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Evaluating the Rate of Observing Ethics among Counselors and Psychologists

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Abstract: This study aimed to find out the rate of observing ethical issues among counselors and psychologists and the role of their sex and education in this regard. This is a correlative descriptive study conducted on 150 employees randomly selected from governmental and private counseling and psychology centers. The selected people were all from Tehran, Iran. The study tool was a 37-item questionnaire, designed using codes of ethics and criteria for counseling and psychotherapy. The results show that out of the total score of 37, the mean total of the subjects was 25.07 with standard deviation of 3.28. Therefore, the rate of observing ethics was negatively skewed; in other words, most of the studied people were aware of their professional ethics codes and observed them. Also, there was a meaningful relationship between sex, marital status, level of education and awareness of professional ethics regarding physical contact, intercultural issues and utility of the counseling sessions. Nowadays, counseling and psychotherapy are on high tides and many counseling centers have been established. It is expected that ethics be considered a main course in all educational levels, a main subject to investigate and a criterion to evaluate in counseling and psychotherapy.

Key words: Ethics, counseling, psychology, professional ethics

INTRODUCTION

Social system is based on a series of principles, norms, values and models that are altogether called ethics. Sociologists resemble ethics to blood that consistently and subtly run in the society and its establishments. From this point of view, no organization or occupation can survive without ethics, which sets limits for normal behavior. Ethics in each society determines musts and mustn't and leads human to his perfection, virtue and salvation. Ethics roots in religion and is affected by common law, culture, history and other social phenomena. In fact, there is a persistent interaction between these concepts, social phenomena and ethics in a way that through ages, social principles, values and norms are modified and acceptable models for individual and communal behavior are formed.

In general, human rights are related to their individual freedom and responsibility in society. Some of the prime rights of each human being are that all people are born free and equal, the rights and freedom must be for everyone and without any prejudice, everyone has the right to live, everyone has the right to have personal property and everyone is free to have their own opinion. In the past 15 years, subjects about professional ethics have developed a lot and there have been a lot of studies in this field (Wise, 2007a). Several years ago, ethics was

defined as a standard and criterion for professions. This basic definition has not been modified even though consultation has developed to a large extent. Due to its long history, medicine is the science with the most coverage of ethics. Some aspects of ethics in medicine are as follows: freedom in prescribing, patient's consent for surgery, special medicine, doctor's fee, doctor-patient conflicts, drug manufacturing companies and referring patients to other specialists (Rothberg, 2005; Wise, 2007b). Despite its shorter history and fewer researches conducted, ethics in psychology and consultation fields is of more sensitive nature (Cooper and Gottlieb, 2000).

In the earlier (1980s) it is considered ethics the vital pillar of all actions of counselor and psychologist. After so many years, ethics codes are still of great concern for counselors and psychotherapists.

Fuente *et al.* (2005) and Urofsky and Sowa (2004) have stated that counselors and psychotherapists daily or even several times a day face situations related to codes of ethics.

Although ethical and legal are sometimes interchangeably used, they have different connotations and meanings. The word ethical expresses the beliefs of a professional group about what is right and related to standards of that profession, while the word legal refers to the least social and cultural standards of ethics. In recent years, there has been a significant increase in the

ethical subjects that counselors face while interacting with related legal subjects. And so, there are Relationship between ethnic identity and spiritual development (Chae *et al.*, 2004).

The most major aspects of ethical subjects in counseling are as follows: quality, quantity and continuity of care patient-provider autonomy patient abandonment third-party intrusiveness guidelines, outcome research, utilization review malpractice confidentiality truth in advertising and allocation of resources (Austad *et al.*, 1998). It is necessary to integrate basic professional ethics at least in counseling profession in all professional societies and organizations. It has been suggested that legalization is one way to integrate codes of ethics (Roper, 2005). It is, of course, important to investigate an integrated model. A vital part of such evaluation is the value and utility of the current ethics codes, legalization of ethical principles, determination of differences and similarities of ethics in different organizations and societies, modeling and theorization in the field of professional ethics (Fisher and Younggren, 1997). Ethics guidelines, which regulate and lead counselors and therapists, are defined by professional societies including counseling and psychology societies. Berry's (1980, 2003) model of acculturation strategies is used as a framework for understanding ethical acculturation, a developmental process during which students can use several types of adaptation strategies. Students enter training with their own moral value traditions and concepts but are confronted with new ethical principles and rules, some of which may be inconsistent with their ethics of origin (Handelsman *et al.*, 2005).

