Research

The Ethics of Counseling: A National Survey of Certified Counselors

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National survey data were collected from 579 counselors certified by the National Board for Certified Counselors (NBCC). Participants indicated their beliefs about whether each of 88 behaviors was ethical and also the degree to which they were confident of their judgment about the behavior. Systematic patterns in responding emerged in regard to age, sex, primary work setting, and degree. Participants also indicated their evaluation of 16 sources of ethical information or guidance. Highest ratings were given to American Association for Counseling and Development (AACD; now the American Counseling Association [ACA]) Ethical Standards, *AACD ethics committee, the* Journal of Counseling & Development, *state licensing boards, and colleagues. The lowest ratings were given to local ethics committees, published clinical and theoretical work, court decisions, state and federal laws, and agencies for which participants had worked.*

The heritage of the American Counseling Association (ACA), formerly called the American Association for Counseling and Development (AACD) and originally called the American Personnel and Guidance Association (APGA), includes this remarkable feat: Within 1 year of its founding, it had formed an ethics committee, and in less than 10 years it approved a formal ethics code. If comparison is useful to highlight the extraordinary nature of this accomplishment, consider that 46 years after its founding, the American Psychological Association (APA) was only beginning to establish an ethics committee, and its first formal ethics code took an additional 15 years (Pope & Vasquez, 1991).

Providing impetus and guidance in the development of the ethics committee and code, Donald Super (1953) called attention to ethics as a fundamental and defining aspect of professionalism. His leadership helped produce the first professional code of ethics for counselors, published in 1961 by APGA. Periodically revised (AACD, 1981, 1988; APGA, 1974), the code was established primarily to protect the public and to foster high professional standards. The creation of the code was an essential aspect of the development of counseling as a profession. As Allen (1986) wrote, "Without a code of established ethics, a group of people with similar interests cannot be considered a professional organization" (p. 293).

Keith-Spiegel and Koocher (1985) defined an ethical code as "a set of guidelines that provide directions for conduct" (p. 2). Focusing primarily on general principles, codes cannot realistically and specifically address all of the diverse behaviors that counselors can perform. It is the translation of a code's principles into practical directions for conduct that is the greatest challenge for most of us. As Corey, Corey, and Callanan (1988) observed, "The problem seems to be in applying the [ethical code's] principles to a variety of difficult situations" (p. 3).

There has been no national study of the degree to which counselors as a professional group believe that ACA's ethics code is a valuable resource in guiding their conduct, or their beliefs, concerning whether a broad range of counseling behaviors are or are not ethical. Reporting a national study of 500 members of the American Mental Health Counselors Association (AMHCA), in which participants were asked to analyze the ethical aspects of six vignettes, Robinson and Gross (1989) noted that "little has been published regarding any systematic investigation of the applied ethics of counseling" (p. 290). Only two national studies of counselors' ethical discrimination have been published. These pioneering investigations used critical incidents to determine whether participants could identify ethical violations according to a specified ethical code. Shertzer and Morris (1972) composed 12 critical incidents based on the 1965 APGA *Ethical Standards Casebook*. Robinson and Gross (1989) created 6 critical incidents based on AACD's 1981 *Ethical Standards*.

We lack national data about counselor beliefs about whether a broad range of counseling behaviors are or are not ethical. This hinders professional development in a variety of ways. First, we cannot know the degree to which counselors endorse the current code and its implications for professional conduct. Mabe and Rollin (1986) emphasized that consensus regarding the degree to which the behaviors addressed by the code are ethical is necessary, so that the "code may gain wide acceptance" (p. 296). Second, we cannot know the degree to which there is national consensus about behaviors that are *not* clearly addressed by the code, and that, because of their consequences for clients or others, should be carefully considered for possible inclusion in future revisions of the code. Third, it is difficult to identify those behaviors that are most controversial (behaviors, for example, that approximately half of the profession believes are ethical while the other half believes are unethical). Such controversy has important practical implications. Counselors should engage in such behaviors only after exceptionally cautious and thorough deliberations, perhaps involving consultation. Moreover, empirical research (i.e., into the consequences of engaging in such behaviors) and theoretical analysis might be warranted to determine the implications of such behaviors and the conditions, if any, under which they might be ethical, appropriate, and beneficial for the client. Fourth, it is difficult to identify those behaviors that counselors tend to be least certain about. In some cases, the lack of confidence about whether a behavior is ethical may be the result of the counselor's lack

