on consequences (teleological, cost-benefit analysis); (3) cognitive/intellectual focus on group preference (e.g., democracy, utilitarianism); and (4) affective or emotional decisions based on self-centered rationales. Not surprisingly, none of the CPA principles fits the fourth level. However, the authors did find that the CPA ranking coincided with Hodgkinson's model, concluding that this outcome lends philosophical support for the CPA hierarchy.

In addition to theoretical and empirical investigations, linguistic analysis also has the potential to teach us a great deal about the implicit meanings and motives inherent in a code of ethics. Malloy, Hadjistavropoulos, Douaud and Smythe (2002) subjected the CPA and Canadian Medical Association (CMA) codes to both a content and functional grammar analysis and compared the two. Among some of the structural differences between the CPA and CMA codes of ethics is a considerable difference in sheer word volume, the CPA code contains over 12,000

words, while the CMA code contains approximately 1400 (Malloy et al, 2002). The analysis also demonstrated that both codes use primarily a deontological (principle/rule based) ethical orientation. However, while the CMA code was predominantly deontological, the CPA code was more diverse and also included teleological (utilitarian-based), and ethic of care (relationship-based) approaches. Malloy and colleagues (2002) argued that the CPA document provides greater educational value because of its inclusion of teleological rationales. Moreover, the authors found that while the CMA code was more apt to use an indicative/imperative language mode (i.e. a “talking down approach”), the CPA code tends to avoid this particular device. Instead, the CPA code opts for a softer tone that appeals to responsibility and suggestion, which cushions the impact of potentially authoritarian statements (Malloy et al., 2002). In one of the more striking differences between the two codes, the authors discuss depersonalization of participants by consistent use of the term *patient* in the CMA code contrasts with the CPA code’s use of more egalitarian terms like *client* and *person*. Malloy and colleagues (2002) conclude that the CPA code is more a comprehensive, informative and educational document than the code adopted by the CMA. Moreover, the authors state that the results of their analysis may reflect fundamental differences between the attitudes of physicians and psychologists, but that physicians are shifting toward a more client-centred approach in their work.

With respect to the CPA hierarchy, Seitz and O’Neill (1996) offered empirical support for the code ranking by examining whether undergraduate psychology students would intuitively rank the four CPA principles in the appropriate order. Their sample consisted of 30 honours students. Being undergraduates, it was unlikely that they were familiar with the CPA’s Code of Ethics for Psychologists, save a cursory overview. Seitz and O’Neill (1996) had their

participants complete the Psychology Ethics Questionnaire (PEQ), which was comprised of 24 vignettes that described dilemmas in which two of the four CPA principles were in conflict. The vignettes were drawn from the CPA's *Code of Ethics Companion Manual* (CPA, 1988) and published research. Each vignette described a psychologist who was presented with an ethical dilemma and who subsequently came to a decision on his/her course of action. All possible combinations of conflict among the four ethical principles were represented, and two versions of each vignette were balanced across the questionnaire so that in one instance the resolution was consistent with the ordering of CPA principles and in the other instance inconsistent with it. Participants were asked to read through the vignettes and then indicate agreement or disagreement with the psychologist's decision. Scores were allotted based upon congruence with the CPA hierarchy. Specifically, if a participant stated that the psychologist's action was unethical in a vignette where the resolution was inconsistent with the CPA code, the participant would receive one point for implicitly endorsing the principles in order (e.g., Principle 1 over Principle 4).

Seitz and O'Neill (1996) found that their sample of pre-professional psychology students endorsed solutions to ethical dilemmas that were consistent with the rank order recommended by the CPA code. They speculated that the agreement between pre-professional students and the code's creators could reflect the current *Zeitgeist* of an emphasis on human rights. The study also indicated that context was an important factor in how participants supported one principle over another. There were some dilemmas in which the majority of the sample favoured the subordinate principle, and the participants did not consistently favour one principle over another within sets of conflicts. Seitz and O'Neill (1996) suggested that this lack of consistency seemed to be a function of context: participants sometimes made exceptions based upon specific

information in the scenarios. This finding agrees with the research of Reese and Fremouw (1984), who noted that ethical dilemmas arise because there is always room for exceptions and areas requiring discretionary judgment. Moreover, Seitz and O'Neill (1996) point out that even developers of the CPA code agree that its ranking of principles may be affected by contextual variables.

Williams, Hadjistavropoulos, Malloy, Gagnon, Sharpe and Fuchs-Lacelle (2012) conducted a mixed methods investigation of the CPA ranking, looking specifically at whether knowledge of the ranked 4 principles would lead to consistent (and CPA code congruent) responses to ethical dilemmas. Their participants were 47 medical residents and 45 undergraduate students. Each participant was provided education around the 4 CPA principles and how they are ranked. They were then given 6 of Sietz & O'Neill's (1996) adapted (i.e. "psychologist" was sometimes replaced with "health professional") dilemmas and asked to "rate the ethicality" of the action taken and how confident they were in their response, both on a 7-point likert scale. Participants were then asked an open-ended question to elucidate why they thought the particular action was or was not ethical. Participants had access to information on the CPA principles while completing the questionnaire. Williams and colleagues (2012) hoped that their analysis would clarify whether knowledge of the principle ranking would help participants to make decisions that were more consistent with the code. Overall, their hypothesis was supported, however there was some variability in responses based upon participant type (resident vs. student), misunderstood vulnerabilities, inconsistent rationales, misunderstandings of the CPA principles, and even an effect of how gender was portrayed within the vignettes themselves.

William and colleagues (2012) found that having knowledge of the CPA ranking lead to greater adherence to the CPA hierarchy. However, being provided educational information about the rank ordering of the CPA principles actually decreased the students' confidence levels in their decisions – Presumably because the students had less experience with professional ethical dilemmas compared to medical residents.

The Client's Perspective

Some might argue that only psychologists are knowledgeable enough to adequately evaluate our ethical practice, and consideration of the clients perspective is not necessary, or may be even be contraindicated. However, it can also be argued that the primary purpose of a code of ethics is to protect the public from harm on the part of the profession. It would be reasonable to suggest that those for whom the code is intended to protect have legitimate views to be considered with respect to our ethical responsibilities. Moreover, greater awareness of the public's opinion of our ethics may improve our informed consent procedures.

Very few studies have examined the public's perspective when it comes to psychology ethics. In one such inquiry Hillerbrand and Claiborn (1988) examined clients' and non-clients' factual knowledge of ethical issues. Their subjects were 77 undergraduate volunteers from educational psychology classes who responded to five multiple-choice questions covering confidentiality, dual relationships, informed consent, and access to records. The questionnaire was based upon the ethical principles of the APA (1981) and the National Association of Social Workers (1979), as well as other literature on ethical practice (e.g., Hare-Mustin, Marecek, Kaplan, & Liss-Levinson, 1979). The authors found that experience in counselling or psychotherapy is not associated with knowledge of ethics. The subjects demonstrated some knowledge of every ethical issue represented on the questionnaire; however, their knowledge

was mixed and incomplete. For example, subjects understood that confidentiality was preserved following termination of therapy and that family members could not have access to such information without the client's consent, but they were less certain about the limits of confidentiality related to supervision and court testimony. They also knew that sexual contact was unethical but were less certain about social interactions. Overall, the subjects displayed a general understanding of principles such as confidentiality but had an imprecise grasp of particulars.

This finding is consistent with earlier research on confidentiality (McGuire, Toal, & Blau, 1985; Schmid, Applebaum, Roth, & Lidz, 1983). A limitation of the Hillerbrand and Claiborn (1988) study is that their sample consisted only of students at a major liberal-arts university who likely would have some familiarity with ethics in professional and personal relationships. The authors therefore conducted a second study with 32 patients at a Veterans Administration medical center who were receiving either psychological or medical services. Hillerbrand and Claiborn (1988) hypothesized that clients would demonstrate ethical knowledge superior to that of non-clients; however, their results gave mixed support of this hypothesis. The correctness of subjects' responses was lower than that in the first study, but it followed the same pattern of general knowledge of ethical issues covered in the questionnaire with less knowledge of specifics. Age showed an unexpectedly strong inverse correlation to subjects' ethical knowledge. The authors speculated that education might be associated with this difference in that older subjects may have had less exposure to ethical training than younger subjects because younger subjects had more formal education. Surprisingly, client status was unrelated to ethics knowledge. Overall, the major contribution of Hillerbrand and Claiborn's (1988) study was descriptive data regarding what clients and potential clients know about ethical issues.

Claiborn, Berberoglu, Nerison, and Somberg (1994) explored clients' judgments about their experience with ethical and unethical practice in psychotherapy. The participants were 96 American adults, excluding those who worked in the mental-health professions and recruited mainly by graduate students in counselling psychology. Recruiters were instructed to aim for as diverse a sample as possible with respect to gender, age, ethnicity, etc. Approximately 150 questionnaires were distributed to potential subjects, of which total 96 were completed and returned. The questionnaires contained 60 items on therapist practices that covered six areas: confidentiality, dual relationships, informed consent, and business practices, competence, sensitivity to differences, and interventions. Examples included "Your therapist gives you information about fees at the beginning of therapy" and "Your therapist explains how therapy can help you." Subjects were then asked to rank the importance of each item within the six areas. Claiborn, Berberoglu, Nerison, and Somberg (1994) found slight differences in responses to informed consent and business practices as a function of gender and client status but concluded that these differences, although statistically significant, were very small. They stated, "Although the subjects were uncertain about the appropriateness of many practices, these tended to be practices about which even professionals might have some divergence of opinion" (p. 272). The results of their study suggested that adults display a range of beliefs about the appropriateness of therapist practices. Often, but not always, the subjects' beliefs and therapists' values (based on their professional ethics) were the same. The subjects often had an unclear sense of their right to be treated within the framework of their own culture and ethnicity. Moreover, they often judged commonly used therapist practices as ethically inappropriate, perhaps, as the authors argue, because practices that make clients feel uncomfortable seem to carry more risk.

Fenning and colleagues (2005) studied differences in attitudes between therapists, patients and laypersons with respect to psychotherapeutic ethical dilemmas. Their sample was drawn in Israel and included 93 psychotherapists, 103 psychotherapy patients and 55 law and humanities students (meant to represent lay persons). In general, they found that therapists were more strict about issues such as dual and sexual relationships than patients and lay groups. Moreover, patients seemed to support breaches of confidentiality more than the professional and lay groups.

In an interesting cross-cultural example, Zhao (2012) conducted one of the first inquiries into the ethical practices of Chinese psychologists from the client's perspective. Zhao (2012) used a cross-sectional survey with a large representative sample (N=1100) of Chinese clients who were asked about therapist behaviours related to competence, setting, fees, informed consent, dual relationships, and confidentiality. The results suggested that while clients believed their therapist would protect their privacy and confidentiality, they were not provided much information by way of informed consent. Moreover, there appeared to be substantial issues with professional boundaries, where disregard for professional courtesy (e.g. starting/ending sessions on time, answering phone calls during sessions) and dual-relationships were common. Similar data are not available for a Canadian population.

Forsyth's Taxonomy (EPQ)

Much discussion of ethics is tied to moral theory. The two presiding philosophical perspectives in moral theory are deontology (Kant, 1785/1981) and teleology (Mill, 1861/1957). The word "deontology" comes from the Greek meaning duty or obligation. Deontology is characterized by a focus on adherence to moral rules or principles that typically stress that certain actions should be performed. In deontological systems the rightness of an action is determined by some absolute, universal principle (e.g., autonomy, justice, equality, fairness),

social contract and the moral principles are separated from the consequences that follow the action (Forsyth, 1980). For example, the principle that it is wrong to lie means that lying is wrong in all cases, no matter the consequences. On the other hand, teleological systems of ethics are characterized by a focus on the consequences of a given action. In other words, in order to make a moral decision, one must first understand what will result from that choice (Forsyth, 1980). For example, a lie might be justifiable if the benefits of the outcome outweigh the implications of dishonesty. Thus, from a teleological perspective a choice that results in a correct consequence would be considered a moral choice.

When presented with a moral or ethical dilemma, individuals often disagree on what defines right and wrong. Nguyen (2008) found that subjects evaluating the morality of an action used their own systems of ethics. Several models have sought to identify the basic organization of moral thinking (e.g., Gilligan, 1982; Hogan, 1970; Kohlberg, 1969), and Forsyth (1980; 1985; 1992; Forsyth, Nye, & Kelley, 1988) developed a model that attempted to integrate these perspectives. Forsyth (1980) argued that deontological and teleological systems could be perceived not as either/or choices but rather as continuums, with high versus low acceptance of moral absolutes (deontology) and high versus low acceptance of harm (teleology). He used the term “relativism” to represent the dimension that identifies the degree of acceptance of moral absolutes and the term “idealism” to represent the moral dimension related to the acceptance of harm. Forsyth (1980, 1992; Forsyth, Nye, & Kelly, 1988) then created the Ethics Position Questionnaire (EPQ) to identify where relativism and idealism are dichotomized and crossed to yield four quadrants representing four ethical ideologies. These ideologies are Situationism, Subjectivism, Absolutism, and Exceptionism. Situationists, high on relativism and idealism, tend to reject moral rules and advocate analysis of each act per the situation. Subjectivists, high

on relativism and low on idealism, tend to focus on personal values and perspective rather than universal moral principles. Both the Situationists and Subjectivists endorse an ideology related to ethical skepticism, which recognizes that there are many different ways to construe morality. Absolutists, low on relativism and high on idealism, tend to be deontologists who judge acts as moral or immoral through their adherence to universal moral rules. Exceptionists, low on relativism and low on idealism, tend to be teleological in terms of ethical philosophy and focus more on the consequences of an action, specifically the “greatest good for the greatest number.” Table 1 presents Forsyth’s (1980) taxonomy. As to what ethics positions might be expected from a Canadian sample, two studies provide direction. Hadjistavropoulos, Malloy, Sharpe and Fuchs-Lacelle (2003) compared EPQ scores of psychologists to physicians and found that psychologists tend to be less relativistic (more absolutist) than physicians. Forsyth, O’Boyle and McDaniel (2008) conducted a cross-cultural meta-analysis on the ethical orientations of 139 samples drawn from 29 countries. They found that Western nations were less idealistic than Middle East nations. Moreover Exceptionism and Situationism were the most common ethics positions across all nations and Canada was classified as an Exceptionist country. Considering psychologists tend to be Absolutist and that the CPA code is based upon a deontological framework, it would be reasonable to expect that Absolutists would provide responses that are congruent with the CPA hierarchy. On the other hand, if the majority of Westerners fall into the Situationist and, especially for Canada, Exceptionist categories, a Canadian sample may be less likely to endorse the CPA principle rank order. Overall, Idealists may be more likely to endorse the CPA principle rank order as these individuals tend to make their decisions based upon rules, policies and codes. Conversely, Relativists make decisions based upon consequences and context and therefore may be more likely to show no difference in CPA principle ranking.

Table 1.

Forsyth's (1980) Taxonomy of Personal Moral Philosophies

		Relativism	
<u>Idealism</u>		High	Low
High	Situationists	Reject moral rules; ask if the action yielded the best possible outcome in the given situation. (Relational)	Absolutists Feel actions are moral if they yield positive consequences through conformity to moral rules. (Deontological)
Low	Subjectivists	Reject moral rules; base moral judgments on personal feelings about the action and the setting. (Virtue Ethics)	Exceptionists Feel conformity to moral rules is desirable, but exceptions to these rules are often permissible. (Teleological)

Note: Adapted from Forsyth (1980).

Personal Characteristics and Ethical Philosophy

Personal characteristics in relation to moral philosophy have been widely studied. Indeed, many of the most frequently cited theories and measures of ethical positions extol personal characteristics as sources of difference (e.g. Gilligan, 1982; Kohlberg, 1969). Moral reasoning, according to these studies, may be influenced by age, education, gender, culture, socioeconomic status, political affiliation, and so forth. Previous research has paid particular attention to the variables of age and gender.

Age.

Age has been linked to levels of moral judgment. Those more advanced in years have been said to demonstrate higher levels of moral judgment (Colby & Kohlberg, 1987; Kim & Choi, 2003; Rest, Power, & Brabeck, 1988; Rest & Thoma, 1985) and lower levels of Machiavellianism or a tendency to manipulate others for personal gain (Hunt & Chonko, 1984).

Serwinek (1992) found that older individuals appear to be more conservative in their ethical attitudes. Dawson (1997) confirmed that ethical standards tend to rise, as an individual grows older. Moral development theories have stated that people normally progress to higher ethical levels as they grow older (Kohlberg, 1969; Toma, 2006). Rest and colleagues (1999) found that most adults reason at Kohlberg's conventional level of reasoning according to law, order and social norms. Siponen and Vartiainen (2004) argue that as people age they no longer find lower level ethical arguments satisfying.

Age has also been correlated with gender-based sensitivity to ethical dilemmas (Dabholkar & Kellaris, 1992; Dubinsky, Jolson, Michaels, Kotabe, & Lim, 1992; Ruegger & King, 1992). A few studies have found a negative relationship between age and relativism (Barnett, Bass, Brown, & Hebert, 1998; Ho, Vitell, Barnes, & Desborde, 1997). As people age, they appear to rely more on universal principles of morality to guide their ethical judgments and less on societal influence. Vitell, Lumpkin, and Rawwas (1991) discovered evidence of a positive association between age and idealism in comparison with younger people. According to Bass, Barnett and Brown (1998), as individuals grow older they place less emphasis on self-interest and exhibit greater concern for others' welfare. However, some studies indicate no significant relationship between age and ethical ideology (Douglas, Davidson, & Schwartz, 2001; Singhapakdi & Vitell, 1994). In terms of Forsyth's (1980) model, there is a lack of consensus regarding age and ideology. Thus far no data exist on age in relation to the CPA hierarchy of ethical principles.

Gender.

Different theories attempt to explain gender differences in ethical judgment. For example, Gilligan (1982) argued that women and men use different cognitive styles or moral

orientations to solve dilemmas. She argued that men tend to think in terms of rules and justice whereas women think in terms of caring and relationships. According to Gilligan's (1982) theory, the proposed study would find differences in how women and men evaluate CPA principles. Specifically, the precedence given to Principle 1, Respect for the Dignity of Persons, has been described as a largely masculine principle that focuses on justice, in contrast to Principle 2, Responsible Caring, that focuses on relationships. However, it is difficult to get a clear picture of gender differences in moral thinking. Jaffe and Hyde (2000) thus found only small differences between the care orientation (favouring females) and the justice orientation (favouring males), concluding that there was not strong empirical support for Gilligan's (1982) claims. More confusion involves the outcomes of studies that examine ethical reasoning. Some studies do not show any differences in ethical reasoning (Dubinsky, 1985; Fenning et al., 2005; Hegarty & Sims, 1978; Jones & Kavanagh, 1996; Juujarvi, Myyry & Pessa, 2010; Singhapakdi & Vitell, 1994). Others have found significant differences. For example, women have been said to exhibit higher levels of cognitive moral development and a greater "ethic of caring" (Gilligan, 1982; Goolsby & Hunt, 1992). They also have been found to be more sensitive to some ethical issues (Chonko & Hunt, 1985; Harris & Sutton, 1995) and to respond "more ethically" than men to marketing dilemmas (Dawson, 1997; Skinner, Ferrell, & Dubinsky, 1988; Vitell, Lumpkin, & Rawwas, 1991).

In a study more pertinent to the research proposed here, Claiborn, Berberoglu, Nerison, and Somberg (1994) ascertained gender differences in how clients and non-clients judged the ethical appropriateness of therapist practices related to confidentiality and competence. Specifically, the authors found that men judged a therapist's talking about a client outside the office (confidentiality is discussed in Principle 1) and a therapist's discussing his/her personal

problems with a client (competence is discussed in Principle 2) to be more ethically appropriate than did women. Similarly, Fenning and colleagues, (2005) found no gender differences in their comparison of therapist, patient and laypersons perspectives on psychotherapeutic ethics. These findings thus show a gender difference, but it does not support Gilligan's (1982) view.

Research on social-role theory has been used to explain gender differences in ethical orientation. The theory holds that women and men are positively valued for conforming to socially constructed gender roles and that they consequently view moral issues differently. Women are said to be valued for relationship-oriented and socially sensitive attributes, whereas men are purportedly valued for their self-reliance, aggressiveness, and success (Eagly, 1987). Violating these norms has been said to result in rejection, disapproval, and negativity (e.g., Heilman, Wallen, Fuchs, & Tamkins, 2004). Research has also suggested that women have greater emotional intelligence and are more empathetic than men (e.g., Toussaint & Webb, 2005). Moreover, meta-analytical estimates have shown women to rank higher on such traits as conscientiousness and agreeableness (Ones & Viswesvaran, 2001). Thus, social-role theory postulates that men and women exhibit different rationales for moral judgments. In relation to Forsyth's (1980) ethical orientation, research presents a mixed picture as far as gender is concerned. Several studies have suggested that women stake out higher ethical standards than men (Akaah, 1989; Cohen, Pant, & Sharp, 2001; Dawson, 1997; Ruegger & King, 1992). Other studies have found no significant differences in ethical judgment between men and women (Hartikainen & Torstila, 2004; Radtke, 2000; Serwinek, 1992; Shafer, Morris, & Ketchand, 2001; Sikula & Costa, 1994; Stanga & Turpen, 1991; Tsalikis & Ortiz-Buonafina, 1990). Hartikainen and Torstila (2004) observed that women are more idealistic (principle-bound) and less relativistic (situation-bound) than men. Bass and colleagues (1998) and McHoskey (1996)

found that women are more idealistic than men but did not demonstrate significant differences in their levels of relativism. Singhapakdi and Vitell (1994) claimed that women are more idealistic and relativistic than men. From this combined research it appears that there is no compelling theoretical rationale for gender differences in terms of relativism, with some studies indicating women as more relativistic (Barnett et al., 1998), and others indicating men as more relativistic (Jaffe & Hyde, 2000), and still others showing no relationship (Hartikainen & Torstila, 2004; Marques & Azevedo-Pereira, 2009). However, women seem to demonstrate more idealism than men. Given this empirical evidence, the proposed study would expect to find that women may be more idealistic than men but that there may be no gender differences related to relativism. Seitz and O'Neill (1996) did not find any differences related to gender with their survey of ethical dilemmas (the same dilemmas used in this study), however, it has been suggested that the CPA hierarchy has a more "masculine" structure (Hadjistavropoulos & Malloy, 2000), and therefore women may be less likely than men to endorse the recommended principle order.

In sum, a code of ethics primarily serves to guide professionals in their decision-making in order to protect the public from harm. A great deal of consideration was put into the creation of the Canadian code to ensure that it is coherent, organized, instructional and comprehensive. Structuring the code around four hierarchically arranged ethical principles is a unique feature of the Code and has been cited as a particular strength (Booth, 1998; Dixon, 1998; Hadjistavropoulos et al., 2000; Sinclair, 1998; Wassenaar, 1998). While there is some theoretical (Malloy & Hadjistavropoulos, 1998) and empirical (Seitz & O'Neill, 1996; Williams et al., 2012) support for the CPA principle ranking, the few studies that have examined what clients or the public think about psychologists' ethics indicate that their factual knowledge is mixed and incomplete. Moreover, there is some evidence that with an increase in collaborative

health care, prospective clients increasingly feel entitled to knowledge of, and involvement in, ethical decision-making (Pomerantz, 2000). Knowing what the public thinks about the CPA Code of Ethics and whether they agree with the principle rank order would allow us to know if we are behaving in a manner that is consistent with how the public wants us to protect them.

Chapter Three

Method

The purpose of the present study was to explore whether average Canadians would order the four CPA ethical principles as a function of importance in the way the Code recommends that psychologists order them. A review of the literature identified that the CPA principle ranking has theoretical and empirical support. What is not known, however, is how a representative sample of Canadians would rank the principles.

Participants

A sample of 442 adult Canadians was drawn from a randomized list of Canadian residential addresses (see Sample List section for more details). A total of 322 questionnaires reached their destination, and therefore this is the number of people who were invited to participate in the present study.

Measures

The first portion of the survey includes Seitz and O'Neill's (1996) Psychology Ethics Questionnaire (PEQ) used to study how undergraduate psychology students' rank the four CPA ethical principles. The second part of the survey was Forsyth's (1980) Ethics Position Questionnaire (EPQ). Demographic information was also collected. A professional translator (Master Translation Services) translated the English survey into French Canadian to ensure that both official languages of Canada were represented. Efforts were made to ensure equivalency between the questionnaire's English and French versions with forward and backward translation. Moreover, a Registered Psychologist with fluency in French was asked to read through the survey to ensure that the translation was adequate.