Each profession related to human being has different parts and aspects, some of which are common and others are specific to each profession. Despite the differences, it seems that basic principles in all counseling professions such as psychotherapy, counseling, psychiatry, social work and pastoral counseling are the same (Benke *et al.*, 1998; Cottone and Claus, 2000; Hansen and Goldberg, 1999). Continuing Professional Education (CPE) sponsors planning events for mental health care licensees can assure better attendance if they can successfully address the needs of their target audience. (Johnson *et al.*, 2006). There are two basic principles for ethical judgments in professional environments. They are task-orientation and profit-orientation. The first principle considers ethics dependent on people's responsibilities and the second one regards the resultant of profit-and-loss achieved. Some other ethical principles which are related to the work place manners are as follows:

- Autonomy, internal independence, respecting personal choices and criteria. This principle is derived from people's rights in society. According to this code, personal decisions should be made consciously and not affected by external factors
- No harm to clients. Specialists do not murder anyone and do not cause pain, disability or a decrease in people's longevity. This principle simply expresses the idea that we should not harm others
- Benefaction or fulfilling moral responsibility prevents from harming others by increasing nice and beneficial deeds for clients, patients and their families. Actually, this principle can be considered a perfect sense of faithful working, which is a strong motivation in professional activities
- Fairness, which is a kind of respecting clients' values. Specialists should attend to clients' beliefs and desires at least as much as their treatment facilities allow

Specific services should be provided in a way that they sustain and increase clients' satisfaction. This is the meaning of benefaction and expresses the most important part of specialists' job description to improve psychology patients' health and comfort. Specialists should reassure patients and clients that no negligence will occur on their side and no harm should incur to their security and health.

This research propose integration of cultural issues is consistent with overall rehabilitation psychology practice (Hanson and Kerkhoff, 2007).

Even so, these are very extensive concepts and require a large area of justification and interpretation for each person. Observing these principles helps physicians and specialists to respect and take care of vulnerable patients. Also, these principles are a good beginning for discussing specialists' commitments and obligations. Although ethical principles and criteria change during treatment time, special ethics codes overshadow all professional ethical principles of counseling and psychotherapy. Therefore, the best way to study ethical rules is to attend to their basic principles, some of which are as follows (Welfel and Kitchner, 1992).

Codes of ethics adopted by other international organizations are reviewed, as well as recent comparisons of psychology codes across national boundaries. Distinctions are made between declarations of human rights and professional codes of ethics, between ethical principles as overarching values and as rules of conduct and between Euro-North American and non-Western cultural values. Organizations such as the United Nations and Amnesty International work for the elimination of

abuses of human rights. Professional associations establish guidelines to promote the ethical behavior of their members. The hope for articulating universal ethical principles for psychologists is based on respect for our common humanity while still respecting the diversity of beliefs in different cultures. (Pettifor *et al.*, 2004).

- Usefulness, no harm, respect to client's independence, fairness and truthfulness
- Regarding the day by day increase in legal and ethical subjects, this study is aimed at drawing attention to ethical issues that counselors and psychotherapists encounter, the role of their sex and education on the strength of their belief in and observing ethics

MATERIALS AND METHODS

This is a descriptive correlative study. One-hundred and fifty counselors and psychologists working at governmental and private centers were randomly selected and studied in 2007. All the selected people were from Tehran in Iran. The tool of the research was a 37-item questionnaire, designed using the ethical principles and criteria for counseling and psychotherapy (Elizabeth, 1992; Hsin and Macer, 2004; Robson and Robson, 2000; Levant, 2003; Malloy *et al.*, 2002). At first, a 45-item questionnaire was made. After the trial and the analysis of the factors, 8 subscales were identified and 8 questions that had a weak link to the subscales were removed. The questionnaire subscales are presented below with a sample question.