of familiarity with the topic. Devoting increased attention to such topics in graduate training, internships, supervision, and continuing education may enable counselors to render more confident, informed judgments based on theory, research, and challenging discussions with teachers and colleagues.

The study reported in this article is an attempt to extend the pioneering work of Shertzer and Morris (1972) and Robinson and Gross (1989) by gathering data from a national sample of counselors regarding (a) their beliefs about whether a broad range of behaviors are ethical, (b) their confidence in judging the ethicality of each of the 88 behaviors, and (c) the degree to which they find 16 potential resources useful in providing ethical guidance. The study is modeled on that conducted by Pope, Tabachnick, and Keith-Spiegel (1987; see also Tabachnick, Keith-Spiegel, & Pope, 1991), which yielded comparable data for Division 29 (Psychotherapy) of APA.

METHOD

Survey Questionnaire

The questionnaire presented 88 diverse behaviors (see Table 1) relevant to providing counseling services. The instrument was patterned after one section of the form developed by Pope et al. (1987), which had items representing seven fundamental ethical principles. These included five principles—avoiding harm, demonstrating competence, avoiding exploitation, showing respect, and maintaining confidentiality—drawn from the Hippocratic Oath and "two additional principles of informed consent and social equity and justice" (Pope et al., 1987). That original form was modified to address issues specific to counselors and to eliminate issues that were relevant for psychologists but not for counselors.

Participants were asked to indicate two ratings for each of the 88 behaviors. First, they were asked to indicate whether they believed that the behavior was ethical. Pope et al.'s (1987) original survey asked participants to use a 5-point scale to make these ratings. The responses, however, tended to fall into distributions that resembled yes or no answers. This finding prompted a change in the current questionnaire to a simpler, dichotomous response format. Participants were asked to indicate (by circling "y" for yes or "n" for no) whether they believed that the behavior was ethical.

Second, Pope et al. (1987) did not assess the degree to which participants were confident or tentative in making these ethical judgments. It seemed worthwhile to explore which issues appeared clear to counselors and which appeared to need more study, deliberation, and research. Consequently, participants were to reflect on the ethical assessment they had just made for each of the 88 items. They were asked to indicate (by circling an integer from 0 for *no confidence* to 10 for *highest confidence*) the degree to which they were confident in their assessment of whether the behavior was or was not ethical.

The survey instrument also presented a list of 16 sources of ethical information (Table 2), modified from a similar list of 14 sources presented by Pope et al. (1987). Participants were asked to indicate the degree to which they found each resource useful. The ratings involved choosing among five options: terrible, poor, adequate, good, and excellent. Finally, participants were asked to provide demographic and related data such as age, sex, type and year of degree, discipline, credentials, organizational membership, primary work setting, whether they had completed a formal course in ethics, and whether ethical instruction was integrated into their graduate program.

Sample

A computer-generated array of random numbers was used to select a total of 1,024 counselors who were certified by the National Board for Certified Counselors (NBCC). The sample, representing more than 6% of the counselors certified by NBCC, was stratified to ensure adequate and proportional representation of counselors from states that license counselors as well as from states lacking licensure laws. The random numbers were matched to the counselors' NBCC certification numbers. The actual selection was conducted concurrently with the printing of address labels by NBCC.