Materials

A. Psychology Ethics Questionnaire (PEQ).

Seitz and O'Neill (1996) developed the PEQ to determine whether pre-professional Psychology graduate students would endorse the CPA's ranking of principles. The original PEQ was composed of 24 vignettes describing a psychologist who is faced with a dilemma where two of the four CPA principles are in conflict with one another. All the vignettes involve dilemmas encountered in the practice of psychology, either in applied or research settings. Seitz and O'Neill (1996) drew the vignettes from the *CPA Code of Ethics Companion Manual* (1988) and from published research studies. The 24 vignettes present scenarios where each of the four CPA principles is in conflict with one another in all six possible combinations, and each of the six possible combinations is repeated in four different versions. Presenting four versions of the same two principles in conflict (e.g. 1 vs. 2) allowed for a greater range of issues within each principle to be covered, and this variation made the conflicts between any two principles less context-bound, increasing general utility. Principle 1 covers autonomy, privacy, informed consent, and discrimination. Principle 2 covers the need to offset or correct harm, variations of working to maximize benefit or minimize harm, as well as promoting the well being of persons or general "caring." Principle 3 covers conflict of interest and honouring contacts, as well as aspects of the need for straightforwardness (e.g., accurate representation of actions), withholding of information, temporary deception, accuracy, and the need to take responsibility for the professional activities of employees. Principle 4 covers the responsibility to contribute to society through research and to further psychological knowledge, the responsibility to work to benefit society or a community, and respect for community culture.

The PEQ vignettes were created through a series of pilot tests. Undergraduate Psychology students were asked to read through the scenarios and indicate what they felt was the most ethical resolution. They were asked to explain the issues that influenced their decisions and whether they could see any reason why someone might choose the other option. Based upon responses to these questions, the vignettes were modified and re-piloted until it appeared that respondents interpreted the ethical conflict as intended: They recognized the intended conflicts; there were no inadvertent issues biasing the interpretation of the vignettes; and the vignettes embodied two principles so that there was a “pull” in two directions, thus creating a conflict (Seitz & O’Neill, 1996). Each vignette ended with the psychologist making a decision that was either consistent or inconsistent with the CPA ranking of principles. Because there were four variations of each conflict between two principles, it was possible to test the reliability of the participants’ tendencies to rank one principle over another. A high degree of consistency would suggest that choices were based upon an adherence to specific principles, regardless of the idiosyncratic features of the vignettes. Conversely, a low degree of consistency would suggest that responses were more influenced by context.

In terms of PEQ reliability, Seitz and O’Neill (1994) conducted a pilot study with 100 university students in different areas of study in pre-professional undergraduate programs. Seven faculty members from Acadia University’s Psychology department also participated in the pre-test of the PEQ. The pre-test was composed of two parts: Part One presented six vignettes to participants, who were then asked to indicate which choice of action they considered to be ethically correct and then to explain how they came to that decision. Part Two asked participants to re-examine the vignettes and indicate which principles were involved in the dilemma and which choice would be consistent with the CPA code of ethics. Respondents generally agreed

that the vignettes did reflect the specific principles that were intended. Based upon the pilot study, the vignettes were modified, either by clarifying points that were unclear, or by placing greater emphasis on certain elements to create more balanced dilemmas. Seitz and O'Neill (1996) then decided to offer greater coverage of specific issues involved in each dilemma and created 24 vignettes (including the original 6 from the first pilot study). For the new vignettes, a series of pilot tests with undergraduate Psychology students were conducted, and the vignettes were modified and re-piloted until it appeared that each dilemma was interpreted correctly, with clear conflicts, no misunderstandings, and an evident "pull" between two options.

In terms of PEQ validity, the vignettes were drawn from the CPA *Code of Ethics Companion Manual* (1988) and from other published research studies. The CPA used most of these same vignettes when the code was originally developed. As discussed previously, the code developers evaluated the psychologists' responses to vignettes in order to identify the four main principles and their order of importance. This method was intended to capture the collective wisdom of psychologists in the development of a code of ethics. In essence, Seitz and O'Neill (1996) used the same measure in their study that the CPA used in the creation of the code of ethics. The dilemmas cover various aspects of psychological practice including applied and research settings.

In order ensure that the vignettes would be comprehensible to a lay Canadian population, they underwent numerous revisions and rewrites to ensure principles were accurately presented as well as to make sure the reading level was low enough for average Canadians to read. The revision process revealed that a number of Seitz and O'Neill's (1996) vignettes were problematic and were therefore replaced. The new vignettes were created in collaboration between this

researcher and an expert in Psychology ethics. In all, 9 vignettes were replaced (Vignettes 2, 3, 7, 10, 11, 16, 19, 23 and 24).

Specifically, for Principle 1 versus Principle 4 conflicts, Seitz and O'Neill (1996) essentially presented the same type of dilemma in all four versions of this conflict: namely, all the scenarios presented were different versions of a situation where study participants were not fully informed of the potential risks of an important research study. The present researcher felt it would be important to include other possible Principle 1 versus Principle 4 scenarios; therefore, two new vignettes were created (Vignette 16 and Vignette 23). Also, upon closer scrutiny, it became apparent that three of Seitz and O'Neill's (1996) vignettes did not clearly represent the principles they purported to represent. For instance, one scenario depicts a Psychology intern who begins a romantic relationship with a client. The dilemma was originally presented as a Principle 1 (autonomy) versus Principle 3 (conflict of interest) issue; however, this dilemma could be more accurately described as a Principle 1 versus Principle 2 (minimize harm, protection of vulnerable persons) issue.

Other vignettes were problematic in that they included more than two principles. For example, a scenario depicting a psychologist working with an institutionalized young offender with plans to escape presented issues related to Principles 1 (confidentiality), Principle 2 (minimize harm to client), and Principle 4 (protection of the public from harm).

Two of Seitz and O'Neill's (1996) vignettes were problematic in that they implied that a psychologist would not be obligated to report the childhood sexual abuse of an underage therapy client when in actuality a psychologist likely would be required to do so. These vignettes were further problematic in that they appeared to conflate three rather than two principles (i.e.

confidentiality, reasonable care, and protection of the public). For these reasons, these two vignettes were replaced as well.

Once the vignette content was solidified, all the vignettes were rewritten to organize concepts, clarify issues, and simplify the language. Sietz and O'Neill's (1996) original vignettes averaged a reading level of grade 12 to 14. For the present study, the reading level was reduced to between grade 7 and 8 (Flesch-Kincaid reading score).

In order to ensure the validity of the revised and newly added vignettes, 3 Registered Psychologists, 1 Provisionally Registered Psychologist/Doctoral student, and 1 Clinical Psychology Doctoral student reviewed all 24 vignettes. They were asked to identify which CPA principles were depicted in each ethical dilemma. This researcher discussed and resolved any inconsistencies between expected and observed responses.

Seitz and O'Neill (1996) used 24 vignettes because there are six possible conflict combinations (i.e. 1 vs. 2, 1 vs. 3, 1 vs. 4, 2 vs. 3, 2 vs. 4, and 3 vs. 4) and they presented each conflict combination twice in order to determine consistency in responses (i.e., that an individual chose one principle over the other in both dilemmas). However, because Seitz and O'Neill (1996) depicted a psychologist's resolution to the dilemma and the participant had to either agree or disagree with that decision, it was necessary to present the same dilemmas with the opposite outcome in order to balance the questionnaire, thus giving 24 vignettes. The present researcher believes, however, that constructing a question in which a psychologist makes a decision may create a response bias when the participant is asked to agree or disagree with it. Therefore, in this study, the dilemma is followed by dichotomous options that the psychologist *could* choose; the participant was then asked which option is the right one. Options (a) or (b) will either be consistent or inconsistent with the CPA's ranking of ethical principles. For this reason, 24

vignettes were not necessary to balance the outcomes of the questionnaire. Moreover, there were concerns that presenting 24 vignettes would create a very lengthy questionnaire that would impede participation. Therefore, each participant was given 12 PEQ vignettes, in which each possible conflict of principles is presented twice. Twelve versions of the survey (A through L) were created and randomly assigned to participants. All 24 vignettes were used, and the various versions contained 12 vignettes in random order. This method allowed for the presentation of a variety of contexts related to each principle, while at the same time facilitating a shorter questionnaire to encourage participation. Moreover, the variation of versions and random presentation of vignettes was done to control for order effects. Similar data analysis can be applied from using 12 vignettes while minimizing the time demands of the research.

Participants were asked to read through each dilemma and then choose which of two possible decisions the psychologist should make. The following is an example of a dilemma that presents a conflict between Principle 1 and Principle 2:

A psychologist works in a school doing educational assessment. The psychologist assesses a child who seems to have had learning problems since starting school. The results indicate that the child needs special help in basic skill areas. The results are discussed with the child's parents. They tell the psychologist that they do not believe the results. They feel their child has no learning problems. They worry that the child may be unfairly labeled because of the assessment. They refuse to give consent to have the assessment discussed with the child's teachers. The psychologist tries to explain the potential benefits of special resource help. The psychologist believes that the teachers need to know what is going on with the child. If the teachers know what the problems are, they can make the child a specialized learning program. He would like to share the assessment information with the teachers. The parents strongly refuse to allow the psychologist to say anything to the school.

Q. In your opinion, which is the right decision for the psychologist to make?

- (a) To share the assessment results with the teachers, despite the parents' objections
- (b) Not to share the assessment results with the teachers, because of the parents' objections

Q: How sure are you that you chose the best decision? (Please circle a number: 1 – not at all sure to 7 – very sure).

In this vignette, there is a conflict between respect for autonomy (Principle 1) and the obligation to promote clients' welfare (Principle 2). Scoring was based on responses to the question, "In your opinion, which decision is the right one for the psychologist to make?" One point was allotted when respondents indicated a decision that is consistent with the CPA code, and zero points were allotted for responses that indicated a decision inconsistent with the CPA code. Participants were also asked to indicate the degree of confidence in reaching each decision using a seven-point Likert scale. Specifically, they were asked, "On a scale of one to seven, how confident are you that this is the best decision?"

Table 2 shows how all of the 24 vignettes fall in each of the six principle conflict categories.

Table 2.

Vignettes According to Each Type of Principle Conflict

	Principles in conflict					
	1v2	1v3	1v4	2v3	2v4	3v4
Vignette	1	6	5	4	3	2
	7	11	9	8	10	12
	13	14	16	17	15	18
	19	21	23	24	20	22

B. Ethical Position Questionnaire (EPQ).

Each participant was also asked to complete Forsyth's (1980) EPQ that was developed to assess ethical ideology. The CPA code is largely based upon a deontological ethical framework. However, people do not necessarily follow a deontological pattern when evaluating ethical dilemmas; instead, they may adhere more to a teleological, relational, or virtue ethics framework. Studies have found that Idealists are more likely to follow principle-based ethical decision-making (Hartikainen & Torstila, 2004; Forsyth, 1992). Forsyth's (1980) EPQ may help to identify reasons why participants may or may not endorse the CPA framework. As discussed previously, the EPQ evaluates an individual's moral philosophy based on the dimensions of idealism and relativism. The idealism subscale measures endorsement of statements concerning the legitimacy of causing harm to others (e.g., "It is never necessary to sacrifice the welfare of others"), whereas the relativism subscale measures endorsement of relativistic moral positions (e.g., "What is ethical varies from one situation and society to another"). Overall, high scores on the Idealism subscale associated with a concern for the welfare of others, whereas a high score on the Relativism scale indicates a rejection of universal moral principles (Forsyth et al., 1985).

The EPQ yields a score that places individuals into one of four categories of Ethical Orientation: Situationism, Subjectivism, Absolutism, and Exceptionism. Situationists exhibit high Relativism and high Idealism. Subjectivists exhibit high Relativism and low Idealism. Absolutists exhibit low Relativism and high Idealism. Exceptionists exhibit low Relativism and low Idealism (See Table 1). Participants will be asked to indicate their opinions on 20 statements of moral judgment by way of a 5-point Likert scale, ranging from 1 (completely disagree) to 5 (completely agree). Possible scores on the Idealism and Relativism subscales range from 10 to 50. The Idealism score is obtained by taking the mean of items 1 through 10.

The Relativism score is obtained by taking the mean of items 11 through 20 (Forsyth, 1980).

The mean score of their responses to the Idealism items and the mean scores of their responses to the Relativism items are taken to be their two EPQ scores. These scores can then be used to classify individuals as to their ethical ideology.

The EPQ is a widely used measure of ethical decision-making and *the reliability of the EPQ is well established*. Chronbach's alpha values have been measured as .80 to .85 for Idealism and .73 to .79 for Relativism (Eastman, Eastman, & Tolson, 2001; Forsyth & Nye, 1990; Davis et al., 2001). Means of item-to-total correlations for the Idealism and Relativism scales were .67 and .66, respectively. Test-retest correlations were found for idealism and relativism, .67 and .66, respectively (Forsyth & Nye, 1990).

Examining the EPQ validity, Forsyth (1985) used principle component factor analysis, and the EPQ had a stable structure that loaded on two orthogonal primary factors, accounting for 42.4% of the total variance. Separately, the Idealism and Relativism factors contributed 22.4% and 20.0% of the variance, respectively. Dinger (1997) corroborated the EPQ's two-factor solution, noting that both combined accounted for approximately 30.89% of the variance (idealism and relativism contributed to 12.85% and 18.04%, respectively). Davis, Andersen, and Curtis (2001) supported these findings, using confirmatory factor analysis on a sample ($n = 285$) of undergraduate and graduate business students, noting high-fit indices for the model.

Demographic Variables

Gender, age, education, household income, cultural background, Canadian versus Non-Canadian born, and client status were verified. Age was coded as a continuous variable. Education was coded by the categories of 1 = Less than high school, 2 = Partial high school, 3 = High school diploma/GED, 4 = Certificate in a trade/technology, 5 = Partial college/university,

6 = College/university degree, and 7 = Graduate/professional education. Household income is coded by the categories of 1 = less than \$19,999, 2 = \$20,000 to \$29,999, 3 = \$30,000 to \$39,999, and 4 = \$40,000 to \$49,999, 5 = \$50,000 to \$59,999, 6 = \$60,000 to \$69,999,

7 = \$70,000 to \$79,999, and 8 = \$80,000 or over. Participants were asked to identify their cultural background and categories were based upon Statistics Canada (2006) census categories. Respondents were asked whether they were born in Canada (Yes/No) and whether they are a Canadian Citizen, Landed Immigrant/Permanent Resident, or Temporary Resident (work or student visa). Client status was confirmed by asking, "Have you ever received services from a licensed psychologist (e.g., counselling, assessment, referral, etc.)?" (Yes/No).

Procedure

A random sample of 322 Canadian citizens over the age of 18 were invited to participate in the present study and were drawn from a national residential address directory supplied by a research-marketing company (SM Research, Inc.). The survey package was printed in both official languages of Canada, English and French. It included a cover letter (Appendix A), a demographic page, one of the twelve (randomly assigned) vignette versions of the Psychology Ethics Questionnaire (PEQ) (Appendix B),¹ and Forsyth's (1980) Ethics Position Questionnaire (EPQ) (Appendix C, French versions in Appendix D and E). Each survey had a number attached to allow participants to be tracked for follow-up reminders.

A brief letter was mailed to respondents shortly before the questionnaire was sent. The letter indicated that an important survey will arrive in a few days and that the person's response would be greatly appreciated. The questionnaire was mailed along with a detailed cover letter outlining

¹ The PEQ consists of 12 of the original 24 vignettes from Seitz & O'Neill's (1996) PEQ. Each participant was randomly assigned one of the two versions of the 12-vignette PEQ questionnaires.

the study's purpose and importance, who was conducting it, where questions should be directed, how long it would take, reassurance of confidentiality, and how the data would be used. A five-dollar incentive and a stamped and addressed return envelope were also included. The letter also explained that potential participants could expect two additional points of contact. Three to four weeks after mailing the survey package, a thank you/reminder postcard was mailed to the entire sample. This card expressed appreciation for responding and encouraged completion of the questionnaire if it had not already been done. Six to seven weeks after the survey was mailed, a replacement questionnaire was sent to non-respondents. This communication indicated that their questionnaire was not yet received and provided a replacement for misplaced surveys. Recipients were reminded that participation was voluntary.

The survey was administered via a tailored survey design as described by Dillman (2007). Dillman's (1978) mail-survey design procedures have been well documented as having higher response rates (Czaja & Blair, 2005; Dillman, Clark, & Treat, 1994; Dillman, Dolsen, & Machlis, 1995; Gray & Guppy, 1994; Miller, 1996; Schaefer & Dillman, 1997), and they have been the standard for more than three decades. Dillman's (1978) survey method was designed according to the principles of social-exchange theory based upon rewards, cost, and trust. His method maximizes the likelihood of participation by increasing perceived rewards for responding, decreasing perceived costs, and promoting trust in beneficial outcomes of the survey. The method uses multiple contacts and "respondent-friendly" questionnaire designs. Communication with prospective participants emphasizes the study's usefulness and the importance of participation. This procedure follows many of the guidelines recommended by Dillman (2007) to ensure a high level of response.

Sample List

The sample list was provided by SM Research, Inc.,² which owns and manages a database of residential Canadian households. The sampling frame is a national compilation of mailing information with 80% coverage of Canadian households (over 11 million records) that includes names, addresses, cities, provinces, and postal codes. This list has a high incidence of individuals age 18+ across Canada and is proportionate to the 2009 Census at the Forward Sortation Area level.³ The frame is the database from which the sample was drawn. The sampling procedure uses a System Random Sampling algorithm. The procedure's interval is calculated by dividing the frame count by the sample size.

Ethical Considerations

The two aspects central to the ethical treatment of participants in this study were informed consent and protection of confidentiality. With the questionnaire package each participant received a cover letter (see Appendix A) that describes the study, sponsor, purposes, ethical review-board approval, amount of time for completion, general nature of the subject matter, availability of a monetary incentive, and use of the data. Participants were informed that the researcher sought to understand the Canadian public's perspective on the ethics of psychologists and how their opinions coincide with the CPA Code of Ethics for Psychologists. Participants were asked to fill out the questionnaire and return it in a postage-paid, self-addressed envelope. Return of the materials was accepted as indicating consent to participate in the research. Participants were also informed that their participation is entirely voluntary and that a \$5 honorarium was offered as a thank you whether they chose to participate or not. This honorarium was considered to be a reasonable incentive given the amount of time it would take

² Initially, the sample list was provided by Custom Lists Inc.; however, their product proved to be outdated and inaccurate, so a second list by another company was obtained.

³ The Census Forward Sortation Area Boundary File available from StatsCan contains 1,604 areas derived from postal codes captured from the 2006 questionnaire.

for participants to complete the survey (approximately 20-40 minutes). Respondents were assured that their participation would be kept confidential, that no identifying information was to be placed on the questionnaire so that their responses were anonymous. Moreover, they were informed that only group data would be reported. An identification number was placed on the questionnaires solely to indicate that a particular participant had completed the questionnaire and did not need further reminders. Since a sample list of randomly selected addresses was purchased for mailing the questionnaires and available only temporarily to the researcher. The list was not used by others.

Participation in research should also offer some benefit to participants. It is hoped that the study's results will lead to a greater understanding of the Canadian public's expectations concerning psychologists' ethical responsibilities, which in turn could lead to improved informed-consent procedures and even changes to the CPA code of ethics. It also is hoped that improved understanding of the public's perspective on our code of ethics will enhance professional care. Apart from the aforementioned privacy issues, the study involved no other known or expected benefit, risk, threat, or harm to participants.

Ethical responsibilities govern the dissemination of research results as well. The present study will be submitted as a doctoral dissertation in partial fulfillment of requirements for the PhD in the Counselling Psychology program of the Department of Educational Psychology at the University of Alberta. The research findings may be presented at conferences, used for teaching purposes, and/or published in professional journals. The researcher has made reasonable efforts to ensure the reliability and validity of this study's results, both through the methods employed and in the careful interpretation of data. The researcher sought to maximize the reliability and validity of the survey results by means of design as well as implementation decisions.

Analyses

The data are examined to see if there is evidence that participants supported the CPA principle rank pattern, or a dichotomous pattern, where one principle is predominant over the others with no differences among subordinate principles.

The CPA pattern is examined in terms of three levels of precision. First, it was postulated that the pattern would be supported if, at the level of specific conflicts, there is a general tendency for participants to choose Principle 1 over 2, 3, and 4; 2 over 3 and 4; and 3 over 4. Second, it would be supported if participants chose Principle 1 over all other principles most frequently, Principle 2 over all other principles at the next level of frequency, Principle 3 over all others at the next level of frequency, and Principle 4 over all others at the lowest frequency. Finally, the most rigorous test of ranked series involves examining step differences in the predominance of one principle over another in which, for example, the predominance of Principle 1 over 4 would be greater than that of Principle 1 over 3, and so forth. The Dichotomous Pattern would be supported if findings were limited to a pattern of one principle showing dominance over all others with no differences between the remaining 3 principles. Similarly to Sietz and O'Neill's (1996) hypothesis, it is believed that Principle 1 will show dominance; that is, Principle 1 will be chosen significantly more often in all conflicts and with no reliable dominant-subordinate relationships between other principles in conflict. Support for either the CPA Pattern or the Dichotomous Pattern would have implications for the assumptions underlying the CPA's code of ethics. Support for the CPA Pattern would indicate that the code's recommended decision-making procedures are consistent with the way in which members of the public also sort out dilemmas. Conversely, support for the Dichotomous Pattern would indicate

that members of the public do not ordinarily order the four principles in the way the CPA code recommends.

Twenty-four vignettes are available and each participant is given a random selection of twelve vignettes. Using twelve vignettes ensures that each of the principle-conflict combinations is represented twice. Each vignette describes a dilemma in which two of the four CPA principles conflict. There are six possible combinations of conflict: 1vs2, 1vs3, 1vs4, 2vs3, 2vs4, and 3vs4. Overall Principle Scores are calculated using the frequency of each principle when chosen over the other principles in order to create a principle rank order for each participant. Overall Principle Scores are used in the Page Test calculation.

For each vignette, the participant is asked to indicate which of two choices is the right decision for the psychologist to make. Answers are either consistent with the CPA ranking or not and are coded 1 = consistent, 0 = inconsistent. Congruence scores have a range of 1 to 12 and are derived from the number of times responses agree with the CPA ranking. Consistency scores—used to examine context effects—indicated whether participants recorded consistent or inconsistent responses to two versions of the same type of dilemma. These scores constitute ratio variables. The EPQ yielded four categorical variables and coded as 1 = Situationist, 2 = Absolutist, 3 = Subjectivist, and 4 = Exceptionist.

Participant variables were either categorical (e.g., gender, education, previous psychology use history, citizenship, French/English speaking, and income) or ratio (e.g., age) variables.

Confidence scores are based upon the seven-point Likert-type scale in which participants rate how confident they are in their answers. These ratings were treated as ordinal variables. The degree of confidence in judging these vignettes will be examined for correlations with the ranking of CPA principles and with Forsyth's (1980) EPQ.

A conservative approach was taken in the choice of statistical tests, usually involving non-parametric analyses. Non-parametric tests were appropriate for analysis of the cumulative frequencies of respondents choosing one principle over another; these were nominal classifications because each response fell into one of two discrete categories.

Also, statistical analyses were adjusted to correct for the number of tests conducted within each set of analyses. This was done to counteract the problem of multiple comparisons and is considered a very conservative approach to counteract for family-wise error (Glass & Hopkins, 1996).

Hypotheses

In order to understand how participants weighted each principle relative to the other principles a sequence of analyses are conducted to test the following hypotheses.

Hypothesis 1. Participants will tend to make choices that correspond to the order of principles recommended in the CPA Code. The null hypothesis is that the median of the Principle 1 rank equals the median of the Principle 2 rank, which equals the median of principle 3 rank, which equals the median of Principle 4 rank:

$$H_0: P1 = P2 = P3 = P4$$

The research hypothesis is, with respect to at least one of the inequalities, the median of Principle 1 rank is greater than or equal to the median of Principle 2 rank, which is greater than or equal to the median of Principle 3 rank, which is greater than or equal to the median of Principle 4 rank:

$$H_{1.1}: P1 \geq P2 \geq P3 \geq P4, \text{ with at least one strict inequality}$$

If the primary hypothesis that participants will follow the CPA rank order is not supported, a second hypothesis is proposed, which is referred to as a Dichotomous Pattern of responding. Specifically, Principle 1 is dominant with no other subordinate relationships is proposed:

$$H_{1.2}: P1 > (P2 = P3 = P4)$$

Hypothesis 2. The degree of perceived difficulty in judging vignettes will be associated with congruence scores:

H₂: Responses showing a relatively high degree of confidence will be associated with congruence with the CPA code.

Hypothesis 3. Ethical orientation will be associated with frequency of resolving dilemmas consistent with the CPA hierarchy. Specifically, the Absolutist category will be associated with consistency with the CPA hierarchy. It is believed that those high on Idealism and low on relativism (Absolutists) will either support the CPA hierarchy as studies suggest that Idealists more apt to adhere to specific principles when judging ethical decisions compared to Relativists (Hartikainen & Torstila, 2004). The Situationist, Subjectivist, and Exceptionist categories will be associated with inconsistency with the CPA hierarchy, as they will likely focus on specific contextual variables within each vignette in identifying choice of action rather than on a particular ordering of the principles. More specifically:

H_{3.1}: Absolutists will endorse $P1 \geq P2 \geq P3 \geq P4$, with at least one strict inequality

H_{3.2}: Situationists, Subjectivists and Exceptionists will endorse $P1 = P2 = P3 = P4$

Hypothesis 4. Age and gender will be associated with whether participants' choices correspond to the order of principles recommended in the CPA Code:

H_{4.1}: Older participants would be more likely to follow the CPA hierarchy than younger participants and be more code congruent.