- **Confidentiality:** (Sample question: It is necessary to get clients' consent in order to record the session)
- **Physical contact:** (Sample question: I think touching the client for counseling purposes is ok)
- **Usefulness:** (Sample question: I attend to clients' needs as much as to my own needs)
- **Honesty:** (Sample question: I know I shouldn't tell lies at counseling sessions)
- **Multiple relations:** (Sample question: I do not do counseling for close relatives and friends. I consider it wrong)
- **Ethics codes and inter-cultural issues:** (Sample question: Ethics codes express the least criteria, or counselor and therapist should visit only the people who have the same culture as they)
- **Ethics codes in counseling and psychotherapy process:** (Sample question: The responsibility of the counselor ends by referring the client to another specialist)

- **Ethics codes in test and research:** (Sample question: I let the client join the process of selecting a test)

The questions were multiple-choice with a value on zero to one based on Lickert scale. Therefore, the least score was zero, the highest score was 37 and the median was 18.5. Internal correlation of the test was 0.89 based on cronbach's alpha test. The results consist of a total score of observing professional ethics codes and 8 scores for subscales of the questionnaire. The data were analyzed using different statistical tests: Pearson Correlation, independent t-test, on-way ANOVA and HSD.

RESULTS

Demographic data show that out of 150 people, 55% were male and 45% were female, 62% were married, 70% had Master's degree, 65.3% were psychologists, 33.3% were counselors and 70% were graduates of governmental universities. Also, their mean age was 34.8 years and their average duration of working at counseling centers was 7.7 years (Table 1).

Studying descriptive data revealed that the mean total score of the examiners was 25.07 ± 3.28 out of 37 (Table 2). Also, as it is shown in Fig. 1, observing ethics among the studied population was negatively skewed, which means most of the studied people were aware of basic professional ethics codes and observed them.

To comparatively study observing ethics codes and demographic data, the total score of observing ethics

Table 1: Demographic data of the study population

Variables	Group	Frequency	%
Sex	Female	68	45.0
	Male	82	55.0
Marital status	Single	54	36.0
	Married	93	62.0
	Not determined	3	2.0
Education	Bachelor's	19	12.7
	Master's	105	70.0
	Ph.D	23	15.3
	Not determined	3	2.0
Major	Counseling	50	33.3
	Psychology	98	65.3
	Not determined	2	1.3
Type of University	Governmental (Day course)	105	70.0
	Governmental (Evening course)	18	12.0
	Islamic Azad University	21	14.0
	Not determined	6	4.0
	Employment	53	35.3
	Government permanent employee	35	23.3
	Government temporary employee	35	23.3
	Self employed	27	18.1
	Government employee and self employed		

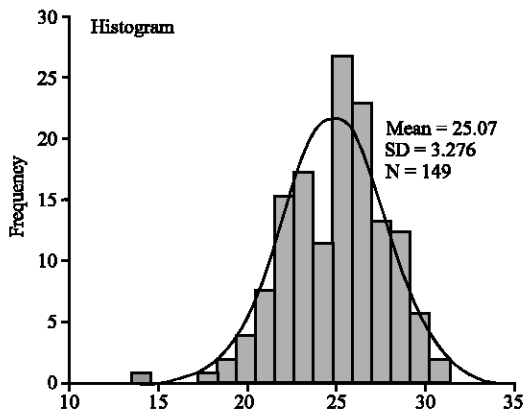


Fig. 1: Distribution of total scores of the studied people

Table 2: Descriptive data of the total score of the test

	Valid	Missing
N	150	0
Mean	25.070	
SEM	0.268	
Median	25.500	
Mode	27.000	
SD	3.276	
Variance	10.732	
Skewness	-0.487	
SE of skewness	0.199	
Kurtosis	0.401	
SE of Kurtosis	0.395	
Range	19.000	
Minimum	13.000	
Maximum	37.000	