Procedure

A cover letter, questionnaire, and pre-paid envelope (for returning the questionnaire) were mailed to each counselor. To ensure anonymity, a postcard was enclosed on which participants could indicate that they had returned the survey form and request a summary of the results. To increase the response rate, a postcard reminding the counselor about the survey was mailed to each of the 1,024 individuals in the sample 10 days after the original mailing. Six weeks after the initial mailing, a complete set of materials was sent to those who had not indicated (via postcard) that they had returned the survey form. Responses were coded so that the individual identity of participants was unknown.

RESULTS

The initial mailing to 1,024 counselors yielded 383 usable returns. The follow-up mailing produced an additional 196 usable returns, for a total of N=579. A total of 40 forms were returned by the United States Postal Service as "undeliverable." Thus, 59% of those who received the forms participated in the survey. A one-way analysis of variance (ANOVA), comparing the mean confidence scores for the first (M = 7.9297) and second (M = 7.9334) mailings, revealed no significant difference.

Characteristics of the Participants

The median age of the 579 participants was 35 to 50 years. A total of 51% indicated that they were women, 35% were men, and 14% did not indicate their sex. Most had master's (67%) or doctoral (23%) degrees. The median year of graduation was 1978. Chi-square analyses indicated that the participants did not differ significantly from NBCC counselors in terms of degree or discipline. A total of 68% of the participants were ACA members. The participants reported working in a variety of settings. A total of 29% percent of the participants reported that they had taken and completed a formal course in ethics, 68% reported that they had ethics instruction integrated into other course work, and 27% reported that they had no ethics instruction in their graduate programs.

Survey Results and Reliability

Table 1 presents the participants' ratings indicating whether they believed that each of the 88 behaviors was ethical and their ratings indicated their level of confidence in those beliefs. Table 2 presents the participants' ratings of each of the 16 sources of ethical information. To test the reliability of the questionnaire, an internal consistency analysis of the two scales was conducted. Chronbach's alpha tests yielded .88 for the yes or no scale and .97 for the confidence level scale.

Ethical judgment items overwhelmingly endorsed as unethical. There were 21 behaviors that at least 90% of the participants judged to be unethical. Almost one fourth (24%) of these were sexual behaviors: "Engaging in erotic activity with a client," "Engaging in sexual contact with a client," "Disrobing in the presence of a client," "Allowing a

TABLE 1

Percentage of Respondents Rating Behavior as Ethical and Mean Confidence Levels of Ratings