H_{4.2}: Women would be less likely than men to order the four principles according to the CPA hierarchy and be less code congruent.

Additional demographic characteristics of education, income, previous psychology history, and citizenship will be examined as exploratory variables.

Chapter 4

Results

The purpose of the present study was to explore whether average Canadians would order the four CPA ethical principles as a function of importance in the way the Code recommends that psychologists order them. A review of the literature identified that the CPA principle ranking has theoretical and empirical support. What is not known, however, is how a representative sample of Canadians would rank the principles. For the present study, the PEQ, EPQ and a demographic questionnaire were mailed to a representative sample of 322 Canadian citizens over the age of 18. It was hypothesized that participants would support the CPA principle rank pattern or a dichotomous pattern, where one principle is predominant over the others with no differences among subordinate principles and that Ethical Orientation (EPQ), perceived difficulty/confidence in answering the ethical dilemmas, and demographic variables would be related to how the vignettes were approached.

Sample Characteristics

In all, 442 surveys were mailed to Canadian residents. Questionnaire packages were sent out in groups of 50 surveys at a time to allow for minor methodological adjustments to be made as needed. There were quality issues related to the first mail out database. There was an inordinately high proportion (up to 90%) of surveys that were unable to be delivered (e.g. incomplete/inaccurate/non-existent address) because of inaccuracies in the purchased residential address database (Custom Lists Inc.). This issue was resolved by obtaining a new mail out list from another company (SM Research, Inc.). The undeliverable rate for the replacement mail out database was 5.0%. In all, 27.1% of the 442 surveys mailed were undeliverable. The response rate is based upon those surveys that reached their destination (sometimes referred to as a

cooperation rate), and therefore 322 adult Canadians were invited to participate in the present study. Twenty-six (8%) of respondents returned their surveys uncompleted (active refusal) and 139 (43.1%) surveys were not returned (passive refusal). A total of 157 people participated in the present study, providing a response rate of 48.8% ($n = 157$).

As discussed in the procedure, participants received four points of contact to encourage participation: introductory letter, survey, reminder post card, and then second copy of survey. One hundred, sixteen (73.9%) respondents returned their survey after receiving it, 13 (8.3%) returned their survey after the reminder post card, and 28 (17.8%) returned their survey after the receiving the second copy.

There were 66 females and 91 males who participated in this study. Participant ages ranged from 18 to 94 years old ($M = 52.43$, $SD = 16.99$). One hundred ten (70.1%) participants completed the survey in English, and 47 (29.9%) completed the French version. According to Statistics Canada (2011) linguistic data, the proportion of English and French speaking Canadians are 59.6% and 21.3% respectively. The proportion of Canadians who report a mother tongue other than English or French is 20.1%.

Figures 1 and 2 show the distributions of income and education, respectively.

Eighty-four percent of participants identified their ethnic background as White, and 16% percent identified their ethnic background in a non-white category (see Figure 3 for details). These proportions are in accordance with census data, where 16.2% of the total population of Canada identified as a visible cultural minority (Statistics Canada, 2006).

All participants identified as Canadian Citizens, 187 (88.5) as born in Canada, and 12 (7.6) as born outside of Canada. Figure 4 presents the proportion of participants from each province. The sample appears to be proportional to the population of each province.

In response to whether participants have ever received psychological services before, 110 (70.1%) indicated “no,” 39 (24.8%) indicated “yes,” and 8 (5.1%) did not answer.

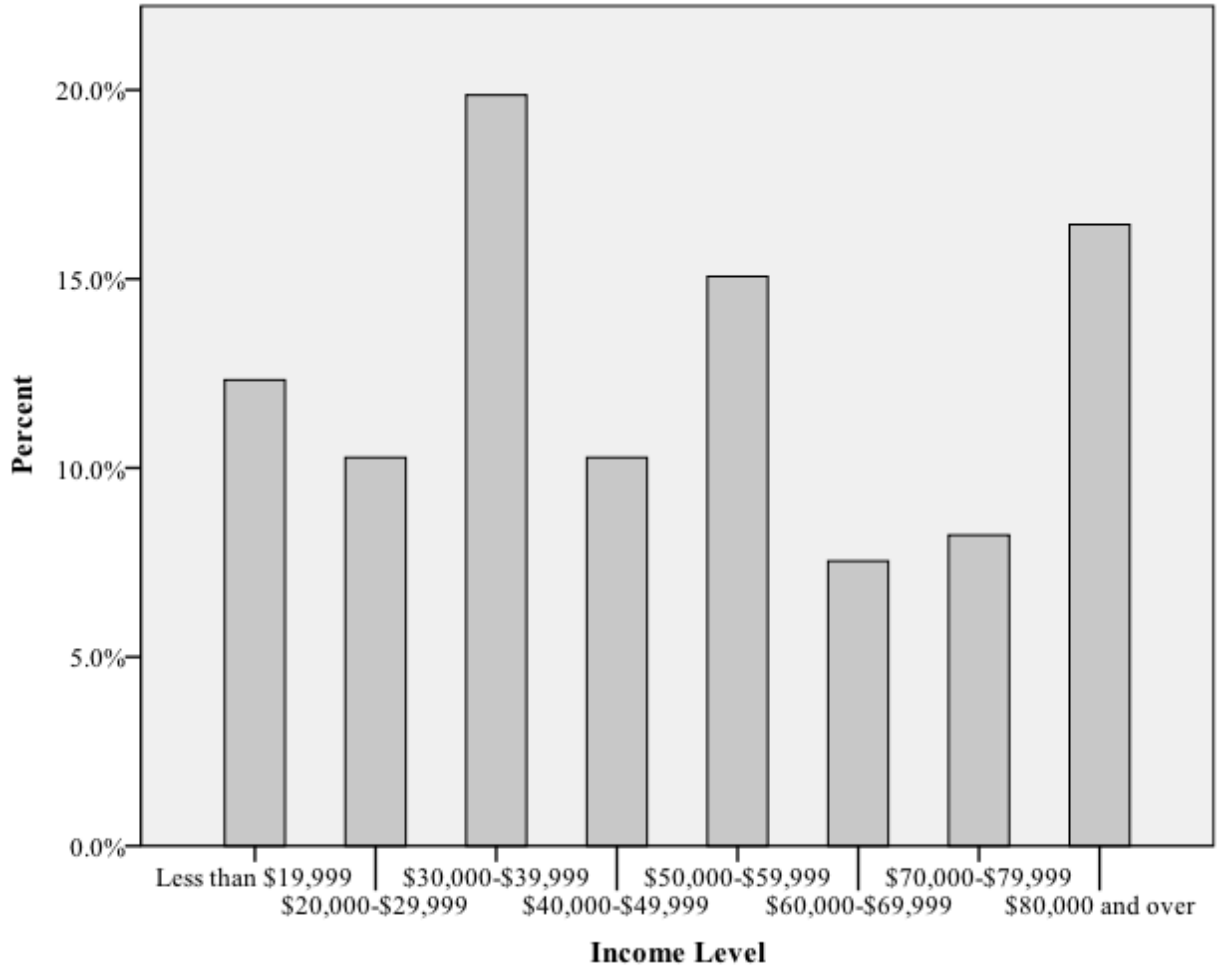


Figure 1. Participant Demographics: Proportion of Income Distribution

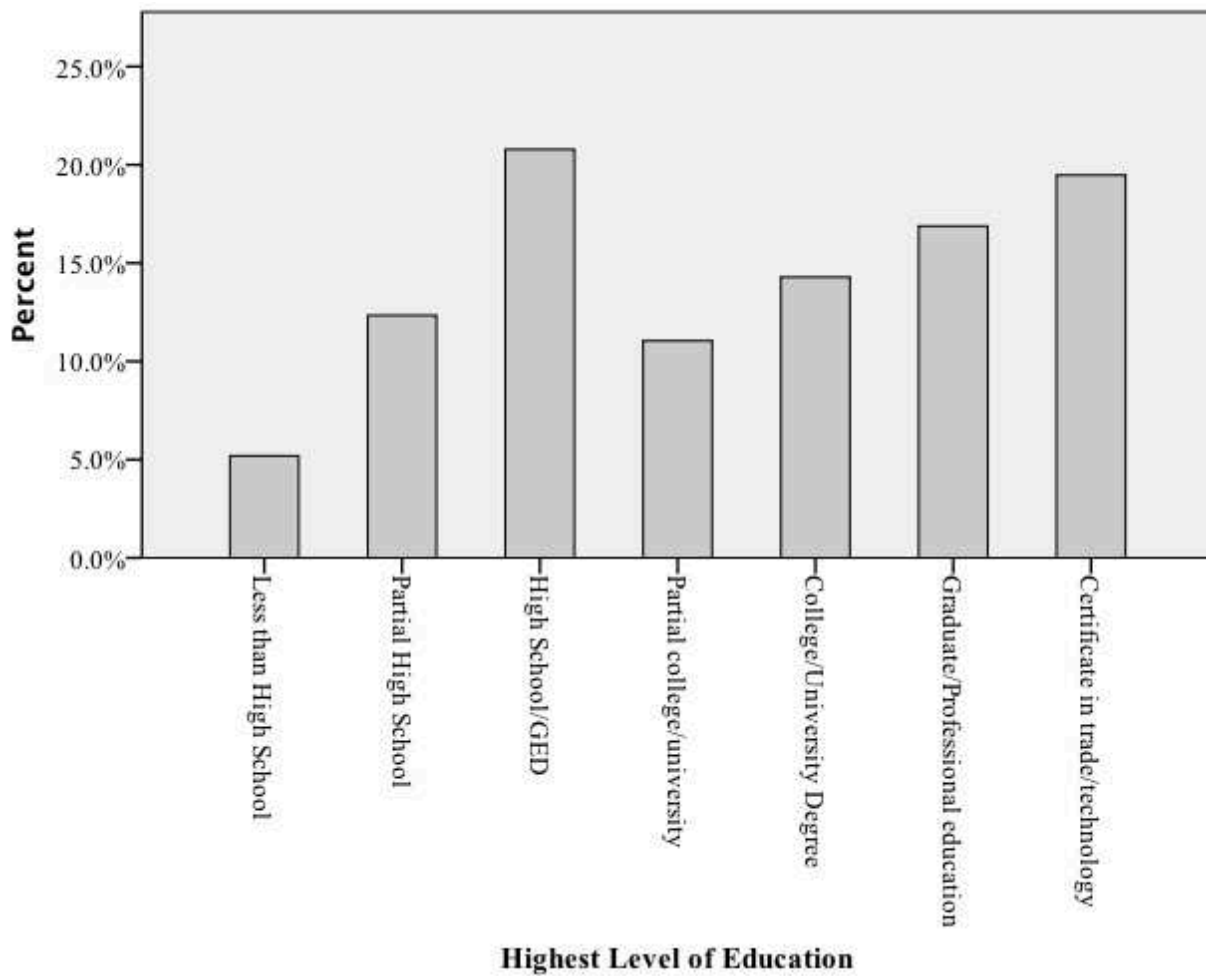


Figure 2. Participant Demographics: Proportion of Level of Education

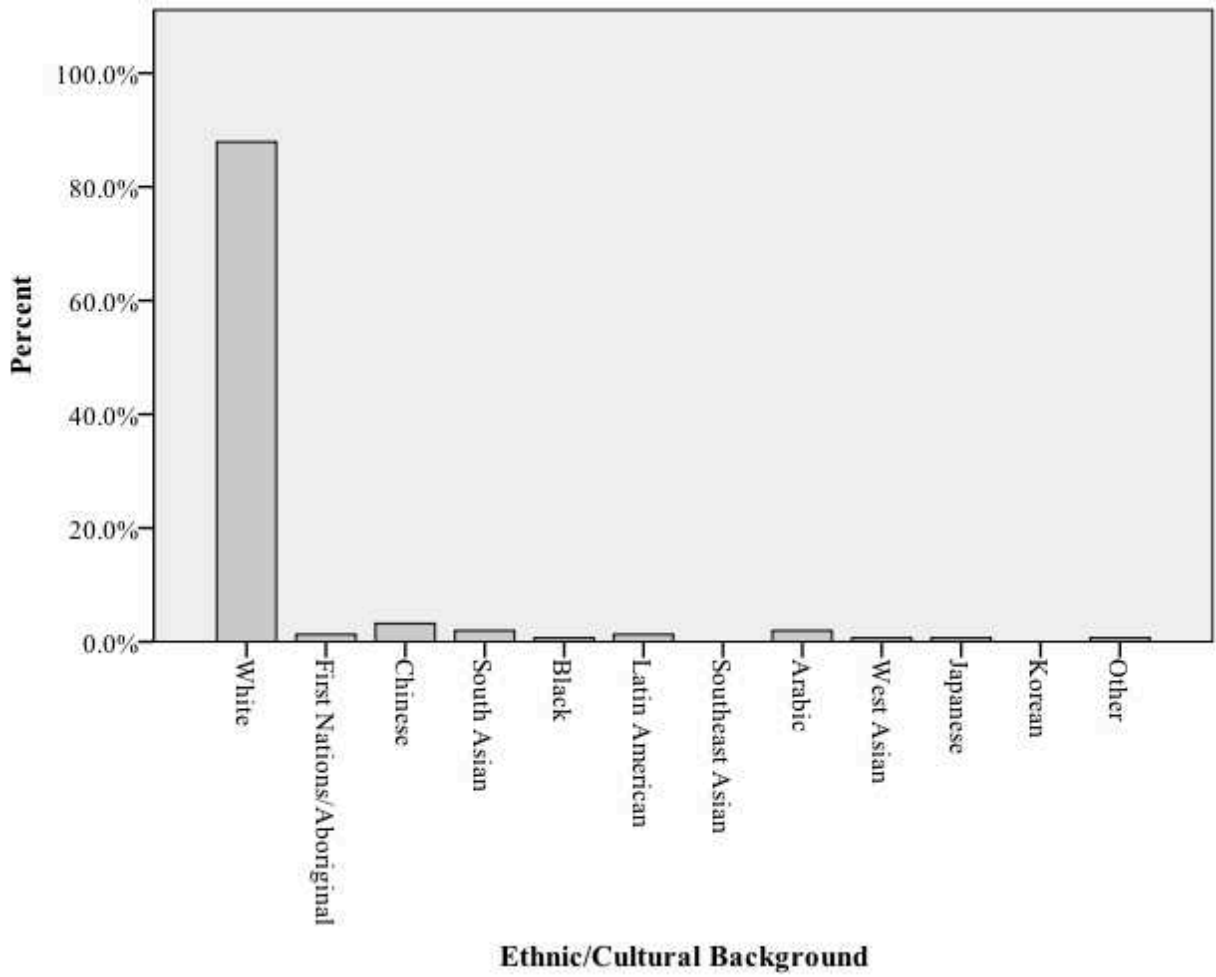


Figure 3. Participant Demographics: Proportion of Ethnic/Cultural Background

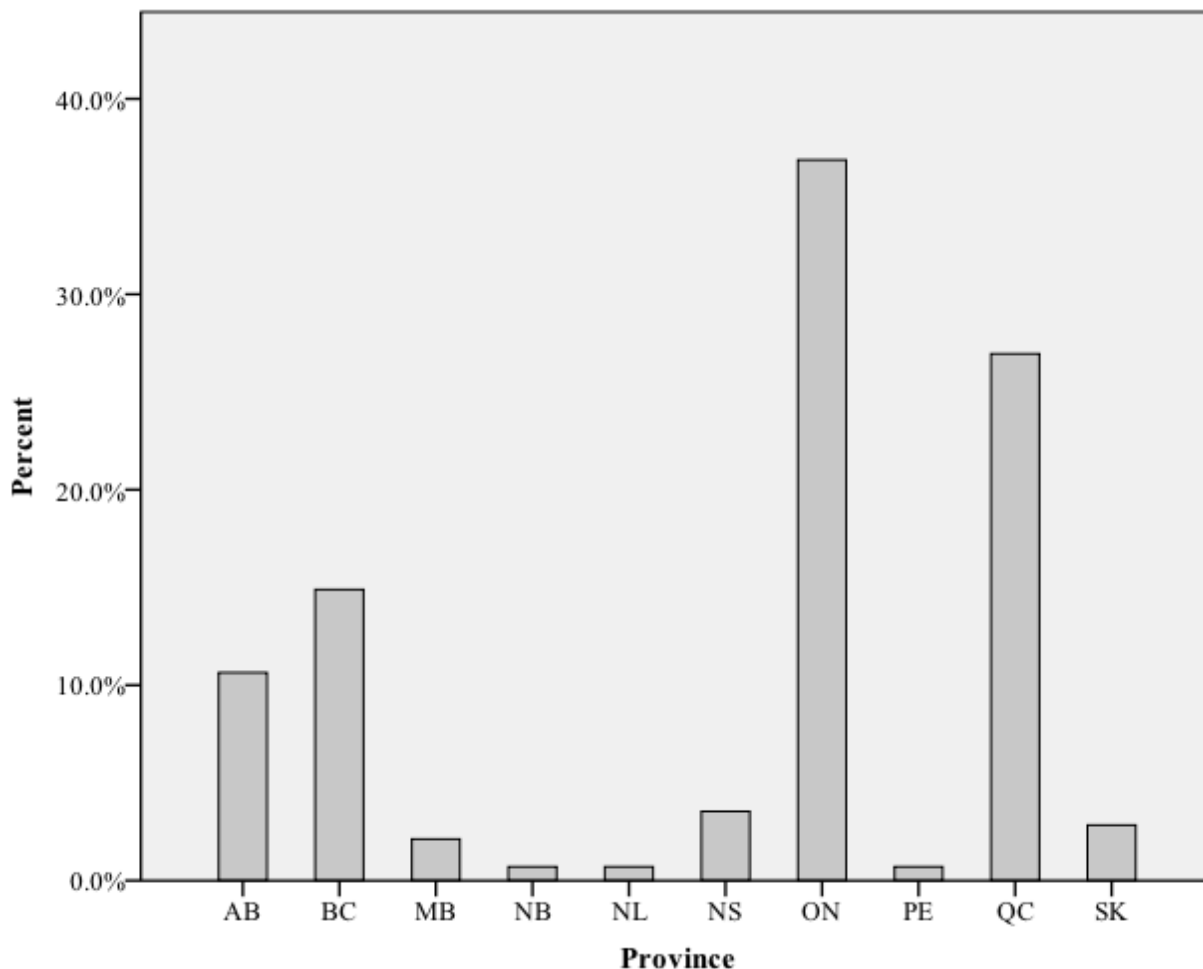


Figure 4. Participant Demographic Characteristics: Proportion by Province

Consistency and Vignette Effects

For the present study, the implied hypothesis is that it is the principles that matter when considering the ethical dilemmas and not the vignettes themselves. Therefore, it is prudent to examine the possibility of vignette effect. That is, if participants were given the same type of vignette twice (e.g. 1v2 x 2), but participants provided inconsistent answers, a vignette effect may be present. A vignette effect may be due to the different situational contexts or perhaps idiosyncratic details presented in the 24 dilemmas. As will be discussed below, some principle conflicts did not show a clear preference for either principle (e.g. Principle 1 versus Principle 2) and therefore it would not be surprising to find some inconsistencies in how those dilemmas

were approached. However, for principle conflicts that did show obvious evidence of preference, as per previous significant results seen in Table 4 (e.g. Principle 3 over Principle 1), McNemar tests were conducted for the conflicts involving 1v3, 1v4, 2v3, 2v4, and 3v4. Table 6 summarizes the results. If participants made decisions based solely upon the two principles that were presented in each scenario, we would expect to see consistent answers, therefore no indication of vignette effects. Four vignette combinations provided significant results ($p > 0.05$)⁴.

Table 6.

Examination of Vignette Effects

	Principles in Conflict				
	1v3	1v4	2v3	2v4	3v4
Vignettes	6,11	5,9	4,8	3,10	2,12*
	6,14	5,16	4,17	3,15	2,18
	6,21	5,23	4,24	3,20	2,22*
	11,14	9,16	8,17	10,15	2,18
	11,21	9,23	8,24	10,20	2,22
	14,21	16,23*	17,24	15,20	18,22*
McNemar Test					

*P < 0.05

⁴ When McNemar results were adjusted for the number of tests, all were not significant. However, this procedure is often deemed an overly conservative approach (Glass & Hopkins, 1996). Nevertheless, these results should be viewed with appropriate caution.

This suggests participants were inconsistent in how they approached these dilemma pairs, despite the fact that the pairs ostensibly represent the same principle conflicts. It is possible that contextual differences account for these inconsistencies. More specifically, three vignettes appeared to be particularly problematic, as participants tended to switch between decisions around which action would be appropriate; that is, they were inconsistent within sets of vignettes. The anomalous vignettes were numbers 16, 20, and 22. When these outlier vignettes were removed from the data and the analyses outlined for Hypothesis 1 were conducted again, the results for Hypothesis 1.1 and 1.2 and did not change.

Hypothesis 1.1 Congruence with the CPA Ranking

In order to examine whether participants will follow the CPA rank order, the rank order for the 4 principles was calculated for each participant and then rank frequencies were summed. This constituted the principle rank variable. To illustrate an overall view of the data, the following four histograms (Figures 5 through 8), which depict how frequently each of the 4 principles is ranked as 1st, 2nd, 3rd and 4th, and Table 3 are presented.

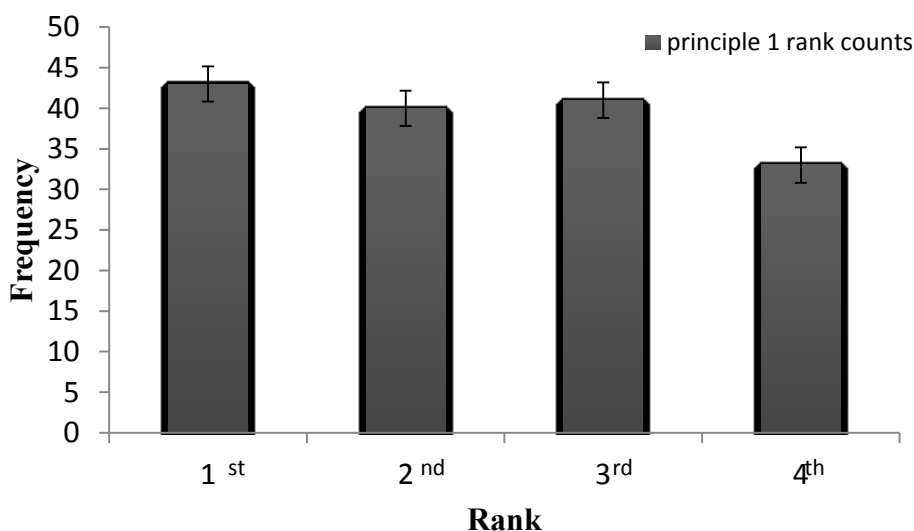


Figure 5. Principle 1 Rank Frequencies

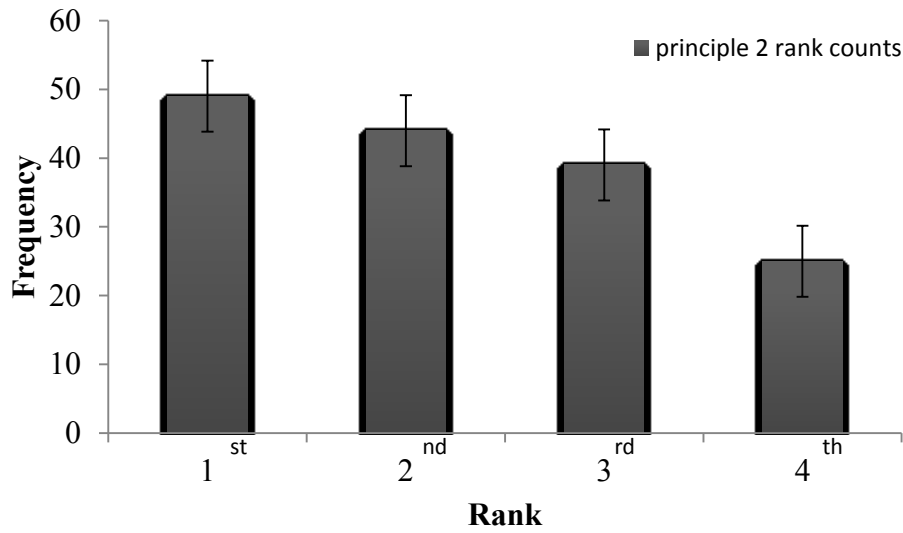


Figure 6. Principle 2 Rank Frequencies

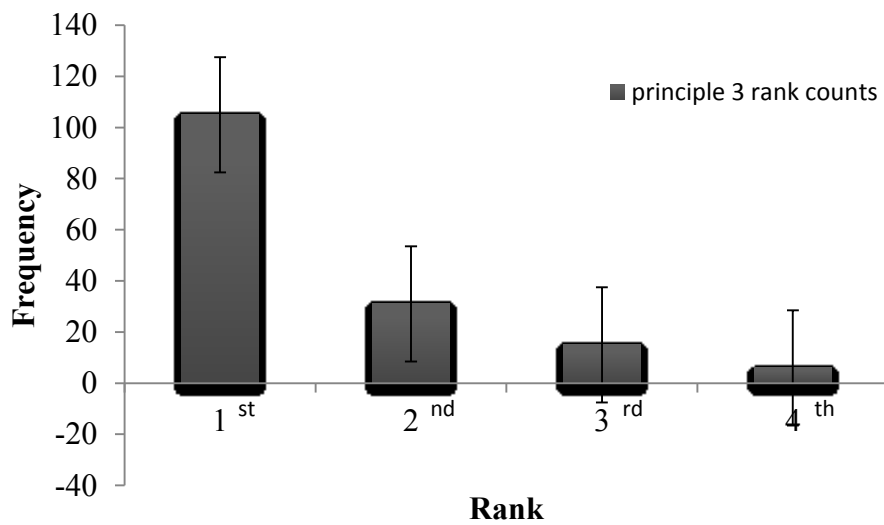


Figure 7. Principle 3 Rank Frequencies

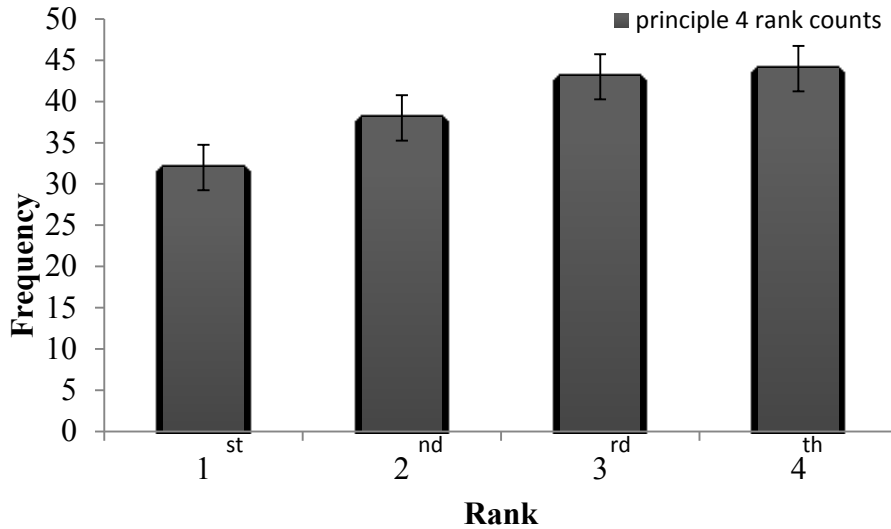


Figure 8. Principle 4 Rank Frequencies

With respect to the overall ranking of the four CPA principles, the following was observed:

- There is no clear preference for ranking Principle 1 higher or lower than the other principles
- There is a trend towards ranking Principle 2 higher than the other principles
- Principle 3 clearly outranks all other principles
- There is a trend toward Principle 4 being ranked lower than the other principles

In order to discern if there was a pattern in how participants responded, the number of participants who chose one principle over another is presented in Table 3. Table 3 shows the number of participants who chose one principle over another in each of the six conflicts between principles, with four different vignettes per conflict.