Table 3: Comparison of observing professional ethics based on demographic variables

Variables	Area	Mean±SD	T/F value	p-value	Difference
Total score	Single	5.23±0.77	-2.05	0.04*	2>1
	Married	5.50±0.77			
Touch	Male	0.58±0.33	-1.90	0.05*	2>1
	Female	0.67±0.27			
	Single	0.54±0.31	-3.19	0.002**	2>1
	Married	0.69±0.27			
	Bachelor's	0.79±0.21	4.34	0.01**	1>3 and 2
	Master's	0.64±0.30			
	Ph.D	0.52±0.32			
Ethics in inter-cultural issues	Male	0.70±0.33	3.68	0.01**	1>2
	Female	0.51±0.30			
	Bachelor's	0.55±0.24	4.64	0.01**	3>1 and 2
	Master's	0.56±0.34			
	Ph.D	0.78±0.28			
Usefulness	Bachelor's	0.60±0.20	3.38	0.04*	3 and 2>1
	Master's	0.71±0.20			
	Ph.D	0.75±0.16			

Significance: *p<0.05; **p<0.01

along with its 8 subscales (Ethics codes in test and research, Ethics codes in counseling and psychotherapy process, usefulness, confidentiality, physical contact,

honesty, multiple relations, Ethics codes and inter-cultural issues) was analyzed against demographic data (sex, marital status, education, major, type of university and employment) using t independent test and one-way variance analysis. We found 7 cases of significant difference among the 54 studied cases ($p \leq 0.05$). To keep the table short, just the significant issues are summarized in Table 3. It was found that the sex of the specialist had significant relationship with observing professional ethics in two subscales of physical contact and ethics codes in inter-cultural issues. According to these findings, female specialists observed touching the clients more than men. ($p \leq 0.05$) Meanwhile, male specialists observed inter-cultural issues better than women ($p \leq 0.01$).

Marital status, also, significantly affected total score of observing ethical criteria and touching the clients. According to the findings, married people knew and observed professional ethics of counseling and psychotherapy more than single ones ($p \leq 0.05$) and also observed touching the clients more than single ones. ($p \leq 0.01$).

Education significantly affected three subscales:

Usefulness of the sessions was meaningfully higher for counselors and psychotherapists with Ph.D and Master's degrees than those with Bachelor's degree ($p \leq 0.05$). However, counselors and psychotherapists with Bachelor's degree observed touching the clients more than those with Ph.D and Master's degrees ($p \leq 0.01$). With regards to inter-cultural issues, counselors and psychotherapists with Ph.D observed them significantly more than other groups ($p \leq 0.01$) (Table 3).

On the other hand, other demographic variables including major (counseling and psychology), the type of university (governmental, Azad and Payam Nour) and employment (government employee, self-employed, government employee and self-employed) did not have significant relationship ($p \leq 0.05$).

Age of the specialists had a significant relationship of 0.16, 0.14, 0.20 and 0.16 with total score of observing ethics, ethical principles in counseling and psychotherapy process, physical contact and honesty, respectively. It can be concluded that the rate of observing ethics increases with age. This is while years of service had a significant relationship only with subscale of physical contact (0.17). This finding shows that the more years specialists work, the more they observe touching clients (Table 4).