Item	Rating % Yes	Confidence M	Confidence SD
1. Becoming social friends with a former client	59	7.0	2.3
2. Charging no fee for counseling	79	7.7	2.4
3. Providing counseling to one of your friends	30	7.9	2.3
4. Advertising in newspapers or similar media	83	7.8	2.3
5. Not disclosing to a client the purpose of testing	3	8.8	1.7
6. Filing an ethics complaint against a colleague	96	8.6	2.0
7. Telling a client you are angry at him or her	83	7.9	2.1
8. Using computerized test interpretation service	96	8.2	2.1
9. Hugging a client	86	7.8	2.3
10. Terminating counseling if the client cannot pay	48	7.1	2.4
11. Accepting services from a client in lieu of fee	53	6.9	2.5
12. Seeing a minor client without parental consent	44	7.0	2.4
13. Having clients take tests (e.g., MMPI) at home	26	7.5	2.4
14. Altering diagnosis to meet insurance criteria	6	8.7	2.0
15. Telling client, "I'm sexually attracted to you"	17	8.3	2.3
16. Refusing to let clients read their chart notes	49	7.2	2.3
17. Using a collection agency to collect late fees	81	6.9	2.6
18. Breaking confidentiality if client is homicidal	95	9.0	1.8
19. Performing work for a contingency fee	53	6.3	2.7
20. Using self-disclosure as counseling technique	92	8.2	2.1
21. Inviting clients to an office open house	54	7.0	2.6
22. Accepting a client's gift worth at least $50	21	7.3	2.5
23. Working when too distressed to be effective	7	8.3	2.2
24. Accepting only male or only female clients	64	7.4	2.4
25. Not allowing client access to testing report	24	7.5	2.4
26. Raising fee during the course of counseling	46	7.5	2.4
27. Breaking confidentiality if client is suicidal	95	9.0	1.9
28. Not allowing clients access to raw test data	71	7.6	2.4
29. Allowing clients to run up a large unpaid bill	38	6.6	2.6
30. Accepting goods (rather than money) as payment	63	6.8	2.6
31. Using sexual surrogates with clients	17	7.7	2.7
32. Breaking confidentiality to report child abuse	96	9.0	1.9
33. Inviting clients to a party or social event	21	7.4	2.5
34. Addressing client by his or her first name	97	9.2	1.4
35. Tape recording without client consent	1	9.3	1.5
36. Earning a fee that is a percentage of client's salary	55	7.3	2.7
37. Asking favors (e.g., a ride home) from clients	26	7.1	2.5
38. Charging *all* clients the same fee	72	7.6	2.5
39. Accepting client's decision to commit suicide	18	8.0	2.6
40. Not prescreening group members	18	7.7	2.4
41. Telling clients that their values are incorrect	22	7.7	2.4
42. Telling clients of your disappointment in them	66	7.2	2.4
43. Discussing clients without names with friends	22	7.7	2.3
44. Providing counseling to student or supervisee	44	7.4	2.5
45. Giving gifts to those who refer clients to you	20	7.7	2.5
46. Using a lawsuit to collect fees from client	67	6.6	2.7
47. Become sexually involved with former client	23	7.9	2.7
48. Avoiding certain clients for fear of being sued	64	6.5	2.6
49. Seeing colleague's client without consulting her	9	8.6	2.2
50. Lending money to a client	17	7.6	2.6
51. Providing counseling to one of your employees	40	7.4	2.5
52. Having a client address you by your first name	95	8.6	1.9
53. Sending holiday greeting cards to your clients	81	7.6	2.4
54. Kissing a client	16	8.1	2.3
55. Engaging in erotic activity with a client	0	9.6	1.1
56. Giving a gift worth at least $50 to a client	9	8.6	2.2
57. Accepting a client's invitation to a party	34	7.4	2.6
58. Engaging in sex with a clinical supervisee	2	9.4	1.5
59. Going to a client's special event (e.g., wedding)	86	7.4	2.3
60. Getting paid to refer clients to someone	8	8.3	2.3
61. Going into business with a client	9	8.1	2.4
62. Engaging in sexual contact with a client	0	9.6	1.1
63. Utilizing involuntary hospitalization	80	7.8	2.5
64. Selling goods to clients	16	8.2	2.4
65. Giving personal advice on radio, TV, etc.	64	7.1	2.6
66. Advertising accurately your counseling techniques	90	8.3	2.2
67. Unintentionally disclosing confidential data	13	8.0	2.4
68. Allowing a client to disrobe	2	9.2	1.7
69. Borrowing from a client	3	9.2	1.8

TABLE 1 (continued)

Item	Rating: % Yes	Confidence: *M*	Confidence: *SD*
70. Discussing a client by name with friends	1	9.6	1.1
71. Providing services outside areas of competence	3	9.2	1.6
72. Signing for hours a supervisee has not earned	1	9.5	1.3
73. Treating homosexuality per se as pathological	14	8.3	2.4
74. Doing counseling while under the influence of alcohol	1	9.6	1.2
75. Engaging in sexual fantasy about a client	38	7.5	2.7
76. Accepting a gift worth less than $5 from a client	70	7.3	2.6
77. Offering or accepting a handshake from client	99	9.4	1.3
78. Disrobing in the presence of a client	0	9.6	1.1
79. Charging for missed appointments	85	7.8	2.5
80. Going into business with a former client	46	7.4	2.5
81. Directly soliciting a person to be a client	25	7.5	2.6
82. Being sexually attracted to a client	63	7.4	2.6
83. Helping a client file a complaint regarding a colleague	68	7.1	2.7
84. Not disclosing your fee structure to a client	4	9.1	1.7
85. Not telling a client of the limits of confidentiality	4	9.0	1.7
86. Disclosing a name of a client to a class you are teaching	0	9.7	1.1
87. Using an agency affilitation to recruit private clients	24	9.1	2.4
88. Joining a partnership that makes clear your specialty	98	9.1	1.5