Table 3.

Number of Participants Choosing One Principle Over Another With Four Vignettes Representing Each Conflict.

Principle --over -- Principle	Principles in conflict					
	1 --- 2	1 --- 3	1 --- 4	2 --- 3	2 --- 4	3 --- 4
	43	45	<i>34</i>	<i>29</i>	61	68
	--	--	--	--	--	--
	41	41	<i>47</i>	<i>55</i>	23	15
	44	56	<i>13</i>	<i>32</i>	58	49
	--	--	--	--	--	--
	37	26	<i>68</i>	<i>50</i>	26	34
	<i>15</i>	<i>2</i>	35	<i>19</i>	56	55
	--	--	--	--	--	--
	<i>53</i>	<i>68</i>	32	<i>50</i>	13	12
	48	<i>22</i>	<i>26</i>	<i>16</i>	<i>28</i>	<i>26</i>
	--	--	--	--	--	--
	25	<i>50</i>	<i>46</i>	<i>55</i>	<i>44</i>	<i>46</i>

Note: vignettes indicating disagreement with CPA ranking are italicized in red

Participants showed a preference for the CPA superordinate principles (agreement with CPA) in 12 out of the 24 vignettes. Participants showed a preference for the CPA subordinate principles for 12 vignettes (disagreement with CPA). More specifically, for the four vignette versions presented for each type of conflict (i.e. 1v2, 1v3, 1v4, 2v3, 2v4 and 3v4) we see the following:

- One 1v2 vignette showed Principle 1 was favoured over Principle 2. One 1v2 vignette

showed Principle 2 was favoured over Principle 1. Two vignettes showed no preference. These results indicate no clear support for or against the CPA ranking.

- Two 1v3 vignettes showed Principle 3 was favoured over Principle 1. One 1v3 vignette showed Principle 1 was favoured over Principle 3. One vignette showed no preference. These results indicate mixed support for and against the CPA ranking.
- Three 1v4 vignettes showed Principle 4 was favoured over Principle 1. One vignette showed agreement with the CPA ranking. Overall, these results indicate disagreement with the CPA ranking.
- All of the 2v3 vignettes showed Principle 3 was favoured over Principle 2, thus demonstrating disagreement with the CPA ranking
- Three 2v4 questions showed Principle 2 was favoured over Principle 4. One vignette showed preference for the subordinate principle. Overall, these results support the CPA ranking.
- Three of the 3v4 vignettes showed Principle 3 was favoured over Principle 4. One vignette showed a principle for the subordinate principle. Overall, these results support the CPA ranking.

To test Hypothesis 1.1, the data are examined at three levels of precision. Table 4 shows the cumulative numbers of participants who chose one principle over another at the first level of precision. The cumulative ratio represents all responses to all four vignettes collapsed for each conflict. Cumulative data do not show support for the CPA ranking. The ratios reflecting the

number of choices favouring one principle versus another were compared using a binomial test.⁵ Significantly more participants chose responses in opposition to the recommendations of the code for conflicts involving 1v4, 1v3, and 2v3. That is, participants chose the subordinate principle over the superordinate principle, in contradiction of the CPA code. Participants responded in agreement with the CPA code for conflicts involving 2v4 and 3v4.

Table 4.

Cumulative Numbers of Respondents Choosing One Principle Over Another

Principle	1	1	1	2	2	3
-- over --	---	---	---	---	---	---
Principle	2	3	4	3	4	4
Cumulative	150	125	108	77	203	198
	---	---	---	---	---	---
	156	**185	**193	**228	**106	**107

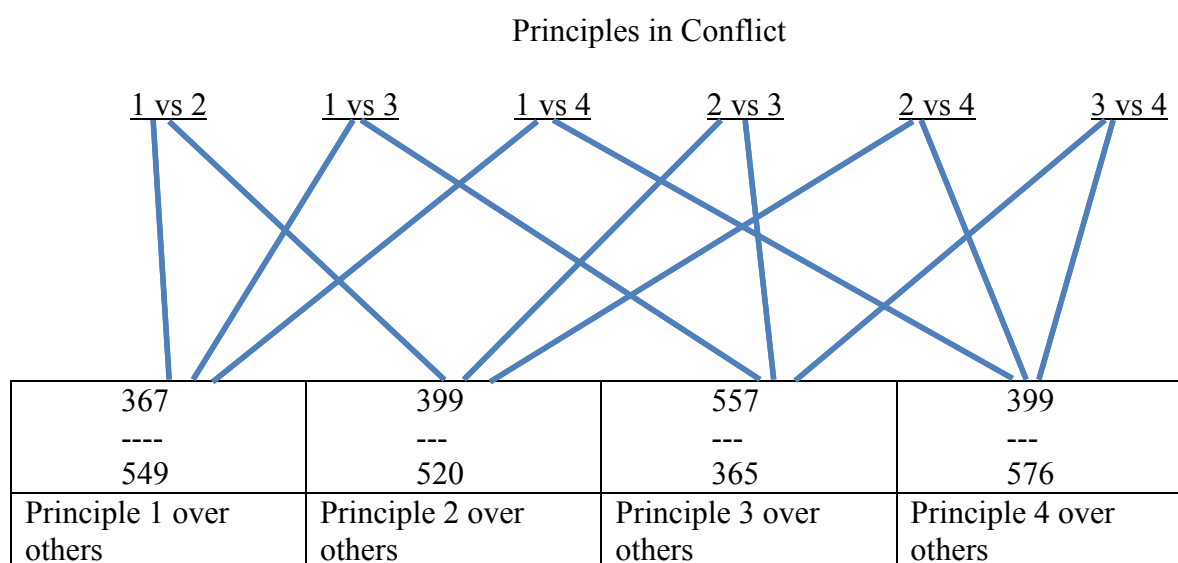
One-tailed binomial test

**p < 0.01

As a further test of whether participants ranked the four principles in the CPA recommended order, the Page Test for Ordered Alternatives, a repeated measures trend test, was conducted (Page, 1963). If the CPA recommended ranking is followed, Principle 1 should be chosen over all principles with the greatest frequency, Principle 2 should be chosen over all other principles (including Principle 1) at the next level of frequency, and so on. The CPA pattern was not supported. Figure 9 shows the cumulative number of choices made in this regard. The Page Test was used to test the hypothesis that within-subjects ranking of principles (Overall Principle

⁵ It should be noted that each participant made two choices for each conflict. Although a binomial test is often used with such data, and many authorities (e.g. Siegel & Castellan, 1988) do not consider such non-independence a problem, it would be prudent to treat results from a binomial test in these circumstances with some caution.

Scores were ranked) would be ordered in magnitude as described above. Page (1963) provides tabled probabilities of the L statistic for $n < 50$, and recommends using a chi-square with 1 degree of freedom (equivalent to a two-sided test of agreement that is then halved for a one-sided test, as in the present case) for $n > 50$. The results were significant $\chi^2 (1, n = 157) = 175.37, p < 0.001$, showing strong *disagreement* with the predicted ranking, thus disconfirming the null hypothesis that the data will fit the CPA rank ordering. Therefore at the second level of precision, according to the Page Test, there is no support for the CPA ranking.



Note: Variations in totals are due to non-response

Figure 9. Cumulative Number of Choices with Four Variations of Each Conflict

These results indicate that Principle 3 appears to outrank all other principles. In addition, the general trend of the data suggests that participants rank order the four CPA principles as follows: Principle 3, Principle 2, Principle 1, and Principle 4.

Multiple comparisons (Siegel & Castellan, 1988) indicated the differences between summed ranks for Principles 1v3 ($D = 142$); Principles 2v3 ($D = 118$), 2v4 ($D = 59$), and 3v4 ($D = 177$) were greater than the critical difference, $D_{crit} = 46.75$. These results indicate Principle 3

was ranked significantly ($p < 0.05$) higher than Principles 1, 2, and 4. In sum, Principle 3 is clearly ranked the highest, while it is less clear to discern that Principle 2 outranks Principle 1. In essence, participants show similar preference for Principles 1, 2, and 4, with only a slight indication that Principle 2 is preferred over the others, given that it is chosen more often over Principle 4.

The third, and most rigorous, precision test of the CPA pattern was not supported. Differences in principle choice mean frequencies can be seen in Table 5. If the data followed the CPA rank order, the difference between Principle 1 versus Principle 2 would be less than the difference between Principle 1 versus Principle 3, which would be less than the difference between Principle 1 versus Principle 4, and so forth. The results indicate that a ranked relative weighting of each principle against every other principle is not present. Therefore, the first hypothesis, $H_1: P1 \geq P2 \geq P3 \geq P4$, that participants would tend to make choices that correspond to the order of principles recommended in the CPA code, was not supported.

Hypothesis 1.2. Dichotomous CPA Pattern of Responding

There is some evidence to support the Hypothesis 1.2 as a Dichotomous Pattern of responding, in so far as there is a significant difference when comparing the means of Principle 2 ($M = 19.25$, $SD = 6.95$) versus Principle 3 ($M = 57.00$, $SD = 7.70$), with Principle 3 showing dominance ($t(3) = 5.95$, $p < 0.05$) as seen in Table 5.

Table 5.

Mean Differences for Respondents Choosing One Principle Over Another

Principle -- over -- Principle	1 ---	1 ---	1 ---	2 ---	2 ---	3 ---
	2	3	4	3	4	4
Mean	37.50 ----	31.25 ----	27.00 ----	19.25* ----	50.75 ----	49.50 ----
	39.00	46.25	48.25	57.00	26.50	26.75
Difference Between Means	-1.50	-15.00	-21.25	-37.00*	24.25	22.75

One-tailed binomial test

* $p < 0.05$

It was hypothesized that the Dichotomous Pattern would reveal that Principle 1 would be dominant with no other subordinate relationships observed, $H_2: P1 > (P2 = P3 = P4)$. However, it was Principle 3, not Principle 1 as expected, which demonstrated dominance.

Hypothesis 2. Difficulty Judging the Vignettes and the CPA Ranking

The second hypothesis was that responses showing a relatively high degree of confidence will be associated with congruence with the CPA code. Participants were asked to rate how confident they were in their answers on each vignette (scale of 1 = not sure at all, to 7 = very sure). Analyses were conducted on subgroups of paired vignettes (e.g. all the participants who saw Vignette 1 and Vignette 7) to explore whether confidence levels changed depending upon the vignette (we would expect confidence to change between, not within, principle conflicts). Confidence levels varied significantly within one Principle 3 versus Principle 4 vignette pair, ($M_{v2} = 5.85, SD = 1.209$) versus ($M_{v12} = 4.88, SD = 1.452$); $t(26) = 3.613, p < 0.01$). This

suggests that the difference in specific content of these two vignettes may have affected responses. This is perhaps further evidence of contextual effects.

Confidence scores were correlated with code Congruence Scores, and Table 7 summarizes these results. Generally, a moderately positive correlation between confidence and congruence was found. That is, when participants responded congruently with the CPA code they tended to be more confident in their answers, and when they responded incongruently with the CPA code they tended to be less confident in their responses. Moreover, the further apart the principles were (i.e. Principle 1 versus Principle 4 is further apart than Principle 1 versus Principle 2), the more confident participants generally were in their decisions. Therefore, the second hypothesis that a relatively higher degree of confidence would be associated with code congruence was supported.

Table 7.

Correlations Between Confidence and Congruence

		Confidence						
		(n=157)						
		Total	1v2	1v3	1v4	2v3	2v4	3v4
Congruence	Total	.292**	.191*	.267**	.212**	.180*	.251**	.352**
	1v2	.147	.057**					
	1v3	.103		.132				
	1v4	.130			.114			
	2v3	.142				-.017		
	2v4	.192*					.240**	
	3v4	.276**						.340**

*P<0.05

**P<0.01

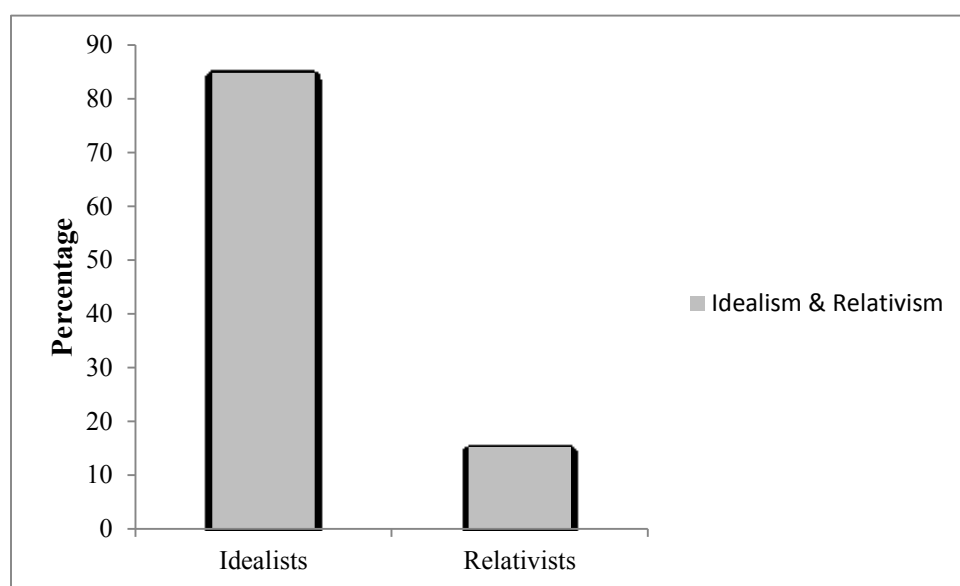
Hypothesis 3. Ethical Orientation and CPA Ranking

Eighty-five percent of the participants in this study were categorized as Idealists (M = 38.80, SD = 9.80) and 15% as Relativists (M = 30.28, SD = 9.59) (Figure 10). The proportions for the 4 dimensions were 22% Absolutist, 63% Situationist, 5% Exceptionist, and 10% Subjectivist (Figure 11). The participants in the present study exhibited means for both Idealism and Relativism that are comparable to Forsyth, O'Boyle, and McDaniel's (2008) reported norms (see Table 8).

Table 8.

Forsyth's Reported EPQ Means Compared to Present Study Means

	Forsyth's Mean	Present Study Mean
Idealism	36.40	38.80
Relativism	29.30	30.28

*Figure 10. EPQ Proportion (%) of Idealists and Relativists*

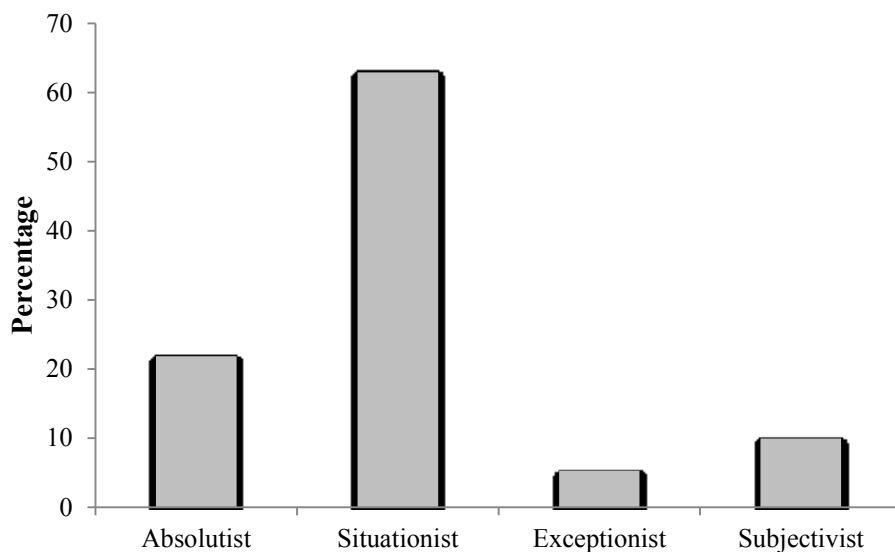


Figure 11. EPQ Proportion (%) of the Four Ethical Orientations

The hypothesis that differences in Ethical Orientation would correspond to differences in how the CPA principles were ranked was not supported. Overall the EPQ did not differentiate principle ranking. Both Idealists and Relativists ranked Principle 3 above all else. Also, the principle ranking distribution did not differ for Forsyth's four ethical position dimensions of Absolutists, Situationists, Exceptionists and Subjectivists, and again Principal 3 was favoured.

Hypothesis 4. Demographics and the CPA Ranking

Contrary to expectations, the hypothesis that older participants would be more likely to follow the CPA ranking and be more Code-congruent was not supported. Bivariate analysis revealed that age was not associated with any difference in how the CPA principles were ranked. Moreover, there was no correlation between age and Code congruence.

The hypothesis that women would be less likely to follow the CPA rank order was tested using a chi square analysis comparing gender to principle rank. Chi square analysis comparing gender to principle rank revealed that there was no difference in how the four CPA principles were ranked according to gender. It appears that men and women approached the vignettes

similarly. Also, there was no relationship between gender and CPA Code congruence.

Therefore, the seventh hypothesis was not supported as no gender differences were found.

A chi square analysis was used to compare education and principle rank. There was one significant finding with respect to education. People with less than a high school education were more likely to rank Principle 1 lower than the other principles, and people with more than high school education were more likely to rank Principle 1 higher, $\chi^2 (6, n = 154) = 12.79, p < 0.05$. Regression analysis was done to examine the relationships between education, confidence, and congruence. It was found that there is a significant relationship between education and congruence, $R^2 = .206, F(2, 157) = 20.07, p < 0.01$; however, when the data were controlled for confidence, the relationship between education and congruence disappears. Therefore, education and confidence are related; however, education is not related to code congruence.

Chi square analyses compared variables income and French/English speaking to principle ranking. There were no significant findings.

Chi square analyses were performed to compare participants who indicated whether or not they had ever received psychological services in the past with principle rank, which yielded two significant findings. Both groups ranked Principle 3 highest. However, participants who have never received psychological services ranked Principle 3 higher than those who have seen a psychologist, $\chi^2 (3, n = 152) = 9.44, p < 0.05$. Also, participants who have never received psychological services in the past ranked Principle 2 higher than people who have been to a psychologist before, $\chi^2 (3, n = 152) = 8.50, p >= 0.05$. Thus, Principles 2 and 3 appear to be even more important for people who have never seen a psychologist before.

Chapter 5

Discussion

The purpose of the present study was to explore whether average Canadians would order the four CPA ethical principles as a function of importance in the way the Code recommends that psychologists order them. A review of the literature identified that the CPA principle ranking has theoretical and empirical support. What is not known, however, is how a representative sample of Canadians would rank the principles. If Canadians endorse the CPA ranking this would provide greater support for the Code's validity. If Canadian perspectives diverge from the CPA rank order, this could have implications for informed consent as well as future code revisions. At the very least, there has been a call for greater consideration of client perspectives with respect to our ethics. For the present study, the Psychology Ethics Questionnaire, Ethics Position Questionnaire and a demographic questionnaire were mailed to a random sample of 322 Canadian citizens over the age of 18, and 157 completed questionnaires were returned. It was hypothesized that participants would support the CPA principle rank pattern or a dichotomous pattern, where one principle is predominant over the others with no differences among subordinate principles and that Ethical Orientation (as per the EPQ), perceived difficulty/confidence in answering the ethical dilemmas, and demographic variables would be related to how the vignettes were approached. Overall, the results did not support the hypothesis that a Canadian sample will follow the CPA principle ranking, however, with Principle 3 overwhelmingly preferred above the others. There was a moderately positive correlation between confidence and Code congruence. Also, the further apart the principles were (i.e. 1 vs 4 is further apart than 1 vs 2) the more confident participants generally were in their decisions. There were no differences in principle ranking based upon Ethical Orientation, age, gender,

income, or French/English speaking. People with less education were more likely to rank Principle 1 low, and people with more education were more likely to rank Principle 1 high. While all participants ranked Principle 3 highest, those who had never received psychological services ranked Principle 3 even higher than those who have seen a psychologist. Also, for those who had never seen a psychologist before, Principle 2 was ranked higher than for those who had been to a psychologist.

The first central finding of the present study is in contrast with Seitz and O'Neill's (1996) investigation, where overall their sample endorsed the CPA ranking. The fact that Seitz and O'Neill's (1996) sample consisted of undergraduate Psychology honours students, who are not representative of Canadian adults, may explain the difference in findings. However, finding that the CPA rank order was not supported is provocative, considering that the present study aimed to explore the opinions of average Canadians, who are all potential consumers of psychological services. If indeed the ethics Code primarily exists to protect the public, then the public's lack of agreement with how the Code is structured warrants consideration.

The second central finding was that Principle 3, Integrity in Relationships, clearly outranked all other principles and is surprising given the pre-ordinance that psychologists place on Principles 1 and 2. It was expected that even if a clear rank order did not emerge that, at the very least, Principle 1 would show dominance over the others. Clearly, for the typical Canadian this is not the case.