Another finding of this study is the positive significant relationship of some subscales with total score of observing ethics. Multiple relations, honesty, inter-cultural issues, physical contact, confidentiality, usefulness, ethics codes in test and research and ethics

Table 4: Correlation of subscales with total score and demographic data

Variable	Total score	Test and research	Process	Usefulness	Confidentiality	Physical contact	Honesty	Multiple relationship	Inter-cultural issues
Age	0.16*	-0.05ns	0.14*	-0.14ns	-0.03ns	0.20*	0.16*	0.05ns	0.02ns
Years of service	0.03ns	-0.11ns	0.03ns	-0.03ns	-0.03ns	0.17*	0.07ns	-0.02ns	-0.04ns
Total score	ns	0.27**	0.23*	0.32**	0.34**	0.41**	0.53**	0.62**	0.48**

ns: *p<0.05; **p<0.01

codes in counseling and psychotherapy process were respectively related to total score of observing ethics at the rate of 0.62, 0.53, 0.48, 0.41, 0.34, 0.32, 0.27 and 0.13 (Table 4).

DISCUSSION

Being a virtuous specialist needs not only a good understanding of professional ethics but also a conscious interpretation of different situations one may encounter at work. Studying and understanding professional ethics is a good opportunity to start but is not the ultimate objective. Realizing professional ethics, specialists step into a path that brings up more and more questions and dilemmas as they move ahead. Answering these questions leads them to higher standards.

Ethics codes are extensive in counseling and psychotherapy. These principles are the least standards for the behavior of counselors and psychotherapists and prevent forbidden behavior. There is a great difference between practical commitment to observing ethics and merely observing it. Ethical commitment is a necessity for ethical practice and improvement in ethical criteria is necessary for reaching suitable behavioral standards. Therapists, who are committed to high levels of ethics, are willing to provide their clients with any professional services. (Robson and Robson, 2000; Levant, 2003; Malloy *et al.*, 2002).

Accordingly, the first step in observing professional codes of ethics is getting familiar with these principles and realizing and believing in them. The ethical awareness and educate aid to ethical decision making (Swain, 2000). We found the rate of awareness and observing ethics codes among counselors and psychotherapists as 25.07±3.28. So, it can be inferred that most of the counselors and psychotherapists studied are moderately to highly aware of their professional ethics codes and observe them. Furthermore, it was revealed that this rate was different among different people and based on some characteristics. The rate of observing professional ethics codes (total score) was the same between men and women, people with Bachelor's, Master's and Ph.D degrees, but was more among married people compared with singles. Therefore, it can be inferred that married people observe ethics more than single ones.

One of the important aspects of ethics which has cultural base is physical contact (Robson and Robson, 2000). It is not necessarily part of the multilateral relationship between therapists and clients. Some physical contacts can be sexually interpreted and lead people to a sexual relationship. The first question is whether we can consider physical contact useful or harmful in counseling. Is touching useful for client or therapist? If counselor or therapist has sexual feelings, isn't physical contact dangerous?

Many counseling and psychotherapy societies are against any physical contact because it can increase the dependence of the client on the therapist. It can grow the transference and counter transference and/or may be considered an ambiguous behavior by clients and make them more confused in their therapeutic relationship or it can go beyond this and turn sexual.

When physical contact is non-therapeutic, it is non-ethical, too. The point is that physical contact cannot be taken as a technique or behavior that does not initiate any emotions. Counselors and therapists should be aware of and sensitive to the situations that physical contact can be mutually beneficial.

Counselors and psychotherapists sometimes use physical contact to immediately alleviate clients' pain. Maybe such clients need to experience the worrisome issue completely and immediate alleviation by touching is not necessary at all. This practice can even prevent the complete alleviation of the problem and cause new worries for the client.

Sometimes, counselors and psychotherapists touch their clients to relieve their own tensions not those of the clients. Such counselors are stressed out by listening to the predicaments of their clients. Clients talk to counselors to vent out their tension, but counselors, who receive these tensions, try to reduce them through physical contact. Another aspect of physical contact is that some counselors and therapists use it to satisfy their own needs and fantasy without considering clients' needs. Counselors may be deprived of physical contact in their life and try to compensate this deprivation through therapeutic relationship. The most important point in ethics of physical contact is attending to clients' values and cultural background. Physical contact can range from a simple handshake with clients to hugging them. Furthermore, physical contact can be either an answer to client's needs or a way to satisfy therapist's needs.