Note. $N = 579$. % Yes rating indicates the percentage of participants who indicated that the behavior was ethical. Confidence rating indicates the average rating of participants' confidence in their judgment about whether the behavior was ethical. Ratings were made on a 0–10 scale; a lower number indicates lower confidence.

client to disrobe," and "Engaging in sex with a supervisee." It is interesting to note that all participants indicated that three of these behaviors (i.e., erotic activity or sexual contact with a client, "disrobing in the presence of a client") were unethical. When considered in the context of the national studies of therapists' beliefs about sexual behavior with clients (i.e., Borys & Pope, 1989; Gechtman, 1989; Herman, Gartrell, Olarte, Feldstein, & Localio, 1987; Holroyd & Brodsky, 1977; Pope et al., 1987), this finding suggests that counselors may be more consistently sensitive than are other mental health professionals to the harm caused by sexual involvements with clients (see, for example, Gabbard, 1989; Noel & Watterson, 1992; Pope, 1990a, 1990b; Sonne, Meyer, Borys, & Marshall, 1985; Vasquez, 1991).

In all published national studies of the beliefs of other mental health professionals, at least a very small percentage of therapists believed that sexual involvement with clients was ethical. For example, the survey conducted by Pope et al. (1987) found that 3.7% of the psychologists believed that engaging in sexual contact with a client could, at least sometimes, be ethical; 4.7% believed that engaging in erotic activity could be ethical; and 4.2% believed that disrobing in the presence of a client could be ethical.

About one fifth (19%) of the items considered unethical involved failure to accord clients their right to fully informed consent by withholding relevant information or failing to obtain voluntary consent: "Not disclosing to a client the purpose of testing," "Tape-recording without client consent," "Not disclosing your fee structure to a client," and "Not telling a client of the limits of confidentiality." About 14% focused on issues related to giving or receiving money or items of value: "Giving a gift worth at least $50 to a client," "Getting paid to refer clients to someone," and "Borrowing from a client." Another 14% focused on providing counseling either without competence or while competence may be reduced because of distress or inebriation: "Working when too distressed to be effective," "Providing services outside areas of competence," and "Doing counseling while under the influence of alcohol."

Of the remaining items, two involved fraud ("Altering diagnosis to meet insurance criteria" and "Signing for hours a supervisee has not earned"), two involved breaches of confidentiality ("Discussing a client by name with friends" and "Disclosing a name of a client to a class you are teaching"), one involved a dual relationship ("Going into business with a client"), and one involved the ambiguities of providing services to someone receiving counseling from a colleague ("Seeing colleague's client without consulting her").

Items overwhelmingly endorsed as ethical. There were 11 items that at least 90% of the participants judged to be ethical. About one fourth (27%) involved breaching confidentiality in cases of actual or potential harm to the client or third party: "Breaking confidentiality if client is homicidal," "Breaking confidentiality if client is suicidal," and "Breaking confidentiality to report child abuse." The remaining items were a diverse group: "Filing an ethics complaint against a colleague," "Using computerized test interpretation service," "Using self-disclosure as a counseling technique," "Addressing a client by his/her first name," "Having a client address you by your first name," "Advertising accurately your counseling techniques," "Offering or accepting a handshake from a client," and "Joining a partnership that makes clear your specialty."

Significant patterns in rating items ethical or unethical. Chi-square analyses were conducted for the ethical and unethical ratings of all 88 questionnaire items in regard to age (using a median split), sex, primary work setting, degree, completion of a formal ethics course, whether ethics was integrated into the program, and whether the participant had taken any ethics instruction at all. To compensate for the large number of tests, a significance level of $p<.001$ was used. Significant differences were found for age, sex, work settings, and degree.