Principle 3, Integrity in Relationships, embodies ideals and actions that include accuracy, honesty, openness, straightforwardness, objectivity, lack of bias, and avoidance of conflicts of interest. In many ways, it is challenging to think of how these notions, while important, could outweigh individual rights to self-determination, justice, ethics of care, competence, promoting

welfare, minimizing harm, and so on. However, it may be that at the heart of Principle 3, Integrity in Relationships, is in fact, the importance of the *relationship*. Indeed, much psychotherapy research has been devoted to determining what leads to successful therapeutic outcomes and considerable importance has been placed on the therapeutic relationship (Hubble, Duncan, & Miller, 1999; Lambert & Bergin, 1994; Wampold, 2001). If the relationship is the vehicle of change for therapy, then perhaps the relationship is the vehicle for trust in ethics. Trust is the foundation of all relationships, and it necessitates integrity. Integrity is often seen as being synonymous with ethics, in that personal integrity is viewed as a core value for delivering ethical care, and is a precondition for working with vulnerable persons (Tyreman, 2011). The person with integrity is assumed to be virtuous and avoids acts of self-interest. A person who “acts with integrity” is seen as one who is morally righteous. It could be that trusting that a psychologist will behave with integrity precedes any consideration of rights and care. That is, if I can trust the psychologist’s integrity, then I can trust that the psychologist will make the best decisions with respect to my autonomy and wellbeing. Indeed, when examining how characteristics such as trustworthiness influenced how clients may be influenced by their counsellor, Strong (1968) determined that “perceived untrustworthiness can obviate the influence of expertness; perceived trustworthiness can compensate for ambiguous expertness” (p. 219). In essence, appraisals of honesty, sincerity, and openness underlie client perceptions of professional credibility. In addition, there is some research to suggest that professionals who are described as likeable are seen as more competent and ethical (Delucchi & Pelowski, 2000; Flaum, 2008). A potential avenue for future research may be to explore how decisions are influenced by perceptions of integrity, likeability, and trustworthiness of characters described in the dilemma vignettes.

An interesting point of note with the present study, when comparing participants who had or had never received prior psychological services, it was observed that while Principle 3 was still ranked the highest, it became significantly more important for people who had never been to a psychologist before. It appears that that trust in a psychologist's integrity and commitment to responsible caring is more important for those who have never worked with a psychologist. It may also be more difficult for those who have never seen a psychologist to understand and appreciate the rights associated with Principle 1. It would be interesting to know more about how involvement with a psychologist changes how the client thinks about our ethical responsibilities, particularly if ethical issues arise.

While the present investigation provides valuable preliminary data as to how average Canadians feel about common psychology ethical dilemmas, this study is limited in explanatory power with respect to how to understand the intuitive or moral reasoning that led participants to their decisions. Williams, Hadjistavropoulos, Malloy, Gagnon, Sharpe, and Fuchs-Lacelle (2012) did such an exploration in their mixed methods investigation of the CPA ranking. They used the same and similar vignettes as the present study and looked specifically at whether educating medical residents and undergraduate students about the CPA principles and ranking would lead to consistent (and CPA code congruent) responses to ethical dilemmas. Congruent to the present study, Williams et al. (2012) noted variability in how individual vignettes were approached. Their qualitative analyses (narrative and thematic analyses) suggested that inconsistent responses occurred because participants appeared to misunderstand who was the most vulnerable person(s) at risk, and to whom the psychologist would have the greatest responsibility to protect (Williams et al., 2012). They cited a vignette where an individual is in need of immediate care, but providing care for this individual would delay care for many others

because they would have “skipped the cue.” The CPA ranking would have the psychologist chose to care for the individual now, thus subordinating the needs of many others. The rationale provided by Williams and colleagues’ (2012) sample indicated that many saw no difference in the professional’s responsibility to the client and to society. For these participants, the notion, “Is it better to jeopardize many to save one?” appeared to sway opinions. Moreover, participants who were consistent with the code tended to describe the individual as the psychologist’s “patient,” indicating that they perceived an existing professional relationship. In the present study, this same dilemma showed no significant preference for either decision. However, it is possible that for the present sample, a similar confusion may have occurred around who is most vulnerable (individual or society) and what the psychologist’s professional responsibility to both would be.

Williams and colleagues (2012) also found that some people were contradictory in their responses. Participants made choices that were inconsistent with the code, but then provided rationales that indicated they agreed with the code. Williams and colleagues (2012) hypothesized that this incongruence may reflect “an impulsive style of responding to ethical dilemmas” (p. 214). Again, it is possible that a factor such as impulsive responding could account for some of the incongruent responses found in the present study, though we could only know this with additional research.

Williams and colleagues (2012) discussed another issue that arose in their study, whereby participants appeared to misunderstand or misapply the CPA principles when considering the ethical dilemmas. While this finding is not directly related to the present study, as participants were not given information on the CPA ethics code, Williams and colleagues’ (2012) results do raise an important issue around the possible overlap between the 4 CPA principles. Specifically,

Williams and colleagues (2012) found confusion around a vignette which involves a conflict between Principle 2 and Principle 3, whereby a healthcare professional must decide if he or she will release potentially upsetting assessment information to a patient that could increase his or her suicidality. They found a substantial subset of their participants indicated that they felt this dilemma involved Principle 1 instead of Principle 3; that is to say, that this was an issue of personal autonomy and dignity rather than an issue of professional integrity. They noted that this tendency to misapply Principle 1 instead of Principle 3 was most pronounced when responses were inconsistent with the CPA code. Williams and colleagues (2012) stated, “it was evident that distinguishing between principles 1 and 3 was challenging” (p. 212). This is a particularly interesting finding when considered in light of the present study findings. The pre-eminence place on Principle 3 by the participants in this study perhaps reflects a conflation of Principle 1 and Principle 3. Indeed, as Williams and colleagues (2012) point out, “withholding information (a violation of Principle III) has implications for autonomy and informed consent (Principle I) . . . one could make the argument that it is not possible to violate Principle III (Integrity in Relationships) without violating Principle 1 because absence in integrity in relationship can be interpreted to imply a violation of Principle I (Respect for the Dignity of Persons)” (p. 214). Further research would be needed to explore whether the overlap of Principle 1 and Principle 3 accounts for the discrepancy in how these principles were ranked in the present study.

Hadjistavropoulos and colleagues (2002) investigated the relative weighting a sample of APA member psychologists would give to the six APA ethical principles and compared this to the CPA principle rank order. The six APA principles (Respect for People’s Rights and Dignity, Concern for Others’ Welfare, Competence, Integrity, Professional and Scientific Responsibility, and Social Responsibility) were rated on a scale of “1” (unimportant) to “10” (very important).

They found that all of the principles were ranked highly, indicating that all of these principles are considered very important; however, there was some evidence for a difference in how important some of the principles were rated. Their participants ranked three principles equally as first: Respect for Peoples Rights and Dignity, Competence, and Integrity. They ranked Concern for Others' Welfare and Professional and Scientific Responsibility as second. They ranked Social Responsibility as third. In comparison to the CPA code, this would be the equivalent of ranking Principle 1 and Principle 3 together above Responsible Caring, followed by Responsibility to Society. Furthermore, Hadjistavropoulos and colleagues (2002) found a trend towards placing relatively less emphasis on welfare-related principles (Responsible Caring [CPA] and Concern for Other's welfare [APA]) than on principles pertaining to Rights and Dignity. They also found that Competence was considered comparable to Rights and Dignity. They found that American psychologists ranked Integrity [APA] higher than Concern for Other's Welfare.

Hadjistavropoulos and colleagues (2002) wondered whether the fact that Integrity was elevated above caring was due to the fact that the APA principles are not articulated with the same level of detail and depth as the CPA principles. Overall, they concluded that Respect for People's Rights and Dignity, Competence, and Integrity would outrank Care for Other's Welfare and Scientific Responsibility, which is followed by Social Responsibility. These findings in combination with Williams and colleagues' (2012) finding that people have difficulty differentiating Principle 1 and Principle 3, may contribute to an explanation as to why Principle 3 was so highly regarded in the present study. This could be examined in future research.

Context and Vignette Effects

One present study finding was that on several occasions there appeared to be a "vignette effect" where the same ethical dilemmas were presented in different scenarios and were then

treated differently by participants. In these instances, context appeared to create variations in how the principles were approached. Participants did not consistently support one principle over another within sets of conflicts. Instead, they were inclined to switch from one principle to another within sets of vignettes depending on the specific dilemma. This variation and lack of consistency seems to be a function of context, because every dilemma involved a different scenario and different combinations of issues. The issue of context has been examined by Reese and Fremouw (1984), who determined that despite having comprehensive ethical standards in psychology, dilemmas arise because there are often exceptions and areas requiring judgement. In the present study, the 3 vignettes that appeared problematic were 16, 20, and 22. Vignette 16 featured a provincial politician who feels guilty over the misuse of tax money that negatively impacts social services. This dilemma pits Principle 1 (confidentiality) against Principle 4 (protection of public from harm). Vignette 20 depicts a psychologist who is asked to host an open line advice show, and the concern is that while the show may provide helpful information to the public, individual listeners may misapply the advice to their own lives, potentially causing harm. This is a Principle 2 (avoidance of causing harm) versus Principle 4 (beneficial activities for the public). Vignette 22 introduces a psychologist employed by the government who is asked by a community group to speak out against the government's plans to burn garbage in town (fears over noxious fumes). The psychologist's dilemma is between loyalty to his employer (Principle 3) and concern for the public health (Principle 4). When comparing these 3 problematic vignettes to other similar vignettes, what stands out is that the difference is found in the depiction of potential harm either to individuals or to the public. For example, when Vignette 20 is compared to other Principle 3 versus Principle 4 dilemmas (e.g., one that depicts misrepresentation of qualifications versus beneficial activities for the public) with no mention of

potential harm that could result, it is Vignette 22 that is approached differently. Perhaps this is because Vignette 22 mentions potential harm directly. Moreover, when Vignette 16 is compared to another Principle 1 versus Principle 4 dilemma where research participants are made to feel distress over someone being attacked outside a movie theatre, only to learn later that it was all faked for the study, people still responded to Vignette 16 differently. Perhaps even though the dilemma of the upsetting research study involves harm, participants qualified this as a lesser type of harm than what might occur if social services are disrupted (as seen in Vignette 22). Williams and colleagues (2012) examined vignette context in their qualitative analyses of six ethical dilemmas. As mentioned previously, their participants often rationalized that “harm” was somewhat contingent upon who and how many people could be potentially harmed, and to whom the psychologist had the greatest professional responsibility. It is possible that participants in the present study felt that there were differences in the type or severity of harm that affected how they approached the scenarios. At this point, these observations are speculative and could only be confirmed through further research.

Williams and colleagues (2012) examined narrative elements within the vignettes such as the characteristics of those involved in the dilemma (protagonist and others), timing of character, plot, and conflict introductions. They found no systematic differences based on any of these vignette variations. Interestingly, however, they did find that the gender of the scenario decision-maker provided a significant effect. Participants responded contrary to the CPA code when the vignette featured a female decision-maker. This is a provocative finding that suggests further investigation as to how gender may influence vignette context effects. One of the present study dilemmas resulted in near unanimous disagreement with the CPA code. The dilemma featured a male psychologist conducting research for the military where he inadvertently

observes one particular skill that women do poorly. His dilemma is whether to report this finding to the military, though he fears this would lead women to be discriminated against for admission into the program. Contrary to the Code, almost everyone in the present survey decided that the military should be provided a full report (Principle 3 Straightforwardness/openness), despite concerns that women would no longer be admitted (Principle 1 non-discrimination). Perhaps there are a few “hot-button” issues in this dilemma, gender and the military, that influenced how this vignette was approached. Again, further investigation of how participants came to this decision would be of interest. Overall, it would be important to know if participants viewed these situations the same way that we do and the conditions under which ethical judgements may vary.

Beyond issues of contextual influence described above, there are complex questions with respect to the link between moral reasoning and moral action, in that when presented with hypothetical dilemmas, moral judgements do not necessarily predict moral behaviours (Elmer, 1983; Thoma, 1994). Studies have found that there is often discrepancy between what people say they will do and what they actually do (Blasi, 1983). The present results must be tempered by the fact that moral reasoning does not always translate to moral action. It would also be helpful to know more about the relationship between psychologists’ moral action and their moral reasoning with respect to the CPA code.

It was disappointing that the EPQ did not differentiate how participants approached the CPA principles. It appeared that participants had a tendency to rate all of the questions (on a scale of 1 to 5) as highly important, with few questions rated low. However, the means for both Idealism and Relativism were comparable to Forsyth and colleagues’ (2008) reported means (see Table 8). A cross-cultural meta-analytic review of the EPQ found that Canadian data suggests

we are an Exceptionist nation (Forsyth et al., 2008). In the present study, only 5% of participants fell into this category. Eighty-five percent of the current participants were Idealists. Many participants rated both Idealism and Relativism high, and therefore 63% were categorized as Situationist. According to Forsyth (1980), individuals high in Idealism tend to emphasise the importance of universal moral rules. They seek ways to avoid harm by assuming that good consequences can, with proper action, always be obtained. Also, Forsyth (1980) stated that people high on the Idealism dimension more strongly endorse choices that reflect a fundamental concern for the welfare of others. In contrast, Relativists are more sceptical of universal moral rules and believe that what is ethical varies from one situation to another. Initially, it was assumed that those endorsing an Idealism stance would be more likely to rank Principle 1 highest, as this is rights-based principle. However, it is possible that the acceptance of universal ethical rules is also congruent with an emphasis on Principle 3, Integrity in Relationships. Perhaps the overwhelming support for Principle 3 reflects an adherence to the standards of integrity as universal moral rules. Moreover, Situationists are described as “Idealistic Contextualists” who look for the best possible consequences for all involved, even if that means violating traditional rules of right and wrong. Interestingly, Hadjistavropoulos and colleagues (2003) compared the ethical ideologies of psychologists and physicians and found that psychologists tend to be less relativistic and are more apt to be categorized as absolutist. Psychologists are also reported to be less influenced by family views, religious background, and peer attitudes, and rely more heavily on their code of ethics when making decisions. If indeed there are inherent differences in the ethical ideologies of psychologists versus other groups, like average citizens, understanding these differences would be prudent.

Seitz and O'Neill (1996) also used a Moral Reasoning measure (Sociomoral Reflection Measure) to compare with the CPA ranking and concluded that there was little support for the notion that there is any relationship between moral reasoning and the tendency to rank order the CPA principles in the recommended order. Instead, they offered an alternative foundation for the order of the CPA principles. They discussed Dworkin's (1977) morality theory that differentiates among rights-based, goal-based, and duty-based internal theories of morality. Seitz and O'Neill (1996) identified that Principle 1, Respect for the Dignity of Persons, emphasizes individual rights. Principle 2, Responsible Caring, is a goal-based principle, in that the central tenant is the need/goal to promote the welfare of those receiving services. Principle 3, Integrity in Relationships, is seen as a duty-based principle, where psychologists have a duty to act with professional integrity. Finally, Principle 4, Responsibility to Society, is considered a needs/goal-based principle, as it emphasizes needs and goals at the community or societal level, rather than the individual level as in principle 2. In all, the Seitz and O'Neill's (1996) study suggests that their undergraduate Psychology student participants followed a rights-based approach. They agreed with the rights embodied in Principle 1 and held them as fundamental when they conflicted with the other needs- and duty-based principles. They put the rights of the individual above all else (Principle 1), and put the needs of the individual (Principle 2) ahead of Professional duties (principle 3), and all had priority over the needs/goals of society (Principle 4). In contrast, the present study participants did not endorse a rights-based approach to the CPA principles, but rather appeared to follow a duty-based approach that promoted the importance of professional duties outlined in Principle 3.

Demographics

It was interesting that no statistically significant gender differences were found. The debate between Gillian and Kohlberg began over thirty-five years ago (e.g. Gilligan, 1983) and continues to be cited as a potentially significant issue when discussing the validity of the CPA principle ranking. As discussed previously, since Gillian's thesis was proposed, there has been a lack of convincing evidence to support the claim that gender is a characteristic that can reliably predict moral reasoning differences (Jaffe & Hyde, 2000; Rest & Narvaez, 1994; Juujarvi, et al., 2010). The findings of the present study provide further evidence for a lack of connection between gender and ethical decision-making.

There was an interesting relationship between education level and Principle 1. The higher the level of education, the higher Principle 1 was ranked. The lower the level of education, the lower Principle 1 was ranked. This finding is similar to Thoma's (1994) examination of moral reasoning and moral action, which demonstrated a clear positive correlation between formal education level and utilization of justice reasoning in face of moral dilemmas (Rest & Naverez, 1994). Justice reasoning would be congruent with Principle 1. This finding may also provide some explanation as to why the present results are different from Seitz and O'Niell's (1996) findings as they used a university educated sample.

It was hoped that some differentiation based upon ethnic/cultural background would elucidate differences in how the CPA principles were approached. Unfortunately, the current sample size did not capture enough proportional diversity to compare different cultural groups. Whether the CPA code has cross-cultural validity is an extremely important and complex issue. Some have argued that the CPA may need to change the ordering of the principles or forgo the ranking altogether to ensure cross-cultural consideration (Clark, 2012; Pettifor, 1998). Questions regarding how the CPA ethical principles should address the values of other cultures have not yet

been adequately addressed yet should be carefully considered (Aubé, 2011; Forsyth et al., 2008; Sinclair, 2011). Empirical investigation is needed, as it is crucial that we understand the role of culture with respect to our ethics so that we can ensure culturally sensitive practice. Future research in this regard would be of tremendous value.

Implications

The present study included ethical situations that psychologists face fairly frequently. It is fair to assume that they represent a range of practical situations that capture the flavour of the CPA principles. Moreover, the data strongly favoured Principle 3 above all others across different group comparisons. Therefore, one can be reasonably confident that Canadians do indeed rank Principle 3 the highest. To the extent that this is a valid conclusion, this may have implications for the practice of professional psychology.

There has been some debate as to whether or not the CPA ought to continue with the rank order of the four principles. Some argue that the ranking improves the educational value of the code, provides crucial guidance for perplexing dilemmas and is a particular strength of the Canadian code versus the American code (Hadjistavropoulos, 2011; Pettifor, 1998). Some argue it is inappropriate to rank order the principles, as it may reflect biases inherent in professional and academic fields of Psychology. For instance, Clark (2012) argues that psychologists, and our code of ethics, may have a liberal leaning bias that may not match a more conservative Canadian population. Indeed, based upon comparisons to Haidt's (2007, 2012) work on moral psychology, Clark (2012) argues that the CPA drop the principle rank order altogether in favour of improved professional training with respect to liberal versus conservative perspectives.

A crucial question to consider is that if the Canadian public does not endorse the CPA ranking (as was observed here), does this mean that the order is wrong? Or that it ought to be

changed? The present researcher would conclude: not necessarily. More empirical research as to the reasons why a sample of average Canadians most strongly endorsed Principle 3 is needed. Based on the findings of Williams and colleagues (2012) and Hadjistavropoulos and colleagues (2002), there may be some confusion as to how Principle 1 and Principle 3 are differentiated. Qualitative research, similar to the work of Williams and colleagues (2012) exploring the rationales participants provide with respect to their responses would be very valuable. Also, if the Canadian public does indeed think differently about our ethical responsibilities, this does not automatically necessitate an overhaul to the structure of our code of ethics. It is reasonable to believe that psychologists are in a better position to evaluate our code ethics than laypersons—we understand more about our profession, our history, case law, complex ethical principle nuances, and the nature of our professional duties. However, the public's perspective is important and has almost wholly been ignored by empirical research up until now. To the best of the present researcher's knowledge, this is the first and only study to date that has explored the public's perspective on the Canadian code of Ethics for Psychologists—in fact, there are very few studies from other countries that have investigated client/public opinions of psychology ethics (Audet, 2011; Claiborn, Berberoglu, Nerison, & Somberg, 1994; Hillerbrand & Claiborn, 1988). This is a woefully under-investigated area in psychology ethics research.

Some might argue that ethical practice in psychology is entirely the psychologist's responsibility, and that clients and members of the public are not knowledgeable enough about the intricacies of professional issues to offer an informed opinion. Traditionally, psychologists have tended to operate within a paternalistic model of decision-making, not unlike their medical counterparts, assuming that because practitioners have unique knowledge and experience, they are solely responsible for ensuring ethical care (Fenning et al., 2005; Hillerbrand & Stone, 1986).

However, it can be argued that the public as consumers of psychological services are directly impacted by professionals' decision-making and, therefore, that the public's views on ethics are indeed important. To the extent that the public is knowledgeable about ethical issues in psychology, they can become informed advocates throughout course of their own clinical care (Hillerbrand & Stone, 1986). And to the extent that psychologists are aware of the public's opinions about ethics, practitioners can improve consent procedures that take into account client/public perspectives. There may be times when a psychologist is compelled to make ethical decisions without input from his/her client; however, the ethical positions of the clients/public ought to be considered. In addition, the CPA may wish to take findings from the proposed study into account during future revisions of its code.

If the Canadian public feels differently about our ethics, this may have strong implications for our informed consent procedures and how we navigate ethical decision-making within the context of our professional client-psychologist relationships. It may be necessary for psychologists to be more thorough in educating the public and our clients about our ethical principles and responsibilities. There is some evidence that people's knowledge of psychology ethics is vague and incomplete (Hillerbrand & Claiborn, 1988). Studies have found that people's opinions are unclear as to the appropriateness of many psychologist behaviours, and that many even judge common behaviours as inappropriate (Hillerbrand & Claiborn, 1988).

Perhaps even more importantly, we may need to encourage psychologists to include clients in the ethical decision-making process. It is the opinion of the present researcher that discussing our ethical dilemmas with clients is neither something that we readily do, nor something we are explicitly encouraged to do by the CPA Code of Ethics. There has been a call for psychologists to allow consumers of psychological services to participate in ethical decision-

making (Edwards, et al., 2014; Hill, Glasser, & Harden, 1995; MacFarlane, 1996; Pettifor, 1998; Prillienlensky, Rossiter, & Walsh-Bowers, 1996). It is interesting to consider both Principle 1 Respect for the Dignity of Persons and Principle 3 Integrity in Relationships in this regard. If respecting our clients' rights to autonomy is of utmost importance to us, and our professional integrity is of utmost importance to our clients, then would it not follow that our clients ought to be included in our decision-making process? Would it not demonstrate respect for their right to self-determination to be open, honest and straightforward about our ethical issues that affect them directly? Perhaps so.

The current study was meant to provide a preliminary investigation into these larger questions of how we might begin to combine our perspective with the perspectives of those who we serve as psychologists.

Strengths and Limitations

As discussed previously, a limited number of studies have examined the CPA Code of Ethics. This study is the first investigation of the Canadian public's perspective on the CPA code of ethics. The present study used a strong research design both by drawing a random sample from the Canadian population and using random presentation of vignettes—increasing both the external and internal validity of the present findings. There are approximately 24 million adults in Canada and a random sample was drawn from a database of 12 million households, with a good (49%) response rate. The sampling technique provided good representation that is proportional to all the provinces (no participants were from the territories) and the two official languages of Canada. These factors all lend greater credence to the generalizability of the present findings. However, because participation was invited from people across Canada, and because the research questions required a lot of reading (vignettes) on the

part of participants, this limited methodological choices to a mail out survey design with short quantitative questions. The present research was able to explore how participants approached ethical dilemmas but not why they responded that way. It was not feasible to gather broader, more detailed responses that another method (for example, one that used open-ended questions or a semi-structured interview) might yield. The current design limited the explanatory power of how participants came to their ethical decisions. Future researchers may choose to narrow their study scope and obtain more in-depth responses. For example, if one were to focus on what it is about Principle 3 that participants find so compelling, perhaps they could do so with an interview method and qualitative analysis.

Strengths and Limitations of a Mail Survey

A mail survey is appropriate for the present research questions, questionnaire design, resources, and timeframe. Its strengths include relatively low cost, wide geographical distribution, low sampling-frame bias, and ease in correlating the questionnaires with Likert-type scales. Potential weaknesses of using a mail out survey include a relatively long period of data collection (for this study, approximately 7 months), lower response rates than methods such as face-to-face interviews, and possible response bias in favour of more educated people (Dillman, 2007). Given the study's research objectives, the proposed method was considered to be the best fit to obtain the data necessary for analysis.

Conclusion

Finding that the Canadian public do not intuitively endorse the CPA principle ranking does not invalidate how we order the principles. We have professional responsibilities to the public and to the people who seek out psychological services that we take very seriously. Our ethical principles have been defined and refined over many code revisions—from the first 1953

APA code to our current 2000 CPA code—in order to better serve both the discipline and the public. Much thought, preparation, and consideration of the strengths and weakness of other codes went into the creation of the Canadian Code of Ethics for Psychologists. No single principle is absolute and can be capable of trumping all others at all times (Sinclair & Pettifor, 2001). The CPA code of ethics fully acknowledges this and explicitly states that all four principles must be considered and balanced in ethical decision-making. However, there is value in understanding how some principles may carry more weight when conflicts arise. In light of the often-disturbing history of ethical violations that have shadowed the profession of psychology since its inception over 100 years ago, our code of ethics has evolved to help us avoid making the same mistakes from the past. There are very good reasons why we place so much emphasis on Principles 1 and 2, and on issues like autonomy, privacy, confidentiality, justice, rights, and care. The relative importance of these principles should not be taken lightly nor hastily dismissed. However, in light of the present findings, questions have now been raised as to what it means for our ethical behaviour and responsibilities when the public disagrees with us. At the very least, it is time to begin examining seriously how we can better collaborate with the public, with the recipients of our services, as to both the subject and the substance of what our ethical practice ought to be.

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Appendix A: Consent Letters

Letter of First Contact

Department of Educational Psychology
6-102 Education North
University of Alberta
Edmonton, AB T6G 2G5
Office: (780) 492-5245
Fax: (780) 492-131

Date

Participant Name (or current occupant)

Address

Greetings!