However, it can't be denied that some kinds of physical contact that are purely for the sake of the client can have therapeutic effects. Touching a client that is extremely hopeless and anxious can have a positive effect provided it is done as a therapeutic technique and by observing some conditions. The ethical point here is client's comfort, need, readiness and values. Another important subject in this regard is the sex of the client and counselor. In most countries, counselor's shaking hands with clients-regardless of their sex- is absolutely normal and physical contact is considered physical behaviors beyond a handshake. Nevertheless, most Iranians, whose culture and values root in Islam, consider the handshake with the opposite sex unethical.

According to the results of the study, specialists who are female, married and with bachelor's degree observe physical contact more than those who are male, single and with education higher than master's, respectively. However, those with Ph.D consider usefulness and observing ethics codes in counseling and psychotherapy process more important. This can mean that such specialists are so into the process of treatment that they might ignore other ethical aspects of counseling and psychotherapy.

Ethics starts with training. Professional ethics is learned through university, group discussions, associations' statements and organizations' regulations. If there is no such training, people may gain some experience during their work. As seen in this study, the rate of observing ethics is associated with age and work experience. That is while university training in ethics has been little or none.

Of course, moral behavior is something beyond knowing ethics or merely following ethics codes. People can seldom find clear answers while dealing with ethical aspects. Most problems are complicated and without easy solutions. To study dilemmas and deal with them, we need more than learning and memorizing ethical principles.

Ethics codes are guidelines that help experts to make important decisions, to be useful for clients and to be useful for themselves. The standards are different in different places. Therefore, it is essential that experts be familiar with and follows the local regulations and guidelines of the organization they work for (Robson and Robson, 2000; Levant, 2003; Malloy *et al.*, 2002)

In training courses, students often study an ethical subject and expect definite answers to their professional questions. They do not try to look for and discover the best way themselves. However, the guidelines introduced by most professional organizations are general and

seldom have specific responses for ethical problems that experts face. Although these ethical principles give recommendations, they do not decide for people. Experts are responsible for their own work. While ethical principles can define basic points to be discussed and conducted, they cannot order people what to do, especially when they encounter unique conditions. This needs creativity in a way that ethical guidelines can be used in specific situations and help experts choose the best action during the process of ethical decision making. Ethical decision making is a complicated process, which necessitates a systematic and experimental method and opportunities for creative decision making along with ethical regulations of the professional organization. Therefore, they cannot emphasize on consultation too much. Consulting with others is nice. It helps you see different aspects of a problem, but it is not enough. In professional circumstances, besides consulting, we need contemplation, studying and analysis of ethical issues.

CONCLUSION

Now that counseling and psychotherapy are on high tides and related societies are active, it is expected that ethical subjects be taught as a main course in different educational levels, be studied as a major subject for research and be evaluated as a criterion in counseling and psychotherapy.

REFERENCES

- Austad, C.S., R.D. Ariel, T.C. Hunter and Morgan, 1998. Managed health care, ethics and psychotherapy. *Clin. Psychol. Sci. Practice*, 5: 67-76.
- Benke, S., J. Preis, R.T. Bates and J.T. Preis, 1998. *The Essentials of California Mental Health Law: A Straightforward Guide for Clinicians of all Disciplines*. 1st Edn., W.W. Norton and Company, New York, USA.
- Berry, J.W., 1980. Social and Cultural Change. In: *Handbook of Cross-Cultural Psychology: Social Psychology* Triandis, H.C. and R.W. Brislin (Eds.). Allyn and Bacon: Boston pp: 211-279.
- Berry, J.W., 2003. Conceptual Approaches to Acculturation. In: *Acculturation: Advances in Theory, Measurement and Applied Research* Chun, K.M., P.B. Organista and G. Marin (Eds.). American Psychological Assoc Washington, DC. USA., pp: 17-37.
- Chae, M.H., D.B. Kelly, C.F. Brown and M.A. Bolden, 2004. Relationship of ethnic identity and spiritual development: An exploratory study. *Counsel. Values*, 15: 25-27.