Regarding age, younger participants were more likely to view as ethical "Addressing a client by his/her first name" (reflecting, perhaps, the greater informality of youth) and "Helping a client file a complaint re: a colleague." Older participants were more likely to view as ethical "Utilizing involuntary hospitalization," "Providing counseling to one of your friends," "Providing counseling to your student or supervisee," and "Providing counseling to one of your employees" (the latter three reflecting, perhaps, a relative neglect of the topic of nonsexual dual relationships in graduate programs until the recent past).

Regarding sex, male participants were more likely to view as ethical "Giving a gift worth at least $50 to a client," "Telling clients that their values are incorrect," and "Treating homosexuality as pathological."

TABLE 2
Percentage of Respondents Rating Effectiveness of Sources of Ethics Information

Source	Ratings					
	N/R	1	2	3	4	5
Graduate program	1.0	4.5	19.2	30.6	29.2	15.5
Internship	3.3	4.0	18.0	32.3	28.8	13.6
Agencies where you have worked	4.7	3.1	22.1	30.2	28.7	11.2
State and federal licensing laws	3.6	2.4	21.6	37.8	24.4	10.2
Court decisions	6.0	3.1	20.4	37.1	23.1	10.2
State licensing boards	7.8	3.5	11.4	28.2	30.9	18.3
AACD ethics committee	5.0	0.7	6.6	21.6	38.2	28.0
State ethics committee	11.7	3.1	16.2	30.2	24.4	14.3
Local ethics committee	15.2	7.9	22.8	27.6	15.9	10.5
Published research	6.6	2.1	16.6	40.2	27.8	6.7
Published clinical and theoretical work	9.7	2.1	16.8	42.3	24.0	5.2
Continuing education programs	6.0	3.3	14.7	34.4	30.1	11.6
Colleagues	4.5	2.8	13.3	25.7	39.6	14.2
Journal of Counseling & Development	7.9	0.3	5.9	31.6	39.2	15.0
State certification agencies	10.2	2.8	13.3	25.7	30.1	14.0
AACD *Ethical Standards*	5.5	0.3	2.6	17.3	34.2	40.0

Note. N = 579. N/R = no rating; 1 = terrible; 2 = poor; 3 = average; 4 = good; 5 = excellent.

Male participants were also more likely to view as ethical "Telling a client, 'I'm sexually attracted to you,' " "Using sexual surrogates with clients," "Becoming sexually involved with a former client," "Allowing a client to disrobe," "Being sexually attracted to a client," and "Engaging in sexual fantasy about a client." These latter items reflect previous research findings that male therapists are significantly more likely to approve of and engage in sexual activities with or about a client (e.g., Gabbard, 1989; Pope, Keith-Spiegel, & Tabachnick, 1986; Pope et al., 1987; Pope & Vetter, 1991).

Regarding setting, participants in private settings were more likely to view as ethical "Terminating counseling if the client cannot pay," "Avoiding certain clients for fear of being sued," "Raising the fee during the course of counseling," and "Charging for missed appointments," items that may reflect the financial structure of private practice. Those who practice in private settings and are directly dependent on clients may feel much more vulnerable to the possibility of lost income and financial jeopardy (i.e., being sued). Those in private settings also were more likely to view as ethical "Being sexually attracted to a client" and "Not allowing client access to testing report." Those in nonprivate settings were more likely to view as ethical "Providing counseling to one of your friends," "Providing counseling to your student or supervisee," and "Providing counseling to one of your employees," suggesting a need for continuing education programs to address dual relationship issues in schools and other public settings.

Regarding degree, respondents who held doctorates were more likely to view as ethical "Using sexual surrogates with clients" and "Telling clients that their values are incorrect."