A few days from now you will receive in the mail a brief survey. It is an important study I am running for my PhD research at the University of Alberta. It will look at what members of the public think about psychologists' ethical duties. As a thank you for your time, five dollars (\$5) will be included with the survey.

I am writing now because many people like to know ahead of time that they will be contacted. The study will help us to learn how people like you feel about ethical issues that Canadian psychologists sometimes face. The ethical decisions that psychologists make not only affect clients but they also impact the public at large as well.

Thank you so much for your time. It is only with the help of people like you that my research can succeed.

Sincerely,

Sheila Gothjelsen
PhD Student
Counselling Psychology Program
University of Alberta

Letter of Second Contact

Department of Educational Psychology
 6-102 Education North
 University of Alberta
 Edmonton, AB T6G 2G5
 Office: (780) 492-5245
 Fax: (780) 492-131

Date

Participant Name (or current occupant)
 Address

Greetings!

I would like to ask for your help with my PhD research at the University of Alberta. This study will help us to learn about what Canadians think of psychology ethics. The survey asks for opinions on ethical issues that psychologists sometimes face. Canadian psychologists follow a code of ethics and often face difficult situations. I am interested in knowing how you think a psychologist should act when faced with these difficult situations.

I am asking a small number of people across Canada (18 years and older) to complete this survey. The survey includes 12 scenarios, a short questionnaire and a background information page. The entire survey may take around 30 minutes to complete. **As a thank you for your time, \$5 is included in the envelope.** A stamped return envelope is included for your survey. **Please return the survey as soon as possible.**

Your answers are completely private. To ensure confidentiality, responses will be kept in a locked office to which only the main researcher will have access. All responses will be summarized. No individual answers will be published. Your answers will not be connected to you in any way. The results of this study will be used in support of my thesis. The results may also be used for teaching, presentations and/or publication. Data will be kept for 5 years after the study is over, at which time it will be destroyed. Completing and returning the survey will be considered to be consent to participate in this research.

The survey is voluntary. However, you can help me very much by taking some time to share your opinions. If you prefer not to respond, please return the blank survey in the stamped envelope provided. Feel free to keep the \$5 gift even if you decide not to complete the survey. I will send you a reminder to complete the survey. If I do not get a finished or blank copy back within a few weeks I will send you another copy of the survey. You will not be contacted again after that. If you fill out the survey and later decide to opt out, you can contact me by November 31, 2013 to have your data removed.

If you have any questions or comments about his study, I would be happy to talk to you. The study is called Canadian Perspective on the Canadian Psychological Association Code of Ethics Principle Ordering. You can write to me, email me or phone me. Or you may contact my supervisor Dr. Derek Truscott. You may also contact the Research Ethics Office, at (780) 492-2615. This office approves research but has no direct involvement with this project.

Thank you so much for helping me with this important study.
 Sincerely,

Main Researcher:
 Sheila Gothjelsen, R. Psych (AB)

Supervisor:
 Dr. Derek Truscott, R. Psych (AB)

PhD Student
Counselling Psychology Program
University of Alberta
Edmonton, AB T6G 2G5
sheila@ualberta.ca (587) 881-1773

6-102 Education North
University of Alberta
Edmonton, AB T6G 2G5
derek.truscott@ualberta.ca
Office: (780) 492-1161

Letter of Third Contact

Department of Educational Psychology
6-102 Education North
University of Alberta
Edmonton, AB T6G 2G5
Office: (780) 492-5245
Fax: (780) 492-1311

March 19, 2015

Last week a survey asking your opinions on psychology ethics was mailed to you. Your name was selected from a short list of people all across Canada.

If you have already returned the survey to me, please accept my sincerest thanks. If you have not completed the survey please consider doing so today. I am very grateful for your help. Your opinions will help us understand how people feel about the ethics of psychologists.

If you did not receive a survey, or if it was misplaced, please contact me at sheila@ualberta.ca, the address above or at (587) 881-1773. I will be happy to send another one in the mail to you today.

Sincerely,

Sheila Gothjelpsen
PhD Student
Counselling Psychology
University of Alberta

Letter of Fourth Contact

Department of Educational Psychology
6-102 Education North
University of Alberta
Edmonton, AB T6G 2G5
Office: (780) 492-5245
Fax: (780) 492-1311

Date

Participant Name (or current occupant)

Address

A few weeks ago I sent you a survey. It asked for your opinions on psychology ethics. I have not yet received your completed survey. If the survey was completed and returned, please disregard this letter. This study will help us to learn about what Canadians think of psychology ethics. Canadian psychologists follow a code of ethics and often face difficult situations. I would like to know what you think a psychologist should do when faced with difficult situations.

The surveys that have already been returned include a wide range of responses. We think the results are going to be very useful to the profession of psychology.

I am writing again because your survey is important to get accurate results. I sent the survey to a short list of people from all over Canada. It is important to hear back from nearly everyone to make sure we get a good sample of Canadians. The survey includes 12 scenarios, a short questionnaire and a personal information page. The entire survey may take around 30 minutes to complete.

A comment on our method. Only summary data will be used. Individual names are not used. Your individual responses will never be connected to the results in any way. Protecting the privacy of people's answers is very important to us. Responses will be kept in a locked office, only accessible by the main researcher. Data will be kept on file for 5 years and will then be destroyed. The results of this study will be used in support of my thesis. The results may also be used for teaching, presentations and/or publication.

The survey is voluntary. However, you can help me very much by taking some time to share your opinions. If you prefer not to respond, please return the blank survey in the stamped envelope provided. If you fill out the survey and later decide to opt out, you can contact me by Oct 30 2013 to have your data removed.

I hope that you will fill out and return the questionnaire soon. A stamped return envelope is provided for you to return your survey. You will not be contacted again.

If you have any questions or comments about his study, I would be happy to talk to you. The study is called *Canadian Perspective on the Canadian Psychological Association Code of Ethics Principle Ordering*. You can write to me, email me or phone me. Or you may contact my supervisor Dr. Derek Truscott. You may also contact the Research Ethics Office, at (780) 492-2615. This office approves research but has no direct involvement with this project.

Thank you so much for helping me with this important study.

Sincerely,

Sheila Gothjelsen
PhD Student
University of Alberta
Edmonton, AB T6G 2G5

P.S. If you have any questions, please feel free to contact me at sheila@ualberta.ca, the address on the above letterhead, or at (587) 881-1773. Or, you can contact my supervisor Dr. Derek Truscott at derek.truscott@ualberta.ca or (780) 492-5245. You may also contact the Research Ethics Office, at (780) 492-2615. This office approves research but has no direct involvement with this project.

Letter of First Contact (French)

Date

Participant Name (ou occupant actuel)
Address

Bonjour!

D'ici quelques jours, vous recevrez par la poste un bref sondage. C'est une étude que je mène dans le cadre de mon doctorat à l'Université de l'Alberta. La recherche porte sur l'opinion du public concernant les devoirs éthiques des psychologues. Afin de vous remercier de prendre le temps de le remplir, un montant de cinq dollars (5,00 \$) sera inclus avec le sondage.

Je vous écris aujourd'hui parce que plusieurs personnes aiment être avisées qu'elles seront éventuellement contactées. L'étude nous aidera à apprendre comment les problèmes éthiques, auxquels les psychologues canadiens sont confrontés, sont perçus par des personnes comme vous. Les décisions éthiques prises par les psychologues n'affectent pas uniquement leurs clients, mais aussi un public beaucoup plus large.

Merci pour le temps que vous me consacrez. Ce n'est qu'avec la participation de personnes comme vous que ma recherche peut se réaliser.

Sincèrement,

Sheila Gothjelsen
Étudiante au doctorat
Programme de consultation en psychologie
Université de l'Alberta

Letter of Second Contact (French)

Date

Participant Name (ou occupant actuel)

Address

Bonjour!

J'aimerais demander votre aide pour compléter une recherche dans le cadre de mon doctorat à l'Université de l'Alberta. L'étude nous aidera à apprendre comment les problèmes éthiques rencontrés par les psychologues sont perçus par les Canadiens. Le sondage demande votre opinion sur des problèmes d'éthiques auxquels les psychologues sont parfois confrontés. Les psychologues canadiens respectent un code de déontologie et font souvent face à des situations compliquées. J'aimerais savoir comment vous croyez qu'un psychologue devrait agir lorsqu'il est confronté à ces situations compliquées.

Je demande à quelques personnes à travers le Canada (18 ans et plus) de remplir ce sondage. Le sondage contient 12 scénarios, un court questionnaire et une partie concernant vos informations personnelles. La totalité du sondage est d'une durée d'environ 30 minutes. **Afin de vous remercier de prendre le temps de le compléter, un montant de cinq dollars (5,00 \$) sera inclus dans l'enveloppe.** Une enveloppe-réponse affranchie est incluse pour votre sondage. **S'il vous plaît retourner le questionnaire dès que possible.**

Vos réponses sont totalement privées. Pour assurer la confidentialité, les réponses seront gardées dans un bureau verrouillé auquel seul le chercheur principal pourra accéder. Toutes les réponses seront compilées. Aucune réponse individuelle ne sera publiée. Vos réponses ne seront reliées à vous d'aucune manière. Les résultats de cette étude serviront à supporter ma thèse. Les résultats peuvent aussi être utilisés pour de l'enseignement, des présentations ou des publications. Les données seront conservées pendant 5 ans après la fin de l'étude, après quoi elles seront détruites. Compléter et retourner le questionnaire sera considéré comme un consentement à participer à cette recherche.

Ce sondage est sur une base volontaire. Vous pouvez toutefois m'être très utile si vous choisissez de prendre le temps de partager vos opinions. Si vous préférez ne pas répondre, je vous prierais de retourner le sondage non rempli dans l'enveloppe-réponse affranchie fournie. N'hésitez pas à garder le cadeau de 5 \$, même si vous décidez de ne pas remplir le questionnaire. Si je ne reçois aucune copie vierge ou fini dans quelques semaines, je vous enverrai un rappel. Je vous enverrai ensuite une autre copie. Vous ne serez plus contacté par la suite. Si vous remplissez le sondage et choisissez par la suite de vous retirer de l'étude, vous pouvez me contacter jusqu'au 31 Novembre, 2013 pour faire retirer vos réponses de la banque de données.

Si vous avez des questions ou des commentaires à propos de cette étude, c'est avec plaisir que j'en discuterai avec vous. L'étude est nommée « Perspectives canadiennes sur le principe d'ordre déontologique de la société canadienne de psychologie ». Vous pouvez m'écrire par la poste, par courriel ou me téléphoner. Vous pouvez également contacter mon superviseur, le Dr. Derek Truscott. Vous pouvez aussi contacter le Bureau d'éthique de la recherche au (780) 492-2615. Ce bureau approuve les recherches, mais n'a pas d'implication directe dans ce projet.

En vous remerciant de m'aider avec cette importante étude.
Sincèrement,

Main Researcher:

Sheila Gothjelsen, R. Psych (AB)
Étudiante au doctorat
Programme de consultation en psychologie
Université de l'Alberta
Edmonton, AB T6G 2G5
sheila@ualberta.ca
Téléphone : (587) 881-1773

Supervisor:

Dr. Derek Truscott, R. Psych (AB)
6-102 Education North
Université de l'Alberta
Edmonton, AB T6G 2G5
derek.truscott@ualberta.ca
Téléphone: (780) 492-1161

Letter of Third Contact (French)

March 19, 2015

Un sondage portant sur vos opinions sur l'éthique en matière de psychologie vous a été envoyé par la poste la semaine dernière. Votre nom a été sélectionné à partir d'une liste de personnes à travers le Canada. Si vous m'avez déjà retourné le sondage, je vous en remercie sincèrement. Si vous n'avez pas encore complété le sondage, je vous invite à le faire maintenant. J'apprécie grandement votre aide. Votre opinion nous aidera à comprendre comment les gens perçoivent le sens d'éthique des psychologues.

Si vous n'avez pas reçu de sondage, ou si vous l'avez égaré, contactez-moi à sheila@ualberta.ca, à l'adresse indiquée en haut de cette lettre ou au (587) 881-1773. C'est avec plaisir que je vous ferai parvenir une nouvelle copie aujourd'hui même.

Sincèrement,

Sheila Gothjelsen
Étudiante au doctorat
Programme de consultation en psychologie
Université de l'Alberta

Letter of Fourth Contact (French)

19 March 2015

Nicolas Young
2351 Malcom Cres
Burlington, ON
L7P 4H1

Je vous ai envoyé un sondage il y a environ trois semaines. Il concernait votre opinion sur le sens d'éthique des psychologues. Je n'ai pas encore reçu votre sondage complété. Si le sondage a été rempli et retourné, s'il vous plaît ne pas tenir compte de cette lettre. Cette étude nous aidera à comprendre ce que les Canadiens pensent de l'éthique des psychologues. Les psychologues canadiens doivent respecter un code de déontologie et sont souvent confrontés à des situations compliquées. J'aimerais connaître votre opinion sur ce qu'un psychologue devrait faire face à certaines situations compliquées.

Les sondages qui ont déjà été retournés contiennent une vaste gamme de réponses. Nous croyons que les résultats seront très utiles à la profession de psychologue.

Je vous écris à nouveau parce que votre sondage est important pour l'obtention de résultats concluants. J'ai envoyé le sondage à un nombre restreint de personnes à travers le Canada. Il est important d'avoir les résultats de la majorité des personnes afin d'obtenir un bon échantillon de Canadiens. Le sondage contient 12 scénarios, un court questionnaire et une partie concernant vos informations personnelles. La totalité du sondage est d'une durée d'environ 30 minutes.

Un commentaire sur nos méthodes. Seule l'information compilée sera utilisée. Les noms individuels ne seront jamais employés. Vos résultats personnels ne seront liés d'aucune manière aux résultats. La protection de la vie privée des personnes est très importante pour nous. Pour assurer la confidentialité, les réponses seront gardées dans un bureau verrouillé auquel seul le chercheur principal pourra accéder. Les données seront conservées pendant 5 ans, après quoi elles seront détruites. Les résultats de cette étude serviront à supporter ma thèse. Les résultats peuvent aussi être utilisés pour de l'enseignement, des présentations ou des publications.

Ce sondage est sur une base volontaire. Vous pouvez toutefois m'être très utile si vous choisissez de prendre le temps de partager vos opinions. Si vous préférez ne pas répondre, je vous prierais de retourner le sondage non rempli dans l'enveloppe-réponse affranchie fournie. Si vous remplissez le sondage et choisissez par la suite de vous retirer de l'étude, vous pouvez me contacter jusqu'au 30 Octobre pour faire retirer vos réponses de la banque de données.

J'espère que vous remplirez et retournerez le questionnaire bientôt. Une enveloppe-réponse affranchie pour son retour est fournie. Vous ne serez plus contacté.

Si vous avez des questions ou des commentaires à propos de cette étude, il me fera plaisir d'en discuter avec vous. L'étude est nommée « Perspectives canadiennes sur le principe d'ordre déontologique de la société canadienne de psychologie ». Vous pouvez m'écrire par la poste, par courriel ou me téléphoner. Vous pouvez également contacter mon superviseur, le Dr. Derek Truscott. Vous pouvez aussi contacter le Bureau d'éthique de la recherche au (780) 492-2615. Ce bureau approuve les recherches, mais n'a pas d'implication directe dans ce projet.

Je vous remercie beaucoup de m'aider avec cette importante étude.
Sincèrement,

Sheila Gothjelpsen
Étudiante au doctorat
Programme de consultation en psychologie
Université de l'Alberta

P.S. Si vous avez des questions, s'il vous plaît n'hésitez pas à me contacter à sheila@ualberta.ca, l'adresse figurant sur l'en-tête ci-dessus, ou au (587) 881-1773. Ou bien, vous pouvez prendre contact avec mon superviseur Dr Derek Truscott à derek.truscott@ualberta.ca ou (780) 492-5245. Vous pouvez également communiquer avec le Bureau éthique de la recherche, au (780) 492-2615. Ce bureau approuve la recherche, mais ne participe pas directement à ce projet.

Appendix B: Psychology Ethics Questionnaire (PEQ)

PSYCHOLOGY ETHICS QUESTIONNAIRE (PEQ)

All questions contained in this questionnaire are strictly anonymous and confidential as your name will not appear on this form

Demographic Information	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age: ____ [This questionnaire is for Age 18+ only please]	
Highest Level of Education: <input type="checkbox"/> Less than high school <input type="checkbox"/> Partial college/university <input type="checkbox"/> Partial high school <input type="checkbox"/> Graduate/professional education <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Certificate in a trade/technology <input type="checkbox"/> College/university degree	
Ethnic/Cultural Background (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> First Nations/Aboriginal <input type="checkbox"/> Chinese <input type="checkbox"/> South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.) <input type="checkbox"/> Black <input type="checkbox"/> Latin American <input type="checkbox"/> Southeast Asian (e.g. Cambodian, Indonesian, Loatian, Vietnamese, etc.) <input type="checkbox"/> Arabic <input type="checkbox"/> West Asian (e.g., Afghan, Iranian, etc.) <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other, please specify _____	Citizenship: Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Born in Canada <input type="checkbox"/> Born Outside of Canada Please specify: _____ <input type="checkbox"/> Landed Immigrant/Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Temporary Resident (Work or Student Visa)
Income Level: <input type="checkbox"/> less than \$19,999 <input type="checkbox"/> \$20,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$39,999 <input type="checkbox"/> \$40,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$59,999 <input type="checkbox"/> \$60,000 to \$69,999 <input type="checkbox"/> \$70,000 to \$79,999 <input type="checkbox"/> \$80,000 or over.	Have you ever received services from a licensed psychologist? (e.g. counselling, assessment, referral, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Thank you so much for taking the time to complete this survey!!	

Psychology Ethics Questionnaire

Instructions:

Please read about the following situations. These situations are examples of ethical issues psychologists are sometimes faced with. Given the information provided, decide what action you feel the psychologist should take. **There are no correct answers; we are interested in your honest opinion.**

1. A psychologist works in a school doing educational assessment. The psychologist assesses a child who seems to have had learning problems since starting school. The results indicate that the child needs special help in basic skill areas. The results are discussed with the child's parents. They tell the psychologist that they do not believe the results. They feel their child has no learning problems. They worry that the child may be unfairly labeled because of the assessment. They refuse to give consent to have the assessment discussed with the child's teachers. The psychologist tries to explain the potential benefits of special resource help. The psychologist believes that the teachers need to know what is going on with the child. If the teachers know what the problems are, they can make the child a specialized learning program. He would like to share the assessment information with the teachers. The parents strongly refuse to allow the psychologist to say anything to the school.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To share the assessment results with the teachers, despite the parents' objections
- Not to share the assessment results with the teachers, because of the parents' objections

B. How sure are you that you chose the best decision? (Please circle a number)

1
2
3
4
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7
 Not at all sure Very sure

2. A new psychologist just moved to a small town. He picks up the local paper. He sees that there is a regular advice column by a writer who says she is a psychologist. The new psychologist likes the information given in the column. The advice looks like it is very helpful and most psychologists would agree with it. But, he finds out that the newspaper columnist is not a psychologist. The columnist does not have the proper educational background. Nor does she have a psychologist's license. The new psychologist must decide what to do. On the one hand, the information is helpful for the community. On the other hand, the newspaper columnist is lying about her qualifications.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- Report to the authorities that the newspaper “psychologist” is misrepresenting her qualifications
- Do not report that the newspaper “psychologist” is misrepresenting her qualifications

B. How sure are you that you chose the best decision? (Please circle a number)

1
2
3
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7
 Not at all sure Very sure

3. A psychologist has begun to see a local community leader for therapy. The client reports that he has too much stress in his life. He would like to step down from his leadership duties in order to find more balance in his life. The psychologist agrees that this is probably the best decision for the client to reduce stress in his life. However, the psychologist worries that the community will suffer if the client steps down. The psychologist is afraid that all of his client's good community work will be lost. The psychologist knows that the client has a special knack for helping the community. He was even able to get two neighbourhood gangs to work together peacefully. If the client steps down, gang warfare will likely start again.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To support the client's decision to step down from his community leadership role
- To encourage the client to remain in his community leadership role

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

4. A psychologist is teaching a university course. Grades are based on essays and multiple-choice exams. One of the students worked as a psychologist a foreign country for 5 years before immigrating to Canada. English is his second language. In order to register as a psychologist and thereby remain in Canada, the student needs to pass this course. It is clear that the student knows the material and would make a good psychologist. The student needs a B+ to pass the course. However, by the end of the course the student's mark is a B-. The psychologist feels the student would have earned a higher grade if his English were better. The psychologist is considering changing the mark to be a B+. The psychologist believes the student's English will improve as he works with the public. But, the psychologist worries that raising the grade would be unfair to the other students. The psychologist is concerned for the welfare of the student who will not be able to work without a higher grade. He is also concerned about being fair and truthful in marking.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To honour the contract and turn the files over to the agency
 Not to honour the contract and refuse to turn the files over to the agency

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

7. A psychologist is seeing a woman in therapy. The woman reveals that she is having a sexual affair with her former therapist. The psychologist knows that a sex between clients and therapists is very unethical. It can also be very harmful for the client. When the psychologist states this, the client asks the psychologist to swear never to tell anyone about it. The client says that as an adult she can make her own life choices. The psychologist is in a difficult position. On one hand, the psychologist wants to respect the client's privacy and honor her right to live her life how she wants. On the other hand, the psychologist is worried that the client may be harmed by this relationship and knows that the other therapist is being unethical.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To file an ethics complaint against the other psychologist in order to protect the client from harm
 To keep the information private and take no action against the other psychologist

B. How sure are you that you chose the best decision? (Please circle a number)

1
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 Not at all sure Very sure

8. A psychologist did a psychological assessment for a man at the request of Workers Compensation. The man has now asked for the results of this assessment. The man was in an accident a year ago in which he sustained a bad head injury. He has always thought of himself very smart and is very proud of it. But, since the injury he has been worried that he has lost a lot of his intelligence. As a result, he has become very depressed and even suicidal. The psychological tests show that the man does indeed have a decline in his intellect. The psychologist has a problem. On one hand, she would like to give him the results of the report because he asked for them. On the other hand, she is worried that the information in the report could upset him even more, making him more suicidal.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To present the complete results despite her concern about the risk that this could increase the man's suicidal thoughts because he is entitled to have the information.
 Not to present the complete results because of her concern about the risk of increasing the man's suicidal thoughts.

B. How sure are you that you chose the best decision? (Please circle a number)

Not at all sure 1 2 3 4 5 6 7 Very sure

9. A psychologist wants to study the quality of telephone crisis lines. Crisis lines are known to handle a lot of different calls from people in crisis. Little is known about how well trained volunteer staff is in order to deal with all the calls. The psychologist wants to call different crisis lines and pose as a caller in crisis. He will then judge how well the crisis line volunteers handled the calls. The crisis line personnel would not be aware that research was being conducted. The psychologist knows that this method is not very fair. However, he feels that this method is the only way to truly see how well trained the crisis line volunteers actually are.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To conduct the study as planned
- Not to conduct the study as planned

B. How sure are you that you chose the best decision? (Please circle a number)

Not at all sure 1 2 3 4 5 6 7 Very sure

10. A psychologist is working in a government-funded community clinic providing mental health services. A man comes in to see him and it is clear this person is in serious need of help. However, the clinic has a long waiting list for services. The psychologist is considering his options. On one hand, he knows this person needs help very soon. But on the other hand, there are others waiting to get services as well.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- Help the client to skip the waiting list for services
- Put the client on the waiting list for services

B. How sure are you that you chose the best decision? (Please circle a number)

Not at all sure 1 2 3 4 5 6 7 Very sure

11. A psychologist welcomes a new client into her office. She learns that the new client is her son's teacher. The teacher has heard good things about the psychologist and would like to see her, even though she teaches the psychologist's son. The psychologist has heard from her son that the teacher often plays favourites with students. Students that she likes tend to get better

grades. The psychologist is in a difficult position. On one hand, the client has made her wishes clear that she wants to be treated by the psychologist. The psychologist wants to honour the client's right to make her own decisions. On the other hand, the psychologist is worried about the potential for a conflict of interest. The psychologist may have a hard time staying objective and may unknowingly push her own agenda (to help her son get better grades).