- Cooper, C.C. and M.C. Gottlieb, 2000. Ethical issues with managed care: Challenges facing counseling psychology. *Counsel. Psychol.*, 28: 179-236.
- Cottone, R.R. and R.E. Claus, 2000. Ethical decision-making models: A review of the literature. *J. Counsel. Dev.*, 78: 275-283.
- Fisher, C.B. and J.N. Younggren, 1997. The value and utility of the 1992 ethics code. *Prof. Psychol. Res. Practice*, 28: 582-592.
- Fuente C.D.L., E.W. Mary and Y. Catherine, 2005. Competency training in ethics education and practice. *Prof. Psychol. Res. Practice*, 36: 362-366.
- Handelsman, M.M., C.G. Michael and K. Samuel, 2005. Training ethical psychologists: An acculturation model. *Prof. Psychol. Res. Practice*, 36: 59-65.
- Hansen, N.D. and S.G. Goldberg, 1999. Navigating the nuances: A matrix for consideration of ethical-legal dilemmas. *Prof. Psychol. Res. Practice*, 30: 495-503.
- Hanson, S.L. and T.R. Kerkhoff, 2007. Ethical decision making in rehabilitation: Consideration of latino cultural factors. *Rehabilitat. Psychol.*, 52: 409-420.
- Hsin, D.H. and D.R. Macer, 2004. Professional roles and ethics of health care worker. *J. Infect.*, 49: 210-215.
- Johnson, M.E., B. Christiane, D.W. Teddy and W. Roberts, 2006. The need for continuing education in ethics as reported by rural and urban mental health care providers. *Prof. Psychol. Res. Practice*, 37: 183-189.
- Levant, R.F., 2003. Report of the ethics committee, 2002: Reports of the association. *Am. Psychol.*, 58: 650-657.
- Malloy, D.C., T. Hadjistavropoulos, P. Douaud and W.E. Smythe, 2002. The codes of ethics of the Canadian Psychological Association and the Canadian Medical Association: Ethical orientation and functional grammar analysis. *J. Can. Psychol.*, 43: 244-253.
- Pettifor, J.L., G. Bickel and C.B. Fisher, 2004. Professional ethics across national boundaries. *Eur. Psychol.*, 9: 264-277.
- Robson, D. and M. Robson, 2000. Ethical issues in internet counseling. *Counsel. Psychol. Quart.*, 13: 249-257.
- Roper, J.E.A., 2005. Philosophical perspective on corporate codes of ethics. *Res. Ethical Iss. Org.*, 6: 193-204.
- Rothberg, M., 2005. Ethical challenges in medicine. *Res. Ethical Iss. Org.*, 6: 21-41.
- Samuel, K. and C.L. Vande, 2003. Ethical and legal issues in the practice of psychology: An overview of the major changes in the 2002 apa ethics code. *J. Prof. Psychol. Res. Practice*, 34: 301-308.
- Stephen, B., 2006. Psychological ethics and national security: The position of the American psychological association. *J. Eur. Psychol.*, 11: 153-155.
- Swain, R., 2000. Awareness and decision making in professional ethics: The new code of the psychological society of Ireland. *Eur. Psychol.*, 5: 19-27.
- Urofsky, R. and C. Sowa, 2004. Ethics education in CACREP-accredited counselor education programs. *Counsel. Values*, 49: 37-47.
- Welfel, E.R. and K.S. Kitchener, 1992. Introduction to the special section: Ethics education: An agenda for the '90s. *Prof. Psychol. Res. Practice*, 23: 179-181.
- Wise, L.C., 2007a. Ethical issues confronted in pulmonary clinical trials. *Proc. Am. Thoracic Soc.*, 4: 200-205.
- Wise, L.C., 2007b. Ethical issues surrounding quality improvement activities: A review. *J. Nurs. Administ.*, 37: 272-278.