Difficult judgments. Participants seemed most tentative or uncertain in making judgments about seven of the items. The mean confidence ratings for these items were all below 7, ranging from 6.3 to 6.9. Interestingly, almost all of these items involved fees: "Accepting services from a client in lieu of fee," "Using a collection agency to collect late fees," "Performing work for a contingency fee," "Allowing clients to run up a large unpaid bill," "Using a lawsuit to collect fees from client," "Accepting goods (rather than $) as payment," and "Avoiding certain clients for fear of being sued." This uncertainty may be reflective of a relatively recent historical change: Counselors have been entering private practice in unprecedented numbers, perhaps heightening the salience, complexity, and immediacy of fee issues for the individual counselor who is no longer working for a salary. The topic of fee is one that often evokes feelings of discomfort and may therefore be relatively neglected in training programs (Pope & Vasquez, 1991).

Confident judgments. There were 21 items for which the mean confidence rating was at least 9.9. More than one fourth (29%) concerned confidentiality: "Discussing a client by name with friends," "Not telling a client of the limits of confidentiality," "Disclosing a name of a client to a class you are teaching," "Breaking confidentiality if client is homicidal," "Breaking confidentiality if client is suicidal," and "Breaking confidentiality to report child abuse." Slightly fewer than one fourth (24%) concerned sexual issues: "Engaging in erotic activity with a client," "Engaging in sex with a supervisee," "Engaging in sexual contact with a client," "Allowing a client to disrobe," and "Disrobing in the presence of a client." The remainder addressed diverse concerns: "Borrowing from a client," "Proving services outside areas of competence," "Signing for hours a supervisee has not earned," "Doing counseling while under the influence of alcohol," "Offering or accepting a handshake from client," "Not disclosing your fee structure to a client," "Addressing client by his/her first name," and "Tape-recording without client consent."

Controversial behaviors. Controversial behaviors were defined as those for which at least 40% of the participants judged the behavior ethical and at least 40% of the participants judged the behavior to be unethical. There were a dozen behaviors meeting this criterion. A total of 42% involved fees: "Terminating counseling if the client cannot pay," "Accepting services from a client in lieu of fee," "Performing work for a contingency fee," "Raising fee during the course of counseling," and "Earning a fee which is a % of client's salary." Another 42% involved some version of a dual relationship (i.e., supplementing the professional counseling relationship with a social, business, or teaching relationship): "Providing counseling to one of your employees," "Going into business with a former client," "Becoming social friends with a former client," "Inviting clients to an open house,"

"Providing counseling to student/supervisee." The remaining two items involved a refusal to disclose certain information or documentation to a client or third party: "Seeing a minor client without parental consent" and "Refusing to let clients read their chart notes." (For a discussion of dual relationships, see Borys & Pope, 1988; Pope & Vasquez, 1991).

Significant patterns in confidence ratings. A set of demographic and related variables—age (using a median split), sex, primary work setting, degree, completion of a formal ethics course, whether ethics was integrated into the program, and whether the respondent had taken any ethics instruction—were examined using analysis of variance and a significance level of $p=.01$. Only one variable—primary setting—produced a significant difference [$F(8, 560)=2.88$, $p<.01$]. Pair-wise comparisons on the confidence scale showed that elementary school counselors ($M=7.5$ out of a possible 10) and middle school counselors ($M=7.5$) reported significantly less confidence than did college professors ($M=8.3$).

DISCUSSION

Resources for Ethical Counseling

It is heartening to note the participants' appreciation of and confidence in ACA's work to support ethical counseling. The most valued resources, in descending order of endorsement, were the AACD (now ACA) *Ethical Standards*, AACD ethics committee, *Journal of Counseling & Development*, state licensing boards, and colleagues. Likewise, the survey of APA Division 29 (Psychotherapy) conducted by Pope et al. (1987) found strong endorsements for the formal ethical standards, the national ethics committee, and colleagues. They identified the most valued resources, in descending order, as colleagues, APA Ethical Principles, internship, APA ethics committee, and graduate program. Interestingly, the high rating accorded to state licensing boards in the current survey stands in stark contrast to APA Division 29's low rating (i.e., one of the five least useful resources).