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To accept the teacher as a client
 To decline teacher as a client

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

12. A psychologist attends a public meeting in her community. The meeting is about getting funding for an illiteracy program. There are government officials at the meeting. They will be deciding if the program gets funding or not. Some people ask the psychologist to say a few words to support the program. They say that having the support of an expert will really help. However, the psychologist is not an expert in illiteracy. She is an expert in the behaviour of hamsters. The psychologist is in a hard spot. She feels that the program would help those with illiteracy in the community. She also knows that if she uses her title as a 'psychologist' her words may carry more weight. On the other hand, she would not be giving a truthful impression if she lets people think she's an expert on illiteracy.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To speak up and indicate that she is a psychologist, knowing this will carry more weight
 To speak up but not to reveal that she is a psychologist

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

13. A woman in group therapy tells to the group that she is going to give all her money to a charity. The psychologist has heard of the charity. It exploits unsuspecting and well-meaning people. The other members of the group say she has the right to do what she chooses. The psychologist is worried that she will lose all her money. The psychologist wonders whether she should have a private meeting with the woman to try and get her to keep her money. But, the psychologist is not sure she should do this because it would show a lack of respect for the woman's right to make her own decisions. On the other hand, the psychologist worries that the woman will be taken advantage of.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- Not to meet up with the woman and allow the woman to make up her own mind
 To meet with the woman and try to convince her to change her mind

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

14. A psychologist agreed to conduct research for the military. He is studying a training program for combat situations. The psychologist accidentally finds that there is one important skill that is women do poorly on. This finding surprised the psychologist. It was not something the psychologist had been asked to study. The psychologist fears that women will not be allowed into the training program if the results are known. The psychologist has two choices. Provide a report to the military with all the findings. Then they can decide what to do. Or, leave out the information about women. Then the military will not refuse to admit women for training.

A. In your opinion, which is the right decision for the psychologist to make (put an beside one)

- To provide a full report to the military, including the information about women
 Not to provide the full report to the military, keeping out the information about women

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

15. Social Services asks a psychologist to see a 13-year-old boy for treatment. The child has a long history of problems, but nothing has ever been done for him. There is a new treatment center that is designed to help adolescents just like this boy. However, the center has a 4-month waiting list. The center is also struggling to stay open, as it has not received essential government funding. The psychologist knows that if the center can prove there is a high demand for services the government will likely provide funding. The psychologist has a problem. On one hand, the boy needs help and the psychologist could treat him immediately. However, if the boy is put on the center's waiting list, then the center may get funding from the government. If the center gets more funding a lot of kids would be able to get help.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- Forgo the waiting list and instead provide treatment to the boy right away
 Put the boy on the centre's waiting list

18. The provincial government would like to build a large mental hospital next year. The government is trying to decide if the hospital should be located in either a big city or a small town. A psychologist is hired by a local town to conduct a study on the hospital. The study is to see if building it in their town would be good for the local economy. The town would get the hospital if they could prove it would benefit the local economy. The study finds the hospital would be very good for the local economy. But, the psychologist worries that the government will reject his study because the town paid him to do it. He worries his findings may be seen as biased. He knows the findings are the truth. The psychologist considers not saying in his report that the town hired him. This way the government can focus on the truth of his finding that the hospital would be good for the town.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To include the fact that he was hired by the town to conduct the study in the report he sends to the government
- Not to include the fact that the town hired him to conduct the study in the report he sends to the government

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

19. A young woman is in therapy to discuss issues she has been having with her boyfriend. Things are going well in therapy and the client trusts the psychologist. This is significant for her because she has trouble trusting people. The client trusts the psychologist enough to tell her about her eating disorder that she has had for years. She was even in hospital a few years ago. The psychologist does not feel like she knows enough about this issue. The psychologist speaks with the client about sending her to see another therapist with more experience in this area. The client refuses. She says that she really likes working with the psychologist and will not work with someone else. The psychologist is in a difficult spot. On the one hand, she does not feel competent to help the young woman with this problem. On the other hand, she wants to honour her client's wishes to remain with the psychologist.

A. In your opinion, which is the right decision for the psychologist to make (put an beside one)

- Continue working with the client
- Refer the client to another therapist

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

20. A radio station asks a psychologist to host an open-line show. The weekly show would give a lot of educational information. Callers would also be able to speak briefly with the psychologist about issues they are facing. The psychologist thinks that the show could provide lots of mental health facts to the public. But, he is worried that time limits could be a problem. Listeners may not understand all of the information. There is a risk that people may take advice too personally, which could cause some harm.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To host the show
 Not to host the show

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

21. A psychologist begins seeing a new client. The client says he has been taking an antidepressant for the past few months. The client's family doctor prescribed the antidepressant. The client also states that the family doctor has been providing weekly psychotherapy. The doctor told the client that he has been well trained in psychotherapy. However, the psychologist happens to know the doctor quite well and is aware that the doctor has no such training. The client wants to switch to seeing the psychologist for therapy but does not want the psychologist to contact the doctor. The client is afraid the doctor will be angry. The psychologist is in a difficult spot. On one hand, the doctor is working outside his area of expertise and should be confronted about that. On the other hand, the client would like to keep things private.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- To contact the physician
 Not to contact the physician

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

22. A psychologist is working for the government. He also belongs to a local citizens committee devoted to the environment. The government wants to burn garbage in his town. The citizens committee is strongly against this because of health risks. The committee asks the psychologist lead a public protest against the plan. They want him to use his professional expertise to do this. The psychologist is not sure if he should do so. He is against the plan. However, he is also a government employee. Publicly criticizing his employer would be disloyal. It is part of his job to

make sure the public has confidence in government services.

A. In your opinion, which is the right decision for the psychologist to make (put an beside one)

- Although he disagrees with the plans for the incinerator, he decides not to help the committee
 Because he disagrees with the plans for the incinerator, he decides to help the committee

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

23. A psychologist is working with a client who is an industry executive. The client tells the psychologist that he has been feeling a lot of guilt. His company has been dumping cancer-causing chemicals into the local water supply. The client feels guilty. But he has no intention of stopping. He does not want anyone to find out either. He fears that if the authorities knew he would lose his job. Worse, he could be charged with a crime. The client reminds the psychologist of his right to confidentiality. He insists that this information be kept private.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- Tell the authorities about the dumping of chemicals into the water supply
 Keep the information about the chemical dumping private

B. How sure are you that you chose the best decision? (Please circle a number)

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 Not at all sure Very sure

24. A couple has been in marriage counselling for 6 months. The husband asks the psychologist if they can fix their marriage or if they should get a divorce. The psychologist believes that the marriage cannot be fixed. But, the psychologist knows that there is no way to know for sure whether they will be able to save the marriage or not. The psychologist has a problem. On the one hand, her client has asked for her honest opinion. On the other hand, if she is honest the client will give up all hope of fixing their marriage. This would guarantee a divorce. The psychologist wonders whether it would be best to say the couple can fix their marriage. That way they would at least try to work on their marriage.

A. In your opinion, which is the right decision for the psychologist to make? (put an beside one)

- Provide an honest opinion that the marriage will likely fail
 Provide a dishonest opinion that the marriage can be saved, in the hope they will try to work on it

Appendix C: Ethics Position Questionnaire (EPQ)

Please indicate if you agree or disagree with the following items. Each represents a commonly held opinion and there are no right or wrong answers. We are interested in your reaction to such matters of opinion.

Rate your reaction to each statement by writing a number to the right side of each statement where:

Disagree Strongly	Disagree	Neutral	Agree	Agree Strongly
1	2	3	4	5

Place number here



1. People should make certain that their actions never intentionally harm another even to a small degree.	
2. Risks to another should never be tolerated, irrespective of how small the risks might be.	
3. The existence of potential harm to others is always wrong, irrespective of the benefits to be gained.	
4. One should never psychologically or physically harm another person.	
5. One should not perform an action which might in any way threaten the dignity and welfare of another individual.	
6. If an action could harm an innocent other, then it should not be done.	
7. Deciding whether or not to perform an act by balancing the positive consequences of the act against the negative consequences of the act is immoral.	
8. The dignity and welfare of the people should be the most important concern in any society.	
9. It is never necessary to sacrifice the welfare of others.	
10. Moral behaviors are actions that closely match ideals of the most "perfect" action.	
11. There are no ethical principles that are so important that they should be a part of any code of ethics.	
12. What is ethical varies from one situation and society to another.	
13. Moral standards should be seen as being individualistic; what one person considers to be moral may be judged to be immoral by another person.	
14. Different types of morality cannot be compared as to "rightness."	
15. Questions of what is ethical for everyone can never be resolved since what is moral or immoral is up to the individual.	
16. Moral standards are simply personal rules that indicate how a person should behave, and are not to be applied in making judgments of others.	

17. Ethical considerations in interpersonal relations are so complex that individuals should be allowed to formulate their own individual codes.	
18. Rigidly codifying an ethical position that prevents certain types of actions could stand in the way of better human relations and adjustment.	
19. No rule concerning lying can be formulated; whether a lie is permissible or not permissible totally depends upon the situation.	
20. Whether a lie is judged to be moral or immoral depends upon the circumstances surrounding the action.	

Appendix D : Psychology Ethics Questionnaire (French)

QUESTIONNAIRE D'ÉTHIQUES EN PSYCHOLOGIE (QEP)

Toutes les questions contenues dans ce questionnaire sont strictement anonymes et confidentielles puisque votre nom n'apparaîtra pas sur ce formulaire

Information démographique

Genre: Masculin Féminin

Âge: ____ [ce questionnaire s'adresse aux 18 ans et plus seulement s.v.p.]

Niveau de scolarité le plus élevé:

- | | |
|--|---|
| <input type="checkbox"/> Moins que l'école secondaire | <input type="checkbox"/> Cégep non complété |
| <input type="checkbox"/> Études secondaires non complétées | <input type="checkbox"/> Cégep complété |
| <input type="checkbox"/> Diplôme d'études secondaires (DEP) | <input type="checkbox"/> Université complétée |
| <input type="checkbox"/> Diplôme d'études professionnelles (DEP) | |

Origine culturelle/ethnique

(cochez tout ce qui s'applique):

- Blanc
- Premières nations/Aborigènes
- Chinois
- Asie du Sud (ex. Indiens de l'Est, Pakistanais, Sri Lankais, etc.)
- Noir
- Latino-Américain
- Asie du Sud-est (ex. Cambodgien, Indonésien, Laotien, Vietnamien, etc.)
- Arabe
- Asie de l'Ouest (ex. Afghan, Iranien, etc.)
- Japonais
- Coréen
- Autre, précisez _____

Citoyenneté:

Êtes-vous citoyen canadien? Oui Non

né au Canada

né à l'extérieur du Canada

S.v.p. spécifiez: _____

Immigrant reçu/Résident permanent

Réfugié

Résident temporaire (Visa de travail ou étudiant)

Revenu:

- moins de 19,999 \$
- 20,000\$ à 29,999 \$
- 30,000\$ à 39,999 \$
- 40,000\$ à 49,999 \$
- 50,000\$ à 59,999 \$
- 60,000\$ à 69,999 \$
- 70,000\$ à 79,999 \$
- 80,000\$ et plus.

Avez-vous déjà reçu les services d'un psychologue autorisé? (ex. consultation, évaluation, référence, etc.)

Oui

Non

Merci beaucoup de prendre le temps de compléter ce sondage!

Questionnaire d'éthiques en psychologie

Instructions:

Veillez lire les situations suivantes. Ces situations sont des exemples de problèmes d'éthiques auxquels les psychologues doivent parfois faire face. En tenant compte des informations fournies, décidez quelle action le psychologue devrait prendre. **Il n'y a pas de bonnes réponses; nous nous intéressons à votre opinion honnête.**

1. Un psychologue effectue des évaluations pédagogiques dans une école. Le psychologue évalue un enfant qui semble avoir des problèmes d'apprentissage depuis ses débuts à l'école. Les résultats indiquent que l'enfant a besoin d'une aide spéciale pour des apprentissages de base. Les résultats sont discutés avec les parents de l'enfant. Ils mentionnent au psychologue qu'ils ne croient pas aux résultats. Ils sentent que leur enfant n'a pas de problèmes d'apprentissage. Ils craignent que l'enfant soit étiqueté injustement à cause de l'évaluation. Ils refusent de donner leur consentement pour que l'évaluation soit discutée avec les professeurs de l'enfant. Le psychologue tente d'expliquer les avantages potentiels d'une aide spéciale. Le psychologue croit que les professeurs doivent savoir ce qui se passe avec l'enfant. Si les professeurs connaissent les problèmes, ils peuvent établir un programme d'apprentissage spécialisé pour l'enfant. Il aimerait partager l'information de l'évaluation avec les professeurs. Les parents refusent catégoriquement la permission de divulguer l'information à l'école.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Partager les résultats de l'évaluation avec les professeurs, malgré les objections des parents
- Ne pas partager les résultats de l'évaluation avec les professeurs, puisque les parents s'y opposent

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

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 Pas du tout certain Très certain

2. Un nouveau psychologue vient d'emménager dans une petite ville. Il prend le journal local. Il voit qu'il y a une rubrique de conseils rédigés par une écrivaine se disant psychologue. Le nouveau psychologue aime l'information mentionnée dans l'article. Le conseil semble très utile et la majorité des psychologues seraient d'accord avec elle. Mais il découvre que l'article n'est pas écrit par une psychologue. La journaliste en question ne possède pas la formation appropriée. Elle ne possède pas non plus de permis de psychologue. Le nouveau psychologue doit décider quoi faire. D'un côté, l'information est utile pour la communauté. De l'autre côté, la journaliste ment sur ses compétences.

	1	2	3	4	5	6	7
Pas du tout certain							Très certain

9. Un psychologue veut étudier la qualité des services téléphoniques de situation de crise. Les lignes téléphoniques de situation de crise sont reconnues pour traiter plusieurs appels provenant de personnes en crise. Il y a peu d'informations sur le niveau de formation des bénévoles qui doivent gérer les appels. Le psychologue veut téléphoner à plusieurs lignes téléphoniques de crises et se faire passer pour une personne en crise. Il jugera alors de la qualité d'intervention des bénévoles lors des appels. La personne de la ligne téléphonique de situation de crise ne serait pas au courant qu'une recherche est en cours. Le psychologue sait que cette méthode n'est pas très juste. Cependant, il pense qu'il s'agit de la seule méthode pour réellement évaluer la formation des bénévoles de la ligne téléphonique de situation de crise.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Procéder à l'étude telle que planifiée
- Ne pas procéder à l'étude telle que planifiée

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

	1	2	3	4	5	6	7
Pas du tout certain							Très certain

10. Un psychologue travaille dans une clinique de services de santé mentale financée par le gouvernement. Un homme vient le voir et il est clair que cet homme a un sérieux besoin d'aide. Cependant, il y a une longue liste d'attente pour les services de la clinique. Le psychologue considère ses options. D'un côté il sait que la personne a besoin d'aide rapidement. Mais de l'autre côté, il y a d'autres personnes qui attendent aussi d'obtenir les services.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Aider le client à éviter la liste d'attente pour obtenir des services
- Mettre le client sur la liste d'attente pour obtenir des services

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

	1	2	3	4	5	6	7
Pas du tout certain							Très certain

11. Une psychologue souhaite la bienvenue à une nouvelle cliente dans son cabinet. Elle apprend que la nouvelle cliente est l'enseignante de son fils. L'enseignante a entendu de bonnes choses à propos de la psychologue et veut la consulter même si elle enseigne au fils de celle-ci. La psychologue a entendu de son fils que l'enseignante fait preuve de favoritisme avec ses étudiants. Les étudiants qu'elle aime obtiennent de meilleures notes. La psychologue est dans une position difficile. D'un côté, la cliente a émis le souhait clair qu'elle désire être traitée par la

psychologue. La psychologue veut honorer le droit du client de prendre ses propres décisions. De l'autre côté, la psychologue s'inquiète d'un potentiel conflit d'intérêts. La psychologue pourrait avoir de la difficulté à demeurer objective et pourrait sans s'en rendre compte, pousser son propre agenda (pour aider son fils à obtenir de meilleures notes).

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Accepter l'enseignante comme cliente
- Refuser l'enseignante comme cliente

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerchez un chiffre)

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 Pas du tout certain Très certain

12. Un psychologue assiste à une rencontre publique dans sa communauté. Le but de la rencontre est d'obtenir du financement pour un programme d'alphabétisation. Il y a des représentants gouvernementaux à cette rencontre. Ils décideront s'ils donneront du financement ou non. Certaines personnes demandent au psychologue de dire quelques mots afin de soutenir le programme. Ils disent qu'avoir le soutien d'un expert aidera grandement. Cependant, le psychologue n'est pas un expert en alphabétisation. Il est un expert en comportement sur les hamsters. Le psychologue est dans une situation difficile. Il pense que le programme pourrait aider les analphabètes de la communauté. Il sait aussi que s'il utilise son titre en tant que « psychologue », ses mots pourraient peser lourd dans la balance. D'un autre côté, il ne donnerait pas une impression de confiance s'il laisse les gens penser qu'il est un expert en alphabétisation.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Parler et indiquer qu'il est un psychologue, sachant que cela ajoutera du poids dans la balance.
- Parler sans révéler qu'il est psychologue.

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerchez un chiffre)

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7
 Pas du tout certain Très certain

13. Une femme dans une thérapie de groupe mentionne au groupe qu'elle donnera tout son argent à des œuvres de charité. Le psychologue a entendu parler de l'œuvre de charité. Elle exploite des personnes naïves et bien intentionnées. Les autres membres du groupe disent qu'elle a le droit de faire ce qu'elle veut. Le psychologue est inquiet parce que la dame pourrait perdre tout son argent. Le psychologue se demande s'il ne devrait pas avoir une rencontre privée avec la dame pour tenter de la convaincre de ne pas donner tout son argent. Mais, le psychologue n'est pas certain qu'il doit le faire parce que cela démontrerait un manque de respect envers le droit de la dame de prendre ses propres décisions. D'un autre côté, le psychologue est préoccupé par le fait que la dame pourrait se faire exploiter.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Ne pas rencontrer la dame et lui permettre de prendre ses propres décisions
- Rencontrer la dame et tenter de la convaincre de changer d'idée

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

1 2 3 4 5 6 7

Pas du tout certain Très certain

14. Un psychologue accepte de faire des recherches pour l'armée. Il étudie un programme d'entraînement en situation de combat. Le psychologue découvre accidentellement qu'il y a une compétence importante où les femmes performant généralement plus faiblement. Cette découverte surprend le psychologue. Ce n'était pas un élément sur lequel le psychologue devait faire son étude. Le psychologue craint que les femmes ne soient pas admises dans le programme d'entraînement si les résultats sont connus. Le psychologue a deux choix. Fournir un rapport à l'armée comprenant toutes les découvertes. Ils pourront alors décider quoi faire. Ou, omettre l'information à propos des femmes. Ainsi l'armée ne refusera pas d'admettre des femmes à l'entraînement.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Fournir un rapport complet à l'armée, incluant l'information à propos des femmes
- Ne pas fournir de rapport complet à l'armée, en omettant l'information à propos des femmes.

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

1 2 3 4 5 6 7

Pas du tout certain Très certain

15. Les services sociaux demandent à un psychologue de voir un garçon de 13 ans pour un traitement. L'enfant a un long historique de problèmes, mais rien n'a jamais été fait pour lui. Il y a un nouveau centre de traitement conçu pour aider les adolescents comme ce garçon. Cependant, le centre a une liste d'attente de 4 mois. Le centre a de la difficulté à garder ses portes ouvertes à cause du manque de fonds en provenance du gouvernement. Le psychologue sait que si le centre peut prouver qu'il y a une forte demande de services, le gouvernement fournira les fonds nécessaires. Le psychologue a un problème. D'un côté, le garçon a besoin d'aide et le psychologue pourrait le traiter immédiatement. Cependant, si le garçon est placé sur la liste d'attente du centre, alors le centre pourrait obtenir davantage de fonds du gouvernement. Si le centre obtient plus de fonds, encore plus d'enfants pourront obtenir de l'aide.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Renoncer à la liste d'attente et traiter le garçon immédiatement
- Mettre le garçon sur la liste d'attente du centre

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

1 2 3 4 5 6 7

Pas du tout certain

Très certain

16. Un psychologue travaille avec une personne qui s'avère être un politicien provincial. Le politicien dit qu'il a un sentiment de culpabilité envers son travail. Il a détourné des fonds initialement prévus pour des services sociaux vers des intérêts spéciaux pour de grands contributeurs politiques. Le client admet que c'est mal, toutefois il n'a pas l'intention d'arrêter. Il veut que personne d'autre ne le sache. Il dit qu'il s'agit de la seule façon d'assurer sa réélection. Le psychologue est dans une position difficile. Il sait que les actions du politicien sont nuisibles pour les contribuables et ceux nécessitant des services sociaux. Il sait aussi que le client lui a mentionné ces informations en toute confiance.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Faire une plainte auprès des instances gouvernementales concernant le détournement de fonds
- Garder la confidentialité de l'information

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

1 2 3 4 5 6 7

Pas du tout certain

Très certain

17. Une psychologue chercheuse étudie le lien entre l'ordre de naissance dans les familles et l'intelligence. Elle n'explique pas l'objectif de l'étude aux participants avant de faire les tests. Elle est censée expliquer la recherche lorsque l'étude sera terminée. Alors les participants pourront décider s'ils veulent participer à l'étude. Mais, elle n'est pas certaine qu'elle doit faire cela. Sa recherche est destinée à voir si les frères et sœurs plus âgés dans les familles sont plus intelligents que les frères et sœurs plus jeunes. Ce fait pourrait offenser les gens dans son étude qui sont des frères ou des sœurs plus jeunes. Elle se demande si elle devrait aviser les gens de la nature de son étude pour qu'ils puissent prendre une décision informée. Cependant, elle se demande aussi si elle devrait retenir l'information afin de s'assurer que personne ne soit offensé.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Dire aux participants les objectifs de son étude
- Ne pas dire aux participants les objectifs de son étude

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

1 2 3 4 5 6 7

Pas du tout certain

Très certain

18. Le gouvernement provincial aimerait construire un grand hôpital en santé mentale l'an prochain. Le gouvernement tente de décider si l'hôpital devrait être situé dans une grande ou une petite ville. Un psychologue est embauché par une ville locale afin de conduire une étude sur l'hôpital. L'étude a pour but d'analyser si la construction dans leur propre ville serait bonne pour l'économie locale. La Ville obtiendrait l'hôpital si elle peut prouver que cela serait bon pour l'économie locale. L'étude prouve que l'hôpital serait très bon pour l'économie locale. Mais le psychologue s'inquiète que le gouvernement ne rejette son étude puisque la Ville l'a payé pour la

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Animer l'émission
- Ne pas animer l'émission

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

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Pas du tout certain
Très certain

21. Un psychologue commence à voir un nouveau client. Le client dit qu'il prend un antidépresseur depuis quelques mois. Le médecin de famille du client a prescrit cet antidépresseur. Le client mentionne aussi que le médecin de famille a fourni une psychothérapie hebdomadaire. Le médecin a mentionné au client qu'il était bien formé en psychothérapie. Cependant, il s'avère que le psychologue connaît bien le médecin et qu'il n'a pas cette formation. Le client désire faire affaires avec le psychologue pour sa thérapie, mais ne veut pas que le psychologue contacte le médecin. Le client a peur que le médecin soit fâché. Le psychologue est dans une situation difficile. D'un côté, le médecin travaille à l'extérieur de son champ de compétences et devrait être confronté face à cela. D'un autre côté, le client aimerait que le tout soit gardé privé.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Communiquer avec le médecin
- Ne pas communiquer avec le médecin

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

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Pas du tout certain
Très certain

22. Un psychologue travaille pour le gouvernement. Il participe aussi à un comité de citoyens local dévoué à l'environnement. Le gouvernement veut brûler des ordures dans sa ville. Le comité de citoyens est fortement contre le projet à cause des risques pour la santé. Le comité demande au psychologue de mener une protestation publique contre le projet. Ils veulent qu'il utilise son expertise professionnelle pour l'accomplir. Le psychologue n'est pas certain qu'il devrait le faire. Il est contre le projet. Cependant, il est aussi un employé du gouvernement. Critiquer publiquement son employeur serait déloyal. C'est une partie de son travail de s'assurer que le public fait confiance aux services gouvernementaux.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Même s'il est en désaccord avec le projet d'incinérateur, il décide de ne pas aider le comité
- Parce qu'il est en désaccord avec le projet d'incinérateur, il décide d'aider le comité

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

1
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Pas du tout certain
Très certain

23. Un psychologue travaille avec un client qui est cadre dans une industrie. Le client dit au psychologue qu'il ressent beaucoup de culpabilité. Sa compagnie a déversé des produits chimiques cancérigènes dans les réserves d'eau potable locales. Le client se sent coupable. Mais il n'a pas l'intention d'arrêter. Il ne veut pas que cela soit découvert par personne. Il craint que si les autorités l'apprennent, il perdra son emploi. Encore pire, des charges criminelles pourraient être déposées contre lui. Le client rappelle au psychologue son droit à la confidentialité. Il insiste pour que cette information demeure privée.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Avertir les autorités à propos des déversements de produits chimiques dans l'eau de la ville
- Garder la confidentialité des informations sur les déversements de produits chimiques

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

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Pas du tout certain
Très certain

24. Un couple rencontre un conseiller matrimonial depuis 6 mois. Le mari demande au psychologue s'il peut sauver leur mariage ou s'ils devraient tout simplement divorcer. Le psychologue croit que le mariage ne peut pas être sauvé. Mais, le psychologue sait qu'il n'y a aucune façon absolue de savoir s'ils peuvent ou non sauver leur mariage. Le psychologue a un problème. D'un côté, son client a demandé une opinion honnête. D'un autre côté, s'il est honnête, le client abandonnera l'espoir de sauver son mariage. Cela mènerait alors à un divorce. Le psychologue se demande s'il ne serait pas préférable de dire que le couple peut sauver son mariage. De cette façon ils pourraient au moins essayer de sauver leur mariage.