Participants gave their lowest evaluations to, in ascending order, local ethics committees, published clinical and theoretical work, court decisions, state and federal laws, and agencies for which they had worked. Except for the previously noted "state licensing boards," these ratings show general agreement with those of APA Division 29: state and federal laws, published research, local ethics committees, court decisions, and state licensing boards. The low ratings that counselors give to published clinical and theoretical work suggest that authors of such work might consider why ethical aspects are not prominent in their publications or, if prominent, are not more useful as a source of guidance for practicing counselors. The relatively high ratings that psychologists give to their graduate programs and internships suggest that, as might be expected, such training programs can be valuable resources for ethical guidance. Critical self-study may help counseling training programs improve the ways they teach, mentor, model, and otherwise foster ethical awareness, knowledge, and behavior.

Validity and Interpretation Issues

As noted by Pope et al. (1987), exceptional caution is warranted in the interpretation of findings from an initial study of this kind. First, this is an initial study and has yet to be replicated. Second, the participants were counselors certified by NBCC. One may not be able to generalize the results to counselors who are not certified by this organization. Third, beliefs are not necessarily indicative of behavior. Fourth, specific ethical standards may not be reflected in majority belief. Some participants, for example, may have had little or no training in some of the areas surveyed (e.g., testing, group therapy, working with children); thus, their beliefs about the ethics of practice in those areas may not be based on knowledge, training, and experience. Yet even instances in which there is consensus among those knowledgeable and experienced in a particular area should not prevent a continuing openness to (previously) unrecognized ethical implications. Pope et al. (1987) noted that "empirical data about the behavior and beliefs of a general sample should inform—not determine—our ethical deliberations" (p. 998). Fifth, many of questionnaire items represent complex issues. Subsequent research will illuminate instances in which more detailed questioning permits assessment of more precise, specific, or complex beliefs. Finally, the discussion presented here, mindful of space limitations, was meant only to highlight some of the major patterns of responses. No attempt was made to provide an independent analysis of the complex ethical issues embodied in each of the 88 behaviors. With a few exceptions, the focus was exclusively on the patterns of the participants' responses rather than on the previously published theory, research, and related literature relevant to the diverse ethical issues themselves. Discussion of the ethical issues, as well as references to relevant research and more detailed publications, may be found in ethics texts (e.g., Corey, Corey, & Callanan, 1988; Pope & Vasquez, 1991); many of the ethical issues are also illuminated in ethics case books (e.g., Callis, Pope, & DePauw, 1982; Herlihy & Golden, 1990).

CONCLUSION

Until the last decade or so, ethics has been a relatively neglected topic in the literature of all mental health professions. In 1980, Baldick published his review of 250 counseling and psychotherapy texts, noting that fewer than 1 in 20 (about 3%) discussed the ethical aspects of professional practice. More recently, ethics has emerged as a primary concern of counselors as thoughtful works have addressed such issues as ethical frameworks (e.g., Kitchener, 1984; Tennyson & Strom, 1986), teaching ethics (e.g., Welfel & Lipsitz, 1983), ethical teaching (e.g., Roberts, Murrell, Thomas, & Claxton, 1982; Stadler & Paul, 1986), ethical dilemmas specific to certain settings (e.g., Hayman & Covert, 1986; Scott, 1985) or situations (e.g., LaFromboise & Foster, 1989; Strein & Herschenson, 1991), and ethics in the supervision of counselors (e.g., Stoltenberg & Delworth, 1987).

As ethical self-scrutiny becomes an increasingly prominent aspect of the profession, the findings presented here, especially as they are refined and extended by subsequent research, can serve to inform, guide, and challenge counselors who provide direct services to clients, who teach and supervise, and who play a direct role in revising ACA's ethical code. The integrity and continuing development of a profession depend on the profession's willingness to examine the ethical implications of its activities, to establish standards to which it holds itself accountable, and to implement strategies to foster ethical behavior. Those examinations, standards, and strategies are likely to be most effective when they are informed by systematic research.

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