A. À votre avis, quelle décision le psychologue doit-il prendre? (cochez une case)

- Fournir une opinion honnête que le mariage est voué à l'échec
- Fournir une opinion malhonnête que le mariage peut être sauvé, dans l'espoir que le couple tentera de sauver son mariage

B. À quel point êtes-vous certain d'avoir choisi la bonne décision? (Encerclez un chiffre)

1
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Pas du tout certain
Très certain

Je vous remercie beaucoup d'avoir pris le temps de remplir ce questionnaire!

Appendix E: Ethics Position Questionnaire (French)

Veillez indiquer si vous êtes d'accord ou en désaccord avec les phrases suivantes. Chaque phrase représente une opinion communément exprimée et il n'y a pas de bonnes ou mauvaises réponses.

Nous sommes intéressés par votre réaction à de telles opinions.

Évaluez votre réaction pour chacune des phrases en écrivant un chiffre à la droite de chaque phrase où:

Fortement en désaccord	En désaccord	Neutre	D'accord	Fortement d'accord
1	2	3	4	5

Indiquez votre chiffre ici



1. Les gens devraient s'assurer que leurs actions ne nuisent jamais à autrui même à un faible degré.	
2. Les menaces envers les autres ne devraient jamais être tolérées, sans égard au niveau du risque.	
3. L'existence d'une nuisance potentielle à autrui est toujours mauvaise, sans égard aux avantages obtenus.	
4. Une personne ne devrait jamais nuire physiquement ou psychologiquement à une autre personne.	
5. Une personne ne devrait pas faire une action qui pourrait menacer la dignité et le bien-être d'une autre personne.	
6. Si une action peut nuire à une personne innocente, alors elle ne devrait pas être accomplie.	
7. Décider ou non de faire une action en sous-pesant les conséquences positives contre les conséquences négatives de l'acte est immoral.	
8. La dignité et le bien-être des gens devraient être les préoccupations les plus importantes dans toutes les sociétés.	
9. Il n'est jamais nécessaire de sacrifier le bien-être des autres.	
10. Les comportements moraux sont des actions qui correspondent étroitement aux idéaux des actions les plus parfaites.	
11. Il n'y a pas de principes éthiques qui soient si importants qu'ils devraient faire partie de tous les codes d'éthiques.	
12. Ce qui est éthique varie d'une situation et d'une société à une autre.	
13. Les normes de morale devraient être vues comme étant individualistes; ce qu'une personne considère comme moral pourrait être jugé immoral par une autre personne.	
14. Les différents types de moralité ne peuvent pas être comparés comme étant « justes ».	

15. Les questions sur ce qui est éthique pour tout le monde ne peuvent jamais être résolues puisque ce qui est moral ou immoral dépend des individus.	
16. Les normes de morale sont simplement des règles personnelles qui indiquent comment une personne devrait se comporter, et ne doivent pas être appliquées en jugeant les autres.	
17. Les considérations éthiques dans les relations interpersonnelles sont si complexes que les individus devraient avoir la permission de formuler leurs codes individuels.	
18. Codifier de façon rigide une position éthique qui prévient certains types d'action pourrait faire obstacle à de meilleures relations humaines et de meilleurs ajustements.	
19. Aucune règle concernant le mensonge ne peut être formulée; qu'un mensonge soit permis ou non permis dépend de la situation.	
20. Qu'un mensonge soit jugé moral ou immoral dépend des circonstances entourant l'action.	

Appendix D: Sietz and O'Neill's (1996) Original Psychology Ethics Questionnaire

Instructions:

*Please read the following paragraph, it is an example of ethical dilemmas that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist works in a school board in which there is a policy that parents must give informed consent before results of a psychological assessment can be discussed with school staff or a report on the results can be placed in the child's file. The psychologist performs an assessment on a child who had been experiencing learning problems since beginning school, and the results indicate that the child needs special help in basic skill areas. The results are discussed with the parents. They express disbelief and state that they have no faith in psychological tests. They feel that the results could cause their child to be unfairly labelled by the school, and refuse to give consent to have the assessment discussed with school staff. The psychologist tries to explain the potential benefits of special resource help and to negotiate a partial sharing of information. The child would be provided with a more successful program if the teacher were given at least some of the information. The parents adamantly refuse to give consent and walk out of the interview.

1. The psychologist decides:

- (A) To provide the teachers with some of the assessment results, despite the parents' refusal to give consent
- (B) Not to provide the teachers with some of the assessment results because of the parents refusal to give consent [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?

(Please circle the appropriate number)

1	2	3	4	5	6	7
Not At All						Very
Confident						Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A white psychologist takes a job as Director of Community Services on a Native Reserve. One other psychologist, a young native woman who grew up on the reserve, is his only employee. Everyone involved sees her presence as a positive event for the community. The Director discovers, however, that she is not actually a psychologist. She does not have the educational background to qualify, and there is therefore misrepresenting herself. When the Director points this out, she suggests that her qualifications are irrelevant. She says that because she does not try to do therapy and is only involved in program planning she is not hurting anyone. She then refuses to discuss the issue further. The Director must decide what to do. He has a responsibility to report the situation to the Band Council and to the provincial psychological association, since the "psychologist" is not willing to change her professional title.

1. The Director decides:
 - (A) To report the misrepresentation [Right]
 - (B) Not to report the misrepresentation

In your opinion, which is the right decision for the Director to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

Two psychologists are conducting a series of weekly group therapy sessions with female teens who are victims of sexual abuse. All group members had disclosed the abuse to authorities and most had already been involved with legal proceedings. During the first group session all girls agreed upon rules for the group. Primary among these was confidentiality. Nothing that was said in the group could be discussed outside the group by any members including the psychologists. This rule was necessary to ensure a sense of security and trust within the group. During one session a 16 year old member talked about abuse she had suffered from a second perpetrator. She had not previously discussed this incident with anyone.

The psychologists had to decide how to handle the information. The girl was very unstable emotionally, and had already undergone a very traumatic experience in court. The psychologists felt she was not able to deal with the consequences of informing legal authorities about the abuse at the time. Also, they did not wish to undermine the group by breaking the rule of confidentiality. (Because the girl was 16, the psychologists were not legally bound to report the abuse.) Nevertheless, they recognized they had a responsibility to the general public. The perpetrator has not been charged or apprehended, and may have been abusing other children in the community.

1. The psychologist decides:
 - (A) To report the case to the authorities
 - (B) Not to report the case to the authorities [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A professor is teaching a course that is graded based on essay and multiple choice format exams. One of the students has English as a second language. The student and her sponsor in her native country have signed statements indicating that her English language competence is adequate for university work. The student is creative thinker and appears to be an unusually good student – perhaps good enough to continue in graduate work. The student wishes to do so, but to enter the graduate program she requires marks of at least a B+. She has earned a B- in the professor's course. The professor feels this is a result of the student's difficulty with English and is considering upgrading the mark to a B+, believing she will improve her English as she continues through the graduate program. The professor is concerned, however, that upgrading the mark on such grounds would be contrary to university guidelines.

The professor must weigh concern for the welfare of the student – who has worked hard and seems to have the ability and interest to continue on to graduate school – versus a responsibility to be impartial and accurate in marking, and to uphold the university's guidelines.

1. The psychologist decides:
 - (A) To give the student a B-
 - (B) To give the student a B+ [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.**

A psychologist and his assistant did research investigating the reactions of onlookers who observed a young man's aggressive attempts to force an uninterested and protesting young woman to go for a ride. They staged the event outside a movie theatre. Study participants were not told the real purpose of the research, but instead were asked to rate some films. Some of the participants intervened to help the young woman, and some did not. But all were upset by the young man's behaviour and concerned about the woman's welfare. When they learned later that the entire incident was staged so others could observe their reactions, they were upset. The psychologist doing the research and his assistant debriefed the participants. Nevertheless, the participants complained to a psychology ethics committee. The committee weighed the facts: The research had some social significance. However, the participants had not been allowed to give informed consent to take part, since the researchers misrepresented the study. Because of this, many were upset about the research for a long time. They felt the researchers had violated their right to make an informed decision and compromised their personal autonomy.

1. The committee decides:
 - (A) To take action against the psychologist because even though the research had some social significance, it did not outweigh the participants' concerns about informed consent and personal autonomy [Right]
 - (B) Not to take action against the psychologist because the research had some social significance and outweighed the participants' concerns about informed consent and personal autonomy.

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)
- | | | | | | | |
|------------|---|---|---|---|-----------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Not At All | | | | | Very | |
| Confident | | | | | Confident | |

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist had a one-year contract to evaluate clients for an employment agency. In the course of interviews and testing, clients revealed a good deal about themselves and their problems. The psychologist's reports, however, only included information related to employment prospects, possible avenues for training, and other material relevant to the agency's purposes. At the end of the contract, the employment agency demanded that the psychologist forward to the agency all notes and other raw data on all clients. The psychologist indicated she would first have to contact clients and ask for permission to release the material. The agency disagreed and stated that the psychologist should fulfill the terms of the contract. They pointed out that all the materials were their property and they had recently hired a psychologist who would be in charge of all the information.

1. The psychologist decides:
 - (A) Honour the contractual obligation and turns the files over to the agency
 - (B) Not to honour the contractual obligation and does not turn the files over to the agency [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist is seeing a teenage client in therapy. Because the client is 17 she is old enough to consent to treatment, despite her parents' wishes that she not attend therapy. The client tells the psychologist that she was sexually abused by a family member. She is no longer exposed to the abusive situation because she no longer lives at home. The psychologist is aware that there are other children still living at home and wonders if they are being abused. The psychologist asks the client for permission to discuss this possibility with others and have the situation investigated. The client refuses, and expresses a strong desire that the confidentiality of therapeutic sessions be maintained.

The psychologist has some responsibility to ensure that vulnerable individuals are not harmed although there is no legal requirement to report because the client herself is over 16. Also there is no definite information that others in the family are being abused. But the psychologist wonders if an investigation should be launched. The psychologist also has a responsibility, however, to maintain the confidentiality of the client, who does not want this information revealed.

1. The psychologist decides:
 - (A) To maintain confidentiality and not to investigate the possibility that others are being abused [Right]
 - (B) Not to maintain confidentiality and investigates the possibility that others are being abused

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist is asked by a young man for information about the results of his recent psychological assessment done at the request of Worker's Compensation. He is a highly intelligent young man who had an accident a year ago in which he suffered a head injury. He derives much of his sense of self-esteem from his intellectual ability; he spends a lot of his time reading and takes university courses. Lately he has become very depressed and has been assessed as a suicide risk. One of the factors contributing to his distress is his worry that the injury has caused his mental capability to deteriorate. The test results show a definite decline in his intellectual ability. The psychologist has a problem: on the one hand she would prefer to present the complete results. On the other hand, she is concerned that the information could increase the client's distress and the likelihood of his suicide. The psychologist decides she should not present the complete results because of her concern about his current condition

1. The psychologist decides:
 - (A) To present the complete results despite of her concern about his current condition
 - (B) Not to present the complete results because of her concern about his current condition [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist is attempting to decide whether to undertake a research project designed to evaluate the quality of services provided by a number of telephone crisis lines. Although crisis lines are known to handle a great many calls from individuals needing counselling, little is known about how well volunteer staff deal with them. Staff are unpaid volunteers and, although well-intentioned and concerned, possess varying degrees of training and competence.

The study would involve having experimenters pose as clients: they would telephone the crisis lines and role-play various types of distress. The calls would be taped and the therapeutic effectiveness of responses given by volunteers later analyzed. Crisis line personnel would not be aware that the research was being conducted. The psychologist recognizes that this method is questionable; telephone volunteers would be deceived with false calls and would not be aware they were tape recorded. However, this method appears to be the only way to obtain a valid and accurate assessment of the volunteers' performance giving advice to the people who call the service. Results could provide information about whether there is a need for training of crisis line volunteers. The research question is an important one, and the psychologist decides that the deception is justified.

1. The psychologist decides:
 - (A) To conduct the study as planned
 - (B) Not to conduct the study as planned [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist employed in a training school for young offenders sees individual adolescents in therapy. During a therapy session an adolescent boy confides that some other boys on his unit have devised a plan to escape. It has taken several months for a trusting relationship to develop between the psychologist and the boy, who has an extremely troubled history. The psychologist sees this sharing of information as the result of development of trust. The group of boys who intend to escape have obtained and hidden some tools to serve as weapons, and the psychologist is aware that many of them have a history of violence: they would be destructive and dangerous to the local community if they were to escape as a group. Although worried about the potential consequences of escape, the psychologist is also concerned about the welfare of his client in therapy. Reporting the plans will jeopardize the relationship he has established with the boy and could result in retaliation against the boy by others on his unit.

1. The psychologist decides:
 (A) To report the planned escape
 (B) Not to report the planned escape [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
 (Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A supervising psychologist at a community mental health centre sees a psychology intern out on a date with one of the intern's former therapy patients. Later, he discusses the situation with the intern. The intern says that although the two became attracted to one another during therapy, they only began seeing each other after therapy terminated. The former patient is no longer being seen professionally by anyone at the centre. The supervision psychologist knows the intern to be honest and straightforward, and he believes his story. Nevertheless, he is concerned about the appearance of conflict of interest. But the intern argues that both he and the former patient are adults and have the right to determine what to do with their own lives, including whether or not to date each other. To restrict this right, the intern says, would be undercutting the notion that former patients have the capacity to make their own decisions.

1. The supervisor decides:
 (A) To do nothing further [Right]
 (B) To take action on the matter

In your opinion, which is the right decision for the supervisor to make (Circle one)

2. How confident are you that you chose the right decision?
 (Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.**

A psychologist (who specializes in research on the development of motor patterns in hamsters) attends a public meeting in her community. The meeting is about getting funding for an education program for illiterate adults. This is one aspect of a larger local campaign aimed at trying to curb the growing numbers of unemployed and unskilled workers in the area. The meeting is also attended by a number of provincial government officials who have the capacity to grant funding – provided the community spokespeople are successful in convincing them of the need. Near the end of the meeting the government officials are still wavering but seem interested. A couple of people at the meeting notice the psychologist. They suggest that since she is a psychologist she might have something to say about illiteracy and its relationship to unemployment which would help persuade the officials of the need for the program. A number of other people also begin to ask her for her assistance.

The psychologist feels that if the program were in place it would be highly beneficial for the community, and that if this information were to come from an "expert" like a psychologist it would probably convince the officials. On the other hand, the psychologist is not an expert in this field (having worked almost exclusively with animals like hamsters) and would be misrepresenting herself if she were to give that impression.

1. The psychologist decides:
 - (A) To speak up and indicates that she is a psychologist, knowing this will carry more weight
 - (B) To speak up but not to reveal that she is a psychologist [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A woman who participates in group therapy on a regular basis has announced to the group that she intends to give all her savings to an evangelical minister. The group responded by agreeing that – even if they don't agree with her decision – she has a right to make her own decisions and do what she chooses. The psychologist is concerned about the impact this would have on the woman's life, that it would do her considerable harm eventually. The psychologist wonders whether she should have a private meeting with the woman to try and persuade her not to proceed with her plan. The psychologist is not sure she should do this, however, because it would show a lack of respect for the woman's autonomy. The psychologist realizes she should not interfere with her right to make her own decisions.

1. The psychologist decides:
 (A) To meet with the woman in an effort to change her mind
 (B) Not to meet with the woman to change her mind [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
 (Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A military psychologist agreed to conduct research studying the effectiveness of various behaviours in combat situations. The psychologist finds – accidentally – that there is only one duty which is difficult for females to perform. This was not something the psychologist had been asked to investigate by the military. The psychologist knows that his supervisors really want to find reasons why women could not function effectively. The training program will not be open to women at all if the psychologist provides the military with the information. The psychologist has two alternatives. He can provide a full report to his superiors and let them handle the information as they see fit. Or – he can ignore the information (which no one else knows about), advancing the cause of non-discrimination in the military.

1. The psychologist decides:
 - (A) To provide a full report to the military, including information about female personnel
 - (B) Not to provide the full report to the military, keeping out the information about female personnel [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist represents her agency on a committee which places troubled children in residential settings. At a committee meeting, a representative from another agency presents the situation of a fifteen year old boy who is presently in an emergency holding centre. He has a long history of problems, but nothing has ever been done for him. Everyone on the committee agrees that the boy is in need of residential placement. Only two alternatives are available. The first is an established adolescent program which has a four month waiting list. This would mean keeping the boy in a holding centre with no treatment services. The second alternative involves the psychologist's agency. While not having an established residential program for adolescents, her agency has occasionally accepted adolescent clients and been quite effective in treating them.

Nevertheless, the psychologist's agency believes there is a desperate need for a formal program for adolescents, and has sent several request to government for funding of such a program. So far the government has refused, telling the agency, in effect, "you seem to be able to do the job now". The agency has recently submitted another request for funding, and has indicated to the government that it will no longer deal with adolescents during the period (about three to six months) that it will take government officials to decide on the proposal. He recognizes that admitting the child will jeopardize the availability of treatment resources for others in the future.

1. The psychologist decides:
 - (A) To admit him to the agency [Right]
 - (B) Not to admit him to the agency

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist wishes to do a study examining gender issues and helpfulness. To do this he plans to have male and female assistants telephone people (chosen at random out of the phone book) after midnight. The callers will say they have just had a car accident. They will say they are so confused they dialled the wrong number and have no more change left. The callers will then ask the people who answer the phone to call a number to reach their spouse and relay the message for help. Another assistant will wait for calls at the phone number, recording the number of calls and the gender of the callers. The psychologist wonders about the ethics of the study since the people called will not know they are part of a study, and cannot give informed consent or be debriefed. On the other hand, he thinks it would be a good contribution to psychological knowledge to find and publish the results.

1. The psychologist decides:
 - (A) To conduct the study
 - (B) Not to conduct the study [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A research psychologist conducts a study examining the relationship between family birth order and intelligence. She does not explain the purpose of the study to the participants before testing them. This means that to meet ethical research guidelines she should debrief participants – explain her hypothesis and how she tested it – at the end of the study. She is not sure she should do this however. Her hypothesis was that people are the young children of large families would have lower I.Q.s than older children and people from small families. This information could have a negative effect on the people in her study who happen to be younger members of large families. She wonders if she should debrief participants, consistent with ethical guidelines – or not debrief them to ensure she does no harm.

1. The psychologist decides:
 - (A) To debrief participants
 - (B) Not to debrief participants [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

The federal government is planning to close a large, aging prison for women located in central Canada. It is to be replaced by a number of smaller prisons around the country. A psychologist is hired by a small town to study the effect the prison would have on the local community. The community wants the prison to be located in their town; it would provide local employment and contribute to community growth. The psychologist's job is essentially to outline the changes that could be expected if the prison were located there. The psychologist realizes after some research that the prison might be more beneficial economically if it were located in a large urban area rather than in the town for which he works. The psychologist wonders if he should publicize his opinion, or if he should respect the agreement he made with the town which hired him, and limit his report to the prison's impact on the local community.

1. The psychologist decides:

- (A) To release the information, supporting the prison's location in a large urban centre
- (B) Not to release the information, supporting the prison's location in the local community [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A couple – both of whom are mentally disabled – are expecting a baby. They live independently in their own apartment and, with occasional supervision, generally manage quite well. It is not clear, however, how competent they would be as parents. Simply managing their own lives appears to be quite challenging for them presently. The psychologist who works with them is concerned about the welfare of the child. There is no service available which would provide supervision of the couple's care of the child. The psychologist's job requires that he decide whether or not to recommend that the child be removed from the parents at birth. The psychologist has to choose between protecting the welfare of the child and respecting the autonomy of the parents – their right to have a chance to care for the child.

1. The psychologist decides:

- (A) To recommend that the baby stay with the parents when it is born.
[Right]
- (B) To recommend that the baby be removed from the parent when it is born.

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?

(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A clinical psychologist is approached by a radio station and asked to become the host of an open-line show. The weekly show would focus on a particular theme, and allow for dialogue with members of the public who call in.

The psychologist believes that the show could be a good opportunity to provide the general public with education about mental health and current information about the areas chosen. However, the psychologist is also aware that it is possible that members of the public may misinterpret issues because of the general nature of the discussions and time limitations. There is a risk of advice being taken too personally, causing harm to some listeners.

1. The psychologist decides:
 (A) To host the show
 (B) Not to host the show [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
 (Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
 Confident

Very
 Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist in private practice agrees to see a self-referred client. In the first interview, the psychologist decides that he is capable of providing appropriate treatment for the client's stated problems, and they reach an agreement about treatment objectives. In the second interview, the client confides that he has been seeing his family physician for assistance that he is taking anti-depressant medication prescribed by this physician, and he is also receiving supportive psychotherapy from him every two weeks. The client asks the psychologist to refrain from contacting the physician, saying that the physician prefers that he not see a psychologist. When the psychologist suggest the client either change physicians or consider going to a different therapist, the client refuses; he likes his doctor and he wants the psychologist as a therapist.

There is no reason to think that contact between the psychologist and the physician would help the client in this case, because of the physician's strong views. Nevertheless, the psychologist feels an obligation to contact the physician if only to maintain mutual professional respect. But the client is absolutely opposed. The psychologist has already agreed to treat the client and does not want to inform the physician without the client's consent.

1. The psychologist decides:
 - (A) To contact the physician
 - (B) Not to contact the physician [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Scenario#21

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no***

correct answers, we are interested in your honest opinion.

A psychologist who is employed by the government belongs to a local citizens committee interested in improving local environmental concerns. The community has been selected by the government for the location of a garbage incinerator which will serve a large region of the province. The committee wishes the psychologist to use his professional expertise and knowledge of government organization to lead a public protest against the government decision. The psychologist is not sure he wishes to do so. He feels that as a government employee he should maintain public confidence in the integrity of the public service, and that it would be disloyal to engage in public criticism of his employer.

1. The psychologist decides:
 - (A) That because he disagrees with the plans for the incinerator, he decides to help the committee
 - (B) That although he disagrees with the plans for the incinerator, he decides not to help the committee [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist has done a needs survey for unwed mothers who become pregnant while still attending school. Town Council is considering a proposal, in collaboration with the school system, to provide financial assistance for mothers so that they can continue with their education. The Council is restricted by a tight budget, and isn't sure it can afford the program, but nevertheless recognizes there is a real need for one. To determine the approximate amount of money required yearly, the Council requests the psychologist to provide the names of the unwed mothers and if possible, the fathers, to assess whether any financial contributions can be expected from the families. Without this information, Council feels it cannot proceed with consideration of the proposal. The psychologist was not aware that this would be the case when she was doing the survey. To give this information to Council would compromise the privacy and confidentiality of the mothers. If the psychologist were to return to the mothers and ask for consent to divulge their names they would feel pressure (because of financial need) to consent to being identified. On the other hand, a great many unmarried teenage mothers have not managed to complete their education because of financial pressure. If this program were in place it would provide help for many other young mothers in the future.

1. The psychologist decides:
 - (A) To provide the information to the Council
 - (B) Not to provide the information to the Council [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)

1 2 3 4 5 6 7

Not At All
Confident

Very
Confident

Instructions:

*Please read the following paragraph, it is an example of a hypothetical ethical dilemma that psychologists are sometimes faced with. Given the information that is provided to you, decide whether or not you believe the psychologist's decision is right or wrong in this case. **There are no correct answers, we are interested in your honest opinion.***

A psychologist has agreed to do therapy with a family of four. The couple has two daughters aged sixteen and fourteen. The father entered into therapy only under the condition that there be a contract stating that all information received by the therapist from any one person in the family be revealed to everyone else. The therapist agrees, given that the family will always be seen together, and the other members of the family consent to the terms of the contract. The main problem is focused on the problems of the sixteen year old. The father believes she needs strict supervision, and that the mother has been overindulgent with her. This has caused problems between the couple which are now affecting the fourteen year old. During the course of therapy, the fourteen year old finds out that her sister is pregnant and has arranged to have an abortion. She is worried this may be revealed accidentally in therapy, and if this happened her father would disown her sister. She therefore telephones the psychologist and relays this information.

The psychologist has a responsibility to maintain the contract which the family agreed to at the beginning of therapy, and to be straightforward and honest in his dealings with the family. But the psychologist is also concerned about the welfare of the daughters, particularly the sixteen year old. There is good reason to believe that if the information were revealed it would do more harm than good at the present time.

1. The psychologist decides:
 - (A) To abide by the contract made with the family and reveal the information, despite concerns about the daughters
 - (B) Not to abide by the contract made with the family and does not reveal the information, because of concerns about the daughters [Right]

In your opinion, which is the right decision for the psychologist to make (Circle one)

2. How confident are you that you chose the right decision?
(Please circle the appropriate number)
- | | | | | | | |
|------------|---|---|---|---|---|-----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Not At All | | | | | | Very |
| Confident | | | | | | Confident |